Washington State Department of HEALTH

LESSONS LEARNED FROM IMPLEMENTATION OF A CLOUD ANALYTIC ENVIRONMENT

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Agenda

Background

History

COVID-build

Post-COVID

Future States

Lessons Learned

Washington State Immunization Information System (WAIIS)

- Voluntary web-based lifetime immunization registry for Washington residents of all ages.
  - Over 180 million immunization records
  - 13 million unique individuals
- System users
  - 2,500 health organizations with 5,900 facilities exchanging data
  - 19,000 individual authorized entities
- Established as a two-county project in 1994 and was rolled out to all of Washington in 2004

CEDAR

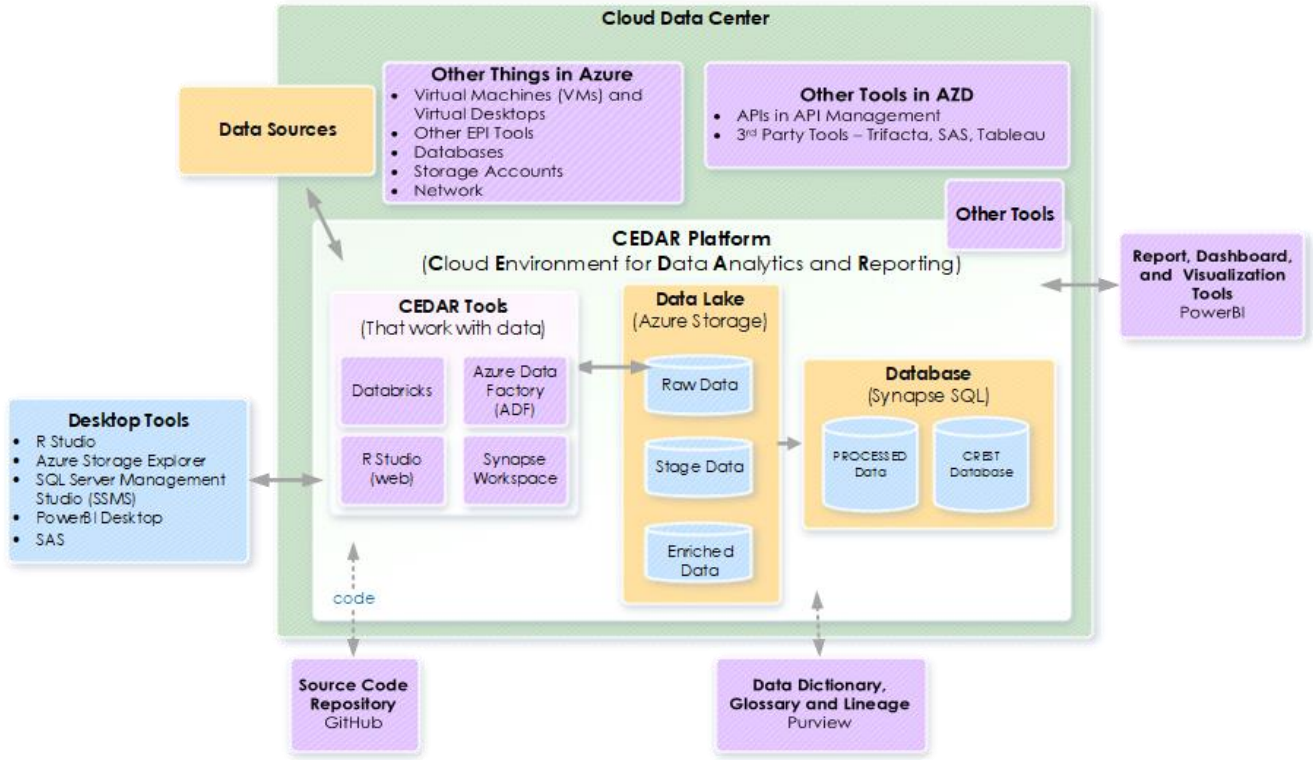
Cloud **E**nvironment for **D**ata **A**nalytics and **R**eporting

