The Surveillance, Epidemiology, and End Results Data Management System (SEER*DMS) Change Control Board (CCB) Claims Workgroup Teleconference Summary December 18, 2017 12:30 p.m. to 1:30 p.m. EST

Representatives from NCI, IMS, The Scientific Consulting Group, Inc. (SCG), and six SEER registries participated in the SEER*DMS Claims Workgroup (WG) conference call on December 18, 2017. Participants included:

REGISTRIES:

New Mexico Seattle Georgia (Kevin Ward, WG chair) Utah New Jersey California NCI: Angela Mariotto and Donna Rivera

IMS: Suzanne Adams, David Angelaszek, Linda

Coyle, Philip Crider, and Chuck May

SCG: Glendie Marcelin, rapporteur

Action Items

- Linda Coyle agreed to provide a status report to the Claims' Workgroup (WG) regarding which registries that have claims data that are in production and the timelines for completion.
- Linda agreed to send the Goals and Objectives draft document to the WG members.
- WG members should submit comments on the Goals and Objectives document via Squish.
- Each WG member should provide feedback on the tracking of incoming claims by source provider on the registry dashboard (SEER*DMS website) prior to the next Claims WG meeting.
- David Angelaszek agreed to provide a list of the data fields that are being mapped.
- Registries with claims data in formats other than Unlimited should obtain copies of the data structure of their claims and try to map to the JSON dictionary.
- The Seattle registry will send WG members a copy of its data dictionary (data item list) for the monthly files it receives from Kaiser Permanente.
- Donna Rivera agreed to demonstrate the NCD and HCPCS coding databases during a future WG meeting.
- Clara Lam agreed to define the completion timeline for the radiation oncology code list.
- IMS will inventory the existing SQL codes and provide WG members with a description of the SQL queries.
- Registries will recommend experts in ICD-10 or radiation therapy coding to present to the WG.

Short-Term Goals

The objective of the Claims Workgroup (WG) meeting was to continue discussing priority short-term goals and their timelines for completion. Short-term goals were organized into four categories—onboarding, codes and formularies, quality control, and workflow.

Onboarding

The first short-term onboarding goal was to:

• Assess the current landscape—gain an understanding of the status of local agreements in each SEER area to allow for the integration of Unlimited data.

Kevin Ward said that the WG already received information regarding the status of the registries receiving claims data. Moving forward, IMS will provide the WG with a monthly update of the registries' Unlimited data that are in production/being processed.

The second short-term onboarding goal was to:

• Develop a checklist for registries to evaluate the data that they receive.

The checklist would help registries evaluate how well incoming claims data adhere to an established standard and their completeness. Kevin indicated agreed to send the checklist to the WG members. Updates to the checklist will be sent via a Squish issue.

The third short-term onboarding goal was to:

• Implement viewer to track incoming claims by source (Provider, National Provider Identifier); create a dashboard.

Registries will be able to monitor the source provider and the time of data receipt. Linda recommended that the registries that have claims data in production (or in a test server) view the existing dashboard in SEER*DMS. WG members that are not able to view the dashboard can change their permissions by clicking on the "dashboard by data counts" link. The new tab to view the incoming claims is called "data by facility."

Kevin suggested moving the short-term goal of discussing the impact of different sources and their timelines for receiving data to a long-term goal. The Utah registry will need to perform additional work because this registry will not receive data in the standard claims format. The registry is requesting data in a tab delimited text file format.

Linda suggested that David provide a list of the data fields that are being mapped, which can be specifically requested by registries.

The fourth short-term onboarding goal was to:

• Provide a data dictionary for JavaScript Object Notation (JSON) database.

Seattle announced that they are receiving monthly data files from Kaiser Permanente that are not in the standard ANSI 837 format. IMS will provide a dictionary of the existing data elements in the JSON database.

Codes and Formularies

The first short-term codes and formularies goal was to:

• Explore what additional data can be accurately gleaned from International Classification of Diseases for Oncology (ICD-10) codes available in 2015 (metastases, progression, second primary, etc.).

The NCI is working to respond to a request made during the November 10, 2017 WG meeting for individuals with expertise in ICD-10 cancer-related coding to speak to the WG.

The second short-term codes and formularies goal was to:

• Finalize drug agent lists for chemo-, hormone, and immunotherapy.

The NCI has finalized the drug agent list dataset. On December 18, 2017, Donna will demonstrate the Medicare National Coverage Determinations (NCD) and HCPCS coding databases to NCI staff. She described the function of these databases, which will go live early in the spring of 2018. Records in the NCD and HCPCS databases date back to 2012 and 1977, respectively.

The third short-term codes and formularies goal was to:

• Develop comprehensive list of radiation therapy codes.

Clara is leading the effort to develop radiation oncology pilots to create a list of codes and standard variables.

The fourth short-term codes and formularies goal was to:

• Develop methods to address agents with reference dates (e.g., considered chemotherapy at one point and immunotherapy at another).

The NCI is working on updating all data elements and treatment regimens in the SEER*Interactive Antineoplastic Drugs Database.

Quality Control

The first short-term quality control goal was to:

 Make standard queries available to conduct focused manual review of the claims data for augmentation (SQL sample in existing data search) inside SEER*DMS.

IMS has developed the SQL code and will perform an inventory of this code. A description of the existing SQL code will be provided to registries so that they can run their data and solicit feedback from IMS. WG members should identify other potential queries required for a focused manual review.

Angela Mariotto suggested creating a new variable (i.e., SEER claims enhanced chemotherapy) to eliminate biases with regard to which registries receive data. Linda suggested that Angela participate in an upcoming meeting to discuss tracking of data fields.

The second short-term quality control goal was to:

Use retrospective data (2013–2015) to quantify gains in treatment augmentation from these data.

Registries should quantify gains in treatment augmentation as they receive the retrospective data and provide feedback to the WG on their findings. This process should help to identify problems with the way retrospective data are presented in SEER*DMS.

Workflow

The first short-term workflow goal was to:

• Finalize decisions on claims matching (Patient only vs. CTC).

When matching at the tumor level (CTC), the automation process is simpler and important for case-finding purposes. Matching the CTC is challenging, however, when claims data lack certain information (e.g., laterality, histology information). Some participants noted that automation does not need to be linked to the CTC. Decision processes employed by the registrars should guide the automation process.

Next Claims Workgroup Call

The January Claims Workgroup meetings have been canceled due to a holiday. The February 19th meeting has been rescheduled to February 5th.