

Examining Experiences of Care with SEER-CAHPS: A Publicly Accessible Data Resource

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My name is Michelle Mollica, and I'm please to welcome you to our webinar today, entitled: Examining experiences of care with SEER-CAHPS: A Publicly Accessible Data Resource. I am joined by my colleagues, Dr. Erin Kent and Maria Rincon.

Outline

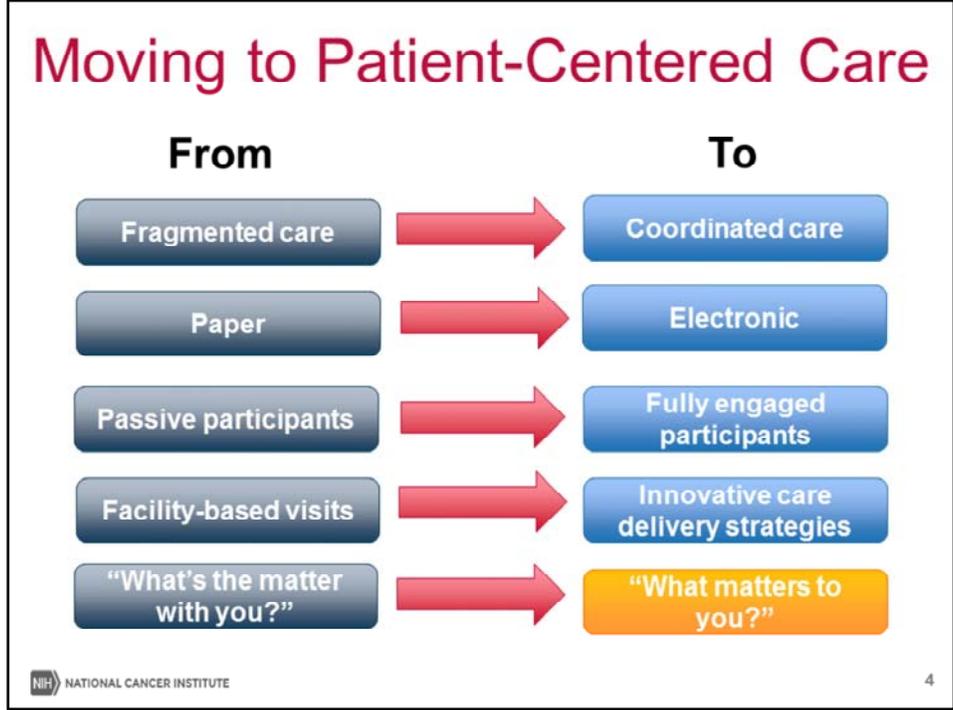
- I. Background**
- II. SEER-CAHPS Data Resource**
- III. Respondent Rates and Characteristics**
- IV. Using SEER-CAHPS Data**
- V. Application Process**
- VI. Tools to Prepare Your Application**
- VII. Q & A**

During this webinar, we will provide you with a background about the importance of patient experiences, describe a newly accessible linked data resource called SEER-CAHPS, including the components of the linkage, as well as respondent rates and characteristics. We will provide an overview of potential uses/applications of this resource, and the application process to obtain the data. We will also then describe some tools to help prepare your application.

Finally, we will be taking your questions, which will also help populate our frequently asked questions section on the SEER-CAHPS website. If you have questions at any time, please submit them through the chat function in WebEx. A final note that we are recording the presentation portion of this webinar, and this recording will be on our website for future reference.

Background

We first would like to provide you with a background on the importance of patient experiences.



The world of healthcare delivery, as many of you know, is dynamic and ever-changing. Healthcare is moving from disease-centered care to more patient-centered care.

There has been a shift from fragmented care, with patients seeing multiple types of healthcare providers, to a more coordinated system of care. Ultimately, we are moving towards a world where patients have a voice and are fully engaged as partners in the healthcare process.

There are an emerging number of innovative care delivery strategies, designed to coordinate care, and utilizing EHRs. Respect for patients should be an integral part of that care. In fact, the US Institute of Medicine defines patient-centered care as: “providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.”

In essence, patient centered care is moving from what’s the matter with you, to what matters TO you?

Cancer care delivery is particularly complex, with multimodality treatment, diverse treatment settings, multiple stakeholders, and interdisciplinary team-based care.

Importance of Patient Experiences

- Patient experiences are more than satisfaction
- Measurable, involves processes observable by patients
- Experiences are important for achieving:
 - Continuity of care
 - Strong patient-provider relationships
 - Better outcomes

With this move to patient-centered care has been an increasing amount of importance placed on the voice of the patients, including patient experiences, which are distinct from patient satisfaction. Patient experiences emphasize reports of measurable components of care, involving processes observable by patients. Valid surveys of patient experience provide important information to patients and providers, and are useful for focusing on care quality and improvement efforts.

Positive patient experiences are important for achieving continuity of care, strong patient-provider relationships and trust, as well as improved health outcomes.

SEER-CAHPS Data Resource

One new way that we can explore cancer patient experiences is through a new publicly accessible linked data resource, called SEER-CAHPS.

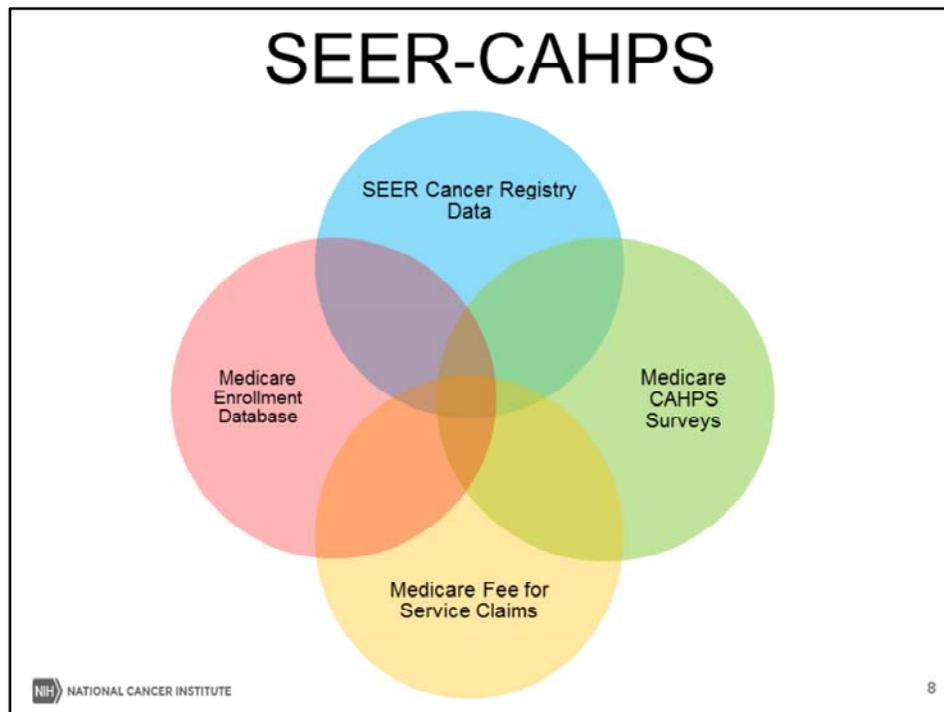
SEER-CAHPS Linkage Description

- Linkage of the following 4 sources of data:
 1. Cancer registry data: SEER: Surveillance, Epidemiology, and End Results Program
 2. Patient-reported experiences with care: Medicare CAHPS® Survey: Consumer Assessment of Healthcare Providers and Systems Survey
 - Both Medicare Advantage (MA) & Fee-for-Service (FFS)
 3. Medicare Enrollment Database
 4. Medicare claims for FFS beneficiaries
- Provides a rich data resource on quality of care from the perspective of cancer patients

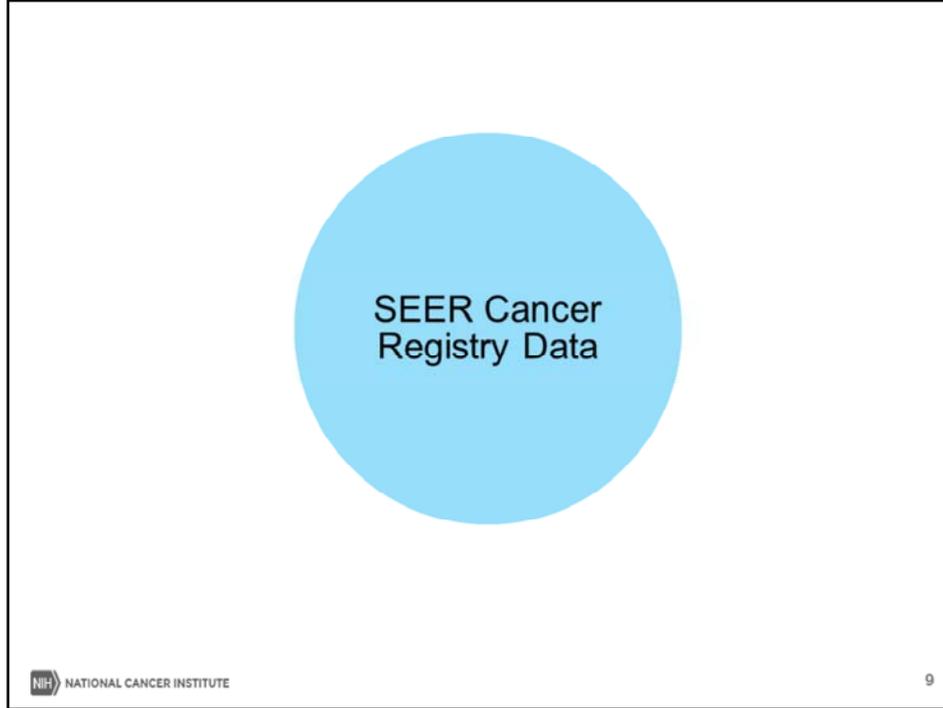
SEER-CAHPS is a linkage of 4 sources of data:

1. The Surveillance, Epidemiology, and End Results Program (known as SEER)
2. The Medicare Consumer Assessment of Healthcare Providers and Systems Survey (the Medicare CAHPS survey), which provides patient-reported experiences of care for both Medicare Advantage and Fee-for-Service Medicare beneficiaries
3. The Medicare Enrollment Database and,
4. Medicare claims for FFS beneficiaries

SEER-CAHPS provides a rich data resource on quality of care from the perspective of cancer patients.



