



Fred Hutchinson Cancer Research Center University of Washington Children's Hospital & Regional Medical Center

Research Access to Clinical Data

BRIITE Conference Fred Hutchinson Cancer Research Center September 11, 2003 Bill Lober, MD University of Washington



Not an Oncologist

- Electrical/Computer Engineering
- Boarded in Emergency Medicine
- Faculty in Biomedical and Health Informatics
 - Public Health Informatics
 - Bioterrorism Surveillance
 - Integration of PH Reporting Systems
 - Clinical Informatics
 - Clinical Data Interfaces for Research Systems
 - "Specialty" clinical and research infrastructure
 - Enterprise CIS @ UW Medicine



Bob's goal

- Look at "IT in an R01 setting"
- How clinical data access is affected by:
 - Funding/Organizational goals
 - Security/Auth/Authz
 - Distribution and dissemination
 - Data representation/management
- Develop a framework to facilitate working group discussions



Bob's questions

- What issues control/limit/promote research use of clinical data?
- Why is it so darn hard to figure out?

 We spend so much \$\$ on these clinical systems, why aren't research apps just the icing on the cake...?



My talk

- Issues in using clinical data
- Organize issues into framework
- Succumb(ed) to pessimism
- Raise difficult issues
 - and then



Issues

- What data?
- What uses for it?
- What is hard?
- Research is different, right?



What data are we talking about?

- Demographics
- Labs
- Structured
- Unstructured...
 - Clinic Notes, Path Reports, Images...



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CLINIC NOTE									
PAIN CENTER									
IDENTIFICATION: Mrs. Doe is a 46-year-old female, previously seen by myself on 7/17/98.									
SUBJECTIVE: The patient has returned complaining of symptoms of menopause and to follow up on her lab examinations. She has been complaining of hot flashes since this summer, as well as increasing irritability and difficulty with sleep.									
OBJECTIVE: Blood pressure 104/80. Pulse 72. Physical examination was deferred, except for pelvic, which shows normal external genitalia, normal vaginal mucosa without lesions. No cervical discharge. A repeat Pap was done.									
LABORATORY DATA: Laboratories done 7/98, Pap was negative, but showed no endocervical cells. Her labs dated 12/14/98, showed FSH of 127, post menopausal is greater than 30 million IU/ml.									

ASSESSMENT/PLAN:

1. I discussed hormone replacement with Mrs. Doe. She has no history of breast cancer and is willing to undergo the slight increase in breast cancer risk. She has no family history or personal history of thromboembolic disease. She is interested in the benefits, including decreasing her symptoms, her cardiovascular benefits, as well as osteoporosis. She understands that she might have some spotting and may require further intervention in the future. We have discussed various modalities and she prefers to be on a continuous Premarin/Provers combination as she has not had a hysterectomy in the past. We will consider cyclic if this is not sufficient in the future.

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U6999999 TS-00-00010 Rodney Alan Schmidt MD PATIENT FUNNY TEST Collected: 24-apr-2000 DOB: 01-apr-1950 Received: 24-apr-2000 Sex: Female ** ** DEMOGRAPHICS DRAWN FROM PATHOLOGY REPORT ** PATIENT: TESTA, PATIENT FUNNY MRN: U69999999 (UWMC) DOB: DoB: Dec 1 1966 SEX: F ***** THIS IS A REVISED OR CORRECTED REPORT **** MATERIALS RECEIVED: Label Consult Accession No Blocks/Slides Description A UF-00-33 OB,OS			
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NEUROPATHOLOGICAL DIAGNOSIS:			
This report was amended for demographic reasons. No change was made to the diagnosis on 1/1/2001.			
Demographic Correction Amended Report Electronically signed 01/11/2001 In compliance with HCFA regulations, the pathologist's signature on this report indicates that the case has been personally reviewed, and the diagnosis made or confirmed by, the Attending Pathologist. NEUROPATHOLOGY ACCESSION NUMBER:			
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What uses does it have?

