

# Testing Data Completeness – DQe-c

10/13/18

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**NATIONAL CENTER  
FOR DATA TO HEALTH**

# WWAMI region Practice & Research Network



- 60+ Primary care WWAMI clinics
- ~20 data connected clinics
- CHCs and RHCs
- Underserved populations
- Many serving rural populations
- Collaboration with national network of practice based research networks
- Data QUEST represents over 250,000 patients

<https://dataquest.iths.org/>

## Data QUEST

ITHS | Institute of Translational Health Sciences  
Accelerating Research. Improving Health.



Home

Explore Data

Success Stories

About Us

**Data QUEST**, supported by the Institute of Translational Health Sciences, is an electronic health data-sharing architecture across community-based primary care practices in Washington and Idaho.

Data QUEST is designed to provide access to research datasets generated from electronic medical record systems within our primary care community-based practice partner settings to catalyze both regional and national health discoveries.

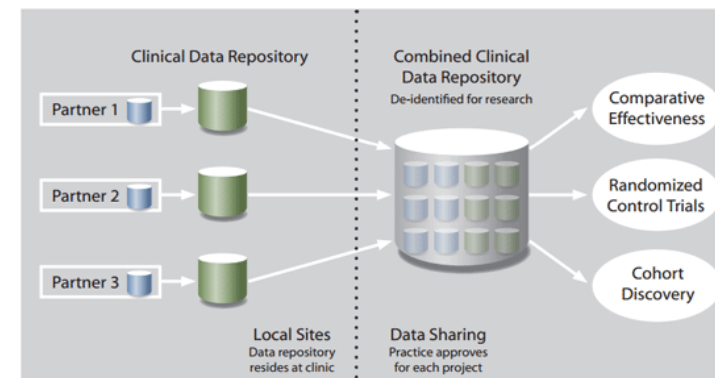
  
Search

### QUICK LINKS

[Browse Data](#)

[Request Data](#)

[Request a Consult](#)



From cohort discovery to clinical trials to comparative effectiveness research, you can use our innovative data-sharing tools to streamline and enhance your next community-based research study.

Our expert team will work with you to determine how to conduct your project with our community-based partners. We also offer technical assistance to help you define datasets to drive your research.

Please click on the Browse Data button to begin browsing the data types and diagnosis categories contained in the Data QUEST data repository to get to know what data are available and if they suit your research needs.

[Browse Data](#)

[Contact Us Today](#)

### Funding Opportunity

Do you have a research question you think could be answered by analyzing primary care electronic medical record data? If so, we can help by underwriting the cost of data extraction as part of our launch.

To be considered for this opportunity, please email a paragraph describing your research question, intended use of the data, and description of your professional role to Gina Keppel ([gakeppel@uw.edu](mailto:gakeppel@uw.edu)).

# Data QUEST supports numerous grants

Across 14 clinical domains

> **17 awarded**

> **Large trials to small training grants for junior investigators**

> **Topics go beyond primary care**

- **Industry**
- **Specialty areas**

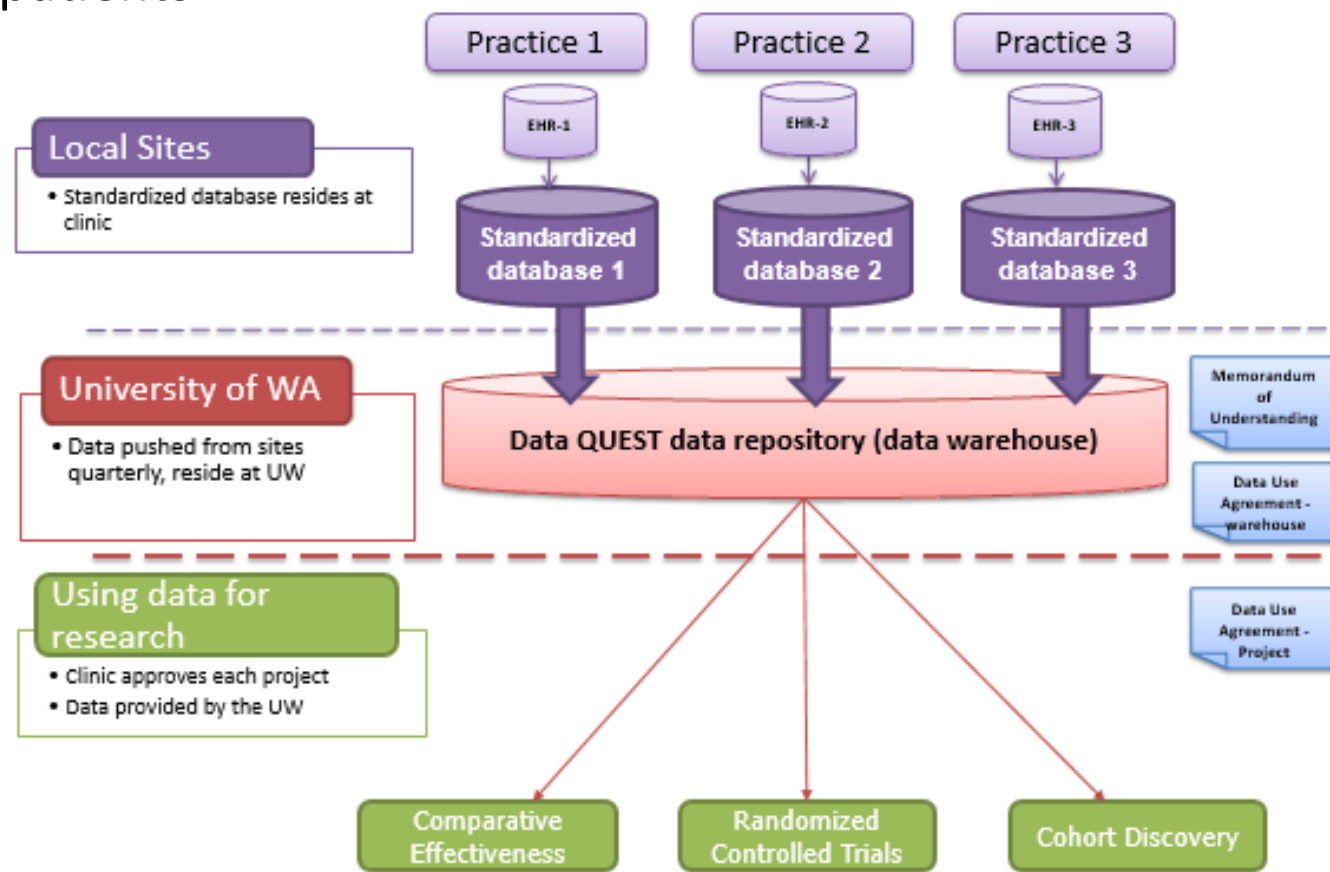
Supporting \$100.4M in funded projects addressing:

