

OMOP Common Data Model and Standardized Vocabularies

March 12, 2021



After the Tutorials, you will know...

- 1. History of OMOP, OHDSI
- 2. How the Standardized Vocabulary works
- 3. How to find codes and Concepts
- 4. How to navigate the concept hierarchy
- 5. The OMOP Common Data Model (CDM)
- 6. How to use the OMOP CDM





Agenda

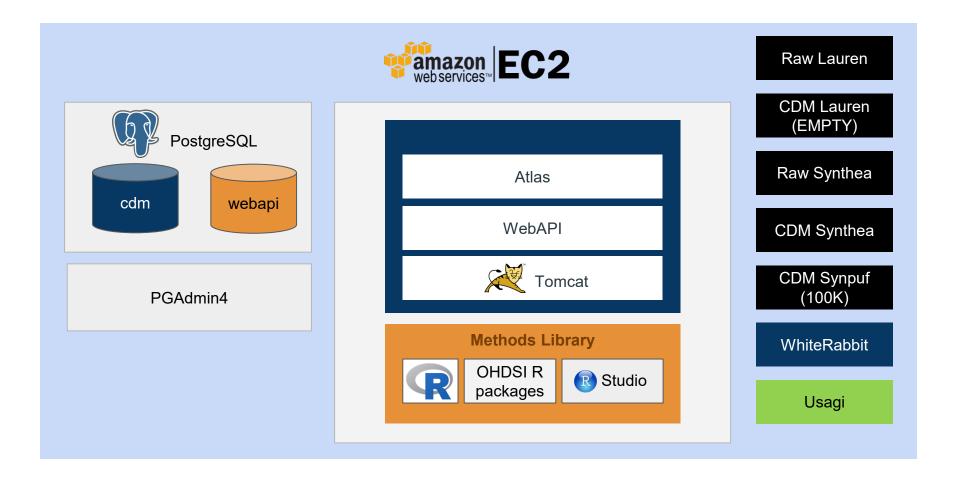
- 1. OHDSI Overview, Concept, Concept Mapping 30 minutes
 - Breakout groups
 - Exercises 45 minutes Review 30 minutes
- 2. Concept Relationship, Hierarchy 30 minutes
 - Breakout groups
 - Exercises 45 minutes Review 30 minutes
- 3. CDM 30 minutes
 - Breakout groups
 - Exercises 45 minutes Review 30 minutes
- 4. ETL Q&A Session 1 hour
- 5. Wrap Up 20 minutes

^{* 30-}minute break in between each sessions



OHDSI-in-a-Box







How to Sign into the Remote Desktop

From your command prompt, type
 %systemroot%/system32/mstsc.exe to launch Remote Desktop

```
C:\windows\system32\cmd.exe
Microsoft Windows [Version 6.1.7601]
Copyright (c) 2009 Microsoft Corporation. All rights reserved.
C:\Users\Mui.UanZandt>%systemroot%/system32/mstsc.exe
C:\Users\Mui.VanZandt>
```



How to Sign for Windows

- Use the shortcut on the desktop named "Remote Desktop"
 - https://docs.google.com/spreadsheets/d/1x7-6J0NBkm1cRHna0N9tmLWvirpynLSwiZsBZY7FiIQ/edit?usp=sharing
- Pick one of the rows and put your name on the second column
- Take Column A from spreadsheet and copy into the "Computer" field



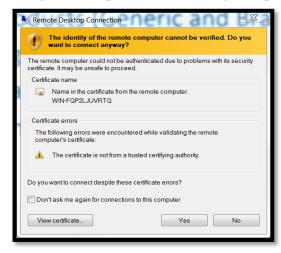


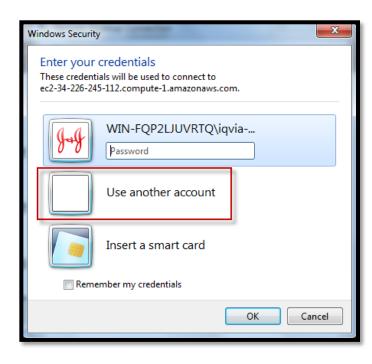
How to Sign for Windows

- Pick 'Use Another Account'
- Copy username from Column C
- Copy password from Column D



If you get this page, select "Yes"







How to sign in for Apple

Install Microsoft Remote Desktop (available in Apple store)



- Launch MS Remote Desktop
- Click the "New" button





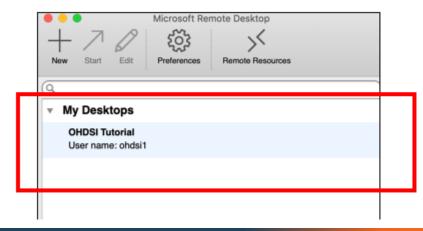
How to sign in for Apple

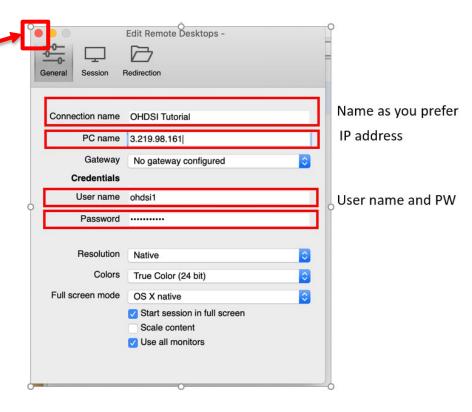
Enter information from spreadsheet

 Close it when you are done. There is no "Save" button

Launch the desktop by double

clicking





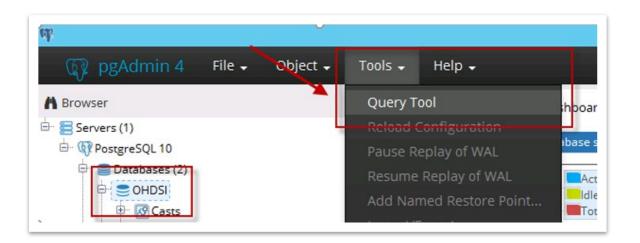


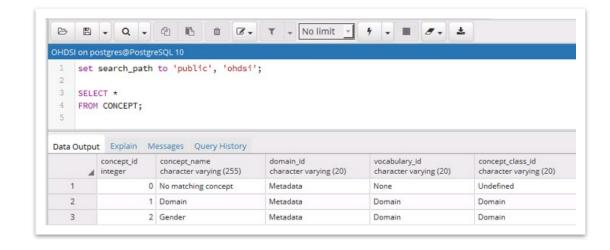
CDM Database:pgAdmin III New Server

Click on PGAdmin



- Password: ohdsi
- Select the Query Tool
- Type set "search_path to 'ohdsi';"







Foundation



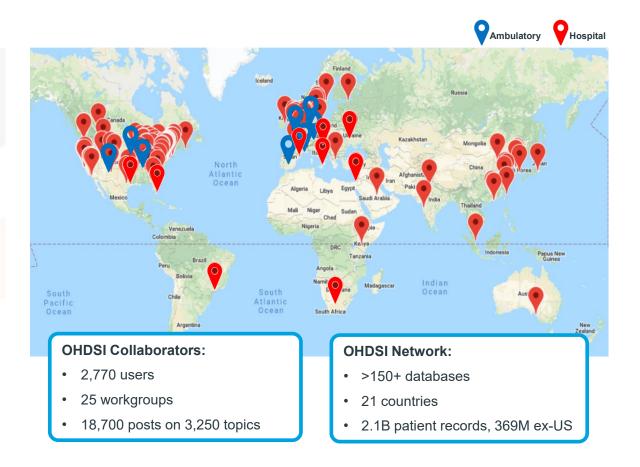
Opportunity for our team to embrace 'Open Science' and be part of something different

Mission: Improving health by empowering a community to collaboratively generate evidence that promotes better health decisions and better care

Vision: Creating a world in which observational research produces a comprehensive understanding of health and disease

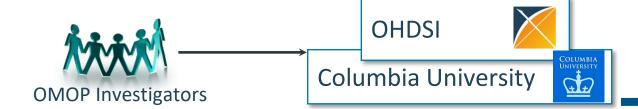
Values: Innovation, Reproducibility, Community, Collaboration, Openness, Beneficence

% http://ohdsi.org





OMOP to OHDSI



The Observational Health Data Sciences and Informatics (OHDSI) program is a multi-stakeholder, interdisciplinary collaborative to create open-source solutions that bring out the value of observational health data through large-scale analytics

OHDSI has established an international network of researchers and observational health databases with a central coordinating centre housed at Columbia University

Public, open

Not pharma funded



International



History of OMOP/OHDSI

OMOP Experiment #2/European OMOP

- Focused on a subset of data (4 claims, 1 EHR) and 7 methods
- Replicating experiment findings on European databases

Launch of OHDSI

 OHDSI's first face-to-face meeting at Columbia University

2014

Formation of China Chapter

· To use data science and informatics methods to promote health and medical data research in China

Formation of Korea Chapter

2016

EHDEN Initiation (Europe)

 Started under the Innovative Medicines Initiative (IMI) that will drive the adoption of the **OMOP-CDM** in Europe

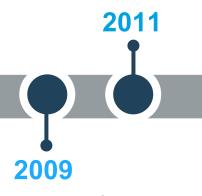
FederNET Initiation (Korea)

First European Symposium

NMPA Adoption

Global Acceptance

- OHDSI grows to >152 databases, 18 countries, 2.1B patient records, 369M ex-US
- Regional chapters in US, Europe, China, South Korea + Asia-Pacific, Latin America
- Offering regional symposia



OMOP Experiment #1

- FDAAA calls for establishing Risk **Identification and Analysis** System for drug surveillance
- OMOP Experiment creates a framework for evaluating 14 methods of epidemiological designs
- 10 data sources, claims and EHRs, 200M+ lives

2013 **End of OMOP Experiment**

Last of the OMOP Meetings

- present findings of empirical experiments
- Artifacts include the OMOP CDM, vocabularies and validated methods for analyzing real world data

First OHDSI Symposium/Network Study **Published**

2015

- Community begins open source work under OHDSI brand
- First global network study characterizing treatment pathways

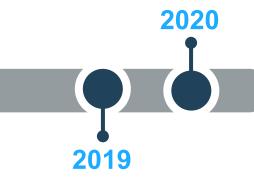
First Hackathon at Columbia University

Formation of European Chapter

2017

• Led by the coordinating center at the Erasmus University Medical Center in Rotterdam

FDA Adoption (FDA BEST Launch)



