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RMP CANCER REGISTRY ACTIVITIES

The American College of Surgeons, the American Cancer Society, and the former Cancer Control Division of the National Center for Chronic Disease Control have promoted and supported patient service-oriented tumor registry activities as part of comprehensive cancer programs for many years. Tumor registries are used to insure continued medical follow-up of patients, to evaluate the management of the disease by practicing physicians, as a resource in professional and public education, as a stimulus to the improvement of patient records, and in the development of cancer programs to serve the needs of the community.

In the furtherance of these ends, Regional Medical Programs have been supporting the development and improvement of cancer registries as integral parts of their cancer programs. At the present time, the National Advisory Council has approved and RMPS has funded 23 cancer registry activities in 21 Regional Medical Programs. RMP cancer programs are currently funded at approximately \$10 M or 13 percent of total grant dollars. Of this amount, it is estimated that about \$1.3 M or 1.7 percent are obligated for the organization and operation of tumor registries. This amount includes training of registry personnel in two Regions. RMPS is also supporting a contract with the University of California San Francisco for the training of registry directors and secretaries.

Four additional cancer programs with registry activities have been approved, but have not yet been funded. There are indications that several additional Regional Medical Programs are interested in developing registry activities as part of their comprehensive cancer programs.

During the past two years, RMPS staff has provided consultation and assistance to virtually all of the approved cancer programs with registry activities and, since January, staff has visited 19 Regional Medical Programs for this purpose (several more than once).

As with other Regional Medical Program grants, those supporting cancer registries have been made for limited periods of time. All of the grantees have indicated that they intend to seek other funding for their cancer registry activities after RMPS support is terminated. Many hospitals are already supporting their own registry activities. In some states these activities are currently being financed by third party payments from Group Hospitalization, Inc. (Blue Cross), or by Medicare as part of normal hospital operating costs. Several State Health Departments either are already supporting, or have made the commitment to assume support of,

these activities. The American Cancer Society also expects to continue to make some funds available to registries through their various divisions.

The American College of Surgeons has been providing voluntary accreditation to hospitals for their cancer programs for many years, and an effective service-oriented cancer registry has been a principal requirement for their approval. Three years ago they also made mandatory the existence of a cancer activities program in addition to the registry. Recent actions of the Cancer Commission of the American College of Surgeons have strengthened the Approvals Program and the stimulus to registry development has been enhanced. The College does not support the expenses of registries, but does contribute to consultation and continuing education activities for registry staffs. They also inspect registries as a part of the hospital cancer programs in the surveys carried out for their approvals function. The Cancer Guidelines Report soon to be published by the College will add additional pressure for hospitals to support their own registries. The RMPS has funded a part of the Approval Programs and the Guidelines Report under two contracts.

In the future, it seems likely that hospitals providing definitive diagnosis and treatment for cancer patients will increasingly accept financial responsibility for the maintenance of cancer registries as part of their cancer programs in the same way that they now support a medical records department. RMPs can accelerate the attainment of this goal through seed money--judiciously distributed--to help in the improvement of hospital and regional cancer programs, including effective registries, and the training of the necessary personnel when these are in shortage categories.

The need for careful follow-up of patients with cancer in order to assure the prompt recognition and treatment of recurrence or new disease, and to provide a basis for evaluation of the results of treatment, has been well established. The use of registry data in the continuing education of physicians and in obtaining their interest and cooperation in improving the care of cancer patients has been an added justification for the inclusion of registry support in RMPs and has led to the level of expenditure shown above.

Now we are urged to consider proposals to establish some type of follow-up registry for:

- 1) Stroke
- 2) Myocardial infarction
- 3) Hypertension

- 4) Rheumatic fever
- 5) Diabetes
- 6) Pulmonary disease

Some day, when patient histories, physicals, and lab findings are all entered into a computerized combined in-patient and out-patient record system, the needed data for registration of any type of disease will become available automatically. Until our record systems reach such a serviceable stage, what should our policy be regarding registries?

