CHoRUS Bridge2AI Standards Module Office Hours continued-20240509_175625-Meeting Recording

May 9, 2024, 4:59PM

56m 47s

Alvarez, Marta 1:28
There.

Williams, Andrew E 1:31
Hi.

Houghtaling, Jared 1:34
Hey, Andrew.
Before we get called, maybe I can show U sneak preview of the developer sites.

Williams, Andrew E 1:42
Yeah. be great.

Houghtaling, Jared 1:44
So I pretty much just built this.
This is a chorus sites, but I built this based on the HAITIS package and I'll maybe get the aspect ratio of it or reasonable here.
I don't know.
That's that's clear, but it's got the idea is that it's kind of a place where you can list all the packages that are under developments and then we have ways to contribute to those packages as well as second overview of the statuses.
So we don't yet have really packaged versioning implemented, but we at least can show like the issues open.
Status of builds.
Again, we're gonna have to do some work to implement this, but this is a first step toward actually having a developer location to contribute to and like, maintain package stuff and development within chorus. So.
It's public.
You can take a look, uh online right now, but I'll continue to kind of, let's say, contribute to that and try to update the the the documentation accordingly.

Williams, Andrew E 2:45
That's extra cool.
That's really gonna make a big difference in understanding the what's what's ready to be deployed, what's safe to kind of start working with and where things are.

Houghtaling, Jared 2:53
Yeah.

Williams, Andrew E 2:59
Clearly and and some stage development where it's not ready yet and that's very important and and general, it's just great.
Great to have.
Thank you so much for doing that.

Houghtaling, Jared 3:10
It's.

Williams, Andrew E 3:24
You have some sort of big drum roll and flare of trumpets since all that fantastic work Pauline has been doing is finally.
Being rolled out in this hugely important new phase of what we're doing that's going to bring in all this value, it's great.
It's exciting.
Ok, don't know.
I can't do a drum roll or flare of trumpets sound.
I wish I could.
I could fake one, but imagine them in your mind.
Party before pulling up jumps into it.
Is there anything else we want to?
Say or ask.

Alvarez, Marta 4:02
I don't think so.

Tony Pan 4:02
I.

Alvarez, Marta 4:03
I I would just say that Tony is joining for the first time, so welcome.
You might want to introduce if you wanna just like.

Tony Pan 4:08
Hi, it's it's it's a.
Very timely I.
If there's time, I would like to throw up a a topic that I'm the working on and umm could you could use the help of of this group.
Uh specifically of the waveform channel naming.
Ohh like Brian and I have been like having a discussion.
I think it will also with Tom and we have a collection of the waveform names and I'm trying to map them to to specific DICOM.
You know, DICOM, that's called classes and that kinda has a pretty strict way of organizing, you know, organizing the waveform by type.
Umm.
And I went through our repository of wave forms, WTV formatting, extracted all the the channel names and I don't know enough and it's also seems like there could be multiple synonyms so so I would really appreciate some help, umm.

Williams, Andrew E 5:27
Tony my my guess is that's going to be a topic for a more internal call that we have in the standards group on Tuesdays where we tend to use these calls as a place to kind of broadcast stuff that's already been developed or training people how to do things rather than as a place where we're airing and solving issues like that.

Tony Pan 5:36
OK.

Williams, Andrew E 5:51
We're mostly trying to solve those centrally and then broadcast and train on this call, and it sounds to me from your description like that's something for Tuesday call and or perhaps some of the work we're doing with Brian and others on the, umm, regular call we have uh, that includes MIT team on on Thursdays, but maybe we'll follow up with you and figure out where the best place is to get that feedback and include Brian and that conversation set sound OK.

Tony Pan 5:57
OK.
So probably I I see you're here.

Brian Gow 6:26
Yeah, I I don't.

Tony Pan 6:27
So I thought preempted that discussion.

Brian Gow 6:27
I don't know if it's really in this question for standards either.
I think eventually we need to standardize this, but I think what you need to do is map from a certain ice monitor to DICOM type and maybe we just need to clinicians help, but let's take it offline and if we have time today, so we for a meeting we can bring it up there too, yeah.

Tony Pan 6:43
Yeah. So.
Thanks. Yep.
Thank you.

Williams, Andrew E 6:51
Thanks.
OK.
Big round of applause for Paulina Tallava and the the official rollout of the.

Talapova, Polina 7:05
Thank you so much.

