PCORnet CDM Forum:
Common Data Model v3.1
Stakeholder Meeting

Presented by the PCORnet DRN Operations Center (DRN OC)

Wednesday, November 2, 2016 from 2–3 PM Eastern
Hosted by Keith Marsolo, PhD
Facilitated by Shelley Rusincovitch and Michelle Smerek

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The National Patient-Centered Clinical Research Network

Agenda

- Announcements
- v3.1 Development Process
- v3.1 Feedback Cycle
- v3.1 Release Planning
- PCORnet Innovations Survey
- Wrap up/Next Steps

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Announcements

Recap: CDM Forum from October 5

Topics included:

- Considering observation stays
- Data Committee CDM survey
- v3.1 interest group
- v3.1 draft specification

- Slides: https://github.com/CDMFORUM/CDM-GUIDANCE/wiki/CDM-Forum-Materials

- Recording and meeting summary: https://pcornet.imeetcentral.com/p/ZgAAAAAAe8un

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Recap: Research Using a DRN Forum on October 25

Topics:

- The Antibiotics Demonstration Project: Lessons learned, upcoming queries and next steps

- Slides and meeting recording: https://pcornet.imeetcentral.com/p/ZgAAAAAAfKij

v3.1 Development Process

Common Data Model v3.1 development

- A minor release (v3.1) will be developed **in parallel** with development of the larger CDM strategy (more on this in the next section!)
- A **minor** release (by definition) does **not include** major new functionality
- We expect that the current CDM errata will be a primary source (https://github.com/CDMFORUM/CDM-ERRATA)
- We will build on successes in Phase I, and v3.1 offers an opportunity to further refine processes

11-week span of v3.1 development

Date	*Topic*
August 19	CDM Forum
August 19–September 2	Data Committee CDM survey
September 8	v3.1 interest group meeting (1 of 2)
September 19	v3.1 interest group meeting (2 of 2)
October 3–14	Feedback period on v3.1 draft specification
October 5	CDM Forum: Updates from v.31 interest group
~~October 21~~ ***(Meeting cancellation)***	~~Discuss with CDRN and PPRN PIs~~
November 2	CDM Forum: Stakeholder session to review v3.1 feedback, responses, and incorporation of changes
November 4	Discuss with CDRN and PPRN PIs
November 4	Present to PCORnet Executive Committee

We are here

To learn more about PCORnet governance:
http://pcornet.org/about-pcornet/pcornet-committees-members/

Defining a CDM "minor release"

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Common Data Model (CDM) Specification, Version 3.1 – DRAFT

Draft v3.1 specification feedback cycle October 3–14, 2016

We welcome feedback and comments from the PCORnet Community for the draft v3.1 specification during the open feedback cycle, October 3 – 14, 2016. Please see the announcement on iMeetCentral for more details. Following the processes established in prior versions[1], all comments will be collated, categorized, and reviewed.

