

## CRN PROJECT POSTERS

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Cancer  
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### Retention of Enrollees Diagnosed with Cancer in the HMO Cancer Research Network

Terry S. Field, DSc, Meyers Primary Care Institute  
Jackie Cernieux, MPH, Meyers Primary Care Institute  
Diana Buist, PhD, Group Health Cooperative  
Ann Geiger, Kaiser Permanente Southern California  
Lois Lamerato, PhD, Henry Ford Health Systems  
Gene Hart, Group Health Cooperative  
Don Bachman, MS, Kaiser Permanente Northwest  
Rick Krajenta, Henry Ford Health Systems  
Mark C. Hornbrook, PhD, Kaiser Permanente Northwest  
Gary Ansell, Kaiser Permanente Northwest  
Lisa Herrinton, PhD, Kaiser Permanente Northern California  
George Reed, PhD, Meyers Primary Care Institute

**Background:** National attention has recently focused on the quality of care delivered to cancer patients. Population laboratories with complete information on episodes of care and long-term follow up are needed to support research in this area. The Cancer Research Network (CRN) has the potential for developing population laboratories that overcome many of the limitations of the existing databases. However, the value of the CRN's population laboratory for many potential studies of quality of care depends on the stability of its enrolled population. To assess this issue, we studied the retention rates for enrollees who had been diagnosed with cancer at 5 sites of the CRN (Henry Ford Health System, Group Health Cooperative, and Kaiser Permanente Northwest, Northern and Southern California.)

**Methods:** Within these 5 sites, we merged cancer registry and enrollment data on all enrollees diagnosed with cancer between 1/1/1993 and 12/31/1998 and followed them from diagnosis through death, disenrollment, or 12/31/1999.

**Results:** 132,580 enrollees were diagnosed with cancer during this time period. The retention rate across all cancers at 1 year after diagnosis was 96.0% [95% confidence interval (CI) 95.9%,96.1%; range across sites: 93%-97%], at 5 years after diagnosis 83.9% of the survivors were still enrolled (CI 83.4%,84.3%; range 77%-85%). Enrollees who were significantly more likely to disenroll during the first year after diagnosis were under age 55, had insurance other than Medicare, and were non-white. Enrollees with Medicaid insurance had the highest disenrollment rate, 16.5% (hazard ratio for Medicaid compared to Medicare insurance 3.5, CI 2.9,4.3). Disenrollment was inversely related to length of enrollment before the cancer diagnosis.

**Conclusions:** The proportion of enrollees diagnosed with cancer who remain available for complete assessment of the initial treatment period are high enough to support studies of the quality of care. 5-year retention rates suggest that the CRN can also serve as a base for studies of survivorship and long-term outcomes.