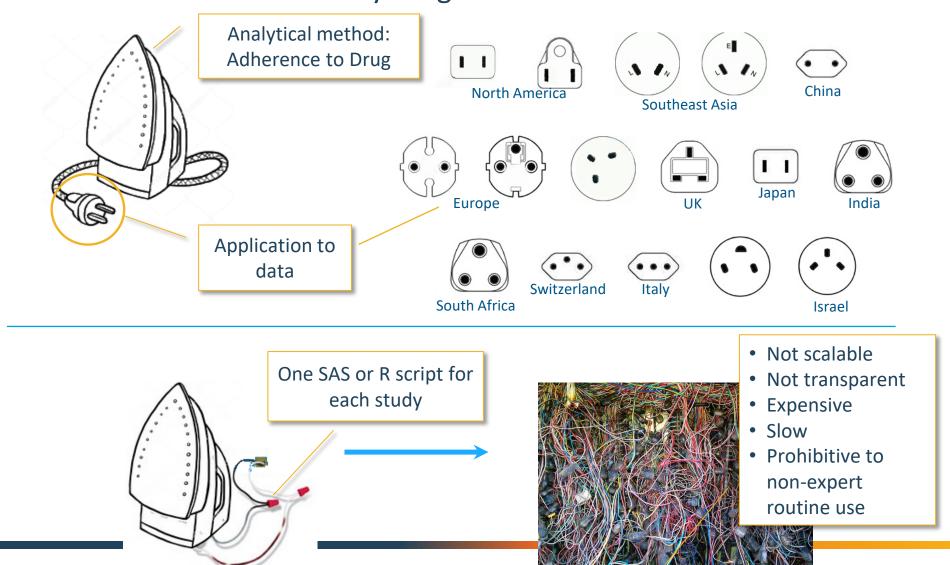
EMA Adoption

Formation of Australia, **Japan and Singapore Chapters**



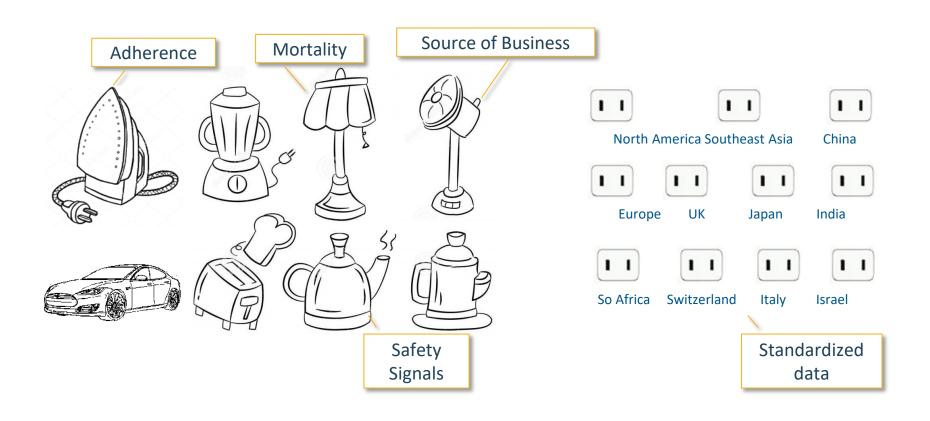
Current Approach: "One Study – One Script"

"What's the adherence to my drug in the data assets I own?"



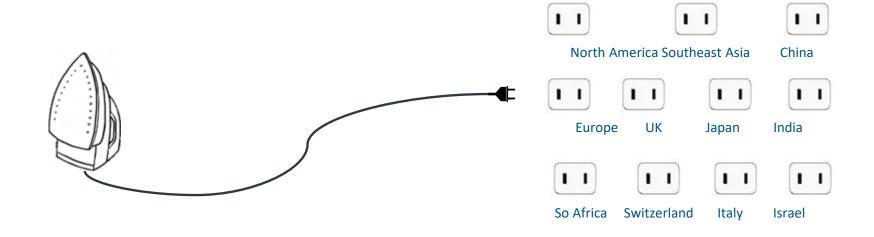


Solution: Data Standardization Enables Systematic Research





Analytics Can Be Remote



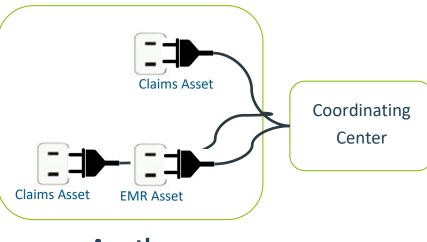


Analytics Can Be Behind Firewall



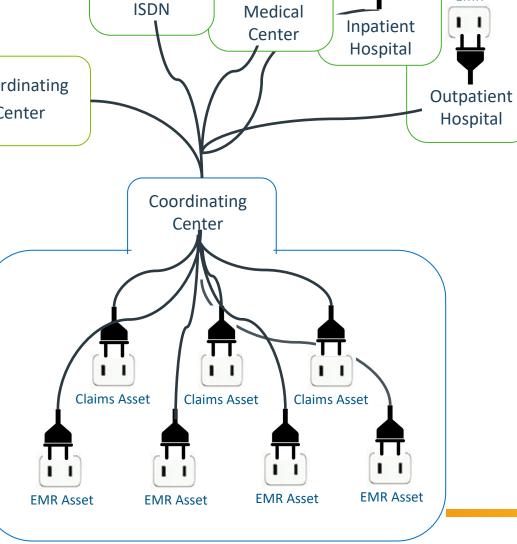


Network Studies Networks of networks



Another Network

Network



EMR

University

EMR

EMR

EMR



Source Codes, Concepts and Mapping to Standard Concepts



The Source for Source Codes

- May come from international terminology or code system
 SNOMED
 - May come from a country specific terminology or code system
 - Read, BDPM, ICD10CN, CVX
 - May be free text strings
 - Centimeter, Intravenous, Cigarette Smoker
 - May come from an EHR specific code system
 - Epic procedure codes: 'L111'



Different Categories of Concepts

Nonstandard Concepts





Function

Unique representation of a source code

Function

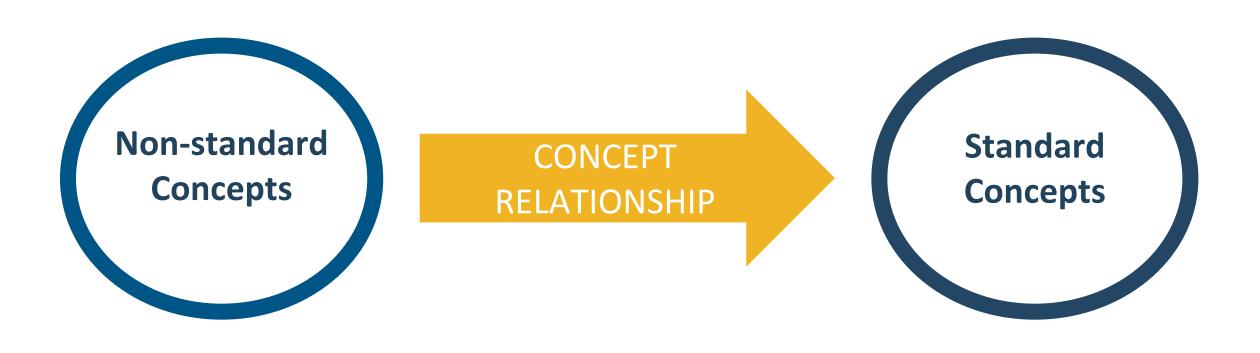
Used for standardized analytics and by OHDSI tools

Function

Used to perform hierarchical queries



Mapping Non-Standard Source concept_IDs to Standard concept_IDs





Mapping Source Codes to Standard Concept_IDs



Source Codes Mapping – Scenario 1

Scenario

 Source code is available in an OHDSI supported Vocabulary

Solution

 Use using the following condition to perform the mapping:

Where <source code> =
CONCEPT.concept_code and <source
vocabulary> = CONCEPT.vocabulary id

Source code	Source vocabulary	Code description	CONCEPT.concept_id
61462000	SNOMED	Malaria	438067
A663D00	Read	Zika Fever	45489770
A92.3	ICD10CN	West Nile Virus Infection	1404276



4015110 114623000

Salmonella Tibati

DOWNLOAD

LOGIN

Observation

SNOMED

②

@ 61462000 **DOWNLOAD RESULTS** Show by 15 Total 42 items 2 3 > ∇ items SNOMED CODE V NAME V CLASS CONCEPT V VALIDITY VOCAB V ID ▼ DOMAIN DOMAIN -Clinical 438067 61462000 Malaria Standard Valid Condition SNOMED Finding CONCEPT . 16562000 Valid Observation SNOMED 4040837 **Apolonia** Organism Standard CLASS . 4016020 114262000 Citrobacter braakii Organism Standard Valid Observation SNOMED VOCAB \blacktriangle 4013208 11262000 Lonchocarpus floribundus Organism Standard Valid Observation SNOMED filter 4016302 11462003 Ostomy appliance adhesive Valid SNOMED Substance Standard Device Nebraska Lexicon (42) Read (1) Context-SNOMED 4058278 161468000 H/O: schizophrenia Standard Valid Observation dependent RxNorm Extension (7) 16642000 Glutamate-ethylamine ligase Substance Standard Valid Observation SNOMED 4041011 SNOMED (42) Context-H/O: trigeminal neuralgia SNOMED 4059194 161482000 Standard Valid Observation VALIDITY \blacksquare dependent 4017258 114620002 Salmonella II 3,10:g,t:-Valid Observation SNOMED Organism Standard **CLEAR FILTERS**

Organism

Standard

Valid



Source Codes Mapping – Scenario 1

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A663D00	Read	Zika Fever	45489770
A92.3	ICD10CN	West Nile Virus Infection	1404276

SEARCH

Non-

standard

Read

Read

Read

Read

Read

Read

Read

Read

DOWNLOAD

Valid

Valid

Valid

Valid

Valid

Valid

Valid

②



Zika fever

Bunyamwera fever

Chikungunya fever

Bwamba fever

Guama fever

Mayaro fever

Condition

Condition

Condition

Condition

Condition

>

Read

@

VOCAB V

 ∇

 ∇

















DOMAIN

CONCEPT

CLASS

VOCAB

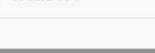
Read (32)











CLEAR FILTERS







45506276 A663800

45489770 A663D00

45499671 A663000

45449567 A663100

45442925 A663200

45426396 A663300







Oropouche fever

Pixuna fever









Condition

Condition



Source Codes Mapping – Scenario 1

Scenario

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A663D00	Read	Zika Fever	45489770
A92.3	ICD10CN	West Nile Virus Infection	1404276