More specific scope for the v3.1 draft

The PCORnet Common Data Model v3.1 will be a minor release

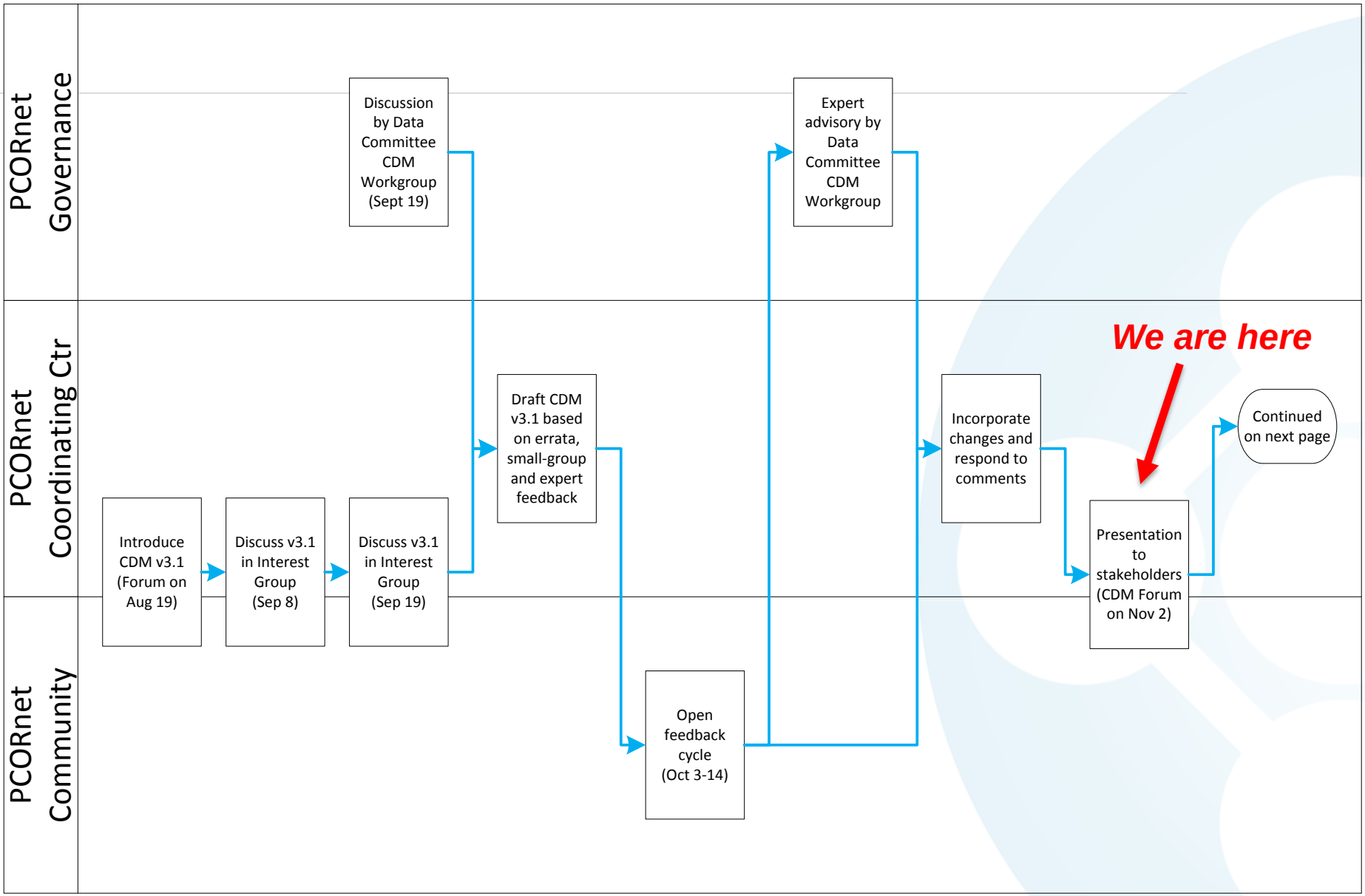
The distinction between minor and major releases is especially important to datamart custodians because it allows an estimation of impact, dependencies, and change management processes for technical processes such as database administration, SAS file administration, and related programming. It also affects the PCORnet core operational and analytic infrastructure such as data characterization, query fulfillment, and analytic tools.

The concept of major and minor releases is well-established in software development practices, but because it is a broad concept, it is helpful to define a specific scope for PCORnet CDM v3.1 as:

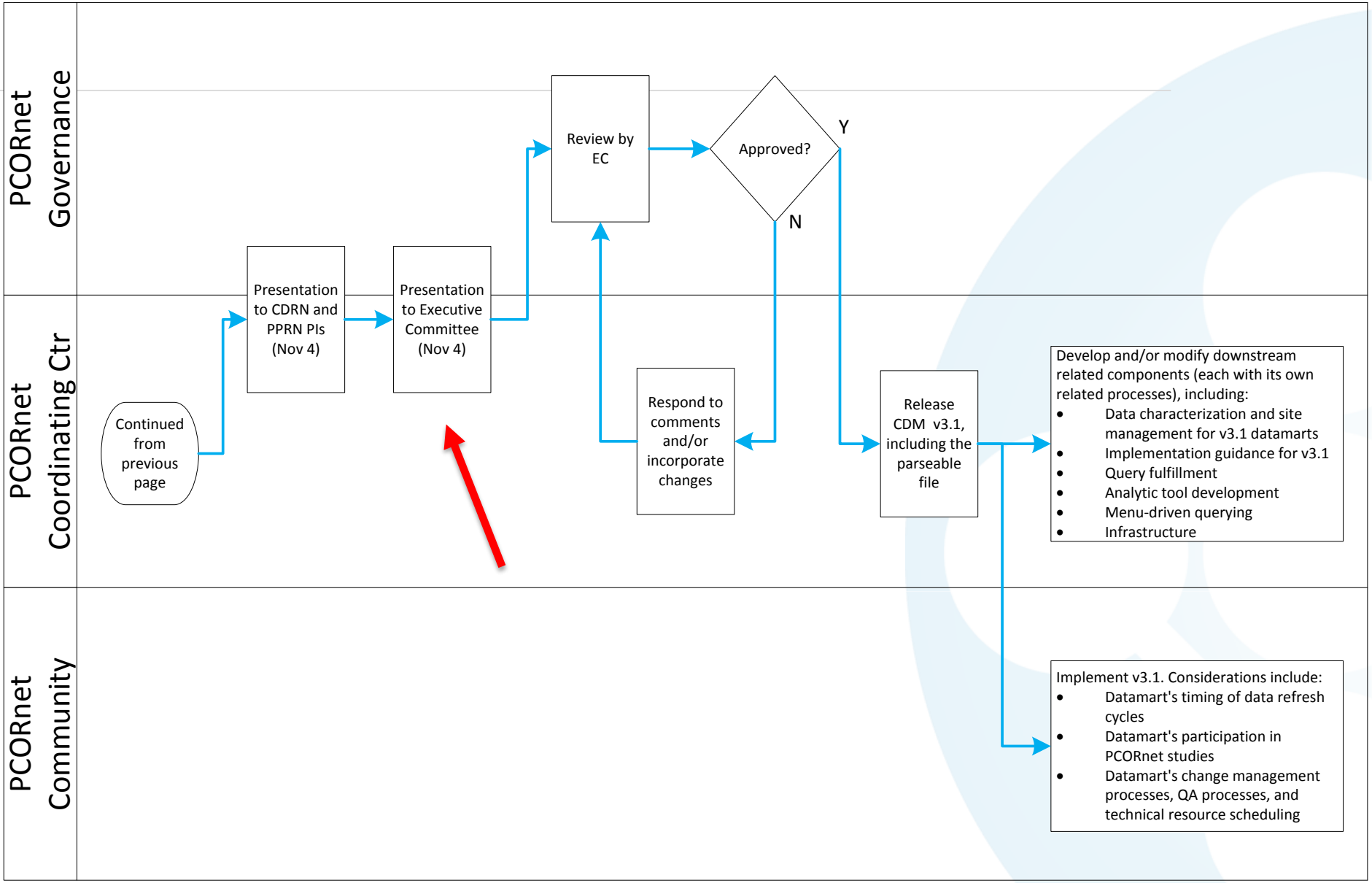
1. Proposed changes in v3.1 will be **parsimonious**, and higher value will be placed on changes that are recognized as a result of current activity and experiences.
2. The v3.1 minor release **may include** modification to existing value sets, table-level constraints, and/or new fields.
3. The v3.1 minor release **will not include** any new tables.
4. Proposed changes in v3.1 will clearly distinguish where a modification would result in a semantic change from the earlier v3.0 (ie, where the meaning of the data measure itself would be changed and should be carefully recognized in analysis).