Williams, Andrew E 7:10
Stop for validating flow sheet and other data.
Take it away, bellina.

Talapova, Polina 7:16
OK.
Thank you so much.
So umm, you may know that there is a centralized place for standard operating protocols that we already prepared.
And the first desktop that was under approval, it says Sup for mappings, clinical validation and first of all let me share the link for the place.
They're all SOP's are going to leave one second and now I will show you the uh SOP about clinical rotation for mappings and where you can find it, at least for now.
And I'll explain what will happen soon.
One second, please.
Great.
Should be here.
I just turn off my camera due to my Internet and stability from time to time, but I I'm still here.
So now first of all umm, I want to show you where is where the SOP is right now and I will explain why.
So this is a main branch of the corns SOP project and we can see here various type of reviews later you'll see more of them like branches called review of something.
And now, in case it's review map, in clinical validation, this is a review process of soap in fact and despite the fact that it stated that this is a piece of waiting for approval, you will see this one second.
The review was almost completed by Hong fang Lu and we are waiting for merging main and the development branches, so almost done and once it's done, all sites will be informed officially about this, but currently it's also there and we will go through this document.
So, uh, these standard operating protocol provides a detailed framework for the clinical education of mappings.
There is critical for preserving data translation integrity and it is designed to promote productive cooperation among various experts by presenting thorough guideline methodologies and clear definitions.
And instructions that assist clinical professionals, clinical experts in navigating this complex mapping situation and overall evaluation process.
The primary objective of this is OP is to improve the quality of centralized data in the healthcare research, improve the reliability, reliability of the mappings and this will guarantee that the this effort reflect the clinical meanings and practices.
I mean mappings will reflect this clinical meanings and practices.
Uh, so prestigious includes the diagram which can help you to navigate through.
In fact, 6 steps and the first step includes identification of the particular clinical expert that can help with validation of this mapping.
So this person should be not verified but identified with the use of additional information that is stored in the specific field within the table that I will show you a bit later that is called clinical expert specialty.
Using this field you can filter specialties and define which expert you need for the validation process according to which mappings do you want.
You'll want to validate it depends on each case and depend depends on each side, so you can freely select any mappings that you want to validate except those that had been validated.
However, if you want to perform additional validation, it's also possible to do.
It's not prohibited, and the second step here is a setting up the environment that will help clinical expert to perform this validation.
In fact, there is a we need permissions for the GitHub repository and Google Drive directory that we have at Bridge2AI.
So this will help our clinical experts for sure.
And after the environment is set up, we can go to the sort step is comparison of source terms and target terms.
In fact, this is the main portion of the work.
In this case, clinical expert evaluate how well source description or source don't definition and target name much semantically with each other, whether they bring the same clinical meaning to the same clinical idea and also clinical experts check for consistency in this clinical concepts across Brian terms and abreviations.
As you may know that clinical terms can vary the especially according to their formulation. The Angie shortened name.
It can be acronyms, some fragments of the terms it depends.
So after or once the comparison is done, we can go to the first step.
It's validation of mapping in terms of documentation of their review results.
In this step, the clinical expert makes a decision and documents this decision in the specific fields in the table for the collaborative working environment.
It's a review date.
Review name review, work command and or set ID unique identifier for each author or clinical expert who is taking part in this.
Usually people who are have scientific works that they have also the ID or it can be created just from the beginning.
It's not problematic space if it's not applicable, it can be empty.
Also possible.
Uh, but we have to say we're going to be ideal and everything that we're doing this.
So I will encourage you to have and populate it.
Or set any field after this step four, we are going to distribution of the review results.
In this case expert consolidate service and that he validated and sends back to the to us, first of all using preferred digital method.
It can be emailed, it can be GitHub or Google Drive.
Links to these are attached to SOP.
I will show you a bit later.
Umm so once it's done we have step six.
It's a participation in discussion and tracking changes, so we expect that expert actively engages in the discussion regarding their findings, especially discrepancies, especially problematic mappings, and also expert should keep track of these changes made in response to their review.
There is a field for author command where you might see the explanation why for instance one or another mapping was selected.
And this can be useful for understanding and froze the communication and corpus conversation.
Uh, so let's come back to the main document.
Here you see the similar information but with a bit more details.
First of all, there is information what is the file where the mappings stored.
First of all, let me open it.
It's a collaborative workspace.
There is task description Dot dictionary for the table and also the spreadsheet for the validation.
This is also stated in this SOP flowsheet exact matches with experts specialty.
Clicking on this let me just make it a bit smaller just for this case.
You will see the table with particular fields.
All these fields described in the data dictionary and you can see their description of this fields here and some explanation.
Also, there is a field to modify and you may see only four fields 4 modification.
All other fields we do not recommend to change, even if this happened accidentally, we have stable version of the of this spreadsheet and we can compare any changes.
But of course we do not recommend to change other fields except fields for reviewer.
This one and also you can see author comment field here with some detailed comments on the different findings of the reviewer and also valuable to to read and analyze.
Also, it's possible to leave comments here.
Clicking on the comment button, it's also possible if you want to add any thoughts that you have according to this.
Uh, OK, according to second step, what can be important here?
Uh.
During setting up environment, uh.
Important to explain experts that there is clinical validation guide and let me open it Clinical validation guide with details of the process.
There is value validation approach, general principles, mapping, table discovery as a step during the validation description of mapping table structure.
Also explanation of mapping table design consideration different.
Also, data dictionaries here source data exploration recommendation.
How to do this then in details comparative mapping analysis?
So, but what usually we use for the mappings is all the Cynthia Anna tool.
Also, there are mapping scenarios of different kinds.
There are, let me tell you, I love and methods scenarios of different kind that can be met in the mapping table.
It depends on the section of mappings that you select for validation.
Some of these cases can be met.
Some of these cannot be particularly in this map.
In effort, however, you not you, but clinical expert should be aware about this mapping scenarios.
Also there is explanation how early the mapping.
There is various kinds of approaches.
For instance, lexical analysis, synonyms and naming variations, syntax and structure semantic analysis.
Also, we recommend to.
Umm to use the semantic dimensions that is borrowed from LOINC like component property time, system scale and method.
If you split the term to this parts, it can simplify the process of analyzing the mapping.
If you understand what is analyzed, what is a property?
What is the system or specimen and what is the method etcetera, so also information about decision made making sorry testing methodology, review, feedback submission and other details coming back to SOP.
Umm, so looking at the steps three, when we compare source and target, there are three main important scenarios for the decision making.
First case when equivalent when concepts are equivalent and mapping is correct.
Uh.
Second scenario then concepts.
I mean source and target concepts.
They are different and this difference is crucial and mapping is incorrect and the third case when clinical expert would like to introduce a new mapping by adding new role for instance.
So these three scenarios are possible.
Also, you might see the a bit more information about validation of mapping in terms of documentation fields name, description of this fields and examples what can be met there or what can you write there.