HCPCS

HCPCS

Valid

Valid

Standard

Standard

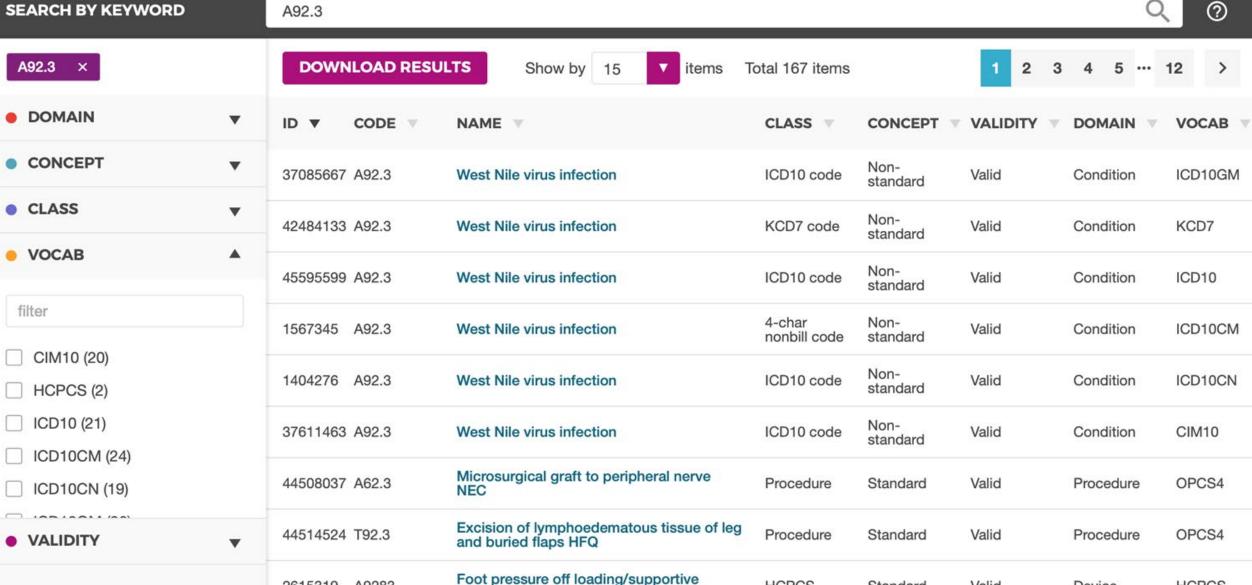
②

HCPCS

HCPCS

Device

Device



device, any type, each

Cold or hot fluid bottle, ice cap or collar,

heat and/or cold wrap any type

2615319 A9283

40664451 A9273

ATHENA

CLEAR FILTERS



Source Codes Mapping – Scenario 2

Scenario

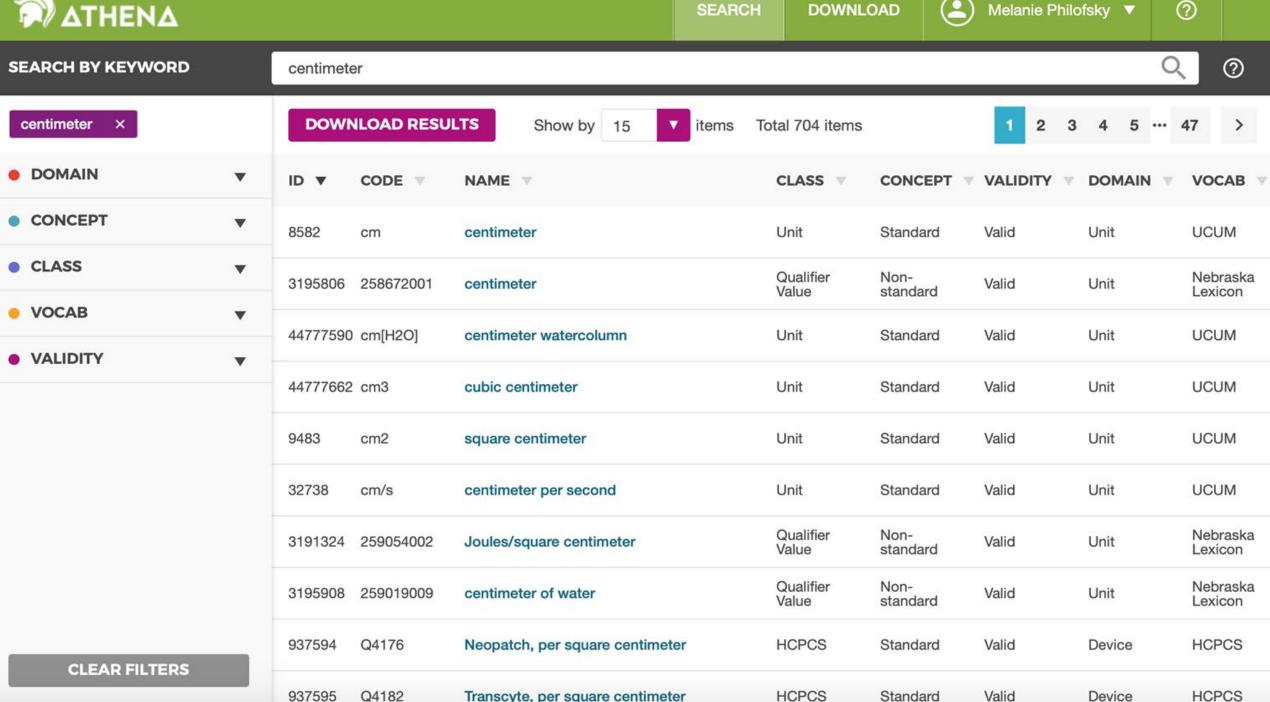
Source code is a text string

Solution

 Use using the following condition to perform the mapping:

Where <source string> = CONCEPT.concept_name and <source domain> = CONCEPT.domain_id

Source string	Source domain	Source table/field	CONCEPT.concept_id
Centimeter	Unit	Unit for height measurement	8582
Intravenous	Route	Route for drug administration	4171047
Female	Gender	Demographics	8532





Source Codes Mapping – Scenario 2

Scenario

Source code is a text string

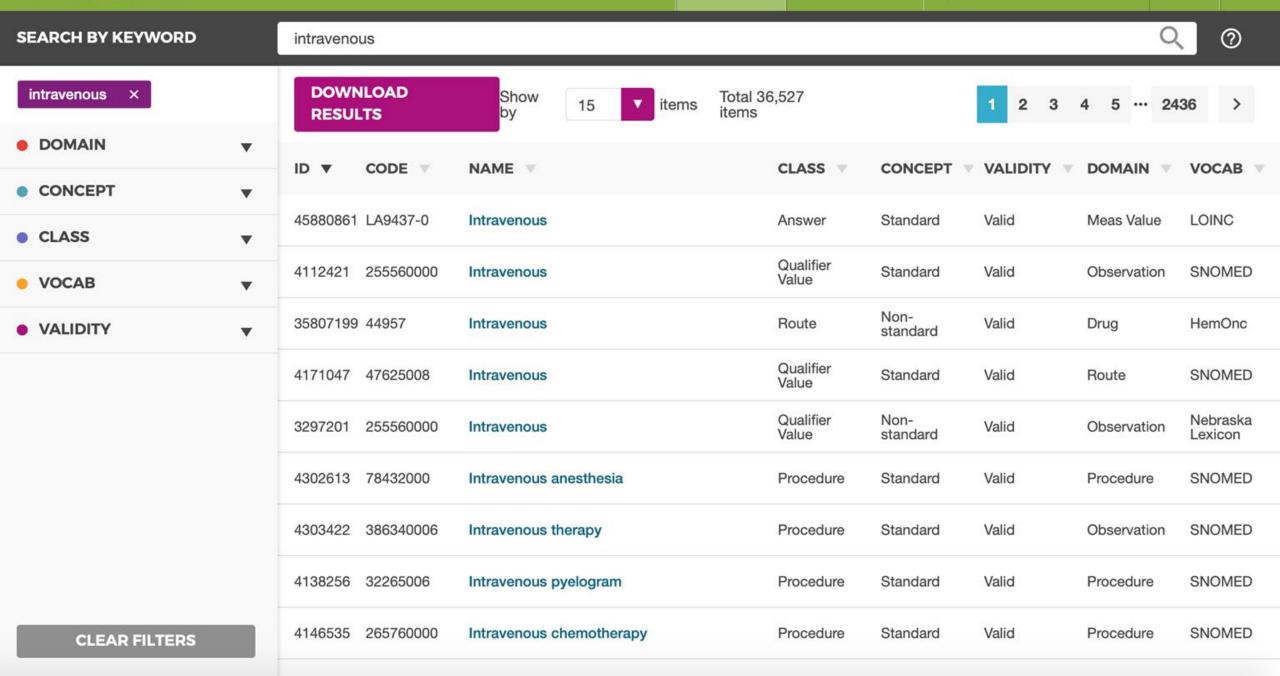
Solution

 Use using the following condition to perform the mapping:

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Source string	Source domain	Source table/field	CONCEPT.concept_id
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Source Codes Mapping – Scenario 2

Scenario

Source code is a text string

Solution

 Use using the following condition to perform the mapping:

Where <source string> = CONCEPT.concept_name and <source domain> = CONCEPT.domain_id

Source string	Source domain	Source table/field	CONCEPT.concept_id
Centimeter	Unit	Unit for height measurement	8582
Intravenous	Route	Route for drug administration	4171047
Female	Gender	Demographics	8532

45421841 1K1..00

Female

Non-

Non-

standard

Read

Clinical

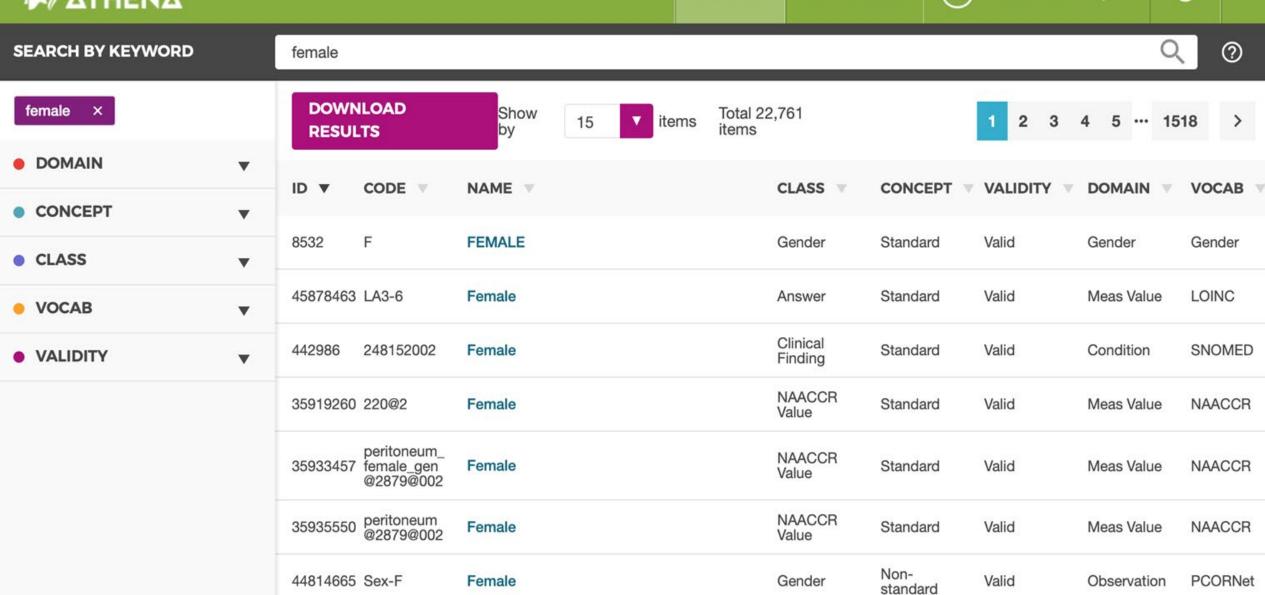
Valid

. . . .

Condition

Read

Nebraska





Source Codes Mapping – Scenario 3

Scenario

 Source data does not map to standard vocabulary

Solution

- Ask OHDSI to incorporate the Vocabulary
- Create custom mapping
 - Use concept_id > 2 billion
 - Create a concept record for the source code
 - Create Concept_Relationship records to link the source concept_id to the standard concept_id
 - See Melanie's poster for a full description