With thanks to the CDM v3.1 interest group for their feedback on this definition.

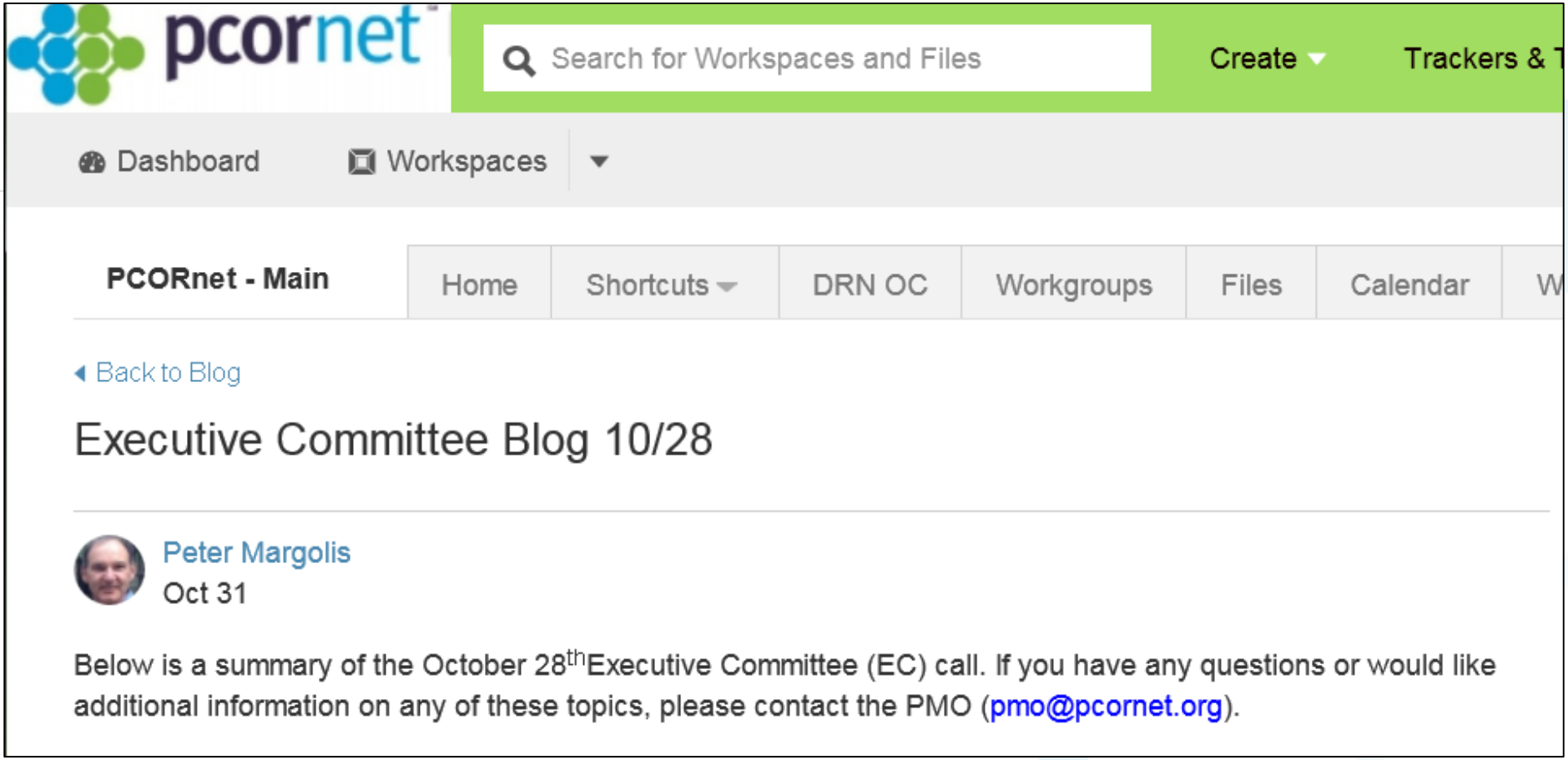
PCORnet CDM v3.1 Process Flow Diagram
Part 1 of 2



