Transcript

May 16, 2024, 1:00PM EST

Talapova, Polina 0:19
Umm.

SE

Schmidt, Heidi E. 0:25
Hello.

YL

Yaxing Liu 0:27
Hello.

Talapova, Polina 1:32
Very good.

Williams, Andrew E 2:34
All right.
Now everyone.
Goodbye.
Focus on getting as far along as we can and and reviewing how far along people already are on the work we've been talking about for a while and that we announced the official.
Release of the standard operating procedure for last time.
So it was work that Paulina has led on how to.
Review with the appropriate clinical expert.
The draft mappings between things that are seen in flow sheets and the standard representation of them got some progress on where where those are going to live that we announced last time and and how to go in and I'm say who's going to be involved in in mapping them.
A couple of minor changes to or additions not.
No real changes, but additions to what the information is that we're going to record there.
Umm, but we thought even though pulling it out a great job of of presenting this in the past a few times and we've gone over it and calls, it's fairly urgent task because of the dependence of some of the data where we want to release soon for challenges that we complete as much of this that's relevant to those challenges as soon as possible.
And that is complex as it is that it's probably worth just repeating this kind of going through some stuff again and and pulling is going to be doing a little bit of that and having some clinician experts on the call who can help walk through some things that are likely to be on the docket for release for these challenges is going to make that an efficient way to get forward progress while continuing to educate people.

We will at the end kind of be just checking in with you to see who's had a chance to start to try and identify appropriate clinical experts who has questions about what it is they're meant to be doing there, or questions about how to prioritize that work versus any other things that they're doing.
So we'll have a sort of a little bit more interaction after Olena goes through this, but that'll be the main focus of the call today.
Uh, as always, if there are other things you want to make sure we're getting 2 on these calls that you think are gonna be a broad interest and relevance to people, we are always interested in hearing more about that.
Umm, but that's going to be our focus.
So without any further ado, Paulina, please take it away.
Oh, actually, Marty, looks like you were about to say something.
Sorry, go ahead.

AM **Alvarez, Marta** 5:15
I'm just real quick.
It looks like we have a new person on the call today and I just wanted to give him a chance to introduce himself, but I believe it's Shen Hong from US.

H **Hu,Zhenhong** 5:27
Yes.
Yes. Uh.

AM **Alvarez, Marta** 5:29
But did I pronounce that correctly?
I'm sorry, please correct me.

H **Hu,Zhenhong** 5:33
Uh, yes.
Yeah, that's correct.
It's.
Yeah, I I've run.
This is Jing Huang Hua and I'm a researcher.
Seen the professor from University of Florida and my background is in biomedical engineering.
A lot of my research is focused on leveraging machine learning, AI, IVR and techniques to support decision making and enhance patient care.
I will closely with Doctor Azra.
Yeah, I'll be here like at the IC3 center.
Hi.
Nice to meet you.

Williams, Andrew E 6:12
Welcome, a very nice to meet you.
Thanks Marty for for identifying Doctor Who and appreciate.
Appreciate you being on welcome.
Anybody else knew where we good to go?
You think?
Alright, got 21 folks on.
It's nice sized group.
So Paulina, did I set up the the meeting correctly?
Polina.
Is that jibe with your understandings?

Talapova, Polina 6:40
Everything is good here.

Williams, Andrew E 6:41
Good.

Talapova, Polina 6:41
Thank you very much.

Williams, Andrew E 6:42
All right.

Talapova, Polina 6:43
Introduction.
OK.
Before we start, let me share it.
Link to the SOP web page where you can find it and just give me look.
2nd just double check that it's correctly OK.
Umm.
Issue is correct.
Umm.
OK, now I will share my screen and stop my camera just for their connection.
Say one second.
Umm.

Williams, Andrew E 7:42
While you're doing that, I'll just note that you'll see if you follow that link that it says approved at the top.
So there's a this is the one of the first oops that has gone through the process.

That chorus is defined for saying.
Here's here's the official guide and how to do something, and so you'll see some if you go to this site that are not approved yet.
So it'll let you know like how confident you should be.
This is exactly what everybody agrees should happen versus.
This is something that's being developed, so that's what that top mark means.
Go ahead.

Talapova, Polina 8:13
Alright, thank you very much Sandra.
So we are pleased to inform you that the standard operating protocol for clinical education of mappings has finally been officially published, as Andrea said, and today I will briefly show you the process again and we will discuss any progress from the sites involved after this brief reintroduction.
And first of all, uh, this clinical validation, the clinical validation process of mapping is crucial for preserving the accuracy of data translation.
It is designed to promote efficient collaboration among among various experts through the provision of clear guidelines, methodologies and well defined terms, so this document guides clinical experts through.
And intricate mapping situations and evaluation procedures with the primary objective of improving the quality of standardized data that is the most important in healthcare research.
So this process ensures that the data accurately reflects through clinical meanings and practices.
That's why the clinical validation of mappings plays a pivotal role.
It's a really important and pivotal role in enhancing the quality and efficiency of health data analytics.
So in general, this process guarantees improved data quality and consistency among sites and hence predictive analytics, facilitated data sharing and collaboration and also compliance with clinical standards that that's why it's a really very important process.
So talking about procedures that we have there is attached diagram.
Let me show you this second.
Ohh at the top you may see the overall diagram for the standards module work process.
So we started from structure, then collection of structured HR and structured teacher.
Then we're going to extract transform what process in the form of various scripts in parallel with these ETL process.
We have source data map into Alma vocabularies and these source data mapping includes clinical edition of mappings about which we will talk a bit later after ETL processes done, we are ready to populate all of CD

