

Accessing Data in the NDW

An excerpt from a message to a colleague

IHS has developed a new, state-of-the-art National Data Warehouse system for NPIRS. One of its key objectives is to provide IHS programs and organizational units access to the data they need to better manage their programs.

A lot of the federal government and certainly HQ IT work is migrating to outsourced contracts. NPIRS is a part of this transition. Because essentially all NPIRS services are contracted, the mechanisms and support it can and will provide programs and organizational units to access data in NPIRS/NDW is reasonably well defined. It can be summarized as follows:

- Programs and organizational units will be able to directly access data in a General Data Mart via an IHS network interface, without special proprietary software requirements. In this instance, as in the ones that follow, programs will have to obtain authorization to access these data from the system owner (currently Dr. Richard Church, Director, Office of Public Health Support). For programs that have or can obtain access to an individual who is highly skilled and experienced in the use of SAS, SPSS, Epi Info, or a similar analytical program, this may be its best approach. The Office of Program Statistics and the Diabetes and Epidemiology Programs plan to access data in this manner.
- Alternatively, if you can specifically define the data you would like to analyze further, the NPIRS contractor can perform a "data dump" for you and provide you the raw data on some appropriate media. If this work would take less than 2 days total of the contractor's time, it can be scheduled and performed by them, without your program having to provide additional funding. The Cancer Program is employing this method for one of its projects.
- If the work you require from the contractor would require more than 2 days effort (that is more likely to be the case [but not necessarily] if you would need them to assist you to explore and define your data requirements, provide more wide-ranging assistance to you as you analyze the data, perform actual analysis and reporting on the data for you, etc.), then you would need to fund a task order so that the contractor can perform this work for you. In this case, we are committed to your having a number of competitive sources among which to choose. You could alternatively provide funding to our NPIRS contractor, to the Phoenix Area ORYX Program, to SAS Institute, or others to assist you with this work. You might also want to contact other IHS programs, for example, the Epidemiology Program or the Office of Program Statistics, OPH, to see if they could provide assistance in data analysis. The Diabetes Program is currently pursuing this method.
- Finally, if you envision this as an ongoing project that will require repeated and various uses of these data, you may want to explore developing a formal data mart, either on your own, or better yet, in collaboration with another program. The contracting/funding methods I mentioned in the preceding bullet could all potentially work for this. The Diabetes, Cancer, Urban Program and Public Health Nursing Programs are pursuing this course.

Because of how we (OIT) have designed this new system, programs and organizational units will have many options for accessing these data. We have built the infrastructure that will make these data available for your use, to allow you to derive the information you need to allow you to better manage individual patients, local facilities, regional and national programs. Of course, turning these data into that kind of useful information will require that each of you devote some of your resources, too, to the effort - funds, staff, and/or time.