- Identify Patients
- Link Patients
- Outcomes Data
- Treatment Data
- Enrollment
- Patient Care?



What is difficult?

- Data Access
- Privacy
- Data Model
- Meaning
- Timeliness
- Linking research results



Research is different, right?

- Timeliness of data
- Patient identified data



Timeliness

- No
 - Retrospective analysis
- Yes
 - Patient Enrollment
 - Experiment/Lab Management Systems



Patient Identification

- No
 - De-identified specimens
- Yes
 - Short term linkages to integrate data
 - Link across studies, across lifetimes
 - Familial studies
 - Re-identify tissue from banks?
 - … just how good an identifier is DNA…?



Research Systems are different, right?

- Purpose built
- Small user community



Built for the right purpose?

- Clinical Systems
 - Origins in financial accounting/billing
 - Episodes based on billable encounters
 - Track patients across episodes/sites (hard)
- Research Systems
 - Organize data from experiments/studies
 - Episodes based on funded studies
 - Track patients across studies (hard)



Purpose: Research Only?

- Research systems
 - Clinical uses?
 - Clinician/Researchers
 - Disease Specific Views
 - Diabetes system
 - Research Group Information Systems
 - GI Path





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Patient Age:	years				
Birth Place:	City State Country				
Marital Status: Never Married Married Widow(er) Separated Divorced 					
Race:	White C Ashkenazi Jew C Black C Asian C Hispanic C Other				
Height:	feet inches (OR cm)				
Current Weight:	lbs (OR kg)				
Weight Prior to Pancreatic Cancer:	lbs (OR kg)				
Education:	Grade School ○ Junior School ○ High School ○ Technical ○ College				
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Tobacco Type and Amount:					
Alcohol:	Never drink O Drink less than 1 drink/day O Drink approximately one drink/day O Drink 2 or more drinks/day O Former Drinker Number of Drinks				
Coffee:	● Never Drink coffee ○ 1 cup or less/day ○ 2-5 cups/day ○ 6 or more cups/day				
Type of Coffee:	Regular O Decaffeinated O Espresso			-	
Done		🔒 🥑 Internet		11.	

Clinical Data in Research Systems

- Avoid double entry
- Link with clinical system for updates
- Links back to clinical system?
- Patient self reported data
 - Common in clinical research
 - Soon in lab research?



Patient self reported data

- Biomedical research
 - Cells and molecules
 - Test tubes and culture dishes
- People:
 - Large aggregates of cells
 - Capable of answering questionnaires
 - Contributing "clinical data" to research





🚰 Cancer Quality of Life Surve	ey - Microsoft Internet Explor	er				<u>- 0 ×</u>
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	*U. number	6999999	Visit Number			
	First Name	Smith				
	Last Name	John				
	Patient's Age	55	GENDER	emale ofemale		
		Today's D	ate: September 11, 20	03		
			BEGIN 🛃			

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Quality of Life Survey

DEMO VERSION (database entries will not be saved)

What is this project all about?

We are developing better and more efficient ways to provide care to our patients. We are asking you to answer a quality of life/symptom questionnaire on this computer. We will go over this information with you when you are done and use it to plan ongoing care for you while you are receiving treatment.

We are also asking your permission to put your answers to the questions into a research database. The next screen will give you information you will need to decide if you give your permission for your answers to be used in the research database. If you do not want your answers to appear in the research database, your answers will only be in the clinical care database.





Quality of Life Survey

DEMO VERSION (database entries will not be saved)

How the database works?

Your answers will be electronically recorded in a secure clinical database that is used for your ongoing care. The computer will graph your answers. The nurse or doctor will go over this graph with you and then it will be placed in your radiation care notebook.

We would also like to use your answers in a secure research database. If you give permission, we will electronically record your answers in the research database. Your answers will be grouped with those of other patients with cancer. We hope that the results of this project will help us better care for patients with a diagnosis of cancer. Your name will not appear in the research database and all other pieces of information that could identify you will be automatically removed from the displayed data.