Breakout Session 1 Exercises 45 minutes – Review 30 minutes



Other Relationships: Hierarchical and Part-of Relationships



Exploring Relationships

SELECT cr.relationship_id, c.* **FROM** concept_relationship cr

JOIN concept c ON cr.concept_id_2 = c.concept_id

WHERE cr.concept_id_1 = 313217

Find out related concept

relationship_id	concept_id concept_name	domain_id	vocabulary_id	concept_class_id	standard_ concept	concept_code	valid_start_date	valid_end_date	invalid_ reason
Asso finding of	4194288 Ancoctor conconts	Observation	SNOMED	Context-dependen	t S	312442005	1/1/1970 0:00	12/31/2099 0:0	0 NULL
Asso finding of	4194288 4203375 Ancestor concepts	Observation	SNOMED	Context-dependen	t S	433276002	1/31/2009 0:00	12/31/2099 0:0	0 NULL
Asso finding of	42689685	Observation	SNOMED	Context-dependen	t S	1.06706E+15	4/1/2017 0:00	12/31/2099 0:0	0 NULL
Asso finding of	44807374 Atrial fibrillation excluded	Observation	SNOMED	Context-dependen	t S	8.16401E+14	4/1/2014 0:00	12/31/2099 0:0	0 NULL
Concept poss_eq from	40323929 Fibrillation atrial	Condition	SNOMED	Clinical Finding	NULL	155364009	1/1/1970 0:00	3/11/2016 0:0	0 U
Concept poss_eq from	40345197 Fibrillation - atrial	Condition	SNOMED	Clinical Finding	NULL	266306001	1/1/1970 0:00	3/11/2016 0:00	0 U
Due to of	4139517 Transient cerebral ischemia due to atrial fibrillation	Condition	SNOMED	Clinical Finding	S	426814001	1/1/1970 0:00	12/31/2099 0:0	0 NULL
Focus of	12/09991 Insertion of pacemaker for control of atrial fibrillation	Procedure	SNOMED	Procedure	S	449863006	1/31/2012 0:00	12/31/2099 0:0	0 NULL
Has finding site	4242112 Atrial structure	Spec Site	alation	achine e	oro l	hi dira	octiona	l.	NULL
Is a	4226399 Fibrillation	Cond	elatioi	nships a	ושוג	or-an e	cuona	1.	NULL
Is a	4068155 Atrial arrhythmia	Cond		-					NULL
Mapped from	40323929 Fibrillation - atrial	Cond	Manc t	o' and	'N /1っ	nnad	fram'	'lc a'	U
Mapped from	Patient with heart failure and atrial fibrillation documented to be on warfarin therapy	0.030	_	o' and			, 110111	15 a	D
Mapped from	45576876 Unspecified atrial fibrillation	Cond	nd 'Cu	bsume	c' at	· C			NULL
Mapped from	45500085 Atrial fibrillation	Cond	nu su	nsulle:	ס כו	.C.			NULL
Mapped from	45611600 Atrial Fibrillation	Cond			,	,	-, -,		NULL
Mapped from	40345197 Fibrillation - atrial	Condition	SNOMED	Clinical Finding	NULL	266306001	1/1/1970 0:00	3/11/2016 0:00	0 U
Mapped from	45951191 Atrial Fibrillation	Condition	CIEL	Diagnosis	NULL	148203			
Mapped from	313217 Atrial fibrillation	Condition	SNOMED	Clinical Finding	S	49436004			0 NULL
Mapped from	44821957 Atrial fibrillation	Condition	ICD9CM	5-dig billing code	NULL	427.31	1/1/1970 0:00	12/31/2099 0:0	0 NULL
Maps to	313217 Atrial fibrillation	Condition	SNOMED	Clinical Finding	S	49436004			
SNOMED - HOI	500002401 OMOP Atrial Fibrillation 1	Condition	Cohort	Cohort	С	500002401	-, -,		
SNOMED - HOI	500001801 OMOP Qt Prolongation/Torsade De Pointes 1	Condition	Cohort	Cohort	C	500001801	1/1/1970 0:00	12/31/2099 0:0	0 NULL
SNOMED - ind/CI	21005673 Prevention of Thromboembolism in Chronic Atrial Fibrillation	Drug	Indication	Indication	С	5673	1/1/1970 0:00	12/31/2099 0:0	0 NULL
SNOMED - ind/CI	21003176 Tachyarrhythmia	Drug	Indication	Indication	С	3176	1/1/1970 0:00	12/31/2099 0:0	0 NULL
SNOMED - ind/CI	21001542 Supraventricular Tachycardia	Drug	Indication	Indication	C	1542	1/1/1970 0:00	12/31/2099 0:0	0 NULL
SNOMED - ind/CI	21001594 Disease of Cardiovascular System	Drug	Indication	Indication	C	1594	1/1/1970 0:00	12/31/2099 0:0	0 NULL
SNOMED - MedDRA eq	35204953 Atrial fibrillation	Condition	MedDRA	PT	С	10003658	1/1/1970 0:00	12/31/2099 0:0	0 NULL
Subsumes	4117112 Controlled atrial fibrillation	Condition	SNOMED	Clinical Finding	S	300996004	1/1/1970 0:00	12/31/2099 0:0	0 NULL
Subsumes	4119601 Lone atrial fibrillation	Condition	SNOMED	Clinical Finding	S	233910005	1/1/1970 0:00	12/31/2099 0:0	0 NULL
Subsumes	4232697 Persister atrial fibrillation	Condition	SNOMED	Clinical Finding	S	440059007	7 1/31/2009 0:00	12/31/2099 0:0	0 NULL
Subsumes	4141360 Chronic atrial fibrillation	Condition	SNOMED	Clinical Finding	S	426749004	1/1/1970 0:00	12/31/2099 0:0	0 NULL
Subsumes	44782442 Atrial fibrillation with rapid ventricular response	Condition	SNOMED	Clinical Finding	S	1.20041E+14	1/31/2014 0:00	12/31/2099 0:0	0 NULL
Subsumes	4199501 Rapic atrial fibrillation	Condition	SNOMED	Clinical Finding	S	314208002	1/1/1970 0:00	12/31/2099 0:00	0 NULL
Subsumes	-119602 Nor -rheumatic atrial fibrillation	Condition	SNOMED	Clinical Finding	S	233911009	1/1/1970 0:00	12/31/2099 0:0	0 NULL

Descendant concepts



Type of Relationships

Entity Relationships

Part-of Relationships

Hierarchical Relationships

- 'Maps to'
- 'Maps to Value'

All source vocabularies, provided by source or built by Vocab Team Standard are mapped to themselves

- 'Has direct procedure site'
- 'Has method'
- 'Occurs after'

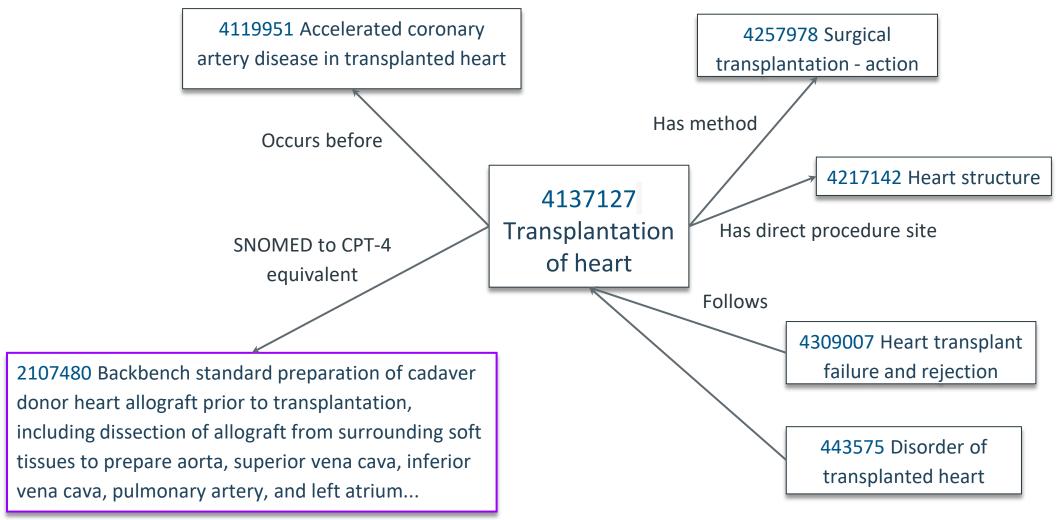
Controlled well-structured ontologies: RxNorm, SNOMED, LOINC, ICD10PCS

- 'Is a'
- 'CVX-RxNorm'
- 'Panel Contains'

Standard and classificational terminologies (ATC, ETC, CVX, NDFRT)

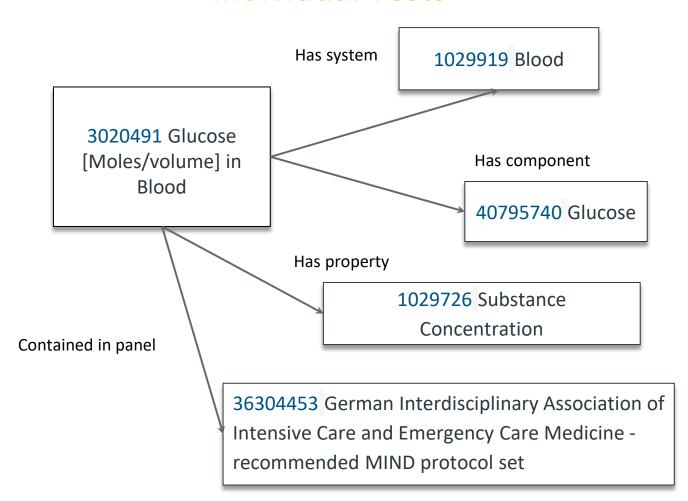


SNOMED - Transplantation of Heart





Individual Tests



Panel

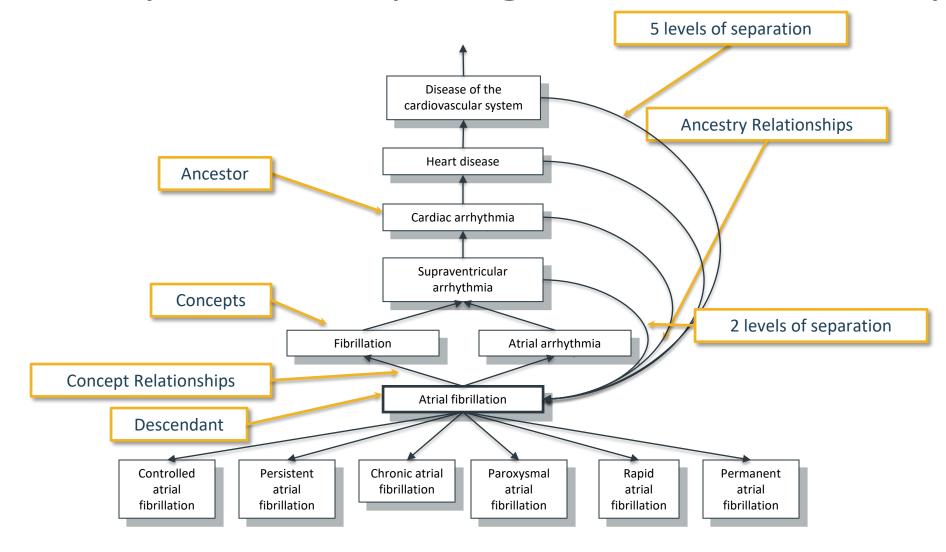
46235479 Bilirubin fractions panel [Moles/volume] - Serum or Plasma Panel contains 3005772 Bilirubin.conjugated [Moles/volume] in Serum or Plasma 3043995 Bilirubin.conjugated +indirect [Moles/volume] in Serum or Plasma 3007242 Bilirubin.indirect [Moles/volume] in Serum or Plasma



Hierarchy: Ancestors and Descendants



Ancestry Relationships: Higher-Level Relationships

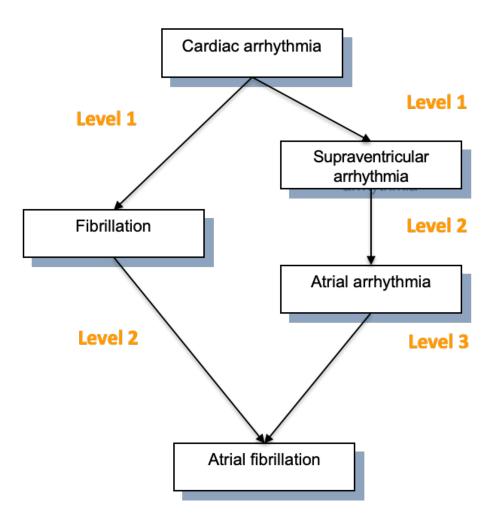




Concept Ancestor: Structure

Self

ŀ	ancestor	descendant	min_levels	max_levels	concept_name
Ī	44784217	44784217	0	0	Cardiac arrhythmia
1	44784217	4086313	1	1	Withdrawal arrhythmia
	44784217	4185572	1	1	Ventricular arrhythmia
	44784217	4248028	1	1	Supraventricular arrhythmia
	44784217	44784234	1	1	Cardiac arrhythmia associated with genetic disorder
Ī	44784217	4226399	1	1	Fibrillation
Ī	44784217	4164083	1	1	Ectopic rhythm
	44784217	45757098	1	1	Cardiac arrhythmia in mother complicating childbirth
Ī	44784217	4088986	1	1	Atrial escape complex
	44784217	4068155	2	2	Atrial arrhythmia
	44784217	4306984	2	2	Cardiac arrest due to trauma
	44784217	4301015	2	2	Cardiac arrest due to pacemaker failure
Ī	44784217	4128968	2	2	Circulatory arrest
Ī	44784217	4256374	2	2	Cardiorespiratory arrest
	44784217	4254116	2	5	Tachycardia-bradycardia
	44784217	313217	2	3	Atrial fibrillation