We will now go in the different sources of data that make up SEER-CAHPS. For those familiar with SEER-Medicare, we want to point out that the sampling frame of SEER-CAHPS is not just the addition of the CAHPS survey to the SEER-Medicare linkage. Rather, this sampling frame is based off of the CAHPS survey.



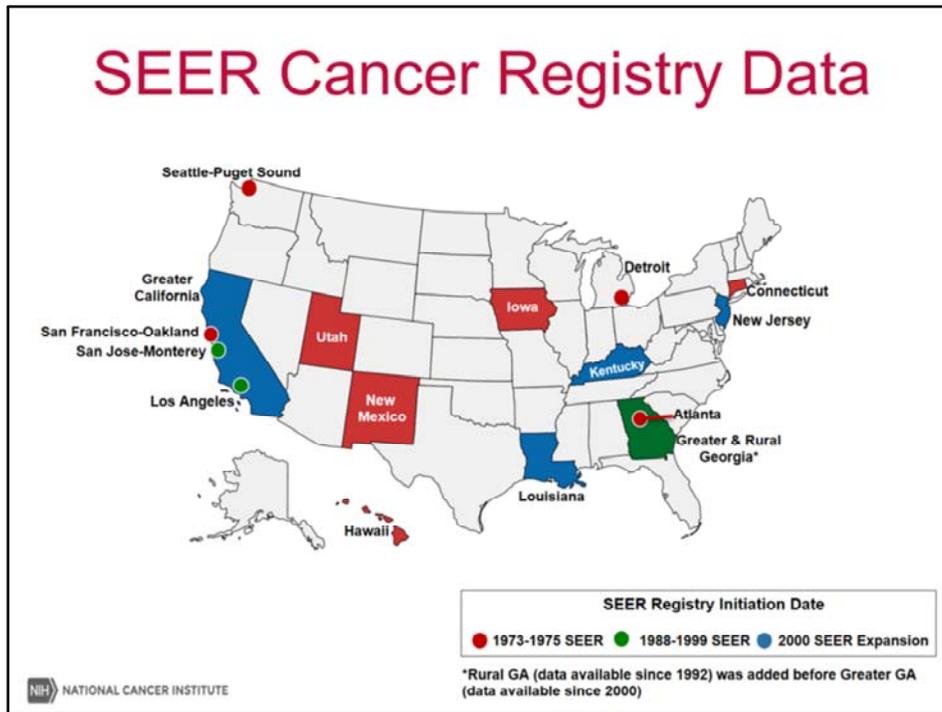
First, I will provide an overview of the SEER Cancer registry data.

SEER Cancer Registry Data File (PEDSF)

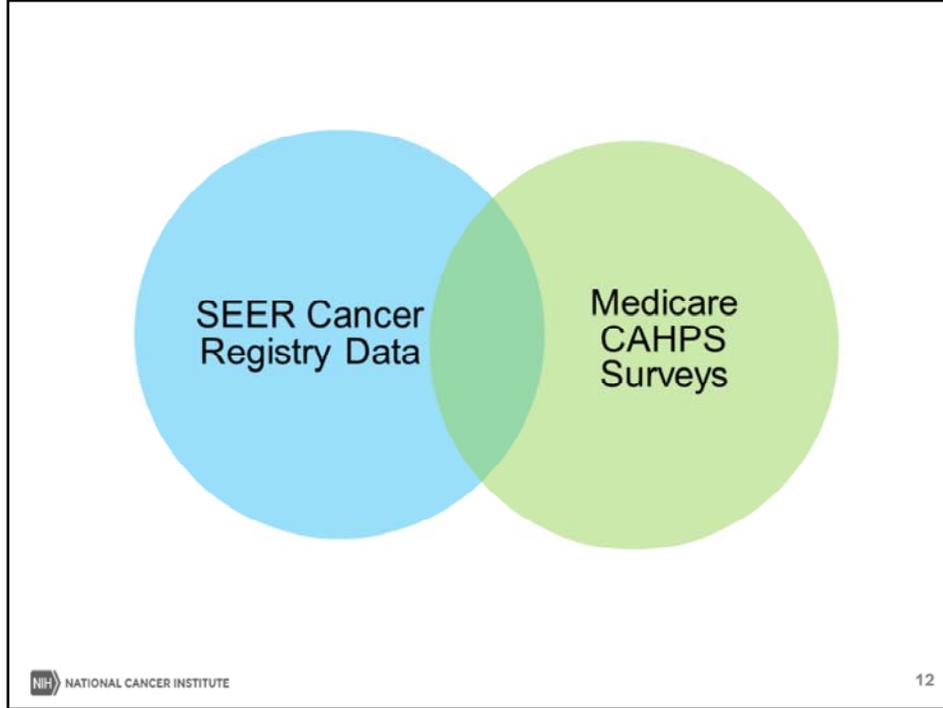
- Comprehensive, population-based source of cancer data in the US
- Registries cover ~28% of US population
- Demographic information, primary tumor site, tumor morphology, stage at diagnosis, initial course of treatment (radiation and surgery), vital status

The SEER Cancer Registry Data File, known as PEDSF, is a comprehensive population-based source of cancer data in the US. The cancer registries represented in SEER cover roughly 28% of the US population. SEER contains demographic information, and cancer information such as primary tumor site and morphology, cancer stage at diagnosis, and initial course of treatment (radiation and surgery). It is important to note that the SEER data in SEER-CAHPS does have vital status over time, to enable researchers to perform a survival analysis.

SEER Cancer Registry Data



This map shows you the registries included in SEER-CAHPS. SEER-CAHPS does not include the Alaska Native and Arizona American Indian registries.



I will now provide an overview of the Medicare CAHPS survey.

Medicare CAHPS® Survey Files

- Administered by CMS since 1997
- Annual survey of Medicare beneficiaries within Medicare Advantage (MA), Prescription Drug Plans, Fee-for-Service (FFS)
- Information on patient experiences of care that allow objective and meaningful comparisons between Medicare Advantage and Prescription Drug Plans and with Fee for Service on domains that are important to consumers
- Public reporting of the survey results designed to create incentives for contracts to improve their quality of care and increase the transparency of the quality of care provided by Medicare contracts
- For more background see <http://ma-pdpcahps.org/>



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Centers for Medicare & Medicaid Services, Baltimore, MD. January 12, 2017.

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The Medicare CAHPS survey, which provides information on patient experiences, has been administered by CMS since 1997. Public reporting of the survey results are designed to create incentives for contracts to improve their quality of care and increase the transparency of the quality of care provided by Medicare contracts.

Medicare CAHPS Surveys

Global Ratings	Composite Measures
Health Plan	Getting Needed Care
Health Care	Getting Care Quickly
Personal Doctor	Provider Communication
Specialist	Customer Service
Prescription Drug Plan	Getting Needed Prescription Drugs
	Care Coordination

Within the CAHPS survey, there are global ratings of care components, as well as composite measures of specific aspects of care. I will go through each of these in the next slides.

Global Ratings

*Example Question: Using any number from 0 to 10, where 0 is the worst **health care** possible and 10 is the best **health care** possible, what number would you use to rate all your **health care** in the last 6 months?*

- Health Plan
- Health Care
- Prescription Drug Plan
- Personal Doctor
- Specialist

Global ratings ask the patient a single item question for each of the following components of care.

The example question reads, *Using any number from 0 to 10, where 0 is the worst **health care** possible and 10 is the best **health care** possible, what number would you use to rate all your **health care** in the last 6 months?*

This question is asked for health plan, health care, personal doctor, specialist, as well as prescription drug plan for select health plan types.

It is important to note many responses to the items in CAHPS are positively skewed, indicating the potential for ceiling effects.

Composite Example: Doctor Communication*

- In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- In the last 6 months, how often did your personal doctor listen carefully to you?
- In the last 6 months, how often did your personal doctor show respect for what you had to say?
- In the last 6 months, how often did the doctor spend enough time with you?

*Note: There may be slight variations in how these questions are asked based on survey type or year. Please see our website for more information.

We also have CAHPS composites, representing specific components of care.

In the interest of time, we will only show you items from two of the composites to give you a flavor of the types of questions that are asked. It's important to note that exact phrasing of these items changes over time, however we do have documentation reflecting these changes over time so that researchers can utilize multiple years of survey data when appropriate.

In response to the following questions, respondents choose from options of : (never, sometimes, usually, always) higher scores, indicate more positive assessments of health professionals, etc. These composites are then linearly combined and transformed to a 0-100 scale.

