

POSTER ABSTRACTS
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Cancer
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Challenges encountered in breast and cervical cancer patient administrative data abstraction from multiple HMOs.

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Background: The purpose of the Cancer Surveillance in HMO Administrative Data Study is to identify the existence and extent of biases associated with HMO administrative data when used to identify patients with breast and cervical cancer and to characterize patterns of care among these patients. The study is currently in the process of establishing one central database from four large HMOs.

Methods: The study collects electronic data from inpatient and outpatient visits, pharmacy, cancer registry, pathology, radiology, laboratory, and electronic physician notes. All data from each of the four sites must be standardized to allow compilation into a central database. Despite the challenge of standardizing the complex data in this multi-site study, we have developed data dictionaries and file formats that will allow for combining these data. In the process of developing the data collection strategy, we have handled issues regarding large number of facilities encountered, completeness of utilization data for Medicare recipients, procedure coding differences, and monthly medical and pharmacy coverage changes.

Results: To address the difficult issues, we are using the following approaches. To resolve the issues for facility codes, the HMO sites will submit all facility codes available, with later review to identify facilities and departments within a facility having clusters of patient visits. To clarify the completeness of utilization data for Medicare patients, each site will flag any members with capitated Medicare insurance so that during the analysis these members can be distinguished from members with non-capitated Medicare insurance.

Conclusions: Developing a comprehensive file layout and data dictionary for studying cancer treatment and outcomes is a challenge. When collecting data from multiple sites, it is important to allocate appropriate resources for coding practice differences. This study has found that identifying treatment facility information and availability of complete utilization data are two major problems encountered in establishing a central database from four large HMOs. Decision rules will need to be established to ensure data compatibility across sites.

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