The Surveillance, Epidemiology, and End Results Data Management System (SEER*DMS)
Change Control Board (CCB)
Claims Workgroup
Teleconference Summary
July 16, 2018
12:30 p.m. to 1:30 p.m. EST

Representatives from NCI, IMS, The Scientific Consulting Group, Inc. (SCG), and eight SEER registries participated in the SEER*DMS Claims Workgroup (WG) conference call on July 16, 2018. Participants included:

REGISTRIES

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

NCI: Angela Mariotto, Marina Matatova, Donna Rivera, and Kai Wong

IMS: David Angelaszek, Philip Crider, Linda Coyle

Westat: Laura Lourenco

Action Items

- All registries with access to Unlimited data should log onto their dev server and compare the current claims screen with the new RxTx screen, with a specific focus on whether the new screen is missing anything that is on the current screen. Registries should provide feedback via Squish prior to the next meeting.
- Donna agreed to document a use case and share it via Squish so that registrars can begin to think about whether it would be useful to show whether a drug has multiple indications or only is used for oncologic purposes.
- All registries with claims data should indicate via Squish by July 25 whether they think they can identify claims from 2016 that have missing information on therapy and evaluate how many can have that information completed automatically in time for the September face-to-face meeting.
- IMS will write queries so that registries can see how many claims they need to review for missing therapy information.
- Registries should contact Linda if they want to participate in the analysis of Unlimited claims using SEER-Medicare.

Interface

IMS has been working on incorporating data from new sources, including MU2, pharmacy, and claims. Later there will be other data sources; the one that will be most relevant is pharmacy. Working with Donna and Kevin, IMS developed a look-up table for data from different sources. IMS also developed a new tab interface named RxTx. The new interface is designed to eliminate duplication of data and be simpler. Linda has sent out link to the dev servers through Squish. Registries that have claims data can use the link to see the new tab.

In RxTx, a single screen provides a chronological history of all transactions that exist for a given patient, regardless of the data source (e.g., claims, pharmacy). Clicking on any of the claims themselves will bring

up additional details about other components of that transaction. The screen shows whether a patient has been given therapy and defaults to the "category" column that shows the treatment drug(s).
The drug list comes from the new CanMED (Cancer Medications Enquiry Database at https://seer.cancer.gov/oncologytoolbox/) used by pharmacies. CanMED is similar to SEER*Rx and is designed to be able to export National Drug Code (NDC) or Healthcare Common Procedure Coding System (HCPCS) codes. When new medications receive FDA approval, they are added to CanMED.

Members of the WG should compare the RxTx screen with the claims screen currently in use and provide feedback via Squish. If all registries agree that the RxTx screen is preferable, it can go live before the next call. Otherwise, the WG will discuss this issue during the August call.

Discussion

NCI participants asked whether it would be more useful to show when a drug has multiple indications, or more useful to only its oncologic uses. Donna agreed to document a use case and share it via Squish with the registry WG members. This topic might be included in the agenda for the face-to-face meeting.

Analysis

In the current display, registrars can manually add treatment information. The long-term plan, however, is for the process to be automated. The WG should start thinking about the approach to automating this process. For example, registries that have claims data can write queries to identify claims for which it is reasonably certain contain treatment information, and then decide if it would be safe to add treatment information automatically. Registries can look at a sample of claims and then discuss possible automation.

As a start, IMS can build queries to add or confirm a treatment via a simple algorithm. These algorithms would:

1. Evaluate potential missed therapy information. If the claim notes chemo-, radiation, hormone, or immunotherapy within six months of diagnosis, but treatment is not documented in the registry, a review task would be triggered. Users would either add a treatment page if they thought it was first-course therapy that was missed or close the task without taking action if they thought it was not first-course therapy. A query would identify the cases in which an auto-built treatment information is appropriate.
2. Confirm therapy that is already documented. The algorithm would check dates and provide linkages between the claim and therapy information in the registry.

Each registry with claims will focus on number 1 above and identify claims from 2016 that have therapy information that might be missing in the registry. Those registries then will evaluate how many claims could be processed automatically. The goal is to review all relevant claims and evaluate the value they add to registry data, and report findings at the face-to-face meeting. Registries should indicate via Squish by July 25 whether they think they can meet this goal. IMS will write queries so that registries can determine how many claims they need to review.

Kevin requested that registries report via Squish on any inaccuracies they find during the analysis, for example, if hormone therapy appears repeatedly but they do not consider the treatment to be hormone therapy. This feedback will be helpful to NCI, which has already identified coding errors such as drugs categorized in a way not consistent with their use.

IMS is doing an analysis of Unlimited claims using SEER-Medicare. Registries should contact Linda if they want to participate in this analysis.

Next Claims Workgroup Call

The next Claims WG call is scheduled for August 20, 2018.