WAIIS first system to fully onboard to CEDAR

Cloud storage and computing

Rapidly established in 2020

Part of larger DOH Cloud Data Center



Office of Immunization

- **Pre-COVID**
  - Assessment team
    - 5 Staff
  - Data Exchange
    - 3 Staff

- **COVID Expansion**
  - Assessment team
    - 20 Staff
  - Data Exchange
    - 4 Staff
  - Informatics
    - 18 Staff

Analytic and Reporting Needs

Pre-COVID

- School Reporting
- Childhood vaccination
- CC4 Reporting
- CC3
- Annual reports/dashboards

COVID

- Daily CDC reporting
- Daily COVID Dashboards and Reports
- Local Health Jurisdiction analytic files
- Data quality reports
- Vaccine Ordering and Inventory reports
- Vaccine Allocation
- Data Requests
- HEDIS Matching

Pre-COVID

- Direct access to production WAIIS
- Typical analytic workflow:
  - SQL Developer to generate files then SAS to analyze data
- Large queries would run overnight and off hours to prevent impacts to WAIIS
- CC4 processing took ~2 weeks to complete
  - Batches of files nightly
  - SAS to combine and manipulate data

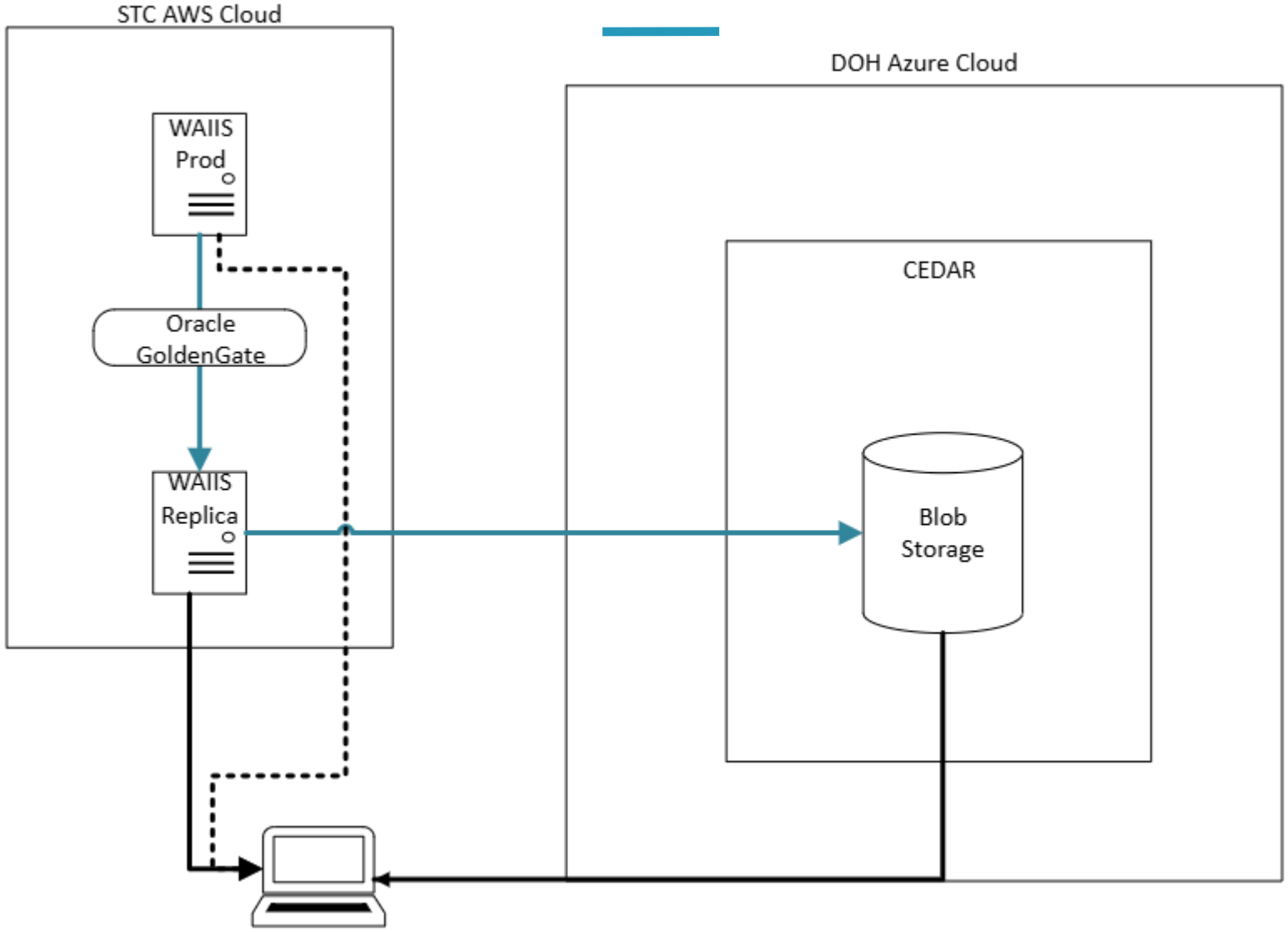
Pre-CEDAR

- COVID vaccine roll-out
- Immediate need for COVID analytic datasets and history of CDC reporting
- Creation of COVID vaccine repository
  - SQL Database
  - COVID19_vax_admin table
    - Daily append of COVID administration data
    - History of CDC reporting
  - Nightly query of WAIIS
- Need for access to real-time WAIIS data for WAVerify
  - Real-time replica database

Issues

- Manual processing of files
- Reporting team would generate reporting file
  - Submit to CDC
  - IT append reporting file to COVID Vaccine Repository
- All teams would wait for process to complete prior to generating analytic datasets