And to talking about distribution of the review results, there is a links for the GitHub place and Google Drive.
Will show you this places, so we have separate project chorus mapping stage that allows to incorporate any kind of mappings that done by sites.
And now in case it will be clinical validation as a first step, clinical validation of existing mappings and once maladaptation is finalized through view can be uploaded right here using the creation of new branch for instance.
So you're just if you have access to this, you just put in new name and create new project that you want to create.
Then create a pull request and assign reviewer and then wait for merchant include the the beneficial weight.
How to do it?
Another option if you don't have access to the GitHub or there is another problem I don't know, so it's possible to use Google Drive as I said and there is a place for the mapping uploading.
Here you can see the file.
This cardiology validated mappings with comments as example made by Edward.
This folder is called one second.
Oops, let me show you in general, where is it from the very beginning.
So Chorus standards module.
Then we go to mappings.
Then he goes to go to Delphi Liang clinical validation of Delphi mappings here.
And this folder is for storage of the review files for this case for this option.
So let's come back.
OK, so at the end, as I said, experts should and be engaged in discussion, but what?
What is important to add to assess baseline agreement among experts regarding questionable mappings.
As I said before, the second phase of clinical validation in the future will address terms that initially did not receive a clear verdict and this will be done through double blind validation.
It means that second iteration of validation can include new experts which will a do a review of the same mappings and this will improve the reliability of this validation process.
Does it about an OP about clinical edition of mappings, if you have any questions please ask.

