The Surveillance, Epidemiology, and End Results Data Management System (SEER*DMS) Change Control Board (CCB)
Claims Workgroup
Teleconference Summary
April 16, 2018
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 April 16, 2018. Participants included:

REGISTRIES

California Central Registry
Detroit
Georgia (Kevin Ward, WG chair)
Kentucky
Louisiana
New Jersey
New Mexico
Seattle
Utah

NCI: Marina Matatova, Donna Rivera, and Kai Wong

IMS: Suzanne Adams, Linda Coyle, and Chuck May

Westat: Laura Lourenco

SCG: Carolyn Fisher, rapporteur

Action Items

- Suzanne Adams agreed to send out a calendar notification for the May and June WG calls.
- Marina, Linda, Donna, and Kevin plan to work together to develop an analysis plan template for the registries to determine whether claims data is improving their data in a meaningful way and, if so, the best strategy for processing claims data. They also agreed to share the proposed analysis plan with registries in May or June.
- Kevin agreed to share his template for categorizing claims information so their utility can be evaluated.
- Linda agreed to open a Squish issue on the types of analyses conducted by registries.
- Linda also agreed to open a Squish issue on considerations for date of last contact.
- Kevin agreed to send Linda a PowerPoint presentation on how ICD-10 codes should be used for dissemination to the registries.

Analyses of Claims Data

Individual registries have been reviewing claims data. The Claims WG needs to consider tools for enabling more targeted analyses.

The New Mexico registry has claims data from the end of 2013 forward from a single facility. Analyses of these data found that chemotherapy information was missing in 2013 to 2015 claims. Many claims missing chemotherapy data were HL7-only abstracts, so they lacked an abstract from another facility or cancer center in New Mexico. Barbara Evans clarified that much of the data came from pathology reports or death certificates. For the approximately 5 percent of cases that had abstracts, claims provided some missing treatment but not other information. The New Mexico registry staff decided to identify the most common forms of therapy to incorporate into the patient set, rather than creating a record for every claim received. A treatment page was built for each case. The registry also examined randomly selected missing

cases (those with information but no patient set) in the 2016 data set. This review revealed that claims could be used for casefinding when limited to reportable cases.

The Detroit registry:
- Loaded data into the test server and is now loading data into production each night.
- Reviewed claims that linked to the patient set to determine how best to use the claims data. Because of this review, the registry developed Squish issue 6192 describing what they could use for their workflow. The ability to update date of last contact would be useful.
- Is reviewing the dashboard.
- Is setting up reports to examine claims that do not match to their system.

Much data received by the Detroit registry is not related to therapy. The information mostly reports patient followup visits. The Detroit registry receives institutional claims as opposed to professional claims. The institutional claims provide less detail on the agents used in treating patients but should include codes indicating the type of treatment. These codes are on some claims and more information might be received later because the claims are dated beginning in 2018. Selecting "All Procedures" on the drop-down list might reveal more therapy codes.

The Louisiana registry has used the hospital inpatient discharge data for casefinding. These data are similar to claims data. Louisiana plans to use claims data to obtain treatment information, identify missed cases, and find comorbidity information.

The Georgia registry analyzed 2013 administrative claims from Unlimited to determine the amount of treatment information available. The Georgia registry used seven codes to represent possible scenarios for a claim linked to a patient set, including:
- Identified missing treatment for existing cancer.
- Confirmed treatment for existing cancer.
- Provided data on second course or later therapy for existing cancer.
- Identified a cancer diagnosis for an existing patient set that the registry did not have.
- Linked to the wrong patient set.
- Linked to the correct patient set but to the wrong CTC.
- Linked to a patient set, but did not indicate any kind of treatment.

During the May WG call, Kevin Ward expects to be able to share findings from Georgia registry analyses of claims data and the registry's experience working with those data. He will present percentages for each scenario.

Kevin noted that the Georgia registry analyses identified the need for elements such as a treatment page, which allows registrars to query the database quickly to learn the source of specific treatment information. These analyses also raised questions about the most efficient approaches for processing information about treatment for metastases to other organ systems, for example. Further examination of claims data across registries is needed to explore these and other questions. The ultimate goal would be to develop and implement consistent approaches across registries for using and processing claims data. The presentation of the results of the Georgia registry data analyses can serve as a starting point for a discussion of the utility of and potential standard processes for handling claims data.

NCI SEER wants to quantify the value added by administrative claims information, particularly chemotherapy information that was not previously available, before registries regularly use claims data streams. Marina requested that participants examine the impact of claims data use at their own registries before they start actively and regularly using claims data to supplement their case information. Kevin

suggested examining early years of data (2013 to 2015) because registries are not likely to receive additional information from reporting facilities for those diagnosis years. Incidental supplementation of registry data during the process of testing claims data is acceptable, but NCI and IMS would like to know if a registry begins to substantially supplement records with information from claims data. Linda added that registries should not begin actively searching claims data for information until pilot testing of claims data is complete. Marina, Linda, Donna, and Kevin plan to work together to develop an analysis plan for the registries to determine whether processing of claims data is improving data in a meaningful way and, if so, the best strategy for processing those data. They will share the proposed analysis plan with registries in May or June.

Discussion

Participants questioned whether the dictionaries were capturing administration codes for cancer therapy. IMS is working to update the code list and will need to investigate. Participants recommended that registries work together to examine claims data and processing procedures. Registries could share suggestions for modifications to the claims window to make it easier to use. A data use agreement (DUA) would be necessary to share claims data across registries. Kevin suggested using Georgia's data at a WG meeting and circulating a DUA to participants so that they can view Georgia's data. Participants would like to schedule this data review for the June meeting so that all interested WG members can participate.

Kevin noted that the long-term goal is to automate, to the extent possible, the inclusion of claims that clearly include information on first course therapy. When it is unclear whether a claim provides treatment information, manual processing still might be necessary.

Date of Last Contact

Registries frequently receive death certificates indicating that reported "date of last contact" was not accurate. Linda asked participants:

- When should the date of last contact (DOLC) be updated?
- What is needed to evaluate the dates used?
- What are the considerations/barriers to using claims for DOLC in individual registries?

As registries increasingly receive real-time data from multiple sources, they might need to rely less on DOLC. All linkages generate inaccuracies so data from more sources serves as a way to check information.

Marina suggested opening a Squish ticket about this issue and asking all registries to respond by the end of next week. Kevin agreed with this suggestion.

Discussion

Kevin highlighted the importance of ensuring that the claims are linked to the correct patient. No percentage match is available, but Chuck noted that claims' matching provides a score for the strength of the match.

Registries sometimes receive claims with an appointment code for a deceased patient. Registries only should use claims reporting an event other than an appointment.

ICD-10 SQL Codes

Kevin contacted Emory University regarding ICD-10 coding. The university provided a Power Point presentation on cancer ICD-10 coding from a reputable source.

Upcoming Claims Workgroup Calls

The next Claims WG meeting is scheduled for May 21, 2018. Participants indicated that they would be able to participate and that the National Cancer Registrars Association conference on May 20-23, 2018 would not create a conflict for them.

An *ad hoc* meeting will be scheduled in June on a date when all WG members can participate. The agenda for this meeting will include:
- Signing of the DUA by all participants.
- Review of claims data from the Georgia registry.