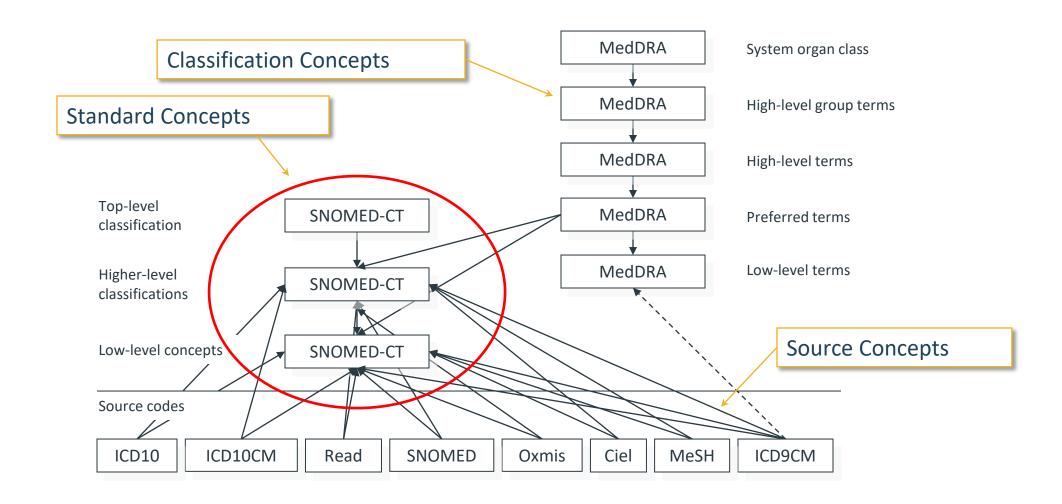


Concept Ancestor vs. Concept Relationship

```
SELECT ca.*, concept.concept name FROM concept ancestor ca
JOIN concept ON descendant concept id = concept id
WHERE ancestor concept id = 21602728 /* Glucocorticoids */
ORDER BY min levels of separation;
                                                                                 Glucocorticoids
                                                                                                         ATC
                                                 Subsumes
                                                                              prednisolone; systemic
                                                                                                         ATC
                             ATC - RxNorm
                             primary lateral
                                                                                  prednisolone
                                                                                                         RxNorm
                 RxNorm ingredient of
                                                                                              prednisolone 5 MG
                                                                 prednisolone Oral Tablet
                                Inverse Is a
                                                                           prednisolone 5 MG Oral Tablet
                             Has tradename
                                                                                Hydrocortisone 5 MG
                                                                                                         RxNorm
                                                                                Oral Tablet [Cortef]
```



Condition Concepts





Exploring the Hierarchy

SELECT max_levels_of_separation, concept.*

FROM concept ancestor

JOIN concept ON descendant_concept_id = concept_id

WHERE ancestor concept id = 44784217

/* cardiac arrhythmia */

ORDER BY max_levels_of_separation

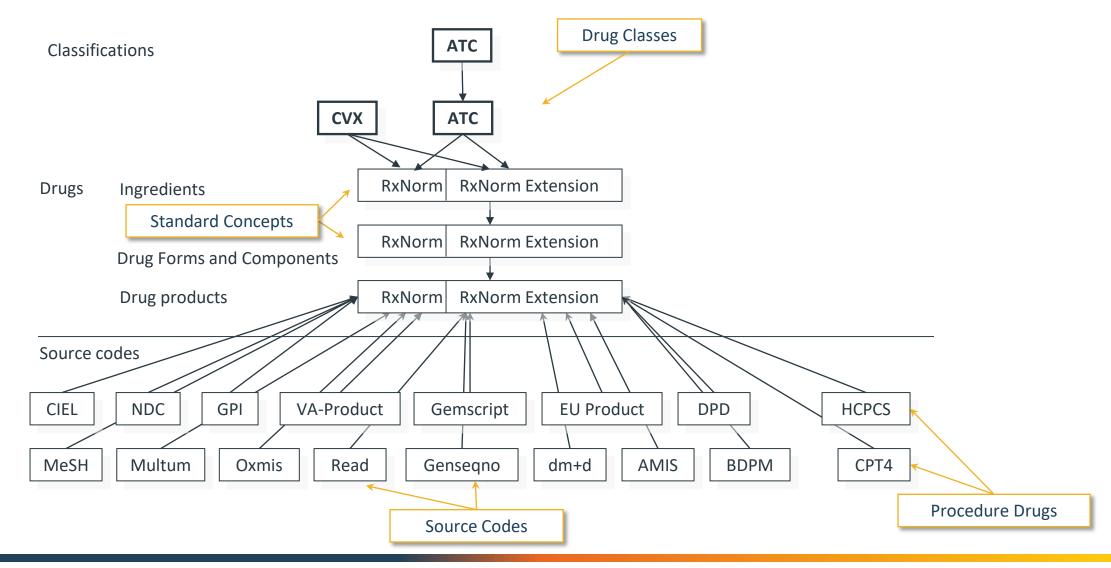
MAX_LEVELS_	CONCEPT		DOMAIN	VOCABULAR	CONCEPT_	STANDARD
OF_SEPARATION	_ID	CONCEPT_NAME	_ID	Y_ID	CLASS_ID	_CONCEPT
0	44784217	Cardiac arrhythmia	Condition	SNOMED	Clinical Finding	S
1	313224	Anomalous atrioventricular excitation	Condition	SNOMED	Clinical Finding	S
1	315643	Tachyarrhythmia	Condition	SNOMED	Clinical Finding	S
1	316429	Premature beats	Condition	SNOMED	Clinical Finding	S
1	316999	Conduction disorder of the heart	Condition	SNOMED	Clinical Finding	S
1	321042	Cardiac arrest	Condition	SNOMED	Clinical Finding	S
1	4030583	Pacemaker twiddler's syndrome	Condition	SNOMED	Clinical Finding	S
1	4057008	Accelerated atrioventricular conduction	Condition	SNOMED	Clinical Finding	S
1	4086313	Withdrawal arrhythmia	Condition	SNOMED	Clinical Finding	S
1	4088507	Ventricular escape complex	Condition	SNOMED	Clinical Finding	S
1	4088986	Atrial escape complex	Condition	SNOMED	Clinical Finding	S
1	4091901	Aberrant premature complexes	Condition	SNOMED	Clinical Finding	S
1	4092011	Aberrantly conducted complex	Condition	SNOMED	Clinical Finding	S
1	4124704	Postoperative sinoatrial disease	Condition	SNOMED	Clinical Finding	S
1	4143042	Ectopic beats	Condition	SNOMED	Clinical Finding	S
1	4164083	Ectopic rhythm	Condition	SNOMED	Clinical Finding	S
1	4172863	Fetal dysrhythmia	Condition	SNOMED	Clinical Finding	S
1	4173170	Neonatal dysrhythmia	Condition	SNOMED	Clinical Finding	S
1	4175473	Atrioventricular dissociation	Condition	SNOMED	Clinical Finding	S
1	4185572	Ventricular arrhythmia	Condition	SNOMED	Clinical Finding	S
1	4217221	Nodal rhythm disorder	Condition	SNOMED	Clinical Finding	S
1	4226399	Fibrillation	Condition	SNOMED	Clinical Finding	S
1	4228448	Bradyarrhythmia	Condition	SNOMED	Clinical Finding	S
1	4248028	Supraventricular arrhythmia	Condition	SNOMED	Clinical Finding	S
1	4262389	Tic-tac rhythm	Condition	SNOMED	Clinical Finding	S

SELECT max_levels_of_separation, concept.*
FROM concept_ancestor
JOIN concept ON ancestor_concept_id = concept_id
WHERE descendant_concept_id = 313217
/* Atrial fibrillation */
ORDER BY max_levels_of_separation

max_levels _of_separation	concept _id	concept_name	domain_i d	vocabulary _id	concept_class _id	standard _concept
0	313217	Atrial fibrillation	Condition	SNOMED	Clinical Finding	S
0	35204953	Atrial fibrillation	Condition	MedDRA	PT	С
1	4226399	Fibrillation	Condition	SNOMED	Clinical Finding	S
1	4068155	Atrial arrhythmia	Condition	SNOMED	Clinical Finding	S
1	35204969	Cardiac fibrillation	Condition	MedDRA	PT	С
2	4248028	Supraventricular arrhythmia	Condition	SNOMED	Clinical Finding	S
2	35204952	Arrhythmia supraventricular	Condition	MedDRA	PT	С
2	35202454	Rate and rhythm disorders NEC	Condition	MedDRA	HLT	С
3	44784217	Cardiac arrhythmia	Condition	SNOMED	Clinical Finding	S
3	35202455	Supraventricular arrhythmias	Condition	MedDRA	HLT	С
4	321588	Heart disease	Condition	SNOMED	Clinical Finding	S
4	35204989	Cardiac disorder	Condition	MedDRA	PT	С
4	35202050	Cardiac arrhythmias	Condition	MedDRA	HLGT	С
5	4103183	Cardiac finding	Condition	SNOMED	Clinical Finding	S
5	440142	Disorder of mediastinum	Condition	SNOMED	Clinical Finding	S
5	134057	Disorder of cardiovascular system	Condition	SNOMED	Clinical Finding	S
5	35204998	Cardiovascular disorder	Condition	MedDRA	PT	С
5	37219970	Mediastinal disorder	Condition	MedDRA	PT	С
5	37622411	Phlebosclerosis	Condition	MedDRA	PT	С
5	35202457	Cardiac disorders NEC	Condition	MedDRA	HLT	С
6	4115390	Mediastinal finding	Condition	SNOMED	Clinical Finding	S
6	4023995	Cardiovascular finding	Condition	SNOMED	Clinical Finding	S



