SEER*DMS CCB Meeting
January 12, 2017
3:00 - 4:00 PM ET

Topic 1: Registry Roll Call

Topic 2: 2017 and the SEER*DMS Change Control Board

We are welcoming new NCI participants to the CCB in 2017. We will review a few Powerpoint slides.

Topic 3: New in SEER*DMS – System Update Feature

The wait is over!   As promised, the next version of SEER*DMS will include a new feature that will allow a registry manager to schedule system updates.   This feature has two options:

- Define a recurring schedule to automatically update the system during non-business hours. For example – the system would check for available releases at 10 pm local time each Saturday; or 5 am local time each Sunday morning. The system will be offline for 15 to 45 minutes for each update.
- Or you can force an update at a specific time. If you were waiting for a certain change and it is now available, the registry manager could coordinate the downtime with registry staff and force a same day update.

In today's meeting, Linda Coyle will do a demonstration of the new feature.

IMS recommendations related to this feature:

- Frequent updates (every week or every two weeks).
- Please avoid other events scheduled by registry staff. For example, if you load large data files every Friday evening then avoid that time period.
- Registries should consider 10 pm on Saturday or 5 am on Sunday.

IMS implemented a new monitoring system. We will be informed if the system is unavailable for any reason – a failed update or any other event.

Topic 4: Auto-linking Records

Linda Coyle will do a presentation on the current state of tumor-level matching in SEER*DMS and then we will discuss the next steps toward our goal of increasing automation.

- The algorithms for the SEER Multiple Primary rules return 3 values: Single, Multiple, Questionable.
- IMS is looking for "volunteer registries" to auto-link abstracts to a CTC if MP/H result is Single. This workflow could be implemented on the registry's development server and reviewed by registry staff prior to deployment in production.

- Later this year, we would then consider auto-creating new CTCs from abstracts that return a result of Multiple. In other words, records that do NOT match a CTC in a matching patient set.
- These changes do not need to be made with an "all or nothing approach".   We could move forward and implement rules for a percentage of cases. For example:
  - Auto-link certain cancer sites; do not auto-link others
  - Auto-link for certain years of diagnosis
- Benefits of auto-linking
  - It provides a way to test auto-linking before we take the next step of auto-consolidating.   No changes would be made to the CTC except that the record would be linked. A task to manually consolidate the data would be created, per registry rules.
  - It will make it easier to identify Consolidate tasks that are likely to yield a new CTC.   A consolidation task for an abstract linked at the patient level is more likely to become a new CTC.

Topic 5: System tasks to track CTCs included in a submission.

From time to time, a registry has wanted a listing of CTCs that were submitted to SEER, NAACCR, NPCR, etc. The SEER*DMS database includes tables that can be used to identify these CTCs. However, those tables could only be updated by IMS until now.

In this context, a "submission" is defined as a data file sent to an organization. For example, the "Nov 2016 SEER Submission".

The two tables are:

- registry_submission_log -- A link between each CTC and a submission.

- lkup_registry_submission – Information describing the submission are stored in this table (agency, date submitted, years of diagnosis, etc).

A system task was added to SEER*DMS so that you can add entries into these tables. There are two steps to adding a submission:

1. Enter information about the submission (Agency, Date Submitted, etc).
2. Upload the ID file that was created by the final extract used for this submission. An ID file is created with every SEER*DMS extract.   Use the ID file for the final extract.

Other considerations:

1. If registries find this to be useful then CCB could consider a feature to allow you to go directly from the extract's Report Output task to the submission log.

2. There is a second task to remove a submission. This allows you to make a correction. If you uploaded the wrong set of IDs then you can delete the submission and re-upload. All entries for the submission are removed.
3. Just like "there is an app for that", in SEER*DMS we say "there is a permission for that".   You will not see these new system tasks unless you have the *sys_update_submission_info* permission.
4. To review the new tasks or test on your test server – go to System > Tasks. The new tasks are "Submission Tracking – Add" and "Submission Tracking – Delete".
5. **These tables would allow you to write Data Searches (or system reports could be written) to find cases that were submitted.   Sample use case: generate a list of cases that were submitted but have been deleted since.**

Topic 6: SEER*DMS File Transfer Module

The File Transfer Module is a new feature added in v17.11.   This feature provides a secure mechanism to transfer documents and data to and from the IMS technical support team. It could also be used to transfer documents between other SEER*DMS users.   In the past, the SEER*DMS portal would be used to transfer files to and from IMS for SEER*DMS technical support. We are hoping to phase out the portal for SEER*DMS (you still need to use the SEER Submissions Portal, Patterns of Care Portal, and other portals).

The benefits of the SEER*DMS File Transfer Module:

- It is within SEER*DMS – no need to login to the portal (and who knows their username or password, anyway?)

- The data stay within SEER*DMS.   It reduces the number of technical staff who have access to these data files.

This module may be expanded in the future, but for now, its use is limited to SEER*DMS technical support and some ad hoc projects.   It is not being used for submissions and is not typically used for linkages.

System permissions:
- *file_transfer_limited* – A user with this permission can upload files, but can only see and download files that they uploaded or are assigned to their account.

- *file_transfer_manager* – A user with this permission has access to all files in the transfer module.

This is not intended for file storage.   The files are auto-deleted after an expiration time defined in the registry configuration (default value is 2 weeks).

Topic 7: National Provider Identifiers

If well-coded, National Provider Identifiers (NPI) are useful for identifying the facility or physician who provided the data. The NPI values are particularly well coded in Claims data and it is likely that they will be valuable for other data sources. However, NPI values are not available in all registries; and can be difficult to update in all registries.

The National Plan and Provider Enumeration System provides a database of all NPIs in the country ((https://nppes.cms.hhs.gov/NPPES/Welcome.do). These data are provided in a few ways:

- An online search tool: https://npiregistry.cms.hhs.gov/
- Monthly updated CSV files: http://download.cms.gov/nppes/NPI_Files.html
- A REST API: https://npiregistry.cms.hhs.gov/registry/help-api

IMS added support for the API.   This means that we now have an opportunity to make use of this data resource.   In today's meeting, we would like to discuss possible uses. Some of the possibilities are:

- Implement an automated process to set the NPI value for facilities that currently have a missing value. The same could be done for physicians which are stored in the contacts table.
- Use the NPI data to update other fields in the facility and contact tables.
- Use the NPI data to add facilities and physicians to the SEER*DMS tables.

In today's meeting, we simply want to discuss these possibilities so that these tasks could be considered for the SEER*DMS Road Map.

Topic 8: IMS update on other efforts:

- Recent registry experiences with the AGGIE geocoder.
- Increasing efforts to add new system reports and improved extracts.
- Claims workflow – coming soon
- Auto-consolidation workgroup
- MU2 workgroup