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Associate Director for
Organizational Liaison

CANCER REGISTRY ACTIVITIES
SUPPORTED BY RMPS

<u>Local Medical Program</u>	<u>Base or Area</u>	<u>Project #</u>	<u>Year Funded</u>
1. Arkansas	Regionwide Central Computerized- Little Rock	6	'69
	Northwest Kansas	7	'69
	Ft. Smith - 10 counties	12	'69
2. California	Mt. Zion Hospital - San Francisco	15	'70
3. Colorado/Wyoming	Regionwide - part of Rocky Mountain	2	'69
4. Georgia	Regionwide	13	'68
5. Illinois	Presbyterian - St. Luke's Hospital extended to 3 other hospitals in Chicago	4	'70
6. Indiana	Feasibility study	<u>Discontinued</u>	
7. Intermountain	Regionwide - Center for 6-state Rocky Mountain registry	11	'68
8. Iowa	Regionwide	12	'69
9. Louisiana	Develop self-teaching training program for registry secretaries	1	'70
10. Metro D.C.	Computerized cancer registry - D.C. Health Department	19	'69
11. Missouri	Computerized cancer registry based at Ellis Fischel Cancer Hospital	28 <u>Discontinued</u>	'69
12. Mountain States	Regionwide - part of Rocky Mountain States Cooperative Cancer Registry - Boise	6	'68
13. New Mexico	Core		'68
14. NY Metropolitan	Memorial Hospital and 34 cooperating hospitals - consultation and training	2	'66
15. North Carolina	Regionwide - State Health Department	4	'67
16. Oklahoma	Tulsa	5	'68
17. Puerto Rico	Regionwide	5	'70
18. South Carolina	Statewide - U. of S. Carolina Med. Center	25	'70
19. Texas	Statewide - State Health Department	8	'68
20. Washington/Alaska	Regionwide - U. of Washington Med. Center	32	'69
21. Western New York	Regionwide - Roswell Park	10	'69

BRIEF SUMMARY OF AUTOMATED HEALTH TESTING - MULTIPHASIC SCREENING
ACTIVITIES SUPPORTED BY RMPS

At the present time, RMPS supports ten major AMHT-MPS projects. In general these projects use some automated testing equipment, allied health personnel and computers to acquire health data including medical histories, laboratory data and physiologic measurements. Most projects are either part of or closely related to programs for the delivery of primary care to the medically underprivileged. OEO and Model City neighborhood health centers and 314e clinics are often major sources of patients. Training and employing the underprivileged as a paramedical personnel, the projects attempt to supply to those who deliver care a comprehensive data base from which diagnosis can be made by physicians and treatment initiated and continued. The projects focus heavily on the early detection and prevention of heart disease, cancer, stroke, pulmonary and kidney disease, diabetes and related diseases. Results indicate that approximately 50% of those patients screened have significant medical abnormalities.

Many of these projects are becoming excellent examples of optimal utilization of funds and resources. Not only do they serve as centers of service and teaching but also as centers of research. Their investigations include studies of attitudes and behavior of health providers and patients, utilization of health facilities, clinical epidemiology and other problems of the organization and delivery of health care services. Most projects serve as demonstration and consultation centers which assist others in the Regions in the development of strategies to improve the acquisition of patient data and the organization of future health delivery systems.

The Operations Research-Systems Analysis Branch of RMPS has served as a consultation resource to at least 20 Regions which are involved in or planning AMHT-MPS activity. This assistance has taken the form of referral to MPS centers of excellence, planning of projects, correspondence, office and telephonic consultations, visits, development of evaluation protocols and the establishment of MPS committees in Regions. In addition in a number of Regions our consultation has helped to stimulate regional conferences on the role of AMHT-MPS in improving health care delivery. This consultation has paid dividends in the improvement of project proposals, and in the general education of core staffs and project applicants regarding improved methods of patient data acquisition, optimal use of health facilities, the organization of health care systems and the systems approach to the solution of health problems, and the short cutting of the planning process.

At the present time approximately 8 Regions are actively planning or have submitted project proposals to establish AMHT-MPS centers.

Appended is a list of the locations, Regions and present funding of AMHT-MPS projects supported by RMP.

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<u>PROJECT</u>	<u>FUNDING FOR PRESENT OPERATIONAL YEAR</u>
Palo Alto, California Regional Medical Program	\$ 91,000
San Joaquin Valley, California Regional Medical Program	186,700
Gainsville, Florida Regional Medical Program	179,200
Indianapolis, Indiana Regional Medical Program	265,000
Baltimore, Maryland (2 pediatric projects) Regional Medical Program	101,000
Nashville, Tennessee Mid-South Regional Medical Program	604,500
Memphis, Tennessee Memphis Regional Medical Program	269,500
Northeast, Mississippi Memphis Regional Medical Program	312,600
Rochester, New York Rochester Regional Medical Program	259,900
Salt Lake City, Utah Intermountain Regional Medical Program	389,000
Richmond, Virginia Virginia Regional Medical Program	approved but unfunded

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