**January 31st, 2018- Observation Period Call THEMIS**

Attendees:

Jennifer Duryea

Corina Bennett

Aaron Stern

Paul Petraro

Erica Voss

Gowtham Rao

Mui Van Zandt

Ajit Londhe (could not attend)

Notes:

Observation Table discussion finalized on today’s call. It was decided that there are 2 or 3 main concepts to present to the larger THEMIS team for discussion. These will be brought to the F2F meeting in March for discussion. It was also noted on the Wiki that there are a few discussions ongoing around this topic and it would be best to discuss at the F2F.

Some key points from today’s discussion:

* The need to understand different times
  + Use cohort table---to represent times.
  + Using observation
  + Multiple observation periods will be messy and require more than can be done within the THEMIS group
* Using payer-plan period
  + Solve 2 problems with 1 solution
* EHR data from pre-cut
* Claims—multiple coverages
* History of will not solve the enrollment issue
* 2 Issues:
  + EHR history table
  + Claims to payer plan period table
    - Longest of the span ?
* Payer plan table—all free text, so not concrete to standardize for cut of plan type

\*\*\*This is being resolved. Gowtham shared this after the meeting…<https://github.com/OHDSI/Vocabulary-v5.0/issues/156> ; to be presented and discussed at the next meeting.

* Clarify concept IDs
  + This would be for the vocabulary group to tackle
* Generic spreadsheet with concepts

\*\*\*Both this will discussed and it was noted that this will be resolved in version 2.4 of ATLAS, it is already being handled

* Specs for history of ---history of in observation table
* Add another date column to have an actual date
  + Recorded or verbatim date (discussed as one of the key proposals for the F2F meeting)
* Drug record in history—goes into observation table
* Golden standard/versus practice got certified discussion (CPRD was the key data source that this stemmed this discussion)
  + “up to standard”
  + Data outside of data standard, what to do?
  + If before standard….
    - Is this an observation
    - CPRD uses from up to standard onwards
    - Or do we not use it at all, only data that we will use should be considered….so that is why we use only up to standard onwards.
    - If data from prior to up to standard, then will not use it, but we are losing data…
      * One group is using it (Erasmus), to get some feedback and thoughts from them on why etc.
      * Originally used cradle to grave then moved to only research ready (up to standard)
      * Now research ready—everything else to observation table (history of??)
      * Concern of data loss
      * \*\*\*see if this is a workable solution—describe it or have proposal ready for F2F
    - Concepts without history of….their own concept ID
    - If need specificity, can add to the history of
    - Going to go back and see what this will show us
    - Request more details from Peter to see what they did (Mui, were you going to follow-up on this?)
* History/pre-qualified etc. maintain, it already exists
* Domain specific----everything else gets lost
* Retain most info but how can we retain more
  + We want it standardized and as clear as possible, anything in observation table as a history of (accept that as a trade-off of retaining more)
  + Even when there is a type since most analysts will not use it
* CPRD needs o be treated a little differently with the up to standard and all
* Vote for keeping in domain, although there is disagreement on this.

F2F Proposals for March 8-9 Meeting:

1. History of….
2. Putting into domain
3. Use of payer plan table

Next Meeting changed from Wednesday the 14th to Thursday the 15th at the same time (noon).

Topics for next meeting:

Mapping US Claims (discussion from last meeting and Gowtham sent along a wiki post where he is addressing this)

Final thoughts on proposals for discussion of observation period topics/proposals for F2F

Begin discussions on visit table issues