Talapova, Polina 0:07
We have source data map into Alma vocabularies and these source data mapping includes clinical edition of mappings about which we will talk a bit later after ETL processes done, we are ready to populate all of CDM instance.
All relevant clinical uh health data tables, event tables and then run OMOP characterization, OMOP, network visualization and OMOP data quality is indicative.
Once it's done, we can generate site specific feedback from the standards module.

But before we go in there, we should stop on clinical decision of mappings.
As I said before, it's very important process, umm, about semantic representation of the standardized data.
So talking about steps, we have 6 steps in general.
So first step is identifying an expert and today after this short presentation we will discuss whether you were able to identify these expert during the last week.
So at this place, uh, the idea to identify their required person with required expertise using the information, sorting the field, clinical expert specialty in the table for collaborative workspace.
And I will show you this table right now.
This is a Google spreadsheet and there is a link right in the SOP to this file so you can go there and look through this table.
There is tab with mappings that dictionary tab with all descriptions and this is the place where legal expert as expected to work.
So coming back to our diagram, second step is a setting up environment.
In this case, we provide permissions for the GitHub repository and the Google Drive directory for the clinical expert, and this and also we offer assistance with this setup and any kind of help that is required for the future work of the clinical expert.
Now we can go to the steps.
Three, so step three is about comparison of the source term and target term, especially comparison of the mapping outcome.
In this case, the clinical expert assess how well source description and target concept name much semantically to each other.
So checking for consistency and clinical concepts across varying terms and abbreviations, acronyms, or short forms of different kind of medical terms.
Once it's done, uh clinical expert ought to validate the mapping officially for this clinical expert makes a decision and documents this decision in the specific fields.
Some of them is review data reviewer name, reviewer comment and Orchid ID, but also it will show you a bit more fields, additional fields that are also required for the finalizing validation of mappings and the 5th step.
Here is the distribution of the review results.
In this case, the expert consolidate and sends back the scrutinized review results using the preferred digital method.
It can be emailed, GitHub or Google Drive and I will show you each of them except email.
Of course, each of them I will show you a bit later and step #6.
It's participation and for the discussion and also tracking changes in this case, clinical expert actively engages in the discussion regarding their findings and also keep track of any changes made in response to their review.
Uh, so this SOP is applicable for first iteration of clinical validation of mappings.
Well, let's come back to the SOP.
So here you might see the steps in more detail and for instance in step one you might

see the link to the file that I show you a bit earlier.
Also the past how to get it from the root folder that we have in our standards module Google Drive in the second step you also made find link to the guide for clinical validation.
It's a detailed describe methodology how to relate mapping step by step with described value validation approach like general principles of clinical validation of mappings, mapping table discovery also here as a step required step like familiarize yourself with the source data with the source table description of example of such a table.
Then also there is information about comparative mapping analysis about all possible mapping scenarios that can be met in there.
Any kind of mapping.
But in our case, in our mapping validation effort, we use only exact matches to simplify this process and to facilitate the process.
But in real life scenario, all eleven.
Yeah, 11 scenarios can be found just for your information.
Then also there is a piece of advice how to evaluate mappings using various approaches like lexical analysis, synonyms and naming variations, syntax and structure, semantic analysis using low ink boroff parts like component, analyte, property, time, system scale and method contextual usage and other types of evaluation.
Also, information about decision making and testing methodology.
Review, feedback, submission and also uh.
Conclusion with our future plans.
So it's about guide attached to this step, #2 umm at this sort step there is and formation about our decision making scenarios.
There are three of them.
First one is equivalent concepts and correct mapping.
Everything is fine in for this case.
We enter one in the decision field.
If mappings are wrong and concepts are different, but also put two in this field to highlight that this is the erroneous map and and the source scenario is introduction of new mapping.
For instance, if clinical expert uh think that there is better option for the source term translation for the step four, there is information about fields that should be modified or has to have to be modified first.
For I read before it's review date, review name command but also we add review specialty here to get the information about specialty of clinical experts who participate in our effort or could they did was mentioned before status of these mapping validation.
So it's about what is happening right now and you validated or under validation or to be done for instance, and also site name, official name of clinical expert site when we're talking about distribution of review results at step five, there is links to the GitHub

repository that is created for this purpose.
Once you're ready to submit your review through this source, you should create the new branch.
Here, could you create a new branch and through this branch and pull request submit your review results and other option observation of this.
Another option is to Google Drive here in our uh, typical directory.
Thank folder Delphi, Delphi and here there is clinical validation of Delphi mappings and one submitted validate validation review here just for the example.
OK.
And uh, according to the Step 6 UM, I would like to emphasize the last sentence here, so to a sense baseline agreement among experts regarding questionable mappings.
The second phase of clinical validation is expected and this phase will address terms that initially did not receive a clear verdict.
It's very important and we expect that this second iteration can be done through the double blind validation.
Currently we have at least two clinical expert one of them it's me.
Another person is you and it means that there is no blind blindness in this process.
But the second phase of the validation can bring us this opportunity.
That's it from my side.
Thank you very much for attention and if you have any questions or updates please let me know.
And according to the step one, also if you have any updates according to step one, please share your findings.

