

# A Statewide Substance Misuse Data Commons: An Artificial Intelligence-enabled Service with Multi- Stakeholder Input and Team Science Design

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NIH/OD: Building a Substance Use Data Commons for Public Health Informatics  
Administrative Supplements to Support Collaborations to Improve the AI/ML-Readiness  
of NIH-Supported Data

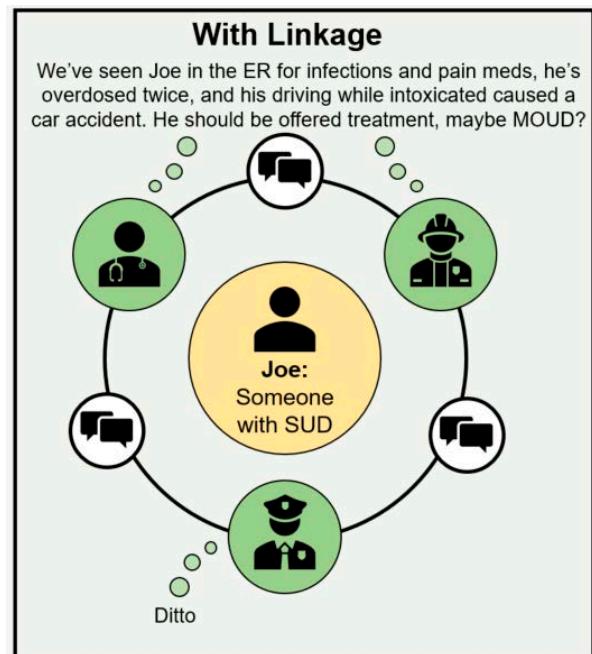
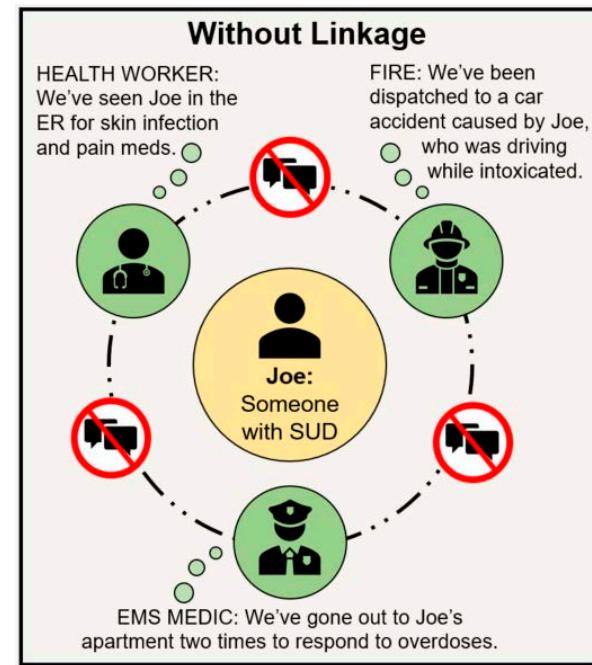


