

Chapter 16: Follow-up

The term follow-up refers to the process whereby a registry continues to monitor the status of a patient's health at periodic intervals. Data fields concerning patient vital status, date of last contact, treatment, and recurrence are updated to maintain accurate surveillance information.

Follow-up data are obtained through active and passive methods. Active follow-up refers to the process of identifying patients whose follow-up information is out of date and contacting someone who can provide more recent information. This may involve contacting the patient, a physician, family member, or other informant. SEER*DMS provides mechanisms for facilitating active follow-up as discussed in the *Active Follow-up (AFUP)* sections of this chapter.

Active follow-up procedures can be very time-consuming and cost-intensive. Effective passive follow-up processes can significantly reduce the time and effort required to obtain current follow-up information for patients. Passive follow-up refers to the process of updating follow-up information during the linkage of data, including patient data submitted by reporting facilities as well as non-medical data provided by other organizations. Non-medical data are imported as supplemental records and include department of motor vehicle, CMS/HCFA, voter registration, and other data available to the registry. The types of supplemental data that are loaded vary by registry.

SEER*DMS facilitates active follow-up by identifying patients requiring more recent follow-up information and allowing you to organize patients into groups based on methods of contact. The SEER*DMS active follow-up module also allows you to track the success rate of active follow-up processes.

In this chapter, you'll learn about

- Passive Follow-up
 - Overview of Passive Follow-up
 - Overview of the Consolidate Task for Follow-Up Data
- Active Follow-up
 - Overview of Active Follow-up
 - AFUP Manager – Data Columns and Filters
 - Setting the AFUP Flag
 - Generating Follow-up Letters

Overview of Passive Follow-up

Passive follow-up processes are embedded directly into the SEER*DMS workflow. When a record is a definite match to a Patient Set, follow-up data from the record are auto-consolidated into the Patient Set fields. This is described in more detail below.

Auto-consolidation – Supplemental and Non-reportable Death Certificate Data. Records that are used for passive follow-up include supplemental records, non-reportable death certificates, and other records used for follow-up only data. The records are matched against Patient Sets in the database; they are not matched against other unlinked records. The algorithms used for linkage of supplemental records are documented on the matching help page.

If SEER*DMS cannot complete the auto-match, a manual Match Task is created. A record cannot be auto-matched if it matches more than one Patient Set perfectly (the computer cannot choose between two perfect matches); or the record matches a Patient Set with a “possible” score. To reduce manual processing, many registries do not allow “possible” scores for passive follow-up data.

If a record is a match to a single Patient Set, data fields in the Patient Set are updated based on registry-defined algorithms. The fields would include but would not be limited to date of last contact, vital status, and follow-up source (refer to your registry's auto-consolidation rules for more information). An entry is made in the Patient Set's audit log documenting that the record was linked and any modifications made to data fields. If automatic updates cannot be completed due to a discrepancy between the record and Patient Set data, a registrar will be able to review the data and resolve the discrepancy in a manual Consolidate task.

Overview of the Consolidate Task for Follow-up Data

In most registry configurations, a manual Consolidate task is created when a supplemental record cannot be auto-consolidated into a matching Patient Set. This occurs when data on the incoming record conflict with data in the matching Patient Set. For example, a manual Consolidate task will be created if a supplemental record indicates that a patient was alive on a given date, but the Patient Set data indicate that the patient had died prior to that date.

The issues that prevented auto-consolidation are reported on the Alerts tab. A message is displayed for each conflict between the value of a field on the incoming record and the value of the Patient Set field. In the first example below, the vital status is 1 (Alive) in the Patient Set, and is 4 (Dead) in the supplemental record, but the date of last contact is later in the Patient Set.

The screenshot shows the Alerts tab with a notification for 'Review Auto-consolidation Issues'. The table below details the conflict:

Key	Message
SU ⓘ	
DOLC	Vital Status and DOLC conflict (VS is 'alive' in pat set, but 'dead' in record; and DOLC is later in pat set than record).

In the example below, there is a conflict in the sex (gender) field.

The screenshot shows the Alerts tab with a notification for 'Review Auto-consolidation Issues'. The table below details the conflict:

Key	Message
SU ⓘ	
GENDER	Gender differs in record and patient set.

This registry's configuration requires a review for a gender conflict when a supplemental record updates date of last contact. The type of conflicts that cause auto-consolidation failures vary by registry. Auto-consolidation rules are documented on the Auto-Cons page of the Help system. An example is shown below. A manual task is created when a failure is generated by the auto-consolidation task.

The screenshot shows a search filter interface with the following elements:

- Supplemental (HCFA) dropdown menu
- Keywords input field
- Filter, Clear, and Show All buttons
- Section header: Birth Date Year, Birth Date Month, Birth Date Day
- auto-cons ⓘ link
- Help text: Only if record value is not unknown. If patient value is unknown, record value is used. If patient value is known and does not correspond to record value, a failure is added if DOLC was updated.

