

Considerations for Development and Use of a Master Person Index (MPI)

July 26, 2016 3 - 4 pm EST

Presenters



Clare Tanner, PhD Co-Director of Data Across Sectors for Health (DASH),



Melissa Moorehead

Policy Analyst and Project Manager, Michigan Public Health Institute



Stephen Singer, MCP

Senior Manager of Data Analytics, Camden Coalition of Healthcare Providers



Dan Chavez, MBA Executive Director, San Diego Health Connect



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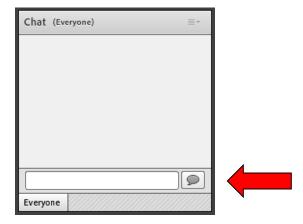
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Agenda

- Introduction (3 minutes)
 - Clare Tanner, DASH NPO, will provide a brief introduction to All In
- MPI Case Study #1 (12 minutes)
 - Stephen Singer, MCP, Senior Manager of Data Analytics at Camden Coalition of Healthcare Providers, will discuss how Camden Coalition uses and continues to evolve their person-level matching using various methodologies in the research settings.
- MPI Case Study #2 (12 minutes)
 - Daniel Chavez, MBA, Executive Director at San Diego Health Connect and a CHP Subject Matter Expert community, will discuss how San Diego Health Connect is using an HIE and addressing standards to improve automated patient matching capability.
- Discussion (30 minutes)
- Wrap-Up (3 minutes)



DASH and CHP are All In!

Community Health Peer Learning Program

- NPO: AcademyHealth, Washington D.C.
- Funded by the federal ONC
- 15 participant and subject matter expertise communities

Data Across Sectors for Health (DASH)

- NPO: Illinois Public Health Institute in partnership with the Michigan Public Health Institute
- Funded by the RWJF
- 10 grantee communities



All In: Data for Community Health



1. Support a movement acknowledging the social determinants of health



2. Build an evidence base for the field of multisector data integration to improve health



3. Utilize the power of peer learning and collaboration



Considerations & Questions about Record Linkage 8 **MPI's**



Camden Coalition

of Healthcare Providers

Stephen Singer, Senior Program Manager, Data Analytics & Quality Improvement

The Camden Coalition Data Environment

vendor-managed. *MPI via* ... a black box

corrections

HIE

IDs & events

user-customizable, vendor-hosted. MPI via HIE linkage + deterministic linkage + extensive manual review

Internal performance & care tracking

home-grown PostgreSQL database. *No MPI. previously linked via commercial probabilistic linkage software, temporarily via hierarchical, fuzzy, deterministic match*

retrospective me hospital claims

> cross-sector integrated data



Our HIE

Hospitals









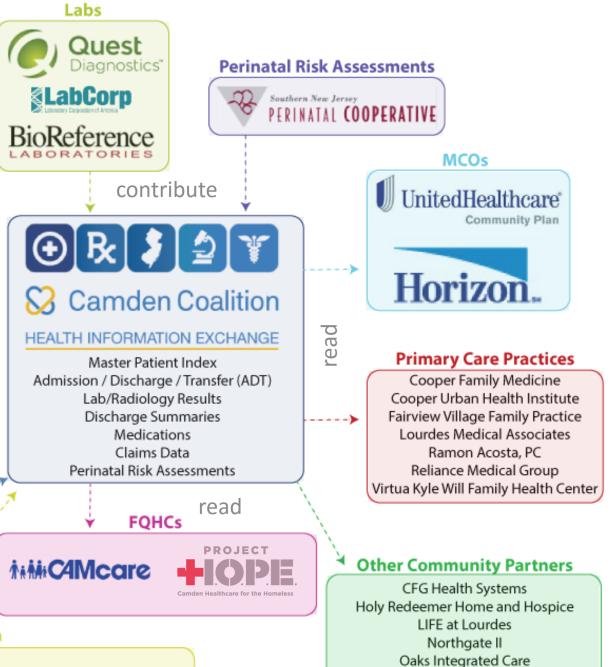


contribute Camden Coalition d Healthcare Provide

Claims Data



ead/write



Planned Parenthood

South Jersey Behavioral Health Resources

Cross-sector Integrated Data "System"

Existing Data Sharing:

- All-payor hospital claims from 4 regional health systems biannual (plus a 1 time extract from a 5th)
- 2) State Medicaid Claims monthly
- Camden Police Department no fixed schedule (arrest, call-for-service, & overdose)
- Camden City School District no fixed schedule (enrollment, truancy, absenteeism, & suspension data)
- 4) Camden County Jail (booking & release) monthly
- 5) NJ State Prison (booking & release) bi-monthly
- 6) property data (citywide vacancy survey) one time