# The Problem

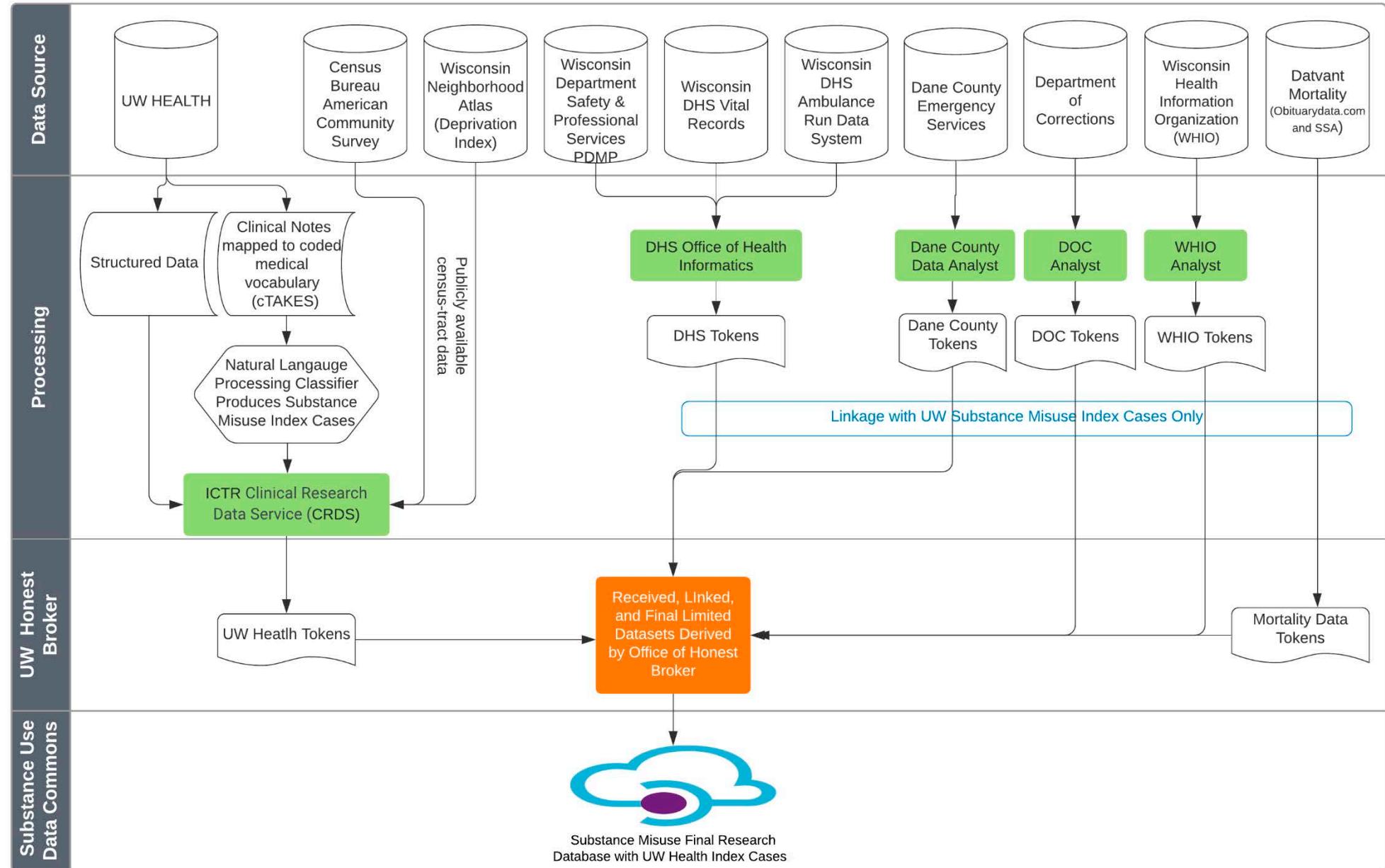
- Unhealthy substance use can preordain poor outcomes.
- Repeated encounters with ED or first-responders.
- Fragmented data systems make it difficult to see full picture

# The Solution

- Linked, comprehensive data may allow us to reliably identify, risk stratify, and prioritize care for prevention of substance use conditions



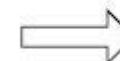
# The Solution – Privacy Preserving Data Linkage



# Innovation

- Privacy preserving linkage with tokenization to allow line-level data
  - FIPS-140-2 cryptographic modules: SHA-256, AES-128
  - Deterministic and Probabilistic Net Token Approach
- Deidentification of EHR notes with concept mapping to UMLS
- Cloud-computing environment
  - NIST 800-53a security compliance framework
- Addiction treatment regulated by 42 CFR Part 2
  - Meeting legal and regulatory requirements with data owners
- Longitudinal data collection (limited data set) with national obituary feeds of mortality data every 2 weeks
- Linkage Honest broker service
  - Escrow for the cryptographic hash codes (tokens)

IDENTIFYING DATA:  
Patient is a 45 year old male  
CHIEF COMPLAINT:  
Seizures  
HISTORY OF PRESENT ILLNESS:  
Patient woke up this morning after going to sleep last night, states he was feeling shortness of breath. Upon arrival of EMS, patient was disoriented.