- How often did your personal doctor explain things in a way that was easy to understand?
- How often did your personal doctor listen carefully to you?
- How often did he/she show respect for what you had to say?
- How often did the doctor spend enough time with you?

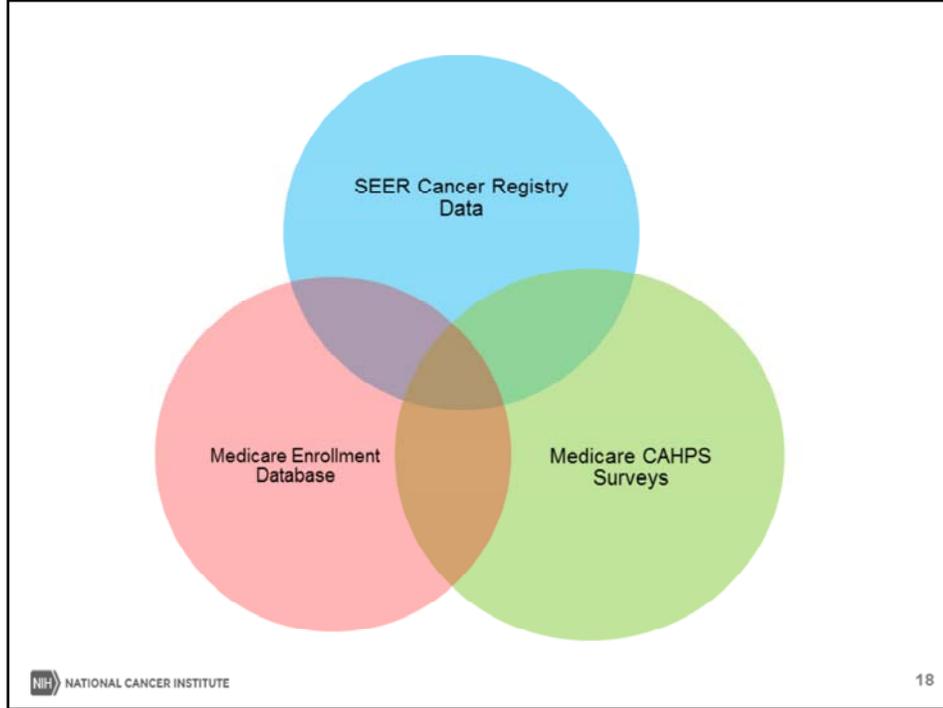
Composite Example: Care Coordination* (Selected Items)

- In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?
- In the last 6 months, when your personal doctor ordered a blood test, x-ray, or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
- In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?

*Note: Care coordination not included until 2012

Finally, Care coordination, a composite which was not added until 2012, includes items such as:

- When you visited your personal doctor, how often did he/she have your medical records or other information about your care?
- When your personal doctor ordered a blood test/x-ray/other test for you, how often did someone from your personal doctor's office follow up to give you those results?
- How often did you get those results as soon as you needed them?
- How often did you and your personal doctor talk about all the prescription medicines you were taking?
- Did you get the help you needed from your personal doctor's office to manage your care among these different provides and services?
- How often did your personal doctor seem informed and up-to-date about the care you got from specialists?

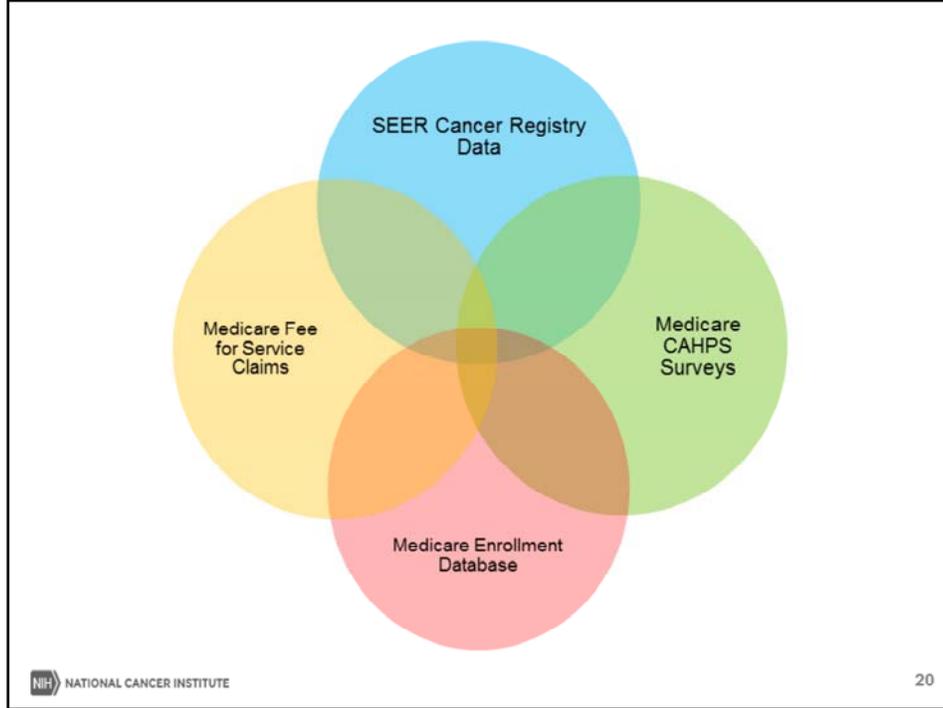


We will now provide an overview of the Medicare Enrollment Database.

Medicare Enrollment Database Files (EDB)

- Enrollment information for Medicare beneficiaries
- Data from EDB included in cohort files
 - PEDSF - Respondents in SEER area with cancer
 - SumDenom
 - Respondents residing in SEER area without cancer OR residing outside SEER areas
 - Controls, population estimates
 - Cancer data for non-SEER respondents ONLY available through CAHPS survey and claims data

- Enrollment information of each Medicare recipient found in SEER-CAHPS (cancer and non-cancer respondents)



SEER-CAHPS also includes Medicare claims for Fee-for-Service claims.

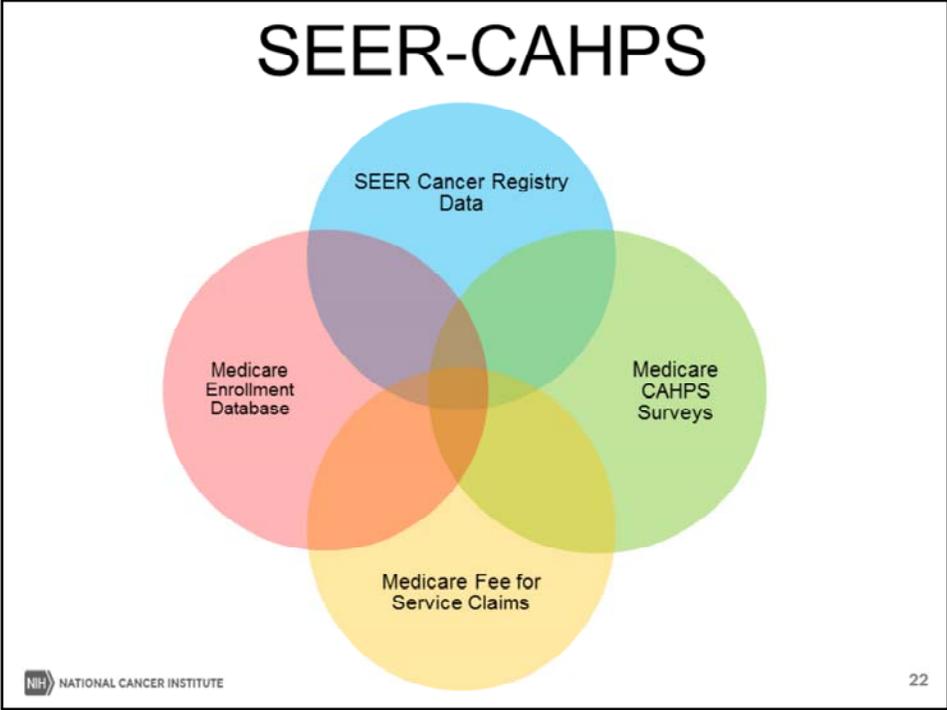
Medicare FFS Claim Files

- MEDPAR: (Medicare Provider Analysis and Review) inpatient hospital, skilled nursing facility, facility-based rehab
- NCH (Carrier Claims): Provider bills and free-standing ambulatory care center
- Outpatient claims: Hospital outpatient
- HHA: Home health care
- Hospice
- DME: Durable medical equipment

Similar to SEER-Medicare, SEER-CAHPS contains the follow claims files for FFS beneficiaries:

- MEDPAR, which includes inpatient hospital, SNF, and facility-based rehab claims
- NCH, which is also known as carrier claims, and provides claims for providers and free-standing ambulatory care centers

The claims files also include outpatient claims, home health care hospice, and durable medical equipment, or DME.



Together, these 4 data sources make up SEER-CAHPS.