Drug Hierarchy





Finding Drugs with an Ingredient

SELECT max_levels_of_separation, concept.*

FROM concept_ancestor

JOIN concept ON descendant_concept_id = concept_id

WHERE ancestor_concept_id = 1310149 /* Warfarin or 1322184 Clopidogrel*/

ORDER BY max_levels_of_separation

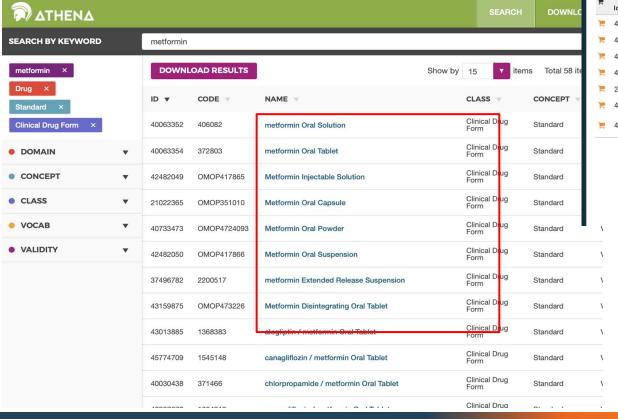
concept _id		concept_name	vocabulary _id	concept_class_id	
13101	49	Warfarin	RxNorm	Ingredient	
362212	29	Jantoven Pill	RxNorm	Branded Dose Group	
401635	59	Warfarin Sodium 6 MG	RxNorm	Clinical Drug Comp	
401635	44	Warfarin Sodium 3 MG [Jantoven]	RxNorm	Branded Drug Comp	
211347	46	Warfarin 0.2 MG/ML	RxNorm Extension	Clinical Drug Comp	
211054	14	Warfarin 5 MG/ML	RxNorm Extension	Clinical Drug Comp	
362212	28	Jantoven Oral Product	RxNorm	Branded Dose Group	
401635	65	Warfarin Sodium 7.5 MG	RxNorm	Clinical Drug Comp	
211152	36	Warfarin 0.3 MG/ML	RxNorm Extension	Clinical Drug Comp	
401635	09	Warfarin Sodium 1 MG	RxNorm	Clinical Drug Comp	
211562	84	1 ML Warfarin 0.02 MG/ML Oral Solution	RxNorm Extension	Quant Clinical Drug	
210955	37	Warfarin 0.3 MG/ML Oral Solution	RxNorm Extension	Clinical Drug	
211054	27	Warfarin 0.4 MG/ML Oral Solution	RxNorm Extension	Clinical Drug	
210465	57	Warfarin 1 MG/ML Oral Solution	RxNorm Extension	Clinical Drug	
400931	33	Warfarin Oral Tablet [Coumadin]	RxNorm	Branded Drug Form	
400931	34	Warfarin Oral Tablet [Jantoven]	RxNorm	Branded Drug Form	
210776	98	1 ML Warfarin 1 MG/ML Oral Solution	RxNorm Extension	Quant Clinical Drug	
401635	34	Warfarin Sodium 2.5 MG Oral Tablet	RxNorm	Clinical Drug	
401635	30	Warfarin Sodium 2 MG/ML Injectable Solution	RxNorm	Clinical Drug	
210661	36	Warfarin 5 MG Oral Tablet [Marevan]	RxNorm Extension	Branded Drug	
401635	42	Warfarin Sodium 3 MG Oral Tablet [Jantoven]	RxNorm	Branded Drug	
211168	22	1 ML Warfarin 0.6 MG/ML Oral Suspension	RxNorm Extension	Quant Clinical Drug	
211757	84	1 ML Warfarin 0.1 MG/ML Oral Solution	RxNorm Extension	Quant Clinical Drug	
211757	83	1 ML Warfarin 0.832 MG/ML Oral Solution	RxNorm Extension	Quant Clinical Drug	

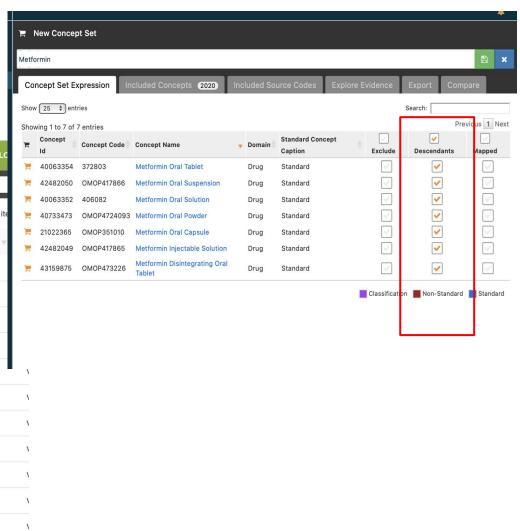
concept _id	concept_name	vocabulary _id	concept_class_id
1322184	clopidogrel	RxNorm	Ingredient
21043471	clopidogrel Oral Suspension	RxNorm Extension	Clinical Drug Form
36229332	Plavix Pill	RxNorm	Branded Dose Group
21043470	clopidogrel Oral Solution	RxNorm Extension	Clinical Drug Form
21023802	clopidogrel Injectable Solution	RxNorm Extension	Clinical Drug Form
21023806	clopidogrel 5 MG	RxNorm Extension	Clinical Drug Comp
1322187	clopidogrel 75 MG	RxNorm	Clinical Drug Comp
21141600	clopidogrel 1 MG/ML	RxNorm Extension	Clinical Drug Comp
36222254	clopidogrel Oral Product	RxNorm	Clinical Dose Group
21092477	clopidogrel 5 MG/ML	RxNorm Extension	Clinical Drug Comp
21177192	100 ML clopidogrel 1 MG/ML Oral Suspension	RxNorm Extension	Quant Clinical Drug
21047899	1 ML clopidogrel 5 MG/ML Oral Suspension	RxNorm Extension	Quant Clinical Drug
21121870	clopidogrel 5 MG/ML Oral Suspension	RxNorm Extension	Clinical Drug
21063106	clopidogrel 75 MG Oral Tablet [Grepid]	RxNorm Extension	Branded Drug
1322190	clopidogrel 300 MG Oral Tablet [Plavix]	RxNorm	Branded Drug
21121869	clopidogrel 75 MG Injectable Solution	RxNorm Extension	Clinical Drug
21053280	clopidogrel 6 MG Injectable Solution	RxNorm Extension	Clinical Drug
21023810	clopidogrel 4 MG Injectable Solution	RxNorm Extension	Clinical Drug
21106783	1 ML clopidogrel 1 MG/ML Oral Suspension	RxNorm Extension	Quant Clinical Drug
19075601	clopidogrel 75 MG Oral Tablet	RxNorm	Clinical Drug
21102364	clopidogrel 1 MG/ML Oral Suspension	RxNorm Extension	Clinical Drug
40095879	clopidogrel Oral Tablet [Plavix]	RxNorm	Branded Drug Form
40095878	clopidogrel Oral Tablet	RxNorm	Clinical Drug Form
21088717	100 ML clopidogrel 15 MG/ML Oral Suspension	RxNorm Extension	Quant Clinical Drug



Finding Mono-Therapy Drugs

- Count ingredients in DRUG_STRENGTH
- Count ingredients in CONCEPT_ANCESTOR
- Select descendants of Clinical Dose Form







Find Members of Drug Classes

```
SELECT max_levels_of_separation, concept.*
```

FROM concept_ancestor

JOIN concept ON descendant_concept_id = concept_id

WHERE ancestor_concept_id = 21600961 /* ATC Antithromboic Agent */

AND concept_class_id = 'Ingredient'

ORDER BY max_levels_of_separation

concept_id	concept_name	domain_id	vocabulary_id	concept_class_id
46275677	cangrelor	Drug	RxNorm	Ingredient
45892847	edoxaban	Drug	RxNorm	Ingredient
1322184	clopidogrel	Drug	RxNorm	Ingredient
44818499	vorapaxar	Drug	RxNorm	Ingredient
43013024	apixaban	Drug	RxNorm	Ingredient
42898933	defibrotide	Drug	RxNorm	Ingredient
42801108	Protein C	Drug	RxNorm	Ingredient
40241331	rivaroxaban	Drug	RxNorm	Ingredient
1310149	Warfarin	Drug	RxNorm	Ingredient
40241186	Ticagrelor	Drug	RxNorm	Ingredient
40228152	dabigatran etexilate	Drug	RxNorm	Ingredient
40163718	prasugrel	Drug	RxNorm	Ingredient
35604848	selexipag	Drug	RxNorm	Ingredient
19136187	Streptokinase	Drug	RxNorm	Ingredient
19129274	reviparin	Drug	RxNorm	Ingredient



Find Members of Drug Classes

```
FROM concept.*
FROM concept_ancestor
JOIN concept
ON descendant_concept_id = concept_id
WHERE ancestor_concept_id = 21600033
/* ATC Corticosteroids for local oral treatment */
```

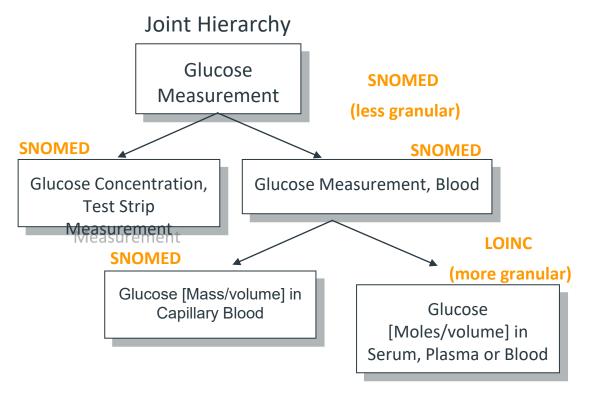
```
SELECT concept.*
FROM concept_ancestor
JOIN concept
ON descendant_concept_id = concept_id
WHERE ancestor_concept_id = 21602722
/* ATC CORTICOSTEROIDS FOR SYSTEMIC USE */
```

concept_id	concept_name	vocabulary_id	concept_class_id				
976018	hydrocortisone 0.005 MG/MG To	oothpaste	RxNorm	Clinical Drug			
1518491	dexamethasone 0.2 MG/ML Ora	I Solution	RxNorm	Clinical Drug			
1518851	dexamethasone 0.1 MG/ML Ora [Decadron]	dexamethasone 0.1 MG/ML Oral Solution [Decadron]					
1518872	dexamethasone 0.1 MG/ML Ora [Hexadrol]	RxNorm	Branded Drug				
40049693	hydrocortisone Oral Lozenge		RxNorm	Clinical Drug Form			
40049747	hydrocortisone Toothpaste		RxNorm	Clinical Drug Form			
40085513	triamcinolone Oral Paste		RxNorm	Clinical Drug Form			
40085514	triamcinolone Oral Paste [Adcor	triamcinolone Oral Paste [Adcortyl]					
43739364	100 ML prednisolone 2 MG/ML Acid 4 MG/ML Oral Solution	RxNorm Extension	Quant Clinical Drug				

concept_id	concept_name	vocabulary_id	concept_class_id
		RxNorm	
590101	4 ML Hydrocortisone 125 MG/ML Injection	Extension	Quant Clinical Drug
792424	triamcinolone Injection [Zilretta]	RxNorm	Branded Drug Form
1506479	methylprednisolone 16 MG Oral Tablet	RxNorm	Clinical Drug
1507707	cortisone 5 MG Oral Tablet	RxNorm	Clinical Drug
1559869	triamcinolone acetonide 1.5 MG Oral Tablet [Vetalog]	RxNorm	Branded Drug
1592182	{27 (dexamethasone 1.5 MG Oral Tablet) } Pack	RxNorm	Clinical Pack
19034806	methylprednisolone 125 MG Injection [A-MethaPred]	RxNorm	Branded Drug
19034807	methylprednisolone 62.5 MG/ML Injectable Solution [Solu-Medrol]	RxNorm	Branded Drug



Measurement Hierarchy



No Joint Hierarchy

Androstanolone Measurement

SNOMED

(Invalid)

Androstanolone | Serum or Plasma | Chemistry challenge

Androstanolone | Serum or Plasma | Chemistry - nonchallenge

Androstanolone [Mass or Moles/volume] in Serum or Plasma

Androstanolone [Mass/volume] in Serum or Plasma

Androstanolone [Presence] in Serum or Plasma

[Mass/volume] in Serum or Plasma -- 1 hour post XXX challenge

Androstanolone

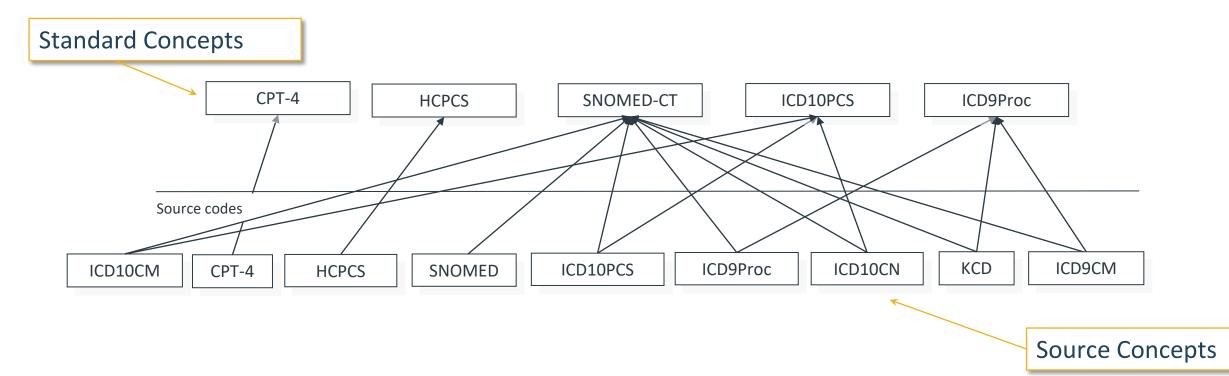
LOINC

Androstanolone [Mass/volume] in Serum or Plasma -- 1.5 hours post XXX challenge

Androstanolone [Mass/volume] in Serum or Plasma --30 minutes post XXX challenge



Procedure Hierarchy



- SNOMED and ICD-9(10) Proc codes can be within each other's hierarchy
- HCPCS and CPT-4 are not embedded in the SNOMED ICD-9(10) Proc hierarchy



Procedure Hierarchy

When creating a comprehensive concept set for procedures, make sure that you have at least two vocabularies in your set: SNOMED and CPT-4 or HCPCS!

