

Remote Oncology Abstracting— An Option for Your Cancer Program?

BY CAROLYN INGRAM, CTR

Today community cancer programs are challenged by a dwindling supply of certified tumor registrars (CTRs). In addition to fewer professionals to do the work, cancer centers are also dealing with stricter program standards and ever-changing abstraction and submission criteria of cancer data as required by state and federal laws.

Many cancer centers cope with these growing challenges by contracting with outside consulting firms, which provide personnel for backlog abstracting and/or interim management. However, bringing in outside consultants can present a new group of problems, such as providing adequate workstations and resources to consultants without taking resources away from facility staff.

A new solution is emerging—remote oncology abstracting.

How It Works

For many years hospitals have had great success with remote coding and abstracting of electronic medical records (EMRs). Using this technology in the oncology registry field offers advantages for both hospitals and abstractors. For example, many cancer centers have limited onsite workspace and workstations. Some cancer registry software programs do not allow for more than one abstractor to access the database at a time, so bringing in “outside” help is not an effective option for improving workflow. Remote oncology abstracting alleviates such problems by taking the limitations of the facility’s physical plant and/or software program out of the equation.

Here’s how it works. Remote oncology abstractors directly access the cancer program’s cancer registry database by dialing in to the hospital’s private computer network via a VPN (virtual private network). The VPN recognizes the remote abstractor’s computer as an “authorized” workstation by the hospital’s software programs, so abstractors can work “live” in the program’s database just as if they were sitting at a desk in the hospital. The hospital’s information technology (IT) department sets an “appropriate” security level for the remote abstractor, allowing the abstractor access to only those programs needed to complete the abstract.

For those hospitals using software that does not allow more than one abstractor to access the database at any given time, cancer registry software programs can be installed on the remote abstractors’ computers. In this scenario, each abstractor works in his or her own database. On a regular basis, completed abstracts from all databases are then

exported to the hospital and imported into the hospital database along with the staff’s completed abstracts. This option keeps the cancer program staff member productive while still allowing “extra hands” to clear backlogs.

Remote abstracting is an ideal solution for hospitals with EMR systems. Through the VPN, remote abstractors can access pertinent portions of the medical record and view all the data needed to accurately complete the abstract. However, even hospitals using paper medical records or a combination of paper and EMR can benefit from remote abstracting. Many hospitals have established business relationships with companies offering similar technology services, for example abstract coding. Using this similar technology, hospitals can establish systems for scanning pertinent portions of the paper medical record into an electronic file and making the data securely available to remote abstractors, while still ensuring patient confidentiality.

Dollars and Sense

In addition to programmatic and workflow benefits, remote oncology abstracting can provide costs savings to cancer programs, as well as potentially help with staff retention.

The cost of using outside abstracting consultants is higher than the cost of employing a permanent CTR; however, a large part of these costs are incurred by having to bring consultants or extra “staff” onsite. Remote oncology abstracting services eliminate these expenses so that hospitals are paying directly for the abstracting services—no airline tickets, rental cars, and hotels.

Today many vendors of cancer registry software offer remote abstracting components. A number of these cancer registry software components have the flexibility to allow some or all cancer registry staff to work from remote locations, including home offices. In many hospitals, cancer registry staff routinely does remote abstracting—on a full or part-time basis or on a rotation schedule with other cancer registry staff. While onsite cancer registry staff will always be needed for parts of a cancer program, such as cancer conferences, oncology committee meetings, and case findings, many hospitals see that offering staff the opportunity to work from home, at least part-time, is a way to retain important members of their cancer program team.

As more community cancer centers make the move to comprehensive EMR systems, remote oncology abstracting will become a larger part of the oncology abstracting pie. Remote oncology abstracting is another means of coping with the ever-changing world of cancer registry and can be a useful option for many community cancer programs across the country. ☐

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