In Discussion:

- 1) Homelessness Management Information System
- 2) State Mortality Records

Integrated Identifiers	Hospital Claims	State Medicaid	School District	Police Arrest	Sate Prison	County Jail	HMIS	Death Cert.
First Name								
Middle Name								
Last Name								
Name Suffix								
Alias								
Date of Birth								
Date of Birth Alias								
Date of Death								
Gender								
Race and/or Ethnicity								
Street Address								
Zip Code								
City								
State								
County								
SSN								
MRN								
Federal Bureau of Prisons #								
State Bureau of ID #								
State/Local Bureau of Criminal ID #								
Inmate ID								
Family ID								
Family Members								

Why an MP12

- To resolve existing data dis-integration (linkage) & prevent future data dis-integration (data management)
- So that we can correctly identify & characterize patients for appropriate & coordinated care, accurate quality metrics, and research?



Some data are undecidably ambiguous. (What about twins?) New data require unstable IDs. Data entry is only partially controllable. Data entry isn't the only source of error.

vs Build?

- 1. How soon? How fast?
- 2. How expensive?
 - (\$ + training + staff-hours)
- 3. How flexible & stable?
- 4. How interoperable?
- 5. How accountable?

5 guestions for any Vendor:

- 1. Can I get ALL of my data back?
- 2. How do you do it?
- 3. Who can I talk to...

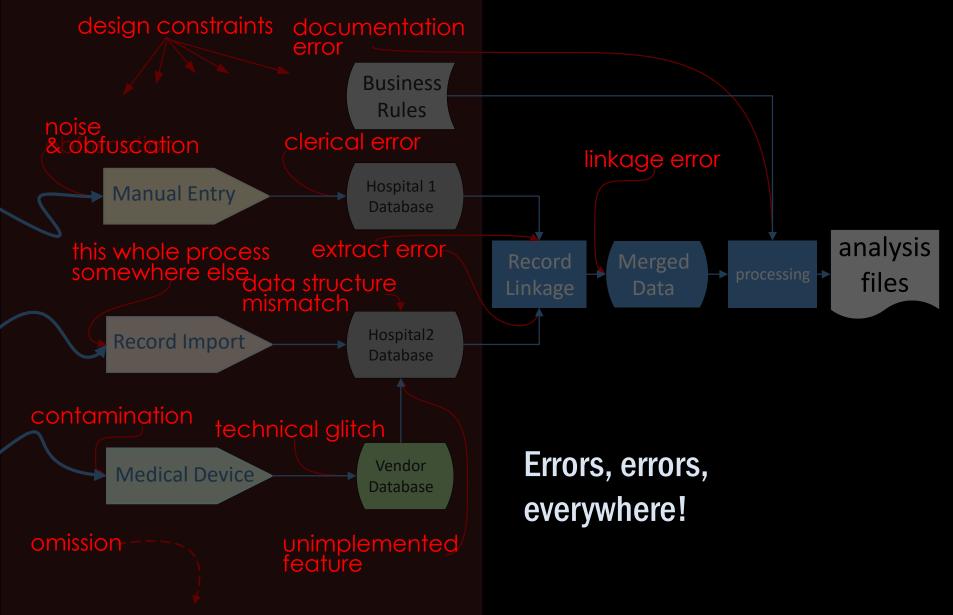
outside of sales and marketing?

- 4. How responsive is tech support?
- 5. Can you flag records by linkage quality?

