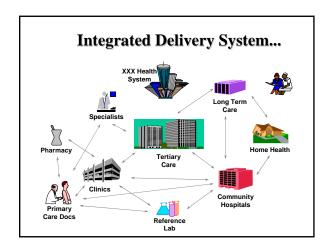
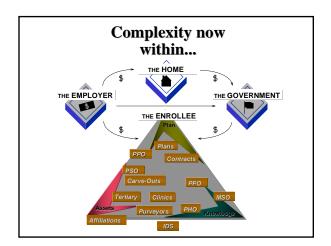
Health Enterprise Computing and Patient Identification

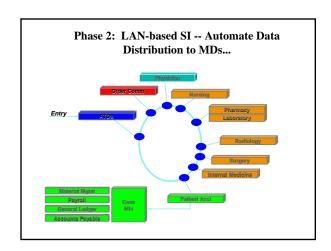
6.872/HST.950
Peter Szolovits
(some content from David Margulies)

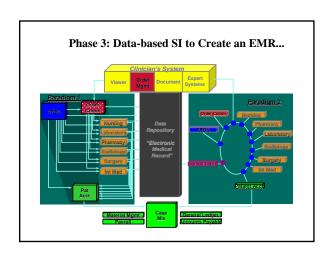


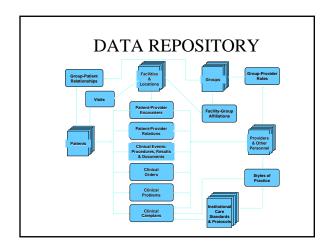


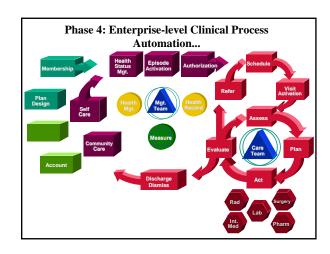
Context: Evolution of Clinical Computing...

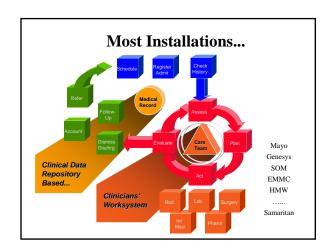
- Focus evolved from automating AR process in hospitals, to LAN-based SI of departmental systems, to enterprise clinical computing, toward region- and system-level process automation
- Changing healthcare organizational models and economic models ---> changing clinical computing priorities and designs