- prescription opioid management re-design in primary care
- complex patients with multiple chronic diseases
- smoking cessation
- weight loss
- integrated behavioral health in primary care
- pharmacogenomics
- diabetes prevention
- acute pain
- use of handheld ultrasound scans in primary care
- substance use disorders
- practice transformation
- contraceptive guidelines
- drug safety
- antibiotic prescribing

# Data QUEST

- 20 data-connected clinics in the WPRN
- Represents over 250,000 patients

An electronic health data-sharing architecture across community-based primary care practices in the WPRN

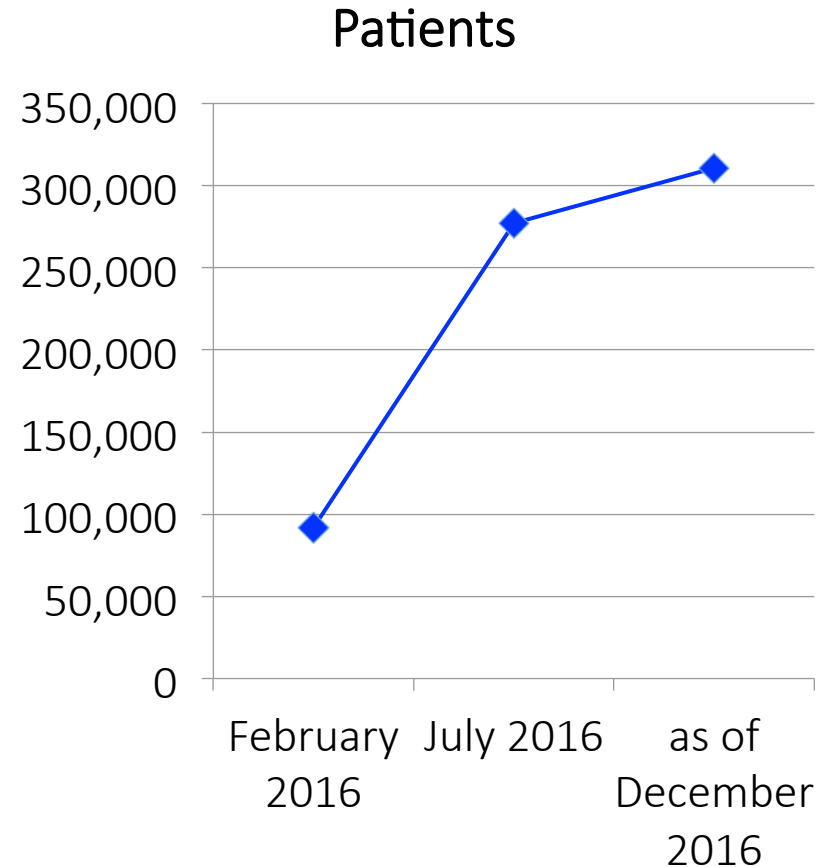


# Current UW-hosted Data QUEST Warehouse Patients

310,604 patients in the person table

- 102,330 (33%) at Organization B
- 45,685 (15%) at Organization C
- 27,577 (9%) at Organization N
- 36,001 (12%) at Organization P
- 99,011 (32%) at Organization Y