PCORnet CDM v3.1 Process Flow Diagram
Part 2 of 2



v3.1 Feedback Cycle



CDM v3.1

The DRN OC provided an update on the CDM v3.1. The CDM v3.1 was released for comment and received ~100 discrete comments and suggestions. The team is in the process of incorporating or responding to each comment. This is considered a minor release so the feedback that is considered major is being considered for v4.0. Overall, there has been great engagement throughout the comment period and responses will be publicly posted.

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https://pcornet.imeetcentral.com/pcornetmain/blogentry/48284365/

CDM v3.1 comment cycle: October 3-14, 2016

- 106 discreet comments were received
  - 73 from CDRNs
  - 14 from the Coordinating Center
  - 12 from the Data Committee
  - 7 from PPRNs

With many thanks!

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Comparing with earlier versions

PCORnet CDM v1.0

- Released on **May 30, 2014**
- **276 discrete comments** received and incorporated in **1 feedback cycle**

PCORnet CDM v2.0

- Released on **February 27, 2015**
- **265 discrete comments** received and incorporated in **2 feedback cycles**
- Two stakeholder sessions with **79 and 60 attendees**, respectively

PCORnet CDM v3.0

- Released on **June 1, 2015**
- **236 discreet comments** received and incorporated in **1 feedback cycle**
- Two stakeholder sessions with **57 and 60 attendees**, respectively

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CDM v3.1 comment cycle: October 3-14, 2016

- Following the processes established in prior versions, each comment assessed and tagged into 15 thematic categories
- Comments spreadsheet with response to every comment will be finalized and posted after this stakeholder meeting

Link to v3.1 draft specification that was basis of feedback: https://pcornet.imeetcentral.com/p/aQAAAAAC2W6s

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15 tags and 4 responses

Tag
CONDITION
DEATH
DEMOG
DIAGNOSIS
ENCOUNTER
ENROLL
GLOBAL
HARVEST
IMPLEMENTATION_GUIDANCE
LABORATORY_RESULT
MEDICATION
NUMBER
OBSERVATION_STAY
PROCEDURE
VITAL

Response Classify
1-INCORPORATE
2-RESPOND
3-FUTURE ASSESS
4-SENT TO IMPLEMENTATION GUIDANCE

Three specific topics follow here:

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Screenshots following for 3 specific areas

1. Observation Stays
2. Numbers
3. Death Table Constraint

Revised May 2014

Are You a Hospital Inpatient or Outpatient?

If You Have Medicare – Ask!

Did you know that even if you stay in a hospital overnight, you might still be considered an "outpatient?" Your **hospital status** (whether the hospital considers you an "inpatient" or "outpatient") affects how much **you pay** for hospital services (like X-rays, drugs, and lab tests) and may also affect whether Medicare will cover care you get in a skilled nursing facility (SNF) following your hospital stay.