A Real	hospital	mrn	dob	last	first	mid	ssn
(extreme) Case	W	1	06/03/1965	SMITH			296 1 4 6 4 1 1
		2		HIGHSMITH	SIMON		296146511
		3		RUIZ	BEN		296 1 1 6 5 1 1
		4			SIMON		296146411
	х	5			BENN	N	296 1 4 6 5 1 0
		J			SYMON	IN	290140510
		6	06/20/1965	SMITH	LARRY		296 1 <mark>3</mark> 6 5 <mark>5</mark> 5
	Y	7			BEN		296 1 <mark>3</mark> 6 <mark>8</mark> 4 4
		,		RUIZ	DEN	L	296 1 4 6 5 1 <mark>0</mark>
		8		NOIZ	SYMON		296 1 4 5 6 1 <mark>0</mark>
		9			STINGI		296 1 <mark>7 5</mark> 5 <mark>6</mark> 1
		10	06/20/1966	SMITH		N	296 1 4 6 5 1 <mark>0</mark>
		11			LARRY	IN	296 1 <mark>3</mark> 6 5 <mark>5</mark> 5
		10					296 1 4 <mark>5 8</mark> 8 8
		12	06/30/1966		JAMES		296 1 4 6 4 1 1
	Z	13		RUIZ	BEN		296 1 4 <mark>5 5 6 0</mark>
		14					296 1 <mark>7</mark> 6 4 1 1
							296 1 <mark>7</mark> 6 5 1 1
		13					
		14	06/20/1965		LARRY	J	296 1 4 6 5 1 1
		15	16		SIMON		296146411
							296 1 4 6 4 1 5
		16		RUIZ-SMITH	LARRY	Ν	296146411
		10		SMITH			296 9 8 6 <mark>8</mark> 4 3
		15	06/30/1965	RUIZ	SIMON		296 1 4 6 4 1 1

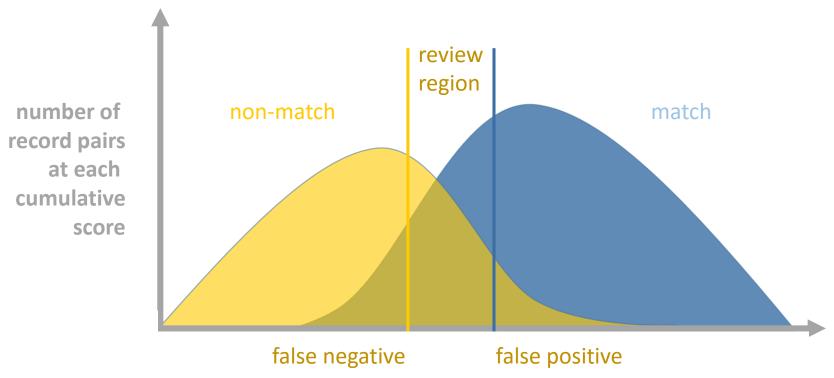
Data Production (out of your hands)

Data Manipulation



MRN	SSN	First name Last name Date of birth	
2	296146511	WILLIAM HIGHSMITH 6/20/1965	
14	296146511	LARRY RUIZ 6/20/1965	
14	296176411	JOHN RUIZ 6/20/1965	
14	296176411	JOHN RUIZ 6/20/1965	
5	296146510	JON RUIZ 6/20/1965	
5	296146510	WILYAM RUIZ 6/20/1965	
16	296986843	LARRY SMITH 6/20/1965	
16	296146411	LARRY RUIZ-SMITH 6/20/1965	
16	296146411	LARRY SMITH 6/20/1965	
12	296146411	JAMES RUIZ 6/20/1966	
15	296146411	WILLIAM RUIZ 6/30/1965	
15	296146411	WILLIAM RUIZ 6/20/1966	
15	296146415	WILLIAM RUIZ 6/20/1967	

Deterministic linkage groups together records that are equal on subsets of identifier fields

