Capsule Commentary on Chawla et al., Unveiling SEER-CAHPS®: A New Data Resource for Quality of Care Research

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This article¹ introduces us to a new data resource developed by linking data from the Surveillance, Epidemiology, and End Results (SEER) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) of the Agency for Healthcare Research and Quality, as well as longitudinal Medicare data for fee-for-service (FFS) beneficiaries.

The CAHPS® captures patient-centered measures that reflect the *patients' experience* or “perceived key aspects of their care”,² rather than *satisfaction* with care. Key areas include communication with health care professionals, access to care and information, customer service, and coordination of care.³ This endeavor represents a very important step forward, as it greatly augments the utility of the SEER-Medicare database, which is used extensively in cancer-related health services and outcomes research.

Despite the usefulness of this data resource, there may be limitations due to small sample size. As reported in the article, the SEER-CAHPS® database includes data for a total of 150,750 Medicare beneficiaries with cancer, 51,288 of whom are FFS beneficiaries and 99,462 of whom are managed care enrollees. The CAHPS® data present a unique opportunity to study and compare various measures of patients' experience with health care across various subgroups of the population, especially among those with multiple chronic conditions. However, since these individuals can be identified only from claims data, such analyses would have to be limited to FFS beneficiaries, less than 20 % of whom were surveyed before

cancer diagnosis. The sample size for patients with the most common cancers (lung, prostate, breast, and colorectal cancer) ranges between 995 and 1,624; thus, it may be somewhat challenging to study associations between patient centeredness of care and quality of cancer care, particularly when accounting for other factors that further contribute to heightened vulnerability (e.g., minority status). On the other hand, the sample sizes are considerably larger for those surveyed after cancer diagnosis, making this database a formidable resource to study quality of care among cancer survivors with multiple chronic conditions, especially given the projected number of cancer survivors at 18.1 million in 2020,⁴ 63 % of whom are expected to be 65 years of age or older.⁵

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