Variables	SEER	Medicare Data (Claim/ Enrollment Files)	CAHPS
Cancer Site/Stage	✓		
First course of treatment (radiation/surgery)	✓		
Cause of death	✓		
Vital status	✓	✓	
Cost of care & service utilization		✓	
Claims		✓	
Global ratings of care			✓
Care composites			✓
Health status			✓
Patient demographics	✓	✓	✓

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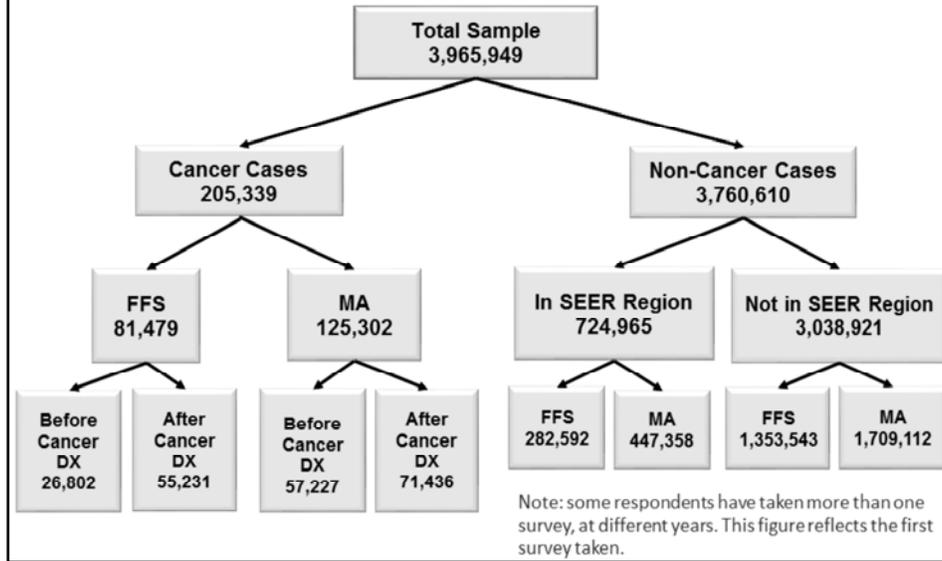
This table demonstrates the different types of variables available in the SEER-CAHPS resource.

You can see that SEER provides cancer information, as well as cause of death, Medicare Data provides enrollment for all Medicare beneficiaries, and Claims for FFS beneficiaries, and the CAHPS survey data provides global ratings of care, care composites, and health status. It is also important to note that patient demographics are available in each of the data resources included in SEER-CAHPS.

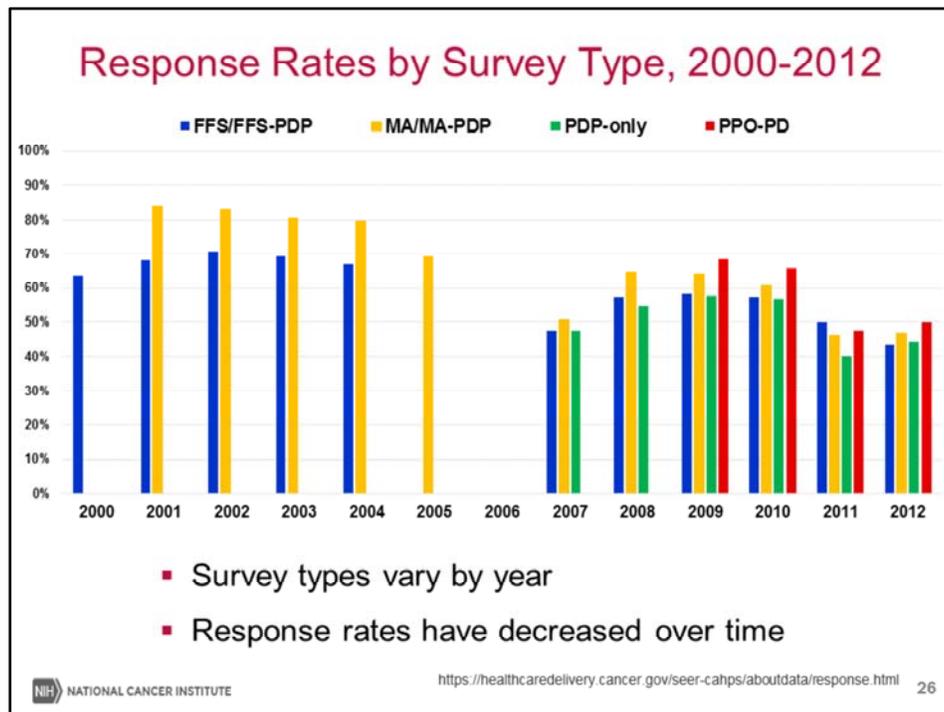
Respondent Rates and Characteristics

We will next give you an overview of the respondent rates and characteristics of the respondents in SEER-CAHPS.

Number of cancer and non-cancer survey respondents by SEER Region and SEER-CAHPS plan type (1997-2013)



This flowchart depicts the cancer and non-cancer survey respondents that make up the total sample in SEER-CAHPS. You can see that we have over 200,000 respondents with a history of cancer, and over 3.7 million survey respondents who do not have a history of cancer. It's important to note that some respondents have taken more than one survey in different years. This flowchart reflects the first survey taken.



Here you see the response rates of the CAHPS surveys by year of administration. You should notice a few things from this graph: First, the types of surveys vary by year, with an increasing number of types of surveys administered after 2007. Second, there were no surveys administered in 2006, and third, response rates have decreased over time.

Selected Demographic Data (1997-2013)

Cancer Respondents (n=205,339)

- Age: 47% 65-74 years
- Gender: 50% Female
- Race/ethnicity
 - 75% White
 - 6% Black
 - 6% Hispanic

Non-Cancer Respondents in SEER Regions (n=724,965)

- Age: 48% 65-74 years
- Gender: 59% Female
- Race/ethnicity
 - 68% White
 - 7% Black
 - 10% Hispanic

Detailed tables available on website for MA and FFS participants
<https://healthcaredelivery.cancer.gov/seer-cahps/aboutdata/demographics.html>

While we have detailed demographic data available on our website for both Medicare Advantage and Fee for Service participants, we wanted to give you some brief information regarding our demographics for the respondents. You can see that almost half of both cancer and non-cancer respondents are between 65 and 74 years of age. In addition, while roughly half of the cancer respondents are female, we have slightly higher proportion of females in the non-cancer respondent groups. SEER-CAHPS contains 75% white respondents with a diagnosis of cancer, and about 68% white in those without a history of cancer.

Again, please see the detailed demographic tables for more variables of interest.

Number of Individuals in SEER-CAHPS: MA Selected most prevalent cancer types

First cancer	Total Number of SEER linked patients	Before first diagnosis		Post-Diagnosis: Time between first survey and first diagnosis							
				Within 2 years		Within 3-5 years		Within 6-10 years		11+ years	
		N	%	N	%	N	%	N	%	N	%
Prostate	24,551	8,114	33.0	4,076	16.6	4,059	16.5	5,165	21.0	3,137	12.8
Breast	22,668	7,110	31.4	3,216	14.2	2,939	13.0	4,158	18.3	5,245	23.1
Colorectal	13,538	6,057	44.7	1,896	14.0	1,556	11.5	1,903	14.1	2,126	15.7
Lung and bronchial	11,617	8,917	76.8	1,331	11.5	567	4.9	467	4.0	335	2.9

<https://healthcaresdelivery.cancer.gov/seer-cahps/aboutdata/diagnosis-ma.html>

This table shows the number of individuals for selected cancer types. The top row shows the breakdown of time between first survey and first cancer diagnosis for all cancers. You can see that, depending on your research question, we have data on the time between diagnosis to first survey. For example, for prostate cancer, there are approximately 8,000 respondents who took their first CAHPS survey before their first cancer diagnosis, and a little over 4,000 respondents who completed a CAHPS survey within 2 years post cancer diagnosis. This information is extremely useful in designing your cohort selection criteria based on your research question.

Number of Individuals in SEER-CAHPS: FFS Selected most prevalent cancer types

First cancer	Total Number of SEER linked patients	Before first diagnosis		Post-Diagnosis: Time between first survey and first diagnosis							
				Within 2 years		Within 3-5 years		Within 6-10 years		11+ years	
		N	%	N	%	N	%	N	%	N	%
Prostate	16,464	3,746	22.8	2,795	17.0	3,078	18.7	4,103	24.9	2,742	16.7
Breast	15,440	3,429	22.2	2,104	13.6	2,457	15.9	3,349	21.7	4,101	26.6
Colorectal	8,195	2,543	31.0	1,350	16.5	1,237	15.1	1,532	18.7	1,533	18.7
Lung and bronchial	6,420	4,142	64.5	992	15.5	559	8.6	474	7.4	262	4.1

<https://healthcaresdelivery.ca>
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We also have this data for FFS patients, as you can see here.

Using SEER-CAHPS Data

Next we will go through some potential applications of SEER-CAHPS data

Sample **Research Questions** When Using SEER-CAHPS data (1)

Patient Experience

- How have patient experiences among older cancer patients changed over time?
- Do cancer patient experiences predict mortality and survival?

Patient/Physician Communication

- How do perceptions of experiences of care vary by cancer type?
- Do higher ratings of patient/physician communication predict different healthcare utilization patterns by cancer patients?

Care Coordination

- Does perception of care coordination vary based on cancer phase (post diagnosis, treatment, in last year of life)?
- Does perception of care coordination vary by cancer treatment modality? (Using SEER, claims data)

There are many different types of research questions that can be answered using the SEER-CAHPS linked data resource, including the questions we've listed here as examples.

Sample **Research Questions** When Using SEER-CAHPS data* (2)

Access to Care

- Is perceived access to care associated with time between diagnosis and first course of cancer treatment?
- Does type of physician (primary care vs. specialist) seen predict perceived timeliness of care for cancer patients?