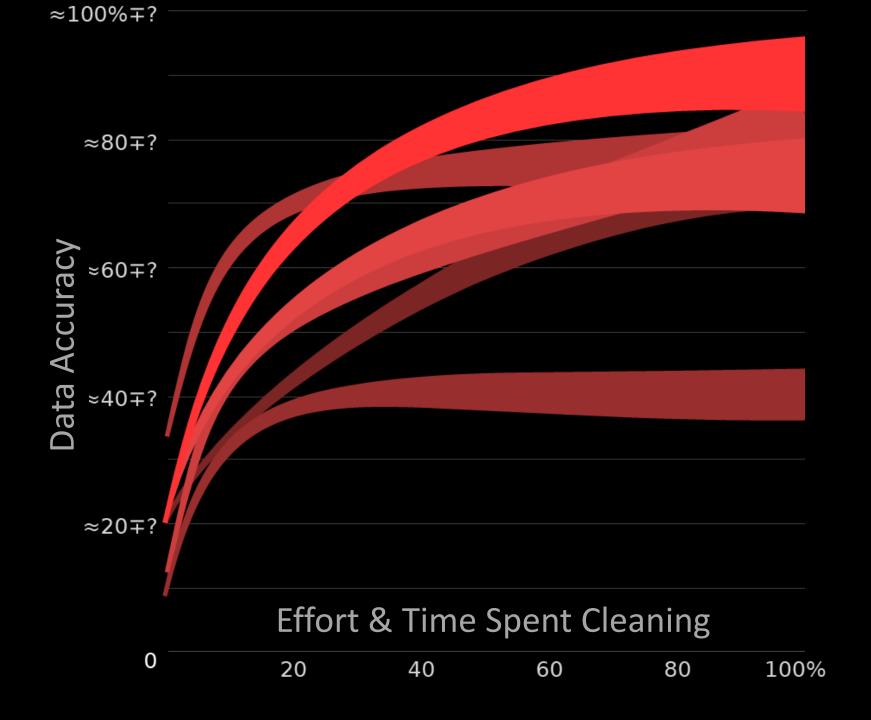


sum of field scores for a given record pair

Probabilistic linkage calculates a total score for two records to determine how likely it is that both refer to the same individual. The total score is the sum of scores generated by the comparison of individually weighted fields.

Bursting the Linkage Bubble

- 1. Probabilistic is better *when assumptions hold*
- 2. Linkage success depends on geography, ethnicity, poverty, and other health-correlated variables.
- String comparators make a bigger difference than other tweaks to linkage methods
- ~80% of the effort and improvement is not even in the linkage method, it's in data cleaning and preparation, but you can over-clean *and* under-clean!



What else would you like to discuss?

Name parsing

Twins

String comparators

Phonetic algorithms

SSN's

probabilistic linkage software

Etc.!

using graph databases to manage linking data

request process for external data

Other data cleaning processes, terms & issues



Patient Records Matching Overcoming the largest obstacle to health information exchange: One HIE's story

Daniel Chavez, Executive Director San Diego Health Connect



The SDHC mission



Our Mission To connect healthcare stakeholders to deliver quality, comprehensive information for better care.

When every individual's health information is securely available to their doctors when and where they need it:

- Doctors can provide better, more informed care.
- Duplication of tests and procedure decreases.
- Costs go down.







Trusted health information exchange...

Is built on technical interoperability Uses document standards to achieve functional interoperability

