# THEMIS Group 2 Meeting Minutes

## Observation Period, Payer-Plan-Period, Cost, Visit

## May 9th , 2018

**Attendees**

* Don Torok
* Corina Bennett
* Jen Duryea

## Main discussion topic:

We talked about how to address the visit end date for long term care visits.  No conclusions, but some narrowing of ideas

1) The ETL will not attempt to create a single long term care visit.  But instead will determine start and end date based on data available in the source.  If the source is recording a procedure done on the person where the place of service indicated the person was in long term care or skilled nursing, it would be acceptable for the visit date range to be the day the procedure occurred.  Another example would be a billing claim for a period of time, e.g. 30 days of skilled nursing.  For this the visit start and end date should reflect the 30 days of nursing services provided.

2) We discussed whether visits could overlap. For example, an outpatient visit might be created for home health services, where procedure or revenue code indicates the charge is for 30 days of home health services.  Currently this would be modeled as an outpatient visit but have a 30 day time span.  Now if during that 30 days the person goes to see their doctor we think that a separate outpatient record would be created to cover the doctors visit.

3) We should reach out to the OHDSI group to get consensus about what the visit is trying to capture.  Should if be based on the patient experience or is it an artifact of the billing model.  This is result of discussion of the practice of having someone in the hospital, but not officially admitted.  Instead they are in for Observation.  From the patient experience, they are in a bed in the hospital, no different from an 'inpatient admission', but from a billing perspective, this can be considered outpatient.  I think OHDSI is going to take the patient experience model which may mean recommending some additional attribute to the cost record to distinguish between the two types of billing.