Williams, Andrew E 24:16
Says great, Polina.
Thank you so much.
I wanna provide, just reinforce the context.
I think people who are regularly on the call know it, but it just going to repeat stuff that's part of my job.
So Paulina well, the A group has already defined what the most important things are for us to collect in in chorus.
Those are the things that are defined in that Delphi list.
Delphi refers to the process of all of the clinician scientists getting together and agreeing on what are the most important things for us to get.
So this is a really essential piece of all of bridged AI choruses to get the things that are most useful for doing research and intensive care and a standard form.
And this specific approach is for those things that are important and aren't already in some kind of controlled vocabulary.
O if you got you know this already, but I'm just repeating if you've got stuff and ICD 10, the OMOP vocabulary tells you what the standard code for it is.
That mapping is built into the vocabulary part of the OMOP CDM, so it's a maps to relationship or and so on.
These things are mostly from flowsheets where we not starting with something like an ICD 10 code.
It could look very differently.
So we've got a canonical version.
For the Delphi concepts, that's in that spreadsheet, and Pauline has already gone through and she's both a clinical expert and an ontology expert and produced the draft version of this mapping.
And chances are good that it's right or very close to right.
What we need your help with going forward is following this O to take a piece of that set of mappings that she's done just a subset at your own site and do some additional validation.
I think you wanna first of all check and see if the way it looks at your site is the same as the way it looks in this spreadsheet.
It may not, so you may need to add something that says.
Here's what the version of this at my site looks like.
We think it's the same thing and then the other thing that's been done in Soojin and other folks have been helping identify what the right expertise is for doing the clinical validation.
So even clinical experience don't have expertise in all aspects of clinical care where the flowsheet data come from.
So one part of like maybe Step 2 be in your diagram.
Polina is select which mappings to contribute validation too, so we want to do a divide and conquer strategy here.
When you, after you've set up the environment and you're starting to review the mappings that Pauline has already done and get your the clinical expert at your site.
If you're not a clinical expert yourself, to validate them is to select which ones based on the expertise of the person who's going to be involved.
And I think that's the, that's the.
Something that you might go into a little more depth.
So I think again Soojin and just kind of identified some of the clinical umm and how to how do sites maybe pulling you can say how do sites find out which uh mappings that they're going to review match the expertise of the expert they have identified how do we where do they find that information and how do they select that?

Talapova, Polina 27:56
Let me show you in the table collaborative workspace there is a field, clinical expert specialty and specialty validation.
It's additional validation of this field and here you see the expert specialty there is required uh for the validation or recommended for the validation.
For instance, here you see critical care, but specialty validation suggests that it should be critical care nursing.
And if you have the critical care nurse can be beneficial to involve this person into the validation process, or in other case critical care like general clinical expert specialty.
But specialty validation advice as a respiratory technician to do this relation and etcetera like here, if you see one, it's correct like nothing to add to this.
Yeah, so this feels can be very helpful in the.
Identification of required clinical expert.

Williams, Andrew E 29:06
And so we're going to be following up with sites and asking kind of who the clinical expert is.
You identified which mappings you're going to do the extra work to help validate at your site.
Umm.
And it'll be clear here and and probably the next thing gonna ask you to show is when sites have said we're going to do things in rows 71 through 77 or something like that, how do we, how do other sites know?
OK, somebody else is already working on that?
Umm, how did? How do people see where there's a ongoing work for something?
So we are evenly kind of, you know, we're trying to divide and conquer here.
So how do we know what's already been identifiercode something?
Want somebody wants to do?

Talapova, Polina 29:57
fantastic question, Andrew.
Thank you so much and there is example of such rows, for instance, Edward Hong took a several rules for the validation.
They all of them are in blue.
All of them are in blue here and also there is a reviewer name.
You may see this also status on the validation here and nothing else.
It's enough.
So you can select any rows that you want if they are white or blank and put the name of clinical expert here and status change status under validation.
That's it.
Simple and I hope useful.