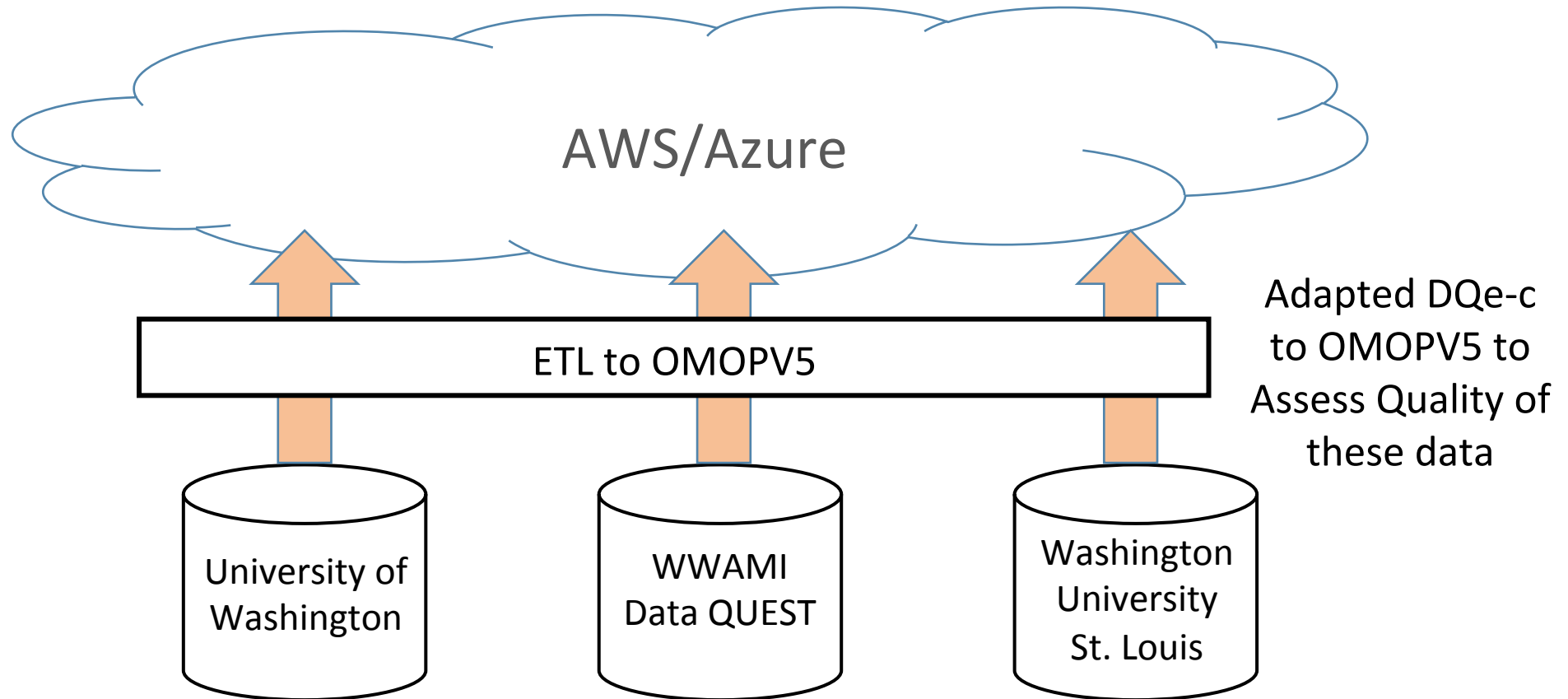
10M encounters



# WPRN data needed quality validation

- DQe-c was developed at the University of Washington by Kari Stephens and Hossein Estiri.
- Needed to test and visualize data completeness in the WWAMI network.
- The first iteration worked with OMOP V4 but was mainly run on the client side (not database side)
- Second iteration was improved by Hossein to work with PCORnet CDM. This version was more efficient in processing.




# CD2H Multisite Data Integration



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# Measuring Data Quality Framework

Operationalizing the framework into: 5 conceptual tests and 17 discrete tests across:

Completeness	
Conformance	
Plausibility	

Kahn et al. (2016). A harmonized data quality assessment terminology and framework for the secondary use of electronic health record data. eGEMS, 4, 1244.

<https://www.ncbi.nlm.nih.gov/pubmed/27713905>

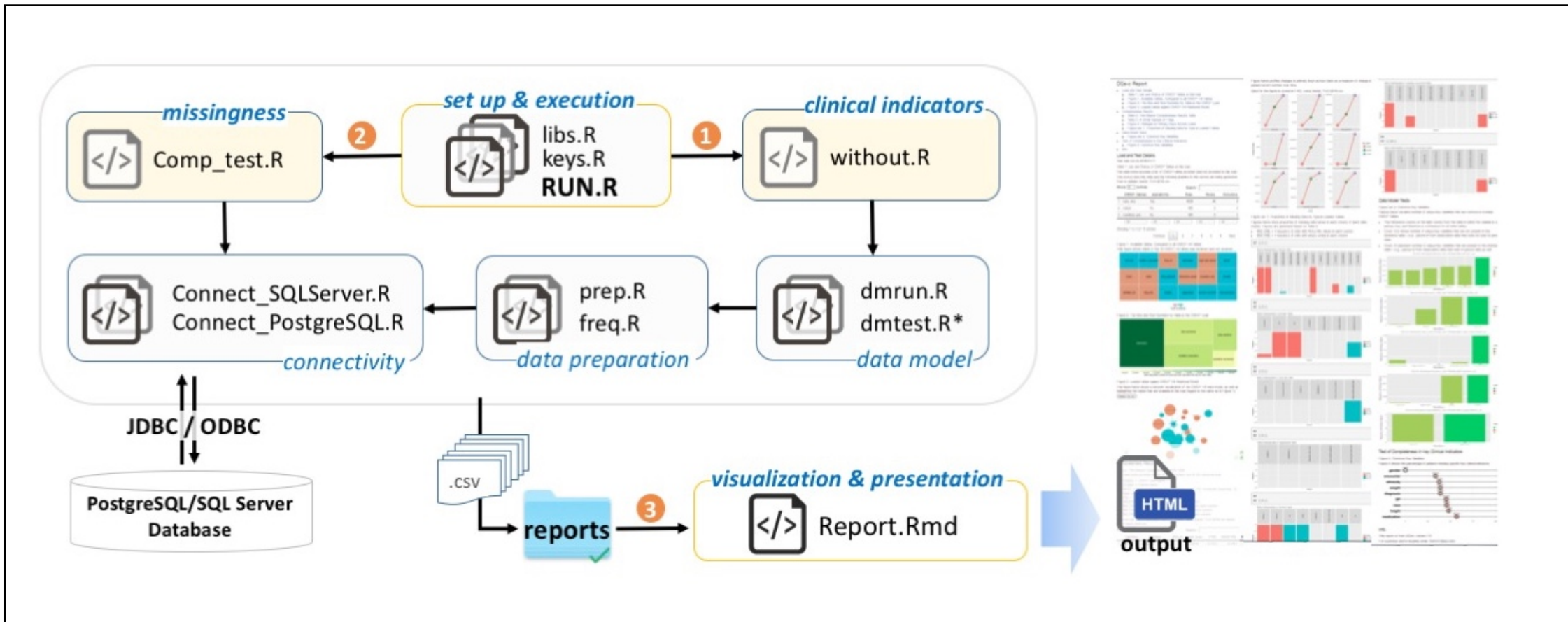


# Data Quality Tests

DQ Framework category	TEST
COMPLETENESS	Number of Tables Received, Number of Observations, Flag Indicator for the table having actual data
COMPLETENESS	GENDER completeness (denominator and proportion with valid data)
COMPLETENESS	Key clinical status completeness (denominator and proportion with valid data): Smoking status, alcohol consumption
COMPLETENESS	VITALS completeness (denominator and proportion with valid data): Height, Weight, SBP, DBP
COMPLETENESS	Cross reference tables that are present in current dataset to expected tables in standard OMOP CDM
COMPLETENESS	Looks for NULL and invalid variable values in each column and visualizes percent missingness
CONFORMANCE	Check that primary and foreign keys relate properly; High Priority: Person_ID, Visit_Occurrence_ID
CONFORMANCE	Checks that orphan don't keys exist (a foreign key is present in a table but no primary key exists in the reference table)
CONFORMANCE	Visualize codes/values entered for DEMOGRAPHICS (Gender, Race, Ethnicity)
PLAUSIBILITY	Comparison of new load to old load (Number of observations, Number of unique patients, Number of tables with rows)
PLAUSIBILITY	Size of tables and rows across the OMOP CDM