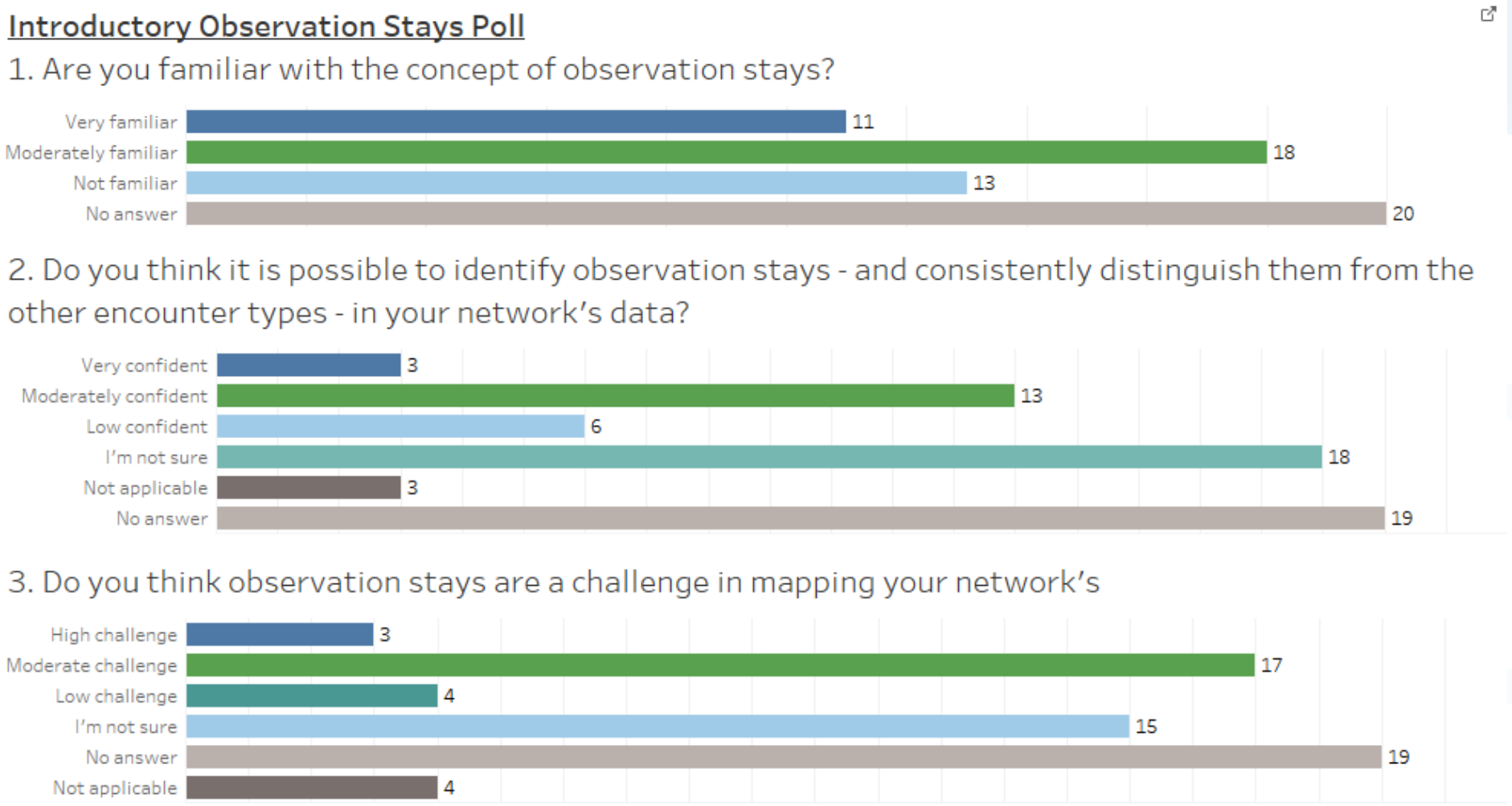
- You're an **inpatient** starting when you're formally admitted to a hospital with a doctor's order. The day **before** you're discharged is your last inpatient day.
- You're an **outpatient** if you're getting emergency department services, observation services, outpatient surgery, lab tests, X-rays, or any other hospital services, and the doctor **hasn't** written an order to admit you to a hospital as an inpatient. In these cases, you're an outpatient even if you spend the night at the hospital.

Note: Observation services are hospital outpatient services given to help the doctor decide if the patient needs to be admitted as an inpatient or can be discharged. Observation services may be given in the emergency department or another area of the hospital.

The decision for inpatient hospital admission is a complex medical decision based on your doctor's judgment and your need for medically necessary hospital care. An inpatient admission is generally appropriate when you're expected to need 2 or more midnights of medically necessary hospital care, but your doctor must order such admission and the hospital must formally admit you in order for you to become an inpatient.

From: https://www.medicare.gov/Pubs/pdf/11435.pdf

Webex poll from October 5 CDM Forum

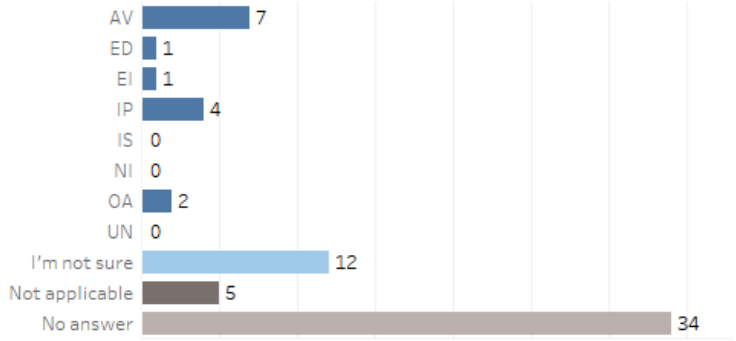


(The usual caveats about Webex polling apply here: this is an informal mechanism, and responses will not be a representative sample across networks. Still, this is a useful way for our discussion to get a sense of the landscape!)

