**Dec 21st- Observation Period Call THEMIS**

Attendees:

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Notes:

Aaron to post to forum after the holidays on discussions around Observation Period.

* Current data structure uses payer plan period
	+ Request suggestions on standards
* Events outside period would go to a history of...
	+ What if unknown period?
	+ Who is payer?
	+ Is the payer plan matched to the observation period?
* Make range from observation period for a large period then use payer plan period to get specifics (one suggestion)
	+ Some examples were discussed with various periods
* Understanding the payer plan type/coverage type will help users understand what to expect……
* Further enhancement would be to have flavors of the observation period---(will be proposed/discussed with forum post
* Observation period basically min and max of the period
* Can be data outside observation, date etc. can be outside range, so if outside range, will it be out of period? (discussion around limits of observation period and how to know when to keep or not.
* EHR data would be a little different, would be the 1st and last date, or expected end date. Will depend on data cut, is it last 5 years etc.
	+ Anyone with visit, all their data brought over?
	+ Some will get history and some won’t get it….
	+ Expecting a cut, anything will be boundary of period…. If it is data from before the period would it be history of or something else?
* Put all data outside range-------out in observation table, it will not sit nicely
	+ Observation table has been catch all and we want to move away from that
	+ Get rid of history of
		- This is intended data cut range, if outside of it…..how will we handle it???
* Classify it to claims data…..
* Observation flavors to be requested to CDM group
	+ This will take 6 months to a year at the minimum
	+ Duel proposals---will bring to CDM group as well as continue with standards for THEMIS.
* No one uses the payer plan table currently……
* Proposal is to separate out standards claims and EHR will have unique standards.
* Guidance on standard query
	+ Payer plan for claims
	+ Longitudinal patient analysis so include similar patients , if included all then it would not make sense.
	+ Is history from EHR from the patient or extra information the patient may have reported at the visit?
	+ Sometimes partial, sometimes from forms with history information, sometimes it is transferred over etc. (idea is that history information can vary from multiple sources)
	+ Not always easy to determine source of the additional info. Just dates outside data cut, cannot always tell what it is…. So it becomes less reliable.
* There is a school of thought that doesn’t like dropping or losing data, keep as much as possible…
	+ Alternative is to lose data but all data will be equal, treated with same look backs etc., different opportunities for different look backs etc. so each patient will have different chances which will change the validity and generalizability
	+ Info will never be perfect, so imperfect in the same way!

Final Conclusions/Thoughts from meeting:

* So CDM change will be brought to the CDM group, as the longer term solution
* Current changes in standards via THEMIS will be more modest
	+ Claims dataset—around payer plan period
	+ EHR dataset----more input, restrictive dataset here, leverage other fields in it to classify as historic events….
	+ Aaron to draft a proposal for posting to forum and circulate to the smaller Sub-group here before posting to the Forum/WIKI.