Patient Perceptions of Care Quality

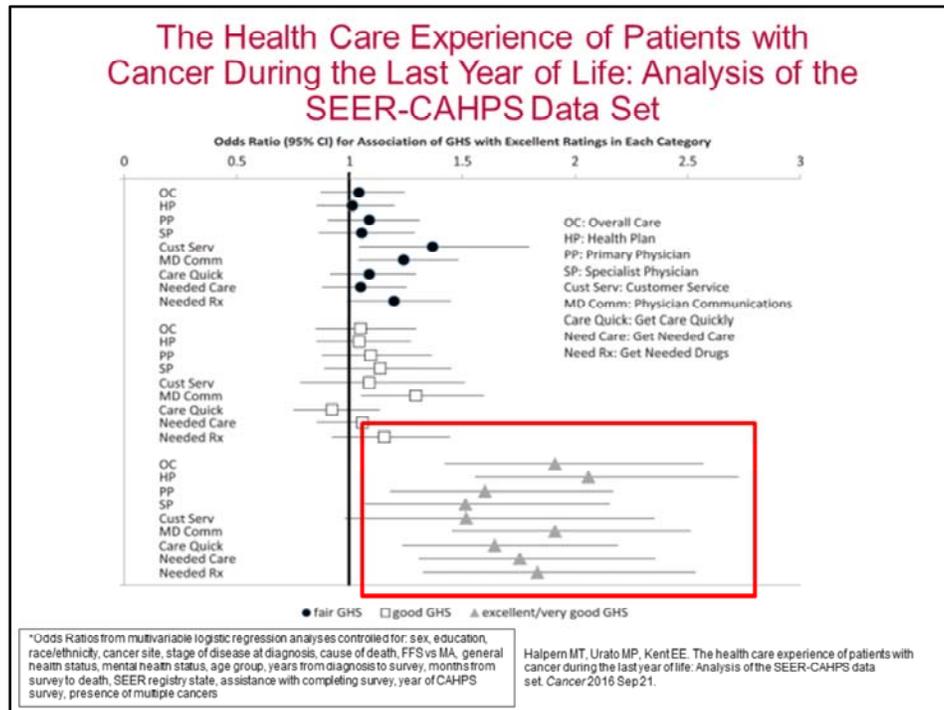
- Do cancer patient experiences with quality predict subsequent healthcare utilization?
- Does perceived quality of physician vary by cancer type?

*Analyses of some of these topics may require additional linkages by investigators. In addition, availability of data to answer given research questions varies across cancer sites and years of diagnosis.

Mollica MA, Lines L, Halpern MT, Ramirez E, Schusler N, Urato M, Smith AW, Kent EE. 2016. Patient Experiences of Cancer Care: Scoping Review, Future Directions, and Introduction of a New Data Resource: Surveillance Epidemiology and End Results-Consumer Assessment of Healthcare Providers and Systems (SEER-CAHPS)

SEER-CAHPS can also be used to answer questions about access to care and patient perceptions of care quality. It's important to note that analyses of some of these topics may require additional linkages by investigators. In addition, availability of data to answer given research questions varies across cancer sites and years of diagnosis.

The Health Care Experience of Patients with Cancer During the Last Year of Life: Analysis of the SEER-CAHPS Data Set



We wanted to show an example of a study that was recently conducted by Michael Halpern and colleagues, including Dr. Erin Kent, which assessed factors influencing health care ratings among individuals with cancer within 1 year before death. Results indicated that patients with higher general or mental health status were significantly more likely to indicate excellent experience with nearly all measures examined.

These are adjusted odd ratios (ORs), adjusting for the following sociodemographic and clinical characteristics: general health status, sex, education level, race/ethnicity, cancer site, cancer stage, cause of death, FFS vs MA, mental health status, age group, years from diagnosis to survey, months from survey to death, assistance with completing survey, state in which SEER registry was located, year of CAHPS survey, presence of multiple cancers.

This is an example of a study that utilized both global ratings of overall care, health plan, primary physician, and specialist physician, and composites such as physician communication, getting care quickly, and getting needed care.

Strengths of SEER-CAHPS

- Publicly accessible
- Adequate sample size for many sites
- Ability to link patient experiences and healthcare utilization
- Can compare across health plan type
- Can compare individuals with and without cancer

There are several important strengths of SEER-CAHPS. It is publicly accessible, and we will go into the application process later in the presentation. There is an adequate sample size for many sites.

SEER-CAHPS gives us the ability to link patient experiences with healthcare utilization, as well as compare across health plan type. We can also compare individuals with and without cancer.

Limitations of SEER-CAHPS

- Data on certain therapies limited to FFS respondents
- CAHPS designed as one-wave survey
- Claims data in Fee for Service only
- Sample size limited in rare cancers

Accurate cohort selection is essential

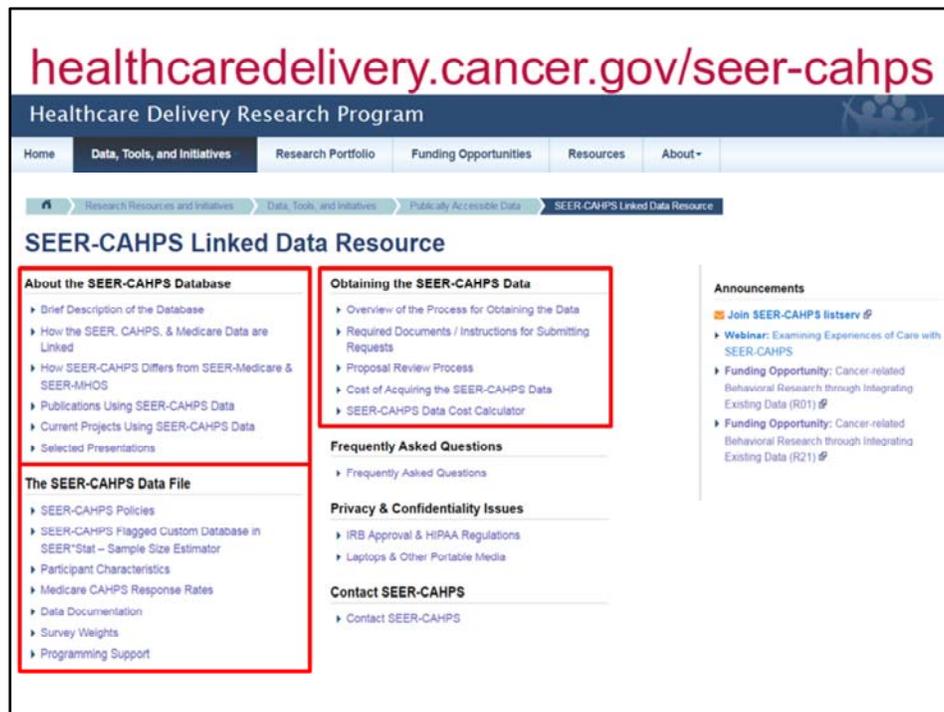
While we are very enthusiastic about SEER-CAHPS as a resource, there are some limitations to keep in mind as you consider your research questions.

- Data on certain therapies is limited to FFS respondents because of the need for claims data
- The CAHPS was originally designed as a one-wave survey, meaning that although we may have more than one survey for a limited number of CAHPS respondents, it was not designed for longitudinal analysis. That being said, we do have claims over time for FFS beneficiaries
- The sample size is limited for rare cancers.
- Because of these considerations, accurate cohort selection is essential.

At this time, I will turn the presentation over to Maria Rincon, who will provide an overview of the SEER-CAHPS website and process to apply for SEER-CAHPS data.

SEER-CAHPS Website and Application Process

Good afternoon, my name is Maria Rincon, and I will provide a brief introduction to the recently-launched SEER-CAHPS website, which has a number of useful resources for investigators.



The SEER-CAHPS website can be accessed at the link shown here. We have included on this slide a snapshot of the home page layout. The SEER-CAHPS website is divided into 6 sections. However, in the interest of time, I will be focusing on content included in the first 3 sections, as they contain important information related to the proposal application process.

The first section on the top left, “About the SEER-CAHPS Database”, provides background for the data resource, including the features unique to SEER-CAHPS and similarities with other NCI SEER data linkages, such as SEER-MHOS and SEER-Medicare. In addition, this section provides links to journal publications, project aims currently under development, and abstract information from findings recently presented at scientific meetings.

Below, the “SEER-CAHPS Data File” section presents several features that can aid investigators determine the feasibility of a study using SEER-CAHPS data, including survey variable components and programming support for researchers. Extended versions of the tables described earlier through this presentation are also available under the “participant characteristics” sub-section.

