The Surveillance, Epidemiology, and End Results Data Management System (SEER*DMS)
Meaningful Use (MU2) Work Group
Teleconference Summary
August 23, 2018
1:30 p.m. to 2:00 p.m. EDT

Representatives from NCI, IMS, and SEER registries participated in the SEER*DMS MU2 Work Group (WG) conference call on August 23, 2018. Participants included:

REGISTRIES:
California Central
Georgia
Iowa
Louisiana (Brent Mumphrey, Chair)
Minnesota
New Jersey
New York
Seattle
Utah

NCI: Paul Fearn, Marina Matatova

IMS: Linda Coyle, Suzanne Adams

The Centers for Disease Control and Prevention (CDC):
Wendy Blumenthal

Action Items

- Marina and Linda agreed to meet with Brent to plan the MU2 WG presentation at the September Face-to-Face (F2F) meeting. The presentation should highlight WG activities and accomplishments to date as well as findings from analyses at different registries.
- IMS will add a field that will allow users to easily distinguish MU2 and MU3 records.
- Utah will provide a new version of the registry's analysis, with suppressed values for low cell counts, for the presentation at the F2F meeting.

Duplicate CDAs **Linda Coyle**

CDC's Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries indicates that CDAs should be cumulative but this is not always the case with MU2 data. For MU3 data, duplicates can be handled by creating an updated file document. Electronic Mapping, Reporting, and Coding Plus consolidate data when a report has exact matches on provider, patient, and tumor type. The CDC has consolidation rules for automation in the Central Cancer Registry database software. Duplication of MU2 CDAs varies by vendor.

IMS developed algorithms to determine whether a report is a duplicate with appended information. The number of duplicate electronic health reports (EHRs) were reduced by 25 percent using strict comparison algorithms. The number of duplicate reports per patient was still high, however. IMS will continue to analyze the data to see if other fields can be ignored in the comparisons.

NCI, IMS, and CDC participants discussed the best approach for handling duplicates at present. They agreed that registries should proceed with duplicates using the algorithm that reduced duplicate EHRs by 25 percent. Registries also should generate a report that gives detailed results about how to prevent other duplicate CDAs from being matched.

Preparation for the September SEER*DMS Face to Face (F2F) Meetings

Brent, Linda, and Marina described the plans for the MU2 WG segment of the SEER*DMS F2F meetings. Registries were polled to see if they would allow their data analysis results to be included in a presentation at the meetings.

Discussion

All registries that completed the analysis agreed to participate in the presentation at the F2F meeting. Utah will need to provide a new version of the registry's analysis with suppressed values for low cell counts.

Distinguishing MU2 and MU3 Data

Participants discussed the importance of distinguishing between MU2 and MU3 reports and determined that a method for distinguishing the two types of CDAs would be useful. IMS will add a field that will allow users to easily distinguish MU2 and MU3 records.

Participants also discussed whether National Institute of Standards and Technology validation should be integrated into SEER*DMS or performed in external processes. MU2 WG members should determine their preference and let Linda know.