

**The Surveillance, Epidemiology, and End Results Data Management System (SEER\*DMS)  
Change Control Board (CCB)  
Claims Work Group  
Teleconference Summary  
November 20, 2018  
2:00 p.m. to 3:00 p.m. EST**

Representatives from NCI, IMS, The Scientific Consulting Group, Inc. (SCG), and nine SEER registries participated in the SEER\*DMS Claims Workgroup (WG) conference call on November 20, 2018. Participants included:

**REGISTRIES**

California Central Detroit Georgia (Kevin Ward, WG chair) Iowa Louisiana New Jersey New Mexico Seattle Utah	<b>NCI:</b> Peggy Adamo, Lindsey Enewold, Marina Matatova, and Kai Wong <b>IMS:</b> Suzanne Adams, David Angelaszek, Philip Crider, Linda Coyle, Chuck May, Jennifer Stevens <b>Westat:</b> Laura Lourenco
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**Action Items**

- Marina agreed to post minutes of this meeting on the portal and have IMS create a Squish issue for each action item discussed during this call.
- Linda agreed that IMS would consolidate and organize new Claims Work Group (WG) tasks proposed in Squish issues from various registries. She agreed to distribute the full list of proposed WG tasks for review during the next call.
- Registries should summarize and share their process for testing claims data and the findings from those analyses between now and the next WG meeting in January.
- Marina agreed to set up a meeting between IMS, NCI leadership, and Kevin on ways to integrate new data sources.

**Work Group Plans in 2019**

Kevin reviewed the WG objectives for 2018, which included: 1) creating a standardized process for working with claims data across registries, 2) maximizing automation of claims data, 3) expanding the capture of claims data to as many registries as possible and from sources other than Unlimited, and 4) determining how to facilitate researcher access to claims source data. In 2018, the WG made substantial progress on but did not complete the first and second objectives related to automation. The process of bringing claims data into SEER\*DMS now is semi-automated. In addition to physician claims, the WG made progress toward integrating pharmacy claims in SEER\*DMS. Expanding capture is an important objective for 2019 because this will add value to claims data. Kevin noted that an NCI group might be better able to implement objective 4. He proposed that the WG focus on use cases and operationalizing of data in 2019.

Specifically, Kevin proposed the following priority activities:

- Create a list of tasks that can be finished soon, allowing data to be fully utilized as soon as possible.

- Obtain access to additional information for SEER\*Rx to improve understanding of whether therapies are ancillary or first course and the type of therapy (e.g., chemo- vs. immunotherapy). Add a treatment page to document validity of claims data.
- Fully standardize processes for bringing claims data into registries.
- Determine the degree to which claims data need to be linked to CTCs. SEER\*DMS has limited linkage capability for claims data because of lack of histology and other necessary codes. The WG could consider relaxing the implementation of multiple primary rules to obtain a higher CTC-Claims match rate.
- Use claims data as much as possible (retrospectively, for Unlimited cases with complete data). SEER\*DMS should automatically generate an additional treatment page when a registry has therapy information and the claim supports that information. Claims add value not only by providing missing information, but also providing a level of detail not currently captured by registries and validating treatment information. Registries should obtain a count of cases affected by claims data then review and code the data. A few new codes could make the data more useful by indicating the reasons why therapy data documented in the claim was not included in the consolidated data set. New rules might be needed to set a time period for review following diagnosis.
- Form a subgroup on casefinding. Registries that have used claims data for casefinding should participate in this subgroup.

Kevin proposed next steps in the following order: 1) implement an optimally functioning, automated system to bring claims into SEER\*DMS; 2) autoconsolidate; 3) retrospectively bring claims data into SEER\*DMS and process them; 4) automate the building of treatment pages when claims support information already is in the registry database; 5) manually review claims that do not support information in the registry, 6) use claims data to perform casefinding; 7) fully automate claims processing, perhaps employing algorithms developed for SEER-Medicare and engaging NCI staff in the development of rules; 8) engage the registries, IMS, and NCI in expanding data to other practices (beyond Unlimited) that can provide data in the format used by SEER\*DMS; and 9) make claims data accessible to researchers.