Williams, Andrew E 9:16
So who has thank you very much, Paulina, for running through that again.
I I think especially some of the potential things that might go into consideration and Step 2 is probably a lot, even though you provide very clear instructions for them or references to things, I think it's for people who haven't done something like this in the past.
That's a lot for people to take in, so I'm eager for us to get to some examples to help show that it's a little less daunting than it might appear.
I think we've done this in the past, but I think we're not only restricting it to exact matches to keep things simpler, we also want to just show that having somebody with the right expertise review what you've done and say that looks right or not or have a discussion is a more straightforward task than having to master all the details that might be listed in in some of the steps.
And so, but before we do that, I want to ask who on the call has tried to do step one so far.
Uh, I think we talked about this a little bit last week.
So who's who's gone as far is to identify potential clinical experts.
And justice raising your hand.

We we called sites out one at a time last time and asked folks to give us updates and some of that information was shared.
But we're in an effort to convey the urgency of this.
We're going to be checking in on these calls with how people have done so.
Got three site representatives so far.
We know.
MGRF is another Tufts will be another as soon as we're in official site.
And.
OK.
So I'm going to infer by the lack of hands that we have.
Something like 10 sites who have yet to try and find a clinical expert.
That may be an overestimate, but let's say a couple folks just didn't get to their hand raising in time, and maybe we've got about half the sites that haven't yet, so please do that.
At your earliest convenience.
And.
Let us know if you're having trouble with that.
If there's strategies, one of the things we need to know that information for is is when we we're trying to divide and conquer this work.
And so the number of sites that are contributing kind of makes a difference on how many we assume each site needs to kind of try and do in order to get some of this done.
So that's one of the reasons we're checking in.
We're also just want to get this the tools associated with these mappings in your hands as soon as possible, and we just waiting on this very last step of the extra clinical validation to do it.
So of those sites that have done it, who have started to work on it, who started to actually kind of do some validations of the mapping.
So maybe we can bring U Polina.
Can you just show the spreadsheet where we've got the mappings where it's got names associated with it and so forth?

Talapova, Polina 12:32
Because you one second.
And you see my screen.

Williams, Andrew E 12:43
Yes.

Talapova, Polina 12:45
Quit.
Yeah.

So this is a table.
Everything that is in white and Mark test CVD to be done is free for validation and there is a field decision date name, specialty here, comment and or captain D.

Williams, Andrew E 13:06
And as we mentioned last time, when you start to do this, what the process is to kind of put some some of the information in those columns that Pauline is now showing, I guess you can make sure everybody has a link ready to this this spreadsheet, but that in the chat and.

Talapova, Polina 13:26
Let me share keep.

Williams, Andrew E 13:31
And so we'll know that somebody is working on this or has completed it when we see that there are some of these columns N through South are filled out that lets us know which which mappings are being looked at, which ones have yet to have been claimed by somebody.
There's a column there that wasn't there before about site name.
We will probably wouldn't be collecting some other additional information about specialty and so on that we know is relevant.
So.
See you couple here.
I think some of them were done in on these calls, but came back to that question.
Who of those who have kind of identified an expert who has started to try and follow this process and pologize for putting folks on the spot.
But we want to kind of, you know, take advantage of the time we have together to say what, what was it like to try and do this?
Because this is a bit of an adventure and we want to help you through it.
And so yeah, go ahead, Eric.

RS

Rosenthal, Eric S.,M.D. 14:34
Andrew.
Yeah, we haven't done it.
Umm, I think how do you has probably told me a few times that I am needing to do this and I E haven't.
I don't usually have the ability to attend this call and so I'm happy to be here actually to sort of see it done.
It sounds like you've done a demo before where you've done a few of these.

Williams, Andrew E 15:01
Umm.

Rosenthal, Eric S.,M.D. 15:01
Umm, but I might appreciate just seeing like one example is that and I don't know if that's taking up your time or you've done this already.

Williams, Andrew E 15:07
Excellent.
Let's exactly the kind of thing we were hoping to do.
That's perfect.
No, no, we have and I think it's complicated enough that it bears repeating and it especially bears repeating for you and other clinical experts who want to know how to do this and even if they've seen it once, I think it's likely that it's going to benefit from repeat viewing.
So I think if you, Eric, if we maybe just slide the viewer over to the left, so we can see which I guess you can see target concept name you think maybe scroll Eric till we find one that doesn't have somebody's name associated with it and that you think is likely to be related to the.
Challenge.