# DQe-c Tool

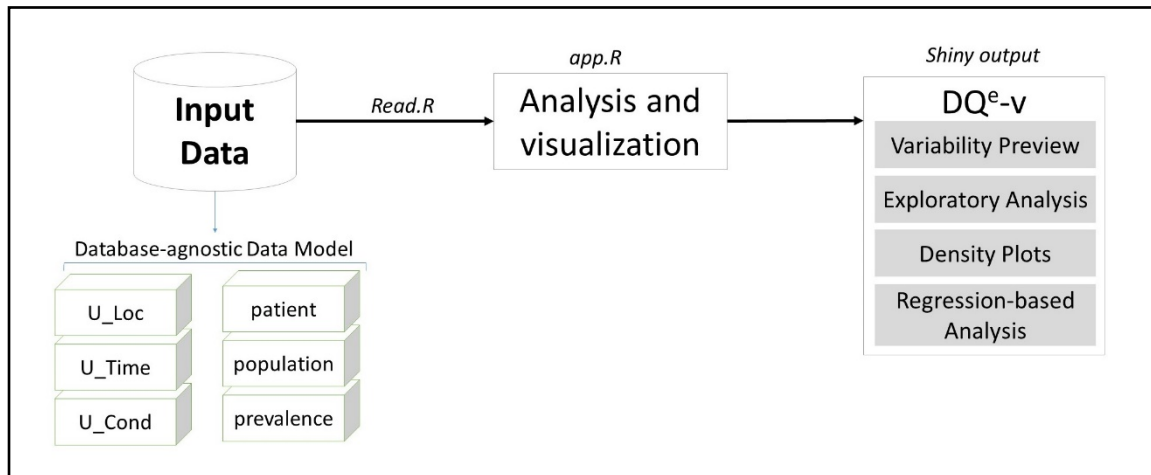
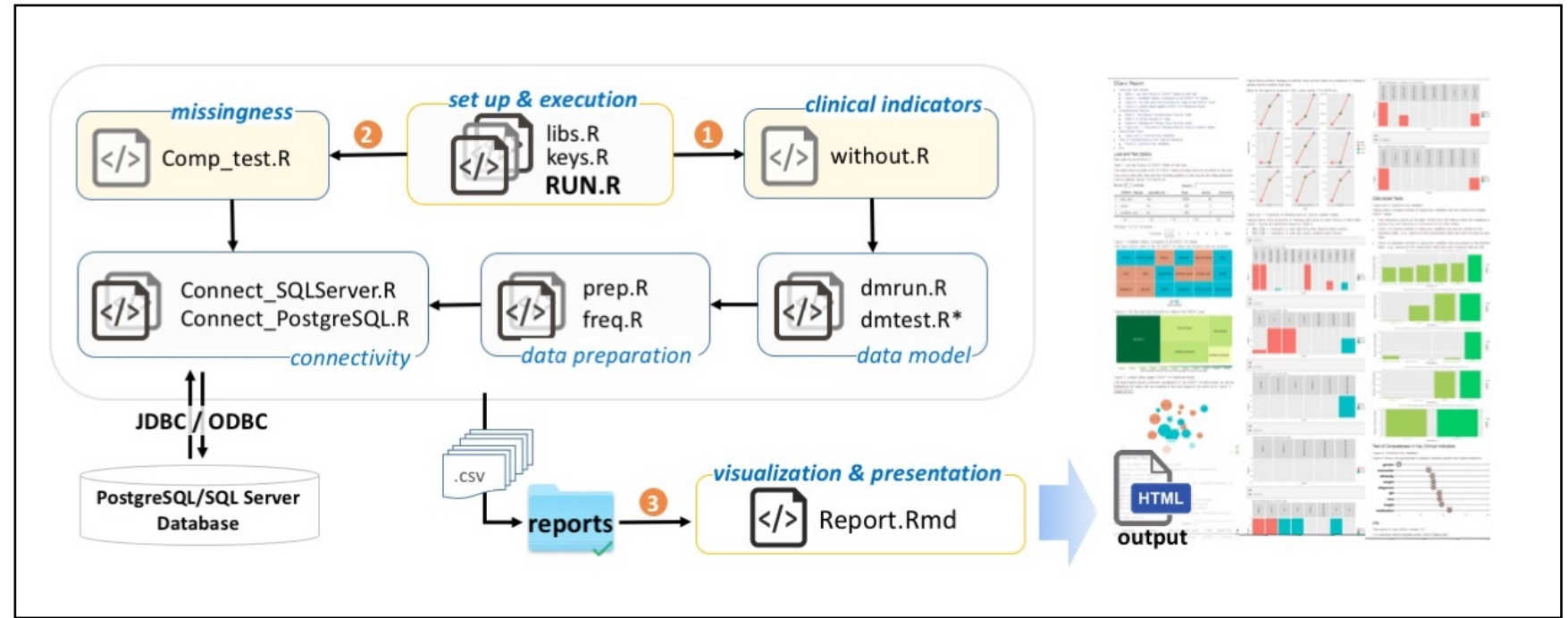
Modular tool developed in R statistical language for assessing **completeness** in EHR data repositories.



# DQe Tool Architecture

## DQe-c

modular tool  
developed in R  
statistical language  
for assessing  
completeness in EHR  
data repositories



## DQe-v

interactive interface  
powered by the shiny  
package version  
0.13.0 in R

# DQe-c Tool

## Clinical Indicators

Checks for common clinical variables and reports percent missing.

Example: What percentage of patients have a blood pressure reading

## Missingness

Checks that all tables in the reference CDM are present, and reports missing tables.

Checks all columns in the CDM and reports the percentage of rows that are missing valid data.

## Data Model

Checks for orphan keys in foreign tables.

## Data Preparation

Gathers necessary data to run calculations.

Builds data frames and reports table and row sizes

## Visualization and Presentation

Builds an HTML report of all the tests

# Operationalizing use of DQe tools for data quality testing

- \* Data QUEST
- \* DARTNet Institute
- \* CD2H



## DQe-c/DQe-v Reports Standard Operating Procedure (SOP)

Version 2      December 2016

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# DQe-c and DQe-v Report Flows