### *Discussion*

Faculty at the Detroit registry and the SEER-Medicare WG already have expressed interest in using claims data. Staff at the New Mexico, New Jersey, Louisiana, and Utah registries want to use claims data for casefinding. The New Mexico registry loaded claims data into AFLs for casefinding. Staff are testing this process but do not yet have results regarding the value of claims for casefinding. The Louisiana registry wants the radiation information in claims. This registry would like to participate in an evaluation of the ways that claims data are used in research. The Utah registry conducts substantial follow back for case finding and performed linkages with Claims and MU2 data, which produced fairly complete cases (only 12 new cases were found). No Unlimited system exists in the Seattle area, so the registry has not been able to obtain claims data in the necessary format.

Bobbi Matt at the Iowa cancer registry agreed with the proposal to use retrospective claims data. She asked if the claims treatment page proposed by Kevin would be generated only if claims information exactly matched treatment information in the registry database. He envisioned an exact match on the information about the type of treatment. Linda noted that claims treatment information might have different dates. She recommended analyzing the impact of claims treatment information on the registries' summarized treatment data before making decisions about automation. Kevin responded that small deviations in the exact date will not matter but the amount of acceptable deviation might need to be determined. He added that, if the date of treatment provided by the claims data precedes date of treatment in the registry database, the claims date could be used. The point is to automatically incorporate claims

that have treatment information that matches existing information in the registry to save staff time reviewing claims data.

Some registries have used claims data to update followup status. Participants suggested generating lists of missing information to examine how claims data could be used. Results of the missing therapy cases analysis have not yet been distributed to WG members but were presented at the SEER\*DMS F2F meeting. NCI wants a more granular analysis to determine why CTCs do not link to certain information in claims data.

Participants generally agreed that claims data should be incorporated into registries and made available as soon as possible. Kevin summarized other priorities mentioned during the discussion, including:

- Casefinding, which is a priority for many registries but is challenging because of the necessary follow back. The New Mexico registry should summarize its process for testing the use of claims for case finding and distribute the results to members of this WG.
- Completion and standardization of the process for semi- or fully automating the consolidation of claims data. Part of this process will involve optimizing how registries work with claims data because many already are receiving those data.

Detroit and other registries have submitted Squish issues listing priorities for the Claims WG in 2019. Participants wanted to review these lists during the next call and prioritize tasks for next year. IMS will consolidate and organize the items in those Squish issues for review during the next call. WG members should consider whether they want to continue to evaluate claims data or move forward with fully integrating those data into SEER\*DMS and then perform *post hoc* evaluations.

### **Date of Last Contact**

Participants proposed that claims dated later than the date of death not create a record to reduce manual tasks (for transactions in which care was provided). Lynn Almon and others agreed with this proposal. Participants noted that death dates already in SEER are more reliable than death dates from other sources such as Vital Records. IMS might not be able to create a task for conflicts between claim and date of death dates. Registries should contact Linda to discuss other options.

### **Claims that Provide Treatment Information to Multiple CTCs**

Participants noted the need to develop rules for automation. They would like an efficient task that allows one claim to provide treatment information to multiple CTCs. Participants clarified that they do not need to recapture data for second therapy.

### **Processes**

NCI participants will set up a meeting with IMS, NCI leadership, and Kevin on ways to integrate new data sources. Claims data can serve as the use case. Marina recommended delaying the scheduled December call until this meeting takes place. In the meantime, IMS can work on action items and priorities proposed by the registries in Squish and circulate information to the WG members. Registries also should share the results of 2016 claims data review with all registries. New Mexico and New Jersey have claims workflows and should share documentation and results showing the added value of claims data.

### **Next Claims Workgroup Call**

The next Claims WG call will be scheduled for January 2019.