First Iteration of CEDAR



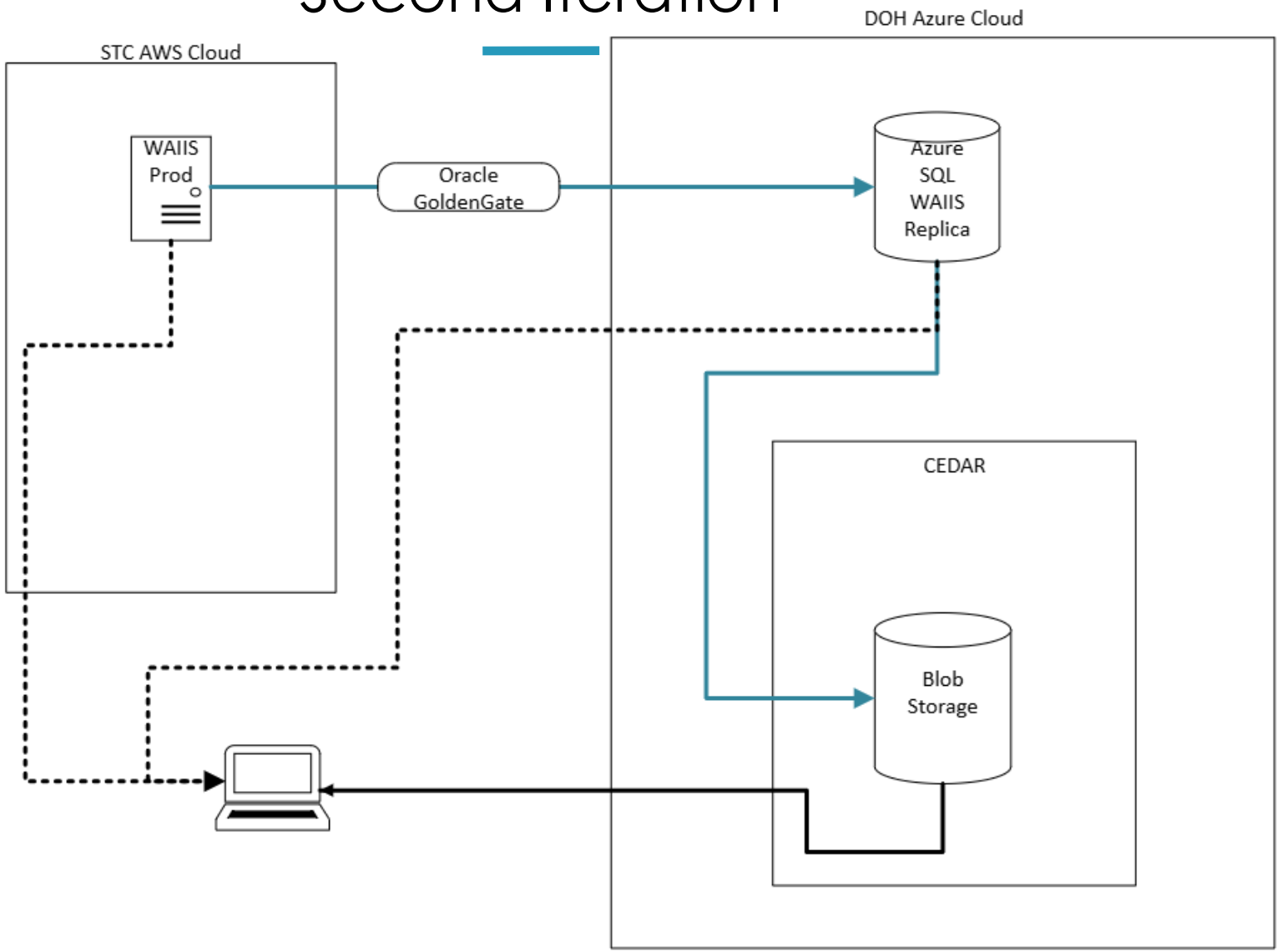
First Iteration of CEDAR

- Daily “kill and fill” of IIS tables
  - Managed by IT
- Analytic tables
  - Managed by Immunization Informatics
  - COVID19_vax_event
- Folder access:
  - Assessment read access to raw and processed data folders, write to outputs folder
  - Informatics read access to raw, write to processed and outputs folder

Issues

- Confusion between raw and processed folders
  - What is the source of truth?
  - Troubleshooting code and processing issues
- User account access
  - Overwhelmed IT services with account management
- Pulling large amounts of stale data everyday
- Missing IIS tables

Second Iteration



Second Iteration

- Implementation of Change Data Feed
- Redesigned folder and access structure
- Assessment
  - read access to processed data
  - write access to output data
- Immunization Informatics
  - read access to raw
  - write to processed data
  - write to output

Issues

- Databricks Unity Catalog is not enabled
  - Required for many of Databricks' new functionality
- Limited access to Azure real-time replica data
  - Concerns of slow-down for WAVerify
  - Direct queries to WAIIS Prod for real-time data
- Duplication of data in Raw and Data Domains

Future State (Cloud 2.0)

- Architecture to support Databricks Unity Catalog
- Adoptions of Medallion Architecture
- Posit Workbench
- Charge-back for costs
- Increased control of data access and sharing

Lessons Learned

- Steep learning curve for new technologies
- Prioritize needs of end-users
- Continued maintenance and monitoring is required
- SDLC and CI/CD do have a place
- Plan for the future

Steep Learning Curves