Mechanical ventilation

ICD9Proc Continuous invasive mechanical ventilation of unspecified duration

SNOMED

Ventilatory support

CPT4 Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; subsequent days

CPT4 Patient receiving care in the intensive care unit (ICU) and receiving mechanical ventilation, 24 hours or less (CRIT)

ICD10PCS Respiratory
Ventilation, Greater than
96 Consecutive Hours

SNOMED Mechanically assisted spontaneous ventilation



Breakout Session 2 Exercises 45 minutes – Review 30 minutes



OMOP CDM

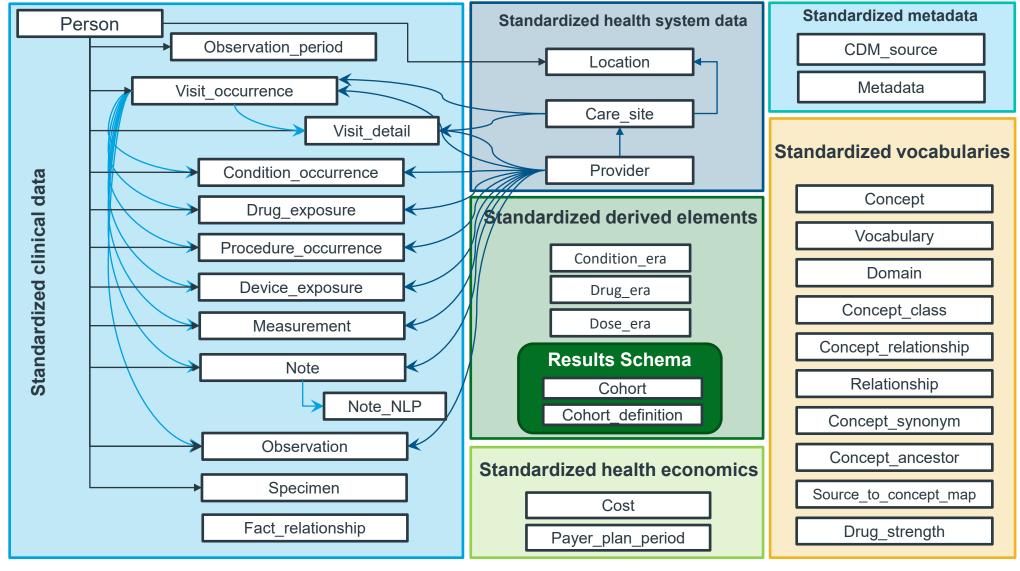


OMOP CDM v5.3.1

- Map
 - Who Person and Providers
 - Where Locations and Care Site
 - What Exposures, Measurements, Specimens
 - When Occurrences
 - How Vocabulary
 - Why Research, Improve Health

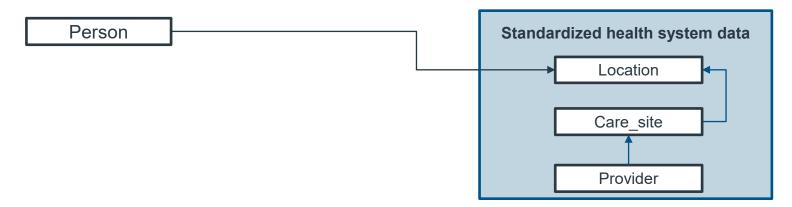


OMOP CDM v5.3.1



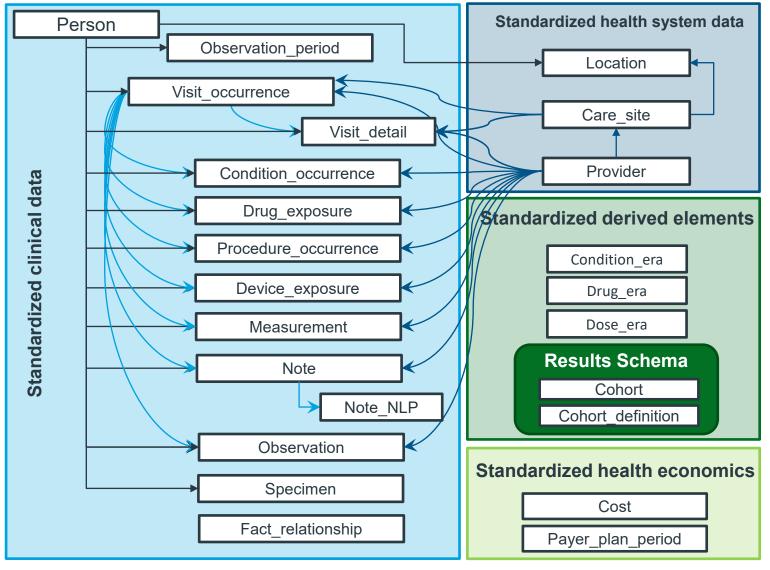


OMOP CDM v5.3.1 Who and Where



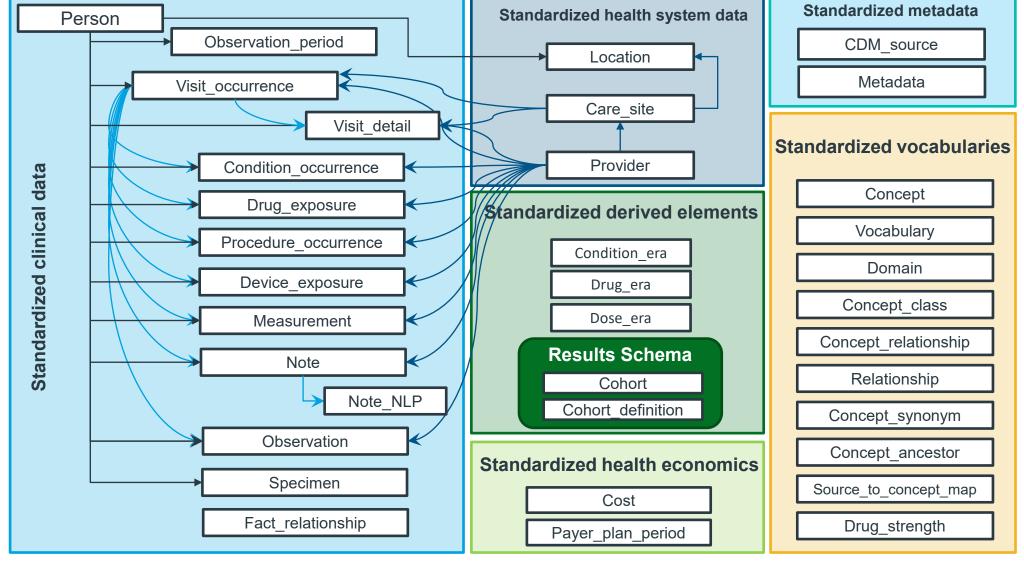


OMOP CDM v5.3.1 – What and When





OMOP CDM v5.3.1 - How





OMOP CDM Principles

- Patient centric
- Vocabulary and Data Model are standardized
- Domain-oriented concepts
- Accommodates data from various sources
- Preserves data provenance & source data
- Extendable & Evolving
- Database Platform Independent



CDM Version Control

- Working group meets once a month to discuss proposed changes to the CDM
- All CDM documentation, versions, and proposals located on GitHub
 - https://ohdsi.github.io/CommonDataModel/index.html
 - Proposals tracked and discussed as GitHub issues
 - https://ohdsi.github.io/TheBookOfOhdsi/CommonDataModel.html
- Meeting information can be found on the working group wiki page
- Please contact Clair Blacketer (<u>mblacke@its.jnj.com</u>) for more information



Common Myths



Common Doubts

Myth #1

"Loss of Data"

Myth #2
"Loss of Accuracy in Conversion"

Myth #3

"Loss of Accuracy in Vocab Mapping"

Myth #4

"It Takes Too Much Time"

Myth #5
"You Don't Have My Use Case in OMOP"

Myth #6
"I Have to Learn New Medical Terminology"



OHDSI Standards

Myth #1
"Loss of Data"

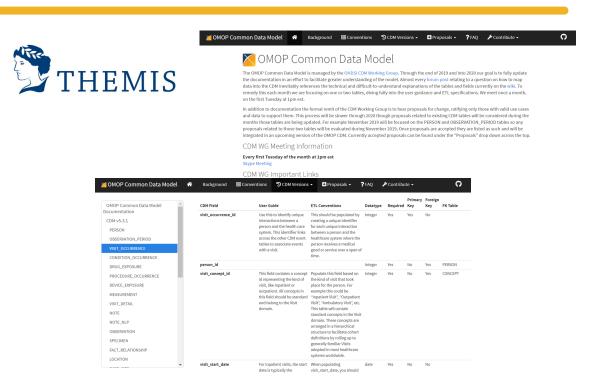
Myth

Some believe that converting to a CDM will result in "losing" data because it does not map to the standard. There is skepticism about why the total number of patients in the source data does not match the CDM data.

Truth

- Source data is preserved within the CDM, even if no standard mapping exist
- OHDSI has standard conventions that enforce rules data must follow, including addressing:
 - Patients without transactions
 - Cleaning dirty data
 - Patient IDs reused
 - And more

Resources



Online documentation:

https://ohdsi.github.io/CommonDataModel/



Myth

Some believe that converting to a CDM will result in "losing" data because it does not map to the standard. There is skepticism about why the total number of patients in the source data does not match the CDM data.

Truth

- After converting data from source to OMOP, have standard quality control including:
 - OHDSI Data Quality Dashboard
 - Achilles checks

Resources



DATA QUALITY ASSESSMENT

FULL_201905_SOURCE_DATA

Results generated at 2019-11-21 06:35:57 in 4 days

	Verification			Validation			Total					
	Pass	Fail	Total	% Pass	Pass	Fail	Total	% Pass	Pass	Fail	Total	% Pass
Plausibility	1611	228	1839	88%	274	13	287	95%	1885	241	2126	89%
Conformance	590	91	681	87%	97	7	104	93%	687	98	785	88%
Completeness	329	57	386	85%	13	2	15	87%	342	59	401	85%
Total	2530	376	2906	87%	384	22	406	95%	2914	398	3312	88%



Retaining the Accuracy of Source Data

Myth #2

"Loss of Accuracy in Conversion"

Myth

Some believe that using OMOP standards can degrade the accuracy of the data. There could be issues in the conversions ability to accurately reflect a data set.

