



COMPUTER ASSISTED CODING IN CANCER REGISTRY SOFTWARE

These days there is a lot of buzz about computer assisted coding (CAC) in the Health Information Management community. In May 2012, the American Health Information Management Association hosted a one day conference dedicated entirely to CAC, its pros and cons, implementation practices, standards in performance and so forth. Overall consensus is that CAC will be a useful tool in increasing productivity and accuracy in coding processes. While CAC will become more prevalent and expected in HIM systems, CAC also has a role in cancer registry software systems.

The cancer registry database of today contains a very complex and extensive data set that leaves plenty of room for error and inefficiency due to manual and even duplicate entry of coded information. For comparison, a cancer registry record in 1981 consisted of 186 bytes of information and required keypunched data cards to update the database. Starting in 2010, a cancer registry exchange record contains 22,824 bytes. In addition to the increase in the amount of data collected, cancer registries must labor to meet the data quality standards of several standard setting organizations that rely on this information for public health, medical care, and cancer research purposes. It is becoming more important for registries to increase their productivity while decreasing the margin for error. Fortunately, along with the evolution in HIM coding systems, cancer registry systems are also evolving and more data entry is automated and validated throughout the collection process.

Outlined below are CAC technologies available to cancer registry software systems today, starting with earliest innovations moving through the most current with the benefits derived from these features.

Drop down lists: drop down lists limit the registrar to selecting only a valid code for the field.

Autocoding: data codes are interpreted from text entered into the field which eliminates the need to look-up codes.

Online help: moving from printed to electronic manuals allows for instant look-up of coding instructions via key search terms.

Clickable online help: a list of codes with descriptions can be clicked with a mouse to automatically insert the code into the case record.

USPS City/State Data File: completion of only the zip code field will automatically populate the city, state and county fields. Accuracy in these fields is very important to public health surveillance efforts.

Social Security Death Index: case records are automatically linked to the social security death index to auto-populate the last date of contact, vital status, place of death and death certificate number.

Automatic case identification: electronic sources such as Medical Record and Pathology Reports are screened for malignant codes eliminating manual screening of these reports by registry staff.

Auto-population of fields from electronic sources: information contained in electronic Medical Record and Pathology sources is inserted into the cancer registry record reducing the number of fields that need to be keyed by the registry staff.

Cancer registry software systems have been able to take advantage of electronic technology as it became available to bring about advances in CAC. As the development of EHRs with standard file formats for the exchange of information continues, forward-thinking software providers will be looking for ways to harness these technologies as CAC to increase productivity and accuracy to the benefit of cancer registries.

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