

PDMP Patient Matching Challenges and Opportunities – Utah's Perspective

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Patient Matching Challenges/Opportunities

- Universal problem
 - *“No single solution to patient matching” – GAO, Jan. 2019 Report to Congress*
- Why the movement toward a patient identifier is only a start
 - “Instead of looking at a national patient identifier as the definitive answer for solving our patient identification issues, we should not lose sight of a pragmatic, multi-faceted approach to improving patient matching—one that relies on a combination of **probabilistic algorithms for connecting identifiers, processes and standards for data capture, biometric and identity verification tools and consumer involvement for managing their demographic information.**” – Dan Cidon*

Patient Matching Efforts in Utah – Beyond PDMP

- Department of Health MPI (DOHMPI)
 - Create a gold-standard MPI by linking different data sources across Utah, Vital Records, Cancer Registry, Controlled Substance Database, All-Payer Claims Database and etc.
- Utah Health Information Network (UHIN) - MPI
 - A REST-ful MPI Service to search patients across Utah's population.
 - Authorized organizations can search using: Name, Gender, DOB, Address, Phone (Home, Work and Mobile) and SSN

Utah's Controlled Substance Database

- Legislatively created 1995
- Collects data on dispensing of Schedule II– V drugs from retail, institutional, and outpatient hospital pharmacies, and in-state/out-of-state mail order pharmacies
- Housed with Division of Occupational and Professional Licensing (DOPL), Department of Commerce
- Current reporting standard: ASAP Version 4.2

Utah's CSD – Data Elements for Patient Matching

- Demographics (PATIENT TABLES)
 - First Name (**required**)
 - Last Name (**required**)
 - DOB (**required**)
 - Address (**required**)
 - City (**required**)
 - Zip-code (**required**)
 - Gender (optional)
 - Middle Name (optional)

Common Demographics Data Elements Issues

- Quality of data elements
 - Missing values
 - Inaccurate values
 - Validity of address fields (address, zip, city)
- Other issues
 - Nicknames
 - Swapped names
 - Abbreviated names, addresses
 - Misspelled names

Existing Methods

- Traditional approaches – Fuzzy Algorithms
- Edit distance methods (Levenshtein, Affine Gap Distance)
 - character-by-character distance between two names
 - Cindy vs Cyndi
- Computationally expensive due to large pair-wise comparisons, for example: 10000 patients, close to 5 million comparisons.
- Other solutions: Proprietary and expensive

