

## **Conference Call 5/30/01**

### ***Workload Reports and User Pops***

Monthly seems a reasonable frequency to run these reports. Patricia and Karen reported there are large discrepancies in the latest runs of the 99 User Pops and these need to be investigated. She has spot checked FY2000 Workload data; some numbers look okay, but others do not (e.g., PIMC missing some data). Phoenix is willing to re-export both workload and patient registration data. We need to make a decision about whether we can do this or not.

Barbara Vanek, Connie Ryan, and Mike Everett can be asked to look at the data (workload FY2000). We suspect workload itself is not the problem; it is more with patient reg data. Patricia thinks we could release the workload data but not the user pops.

We plan to meet Friday to decide whether FY99 and FY2000 User Pops are accurate enough (within 3-5%) for us to use without a re-export of registration data from all Areas. We also will look at Registration data export and processing to identify the improvements that need to be made to it for use in the new data warehouse. If the FY99 and FY2000 User Pops are not accurate enough to use, if the problems are primarily with the registration data, as suspected, and if improvements can be made quickly enough to be ready within a month or two, then we will probably reprogram the registration processes before re-exporting registration data. If the improvements would take longer than this and a re-export with existing systems would likely make the data accurate enough to use, then we would proceed with a re-export using existing systems. On Friday we will discuss and see if we have sufficient information to make these decisions.

### ***Unduplication***

Karen has produced a questionnaire that progresses from most to least restrictive matching parameters to allow us to decide the specifics on what logic to apply. She has distributed it to a small group for pre-examination and input before it goes to a larger group. She needs input from the group ASAP so she can get it out to the larger group of Stat Officers on 6/1 with target return by 6/7. From those responses she hopes to identify patterns and define a "gold standard" which she will then use to design an initial unduplication algorithm for national use. Karen will be on vacation on 6/13-25 and Stan needs her preliminary results before she leaves.

Karen is also looking at the recently run FY99 user pops and doing some frequency analyses on issues (Indian coding, missing SSN, etc.).

She will provide info on Validy software to Rus and Stan with a recommendation on whether or not ITSC should purchase a license. She also provided an article on Premera BCBS, a Northwest healthcare service contractor, who uses this software successfully to handle duplication of records.

## ***NPIRS Access***

Connectivity: Debra and Patricia have full SAS connectivity with tools; Roger has DB2 Tools, but not SAS connectivity. We will ask Juan to get Roger and Patricia bound to database. We only need to get documented procedures in place to start getting other people set up with DB2/SAS Connect– Joan will help Karen with this documentation.

Access and Use Criteria: This document has been submitted to Mike Everett, Mike Cobb, Bill Tibbits, Stan Griffith. After their review and input, it will be distributed to the DQA Team and any others selected by the reviewer identified above. Document Timeline: Initial group input submitted to Debra ASAP so the document can be distributed to the larger group by end of next week (6/7). Input from the larger group to Debra targeted by 6/20 so she can get the criteria implemented by 6/25 to allow access to the initial group beyond the Team – the Area Stat Officers and IHS National Epidemiology Program..

## ***Data Warehouse***

The team will consist of Rus (Lead), Stan, Stephanie, Joan, Karen Carver, Joe Herrera, Mike Gomez, Danny Macias, Steve Cary(IBM), Betsy Miller (IBM), Brian Sheff (SAS).

SAS/IBM Meeting: This afternoon meeting with SAS and IBM will be focused on determining our overall strategy and how efforts will be coordinated.

IBM Contract: The scope for the next IBM task order has been prepared and will go to IBM in the next couple of days, with expected closure by mid to late next week.

Re-export: Stan and Lori will coordinate a separate re-export of PCC visit data for the pilot that will not adversely affect the regular export process. Lori will work with IHS RPMS staff, e.g., Carl Gervais and George Huggins, to ensure that this special re-export will not interfere with regular production exports. We want to re-export some CHS exports, but, since we may not need all three CHS, we might focus on just the CHS FI files. We will also need a separate export for those sites that don't use the FI. We need to meet with Mary Ramsey, FI office, to determine what fields we get and need, etc. As we work on the warehouse, we'll also try to simplify this CHS export process. We are now looking at re-export data from 1997 to present for the pilot warehouse.

The re-export process for pilot will use a version of the PCC visit export program which may be similar to but not exactly match either the current production export program or the upcoming patch. Although the newest production export, Patch 5, will have a patient identifier and many, if not all the other changes we will need in this re-export, it will likely not be fully tested and distributed in time to use for the pilot. Therefore we will need a special export program and will hope to be able to re-synchronize the special and production exports into Patch 6, the one we will likely use to populate the later, complete rather than the pilot implementation of the data warehouse. Re-export roles: Stan and Lori will head the PCC visit export program. George Huggins and Carl Gervais will be asked to work with patient registration program export based on decisions at our planned Friday meeting.

In the pilot's PCC visit and registration re-exports, we must attend to three situations:

- We must demonstrate the ability to handle modified fields without messing up the regular exports, perhaps by looking at the edit dates. We need to see how the data warehouse handles modified records (e.g., different provider code, another record sent in response to a rejected record, additional information added, revised clinic code, etc.). Some modified records will need to come as part of the same export so warehouse will have to identify modified records from regular exported records.
- We must handle two parallel processes -- the regular PCC visit export and our re-export using our special PCC visit export for the pilot. (We would like to use the anticipated re-export of registration data for both the pilot and production.) IBM recommends that re-export go to a separate directory. This will be a special pilot export program by Lori with appropriate header information to identify it as a re-export. We need to have a unique identifier on visits.
- We need to keep historical patient registration data to support linking to incoming historical visit data.

### ***Documentation***

User Pop input being inserted to document; target for completion is end of this week. Workload document input is coming in. Minor workload start next week. Lori has finished an initial document on PCC export logic – Stan will distribute it to the team as soon as he reviews it to make sure it is as anticipated.

### ***Coordination***

Stan will be making a presentation to the IHLC at their next meeting scheduled for Wednesday, 6/27. The Area Stat Officers completed their handling of the high priority issues on the Data Issues Log, posted to the DQA Team website.