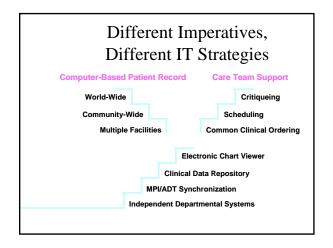


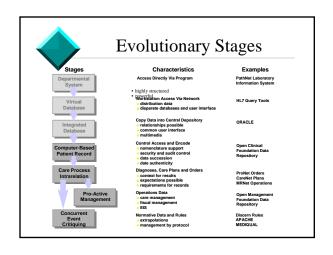


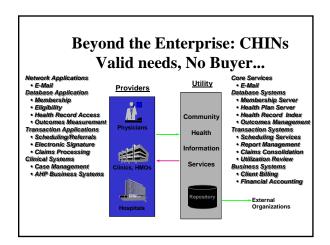




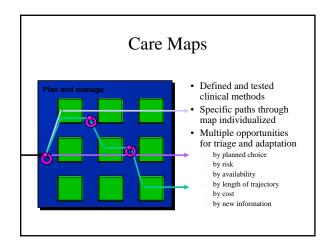


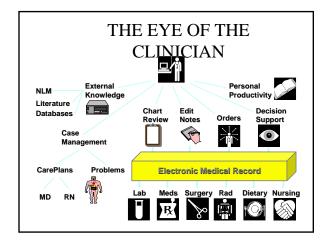


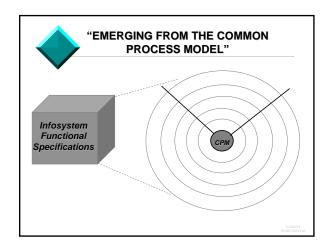


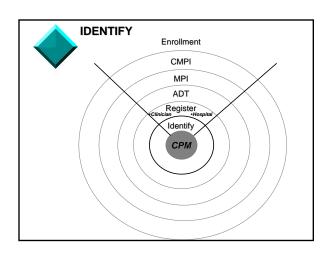


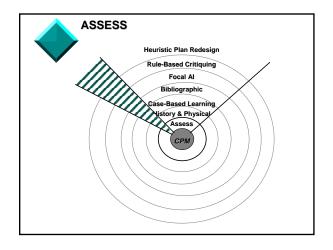
Community Health Information Needs Output O