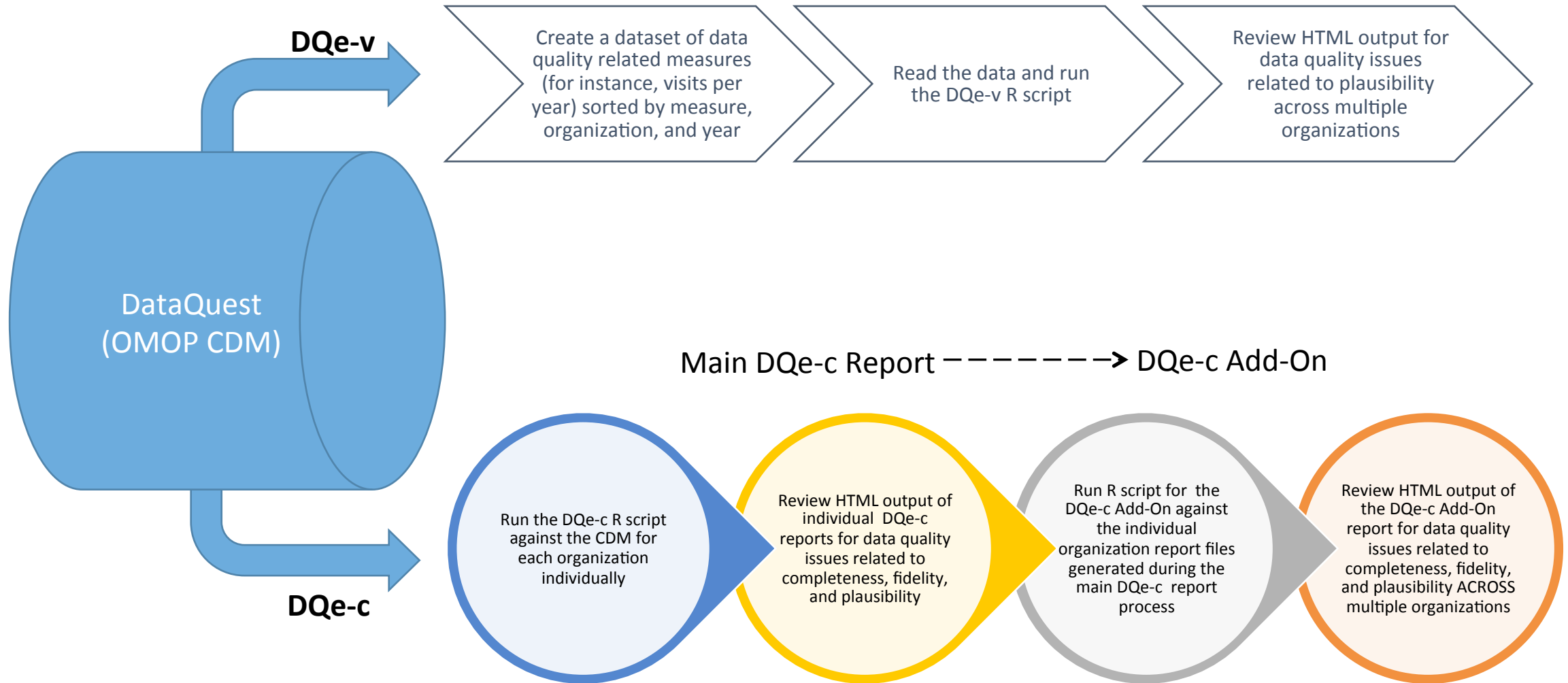


Figure 3. Loaded tables against OMOP V4 Relational Model.

The figure below shows a network visualization of the OMOP V4 data model, as well as highlighting the tables that are available in this load (legend is the same as in Figure 1).

Select by id 

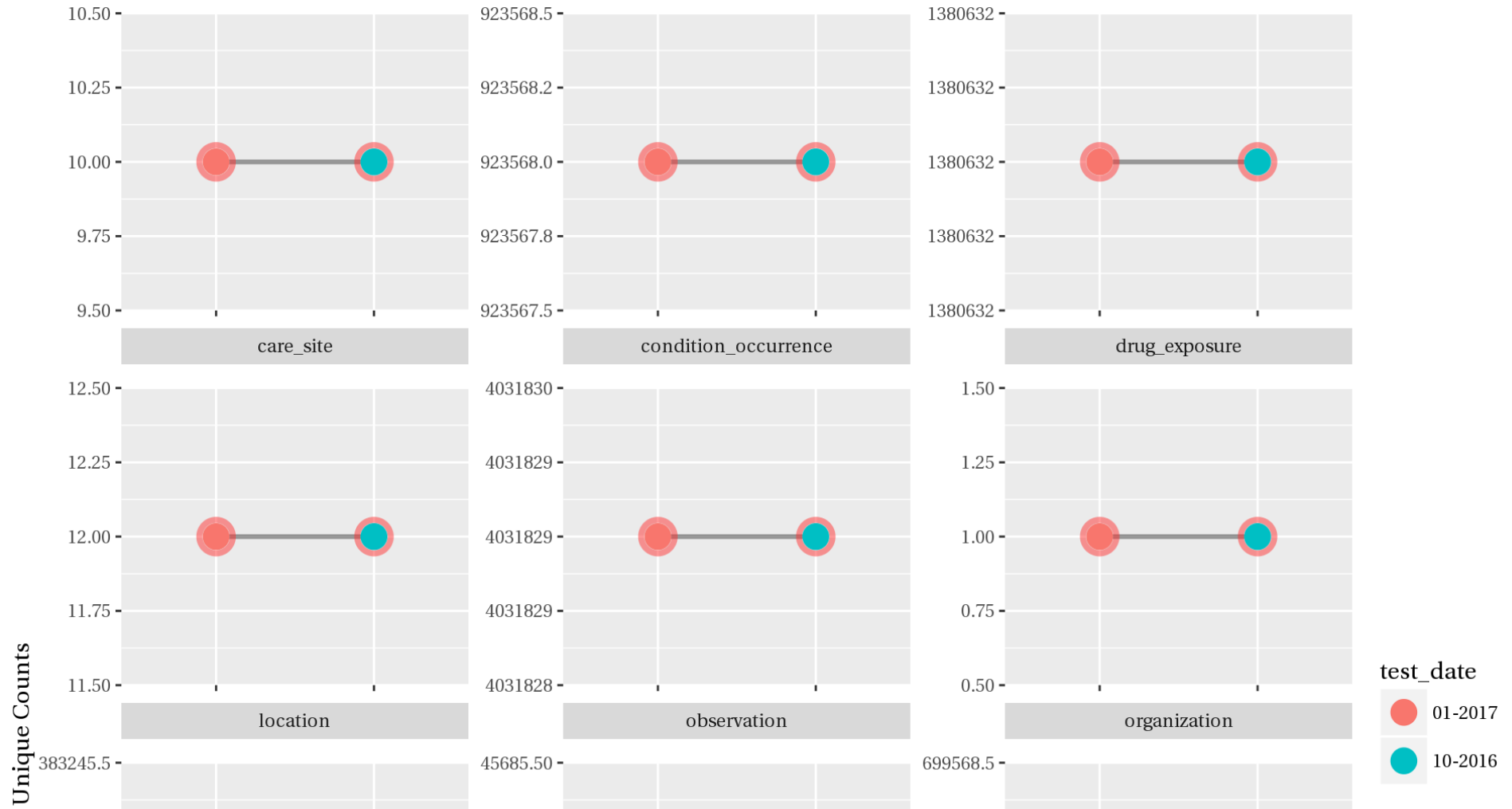
The network's table schemas and key relationships