Existing Methods

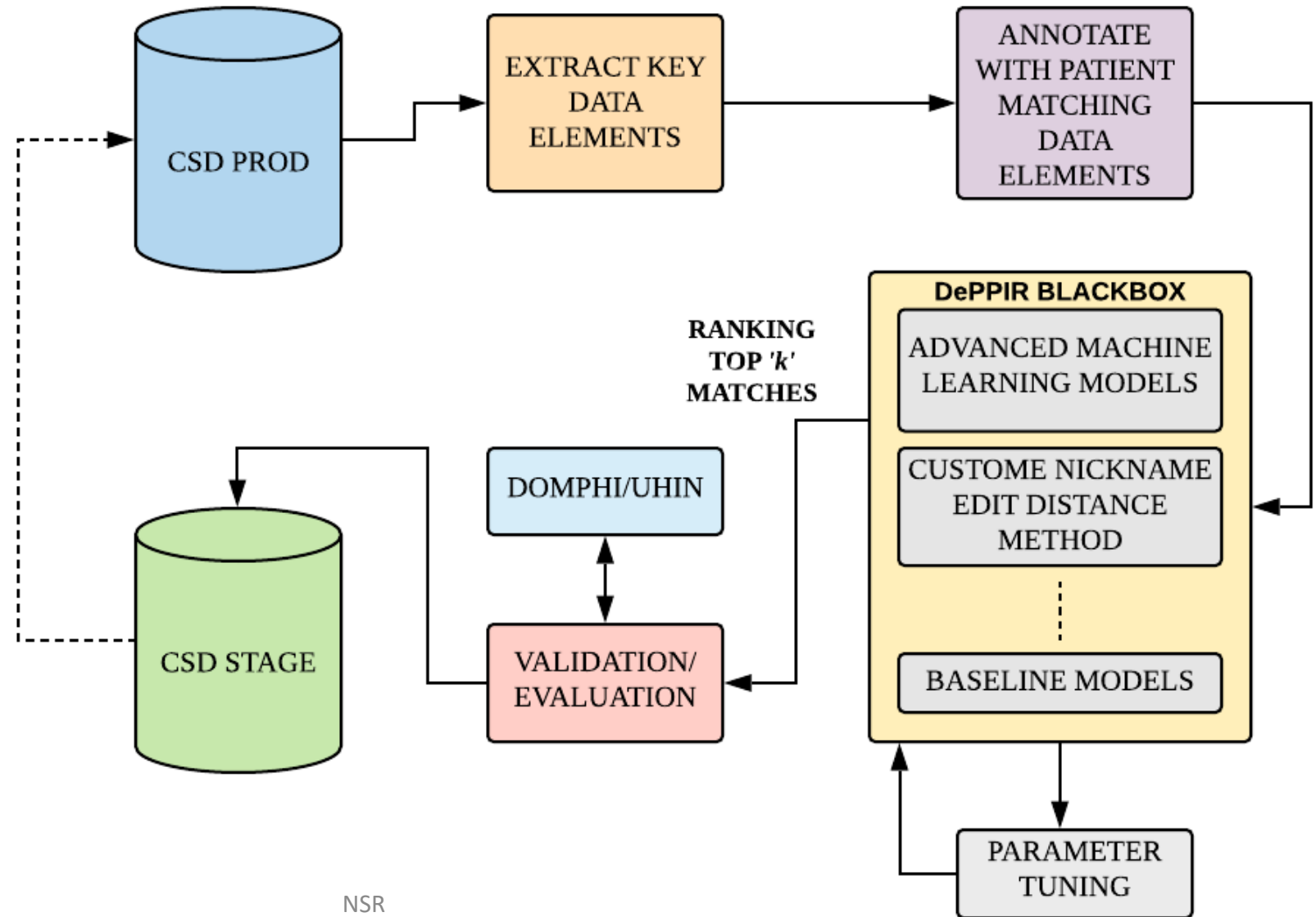
- Dedupe Library
 - Open-source/paid version for advanced user (millions of records)
 - Python based library
 - Segmenting the data using first few characters of firstname/lastname
 - Scalability is still a bottleneck when applying on big-data (or even few million records)

Deep Probabilistic Patient Identity Resolution (DePPIR)