Rosenthal, Eric S.,M.D. 15:52
I I like.
Umm.
Lot of these are filled out so I.

Williams, Andrew E 16:04
They're all filled out and the process that we're talking about is just validating what's been filled out.
So we want to go through this extra step.

Rosenthal, Eric S.,M.D. 16:11
Can you Scroll down below 26?
So, like inspiratory pressure set, that's sort of a a type of.
Feels like a measurement, but it I don't know.
It says it's a setting, but I don't know what's referred to as.

Williams, Andrew E 16:33
So please can you maybe walk us through a first of all, see if this is already done a been validated I mean?

Rosenthal, Eric S.,M.D. 16:42
And then Andrew, just so I understand is, is it one of these sheets per site or is it we're trying to fill this out in aggregate as sort of crowdsourcing so?

Williams, Andrew E 16:50
In aggregate.
So yeah, we'll crowd sourcing the clinical validation of the draft mappings that we're gonna use and we need clinical experts to validate the initial draft.

RS

Rosenthal, Eric S.,M.D. 16:58
OK.
Do you think it's the kind of thing if we invite colleagues to be part of that, they'll be able to be a middle author on some publication eventually?
Or is this sort of below that level of something we would publish?

Williams, Andrew E 17:19
I think having a uh paper about this would be great.
And yeah, the appetite for a paper about this is maybe a topic for another time.
I think it's worthwhile.

RS

Rosenthal, Eric S.,M.D. 17:31
OK. Yeah.

Williams, Andrew E 17:32
I don't know of a ton of journals that do those sorts of papers.

RS

Rosenthal, Eric S.,M.D. 17:35
Anderson.

Williams, Andrew E 17:35
I think it's, but yeah, I think it's sort of the certainly worthy of credit.
Anyhow, Paulina, can we see if the one that Eric highlighted has been validated already?
And if not, can we kind of walk through the process of doing that with him?
So that is being, it's under validation already by Edward Hong.

Talapova, Polina 18:00
What's your name?

Williams, Andrew E 18:00
Who's that at our site?
It's OK.
I think we can just say we could let Edward know he doesn't have to do this if he hasn't already.

Uh, but maybe we can just walk through 4, Eric.
Like what it looks like to do this validation process and give him a sense of that so good.

Talapova, Polina 18:17
Nothing.
Yeah.

RS

Rosenthal, Eric S.,M.D. 18:19
Thank you.

Talapova, Polina 18:20
So you're looking at this table, we comparing Field D and field K like name in the field D and in the field A and once we are ready to say that everything is fine and it seems that everything is fine because in spiritual pressure settings it's inspiratory pressure settings.

RS

Rosenthal, Eric S.,M.D. 18:33
Yeah.
Here.

Talapova, Polina 18:46
We can put decision one here.
Date for instance today.
With here.
Oops, almost correct, and some orsetti don't remember ours it, but yeah, it should be here.

RS

Rosenthal, Eric S.,M.D. 19:15
So.
Now I I would imagine that the response of this is a number with a unit.
Like you know, it's a pressure setting, so it's millimeters of mercury or something like that.

Talapova, Polina 19:27
Yeah.

RS

Rosenthal, Eric S.,M.D. 19:33
Umm is it?

Talapova, Polina 19:34
And yeah.

RS

Rosenthal, Eric S.,M.D. 19:36

Is there a place that we would validate that it's an integer or float or something like that?

Talapova, Polina 19:43
Uh, actually, no.
But if the source contains units of measures, these units stored separately in the measurement table in OMOP CDM units, yeah, yeah.

Williams, Andrew E 19:54
How OMOP handles that is is you've got a concept for the thing, and then you've got a value that corresponds to that concept, and that's the one where you'd have to make sure that the data type and the units for measuring it are correct.

RS

Rosenthal, Eric S.,M.D. 19:55
OK.

Williams, Andrew E 20:12
This is just about the the concept.

RS

Rosenthal, Eric S.,M.D. 20:15
And what about something that might what that what about something that might have a?
Categorical right response.
The reason I'm asking is I understand this.
We're not scoring the responses.
We're scoring the concepts, but sometimes when we look at these sort of don't always know exactly what they mean until you look at the responses and I see a distribution of it and you would know that it's a going to be you know a category or it's some and and that might affect whether you really feel these things match.
So for example, let's pretend that inspiratory pressure setting was.
We thought that was a set number of a a pressure of of the inspiratory ventilatory pressure, but actually it turned out that it was positive or negative or something like that.
And you know, positive pressure or negative pressure, which is sort of a category, I guess it's not a we we've talked about this before, it's not the exact thing.
It's sort of similar and it it may be a situation where it's sort of I'm less granular or more granular or it could be something where you start to realize it's related to that thing, but it's not that thing.
And so I'm wondering is it the type of situation in which doing this is hard to do without knowing what the distribution of the the data responses are?

