





Implementing a Healthcare Data Warehouse in One Year (or Less)

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Conflict of Interest Disclosure Richard E. Biehl, Ph.D.

- <u>Ownership Interest</u>: Richard is the sole proprietor of Data-Oriented Quality Solutions (DOQS), an IT/Quality consulting practice founded in 1988 and operating out of Orlando, Florida, USA.
- <u>Consulting Fees</u>: Richard earns approximately 15% of his income from consulting engagements that involve the heuristics included in this presentation.
- <u>Other</u>: The heuristics in this presentation can be immediately and directly implemented by attendees. Nothing has been held back that would necessitate engaging DOQS for implementation.





Learning Objectives

- 1. Assemble a small agile team for rapid and focused warehouse implementation
- 2. Identify how to eliminate database and functional dependency project bottlenecks
- 3. Plan a multi-iteration project approach that delivers functionality quarterly
- 4. Diagnose organizational and resource issues that might stand in the way
- 5. Select the most powerful clinical data sources for the initial implementation



Benefits Typically Sought

- Integrated data repository
- New and diverse access paths
- Enhanced data quality
- Early access to complicated data
- Scalable to include more sources
- Semantic pathways into data
- Longitudinal phenotypic data



Teaming & Responsibilities







- Data Warehouse Architect (.5 FTE)
- Business/Data Analysts (1-2 FTE)
- ETL Developers (1-2 FTE)
- Application Developer (.5 FTE)



Support Team (1.5 FTE)

- Project Management (.25 FTE)
- Data Base Administrator (.25 FTE)
- Data Administrators (.25 FTE)
- HL7 Integration Specialist (.25 FTE)
- Business Intelligence Designer (.25 FTE)
- Organizational Change Agent (.25 FTE)



Data Governance Group

- Promote the voice of the customer
- Ensure timely addressing of issues
- Advise owners, stewards, & users
- Enhance the quality of data
- Promote innovative uses for data



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Eliminate Bottlenecks

Analysis			
Data Queries Flow Controls People Goals	Database Design		
	Modeling Storage	ETL Design & Build	
		Maps Extraction Controls Duplicates Missing flows Validation Traceability	Query Design
	Integration Keys Mapping Indexes Partitioning		n Security Privacy es Queries lows Usage n Controls ity



Eliminate Bottlenecks



Strong Functional Dependencies





Standardized ETL Design





Design

ETL Build

Query Design

Linking People, Potential and Progress





Development Iterations

- Alpha Version (end of January)
 - Proof-of-Concept (1st week)
- Beta Version (mid-March)
- Gamma Version (early September)
- Release 1.0 (mid-December)





ALPHA VERSION

- Implements *just* enough to illustrate core capabilities
- Loads small sampling of limited data
- Enables a way to visualize results by actually looking at a core subset
- Allow 3-4 weeks for development



BETA VERSION

- Most of the required functionality
- A lot more data
- Facilitates planning & setup
- A show-and-tell tool for the team, not a self-service tool for users
- Ready about 2-3 months after the Alpha version is complete





GAMMA VERSION

- A functionally complete system
 - typically still lacking much of the data that would need to be loaded in order to consider it production-ready

Key issue: Finalizing HIPAA controls

 Typically ready 3-4 months after the Beta version is completed



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RELEASE 1.0

- Placed into production as a fully functional and secure data warehouse
 - all first release scoped data loaded up to the implementation date, and
 - an operating ETL environment that will keep that scoped data current
- Launch is about a year after the project started



Iterative Parallelism





Diagnose Issues

- Knowledge of source data
- History vs. prospective data
- Access to source data structures
- Data capture & conversion tools
- System time vs. clinical time
- Physical operating environment
- Query performance (memory, indexing)



Select Sources

- Admission-Discharge-Transfer (ADT)
- Diagnoses & Procedures
- Allergy & Problem Data
- Lab Orders & Results
- Medication Orders & Results





Sources to Avoid

- Large text or report sources
 - HIPAA issues
 - Natural language issues
- Overly complex data
 - Allow learning period
 - Anticipatory discussions only





Anticipate Pitfalls

- Difficulty in making the shortened timeframe real to stakeholders
- Extensive lead times on setup of operational environment
- Tendency to defer access and privacy discussions until too late in project
- Window of opportunity needs to be wide open across the organization



Questions?

You are welcome to contact me for additional information at any time:

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Additional questions..... Clinical & Business Intelligence Knowledge Center Today, 11:45a - 12:15p Booth 13247



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