Williams, Andrew E 30:44
The very simple and very useful very well thought out.
So that's what we're going to be asking all sites to do and it's it's high priority work.
We think this is really some of the defining additional you know really value added stuff for the chorus project is to get a lot of these things that you can only get through sort of the hard work of trying to do this manual mapping of stuff that isn't easy.
There isn't already a translation between it and a standard concept, and to not only do it, but do it really well and do it in a way that's validated by the people with a proper expertise.
And once it's done, just looking ahead a little bit, Polina is already defined a a process for taking things that are in this format, this sweum format and developing SQL inserts steps from it so that there's less guesswork and there's more standardization of the process of taking a validated mapping and taking your data and mapping it to the standard concept that we all need for the AI stuff, right?
That's the whole point.
And so it's going to save a lot of work on the ETL side.
Once this is done, it's going to be automated.
Polina's developed several scenarios and different kinds of logic that would lead to being able to produce that SQL, and then we also working with a group in the overall bridge. Umm.
Core it's got there are there are aspects of the bridge to AI project that span the different data generating projects.
Beyond Core is the ones working on cell maps and so on.
There's a core around standards and there's a colleague there.
It's going to be working.
Who is already working with us to develop an automated way to just generate the SQL right out of the box.
Once you've got something in the SESSUM format, it'll it'll produce something, and so in the future, once we've got these lists of validated maps, it'll just be more or less a close to a push button thing to take it and have something that you can run against your local database to get from the weird way it looks in your source to the standard way it needs to be for bridge to AI, and so that will hopefully save you a lot of steps.
So that's part of the motivation to kind of pitch in.
In addition to us knowing that we're going to be judging you to pitch in and seeing which which ones you've taken on.
Umm, so that's some of the broader context I guess and steps.
Are there other questions for Polina about this or about the sort of broader place of this work in what?
What data generating sites are our data contributing sites are being asked to do?
Everybody understood all of it perfectly.

Talapova, Polina 33:53
This is great.

Williams, Andrew E 33:58
And for those who aren't aware, some of the several prior demonstrations of how to do this validation work are recorded.
And are available on a different place on the same Google suite where where Pullano went through and I think Soojin and and SHEEL and other clinical experts that can't remember Mihai.
I think I'm not sure who else in uh contributed to sort of a walkthrough of what this validation process like and you can see and hear some of the questions that they raised well, is that an exact match?
Is that a narrow match?
I'm not sure, I'm not even sure this is used that often, so some of the kinds of things that might go in the comments or might be a part of the consideration around mapping validation like I prove this is good or I'm not sure.
You can see examples there in those recordings, you and the clinical expert you identify at your site can refer to those Polina.
What are the other things that people might do?
Is they start to work with clinical experts and you said that the end sort of participate in this broader discussion.
Are we envisioning that happening asynchronously in a discussion page on GitHub, the way some of the other discussions have happened?
And can we show where that where people would go to record questions they have or other kinds of things that come up as they start to work with local experts?

Talapova, Polina 35:32
I suppose he has.
It should be asynchronously.
Then using GitHub and Google spreadsheet comments and all these places that were mentioned in the SOP and it should be enough for Evenon if we will use it.

Williams, Andrew E 35:51
So comments in the spreadsheet and the and the Google.
I'm sorry and the GitHub discussions.

Talapova, Polina 35:56
And give GitHub GitHub.
Yeah, it can be issue created.
It's also described and also Google's price sheet comments.

Williams, Andrew E 36:05
OK.
And I just want to make sure I'm understanding correctly.
It's a it's an issue and not a discussion part of the GitHub right.
That right?

Talapova, Polina 36:14
Issue issue.
Yes, this is issue.

Williams, Andrew E 36:18
And then maybe after issues have been resolved, we might put them in the discussion and say this is because we have a Convention where they're where when a decision has been reached, we're trying to record that information in the GitHub discussions.

Talapova, Polina 36:19
Uh.

Williams, Andrew E 36:31
Is that how you see this happening?
If there's a issue that comes up and allow comment on it, we might summarize it in a in a discussion there.
Is that right?

Talapova, Polina 36:40
Yeah, in this case we we can uh cumulate all the umm, how to say all such cases and also schedule a meeting for instance for the discussion like real time discussion of all these instances.
It's my vision.
I don't know.
Maybe it can be can be something better at that.

Williams, Andrew E 36:59
I think that's that's great.
If we can handle it, I think you know, when we were talking about getting clinician to volunteer time it scheduling time where everybody has in common and getting a lot of time to do that could be hard.
And so I'm emphasizing that things we might do asynchronously, but just because we know there are time and scheduling constraints that make resolution timely resolution of that challenging.
And so to the extent that we can do it asynchronously and efficiently, that's probably our first, at least my first inclination to try and support.
Otherwise it would take potentially a long time to get them all solved.
UM, does that make sense to you?

Talapova, Polina 37:41
Yeah it does.
But they have known nothing to it.
Nothing to it.

Williams, Andrew E 37:58
Suchen know you've been following and learning.
Kind of what this mapping process and validation process is like in contributing to it.
Do you have any additional thoughts on how how you think it's going to be best to support engagement with local local experts who will be doing the mapping validation, either getting them involved or helping Orient them to the guidance that's there and and making this effective?