Talapova, Polina 21:47

It is a bit harder than it it can be with values, but Delphi data set unfortunately doesn't contain values.
That's why we have that we have.
But in this case it doesn't matter what is the values for these concept standard concept.
Why?
Because umm, it means that we can store any kind of values using OMOP CDM numeric, ordinal.
I don't know any kind of them can be stored and domain of this concept that we have is observation and it allows to store any type of values so.

Rosenthal, Eric S.,M.D. 22:23
Umm.

Talapova, Polina 22:27
And that's why I I hope that it's not a problem for this effort for this validation process.

Rosenthal, Eric S.,M.D. 22:35
OK.

Talapova, Polina 22:38
But in a real time real life scenario, it's always beneficial to have values like for internal purposes.
It's always better to have this value, so it's simplified the mapping process.

Rosenthal, Eric S.,M.D. 22:48
Right, right, right.

Williams, Andrew E 22:51
So just to just let's follow through on this one.
And so, Eric, what do you think about this one you?

Rosenthal, Eric S.,M.D. 23:00
I think it's valid.
In my mind, I think they're probably both gonna be millimeters of mercury type at the unit.
Doesn't matter, but numerical measures of the force of pressure being applied.
In my mind, I'm thinking is it possible that the concept is more?
Well, it says they're centimeters of water, which is helpful.
Is it possible that the target concept actually reflects something like a mode of ventilation?
I don't think so that it's sort of volume versus pressure targeted.
You know that it's some kind of categorical thing about the mode.

I think it's actually about the pressure and it's not the setting of it being sort of, you know, you know, pressure sensitive ventilation versus not or something like that, that it's actually the number.
But that's the that's how I would think about it in my head.
And then in the end I would decide I think I'm pretty confident that this is a match and I would move on.
Is that helpful?

Williams, Andrew E 24:00
So yeah, I just want to keep.
Keep going, Polina.
And actually record this information as Eric's, putting it in.
So, like we'd have Eric's name.

RS

Rosenthal, Eric S.,M.D. 24:11
I'm confident in telling I is a one is that I'm supposed to rate that as zero to one, or is that a?
Is that that came out of the automated or not automated, but it came out of the sort of likelihood of it being a match and it's not a human response.

Williams, Andrew E 24:36
That's Polina's confidence, initial confidence rating in the mapping that she did, and it is on a zero.

RS

Rosenthal, Eric S.,M.D. 24:42
OK, a real feminist.

Williams, Andrew E 24:43
It is a 01 deserve to one scale and I think we don't have a place where the person who's doing the clinical validation to rate their confidence.
We do have a place to put in comments and so you mentioned some residual uncertainty about.
Your assertion that this was a valid mapping, it could go in that comment.

RS

Rosenthal, Eric S.,M.D. 25:10
Yeah.
I mean if if I had to read it, if a confidence, I'd say .99, you know, but I'm just.
I was just walking you through sort of my decision making, so I'm confident confident, but I just had some questions in my mind that I sort of self answered.

Williams, Andrew E 25:18
Yeah.

Yeah, I think that's helpful.
And so.
It so is there anything that rises to a level that you think it should be recorded here about your residual and search, so there's no additional comments needed, so that's it.

Rosenthal, Eric S.,M.D. 25:33
No.

Williams, Andrew E 25:37
So that's the process for anybody who hasn't seen it before.
Of what Paulina did was ask Eric to review essentially the two labels for the thing that's being mapped, and the thing that's being mapped to and to consider whether those are an exact match.
That's kind of the bottom line.
Is the description of these two things seem like they're an exact match or not?
There's a lot of other considerations that make that a slightly more complex thing, but at the bottom line.
That's the majority of what we're asking people to take on.
So I just want to make it a less complicated task than it might appear, right?
I think pulling did a great job of presenting it and I gave a lot of detail that might feel like a lot to take on, but I think for the most part where it's comparing those two columns where the descriptions are and saying here the mapping says this is an exact match, so I agree with that.
If there's a comment to be left, do that.
I think there are some nuances and you can find guidance in the SOP about those nuances, but just want to really kind of make it a more tractable task.
Let let's try doing one more at Eric with when do you think that's going to be?

Rosenthal, Eric S.,M.D. 26:54
Yeah, I I'm happy to do one more.
I think these are sort of fun, but I would say I would probably respond better.
Umm to being just a stained like 30 of them or fifty of them?
Umm, just to just in terms of how I might work then to be like, uh, let me help out and you know I.

Williams, Andrew E 27:11
I think we would do that if we had a list of who was available at each site and their appropriate clinical expertise, we'd be able to match what we think is the right expertise to the 30 that somebody could do.
But we don't have that.

Rosenthal, Eric S.,M.D. 27:24
Yeah.

Williams, Andrew E 27:26
We're we're kind of having sites take on that task of finding the right thing, right, clinical expert to review things that match their expertise.
And so that's the reason we haven't done it that way.
I think you're you're right.
It would be best if we did that.
We've if we just did it arbitrarily, we'd risk asking people to, you know, validate things that they don't have the it's not in their domain of practice to really have the content knowledge.

