The Surveillance, Epidemiology, and End Results Data Management System (SEER*DMS)
Claims Work Group
Teleconference Summary
February 11, 2019
1:00 p.m. to 2:00 p.m. EST

Representatives from NCI, IMS, Westat, The Scientific Consulting Group, Inc. (SCG), and seven SEER registries participated in the SEER*DMS Claims Workgroup (WG) conference call on February 11, 2019. Participants included:

REGISTRIES

Connecticut
Detroit
Georgia (Kevin Ward, WG chair)
Louisiana
New Jersey
New Mexico
Utah

NCI: Melissa Bruno, Angela Mariotto, Marina Matatova, Donna Rivera

IMS: Suzanne Adams, David Angelaszek, Linda Coyle, Chuck May, Jennifer Stevens

Westat: Laura Lourenco

SCG: Lorrie Fritz, rapporteur

Action Items:
- Linda agreed to create a Squish issue for all registries to complete a review of claims from 2012 or earlier to determine if changes to date of last contact are valid and if the claim is linked to the correct patient set.
- IMS will develop the first draft of a proposal for identifying claims with treatment information and capturing appropriate treatment information at the CTC level.
- The WG will review possible changes to the Claims Dashboard during the next meeting.
- Linda agreed to set up a meeting with IMS, NCI, and Kevin to organize open WG Squish issues into topic areas.

Date of Last Contact   **Linda Coyle**

IMS developed a tool to update date of last contact using pre-record data. Claims and electronic health record (EHR) data are stored in pre-record data. Pharmacy data and some data from other sources also are likely to be stored in pre-record data. Pre-record data is controlled by configuration parameters that are specific to each data type. IMS could put the tool into production and run it on the test server without affecting registry data. The WG could then review the results and allow the registries to decide when they want to use the tool.

Linda pulled up a screen showing Georgia's changes from year to year. Some date-of-last contact information at the Georgia registry was old, possibly because the patient was difficult to track, or date of last contact was missing from or not carried over from linked data sets. Kevin asked if claims related to scheduling an appointment would be excluded from the pre-record data. No claims are excluded except those for deceased patients. Linda asked if a claim that appears to be related to a planned procedure or appointment could be identified. A planned procedure date that is past the date the claim was submitted could be excluded.

Kevin suggested looking at claims from 2012 and earlier to identify and document any scenarios for which the registries would not want a record to be updated. In addition, the registries can check the

linkages to make sure each claim is linked to the correct patient set. Linda recommended that all registries conduct this review.

Review of Claims

In 2018, the registries conducted quality control projects to manually review claims. The WG needs to determine a mechanism for identifying cases in which a decision was made not to add claim treatment information to a record. Review of decisions not to add claims made would help the WG to develop scenarios in which claims treatment information should not be added to a record which, in turn, would inform the algorithm for processing claims in SEER*DMS. NAACCR rules should determine what treatment to add.

After determining when to capture claims treatment information, the WG will need to determine what type of information should be captured. The WG also will need to determine how to implement that capture.

Discussion

Participants suggested adding a checkmark at the time a claim is reviewed to prompt SEER*DMS to generate a date against which future claims are compared; any claims since that date would become a new instance of review. Participants agreed that the decision not to capture treatment information from a claim should be noted in SEER*DMS. A variable could be added that has codes for common reasons why treatment information was not added when a claim has a treatment code. Alternatively, or in addition to coding the reason for not adding claim treatment information, a comment box could accompany the checkmark option to allow the user to explain the reason for not adding treatment information from the claim. The reason the registrar chose not to add a treatment also should be tracked at the CTC level, and the date of the review recorded. Other issues to consider are whether changes to the CTC trigger a new review and whether changes to the claims trigger a new review.

When automation is implemented, visual cues will be needed to flag claims with no treatment information versus claims with possible treatment information. IMS can develop a proposal for how SEER*DMS might identify claims with no treatment information and those with possible treatment information. Workflow ideas included:
- A single CTC and a first claim with treatment information likely indicates first course treatment.
- Automate multiple tumors that need review.

Participants discussed the type of claims treatment information that should be captured over the course of treatment and ways to capture that information. Currently, IMS is working do identify different treatment regimens that SEER would want to capture from claims. The approach currently used to capture treatment information from linked Medicare claims might be applied to all claims. Participants discussed approaches for capturing different courses of therapy. One reason a decision might be made to not update treatment information based on a claim is that the treatment reported in the claim was not first-course therapy. The goal, however, would be to capture each course of therapy. Participants discussed whether to capture claims treatment information longitudinally, regardless of course of therapy, or restrict capture to NAACCR data elements. Tools would need to be built to facilitate work with longitudinal claims data. The WG also will need to consider how to handle changes in the definition of a treatment.

Dashboard

Several changes to the Claims Dashboard have been proposed through Squish. Participants agreed to review these proposed changes during the next WG meeting. Kevin offered to provide screen shots of the Georgia dashboard during the next webinar/call.

Next Steps

Linda proposed an administrative meeting to create topics areas based on issues discussed during this and other Claims WG meetings. These topic areas would guide the 2019 WG goals and objectives and the agenda for future WG meetings. Topics areas might include the dashboard, automation, or data items to capture.

Discussion

Participants agreed that automation was a priority. A participant mentioned evaluation as a possible priority, in particular, analytic tools that could be built to continually evaluate claims data processes.

Kevin proposed adding casefinding to the 2019 goals and objectives. The New Mexico registry is using claims data for case-finding, and is attempting to match claims data with disease index to evaluate the value of claims data for casefinding. Participants discussed the possibility of having an open AFL (e.g., pathology AFL) as well as a claim for the same patient. The claim data likely would be valuable in this situation. Registrars could build a CTC from the pathology report, but follow back still would be necessary to determine when and where diagnosis occurred. Participants agreed that it would be important to have access to all available information on a cancer patient even when the registry does not have an abstract for that patient.

Misclassification of therapeutic drugs is a concern that might be addressed by this WG. For example, dexamethasone or prednisone can be classified as hormones or anti-inflammatory agents. The option of having the rules from SEER Rx accessible to CTRs has been considered. Therapy drug codes also could be made dependent on cancer site, which might make the codes more reliable. Participants suggested changing the label to "possible hormone" for certain drugs. Changes are being made to indicate when a treatment is ancillary rather than hormonal. A participant added that column labels do not stay fixed when scrolling and requested that they be made stationary.

Next Claims Workgroup Call

The next Claims WG call is tentatively scheduled for March 18, 2019.