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| **List of Issues** | **Description of Problem (example if applicable)** | **Solutions** | **Concepts** | **Owner** |
|  Condition\_type\_concept\_id | We have ICD-9-CM & ICD-10-CM codes for Encounter dx and Billing dx. The available condition\_type\_concept\_id does not cover our sources. Non-claims data options = EHR Chief Complaint, Primary Condition, EHR Episode Entry, EHR problem list entry, Patient Self-Reported Condition, Observation recorded from EHR, Condition tested for by diagnostic procedure | Create condition\_type\_concept\_id for Encounter Diagnosis and Billing Diagnosis |  | Melanie |
| Measurement table: Lack of date in source | When the source does not have a collection date for a Measurement, which date should be used?  | Our choices are “resulted” or “ordered”. Or should it be left null? This is a mandatory field | N/A | Melanie |
| CARE\_SITE hierarchies | How should we represent logical care\_site hierarchies? | We would like general guidelines from the community. What have others done? We realize this can’t be standardized. |  | Melanie |
| Socio-economic fields are currently not present. Where should they land based on permanence /non-permanence.  | Socio-economic factors (e.g. marital status, employment status, level of education, gender)- Person table or Observation table? | What have others done? Gender is identity, sex is biological. |  | Melanie |
| Formalizing knowledge | \_source\_value field – what do we put here?  | Concept code in native source format pipe delimited with the human readable string? |  | Melanie |
| NULL source fields needed as required OMOP fields | When required fields are mostly/completely null at the source. i.e. payor\_plan\_effective\_date, what logic should be used to populate the field? If there just isn’t any data available to populate a required field and concept\_id = 0 isn’t appropriate because there isn’t a concept, how should this be handled? |  |  | Melanie |
|  Vocabulary update schedule | Example: NUCC provider specialty codes change over time. The last time these were updated in the VOCABULARY tables was 2013. In just the last three versions, 5 new specialty codes were added.  |  |  | Jessica |
| LOCATION: issue: A person can have more than one address.  | Only one address per person id is allowed.  | We chose the most frequently occurring, then chose the first when more than is present. How are others handling this?  |  | Jessica |
| LOCATION: future need for temporal location | future need for more than one address per person over time |  |  | Jessica |
| Care\_site\_id in PROVIDER, provider type split | Can not map care\_site\_id to provider | Our source claims data can be split into individual or facility. The facility provider type data we consider caresite, the individual = provider. By default, then, we can’t map the caresite to the provider, because we’ve split the provider data. There is no indicator in the data to link these back together except address but a provider and caresite can have more than one address.  |  | Jessica |
| Required end\_date(s) with poor data quality | Example: visit\_end\_date is a required field in visit\_occurrence. This may not be a reliable field.  | Our convention: If there is no end date or datetime associated with the visit, insert 11:59:59 pm of the start date for the end datetime or same date as the start date. |  | Jessica |
| General newcomer question | Where do we keep track of most up to date conversations: Forum or GitHub? |  |  | Jessica |
| Visits | 1 - Visits from encounter/claim perspective2 - Admitting\_source\_value and discharge\_source\_value, though not required, are not claim detail fields. They occur in the header. 3 - Visit types not delineated in claims | 1- Claim Example: a person has two claims (one inpatient, no ER, one inpatient ER) on the same date. Each claim is a visit and the claim line data associated with each claim is mapped to visit\_occurrence\_detail.3- Our claims source has Inpatient, Outpatient, Professional, and ER flag (present in both Outpatient and Inpatient claims). No LTC care. This can possibly be derived from Bill type (only facility claims) or place of service but assumptions would be made. How have others dealt with this?  |  | Jessica |
| Source\_to\_concept\_map vs Concept & Concept\_relationship | The OMOP conventions state to use the source\_to\_concept\_map table for mapping custom source codes. The Concept & Concept\_relationship table serves the same purpose and is already used by the CDM. What’s the advantage of the source\_to\_concept\_map? | We are creating custom concepts and putting the concepts with concept\_ids > 2000000000 into the Concept table and the concept\_relationships created in Usagi into the Concept\_Relationship table. |  | Melanie |
| CDM doesn’t have a gestational age field | We need a gestational age field | Extend the Person table? Or is this an observation? |  | Melanie |
| CDM doesn’t have a primary language field | We need primary language | Extend Person table? Or is this an observation? | Use ISO 639 for the concepts? Or? | Melanie |
| CDM doesn’t have a country field | We need Country coding in the Location table | I’m working with the GIS WG | ISO 3166 | Melanie |
| CDM doesn’t have Lat & Long field | Lat & Long in Location table | I’m working with the GIS WG |  | Melanie |
| Visit type is an “observation” visit. Concept set doesn’t have this concept | Closest choices are inpatient and outpatient. But neither is very accurate. Where do I put these persons? | Code as Inpatient or outpatient? Or create new concept? |  | Melanie |
| Lack of clarity | “Family\_source\_value =The source code for the Person's family as it appears in the source data.” Source code for the Person’s family is unclear.  |  |  | Melanie |
| Required field in OMOP is null at source | Payer\_plan\_period\_end\_date is a required field, but null in most of our data. | When there is a payer\_plan\_period record after the record with the missing end\_date, we use the start date of the subsequent payer\_plan\_period record. |  | Melanie |
| Extension of tables: decision-making process | Can others describe their process for deciding extending domains?  |  |  | Jessica |
| CDM Version communication | Can there be one place which demonstrates the changes between versions?  |  |  | Jessica |
| Stop\_reason in the CONDITION\_OCCURRENCE table | What should we put in this field? Where do others find these value in their data? | Is this a derived value? I.e. person has dx of appendicitis, person has an appendectomy, appendicitis is cured |  | Melanie |
| Storage of social history (smoking, drugs, etoh, etc.) in the CDM needs clarification and conventions | How should we store this data in the observation fields?  |  |  | Melanie |