

Update: Delayed Implementation Deadline for Rapid Quality Reporting System Participation

Standard 5.2 requires enrollment and data submissions to Rapid Quality Reporting System (RQRS). These requirements will revolutionize the way data is reported through the National Cancer Database (NCDB) and are integral to improving the clinical utility of cancer registry data. Usage of RQRS changes the operations of traditional cancer registries, moving from retrospectively collecting diagnosis and treatment information to prospectively monitoring treatment expectations and administration.

Over the past few months, RQRS has experienced sporadic system outages and issues. These identified issues have interrupted our programs' ability to enroll in RQRS, submit data to the system, and consistently use statistics displayed in the application. The NCDB and CoC are extending the deadlines for enrollment and initial submission to the system to account for any inconveniences these issues have caused CoC-accredited programs.

Therefore, to be eligible for compliance or commendation with this standard, all programs must enroll and make their first submission to RQRS by **March 31, 2017** (previously January 1, 2017).

Standard 5.2 Ratings

To be **compliant** with Standard 5.2 each calendar year, cancer programs must:

- 1) Make at least one submission to RQRS each quarter and
- 2) RQRS data and performance reports are reviewed by the cancer committee at least semi-annually and documented in the cancer committee minutes.

To earn **commendation** for Standard 5.2 each calendar year, cancer programs must meet the following requirements:

- 1) The program submits all new and updated cancer cases at least once each calendar month.
- 2) RQRS cancer cases are submitted within three months of date of first contact as specified by NCDB.
- 3) All cancer cases submitted to RQRS with edit errors are corrected and resubmitted.
- 4) Each calendar year, RQRS data and performance reports are reviewed by cancer committee at least once quarterly and documented in the cancer committee minutes

While compliance with Standard 5.2 does not require cancer programs to change the timeliness of data abstraction, improving the timeliness of case submission to RQRS will maximize the usefulness of the tool. When used optimally RQRS allows programs to prospectively monitor patient care.

Standard 5.2 RQRS Participation Ratings by Survey Year

The CoC and NCDB want to set achievable goals for cancer programs and registries to gradually move to rapid case ascertainment. Therefore, the requirement for cases to be submitted to RQRS within 3 months of the date of first contact will be set on a phase-in schedule. This allows for transition while programs continue to make strides towards rapid case submission.

To be eligible to receive commendation with Standard 5.2; beginning with cases diagnosed in 2017, 25% of RQRS measure eligible sites will need to be submitted within three months of the date of first contact. This percentage will increase to 50% in 2018 and 75% in 2019. The remaining criteria for commendation for Standard 5.2 will be fully implemented beginning in 2017. The complete information and requirements for programs to meet Standard 5.2 are found in the table below.

TABLE 1 STANDARD 5.2 RQRS RATING REQUIREMENTS BY SURVEY YEAR

Criteria	2018 Surveys	2019 Surveys	2020 Surveys
(1) Compliance Rating	For 2018 surveys (first accreditation cycle to be rated on the 2017 phase-in criteria), programs not currently enrolled in RQRS must be in compliance for one complete year (2017)		
1. Each calendar year, the program submits all new and updated cancer cases at least once each calendar quarter.	<ul style="list-style-type: none"> - All cancer programs (exception to new programs) must be enrolled in RQRS by March 31, 2017 - First data submission must be completed by March 31, 2017 - Data submissions including Measure Eligible (ME) sites at least every three calendar months (assessed for 2017 and forward) - Data submissions must include, at a minimum 2 full diagnosis years, (e.g. In 2017 cases diagnosed from 2015 through the most recent in the cancer registry) 		
2. Each calendar year, RQRS data and performance reports are reviewed by cancer committee at least semi-annually and documented in the cancer committee minutes.	Documentation for 2017	Documentation for 2017 and 2018	Documented for 2017, 2018, and 2019
(1+) Commendation Rating	To earn commendation, programs must meet the commendation criteria three consecutive years.		
1. Each calendar year, the program submits all new and updated cancer cases at least once each calendar month.	<ul style="list-style-type: none"> - Quarterly submissions in 2015 and 2016. - ME cases submitted monthly in 2017* - Data submissions must include, at a minimum, 2 full diagnosis years 	<ul style="list-style-type: none"> - Quarterly submissions in 2016 - ME cases submitted monthly in 2017* and 2018 	ME cases submitted monthly in 2017*, 2018, and 2019.
2. RQRS cancer cases are submitted within three months of date of first contact.	25% of 2017 RQRS ME sites are submitted within three calendar months of date of first contact.**	- 25% of 2017 and 50% of 2018 ME sites are submitted within three calendar months of date of first contact.**	- 25% of 2017, 50% of 2018, and 75% of 2019 ME sites are submitted within three calendar months of date of first contact.**
3. All cancer cases submitted to RQRS with edit errors are corrected and resubmitted.	Cases with errors are resubmitted error-free when complete.		
4. Each calendar year, RQRS data and performance reports are reviewed by cancer committee at least once quarterly and documented in the cancer committee minutes.	<ul style="list-style-type: none"> - Semi-annual reporting in 2015-2016 - Quarterly (calendar) reporting in 2017. 	<ul style="list-style-type: none"> - Semi-annual reporting in 2016 - Quarterly reporting in 2017 and 2018 	Quarterly reporting in 2017, 2018 and 2019

* Assessment of revised CoC Program Standard 5.2 will begin in April 2017.

** When measures for new primary sites are added to RQRS timeliness of submissions for the primary site will not be assessed for the initial year of release.

Note: Programs surveyed in 2017 will be rated using the criteria in CoC Standards Manual (2012 V1.2.1).

For questions, please contact NCDB_RQRS@facs.org