



Independent Redundancy.

How one health system built resilience into its oncology abstraction operations

The Challenge

A roughly 700 case oncology abstraction backlog left registry data aging and quality reporting at risk. The retirement of one abstractor exposed how vulnerable a small, specialized team is to the next departure.

The Approach

Rather than absorb the cost and delay of recruiting and training a scarce Certified Oncology Data Specialist, the health system amplified its work with Carta Healthcare, a partner aligned with its long term registry vision.

The Outcome

The 700 case backlog is fully caught up, abstraction data quality has held very high, and the health system now has an independent partner that flexes with its workload in collaboration with their internal team.



The Story

The executive director of oncology services at an 18-hospital regional health system runs a lean team of oncology abstractors. A small team of certified abstractors keeps the cancer registry current. A year ago, that work had slipped roughly 700 cases behind. The abstracting kept receding from the present, and the data aged with it.

In an oncology registry, stale data is not a clerical problem. It is a clinical one. As she put it, “It was affecting our ability for timely quality reporting, such as RQRS measures, and it also impacted our process improvement efforts. And the deeper the backlog, the less likely it is that we can actually impact care.” A registry is only as valuable as its data is current. Fall far enough behind, and it serves neither care nor quality well.

Then one of her abstractors retired. On a small, specialized team, the loss of a single person is never routine. It laid bare how thin the margin had always been and how exposed the registry would be to the next departure. Hiring a Certified Oncology Data Specialist was the obvious path, but ODS talent is scarce and costly, and a new hire is less relief than a deferred promise. Someone has to train them, which draws the remaining abstractors away from their own work and slows the whole team in the meantime. By her own account, the backlog would take forever to clear.



The Story

So, she weighed the alternatives. One was to return to a former outsourcing vendor, but the quality had disappointed the first time, and nothing about that calculus had changed. The health system learned about Carta Healthcare its innovation team and evaluated multiple 3rd party abstraction partners. When the moment came to act, the team weighed the field on both capability and cost, and Carta Healthcare was the partner that matched where they wanted the registry to go over the long run.

The decision resolved into something simple. Rather than spend months recruiting and training a fifth abstractor of their own, they could bring Carta Healthcare in to fill that seat. It offered more than a way to catch up. It offered the stability and reliability the team had been missing.



The Impact

A year later, the 700 case backlog that set all of this in motion is fully caught up. The quality of the abstraction has been high. And the team is happy, which for a group under this kind of specialized load is its own meaningful result.

The more durable lesson is one she earned by living through it. Small, highly specialized teams carry a structural fragility that larger ones do not. People retire, take leave, and move on, and when they do, the colleagues who remain can absorb only so much. They cannot simply work more. What steadies a registry in those moments is what she calls independent redundancy: a partner that sits outside the team, already fluent in its systems, ready to flex with the workload the moment a gap opens. That is what the team found in Carta Healthcare.

She has watched the same dynamic play out elsewhere in her organization. Her genetic counseling clinic runs on a team of two, every bit as specialized and every bit as hard to backfill quickly. A single maternity leave or departure opens a gap the remaining counselor cannot close alone, and the work falls behind in precisely the way the registry once did. The pattern holds across lean specialty teams. Coverage among peers helps, but it has a ceiling. Real resilience comes from a layer of trained capacity that sits outside the team and can be called on when it matters most.



“ They can cover for each other, but they can't just work more. That's where there is value in independent redundancy. ”