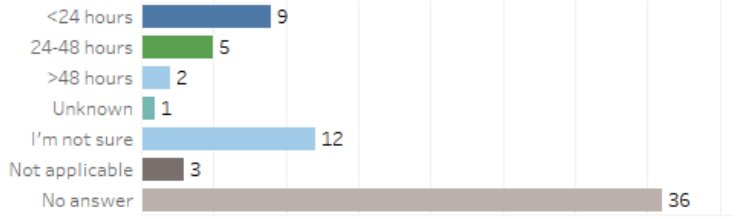
Webex poll from October 5 CDM Forum

Detailed Observation Stays Poll

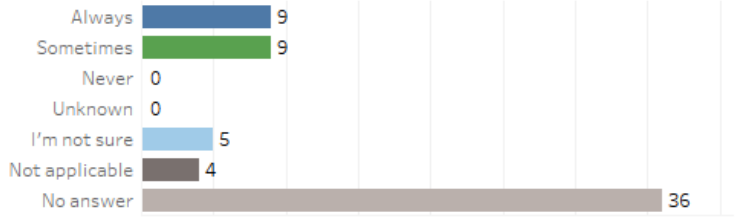
1.Which encounter type do you currently assign observation stays to (select all that apply):



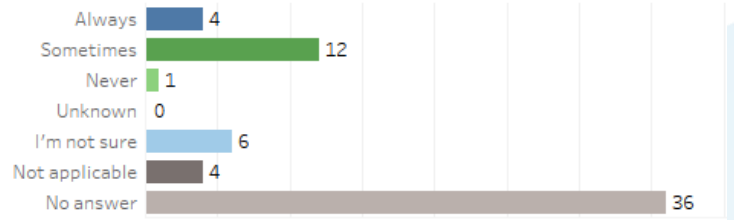
2.What are the potential lengths of stay in an observation unit (select all that apply):



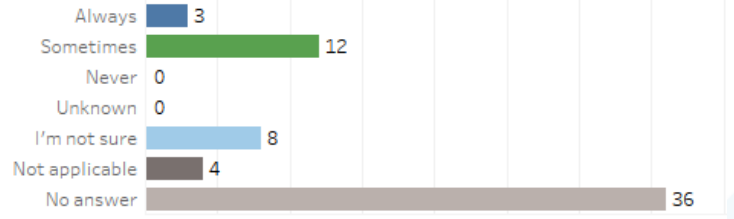
3.How often is Discharge Date populated?



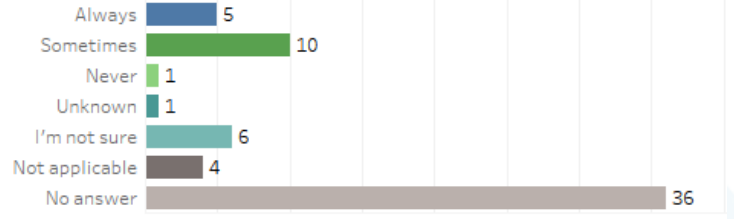
4.How often is Discharge Disposition populated?



5. How often is Discharge Status populated?



6. How often is Admitting Source populated?



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ENC_TYPE	RDBMS Text(2)	SAS Char(2)	AV=Ambulatory Visit ED=Emergency Department EI=Emergency Department Admit to Inpatient Hospital Stay (permissible substitution) IP=Inpatient Hospital Stay IS=Non-Acute Institutional Stay OS=Observation Stay IC=Institutional Professional Consult (permissible substitution) OA=Other Ambulatory Visit NI=No information UN=Unknown OT=Other

Emergency Department (ED): Includes ED encounters that become inpatient stays (in which case inpatient stays would be a separate encounter). Excludes urgent care facility visits. ED claims should be pulled before hospitalization claims to ensure that ED with subsequent admission won't be rolled up in the hospital event. Does not include observation stays (guidance added in v3.1).

Emergency Department Admit to Inpatient Hospital Stay: Permissible substitution for preferred state of separate ED and IP records. Only for use with data sources where the individual records for ED and IP cannot be distinguished.

Inpatient Hospital Stay: Includes all inpatient stays, including: same-day hospital discharges, hospital transfers, and acute hospital care where the discharge is after the admission date. Does not include observation stays (guidance added in v3.1).

Observation Stay: "Hospital outpatient services given to help the doctor decide if the patient needs to be admitted as an inpatient or can be discharged. Observations services may be given in the emergency department or another area of the hospital." Definition from Medicare, CMS Product No. 11435, https://www.medicare.gov/Pubs/pdf/11435.pdf (new value set item added in v3.1).

Institutional Professional Consult: Permissible substitution when services provided by a medical professional cannot be combined with the given encounter record, such as a specialist consult in an inpatient setting; this situation can be common with claims data sources. New value set item added in v3.1.

RESULT_NUM	RDBMS Number(15 total digits, 8 after decimal)	SAS Numeric(length 8)

Number Formatting (guidance added in v3.1)

Numeric data elements in v3.1 have been updated to indicate **both** precision (total number of digits) **and** scale (digits to the right of a decimal point) for RDBMS Number data types. For example, **RDBMS Number(15,8)** specifies a precision of 15 and scale of 8. The maximum precision used in the CDM was chosen to harmonize with SAS numbers.