Truth

- Validation studies have found minimal differences in the source to OMOP data
- DA France / LPD France validation study found consistency between native and OMOP data sets

Examples

CONVERSION OF A FRENCH ELECTRONIC MEDICAL RECORD
DATABASE INTO THE OBSERVATIONAL MEDICAL OUTCOMES
PARTNERSHIP COMMON DATA MODEL



Marie-Sophie Schwalm^a, Thomas Raoul^a, Diana Chu^b, Urvi Shah^c, Meghana Potdar^d, Mui Van Zandt^c, Gabriel Coffin^a, Sophie L Jouaville^c
*IQVIA, Boulogne Billancourt, France; c, dIQVIA, New Jersey, USA; bQuintilesIMS, Pennsylvania, USA; dQVIA, California, USA

Corresponding Author : sophie.jouaville@iqvia.com

Table 3 : Patients profile : comparison between the 3 data sources :

DA FR Native / DA FR OMOP / LPD Native

	DA FR NATIVE	DA FR OMOP	LPD NATIVE
	N=12 302*	N=12 382*	N=15 623
Males	7 179 (58.4)	7 231 (58.4)	9 291 (59.5)
Age (in year))	74.6 (± 11.1)	74.4 (± 11.1)	74.6 (± 11.1)
Age ≥75 years	7 055 (57.3)	7 032 (56.8)	8 981 (57.5)
BMI	28.1 (± 5.3)	28.2 (± 5.3)	27.9 (± 5.3)
Diastolic blood pressure	76.2 (± 12)	79.3 (± 20)	76 (± 9)
Systolic blood pressure	131.9 (± 15)	132.7 (± 15)	133 (± 15)
Co-treatments			
NSAIDs	5 320 (43.3)	5 341 (43.1)	7 492 (48.0)
Anti-arrhythmic drug	6 014 (48.9)	6 018 (48.6)	7 425 (47.5)
Injectable anticoagulants	373 (3.0)	377 (3.0)	482 (3.1)
CHADS ₂ Score ⁽²⁾			
0	2 262 (18.4)	2 311 (18.7)	2 638 (16.9)
1	3 997 (32.5)	4 027 (32.5)	5 026 (32.2)
≥2	6 043 (49.1)	6 044 (48.8)	7 959 (50.9)
CHA ₂ DS ₂ -Vasc Score ⁽³⁾			
0	822 (6.7)	844 (6.8)	998 (6.4)
1	1 559 (12.7)	1 591 (12.8)	1 774 (11.4)
≥2	9 921 (80.6)	9 947 (80.3)	12 851 (82.3)

*OMOP model assign an occurrence date to all events including clinical measures and lab results. As a result there is a slight difference in visit number between DA FR OMOP and DA FR NATIVE, which explains a slightly elevated number of included patients in DA FR OMOP.



Evaluating the Accuracy of Vocabulary Mapping

Myth #3

"Loss of Accuracy in Vocab Mapping"

Myth

Some believe that using OMOP vocabulary mappings are incorrect. There could be issues in the preservation of source information as it is translated to standard concepts.

Truth

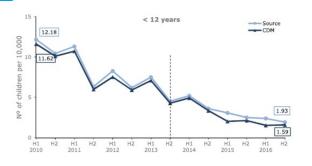
- Validation studies have found minimal differences in the source to OMOP data
- EMA Validation study of IQVIA IMRD UK found consistency between source and OMOP CDM data

Examples

> Clin Pharmacol Ther. 2020 Apr;107(4):915-925. doi: 10.1002/cpt.1785. Epub 2020 Mar 2.

Can We Rely on Results From IQVIA Medical Research Data UK Converted to the Observational Medical Outcome Partnership Common Data Model?: A Validation Study Based on Prescribing Codeine in Children

Gianmario Candore ¹, Karin Hedenmalm ¹, Jim Slattery ², Alison Cave ², Xavier Kurz ², Peter Arlett ²
Affiliations – collapse



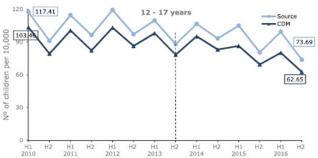


Figure 1-2: Six-monthly prevalence (per 10,000) of codeine prescribing for pain in 0–17 years

"It Takes Too Much Time"



OMOP Conversion Overview

Examples

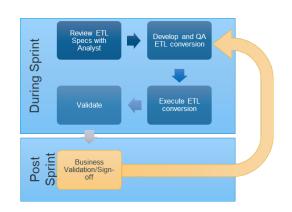
Myth

Taking data from source format to OMOP common data model is tedious and time consuming.

Truth

- It's true, it takes time to convert data into the OMOP CDM.
- We spend time cleaning the data and removing data that cannot contribute to analytical use cases.
- We push down common business rules into the ETL process.
- Studies execute faster due to standardization and common model.





Sprint Approach





OMOP Evolves to Meet Analytical Needs

Myth #5

"You Don't Have My Use Case in OMOP"

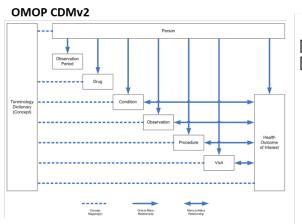
Myth

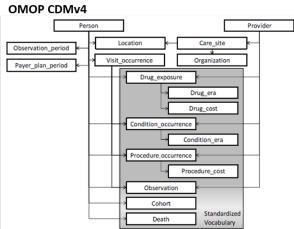
OMOP is not good enough for my analytical use case <u>or</u> covers the therapeutic area that I want to study.

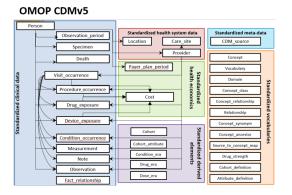
Truth

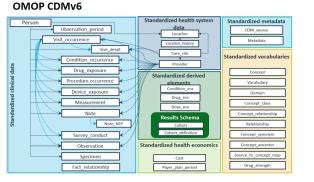
- It's true, OMOP was not built for every use case, but it has evolved over the years to support a variety of analytic needs.
- If you have a use case, bring it up on the CDM working group. If there's enough of a common need, OMOP will evolve to support additional use cases.

Examples









OMOP Oncology Extension

Myth #5

"You Don't Have My Use Case in OMOP"

Myth

OMOP cannot support oncology data.

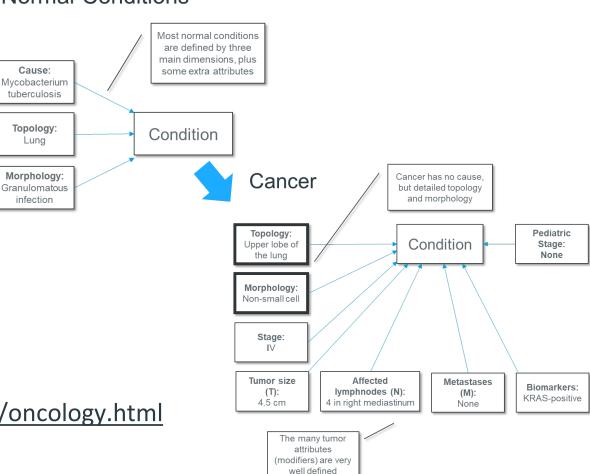
Truth

- OMOP Oncology experts created an Oncology working group.
- The Oncology working group designed an Oncology extension to house oncology-specific information in the OMOP CDM.

https://ohdsi.github.io/CommonDataModel/oncology.html

Examples

Normal Conditions



OMOP Vocabulary Hierarchy

"I Have to Learn New Medical Terms"

Myth

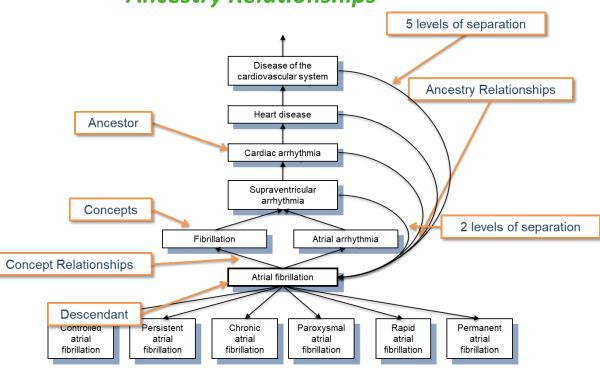
OMOP is forcing me to speak in SNOMED, RxNorm and LOINC codes.

Truth

- OMOP CDM preserves the source codes from the native data and creates a map to a standard concept that is interoperable across all data assets
- You can always start with source codes (e.g. ICD-9/ICD-10) and use the maps to relationships to find standards.
- The hierarchy structure in the standard vocabulary is easily navigated using ancestors and descendants.

Examples

Ancestry Relationships





Common Issues



Common OMOP CDM issues



Non-standard Vocabulary

Codes mapped to OMOP vocabulary aren't mapped to a 'Standard'



Multiple Input on Records

Some records will contain multiple coding systems and text. A hierarchy must be selected to avoid duplicate records



Non-Clinical Events

Due to text options in EHR Data, many options are not clinical events (e.g. 'Tuesday' or 'XXYZ'). These records will be scrubbed to ensure quality of data converted to OMOP.



Multiple records for one concept mapping

Picking one of the multiple standard vocabulary mapping to create the OMOP CDM record instead of one record per mapping



Abnormal values

Unconventional values in data asset (i.e. Negative or 0 as value_as_number)



Incorrect logic - Observation_Period

Observation_Period table populated incorrectly.
Observation period does not cover the entire period of time where events are recorded for a person



Wrong type_concept_id

Use of the wrong type_concept_id or misunderstanding the definition of this field



Missing CDM tables

OMOP CDM tables missing due to misunderstanding on how to populate the table.



Incorrect logic - Visit_Occurrence

Visit_Occurrence table populated incorrectly



No Standard Vocabulary

Issue

- Text fields
- Duplicate and unclear values in source concept names
- Proprietary coding system
- No OMOP standard vocabulary mapping available even though vocabulary is in Athena

Solution

- Own Mapping Team
 Mapped translated terms to OMOP standard vocabulary
- OMOP Vocabulary Team
 - Prioritized terms for mapping
 - Verify translated terms
 - Confirm translation with medical team
 - Downloaded latest vocabularies



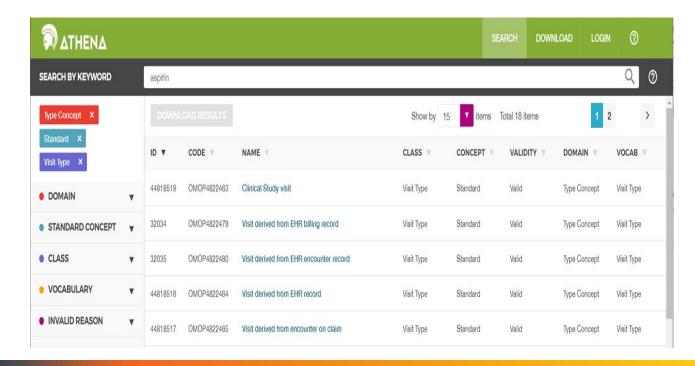
Wrong Type_Concept_IDs

Issue

 Wrong meanings were assigned to type_concept_ids

Solution

- Standardize all type_concept_ids in each table
- Find correct concept_id using ATHENA





Abnormal Values

Issue

 Negative, 0, null values or decimals in measurement and drug_exposure domain



Solution

 Check source data for related domains and check if it's reasonable from medical perspective



Missing CDM Tables

Issue

- Incomplete OMOP CDM tables
- Potential Missing Tables:
 - Procedure_occurrence
 - Device_exposure
 - Visit detail
 - Observation
 - Payer_plan_period
 - Dose_era
 - Location
 - Cost

Solution

- Check source data for related domains
- Provide mapping rules from source data to OMOP CDM, and populate the missing tables



Breakout Session 3 Exercises 45 minutes – Review 30 minutes



ETL Q&A Session



Thank You