Soojin 38:30
First my come in and out because I'm on a train.
If they could look at the video that when Paulina was training me to do it, that might be a good tutorial, but I believe having walked through phone has document pretty self explanatory on on the first tab where she lived out the task.

Williams, Andrew E 38:50
Great.

Soojin 38:55
I think called that.
And I mean everyone knows your email.
Yeah, we might be getting some emails for questions, but I think it's it's pretty straightforward.

Williams, Andrew E 39:10
Antastic.
So yeah, ask for a quick sense of which sites think they have and understanding and uh, perhaps already an identified expert that they could start to work on this already?
Umm.
And then basically I'm just kind of look for sites that think they're ready to go.
They've kind of been waiting to finally we get to do this mapping validation.
Which sites are they're not sure either.
How to identify an expert or they're not sure in general about some aspect of what's been said.
So starting with, if you're, if you're at a site and you think you have everything you need to start working on this.
If you could raise your hand in the teams fashion just to kind of show you think you're ready to go, that would be great.
Please do so.
Nice.
All right, we just.

Soojin 40:28
You might.
You might find engagement if you expect each to Clinical Alllie at each site to participate in their own specialty, and then at the end of the day, see what's left over.
And then we can target.
Specialties that are not represented.

Williams, Andrew E 40:51
Yeah, I think that's a great idea.
UM, so quite a few sites did not raise their hand.
Maybe because I was talking and I lulled them to sleep.
They were.
They were engaged while Polina was talking.
And then they drifted off.
Once they started to hear me drone on.
But I'm going to infer that some sites did not raise their hand because they don't have something in place, and so I'm gonna ask, like, uh, people who will forgive me for asking and public that I that I know, like me like will will likes me will it didn't raise your hand.
Is that because you think there's some missing piece that you need?
Umm at UVA.

Before you can start working on this like an identifying expert or some other or.
Was there another reason, and I apologize for for calling on you in public, but.

Ashe, William (wa6gz) 42:03
Now it's it's all good.
I I I didn't raise my hand because I missed the call to call to raise hands, but it it's it's essentially just if if we're getting at the ability to take this to clinicians and start working with it, I have a couple clinicians and have actually engaging on the me and Natalie front to expand maybe the common data elements and the strong from so absolutely would have would have some people who I think way that would be good to take a look at this and start with.

Williams, Andrew E 42:11
I see.
Perfect.
And you you think it, it's clear enough, you could just sort of take what Pauline has done and the trainings and so on and just go to them and start banging away and stuff.
Fantastic.

Ashe, William (wa6gz) 42:46
Yep.

Williams, Andrew E 42:47
Umm.
I am tempted to just start calling on other sites because I want to.
This is a fairly urgent task and so we will be following us soon and so this slightly unpleasant thing of the prospect of being called on, and I'm in a meeting is partly a result of that.
So again, I'm going to go for another.
Friendly face.
I didn't see you, Heidi.
Raise your hand.
Uh, and maybe you did, but I missed it.
But I'm wondering, do you feel like you have everything in place to start working with this?

Schmidt, Heidi E. 43:24
We we have the 256 already in our source to concept map because of the great work that Jared did to write the sequel along with Polina, and so that I translated into Snowflake sequel and inserted that in.
It helped me be able to deliver our data set going forward though, and it's not anything that Bridge2AI is or isn't doing.
It's that we have flow sheet names that have, yeah, acronyms that are really only known to Massachusetts General Brigham.
And in order to get a confidence of which Athena code it should map to, we really have to have somebody technical on our side to unpack.
Uh, what we know.
So for example, there isn't a flow sheet name for tobacco use, but they're in our environment, which I didn't.
It wasn't in our original list that we added to the source to concept map because I I was working with the.
The one that was 309 or 318 anyway.
Uh, so looking for tobacco use, for example, gave us 15 possible matches.
And so having someone narrow that down to anything in a concept code that's already in that spreadsheet means that it's someone more knowledgeable than I, and I'll stop rambling.
Does that give you a better idea?

Williams, Andrew E 45:22
I think broadly as wanted to know if you kind of were ready to start using the validation process that was described and I think you are.
I just want to say that that's what I got.
From what you were saying, is that right?

Schmidt, Heidi E. 45:33
So for for all that new documentation, I'm going to have to sit through and parse it and then I'm gonna have to go back to my PI and say who would be best as a subject matter expert to help me with this process.

Williams, Andrew E 45:48
Right.