Are there any risks for this project?

Some people feel that providing information for research is an invasion of privacy. Some of the questions asked on the screen may make you uncomfortable or upset. You don't have to answer every question, just skip past those questions if you wish.



NEXT 🔁





🚈 CancerQoL Report - Microsoft Internet Explorer		
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	09/11/2003	
Bodily Pain -	<u>n</u>	
Activity with Family and Friends -	st end	
Emotional Problems 2 -		
Nausea - Half the time		
Appetite - Force myself		
Insomnia - Regularly	an a	
Pain 2 - Very intense		
Outlook -		
Limiting Activities -	Prive alle	
Overall Health -	Lingerate alle 2 alle Higher	
Breathing -		
Cough -	initial initia	
Fever/Chills -		
Difficulty Doing Daily Work -		
Energy -		
Nausea 2 - Mild		
Pain 1 - Occasionally		
Appearance - Occasionally		
Sexual Activities and Interest - Some		
Emotional Problems 1 -	Responses above (red scale), below (green scale), or on the threshold value (white)	I.
Fatigue - Seldom		
Bowel Pattern - Normal	Patient Name: TESTA, PATIENT Age:	
Concentration - Never	55	•

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Th-

Quality of Life Study

- Research data about a person
- Session response clinically useful
- Population responses are research
- What about longitudinal individual responses?
- Will this type of data be integrated with genome data...



Purpose Built?

- Research systems
 - Clinical uses?
 - Clinician/Researchers
 - Research Lab Management Systems
- Clinical systems use for research
 - Outcomes research
 - Population research



Unique to Research

- Tissue/specimen tracking
- Anonymous patient/specimens
- Distance from patients
- Different device/machine interfaces



Central Questions

How are research and clinical systems the same? Different?

Clinical data should flow to researchers, but are their data that should flow back to clinical systems?



Revisit: What is difficult?

- Data Access
- Privacy
- Data Model
- Meaning
- Timeliness
- Linking research results



Data Access

- Institutional boundaries
- Multiple sites in an organization
 - Technical and organizational barriers
- Multiple sides of an organization



Seattle Cancer Care Alliance

- Fred Hutch
- UW Medicine
 - UW Medical Center
 - School of Medicine
 - Harborview Hospital
 - UW Medicine Neighborhood Clinics (UWPN)
- Children's Hospital
- SELU Clinic Building



Cancer Research Consortium

- Fred Hutch
- UW Medicine
 - UW Medical Center
 - School of Medicine
 - Harborview Hospital
 - UW Medicine Neighborhood Clinics (UWPN)
- Children's Hospital
- SELU Clinic Building
- * Disclaimer: I could be wrong...



Keeping Score

- 2 major cancer organizations
 - large overlap
 - parts of some entities excluded
- 4 Medical Records units (helpful)
- 3 IRBs (reciprocity)
- 3 IT groups (friendly, knowledgable)
- Large herd of Cats (with independent funding!)... (and advanced degrees!)...





Data Access

- Organizational Agreements
 - Intended use
 - Privacy safeguards
 - Security
- But, with whom?



Privacy

- HIPAA Privacy regulations
- Patient Data
 - Protected Health Information
 - De-identified
 - Limited Data Set
- Accounting of Disclosures



Protected Health Information

- Relates to the <u>past</u>, <u>present</u>, <u>or future</u> <u>physical or mental health or condition</u> of an individual; or
- Relates to the provision of health care to an individual; or
- Relates to the <u>past</u>, <u>present</u>, <u>or future</u> <u>payment</u> for the provision of health care</u> to an individual; and
- Identifies the individual; or with respect to which there is a reasonable basis to believe the information can be used to identify the ondividual.

