



Core Public Health – Cancer Reporting System

Fiscal Impact (\$000s)	FY 2014	FY 2015	FY 2016	FY 2017
General Fund				
Expenditures	350	350	350	350
Revenues	0	0	0	0
Net Fiscal Impact	350	350	350	350

Summary

This proposal appropriates \$350,000 per year from the General Fund to develop a second-generation statewide cancer data collection system that will meet changing state and federal requirements, and provide more detailed cancer information at the local level.

Background

The first generation statewide cancer data collection activity, the Minnesota Cancer Surveillance System (MCSS), began operation on January 1, 1988. The primary objectives of the MCSS are to:

- Monitor the occurrence of cancer in Minnesota and describe the risks of developing cancer.
- Inform health professionals and educate citizens regarding specific cancer risks.
- Address the public’s questions and concerns about cancer.
- Promote cancer control research including identification of new causes of cancer.
- Guide decisions about targeting cancer control resources. (Minnesota Statutes, sections 144.671 – 144.69)

The MCSS is a population-based public health surveillance activity. This means significant effort is made to identify all cancers that are newly diagnosed in all Minnesota residents. The MCSS takes hundreds of thousands of reports on cancer incidence and mortality and merges the information into detailed information for providers, policy-makers, the public and researchers. The quality of these data is very high. Once received, personally identifiable information is stored in a secure location.

Technology, state and federal administrative requirements, federal reporting guidelines, cultural opinions on science and government, public demand for detailed cancer data, and the role of the MCSS in public policy have changed considerably since the MCSS was implemented more than 25 years ago. As a result, Minnesota has needed for some time to redevelop its statewide data collection activity to continue meeting its legislative mandate. That need has now become critical. The 25-year-old data base design, the automated data flow structure, and the custom-created software programs have been stretched beyond their breaking points. This need is further amplified by the increasing societal pressure to provide more detailed information on

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cancer incidence to address the public's concern about cancer and environmental/industrial pollution. As a result, more detailed data, below the county level that is currently maintained by the MCSS, are now required.

Proposal

The MCSS must be completely redesigned to meet the challenges presented by state and federal administrative requirements, needs of state cancer control programs, changes in medical care of cancer patients and how their records are maintained, and the public's demand for more detailed cancer information. The proposal is to conduct a six-year redesign and implementation project that will rigorously identify and bring to fruition the best method(s) to resolve these conflicting requirements.

Development of the proposed second generation statewide cancer data collection activity, the Minnesota Cancer Reporting System, will take six years and cost about \$350,000 per year. These funds will be used for a public health scientist to guide the design of the system, an options analysis, documentation of system requirements, and systems design and implementation.

A preliminary study concluded that the MCSS is a key MDH resource and needs to be updated if it is going to remain so. The funding and staff estimates required for this project are in addition to the current resources required to operate the MCSS. Continued operation of the MCSS is required to maintain the federal funding for this activity.

Rationale

The new Minnesota Cancer Reporting System is needed to address the following problems with the MCSS:

- Reliance on one or two key staff.
- Outdated software and technology.
- Limited ability to implement efficient reporting and ascertainment protocols.
- Insufficient flexibility to adapt to ongoing changes in medical delivery systems and the needs of cancer control programs.
- Limited capacity to respond to the public's growing concern about community-level cancer rates.
- Cumbersome methodology for providing access to and integration of information available from electronic medical records and pathology reports.
- Inefficient methods to provide summary cancer data to the public.
- High operational costs, which are now about \$2.3 million a year (\$1.2 million state, \$1.1 million federal).

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