**Kickoff- Observation Period Call THEMIS**

Attendees:

Jennifer Duryea-Outcomes Insights, part of OHDSI 3 ½ years

Aaron Stern—Shyft Analytics using OMOP 3 ½ years including conversions and analyses

Corina Bennett—Amgen using OHDSi/OMOP 2 plus years, all in-house data has been converted

Anthony Rechard—IQVIA has an OMOP factory, he has done a number of conversions.

Paul Petraro---Novo Nordisk Inc. new to OHDSI, no conversions or data.

Meeting Occurrence: bi-weekly. Meet the week of Dec 18th so we have a solid foundation prior to the holiday break. Best is Tuesday or Thursday around the same time. Aiming for Thursday. Send out doodle.

Big picture objective: how conversions are done. What are the general rules etc.

There is a difference from a vendor conducting a conversion (ETL) versus the data owner themselves.

Started discussion on Observation Period:

\*\*need to follow-up with James (??) someone from the Procedure, measurement, device, specimens, observation group on potential overlaps.

--Starting broadly with the list since there are a number of choices that can impact other topics in the list.

Observation period can be thought of a # of ways….

* take any data in the observation period, leave it as open as possible to minimize loss.
  + Use other fields such as payer plan period
  + Proxy for medical/drug coverage
  + EHR—first to last visit date
* Open up to payer plans—to have other enrollment based on what the question you are considering…drug versus medical etc.
* Add as much as possible and then cut down data based on other data
  + Use tables to subset the broader larger observation period data
* Handling of multiple claims types, EMR/claims, medical/pharmacy, etc…
  + Maybe 1 column for each or a flag

Use to setup periods of time that are project/study specific

Different observation filed for different types

* The goal is to be as consistent as possible and if we can come up with a standard that would be ideal

How do we link claims and EMR??

Want to be as clear as possible in order to achieve standardization

How do we achieve standardization with observation period?

How do we convey that to group?

For example pharmacy claims for 6 months, gap, another period etc. so how do we choose the observation period? Overlapping observation periods?

Idea of standard flavors depending on data observation period

CDM---is data storage, so analysts can use it for what they need it to do, answer a question etc., so we need user flexibility to choose enrollment periods, payer plan data etc.

* + Should have all data available to then subset observation period for study
* How can we have it both ways??
  + Generous observation periods
  + Then payer plan to further refine it
* Common practice not standard practice
* Current rules 1 non overlapping observation period
  + How do you define those dates?
  + Multiple overlapping observation periods?
* Aaron to email CDM group about observation flavors and idea of how that fits in CDM versus standardization
* Jennifer proposal for observation period
  + Payer plan duplicative—so moving to payer plan period section since there is most likely duplication here
  + Can have multiple flavors
    - Payer plan period removes some burden
    - Other questions for conversion

Payer Plan Period---currently a small table

* There are currently some discussions about changes to the table on GITHUB initiated by Gotham Rao
  + Payer IDs
  + Some on forum are accepting while others are not
  + Aaron sent URL to group <https://github.com/OHDSI/CommonDataModel/issues/107>
  + Problem with payer plan is if covered by generic or medical or by plan
  + How do we want to identify coverage/plan?
* Some controversy around the payer plan table
  + Overlapping observation periods versus no overlapping periods….
    - Payer source value
    - Private pay
    - Medical/private
    - All of these depend on the source\*\*\*
* Should we add standard values to the payer plan table…..generic, medical coverage or to subset the observation period table????
  + This might be a very large task to take on…..
* add payer plan record that is just medical then one that is just prescription and then one for both.
* Anthony to have a look at that (Not exactly sure what the details are here)