The top section on the right column, Obtaining the SEER-CAHPS Data, houses the information necessary for an investigator’s submission of a research proposal to SEER-

CAHPS staff for review. It is important to point out that all data requests for SEER-CAHPS are processed and fulfilled through Information Management Systems, Inc. (IMS), the information technology contractor for NCI

Required Documents

1. Cover letter
2. Application form
3. SEER-CAHPS DUA
4. IRB approval documentation

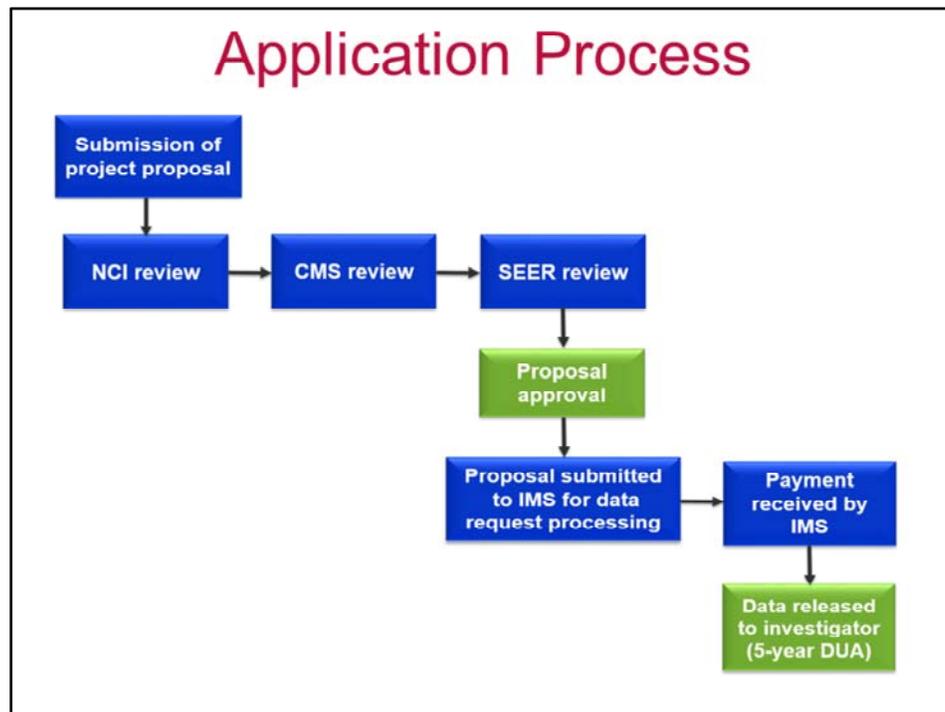
All completed applications must be submitted by e-mail for review to **NCISEERCAHPS@mail.nih.gov**

There are several required documents that must be submitted when applying to obtain SEER-CAHPS data. The 4 components listed must all be included in the completed project proposal

Of these documents, the application form and Data Use Agreement can be downloaded directly from the website, through the Required Documents/Instructions for Submitting Requests section.

IRB approval documentation is required for application to obtain the SEER-CAHPS data, however a full IRB review is often not necessary, as many institutional IRBs, including NIH's Office of Human Subject Research, have determined SEER-CAHPS data are exempt. A letter of exemption form from the investigator's institution can be provided to document this exemption.

All the aforementioned documents must be submitted electronically as an e-mail attachment in Word or PDF format to the SEER-CAHPS staff at NCISEERCAHPS@mail.nih.gov



In this slide, we have included a diagram depicting the steps involved in the approval of a SEER-CAHPS proposal. Each application submitted will undergo 3 review steps: an initial review by NCI staff, a review by CMS and a review by a SEER investigator. The primary purpose of the review process is to ensure that research plan preserves the confidentiality of patients and providers in the SEER-CAHPS dataset and a project's relevance towards improving of the quality of care of older cancer patients. It is important to mention that this is an iterative process, and the timeline from submission to approval might vary pending questions and comments from reviewers.

Upon project approval, the primary investigator will be contacted by IMS staff, who will provide a checklist to initiate the processing of the data. Once the data is released to the investigator, the DUA will remain active for 5-years, pending potential renewal, up to 10 years.

Now, I'd like to introduce Dr. Erin Kent, senior advisor for SEER-CAHPS, who will describe some of the tools available for the development of a proposal.

Tools to Prepare Your Application Proposal

Now I am going to walk you some tools that we've created to assist investigators prepare applications for SEER-CAHPS. The first is a sample size estimator that we've built through another NCI program, SEER*Stat.

SEER*Stat

<https://seer.cancer.gov/seerstat/>

Datasets

- [+] SEER Data 1973-2013
- [+] Standard Population Data
 - U.S. Mortality Data
- [+] U.S. Population Data
 - County Attributes
- [+] Expected Survival Life Tables
- SEER Linked Databases
- [+] Specialized SEER*Stat Datasets

Statistical Software

- [+] SEER*Stat
 - Getting Started
 - Tutorials
 - FAQs
 - Analysis Data
 - Installation Files
- [+] SEER*Prep
- [+] HD*Calc
 - Analytic Software

Documentation & Recodes

- Behavior Recode for Analysis
- [+] Cancer Stage Variables
- Cause of Death Recode
- Cause-specific Death Classification
- [+] Incidence Site Recode Variables
 - Insurance Recode
 - Months Survived Based on Complete Dates
 - Policy for Calculating Hispanic Mortality

SEER*Stat Software
Latest Release: Version 8.3.2 -- April 14, 2016

The SEER*Stat statistical software provides a convenient, intuitive mechanism for the analysis of SEER and other cancer-related databases. It is a powerful PC tool to view individual cancer records and to produce statistics for studying the impact of cancer on a population. SEER*Stat software is distributed with the SEER Research Data and you must have access to the data before using the software.

Visit the following sections to learn more about SEER*Stat:

- [Getting Started](#) - Learn how to access the software and data, get answers to frequently asked questions, and where to go for technical support.
- [Tutorials](#) - Follow step-by-step tutorials designed to demonstrate how to use SEER*Stat and to calculate the many statistics available.
- [Analysis Data](#) - Find out what databases can be analyzed in SEER*Stat.
- [SEER*Stat Installation](#) - Obtain software updates, learn how to use the auto-update feature, and access a list of technical specifications and revision history.

SEER*Stat Updates

- [New SEER-MHOS flag in SEER*Stat](#)
- [Sign up for e-mail updates](#) about upcoming SEER*Stat releases and training webinars.
- [What's new in SEER*Stat 8.3.2](#)
- [Webinar Presentations](#)

Other Resources:

- [Using Your Own Data \(SEER*Prep\)](#) - Software to convert your data to the file format required by SEER*Stat.
- [Analytic Software](#) - Access several other software tools developed for the analysis of cancer statistics.

Statistics Calculated by SEER*Stat

- **Frequencies & Rates**
 - Frequencies & distributions
 - Crude rates (non-adjusted)
 - Trends (percent change, annual percent change)
 - [Age-adjusted rates](#)
 - [Delay-adjusted incidence rates](#)
 - [Incidence-based mortality rates](#)
 - Rate ratios for significance testing

SEER*Stat is free software that provides access to and analysis of SEER data.

The first step needed is to download the SEER*Stat software and sign the data use agreement, which can be returned to the email or fax number indicated on the SEER*Stat website. Then, it is important to spend some time familiarizing yourself with the SEER data and the SEER*Stat interface. There are tutorials on the SEER*Stat website that can help with this.

Sample Size Estimator: SEER*Stat



NATIONAL CANCER INSTITUTE
Division of Cancer Control & Population Sciences

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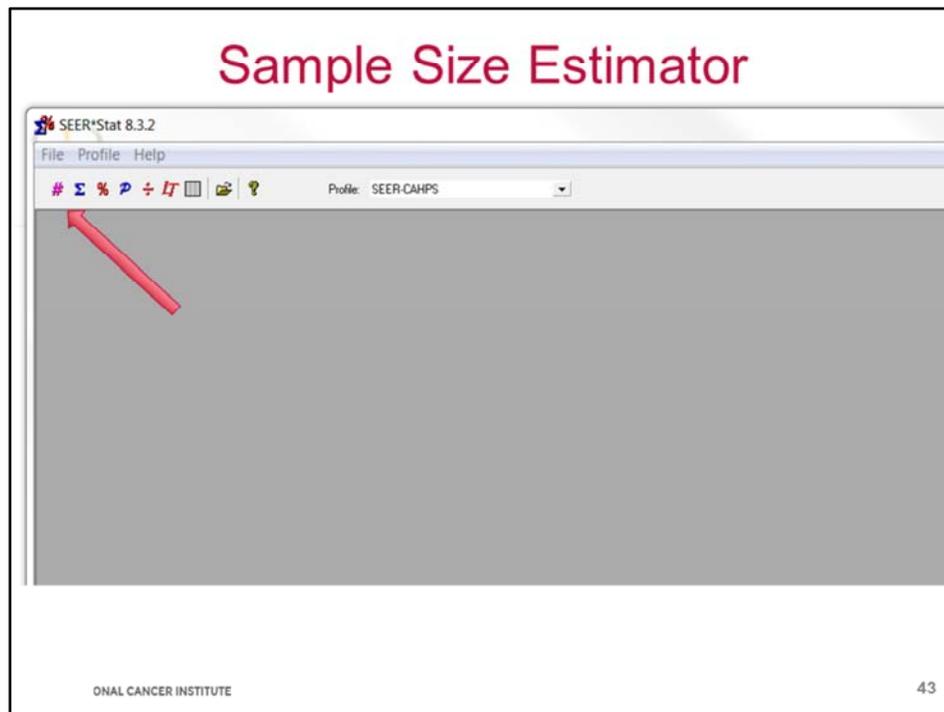
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<https://healthcaresdelivery.cancer.gov/seer-cahps/>

We have created a customized database in SEER*Stat that you can request access to that has flags that indicate the availability of Medicare CAHPS surveys for individuals diagnosed with cancer in SEER.