Rosenthal, Eric S.,M.D. 27:50
Yeah.
I would just ask someone I know for or I would ask another site Pi who I thought would know.
So I I I wouldn't mind that if you assign me some renal CVA, you know stuff as sort of out there, I might just send it to like Azra and say, hey, you know, I'm doing this and if you want me to do a few years, let me know.
But can you do these?
So I would horse trade probably but, but just just some personal?
I asked this there.

Williams, Andrew E 28:20
Yes.
So can we put a link to this spreadsheet in the chat Polina?
And then Eric, let's.
Let's go through one.
If you pick one again you think is relevant to the challenge, we can start to just make progress on more more of those.
I think with respect to your suggestion just now, maybe sites don't have to go to step one right away if they think they can find somebody who's gonna fill in for the expert that they find.
Like I it's possible people will feel that empowered to go do that, others may not be, might want to check and make sure you've got some that are matching the one expert.
You can get a hold of it.

Rosenthal, Eric S.,M.D. 29:06
Yeah.

Williams, Andrew E 29:07
It'll be up to you.
I think that's a good idea to make it a little more flexible if you feel like you can just take on 30 regardless of what the specialty.
Go ahead and do that, but we don't want to change too much about the process, but we don't want to confuse people too much.

RS

Rosenthal, Eric S.,M.D. 29:16
Like like if you gave me 30. Yeah.

Williams, Andrew E 29:19
Really, I want we've spent a lot of time figuring out the process for this and let's let's not let's not throw a curveball in the middle of it.

RS

Rosenthal, Eric S.,M.D. 29:20
No, I understand.
OK, fair enough.
OK, bye.

Williams, Andrew E 29:27
So let's go back to spreadsheet and have you do another one.

Talapova, Polina 29:35
OK.
Should they share?
Or maybe Eric would like to share if or any other person who is ready to do it by himself or herself or themselves.

Williams, Andrew E 29:47
So Eric, I think that's an invitation for you to click on the link in the chat.

RS

Rosenthal, Eric S.,M.D. 29:49
You know, I'm.
I I slow on the uptake, so here's this.

Talapova, Polina 29:50
I'm just asking, I don't know.

RS

Rosenthal, Eric S.,M.D. 29:59
OK and.
It's OK.

Let's drink this down and open this up.
So I you want me to fill out here in purple?
I think so. Right.

Talapova, Polina 30:13
Be or any any any white roll the empty without any color.

RS

Rosenthal, Eric S.,M.D. 30:15
And you're asking.
OK, so like these first couple are.
Numerical source codes about alcohol and tobacco use and.
The craft screening is, I think, a tool for screening substance abuse and this one has craft screening test and SNOMED.
So this looks good to me.
And then remind me just what one and two is?

Talapova, Polina 30:58
One is correct, two is wrong.

RS

Rosenthal, Eric S.,M.D. 31:00
OK, so I just say one and one you when you talk about alcohol and tobacco, sometimes these get either like discretized as one or not none, or sometimes it's packs per day.
These look like they're just binary, so I think they're good.
And then today is 51624.
Thing like that.
And.
Being like that.
My specialty.
They're all critical care.
Is that it?

Talapova, Polina 31:50
Perfect.

RS

Rosenthal, Eric S.,M.D. 31:50
And then Andrew, you asked for something that's sort of challenge focused, I think some of the challenges of questions were most of them were really focused on pressure.
So like on pressure then altory issues.
So these look like they're all undone and I just scroll over a little bit.
If I were to take the ones I have lighted here 34 to 41 and it's a pressure support setting on a ventilator, this is a respiratory rate and this is a breath rate.

So in ventilators you have to be cautious if something is set.
You can see here the Scription says set or whether it is a observed.
So you can generate of 12 and the patient may breathe extra times 16.
So this one is says set and this one over here does not say set, so that's an example where I would say.
I don't know my certainty.
There is like .75 and what's today 51624 and I'm gonna say.
Umm.
My comment is, is the target concept asset value or an actual?
Value.

Williams, Andrew E 33:19
Can we pause there?

RS

Rosenthal, Eric S.,M.D. 33:19
And.

Williams, Andrew E 33:19
This is great.
I think the fact that you have some lower degree of certainty and A and a explanation for why is going to lead to step six, which in the polling is description of this process where it participation in discussion.
So where there's I think discussion is one of the ways of resolving, you know, the difference between .75 and one for this.
And there will be some go ahead.

RS

Rosenthal, Eric S.,M.D. 33:40
Yeah, yeah, actually, now that I'm looking at some of the concept names and they have settings on them, I might actually adjust this down to like .25 and say, you know, other target, umm concepts have.
Set and like in the term.
So I'm looking here for example and this is called.
Where was it?
Setting there was one other one I thought I saw.
Anyway, this one says setting and.
These are all LOINC and this one link, so I'm just thinking of myself.
Umm, maybe this isn't right, I don't know.
But enough.
That's enough for maybe someone to go to the next step and disambiguate.

