# THEMIS Group 2 Meeting Minutes

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

## April 11, 2018

**Attendees**

* Ajit Londhe
* Don Torok
* Mui Van Zandt
* Corina Bennett
* Jen Duryea

### Topics

* One more recap of F2F
	+ Mui will review everything with a sub-team, and disseminate to the community
		- Ask for use cases that could be problematic with new conventions
		- Send monthly invite Doodle for larger THEMIS team meetings
		- Update Wiki sites to a standard format
* New GitHub Repo
	+ Transferring “ratified” ideas to GitHub it Repo. After 60 days, pass on to CDM WG to become final

## Main discussion topic:

How do we assign visit end dates when there is no date available? For instance, how do you handle LTC visits where you don’t have any end date?

* Ajit to post thread, seeking inference techniques used in the community.
* Scenario: a dialysis gets 1 code, but the patient visited 12 times in a month, not 1 visit the entire month
	+ Idea: 1 visit occurrence record, many visit details linked
	+ What does a visit occurrence record mean vs what is a visit detail?
		- In claims, it appears that we would use the dates on the claim in visit\_occurrence and then link all services we believe to be part of that visit in visit\_detail.

**If we use the dates as-is, it is incumbent on researcher to understand coding practices of a condition.**

* Could this pose issues when running studies against data sets with different perspectives (claims, EHR)? Study results would be impacted by running the exact study code against data sources that represent visits in different “realities”: one that is practical, one that is administrative
	+ Maybe this is more of a problem for the Phenotype WG. As ETLers, we try to represent the data as consistently as possible, but clinical or practical nuance may not be possible.