The Surveillance, Epidemiology, and End Results Data Management System (SEER*DMS) Change Control Board (CCB) Meaningful Use (MU2) Work Group
Teleconference Summary
November 30, 2017
1:00 p.m. to 2:30 p.m. EST

Representatives from NCI, IMS, the Scientific Consulting Group, Inc. (SCG), and nine SEER registries participated in the SEER*DMS MU2 Work Group conference call on November 30, 2017. Participants included:

REGISTRIES:
Connecticut
Georgia
Iowa
Louisiana
New Jersey
New Mexico
New York
Seattle
Utah

NCI: Marina Matatova

IMS: David Angelaszek, Linda Coyle, and Chuck May, Suzanne Adams

SCG: Kathryn Brown-Huamani, rapporteur

Action Items

- Brent Mumphrey (MU2 Work Group chair) will distribute cases from hematology-oncology clinics that matched a patient set to a CTR at the Louisiana registry. The CTR will review the CDAs to determine their quality and usability.
- IMS will draft procedures to follow when dates do not match and for determining which fields to update.
- IMS will create a draft template for registries to use for analyzing their data.
- The Utah registry representative agreed to share with IMS the results of their data analysis to assist with template development.
- IMS will create a technical solution to help registries review CDAs and identify missing information. IMS will share the solution with the Work Group for feedback.
- IMS will work on queries for patient-level matching.
- The Utah and Iowa registries will submit to IMS their sample CDAs that failed validation.

Use Case Analysis

Brent discussed use case analyses of data received for two hematology-oncology ("hemoc") clinics from the electronic medical record (EMR) vendor Altos OncoEMR. For the first clinic, 996 patient records were loaded. Of these records, 336 did not match to a patient set. The majority of those that did not match were reportable cases. There were 510 records that matched to a patient set (332 matched to a distinct patient set) and 153 matched at the CTC level (119 distinct patients). Matching patterns were similar for the second clinic except that this clinic had more records that matched a patient set.

For the use cases, the CDA date of diagnosis (DOD) often did not match the DOD in the CTC. Many patient sets matched multiple CDAs, but medication information frequently was inconsistent for CDAs that matched the same patient set. Brent recommended the following next steps:
1. Develop a workflow for the CDA records from the use cases.

2. Examine and determine how to handle the CDAs that do not match patient sets or CTCs in SEER*DMS.

Some registries have performed data analysis. To ensure consistent analyses across registries, IMS will develop a template for analyzing live data streams. Work Group members will review the draft template and provide comments during the next MU2 call.

Discussion

The participants discussed ways to address CDAs that do not match patient sets or CTCs. The Hawaii registry representative recommended waiting a period of time and then re-checking for a match. Registries need a process for reviewing CDAs each year prior to the SEER data submission to identify and complete missing information.

The Work Group members agreed to review rules for addressing unmatched dates and updating fields. Registries are likely to receive large volumes of MU2 data, so they need an automated update if feasible. Participants suggested developing a one-page document outlining the rules/steps for registries to follow regarding date fields. Based on this document, IMS can create a template or workflow that could be implemented across registries.

Participants agreed to discuss registry-specific rules and ways that registries can use CDAs for casefinding during a future Work Group call. Brent also agreed to draft an outline based on input from the Louisiana registry on the use of CDAs.

Participants recommended improving automated matching of CDAs to patient sets before examining ways to use CDAs for casefinding. IMS has implemented a change to improve matching, but needs to investigate the reasons for the remaining unmatched records.

The New York registry representative suggested creating a dashboard to manage data quality and to determine the source of unmatched CDAs. Participants agreed to discuss an MU2 dashboard during the next Work Group call.

Participants discussed the possibility of developing a list of high priority data items to query for analysis. Linda emphasized the need to first create searches for non-matched CDAs and identify fields used for matching.

IMS is converting MU2 data that match CTCs from ICD-10-CM to ICD-O. IMS plans to use SNOMED CT in the future.

Participants discussed their experiences using CDA Validation Plus as a method of record validation. IMS needs to test the SEER*DMS validation process by collecting sample CDAs that failed validation from registries. Participants discussed the criteria for rejection of CDAs. Validation at the Utah registry is based on the Centers for Disease Control and Prevention's recommendation for required data fields. Validation is difficult when registries receive minimal/incomplete data from medical clinics.

Next MU2 Work Group Call

The next MU2 Work Group call is scheduled for January 25, 2018.