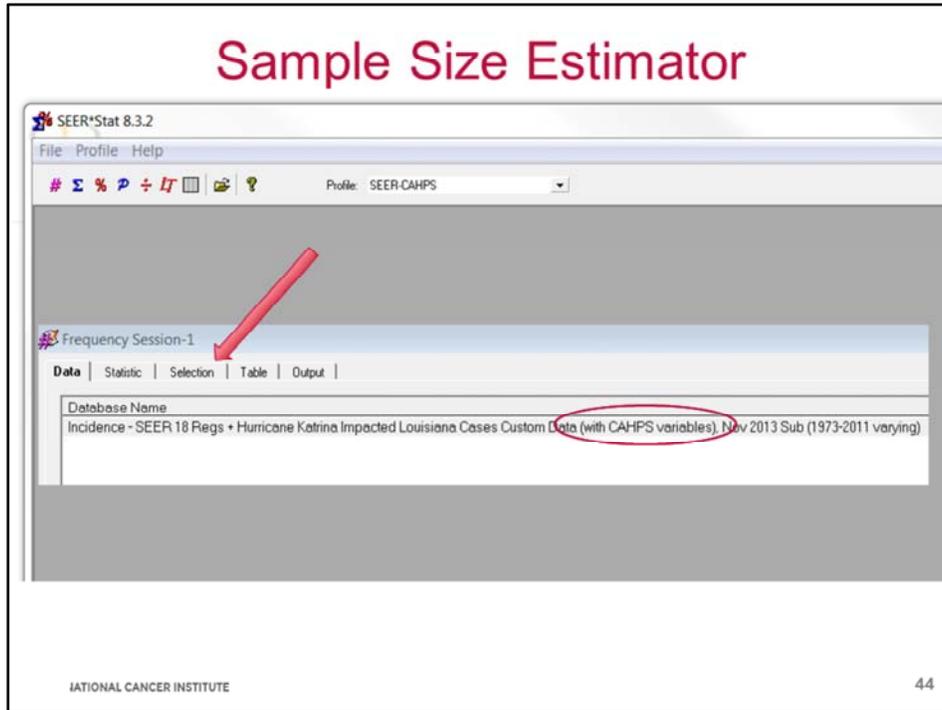
There are instructions for how to request access to the sample size estimator on the SEER-CAHPS website, shown here.



Once you have SEER*Stat installed and access to the SEER*CAHPS customized database, you are ready go. You will open SEER*Stat – it looks like this.

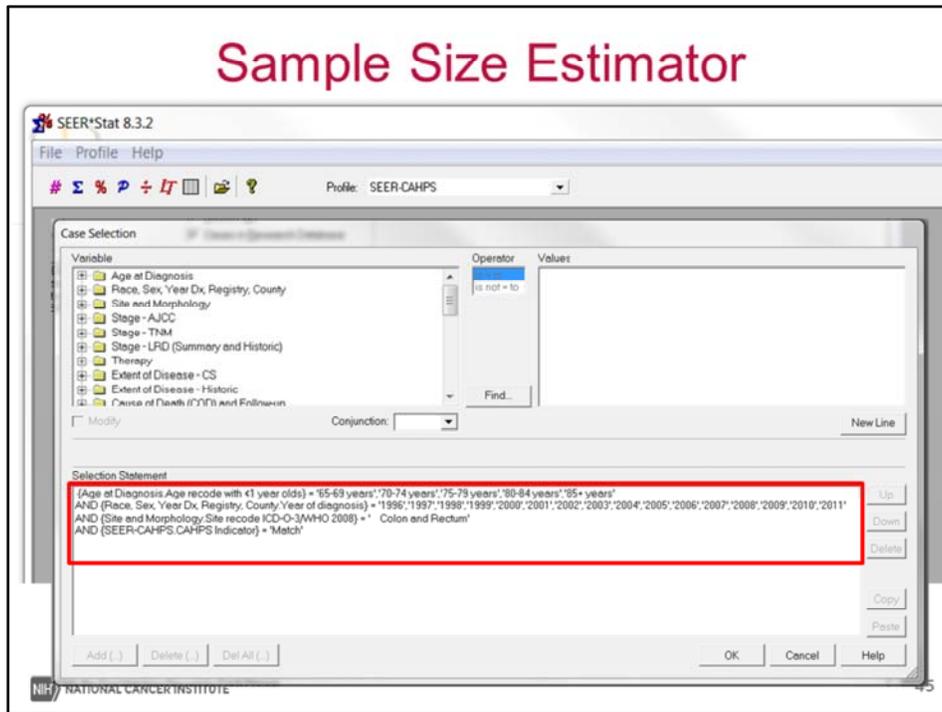
To run a frequency session to estimate the number of individuals with Medicare CAHPS surveys available in the SEER-CAHPS linkage, you'll click this hashtag icon.

Sample Size Estimator



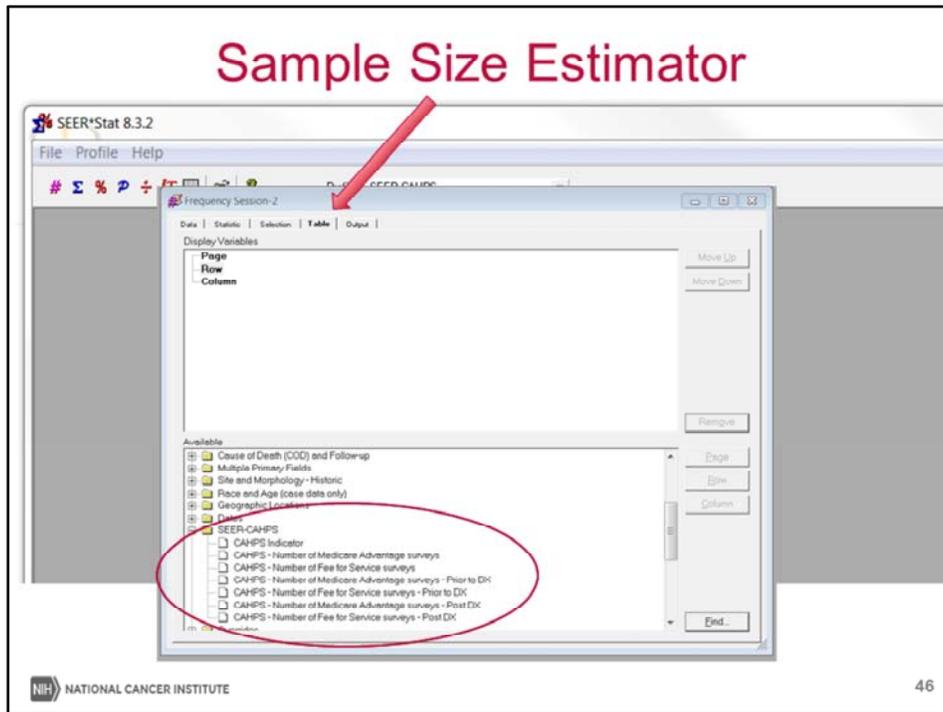
Then, you'll see a window pop up with a number of tabs. On each of these tabs you'll make selections based on your individual research question. On the first tab, under "Data," you'll want to select the database name that includes "with CAHPS variables." The database has limited access, which is why you'll need to request permission to access it on the SEER-CAHPS site. Now I'll take you to the Selection tab, seen here.

Sample Size Estimator



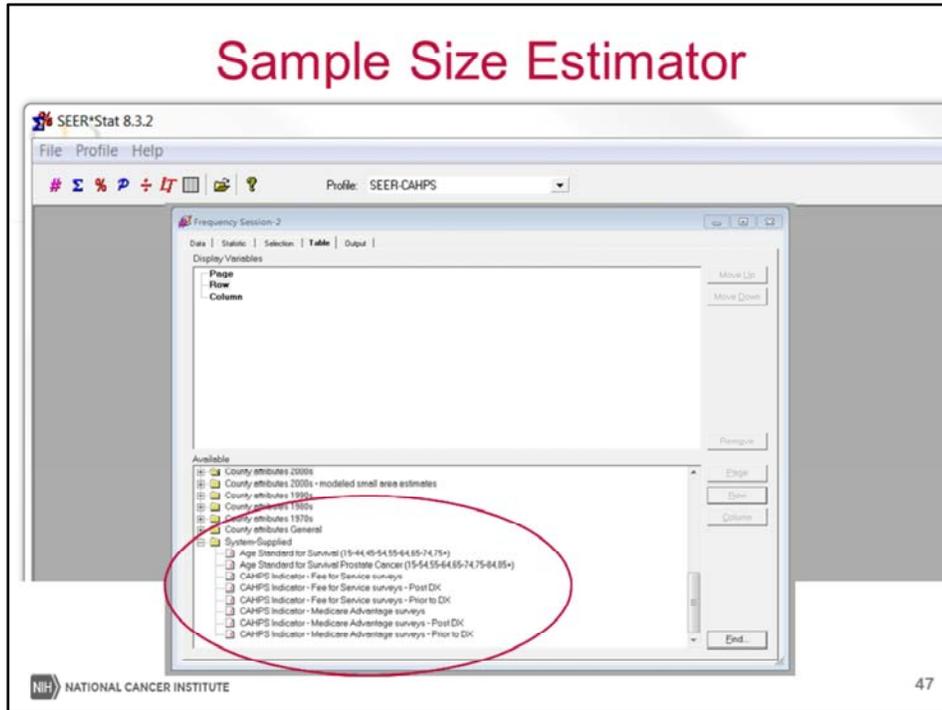
On the selection tab, you'll see a number of variables, the same SEER variables that are available in SEER-CAHPS. Note, you'll only be able to make selections based on variables in SEER-CAHPS that come from SEER. For this example, I limited my selection to those who were ages 65 and over at diagnosis, diagnosed between 1996 and 2011, with sites included within the ICD-O-3/WHO 2008 designation of "colon and rectum," and limited to those with a CAHPS survey.