Williams, Andrew E 34:35
Yep.

Exactly.
Umm.
So thank you so much, Eric.
And and Paulina for walking through that.
I wanna get input from people.
Either people who are clinicians on the call or people who might be wanting to work with clinicians to participate in this process about kind of how to do what you just saw.
Polina and Eric do so again.
We want to make this as simple as possible.
You kind of saw it in action there.
We do.
You want to ideally have a match between the clinical expertise required to understand things and the way that Eric was clearly understanding all the stuff we just saw about ventilation and so on and and what the mapping is.
You said it's OK to umm, you know, trying to identify one expert and have that person refer to colleagues.
If if you think that's going to happen, So what are people's thoughts about how, how feasible is going to be to take on some of these?
And the next like few days and try and find somebody to work on this, I guess.
Anybody who feels like it's going to be challenging?
Umm, that's an entirely reasonable thing to say.
It's not going to be a source of blame, but we're we're trying to gauge how quickly we can get some of the work done so that we can get data validated.
I'm mappings validated and help you work with these mappings to acquire and upload the data as soon as possible, so we're searching for obstacles that we can overcome by asking you how it's going to go here.
O, who's got thoughts on why it might be challenging and how we might help with that?
We could put out straw man ideas like is it just unusual for you to do this kind of thing to have?
Umm.
Conversations where you're reaching out to a clinical expert at your site in order to get this kind of work done.
It might be for a lot of you, and that's totally fine.
If there are ways that we can, uh, find people to connect you to or do that, some of the connection for you, we we open to any solution.
We do wanna kind of get it moving though.
So what are thoughts about where where there might be challenges like that that we could help with?
Heidi.

SE **Schmidt, Heidi E.** 37:22

Yeah, but I think Willow got ahead of me.
So I'm gonna defer to Will as being first in queue.

Williams, Andrew E 37:30
OK.

AW

Ashe, William (wa6gz) 37:32
I swear I saw your hand.
First Heidi, that's the teams being, teams being Teams.
My I guess my point was this today was exactly what I was looking for.
I was gonna have to go in order to tell other people what to do.
I was going to go back and watch all the videos and it was just figure out the exact things I could point to.

Williams, Andrew E 37:49
Umm.

AW

Ashe, William (wa6gz) 37:52
I feel like this was a comprehensive description and certainly enough to where you know, reduces the questions that people have down to like a couple questions on what they're doing while still keeping this actually compact.
So with that in mind, I've lost track of the the link to where recordings are and just making sure that this recording is going to be up essentially as soon as that we get this.
I think we can start sending this out and that this should hopefully help sets get going.

Williams, Andrew E 38:22
And.
It tastic O this was meeting one obstacle.
It was just kind of a refresher on how this all goes.
Or another walk through it.
Is it is on previous recordings?
I totally make sense that, umm, the first viewing is not enough.
I think it's it's good to, you know, have a multiple sense of it.
So that's really helpful feedback.
Well, glad we're glad we're doing this again and.
Other thoughts and other people like how how ready.
Or or like I guess I don't want to say how ready when I say I say how ready.
I know everybody's willing and ready and trying hard, and that's not in question.
It's kind of like what?
What are the real things that might prevent you from doing it, and how?
How can we identify those so that we can solve those problems?

Is the main thing.
So, Javier, see you coming on to view here, Sir.

Sanz, Javier 39:17
Yeah.
Yeah, I was gonna say so at the UCLA.
As you know, we, we already had an OMOP instance that we have been leveraging for this work.
So I think now one, not an obstacle, but one more thing that we're gonna have to do here is to how to communicate the information on these mappings to the team that's in charge of that OMAP instance and how long it's gonna take for them to absorb it and cascade it eventually into the final version of the data that we access.

Williams, Andrew E 39:47
And so that ETL is not being done by you, it's being passed on or facilitated by you and done centrally for the the entire UC system.

Sanz, Javier 39:59
Exactly.

Williams, Andrew E 40:00
And the way that that's being.

Sanz, Javier 40:00
So I've I've I've been trying, I haven't.
I haven't started that process to engage with that team to kind of build some kind of workflow when we can collaborate because same thing that we're doing here happens, you know, the project.

Williams, Andrew E 40:30
Thanks.
That's really helpful.
So how many other folks are at a site where they are essentially receiving an ETL?
Somebody else has done and then providing input on changes they would like to see to either add things to it or correct things about it.
How many people have that challenge?
Because that's that's a really excellent one.
Are there other folks who have that same situation where they're not?
They're having to work with the people whose primary responsibility is to do the the ETL and and provide this kind of feedback.
If there are other folks and you just want to raise your hand, that would be fine.
I think there are a couple of others, right?

Yeah.
Regina and Daniel O this is great, I think.

Rosenthal, Eric S.,M.D. 41:12
Yeah.

