**Deprecated Concepts**

Unmapped concepts

Example:

Concept is depreciated but not replaced with a new vocabulary.

**ICD Source Value - Add dot**

Map to Vocabulary

Use Concept ID

Not a convention

Issue 2: Not Mandatory

Achilles - Optional Fields. Interest in adding?

Options:

1. Whatever currently feel like (Depending on Columns)
2. Add designation "Provide if Available"
3. Depending on Type and Provide if Available

**Start Date**

What does it mean?

"Diagnosis Date", What is the level of confidence?

Example Use Cases:

* CPRD, UTS
* Rare Disease-Want any attribute available, even if not complete picture
* If date before Observation Period then default to 1st day of observation period.

Option:

* Add a Quality Variable
* History Of
* Indicator of Record Quality
* Quality Threshold - Null as allowable value
* Standardize ETL
* Dataset inclusion Criteria - What is the % excluded? Should that be captured?

**End Date - "Same Day" issue**

What is the date time isn't provided? Just date (no time).

Missing End Date on visits

Option:

Special Times (23:59 or 0:00)

Leave Blank if Unknown

**Pregnancy Episode**

* Where to put pregnancy episode?
* Infer mother/child relationship
* Add convention for biologic father
* Convention for guidance and concept ID

Option:

Pregnancy Type becomes Observation

***Solved:*** *Type Concept ID*

* Mix Data with Inferences
* Inferring start date of pregnancy. Qualify in Metadata

**Performance Enhancement**

Add Best Practices guidance

Examples:

* Put number for Foreign Key to increase performance
* Create Helper Table View
* Concept Map Table for ETL
* Different Concept Table with Concept Categories
* Atlas points to different table? What should it map to?

**Vocabulary** - How to convert location?

**Source Concept ID** - What to do with Source Value with no Source Concept? ( = 0 )

>2 Billion for Scratch (requires effort to maintain) -> add to Wiki

**Source Code should use Source Concept ID**

How do I filter out reversal?

Outcome is based on what patient took

Add Convention:

* Patient Reversal versus Rejected
* Note: Medical claims also affects void and other claims. Fix in ETL. What will that look like?

**Type Concepts**

* Mixing Visits. Does it make sense?
* When do you use what type?
* Recast beyond "Does the Record Exist?" Option: Add Flag?
* Prior to start date -more patient centric UTS
* What to do with Invalid Records in Databases in the Future?
* Doubt the validity of data (future)

Type Concept - Dedup

Option:

Highest Priority has the lowest number

**Observation Period**

Convention:

* Convention for changing per patient
* What is the result?
* Include amount of time after observation period (so other can replicate analysis) As-Is analysis for Observation Period but document time after. Don't include privacy information so other can conduct analysis
* Add convention: 30 days? Guidelines
* CPRD - HES overlapping (Follow up with CDM Working group)

**Care Site**

Difference between Person and Place

"Place of Service" versus "Provider"

Option:

Add Provider Type in CDM?

Add Convention if there is no "Provider Type" (Split Person and Place?)

**Condition**

Privacy Concern - What to do if condition is redacted?

Options:

* Data Deleted for Privacy in record (Dummy Record. Voted Down)
* In Metadata overview, note that data deleted for privacy concerns.
* Provide Black List - List of those conditions that are deleted. Add Black list to overview.
* Remove Patient if Privacy Condition Met

Keep 0 as "Cannot be Mapped" (not mixed with not mapped due to privacy)

**Convert Data from Surveys**

Condition Type and Concept ID

Option:

* Observation Table
* Add record in Condition Table
* Protect Analyst but not having convention

**Visit Occurrence**

Issue 1: Privacy

* Auditing diagnosis. # for trance to Source Code
* Take Outpatient # Out

**Cost**

* 2 kinds of multipliers
* Year, geographical adjustments
* No Multiplier

**Death**

More than one death with different causes or types

Capture or categorize causes

Define Convention for:

* Grace Period
* ICO
* VA tracks death from 5 sources (as reference/example) - Contact VA

Options:

* Measurement Count after death
* Move death date or move service date
* Kick out or History Of

DRG - Keep

**Device**

Default Quantity - 1

Dedup if same day

Drug delivery device

**Drug**

No deduping

Develop Convention:

* End Date for Mail Order
* Prescribed and administered

Education on conbination drug

**Fix in Source System:**

* Contradicting Info: Days Supply
* End Date - Leave as is

**Era**

Dose Era Define Convention (Wiki)

*Era table rolled up to drug type in CDM v6*

Patient Reported Drugs - As is

Remove Stop Reason

Link order, prescription, administration - Publish Guidance

**NDC**

HCPCS vs NDC - Use NDC Only

NDC 9 -11 digits, reuse of same NDC

Bad NDC List

Jcode units in drug - fxp

**Person**

Define Convention for:

* Privacy related age
* Latest or earliest gender type

Guidance for:

* Data quality problem
* No Record - Document

CDM working group:

* Gender Type

**Procedure**

* Dedup to rational amount
* Multiple qualifiers/modifier in procedure table

Voting - HL7 Voting Process

**Provider:**

Convention for:

* Pick type based on transaction type
* Visit Occurrence Table (Charlie's Solution)
* Convention to Flag in Provider Table or CDM workgroup

**Visit**

* Keep them separate (Long term care or OP)
* Need workgroup for HCPCS

**Measurement**

Convention for:

* + Meaning of dates
	+ Standardization of measurement table
	+ Convention table of units, abbreviation
	+ Normalize top 100 - prioritized list
	+ 1 US, 1 for EURO

**Observation**

* Family History - What is the place to define relation?
* Qualifier - Create explicit value. Need to add table.
* Observation Concept - Create convention of values.
* Clean Type Concepts - Create guidance for when to use what type.
* HCPCS - Domain ID, reassign quality
* Payer Plan - Create convention for payer types

Timeline

1. Join Team Online
2. Vote on leader for the group
3. Vote on California dates
4. Provide time period for updates (Ex. Every 2 weeks)

THEMIS Working groups

1. Procedure, measurement, device, specimens, observation
2. Observation period, payer plan, cost, visit\_occurance
3. Drug, Condition, Era
4. Person, location, care site, provider, death