- Color coated to display “missingness”



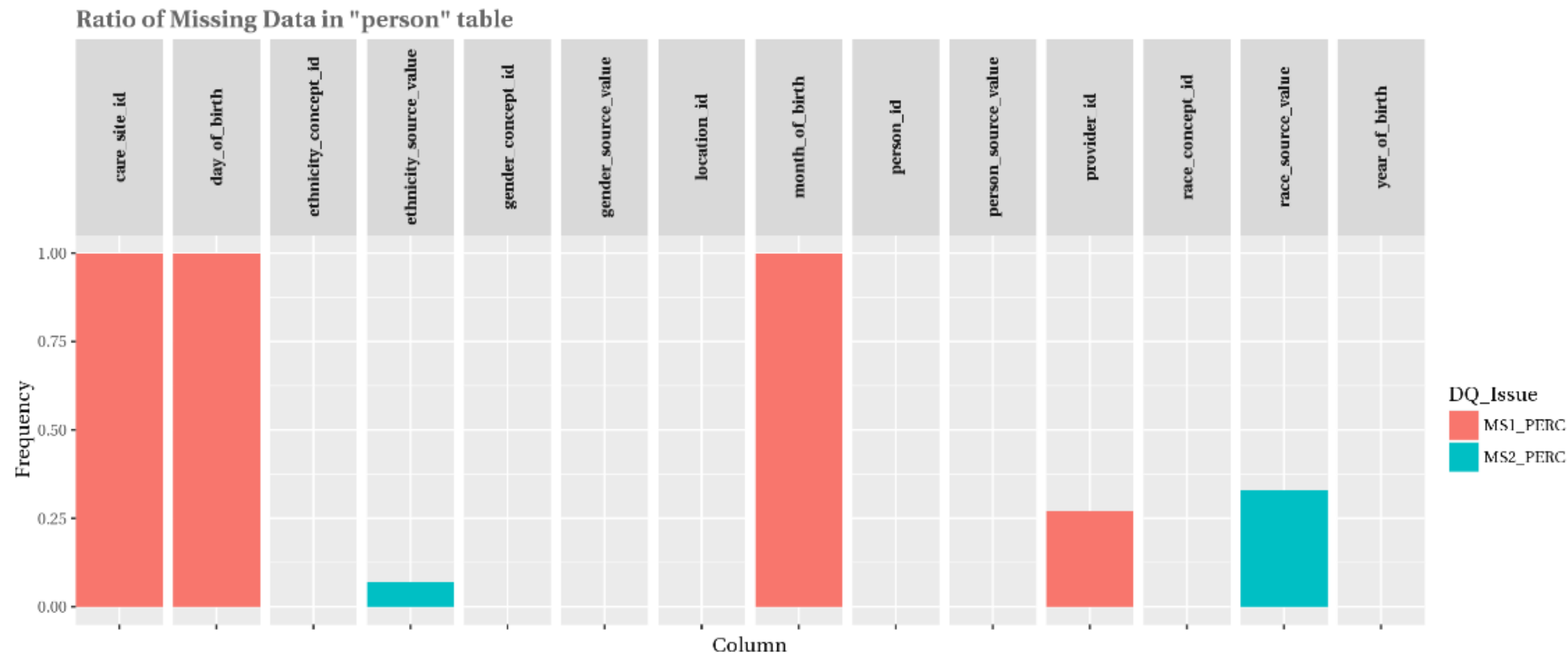
# Completeness example:

## Number of primary keys for available tables over time



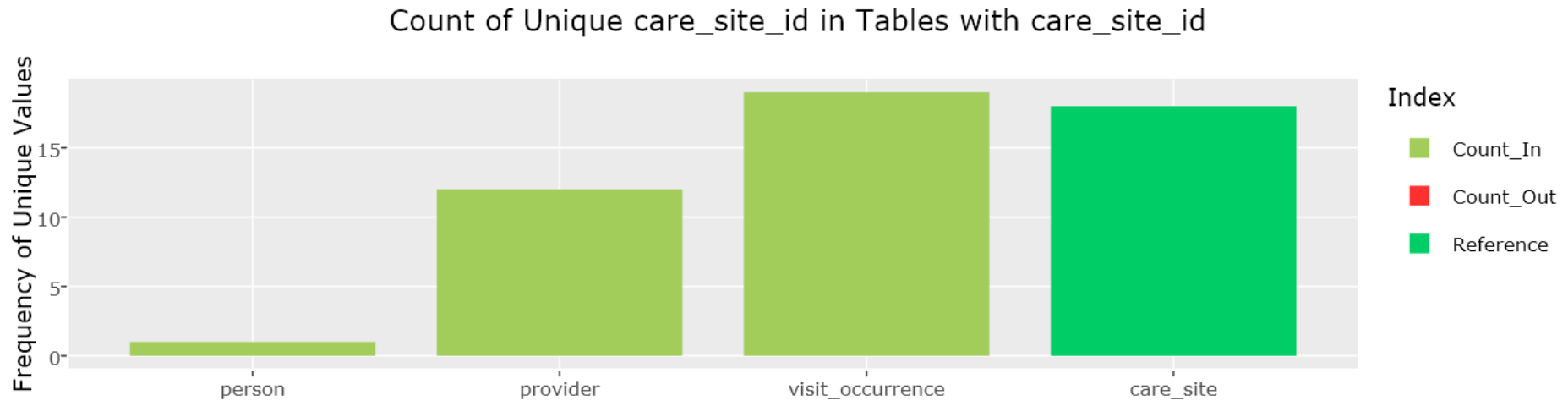
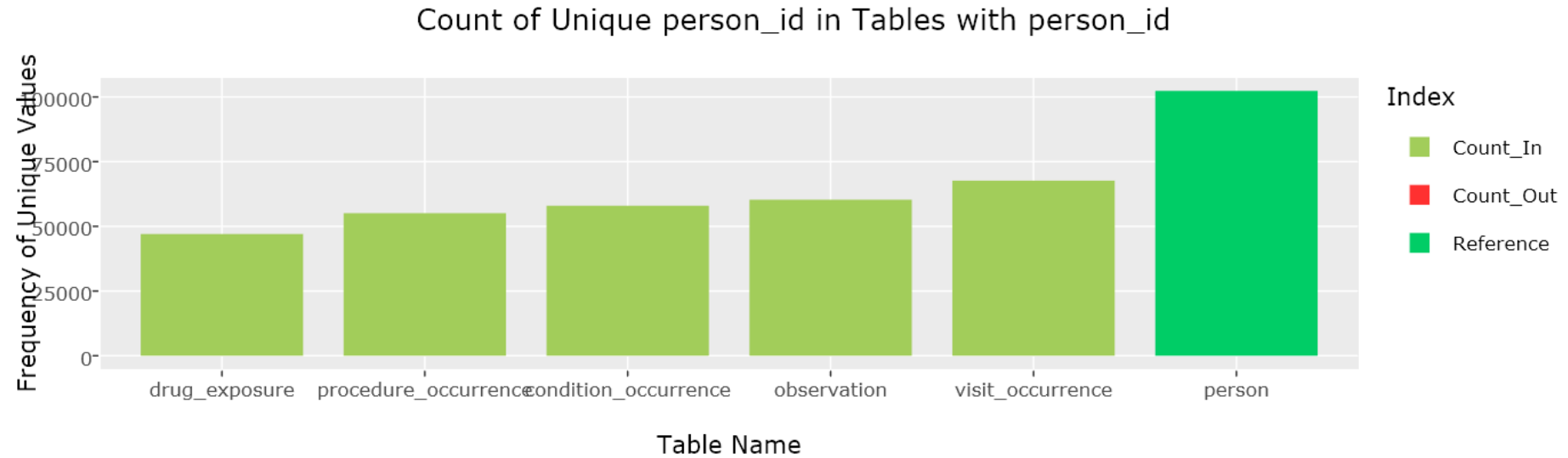


