

**The Surveillance, Epidemiology, and End Results Data Management System (SEER*DMS)
Claims Work Group
Teleconference Summary
June 17, 2019
12:30 p.m. to 1:30 p.m. EDT**

Representatives from NCI, IMS, The Scientific Consulting Group, Inc. (SCG), and nine SEER registries participated in the SEER*DMS Claims Workgroup (WG) teleconference on June 17, 2019. Participants included:

REGISTRIES

California	NCI: Donna Rivera
Georgia (Kevin Ward, WG chair)	IMS: Suzanne Adams, David Angelaszek, Linda Coyle
Idaho	SCG: Lorrie Fritz, rapporteur
Kentucky	
Louisiana	
New Jersey	
New Mexico	
Seattle	
Utah	

Action Items

- IMS will review the display of claims in the Patient Set Editor and make a proposal for adding a mechanism that allows a user to flag claims that were reviewed.
- IMS will notify the WG when data searches are available for their review prior to the next meeting.

Casefinding

Linda Coyle

IMS has developed some sample queries in SEER*DMS that identify:

- Claims with SEER reportable diseases that do not match a patient set.
- Patient sets with claims with SEER reportable diseases not linked to a CTC. This query might need to be modified.

Linda pulled up the casefinding lists from the SEER*DMS demo site to show the group the location of the sample queries. She invited participants to provide input on the usefulness of these queries and ideas for other queries that might be useful.

IMS also is performing a design requirements analysis for AFLs, which was requested by registries.

Discussion

In response to a question, Linda said that when the casefinding SQL code is attempting to pull claims that do not have a matching patient set, the only item it will pull is the display ID.

In terms of casefinding, Kevin suggested that rather than click on the record ID and have all the detailed information come up, it would be better to have an organized list of identifiers the registries would want to follow back on grouped according to practice, physician, and patient. SEER*DMS does have a parameter for claim year and Linda suggested setting the parameter to 2017. Kevin further suggested

pulling the first claim within a given year, although that could get complicated if the patient had additional treatment the following year.

The Seattle registry representative said she would like to see a unique code for the earliest time a cancer presented itself in the file, with a unique code for each cancer site. Kevin suggested using only the first three characters of the code (e.g., C50 for breast cancer) and not use codes for each subtype; otherwise there may be too many codes. Linda agreed to incorporate these suggestions into the data searches and make the new queries available to everyone for review.

Other Listings on the SEER*DMS Demo Site

Linda Coyle

Linda walked the group through other SQL sample queries on the SEER*DMS demo site. The first, SEER reportable CTCs with one or more claims, could be problematic in terms of linking claims at the CTC level. Another query returns claims that match a patient set but not a CTC. An important next step as automation progresses, would be to enable registries to facilitate the workflow retrospectively as well as prospectively.

Currently, registries receive multiple claims per person and facility. IMS will work on de-duplicating claims by patient and group by ICD code in the sample queries.

Discussion

Kevin outlined two actions registries can take to inform decisions about automation. First, after reviewing a claim, editors can use existing semi-automated processes to populate the CTC with treatment data when appropriate. Second, registries can use the *ad hoc* SQL queries to build retrospective quality control (QC) tasks. A re-review would be needed only if the claim provided new information related to the first-course treatment.

Linda noted that the queries were not designed to create QC tasks but rather for users to explore the kind of data that are available. If manual review is required, an alert should be added indicating that there are claims with treatment information that may not be coded. If registries agree that this type of alert will always be needed, IMS could automate the alert as part of the SEER*DMS workflow.

In answer to Donna's question about creating different algorithms for other types of information in the future, such as assigning second-course treatment or making it easier to assign treatment to cases based on cancer site, Kevin said that all the claims in SEER*DMS are permanent and can be extended to include later treatments. Participants agreed that, at present, the WG should focus on efficient integration of the existing workflow and capturing missing data elements required by NAACCR.

Next Claims Workgroup Call

The next Claims WG call is tentatively scheduled for July 15, 2019.