However, the indication of SAS Numeric(8) is not the same as an RDBMS precision/scale. SAS Numeric(8) indicates a *byte length* of 8; of note, the length is not the same as the number of significant digits contained within this variable in SAS. SAS numeric variables (including integers and dates) are almost always stored in 8-byte floating-point form. These numbers have a precision of about 16 significant digits.

In the CDM specification, data elements will always have a *smaller* RDBMS size and a *larger* SAS size. For example: an RDBMS Number(8,4) will correspond to a SAS byte length of 5. This will ensure that there is no loss of data when outputting a SAS dataset from an RDBMS source.

"RDBMS Number" can be implemented as any appropriate RDBMS number concept, such as floating point number or decimal. Although some RDBMS's have a specific data type called "NUMBER" (such as Postgres), the CDM does not imply that this specific data type should be implemented.

In CDM version 3.1, to prevent further confusion, the specifications for numeric data types have been updated to make them consistent between RDBMS and SAS. Most importantly, this will prevent any loss of data when converting from RDBMS to SAS (or vice versa). Therefore, all RDBMS Numeric values should be stored as Numeric(15,8), and all SAS values as Numeric(8).

In summary:

- RDBMS Number(15,8) is a RDBMS number concept with 15 total digits and up to 8 digits to the right of the decimal
- SAS Numeric(8) is a floating point number with 15 total digits stored in 8 bytes; because it is a floating point number, the digits to the right of the decimal are not specified

Live component: Describing Numbers Webex Polling (part 1 of 2)

1. What labels do you find helpful for describing the **RDBMS** number data types?

1.a. RDBMS Number(15,8). (Very helpful / Somewhat helpful / Not helpful / I'm not sure)

1.b. RDBMS Number(precision 15, scale 8). (Very helpful / Somewhat helpful / Not helpful / I'm not sure)

1.c. RDBMS Number(up to 15 total digits, up to 8 digits after decimal). (Very helpful / Somewhat helpful / Not helpful / I'm not sure)

1.d. I have a suggestion for the RDBMS Number label: (free text)

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(The usual caveats about Webex polling apply here: this is an informal mechanism, and responses will not be a representative sample across networks. Still, this is a useful way for our discussion to get a sense of the landscape!)

Live component: Describing Numbers Webex Polling (part 2 of 2)

2. What labels do you find helpful for describing the **SAS** number data types?

2.a. SAS Numeric(8). (Very helpful / Somewhat helpful / Not helpful / I'm not sure)

2.b. SAS Numeric(length 8). (Very helpful / Somewhat helpful / Not helpful / I'm not sure)

2.c. SAS Numeric(length 8, up to 15 total digits). (Very helpful / Somewhat helpful / Not helpful / I'm not sure)

2.d. SAS Numeric(length 8, up to 15 total digits, floating point). (Very helpful / Somewhat helpful / Not helpful / I'm not sure)

2.e. I have a suggestion for the SAS Numeric label: (free text)

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(The usual caveats about Webex polling apply here: this is an informal mechanism, and responses will not be a representative sample across networks. Still, this is a useful way for our discussion to get a sense of the landscape!)

4.13. Table: DEATH

DEATH Domain Description:
Reported mortality information for patients.

Relational Integrity:
The DEATH table contains one record per unique combination of PATID and DEATH_SOURCE.

Composite Primary Key: PATID and DEATH_SOURCE

Foreign Key:
DEATH.PATID is a foreign key to DEMOGRAPHIC.PATID (one-to-many relationship)

Constraints (modified in v3.1)
PATID (required, not null)
DEATH_SOURCE (required, not null)
PATID + DEATH_SOURCE (unique)

Note: DEATH_DATE has been removed from the constraints in v3.1.

Overview of changes in v3.1

Modifications to model include:

- RDBMS numbers have been modified to incorporate explicit references to both precision and scale, and new description added in section 3.1.
- Added new fields in DEMOGRAPHIC for SEXUAL_ORIENTATION and GENDER_IDENTITY.
- ENROLLMENT.ENR_BASIS value set modified to include drug coverage enrollment.
- The domain definition for ENROLLMENT has been updated because the table will now support drug coverage enrollment. The previous definition of "a period of time during which all medically-attended events are expected to be observed" does not apply to drug coverage.
- New DX_ORIGIN field added in DIAGNOSIS table
- PROCEDURES.PX_TYPE and LAB_RESULT_CM.LAB_PX_TYPE: The value set was updated to create one procedure code type for CPT and HCPCS codes. The categories are mutually exclusive, and data partners had significant difficulty in differentiating the appropriate subclassification (for example, the difference between CPT-4 (ie, HCPCS Level I) vs. HCPCS Level II).
- PRO_CM.PRO_ITEM character length increased to accommodate the potential for additional ontologies.
- New definition for CONDITION.ONSET_DATE added.
- The domain definition for PRESCRIBING has been updated to explicitly state that orders may take place in any setting, including the inpatient or outpatient basis.
- PRESCRIBING.RX_BASIS data element definition expanded.
- The RXNORM_CUI field type has been modified to become character, not numeric, so that the CDM harmonizes with the NLM's RxNorm database definition.
- The DEATH table constraint has been modified to remove DEATH_DATE as a required field, given that more than one data partner has reported the situation of having records without a date. Cohort identification is an important use case for incorporating a general mortality status even if a death date is not known.