# Completeness example: Detailing columns with proportion of missingness (null vs. blank)

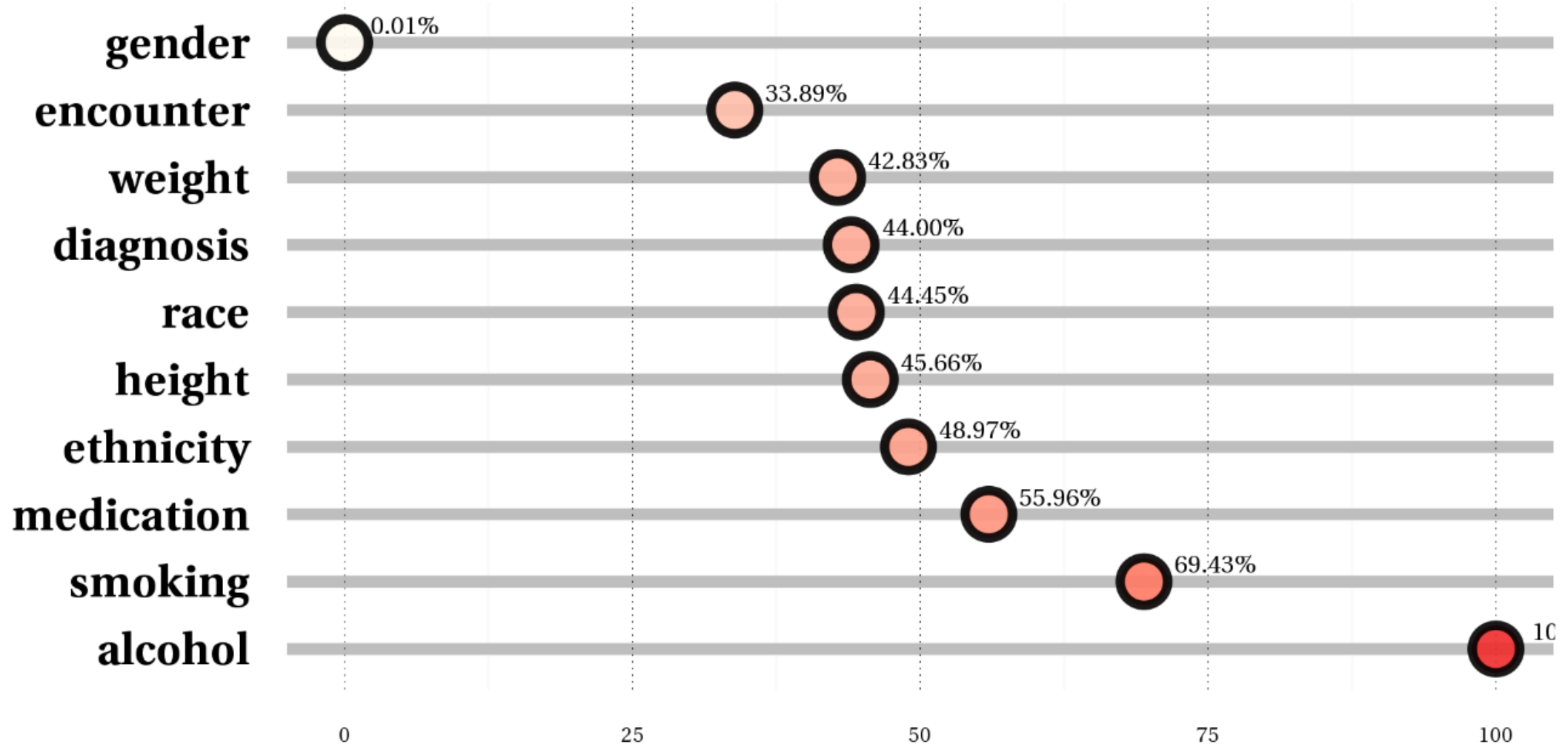


# Fidelity example:

## Detailing totals of key overlap across core tables

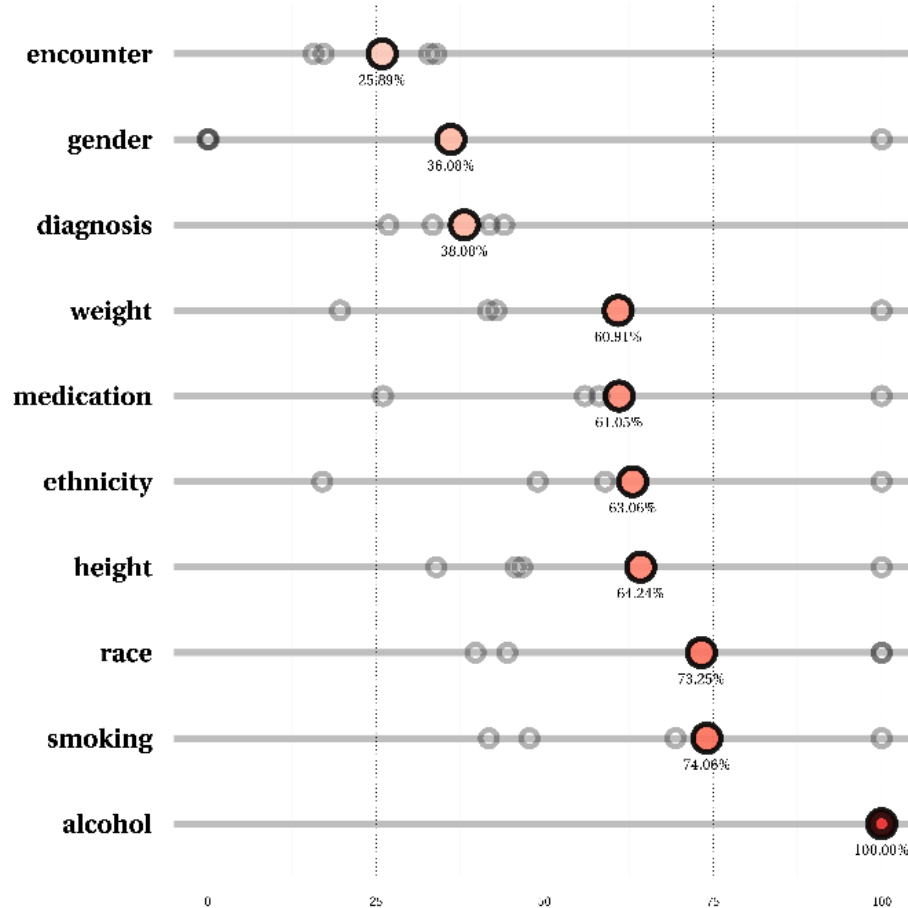


# Completeness/Fidelity example: Percent of patients missing specific key clinical indicators

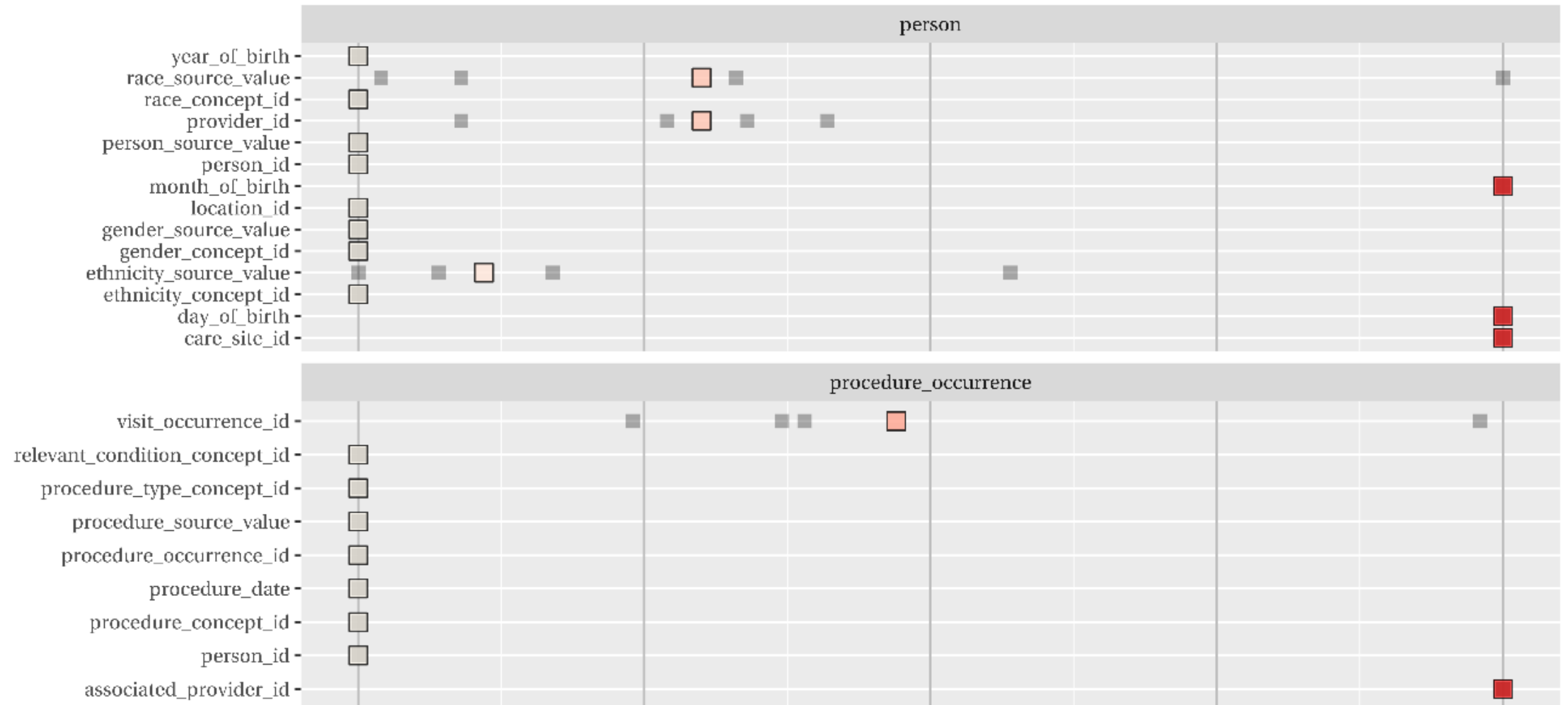


# Completeness/Fidelity example across sites: Percent of patients missing specific key clinical indicators

Figure 2. Overall missingness in key indicators



# Completeness example across sites/clinics: Percent of patients missing in columns across sites



## Next Steps

- Make DQe-c compatible with PostgreSQL and ORACLE
- Add new tests as needed...

Thank you!

Contact: Tim Bergquist

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<https://dataquest.iths.org/>

<https://github.com/WWAMI-DataQuest>