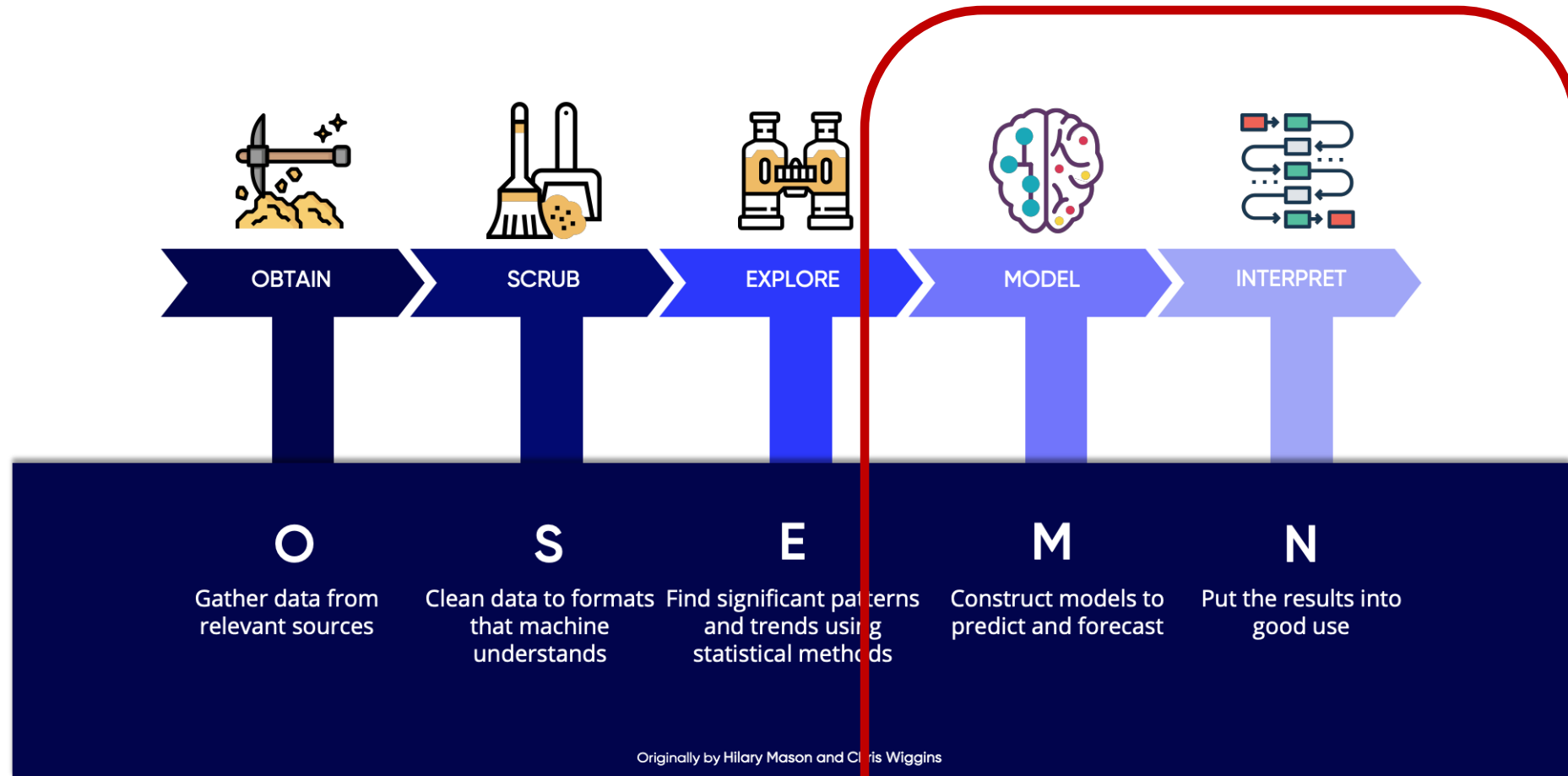
- Patient matching problem as a data science challenge
- Open-source (Python, PySpark/Apache Spark, TensorFlow)
- Supervised Machine Learning based methods and annotated ASAP 4.2 version data model
- Hybrid approaches for blocking data to reduced pair-wise comparison by a significant number

DePPIR – Architecture

- Architecturally Open-sourced supervised learning methods using annotated ASAP 4.2 data elements
- Custom built edit-based method for identifying nicknames
- Outputs probability of match, ranked k best matches



Current Stage – Modeling/Evaluation



Next Steps

- Result Validation/Evaluation
 - UHIN's MPI
 - DOH-MPI
- Explore feasibility of exposing DePPIR as a service (using FHIR standards) for enhancing interstate PDMP Patient Matching
- Standardizing validity checks at the point of data ingestion to increase quality of data thereby increasing quality of matching downstream
 - Specifically for Address/zip/city fields

Summary

- Leverage use of sophisticated technologies (probabilistic theory/statistical methods)
- Reduce human errors, create standardized data capture methods, and validity checks at the point of data ingestion
- Improve matching by including external sources such as biometrics, and Internet of Things (IoT)

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