Is enabled by semantic interoperability

HL7 FHIR ISO

SAN

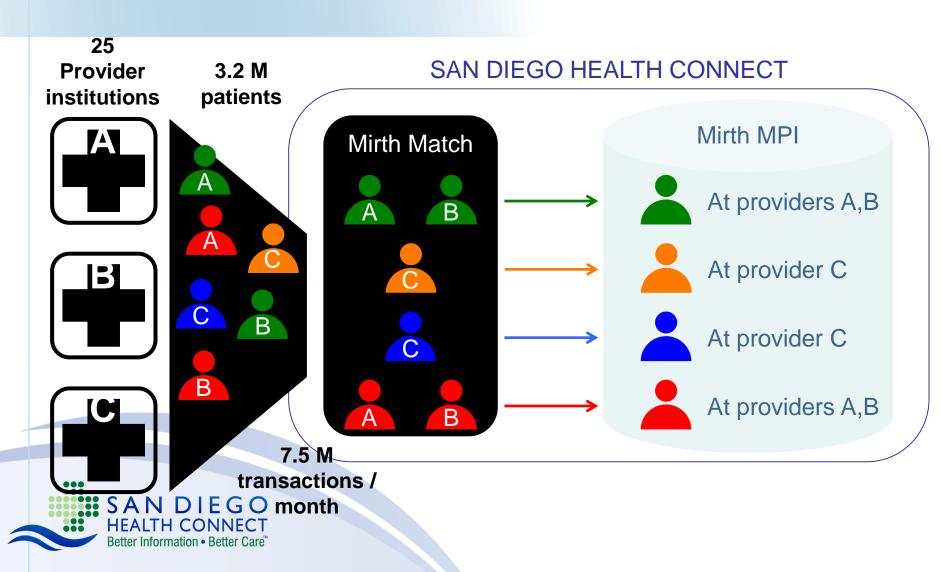
Setter Information • Better Care

CCR SNOMED DICOM LOINC

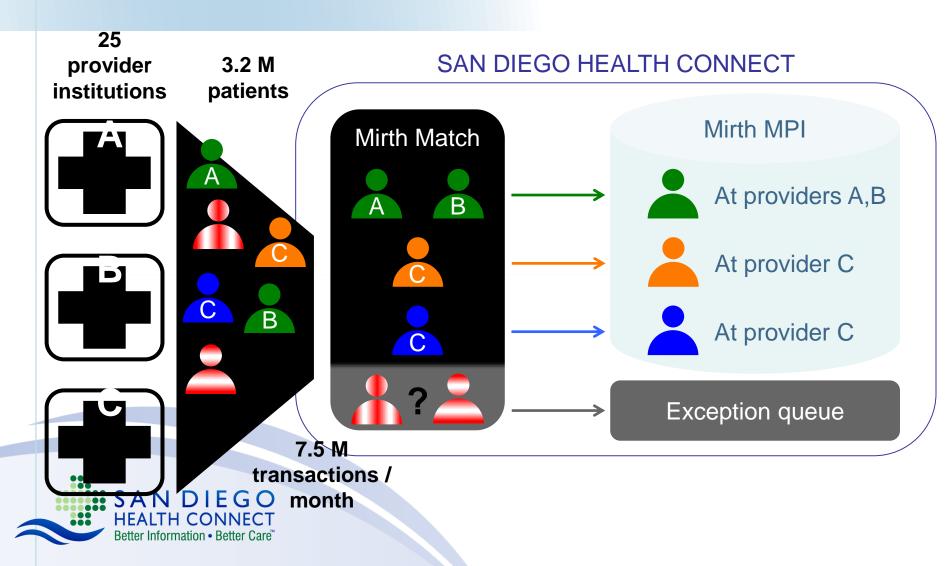
NCPDP RxNorm CPT ICD-9/10

Patient Matching: No false positives Minimal false negatives

SDHC uses an MPI as a record locator service



When records do not match, records ended up in an "Exception queue"