Sample Size Estimator



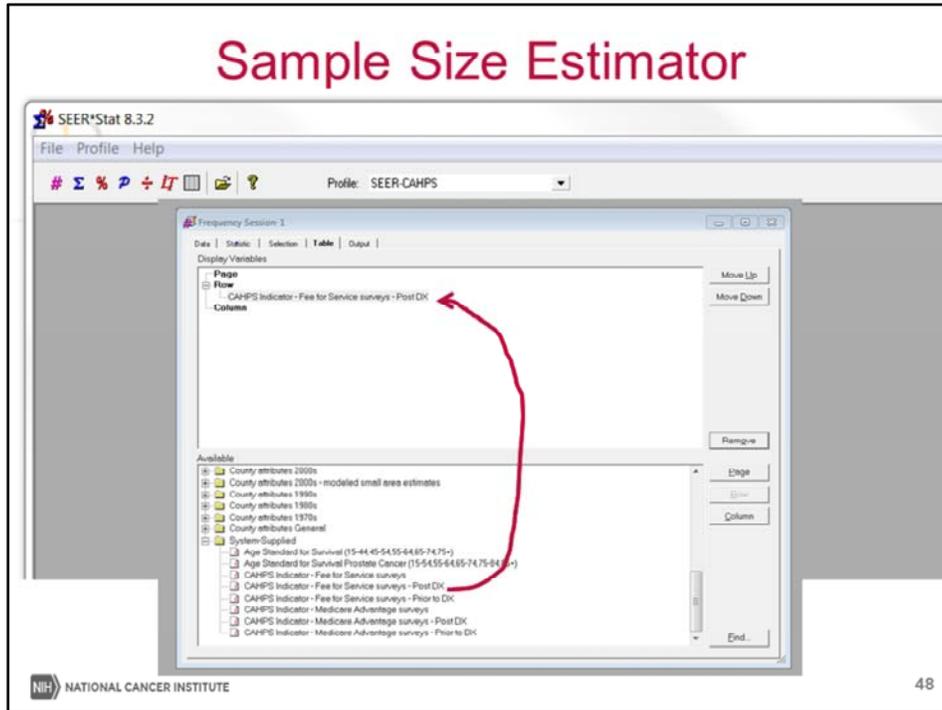
Then, on the “Table” page, I can select from variables under the “SEER-CAHPS” folder, or,

Sample Size Estimator



I can go to the “System-Supplied” folder and choose additional CAHPS indicator variables.

Sample Size Estimator



For this example, I chose “CAHPS Indicator – Fee for Service surveys Post Dx” for one run by moving that variable under “Row,” then did another run with “CAHPS Indicator – Medicare Advantage surveys Post Dx.”

SEER-CAHPS Linked Data Resource

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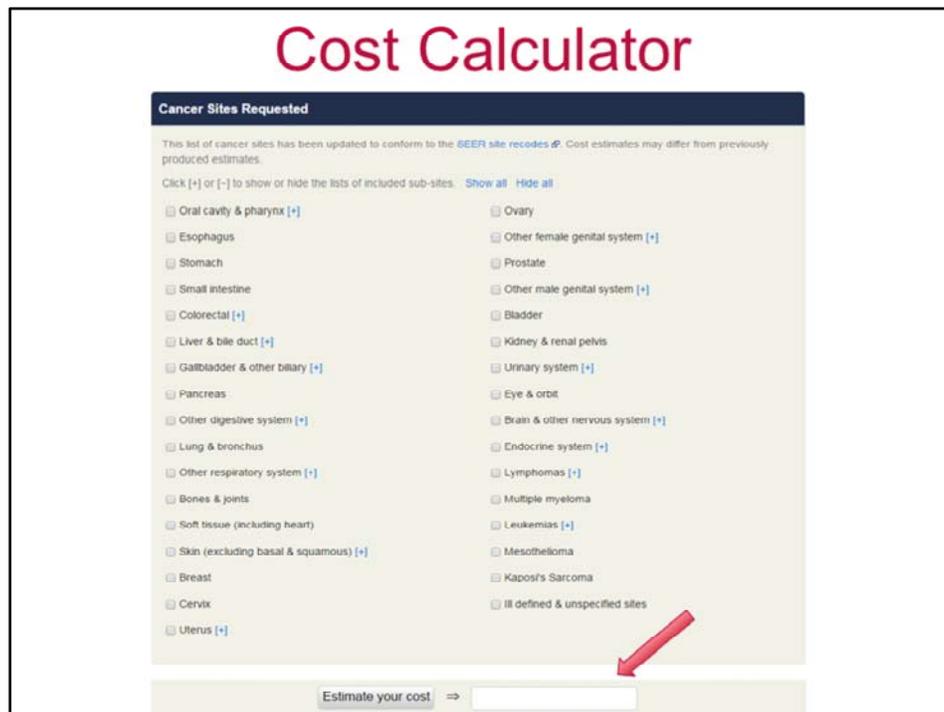
Cost Calculator

Files Requested

	Cancer data	Non-cancer data
SEER-CAHPS Survey Data File	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Patient Entitlement and Diagnosis Summary File (PEDSF)	<input checked="" type="checkbox"/>	
Summarized Denominator File (SUMDENOM)		<input type="checkbox"/>
Medicare Provider Analysis and Review (MEDPAR)	<input type="checkbox"/>	<input type="checkbox"/>
Carrier Claims (NCH) *	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient (OUTPAT) *	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Agencies (HHA)	<input type="checkbox"/>	<input type="checkbox"/>
Hospice	<input type="checkbox"/>	<input type="checkbox"/>
Durable Medical Equipment (DME)	<input type="checkbox"/>	<input type="checkbox"/>

* There is a flat charge per file, except for the NCH and OUTPAT cancer data files, which are charged per year.

Using the cost calculator, an investigator can customize their request by the types of file requested, as shown here, choice of cancer data, non-cancer data, or both.



Here, you will see a continuation of the cost calculator, which lists the cancer sites you will choose from. Pressing the “estimate your cost” button will calculate an approximate cost for the desired dataset.

The quoted costs are for files containing cancer cases, newly diagnosed in each year. Costs vary depending on the number of cancer sites selected.

Additional analyses, such as identifying all persons who died of a selected cancer in a year, may require special programming at additional cost. Requesting updated data for an existing project after a new data linkage will incur the cost of recreating the entire data set

healthcaredelivery.cancer.gov/seer-cahps

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Many of you may be interested in seeking funding for your work with SEER-CAHPS. The SEER-CAHPS website includes a link to funding opportunities in the top tab, and an announcement section with current opportunities

Clicking on the funding opportunities button at the top links to the cancer control funding opportunity website.

Funding Opportunities

- PAR-16-255: Cancer-Related Behavioral Research Through Integrating Existing Data (R21)

<https://grants.nih.gov/grants/guide/pa-files/PAR-16-255.html>

- Expiration date: June 15, 2019

- PAR 16-256: Cancer-Related Behavioral Research Through Integrating Existing Data (R01)

<https://grants.nih.gov/grants/guide/pa-files/PAR-16-256.html>

- Expiration date: June 8, 2019

Of the various opportunities you can find on the funding website, we wanted to highlight an FOA at both the R01 and R21 that could be pertinent to those of you seeking funding for your work with SEER-CAHPS:

- Cancer-related behavioral research through integrating existing data-please see the websites listed here for more information, including an upcoming webinar on this FOA.

We do want to clarify that the application processes for SEER-CAHPS data and funding are separate. However, we encourage investigators interested in the SEER-CAHPS data resource to reach out to SEER-CAHPS staff prior to submitting a grant proposal for a project requiring SEER-CAHPS data.

Summary

In this webinar, we've provided a lot of information about SEER-CAHPS...

SEER-CAHPS

- New linked data resource sponsored by NCI and CMS and designed for research on patient experiences of care
- Includes > 200,000 individuals with a history of cancer
- Contains population-based cancer registry, Medicare CAHPS survey, and Medicare claims data
- Allows for comparisons of patient experiences between individuals with and without a cancer history
- Research questions can target the associations between cancer patient experiences and health status, vital status, and healthcare utilization

In summary, SEER-CAHPS is a New linked data resource sponsored by NCI and CMS and designed for research on patient experiences of care, including over 200K individuals diagnosed with cancer. It contains population-based cancer registry, Medicare CAHPS survey, and Medicare claims. This unique resource allows for comparisons of patient experiences between individuals with and without a cancer history, permitting the study of research questions can target the associations between cancer patient experiences and health status, vital status, and healthcare utilization

SEER-CAHPS Partners

- National Cancer Institute (NCI) & SEER registries



- Centers for Medicare & Medicaid Services (CMS)



With technical assistance from:

- RTI International
- Information Management Services, Inc. (IMS)
- RAND Corporation, Harvard Medical School



We want to acknowledge and thank our partners, first and foremost CMS. We also want to acknowledge the technical assistance we've received both to create and support the SEER-CAHPS linkage: RTI, IMS, Rand, and Harvard Medical School.

**Visit the website &
join the listserv**
**[https://healthcaresdelivery.cancer.gov/
seer-cahps/](https://healthcaresdelivery.cancer.gov/seer-cahps/)**

Contact SEER-CAHPS staff at
NCISEERCAHPS@mail.nih.gov

Thank you – for more information, please visit our website, email us, and join our listserv.

Q&A Section

Please type your questions into WebEx
and they will be answered by our panelists



With that, we'll take some questions from chat...

FAQs received will serve us to expand our current FAQ page, where answers to common questions will be archived

**Visit the website &
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