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Limited Data Set requires

- Excluding direct identifiers for patient, relatives, employers, or household members
- Data sharing agreement
 - Establish permitted uses of data
 - Establish recipients of data
 - Establish no use or further disclosure beyond data user agreement
 - Appropriate safeguards, transitive property, etc....



Limited Data Set excludes

- 1) Names;
- 2) Postal address information, other than town or city, State, and zip code;
- 3) Telephone numbers;
- 4) Fax numbers;
- 5) Electronic mail addresses;
- 6) Social security numbers;
- 7) Medical record numbers;
- 8) Health plan beneficiary numbers;
- 9) Account numbers;
- 10) Certificate/license numbers;

- 11) Vehicle identifiers and serial numbers, including license plate numbers;
- 12) Device identifiers and serial numbers;
- 13) Web Universal Resource Locators (URLs);
- 14) Internet Protocol (IP) address numbers;
- 15) Biometric identifiers, including finger and voice prints; and
- 16) Full face photographic images and any comparable images.



De-identified

- 1) all LDS data elements, plus...
- 2) geography smaller than state, or 3 digit zip (if > 20K people)
- 3) all elements of dates except year (birth, admit, d/c, death, and age > 89 yrs.)
- 4) any other unique identifying number, characteristic, or code (sequence data?!)



De-identified

OR – a demonstrated "very small" risk of re-identification by expert using generally accepted methods.

May assign re-identification number

Ref: https://know1.mcis.washington.edu/manuals/amc_privacyPolicy/



Accounting of Disclosures

- Patient has right to receive an accounting of when PHI disclosed outside of
 - Treatment, Payment, or Operations
 - LDS disclosures (data use agreement)



Revisit #2: What is difficult?

- Data Access
- Privacy
- Data Model
- Meaning
- Timeliness
- Linking research results



Data Model

- Common clinical model
 - Visit oriented
 - Patient-centric
- Common research model
 - Study oriented
 - Specimen-centric
 - Subset view of patient



Data Model

- Interesting research data
 - Pedigrees
 - Specimens, incl. anonymous
 - Tumor/Dz registry links
 - Sequences/expression data, etc.
 - Next year's research tests



Missing from Clinical and Research

- Lifetime view
 - + family, population
- Common data model
- Comprehensive view



Different Representations?

- Operational, stable
 - Fixed model
 - Relational tables
 - Event driven
- Adaptable, dynamic
 - Extensible
 - Entity-Attribute-Value model?
 - Graph/Network model?



Master Patient Index

- Clinical
 - Multi-system deterministic matching
 - Multi-institutional, maybe
- Research
 - Multi-institutional
 - Probabilistic matching



Data Integration

- Vendor C "buy from us"
- HL7 messaging
- HL7 RIM
 - eHealth initiative, HL7 EMR ballot
- Distributed Queries/Multiple Schemas
 - Mediated schema
 - PTP discoverable schemas



Meaning

- Syntax
 - Message structure
 - Granularity
 - HL7 Reference Information Model?
- Semantics
 - Vocabularies
 - SNOMED?



Interfacing

- Event Driven
 HL7 messaging
- Query Driven
 - Reporting
 - "Research"



Timeliness

- Real Time
 - "clinical"
- Near Real Time
 BT surveillance
- Research Retrospective Time
 - Study data analysis



Research Time?

- When do researchers care about real time?
 - Patient enrollment
 - Clinical decision making
 - Experiment/lab management systems



Revisit #3: What is difficult?

- Data Access
- Privacy
- Data Model
- Meaning
- Timeliness
- Linking research results



Why? - Structural Challenges

- Centralized support, decentralized activity
- Different needs for overlapping data
- Different meanings of same data
- Different performance issues with aggregate vs. individual queries
- Uniform security and privacy concerns



Approach – Central Services?

- Authentication/Authorization/Auditing
- Master Person Index, De-identification
- Individual/aggregate query support
- Query/Result Annotation
- Extensible, secure storage
- Protocol/Guideline support