- Most staff did not have experience with cloud tools
- Consider is it worth training on new systems or making old systems work?
  - Adapting SAS queries to PySpark and Spark SQL in Databricks
  - Using SAS to connect to Databricks via ODBC
- Troubleshooting isn't always straightforward
  - Python vs Spark vs SAS errors
  - IT staff learning at the same time
- "Need to know"
  - Not all staff need to understand datalakes, parquet files, delta files, and distributed computing

Prioritize Needs of End Users

- Central IT, Informatics, Assessment, Programmatic staff all have different needs
- Centralized IT may not understand different teams and their needs
- “How can we get Assessment the data they need?”
- “Epis should do Epi work”
- Not everyone wants to learn a new coding language

Continued Maintenance and Monitoring

- Nothing is stable
- You cannot prepare for every error
- More teams are involved in pushing updates to systems
  - Vendors, IT, etc.

SDLC and CI/CD

- Software Development Life Cycle
- Continuous Integration and Continuous Delivery
- Many public health staff do not have experience or training with these methods
- Does not make sense for all processes, but can greatly increase speed of delivery

Plan For The Future

- Scalability and Flexibility
  - Focus on COVID and Assessment needs limited future states
    - Adding WAIIS tables
    - Limited access to data for programmatic staff
- Balance IT security with business need
  - How can we secure data without being a roadblock
- Variable naming and datatype standards
  - Minimize changes to code for different environments and tables

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