Williams, Andrew E 41:17
Excellent to have identified that I think where this is an issue we should explore and maybe start a discussion thread about tactics that might be helpful to and I can think of a couple, but I'm not sure that they're right.
So that's why I think it discussion is good.
I think some things that might be done or to request access to some of the primary sources that the ETL is being done to go through a process of developing some of the scripts that those folks could use and that may be the the process that's already being used.
I'm not sure umm.
Others might be to see if we can a dentify.
Some of those folks who are doing those etls and get a sense of their requirements and the the general turn around time.
So we have a better ability to kind of ballpark and how to package up requested changes and and feedback loops and so on.
So I think a discussion around these kinds of options for anybody who's in that same situation is a really good thing to clarify and develop strategies for.
And maybe just, you know, have some, uh group input on on things that people can try as well as where there are helpful Communications that might come from the study that specify, you know what the needs are and help support any kind of management that's happening locally so that people feel supported in the in the request that they're making and empowered and whatever ways we can facilitate that might be other things to talk about. Regina.
So you have your hand raised as well.
Would you have any additional thoughts or comments about all that?
You're on mute, Regina.
If you were thinking to come up, there you go.
And though your mic is off mute, we're not hearing something, so I'm not sure if it is your mic.
Or if you wanted to write something in the chat about your comment, that would be fine.
So Columbia, Daniel said similar.
So let's let's start a discussion thread around this, and maybe we'll have a group session with the standards team on strategizing around how to be helpful.
Essentially, with it you you guys maybe that I'm not sure what we can say that will definitely be able to solve, but I think we were definitely willing to help you try and

solve it and figure and work with you to try and figure out ways to to do that.
So no additional comments from Regina.
Well, that was very helpful.
Thank you very much.
We are going to be continuing to focus on this, Eric.
Is there a a dish of value for an additional column that suggests with confidence what's going to be relevant for the challenge that we might used to help sites prioritize what to get done?
Umm, should we?

Rosenthal, Eric S.,M.D. 44:29
I see. Umm.
We could ask, you know, I think we we had two challenge questions that were focused on.
You know the need for ventilation, so or the the not the need the readiness for liberation.

Williams, Andrew E 44:45
Umm.
Umm.

Rosenthal, Eric S.,M.D. 44:52
Or the need for intubation.
So umm.
We could certainly we could put a we could put a column in.
I was thinking should we put a column in to nominate someone?
Who, if you don't know the answer, whom know the answer.
But umm, but I can see your point is to just do it as everyone should do it.
They feel like they're an expert in and then so that that sort of speaks for itself.
The things they'll be absolute.
We can go over.

Williams, Andrew E 45:25
Yep.

Rosenthal, Eric S.,M.D. 45:29
And maybe another thing would be no, no, sorry.

Williams, Andrew E 45:29
So that's a temporary column that might be added.
Sorry, go ahead.

Rosenthal, Eric S.,M.D. 45:34
Uh, how many of these are there?
So like 800.


Talapova, Polina 45:47
But there are 256 rows.

Rosenthal, Eric S.,M.D. 45:50
To the it's the 256 OK, so.


Talapova, Polina 45:53
From the exact matches.

Rosenthal, Eric S.,M.D. 45:56
Umm, that's not a lot, so this might be done by if like one or two or people who are, you know, enthusiastic.
I'm I may be one of them, but I was thinking, you know, could we divide this up to 10 and that doesn't maybe doesn't seem to be the right recipe because then you're just waiting for people to do things.


Williams, Andrew E 46:18
Well, I think anything it gets it done satisfactorily as quickly as possible is a is a good thing to consider.
I think we also wanna move on to ones that aren't exact matches.
I think these are Polina tier one and Tier 2 and so we're going to have an additional set of things when we move beyond exact matches and an additional set of things that are in tiers 3 and four.
And so like in terms of the number that are listed there now that's not the total number that are ever of interest.
That's like what we're getting started with to kind of get this going.
The conversation gets more complicated when you talk about exact and narrow matches.
There are questions like should this even be a mapping to the same thing or is it a?
Does it need a or specific concept that's got a parent child relationship with another one or a higher level concept et cetera.
And there are other things that get involved when you're when you're not dealing with exact matches.

Rosenthal, Eric S.,M.D. 47:14
But.

Williams, Andrew E 47:20
So that's the reason we started to just kind of get people familiar with some of the more straightforward ones.
But anyhow that that's a fuller exposition of the scope, but we're talking about something that goes into more than the current 256.
Alright, that was very, very wonderful.
Thank you everybody for for being here and for sharing.
And Marty, maybe we can send out an email.
Everybody raised their hand about having that particular issue and just get a sense of whether we should have scheduled a particular like a group meeting with those folks to kind of help think through potential solutions to getting people who are doing kind of ETL by proxy.
Umm.
Feeling a supported in that as possible and or if it be good enough to have a discussion section, we don't want to force that on folks, but offer it so not sure if there are other takeaways other than please consider.
Getting this going at your site as soon as you can and let us know if you're running at a challenges that we can help.
Thanks very much.
We'll talk to you next week.

Rosenthal, Eric S.,M.D. 48:40
Thank.

Williams, Andrew E 48:42
Like.

Houghtaling, Jared 48:42
Excel.