1. Convene, take roll, review records and plan next meeting(s)
   a. 11:00 a.m. Central Time.
      Meeting ID and access code: 817-393-381; call +1 (571) 317-3131
   b. Roll; *Reminder - put site after your name in GoToMeeting preferences*
      i. GPC DevTeams represented? KUMC*, UIOWA*, MCW*, MCRI*, UNMC*, UTHSCSA*, UTSW*, MU*, IndianaU*, Utah*, Allina*, Intermountain*
      ii. Today's scribe: **UTHSCSA**
   c. Comments on the agenda? (ref SoftwareDev#tracking) On last week's notes? (#12)
      Recent tickets opened/closed - FYI (i.e. not intended for discussion)
      i. **DC to follow up re MU Security Death Master file (SSDMF) distribution / hashing**
      ii. HackathonSeven notes are as done as they're likely to get
   d. Next meeting(s)/scribe: **Oct 29? Nov 5?** Scribe? IU? MU?
      i. DC out Oct 29
      ii. Note scribe rotation appendix
2. CDM c7r1 due Monday, October 28th
   FW: Data Curation Cycle 7 updates *Roush, Steffani*
   a. Status by site
      i. **KUMC**: Maren: believe we're close to submit. Should be able to update this week, maybe just some little bugs left over.
      ii. **UIOWA**: Planning to submit on 10/23
         1. Brian: Is anyone else in a situation where they cannot address the issues that are coming up for CDM
         2. Dan: You can bring it up in the annotated Data dictionary
         3. The red ones are an issue more so than the red
         4. Brian: It's just the blue ones.
         5. Susan: We were getting an issue where the RBC counts. We get a blue mark because they are slightly above the median for the pcornet group, but are well within the clinical range. Wondering if being in Utah at 5000 feet above sea level if it might actually be accurate.

6. Our specialists said that it's normal for the region. (if not the country)
7. Brian: Does anyone else have 3.10 or 3.12?
8. Do you have a list of the labs that don't have upper or lower lab limits.
9. Certain values have a normal range and no upper limit. Did a count of all the labs that did not have upper or lower limits and we did a count on them. Did a google search and found that they don't really have upper limits.
10. Ryu- It looks like a lot of times they just didn't put the upper or lower limit value in ours.
11. If you just don't have the data that's something that you put into the ADD report and state that it's a limitation of the system and cannot be fixed. The DRNOC states that they will accept that even if you still get the blue mark.
12. Yesh: When we ran the diagnostic query in the dispensing table it errored out on the new field of source. Used. 'PM' for pharmacy manager, but were told it was outside of specification.
13. Susan: ours comes from claims. So put the 'CL'
14. Laura: can email the coordinating center. It might be a bug in their code if you've got the correct value.

iii. **MCW**: On track for submitting this week
iv. MCRI: approved Oct 17
v. **UNMC**:
vi. UTHSCSA - *10-14-2019 - APPROVED*
vii. **UTSW**:10-22- Running right now. First runthrough.
viii. **MU**:10-22- Trying to finish up the vaccine table, just need the codes.

1. Dan: Aware of CVX codes?
2. Yes, they have a proprietary multum which has extra work to crosswalk to CVX

        ix. **IndianaU**: 10-22 Confirming the immunization requirement: The table needs to be present but not necessarily populated? Still need to reidentify the dates. On track for this week.
1. Dan: Make sure to contact them if you're at risk for the 28th.
2. **Can we clarify that vaccination table is required to be populated.**

        x. Utah: approved Oct 21

        xi. **Allina**:Submitted, but thought they had the state bug when it was really a field length error. Resubmitted.

        xii. **Intermountain**:Test run ran, still some issues to fix. Just ran a larger test group 10% pop. Unless something unexpected comes along we'll have it done on time. We don't have immunization's populated. We're looking forward to getting that from another source that should be nicer than trying to pick out the scraps of how people put it in the EMR. Was not entered into the EMR well.

3. GPC DROC [Request #55](#), due 10/25
   a. Indiana University
      i. Need both droc approval and submission.
         1. Jarrah- Just saw. Just came back today
         2. Maren: need both a droc approval and the counts
   b. Marshfield Clinic
      i. DROC approved
      ii. **Data submitted, but form needs to be updated**
         1. **Need to update the form that states that we submitted the data. Click on the request 55 link and navigate to your site**
   c. Medical College of Wisconsin
      i. DROC approved
      ii. Data submitted
   d. University of Kansas Medical Center (KUMC)
      i. Maren: Already has our data
   e. University of Iowa Healthcare

       i. Brian: We were waiting for a demo on babel so that Michael could assess if we have the data available.

      ii. Demo is up next on the call.

     iii. Maren: We also still need droc approval from your site.

     iv. Brian: waiting to figure out whether or not we have the data before we can approve it for our site. Will let you know later today.

f. University of Missouri

       i. V: The droc is approved, emailed Maren that we don't have naaccr data in our I2B2. Did not get a response.

      ii. Maren: I will go back and check in my email. He's only interested in sites that have the naaccr data.

     iii. V: We have it, but it's not in our I2B2.

     iv. Mosa: Should we write a custom query for this? Not loaded into I2B2.

      v. Maren: Would be run on data in Grouse. Have you shared the tumor registry data with grouse?

     vi. Mosa: Yes.

    vii. Maren: I think if you're willing to run a custom query so he can get an idea of counts.

   viii. Dan: how was it sent to grouse if it was not in I2B2

     ix. Mosa; I believe we sent it in the NAACCR table format. We have naaccr in our I2B2, but it has not been refreshed recently. (due to change to V 18?)

      x. Dan: Not sure how much effort is cost effective. Any Sense from Maren

     xi. Maren: Looks like they're applying for a grant and he's looking for which sites he is going to select. MU's call. Not sure how much work it would be fore MU to query their custom table.

    xii. Dan: How much money would they get if they ended up participating?

   xiii. Maren: Don't know. Welcome to speak with Drew to find out.

   xiv. Mosa: Is it required to have the NAACCR data for that query?

    xv. Maren: I will send an email to him and connect you two.

  g. University of Nebraska Medical Center
    i. DROC approved
    ii. **Data submitted, but form needs to be updated**
      1. **Yesh: Jim is not on the Call, but think he knows**
  h. University of Texas Health Sciences Center at San Antonio
    i. DROC approved
    ii. 10-22 - Submitted - need to update that form
      1. Laura will handle this :)
  i. University of Texas Southwestern Medical Center
    i. DROC approved
    ii. Currently in progress
4. [Babel/ DROC 55 question](#)   *Gryzlak, Brian M*

    "A demo on Tuesday would be helpful ..."

Appendix: Scribe Rotation

Sites: KUMC, UIOWA, MCW, MCRI, UNMC, UTHSCSA, UTSW, MU, IU, Utah, Allina, Intermountain

1. [UTHSCSA Jul 30](#)
2. [IU Aug 6](#)
3. [MU Aug 13](#)
4. [Utah - Aug 20](#)
5. [Marshfield 27 Aug](#)
6. [UIOWA 3 Sep](#)
7. [Allina 10 Sep](#)
8. [MCW 17 Sep](#)
9. [Intermountain - 24 Sep](#)
10. [KUMC Oct 1](#)
11. [UTSW Oct 8](#)
12. [UNMC Oct 15](#)