Schmidt, Heidi E. 45:48
Does that?

Williams, Andrew E 45:49
So the step step one is identify.

Schmidt, Heidi E. 45:49
Is that a closer answer?

Williams, Andrew E 45:51
Yeah.
I think step one is identified the expert for some of the ones that you're gonna validate and then that validation process might lead to.
Adding new rows because you've got different variants at your site or something like that, but I think you're ready.
I think that sounds good, yeah.

Schmidt, Heidi E. 46:10
Awesome.
I'll feed you back.

Williams, Andrew E 46:16
I'm going to keep calling on people.
Let's say anybody, maybe I'll call on institutions.
Uh, rather than individuals, so.
Umm.
Hit.
So anybody from Pitt wanted to describe whether they think they are ready to take what's been presented and and identify clinical experts and contribute to blushing mapping validation.

King, Andrew Joseph 46:46
Hi. Andrew, this is Andrew King from pit where the three of us that are on the call right now.
We're kind of discussing this on the back end.
We I think we have our clinical experts put together the system matter of coordinating with Jill's as to which which rows are included in our scope of work.

Williams, Andrew E 47:07
Great.
Fantastic.
How about?
Yeah, nationwide.

Xu, Jinyu 47:16
Yeah.
Yeah, it's nationwide.
We haven't identified the clinical expert yet.
I would have to talk to our API, but this yeah.

Williams, Andrew E 47:23
OK.
And after you've done that, you think the rest of the process is clear enough and you know if it isn't, it's fine to say like we might have extra meetings or presentations to go over stuff.
Again, it's a fairly complex thing, even though pulling has done a I think a really, really great job of making it clear.
It's no shame if it's going to be helpful to have additional presentations or meetings about it.
It's what we're here for.
So just let us know.
But if once you have the experts in identified, do you think it it's clear enough to keep to move forward?

Xu, Jinyu 47:52
Mm-hmm.
It's clear to me.

Williams, Andrew E 48:03
Great.

Xu, Jinyu 48:05
Thanks.

Williams, Andrew E 48:06
Uh Seattle children's.

Alvarez, Marta 48:12
I saw that that shatter instance hand.

Makkakode, Vijayaraghavan 48:12
And yeah, and so it's Satish raised his hand.
So we are good.

Williams, Andrew E 48:18
Perfect.
Thanks.
Sorry, I missed that.
Uh.
And then think we already had someone from Emory raised their hand as being good to go.
Umm.

Alvarez, Marta 48:32
Duke, baby.

Williams, Andrew E 48:32
Let's see.
He had a Duke.

Regina Williams 48:37
Yes, we have our technical experts are doctor
I renew Doctor Wong and Doctor Sachin Mehta though, and we're well, we'll go aware that yeah, we had the clinical.

Williams, Andrew E 48:59
Fantastic.
And Marty, since you were already starting to like identify sites that I hadn't called yet, do you want to just take it over from me and start calling out sites?

Alvarez, Marta 49:06
Yeah, I is.
Sergery still on.
I can't.
I don't see him now, but I feel like he was on the move to go.
There's not.
OK, I'm obviously we we know Colombia is as well since Soojin has.
I just wanna put that on the list.
The other person that we have still, I think, is Javier UCLA.

Sanz, Javier 49:34
Hi.
Yeah.
I think on I need to look into the documentation and the the work that Polina did more carefully and then I was gonna need the I need to reach out to doctor Vespa and see what expert can help us to work through this.

Williams, Andrew E 49:51
Great. Javier.
Yeah, and don't hesitate to say, you know, if you've looked at it, if you have additional questions, it would be helpful to meet with us about this specifically and you know, so on it, don't don't hesitate.
We're happy to help out with that.

Sanz, Javier 50:09
How will thank you.

Alvarez, Marta 50:13
Umm, how about MIT?
Would they be doing this with MIMIC data or no Brian's on the call?

Brian Gow 50:21
Yeah, I didn't raise my hand, mainly because I I don't really know who our expert would be and whether we can get a BI expert to help out with the chorus project, but.
That was the main reason they didn't raise my hand.
We do have layout here, but I don't think he's gonna do this.
Yeah. we.
Maybe we can.
I can raise this internally and try and get back to see if I can figure someone out.
I just not sure.

Williams, Andrew E 50:52
Terrific.

Alvarez, Marta 50:54
I think that's all the sites we have the call.

Williams, Andrew E 50:58
OK.
Uh.