Our working group decided we needed a better way to match records



4 1 Total members

1 3 Different organizations

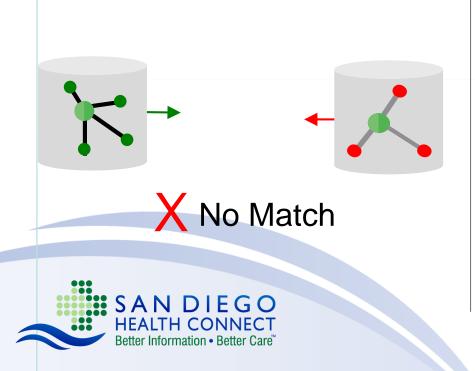
Meetings per month

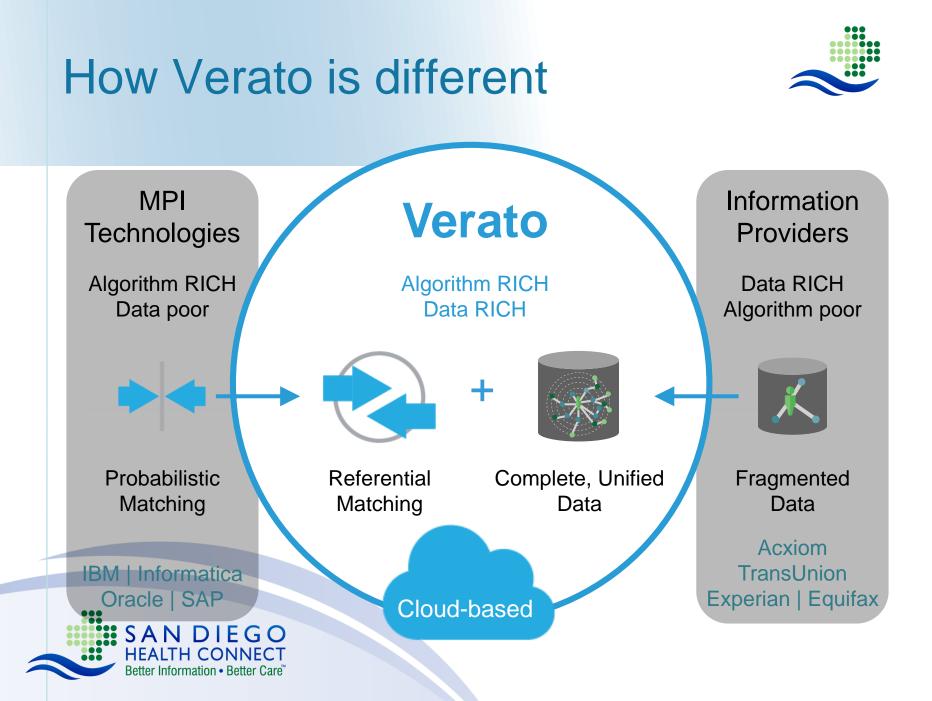


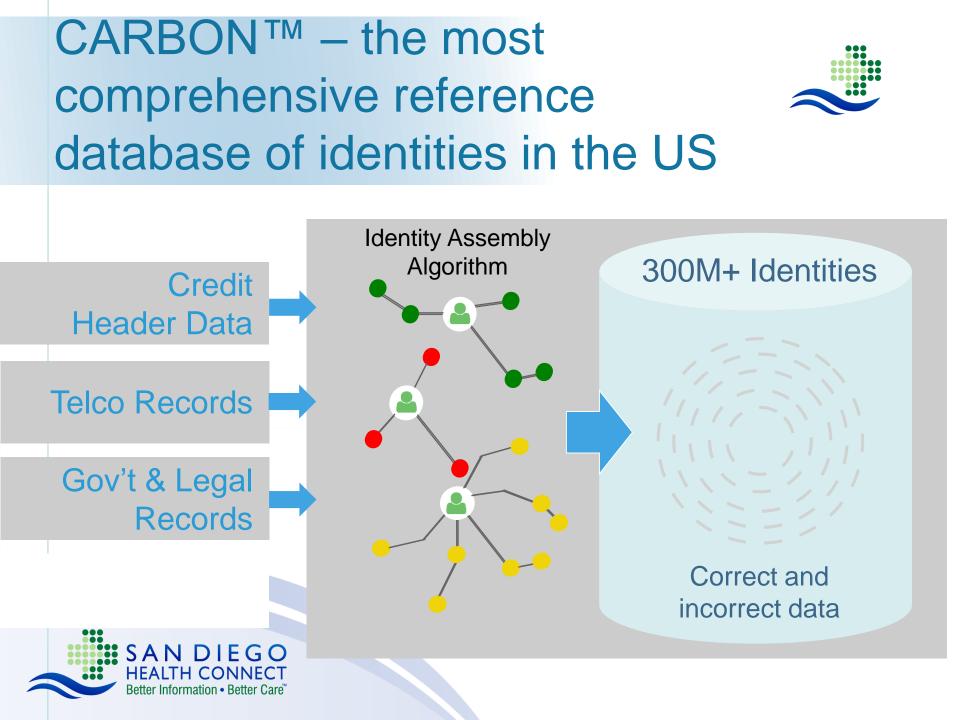
Referential matching is a revolutionary new way to match patient records

MPI matching (deterministic or probabilistic) can't see through different or bad identity data Referential matching works despite different or bad identity data

Match

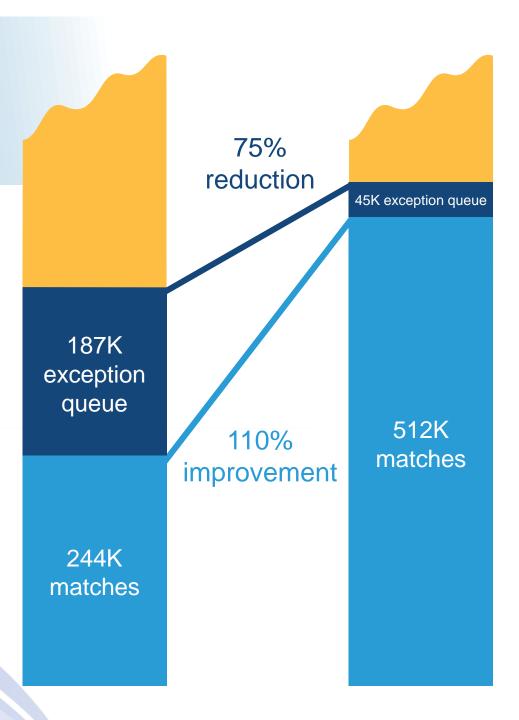






In total, SDHC increased the number of matches in its MPI by 110%





Futures – Improve edge case matching



Incorporate relationship data in ADTs



Pediatrics: add twins identifiers to patient data model at institutions



Develop twin inference algorithm for newborns to support twin analysis for adults



Futures – Accommodating varying data governance models

Understanding an organization's identity data governance model



Demonstrating proof for non-obvious matches while maximizing privacy

3

Accommodating variations in transport protocols



Futures – Connect the Community



ConnectWellSD

Connect · Collaborate · Empower





Connecting All for Better Health & Wellness

COMMUNITY INFORMATION EXCHANGE

 \bigcirc

SÀN DIEGO









"Better is possible. It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it takes a willingness to try."

Atul Gawande



Questions?







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- Contact information for speakers
 - Stephen Singer, <u>stephen@camdenhealth.org</u>
 - Dan Chavez, <u>dchavez@sdhealthconnect.org</u>
- Evaluation
- A resource list, slides, and recording will be available

