NAACCR
Change Management Process
Q&A
As of June 24, 2015

Any change to standards has an impact on registry operations, funding agencies, and users of the data. Changes to the data exchange layout, additions of new codes to existing data items, changes to algorithms for derived variables, and additions of new data elements are time consuming, can affect many aspects of registry operations (data collection, editing, and IT), and are often costly. Many changes require updates to central registry software, hospital registry software, program manuals, training materials, EDITS metafiles, work flow and other routine processes; some may necessitate legislative or regulatory changes.

The following definitions and Q&A provide the framework for optimal management of change and bring criteria for complete, accurate, and timely preparation to the change process.

Definition of Terms

Cancer Surveillance Community
Cancer data reporters (hospital or other facility-based registrars and non-hospital reporting facilities); central cancer registries; software vendors; standard setting organizations; public health professionals; researchers.

Change
The types of changes include, but are not limited to: addition of new data items, addition/modification/deletion of data value(s) (code and/or description) of existing data items, conversions of data values, data format changes, retiring data items, and any changes to overarching coding or data collection standards (e.g., ICD-O-3, ICD-10, staging systems, Multiple Primary/Histology rules, changes to algorithms, coding instructions, reportability definitions, etc.).

North American Standard Setting Organizations
American College of Surgeons Commission on Cancer (CoC)
American Joint Committee on Cancer (AJCC)
Canadian Council of Cancer Registries (CCCR)
Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR)
National Cancer Institute Surveillance, Epidemiology and End Results (SEER) Program
North American Association of Central Cancer Registries, Inc. (NAACCR)

Change Management Board (CMB)
Purpose: This group is responsible for reviewing proposed changes, including but not limited to those that will be incorporated into the NAACCR Volume II Data Dictionary. The workgroup will review, evaluate and approve requests for change through an assessment process intended to determine the feasibility of the change and will assess the impact on the cancer surveillance community. Members of the CMB will represent their organizations in the approval and implementation planning for the changes approved. Their support will maximize efficiency and coordination in the integration of the changes.

Membership: at a minimum, a member from each North American standard setting organization, National Cancer Registrar Association (NCRA), the NAACCR Standardization and Registry Development Steering Committee (S&RD SC) chair, NAACCR Uniform Data Standards Work Group (UDS WG) chair, and

three central cancer registry representatives (1 Canadian registry, 1 NPCR registry, and 1 SEER registry). The CMB will recruit subject matter experts, including software providers, or other key national partners (e.g., College of American Pathologists (CAP)), as needed.

Change Management Process Q&A

1. Who can propose a change?
    a. An idea for a change can be suggested by any member of the cancer surveillance community; however, the change proposal must be endorsed and submitted by one or more of the North American standard setting organizations. For example, a central cancer registry may submit a change proposal through the S&RD SC/UDS WG which would be endorsed/submitted by NAACCR.

2. What is the change proposal process?
    a. All proposals undergo a review process comprised of an initial concept review, review of the feasibility analysis plan (when applicable), and final approval based on the feasibility analysis results (when applicable) by the CMB. If the applicant has already completed a feasibility analysis, the results can be submitted at the same time as the initial concept proposal.

3. When can a change proposal be submitted?
    a. A Request for Change (RFC) form can be submitted at any time by a standard setter; however, the implementation of the change will follow the implementation timeline determined by the CMB.

4. How is a change proposal submitted?
    a. Submit change request to CMB for preliminary approval via an online RFC form found on the NAACCR website. The minimum RFC information provided to the CMB must include a contact person, description of the proposed change(s), a rationale, benefits of proposed change, a proposed effective date and an outline and/or results of the proposed feasibility analysis plan (when applicable, e.g. new data items).

5. What CMB actions are taken after RFC proposal is submitted?
    a. CMB evaluates proposal and takes one of the following actions:
        i. Denied (CMB returns RFC with comments to requestor).
        ii. Tentatively approved with comments (CMB returns RFC with comments to requestor).
        iii. Approved in Concept.
        iv. If the results of the feasibility analysis are submitted at the same time as the concept request, the concept and feasibility analysis will follow Step 6 below.

6. What happens after CMB approves the concept?
    a. The CMB will send RFC to the S&RD SC, UDS WG, standard setting organization (to disseminate for comments within their organizations) and/or other bodies as appropriate for comment and recommendations.

7. Feasibility analysis?
    a. Upon request by the CMB, new or change proposals must have a feasibility analysis completed. The goal of the feasibility analysis is to ensure the data are available and are of sufficient quality for the North American cancer surveillance system.