To complete a Consolidate task for a supplemental record, you must perform the following steps:

1. **Confirm that the data are for the same person.** Data should not be consolidated until it is determined that the data to be combined are for the same person. Use the Demo Info tool to confirm the match, as described in the *Resolving Discrepancies in Follow-up Data* section of this chapter.
2. **Resolve discrepancies between the Patient Set and record data.** Switch to the Source Data View in the Patient Set editor. In this mode, compare differences between the record and the Patient Set. Modify the Patient Set values, if appropriate. See the *Resolving Discrepancies in Follow-up Data* section of this chapter for instructions.
3. **Review and Resolve Edit Errors.** SEER*DMS gives you the option of resolving some or all edit errors during the consolidation task, or saving the consolidated Patient Set and allowing the errors to be resolved in a Resolve Patient Set Errors task.
4. **Save the Patient Set and Exit the Consolidate Task.** Once you have resolved the conflicts between the follow-up data and the Patient Set, you may save the Patient Set and allow it to move forward to the next task in the workflow.

The Consolidate task is performed in the Patient Set editor. For additional information about the features of the editor, see *Chapter 11: The Patient Set Editor*. For more details on Consolidate tasks, see *Chapter 12: Consolidating Data*.

Overview of Active Follow-up

The following summarizes the steps involved in using SEER*DMS to manage the registry's active follow-up processes.

1. **Use the filters in the AFUP Manager to determine which patients require active follow-up.** The filters are described in more detail in the *AFUP Manager – Data Columns and Filters* section of this chapter. Common fields used to identify patients for follow-up include Date of Last Contact, Contact Method, Do Not Contact, and AFUP flag.
2. **Create letters for physicians, facilities, patients and informants using Mail Merge.** A CSV file will be created which can be used in Microsoft Word to generate letters.
3. **Enter all data received and update Date of Last Contact and the AFUP flag.** Update the patient data based on information received. If the AFUP needs have been met, then set the AFUP flag to "Ignore for AFUP".

AFUP Manager – Data Columns and Filters

Requires system permission: *afup_manager*

To access the AFUP Manager, select **Manage -> Active Follow-up**. A Patient Set is listed in the Active Follow-up (AFUP) Manager if its AFUP Flag is set to *Consider for AFUP* and it meets the Date of Last Contact and Reportability criteria specified the default filter (Current AFUPs).

The following data columns are shown in the AFUP Manager:

- **Patient Set ID** – The ID of each Patient Set identified for active follow-up.
- **DNC** – Do Not Contact flag. The coded values are displayed in the table. Hover over a value to view the text definition for a value. Use the Do Not Contact filter to assign Patient Sets to different groups for processing. You will exclude Patient Sets from some processes because of the value of the Do Not Contact Flag or Reason.

- **DNC Rsn** – Do Not Contact Reason. The coded values are shown in the table. Hover over a value to view the text definition for a value.
- **Last Name** – The patient’s last name.
- **First Name** – The patient’s first name.
- **SSN** – The patient’s social security number.
- **DOB** – The patient’s date of birth.
- **DOLC** – The current value of date of last contact in the Patient Set. The date of last contact filter allows you to search on DOLC month, day, and year separately. In some registries, active follow-up tasks are performed on batches of Patient Sets grouped by month of last contact.
- **FU Hosp** – The facility defined as the Last Follow-up Hospital in the Patient Set. Use the Last FUP Hospital filter to search by a specific facility or to search for Patient Sets with an unknown follow-up hospital.
- **FU Phys** – The person defined as the Last Follow-up Physician in the Patient Set. The Last FUP Physician filter can be used to search for specific values of this field.
- **AFUP Flag** – The current value of the Patient Set’s AFUP Flag (*Consider for AFUP* or *Ignore for AFUP*)

You may filter the list by any fields shown in the data columns. The fields listed below are available as filters, but not shown in AFUP Manager data columns.

- The following filters are based on CTC fields. A Patient Set will be included in the filtered list if there is at least one CTC that matches all of the criteria defined by these filters. You may specify ranges of values for the site, histology, age at dx, and year of dx filters.
 - **Reportability** – Use this filter to search for Patient Sets with a CTC that is reportable to SEER, NPCR, or local agencies.
 - **Site**
 - **Histology**
 - **Behavior**
 - **Age at DX**
 - **Year of DX**
- **Region** - Use the Region filter to search for AFUPs based on the Patient Set’s value for region. This filter is only displayed if your registry supports multiple regions.
- **Admitting Facility** – Use this filter to limit the list to Patient Sets with an admission to a particular facility.
- **Contact Method** – Select or exclude patients by their selected method of contact.
- **Physician Status** – Filter based on active or inactive physicians.
- **Data Search Filters** – SQL from a data search may be saved to the AFUP manager and used to filter patient sets.

Setting the AFUP Flag

The AFUP flag can be set to “Ignore for AFUP” if the Patient Set should not be considered for AFUP. The AFUP flag can be set either in the Patient Set Editor or the AFUP Manager.

To set the flag in the AFUP Manager:

1. Select the Patient Sets to modify by checking the appropriate boxes.
2. Click **Actions > Modify**. In the **Actions** drop down menu, select "Ignore for AFUP". Conversely, select "Consider for AFUP" to designate a patient as eligible for AFUP.

Generating Follow-Up Letters

Once a set of patients has been identified for AFUP using the filters, a mail merge CSV file can be created. To create a mail merge file:

1. Select the checkboxes of the Patient Sets to be included in the mail merge. Click the box in the heading to select all Patient Sets.
2. Click **Actions > Create Mail Merge**. A CSV file will be generated for download.
3. Formatted reports and letters can be created by merging the CSV file into a word processing template or with external reports. For further assistance with mail merge, please submit an issue to SEER*DMS Technical support.