SEER*DMS Change Control Board (CCB) Users Group
Teleconference Summary
May 12, 2016
3:00 p.m.–4:00 p.m. EDT

Representatives from NCI, IMS, SCG, and 12 SEER registries participated in the SEER*DMS Users Group conference call on May 12, 2016. Participants included:

Registries:
Alaska
Connecticut
Detroit
Georgia
Hawaii
Iowa
Louisiana
New Jersey
New Mexico
New York
Seattle
Utah

NCI: Lois Dickie, Carol Kosary
IMS: Linda Coyle
SCG: Kathy Brown-Huamani, rapporteur

Action Items

- Registries should let Linda know if there are topics they would like to discuss during the call on June 9, 2016. In addition to the topics that IMS will need to cover, registries might want to share the different approaches they use for follow back.
- Linda agreed to work with individual registries to resolve pathology workflow problems in SEER*DMS version 17 (v17).
- Linda agreed to investigate and submit a Squish issue regarding the reason for AFLs remaining open when a primary cause of death (COD) already has been coded. She also agreed to investigate the algorithm used by the Iowa registry, which closes the AFL when a primary COD is coded. Other registries might want to use this algorithm.
- Linda agreed to speak with Brent about collaboration with the MU2 Work Group.

1. SEER*DMS (v17) −Known Problems and Their Solutions

SEER*DMS v17 has been live in some registries since February 2016. IMS is working to resolve problems registries are experiencing with v17. Most problems are due to the fact that tasks are now based on patient sets rather than records.

IMS will contact registries that have v17 to schedule the SEER*DMS 17.6 update, next week. IMS will continue to schedule implementation of v17 at other registries. Some registries still need to move to a hosted server.

2. Version 17 Changes to the Workflow for HL7 ePath Records

Unscreened records can be linked to the patient set in v17. Records with unknown reportability now will be included in a patient set as well as a manual path screening task. This change allows registries to process HL7 records in new ways. IMS is working with Georgia, Louisiana, and New York registries on pathology report workflow. Linda asked participants from other registries to consider the following:

- When does the registry need to code site, histology, and behavior on a pathology report? For what reasons (e.g., possible future auto-linking of pathology reports, studies that use that information)?
- When does site, histology, and behavior need to be coded by a person to ensure accurate recording of

this information in the pathology report?
- When is it appropriate to auto-code site, histology, and behavior on an HL7 path report?
- When should C809 be used and what does it mean to your registry? A path screening test could be created for C809 records so that they are reviewed and coded during consolidation.

Discussion

Registries likely will choose different approaches for handling unscreened pathology records in the patient set, depending on how the information in those records might be used. For example, these records might provide more timely information for special studies. An unscreened pathology record, however, only would be added if a patient set already existed for that record, so the inclusion of these records would not facilitate rapid case ascertainment (RCA).

Many registries want the pathology data as early as possible. The information on site, histology, and behavior is less important at the record level. If researchers request this information, it can be obtained.

3. Death Clearance Follow Back When There Are Multiple Reportable Causes of Death

IMS might need to make major changes to the death clearance follow back process in SEER*DMS. Death certificates (DCs) often have multiple reportable cancer CODs. SEER*DMS codes the primary CODs noted on the DC. Other reportable cancer CODs are not coded in the primary site field but still recorded. AFLs stay open when there is a second cancer COD, even when a primary cancer COD has been recorded. Linda asked registry participants how they handle this situation.

Discussion

One participant reported that staff at her registry leave the site histology blank. When creating the mail merge for follow back letters, they manually change the site histology. The registry reviews all open AFLs before sending follow back letters. Hospitals are sent lists of hospital deaths for review, but records for patients who died elsewhere are manually reviewed at the central registry and letters are sent to physicians noted on the death certificate.

Linda asked if registries need multiple AFLs or multiple sites on AFLs to facilitate death clearance follow back. Participants noted that, in most cases, they only need to follow back on the primary cancer COD. The SEER*DMS algorithm appears to leave AFLs open for secondary CODs that do not require follow back. IMS might need to improve the algorithm so that AFLs are closed when a primary COD is recorded, regardless of whether a secondary COD was reported. Iowa has an algorithm that automatically closes the AFL when a primary cancer COD has been coded.

4. Establishing the CCB Work Groups Proposed at the SEER Managers Meeting

Participants in the SEER Managers meeting proposed the formation of work groups. Linda has been contacted by people interested in the MU2 Work Group. Brent Mumphrey agreed to lead that Work Group. Linda suggested that Chuck be involved in this Work Group because the MU2 workflow will be similar to the claims processing work flow.

5. Announcements

- IMS is working on a multiple primary algorithm. Some registries use the algorithm to set flags, but it is not considered adequate for automation. IMS is incorporating logic used by the Kentucky registry, which should improve the algorithm. The next step will be to review the logic with NCI.
- Two registries are working on the claims data. These data will be incorporated into the workflow.
- Each v17 update is being implemented more quickly. Updates will not only correct problems, but make improvements to SEER*DMS.
- IMS is working on Social Security Administration (SSA) linkages for registries. Linda is transferring the data to the SSA in batches, three registries at a time.

6. Other Topics

Abrevio

Utah is beta testing Abrevio. The registry has exported data into the server for IMS. Few providers have been included to date but information appears to be useful, particularly progress notes. Progress notes provide extensive information about the cancer, which will be important for Meaningful Use.

Follow back module

Iowa uses the follow back mechanism in SEER*DMS to send queries to field and hospital staff and physicians annually. The registry staff would like to conduct electronic follow back with hospitals using SEER*Abs. The majority of hospitals at most sites do not use SEER*Abs, and the systems they use vary.

Connecticut uses the follow back module, primarily for hospitals. Most of this registry's follow back is done in paper form, but documents can be scanned and sent through a secure ftp site. Utah is using the module to send queries to hospital registrars in electronic form. Another registry exports queries in the form of an Excel spreadsheet that notes corrections for each hospital abstractor. Information received back from the hospitals is entered into SEER*DMS manually. New Jersey is beginning to use the followback feature and would like to use it to contact physicians.

Linda asked registries to consider changes that would improve the follow back module. Participants asked the Iowa registry staff to share how they use the module to contact physicians. Some, but not all registries, would like to allow limited access users to open follow back information. Georgia would like this option, with appropriate authorizations, to simplify follow back. Bidirectional follow back that allows hospitals to submit requests would be even more useful.

Another version of SEER*Abs was released in March 2016. When the SEER*Edits update is complete, SEER*Abs will be updated again. Metafiles still need to be released for NAACCR 16.

7. Next CCB Users Group Call

The next call is scheduled for June 9, 2016. Agenda items for this call include:

- Continued discussion of pathology report workflow.
- The MU2 Work Group.
- An update on Abrevio from the Utah registry.
- Possible continued discussion of DC follow back when multiple CODs are reported.