

Pragmatic OMOP CDM

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INTRODUCTION

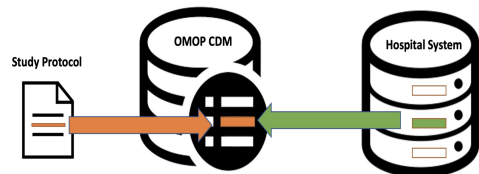
One of the richest data sources for creation of OMOP databases is Hospital data. However, not only the data is complex but are often spread across many systems. Converting all data presents a challenge due to the sheer amount of effort required.

WHY IS IT IMPORTANT?

By initially implementing a pragmatic OMOP CDM based on use cases and continuously enhancing the data elements as research needs arise – cost, time and resource consumption will be more efficient while research needs will be met with better precision.

STUDY CENTRIC APPROACH AND MATURITY

- Build a portfolio of studies
- Add new data elements, vocabularies and mappings as required for a specific study based on study protocol and research needs
- Build a mature and complete database over time through pragmatic study focused approach



Minimize the total effort and costs, while maximizing the research value of the OMOP CDM

OMOP DATA LIFECYCLE MATURITY METHODOLOGY

1. MVP

- Initial OMOP CDM ETL
- Scope is driven by current research needs

2. Evolving

- First 1-2 years of on-going refreshes
- Create a roadmap for future research participation based on study protocols
- Update patient records as needed
- Incorporate ETL code changes during refresh cycles

3. Mature

- After approx. 1 - 2 years
- As the CDM is continuously enhanced, fewer data elements will need to be harmonized

EXAMPLES

- Custom mapping data elements when needed
 - Flowsheet elements of interest, vital signs, drugs, lab results
- ETling a new domain
 - Devices for oxygenation r/t COVID studies

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