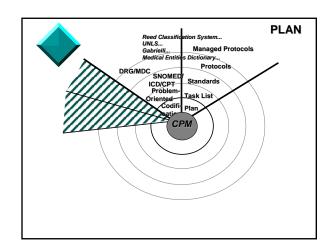


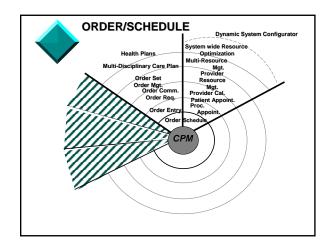


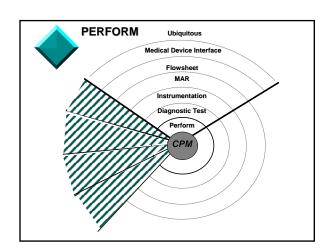


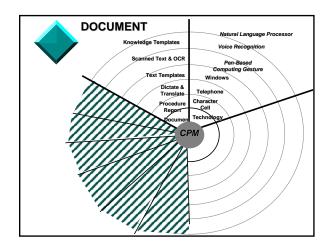


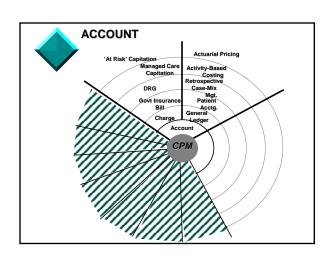


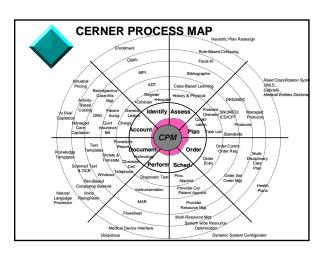


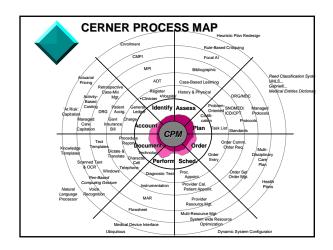


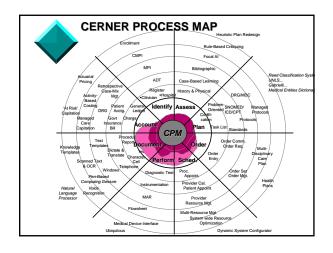


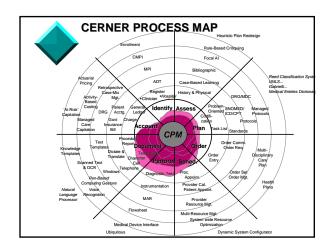


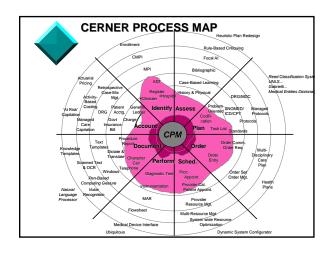


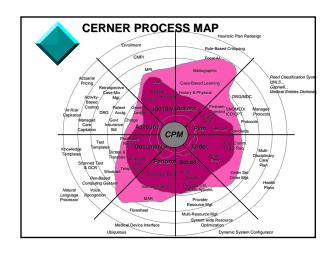


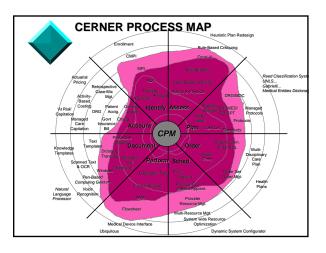


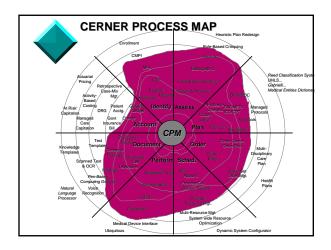


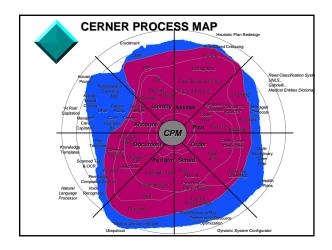












Summary...

- Diverse organizational models
- Healthcare IT emphasis moving from enterprise to health system focus
- Increased emphasis on patient's role and MD risk
- An open, net-based commerce model fits in all organizational models

Definition...

• Definition:

- "Net-based clinical commerce" is the ability for patients, physicians, and other buyers of healthcare products and services to arrange, track, and pay for services, purchase healthcare commodity products from an electronic exchange, and manage health records on the Internet.

Context: Evolution of Commerce on the Internet...

- · Commerce-enabled Web
 - banking
 - retail
- Extensive use in healthcare
 - research
 - communication
- Toward Clinical Commerce!!

Healthcare Commerce Entry Barriers

- Consumers purchase health *processes*
- Processes are ongoing with multiple points of contact with the provider
- Payment is by assignment of entitlement
- Payer exerts significant control over choice
- Payer exerts significant control over care
- Some goods and services require license

Patient Identification



Patient Identification

- Example: Partners Health Care EMPI (Enterprise Master Patient Index)
 - Lisa Adragna, J AHIMA 1998 Oct;69(9):46-8, 50, 52
- Probabilistic Models for Matching

Partners EMPI Goals

- (Context) Partners Healthcare is affiliation of Brigham and Women's, Mass. General, North-Shore Medical Center, Dana-Farber Cancer Institute, Spaulding Rehab, McLean, Partners Community Healthcare, ..., formed in 1994.
- Eliminate need to renumber existing systems by creating Partners-wide unique ID
- · Foundation for Clinical Data Repository
- Minimally invasive to current operations
- Rapid installation

Partners EMPI Scope

- Medical record "crosswalk" across Partners
 - Local medical record numbers linked to Partners-wide ID
- · Back-end, real-time, one-way interface
 - No modifications to existing systems
- Automated tools for identifying and resolving duplicates
 - No human intervention at "run time"

Partners EMPI Matching

- Three methods of lookup:
 - Last and First names
 - First name, Date of Birth and Gender
 - Social Security Number
- If no matches, create new EMPI number
- If exact match on all known features (above), then link to existing EMPI entry
- If multiple possible matches, create new entry and flag as potential duplicate; *manual intervention*

Partners EMPI Experience (1997)

- 1M records entered from BWH & MGH
- 170,000 pair of records identified as potential duplicates
- 80% of new registrations match a unique EMPI entry; ~1800/day
- Sites made 3308 "within-entity" merges
- EMPI Admin staff (3 FTE) resolved over 200,000 potential duplicates.

Models of Patient Matching

- Ad hoc methods are weak, and difficult to improve
- Motivational observation:
 - Two records that share the last name
 Kowalczyk are more likely to refer to the same
 individual than two that share the name Smith.