Talapova, Polina 51:04
There is additional question in the chat and could you please look at it?

Williams, Andrew E 51:12
Umm, so I will qualify my raised hand.
Do you think it's required to have a clinician doing this?
Yeah.
For the most part, we do.
Uh, I think it's it's probably required to have the combination of a clinician with somebody who understands where the data come from or I would say where assuming that everybody who's on this call is already understanding kind of you know, in some sense where the data is coming from, they may not be touching the original EHR records, they may be getting that from somebody else, but they at least have connections if they aren't themselves, the people who are taking it from the EHR and using it in the ETL.
And so we think it's those people, the kind of informatics and data, umm, transformation, people who need to work with the clinical expert, umm.
And hopefully that data person has also, but you know, got some understanding of the OMOP system in general and what the vocabulary look like and other kinds of things that are relevant and can inform the conversation with the relevant clinician.
Umm, so.
Given that, Tony, what do you think are there, is that you have clinician experts in mind at at?

Tony Pan 52:39
Yeah, we we do have one, but I guess he just he has some.
He doesn't know he's been volunteered. Yeah.

Williams, Andrew E 52:48
That's OK.

Tony Pan 52:50
So the part of reason why I asked is also just to kind of reduce the impact on on this day or his workload.
If we can actually kind of have a multi step process of, you know, either we have someone do a first pass and then he review it, or uh, if I mean alternatively is is we try to ask him like to for this should be the workload pit but then there's like I will still want to have someone review everything.
No relative like, no to make sure that there are consistently done.
So I'll talk to, I'll talk to our guy.
Ohh, it's actually Craig.
You know Craig traveling so.

Williams, Andrew E 53:37

Umm.
And they've already been done.
So we're again, we're talking about, he wouldn't be developing the mappings from scratch in most cases.
Like are you find stuff that just doesn't like?

Tony Pan 53:46
Umm.

Williams, Andrew E 53:48
It seems it's like it's about a ventilator setting and it's looking so different.
Umm.
Then what's there?
There's some questions that maybe the need for a new mapping that there might be some additional ones, but for the most part, you know, take things that looked pretty similar to what's already there and asking him to validate them rather than generate them.
And it only a few right, not the whole list of dozens of them, just to make sure you understood the scope of what you might be asking.
It's not something that's likely to take an enormous amount of time if given the right.

Tony Pan 54:22
OK.

Williams, Andrew E 54:24
Kind of guidance on on what the task is, so.

Tony Pan 54:28
So it's also, it's not all flow sheets, it's just it always it.

Williams, Andrew E 54:38
I I don't think it's absolutely, although it's mostly blue sheets, I don't know.
I don't think we have an exact it's.
To a first approximation, it's flowsheets.

Tony Pan 54:48
So I mean like it's all the flow sheets were selected subset of of the flow sheets.

Williams, Andrew E 54:54
It's the ones that are in the Delphi process.

Talapova, Polina 54:55
Yeah.

Williams, Andrew E 54:55
Co ahead. probably now.

Tony Pan 54:57
OK, right.

Talapova, Polina 54:59
I just wanted to say yes, this is a subset of worship's flowsheets.

Tony Pan 55:03
Yep.
Thank you.

Williams, Andrew E 55:11
Alright.
And tastic.
That was great.
Thank you again Polina.
Umm yeah, just a note.
This is gonna not only this is already benefiting from work that was done on another project called Critical, where folks at Washington University kind of went through similar kind of a thing and back and forth with Polina about it and other prior work.
Tom Pollard and Polina and LIS and others who contributed to on MIMIC and it's going to contribute broadly to like the World Research Communities ability to standardize important critical care data and it's going to be broadly available.
So it's great and we need to get it done and done pretty soon for bridge to AI.
But it's also just worth noting there all your effort on this is going to be contributing to something that's just very broadly influential because it's helping to standardize hard to standardize important data for critical care.
And so both like as a thing, it needs to get done for this project and then just in general facilitating research in critical care.
It's like a really impactful thing you're contributing to and really excited to be working with you on it.
And we'll be following U about it soon so, but that thanks again Polina, Jared, everybody.

Talapova, Polina 56:35
Thank you.

Houghtaling, Jared 56:36
Thanks all.

Talapova, Polina 56:37
Thank you everyone.
Have a great day or evening, OK.

Williams, Andrew E 56:43
I.

Alvarez, Marta stopped transcription