C4019028 C0233407  
C0277786 C0036572  
C0262926 C0013404

DV-ID	pseudoID	DOB	Gender	Token1	Token2	Token3...
0	ABBCC	7/4/1990	F	Sadfl;j234dsaf08u	3r908nmdli9d	Dsafkjl;...
1	ABBCD	7/5/2000	M	Asdfiienwd907898	324nadsfvuion	DOHEWN..
2	ABBCF	7/6/2001	F	@#sdfklj32jfasdh312	2hadsf9lkewrytn	Jcoopdusf...
2	55435552	7/6/2001	F	@#sdfklj32jfasdh312	hhdshsdhfaskdkl	Jcoopdusf...
3	78687768	2/2/1992	F	Fdsalk;jadfslk;efw	Djsefwohiew	Dfsjwefoi...
4	78888889	3/3/177	M	0sf3r2ojeljksdfa	]dsaf9^4sdfhj	7nsadf23...
4	65431239	3/3/177	M	0sf3r2ojeljksdfa	]dsaf9^4sdfhj	7nsadf23...

Datavant Match Basic for Linux tool was run. The Net-Tokens match model was used.

# Results: Linkage and Mortality

- Data linked across 37,162 UW Health patients and their 65,275 encounters between 1/1/2008 and 12/31/21
- State ambulance run data system:
  - Missing data was less than 1% on identifiers with first/last name, gender, date of birth, and Zip3
- 20,318 (54.6%) of the UW index patients were linked to the statewide database and 6.6% had duplicates
- 8,355 (22.5%) deaths were identified from the national mortality files linked to our patient cohort
  - Inpatient deaths (n=1,416): 267 could not be found in the national mortality files
    - 81.1% sensitivity/recall.
- > 93% of the deaths between the EHR death timestamps and national data timestamps were within 30 days
  - 3.1% (n=1,092) were deaths outside of Wisconsin.

# Prediction of 60-day readmission or mortality

- Largest gain in Absolute Reclassification Index was between EHR and EHR/ADI/ACS models at 4.1%.
- Most important variables:
  - leaving against medical advice, sex, heart rate, alcohol testing, and admission labs with chloride level, red cell distribution width, calcium level, sodium level, carbon dioxide level, and hemoglobin level.
- No ACS census-tract variables were in the top 20.

Model performance for predicting 60-day mortality or readmission in patients with substance misuse

Models	AUC (95% CI)	P-value
EHR	0.691 (0.678-0.703)	-
EHR + ADI	0.692 (0.68-0.704)	0.09
EHR + ACS	0.694 (0.68-0.7064)	0.27
EHR + ADI + ACS	0.695 (0.683-0.707)	0.18

EHR = electronic health record

ADI = Neighborhood Atlas Area Deprivation Index

ACS = Census Bureau American Community Survey

# Highlights of Work

- Two 2023 AMIA Informatics Summit Submissions
- NIH/NIDA Clinical Trials Network Data Science Workshop Invited Lecture
- SUD Data Commons Road Map Manuscript Under Review
- NLP SUD Cohort Discovery Tool published in Lancet Digital Health
- Data Commons now accessible with credentialing and authorization
- Plan for Public GitLab Repository
  - Currently private to finalize open-source license and Data Dictionary

# Challenges and Future Work

- Legal and Regulatory Hurdles for data sharing by data owners
- Dissemination of privacy-preserving linkage technology
- Data governance and auditing
- Scaling NLP pipeline and building common data model
- Plan for NIH R01 Submission for new aims with multicenter data
  - Infrastructure design for scaling in Data commons

# THANK YOU

<https://www.medicine.wisc.edu/apcc/icu-data-science-lab>

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