Computing posterior odds of a match

- O(match/obs) = O(match)L(obs/match)
- O(match)=1/N
- $L(obs/match) = P(obs/match)/P(obs/\sim match)$
- P(Smith,Smith|*match*) = P(Smith)
- $P(Smith,Smith|\sim match) = P(Smith)^2$
- L(Smith,Smith)=.01006/.01006^2=99.4
- L(Kowalczyk,K...)=1/.00001=100,000

Multiple evidence accumulates

- Smith has same Soundex code as Smyth
- L partially matches Liz
- Same street address number, street name
- Ave. vs. Blvd.
- Different phone numbers
- ..
- Assume conditional independence

Soundex

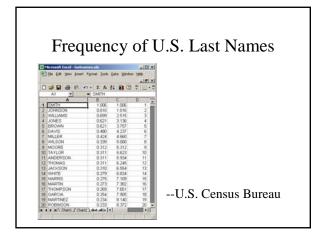
- Developed in 1800's to represent phonetic similarity of names
 - E.g., Smith →S-530; Smyth →S-530
- Rules:
 - 1 B, F, P, V
- 2 C, G, J, K, Q, S, X, Z
- 3 D, T
- 4 L
- 5 M, N
- 6 R
- $-\,$ Disregard the letters A, E, I, O, U, H, W, and Y.
- Special rules for doubled consonants, prefixes, ...

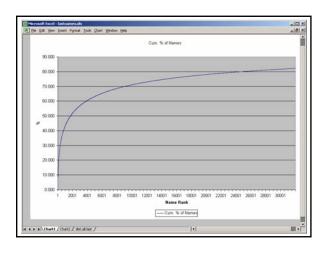
Soundex examples

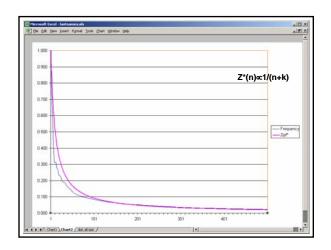
Szolovits	S-413
Beethoven	B-315
Smyth	S-530
Kowalczyk	K-422

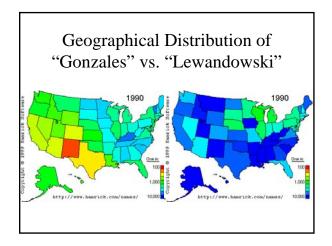
Typing/Transcription Error Model

- Consider probabilities of
 - Insertion
 - Deletion
 - Transposition
 - (Mutation) varies with key layout
- Compute "distance" between mismatched features
- Same idea in BLAST









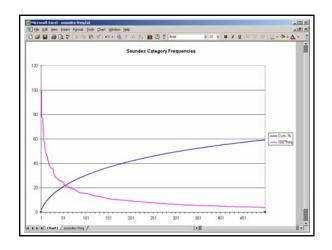
A Theory for Record Linkage

- Fellegi IP, Sunter AB. *J. Am. Stat. Assn.* **64**(328):1183-1210. 1969
- Estimate L(*obs/match*) for all possible observations
 - Normally must make independence assumption to factor contributions of different aspects of obs
- Define decision policy
 - P(A+|*obs*), P(A?|*obs*), P(A-|*obs*), sum=1
 - Based on thresholds on L's
- · Yields errors
 - P(A+|~match) or P(A-|match), minimize P(A?)

Blocking Sets

- · Pair-by-pair comparison is expensive
 - E.g., 1M records at Partners → 10^12 comparisons
- Therefore, compare only smaller subgroups
 - E.g., assume first letter of name is never misspelled, as Soundex does
 - E.g., assume Soundex pronunciation code is correct, even if spelling is not
- Increased chance of missing matches, much faster

4234 Soundex Classes 15616 possible			
Smith, Schmidt, Schmitt, Sneed, Schmid, Smoot, Snead, Shumate, Smyth, Sandy, Sand, Santo, Santoyo,	S-530	1.118%	
Johnson, Jenkins, Jensen, Jamison, Jameson, Jansen, Johansen, Janssen,	J-525	0.998%	
Brown, Bryan, Barron, Braun, Byrne, Bruno, Browne, Baron, Barney, Burney	B-650	0.779%	
Jones, James, Johns, Jung, Janes, Jaynes, Jonas, Jenks, Jaimes, Jinks, Jahnke, Johannes, Janik, Janis, Jiang,	J-520	0.775%	



Themes

- Growing levels of integration in health care
- Demand for integration of health IT systems raises challenging problems
- MPI is fundamental for record keeping
- Matching of records critical
 - Good theory, mixed practice
- Flip side: privacy concerns