Modifications to documentation include:

- New and modified content has been indicated in green to assist with visually scanning the document (in addition to the descriptive comments).
- Significant content related to implementation guidance, including the LAB_RESULT_CM reference tables, has been moved into the separate Implementation Guidance document. These changes are not indicated in green because they are extensive.
- Header of "Source" modified to "Data element provenance" to more clearly describe the purpose of this attribute.
- Data element provenance of MSCDM has been qualified as MSCDM v4.0 to more precisely reference the version.
- Added "Important Links and References" in table of contents section.
- The parseable file (machine-readable version of the CDM specification) will be created after the specification is approved. The structure of this file will be updated with feedback from the v3.1 interest group.

DRAFT

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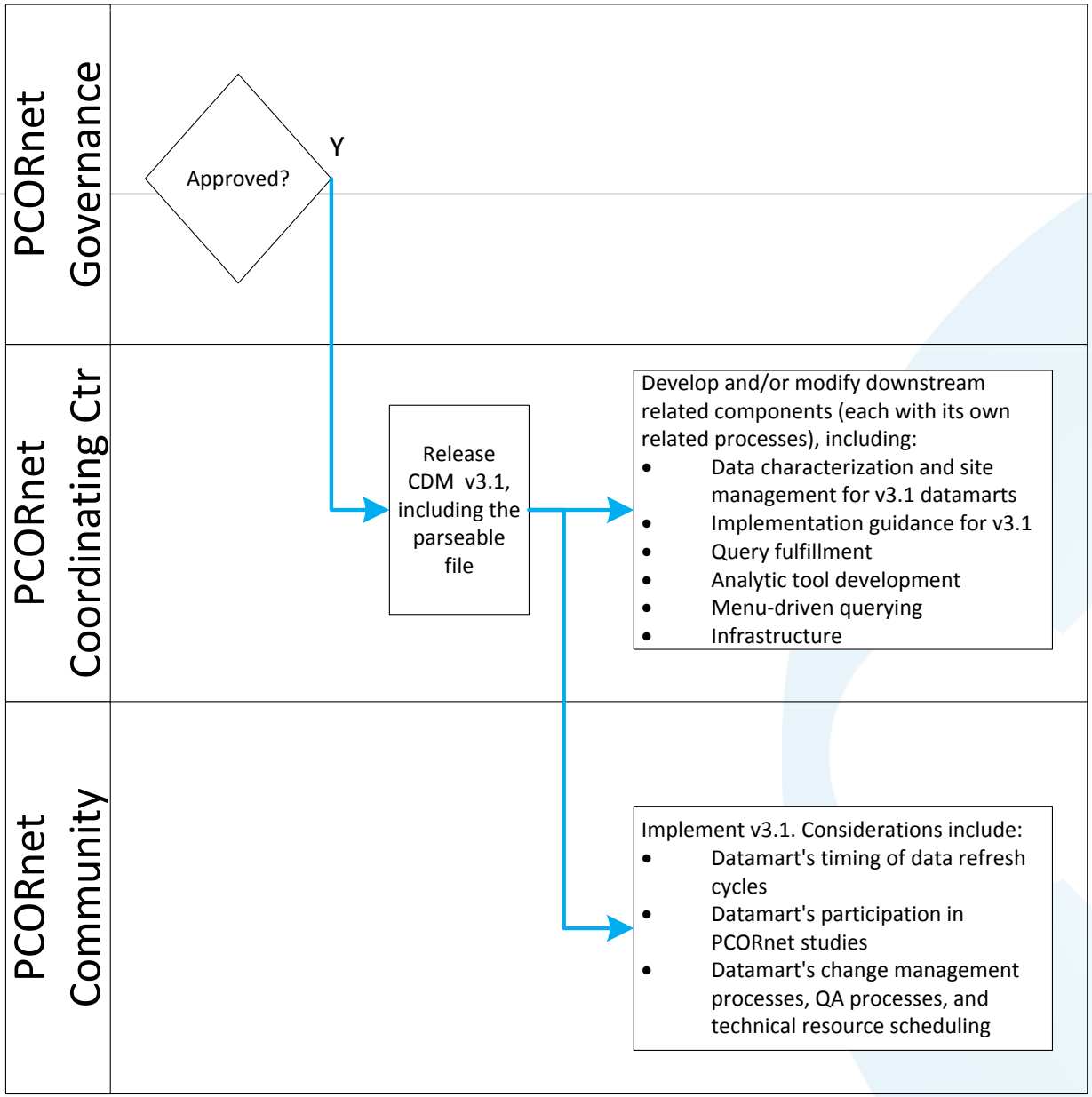
Page 2 of the draft v3.1 specification:
https://pcornet.imeetcentral.com/drnoc-workgroups/doc/47801510/

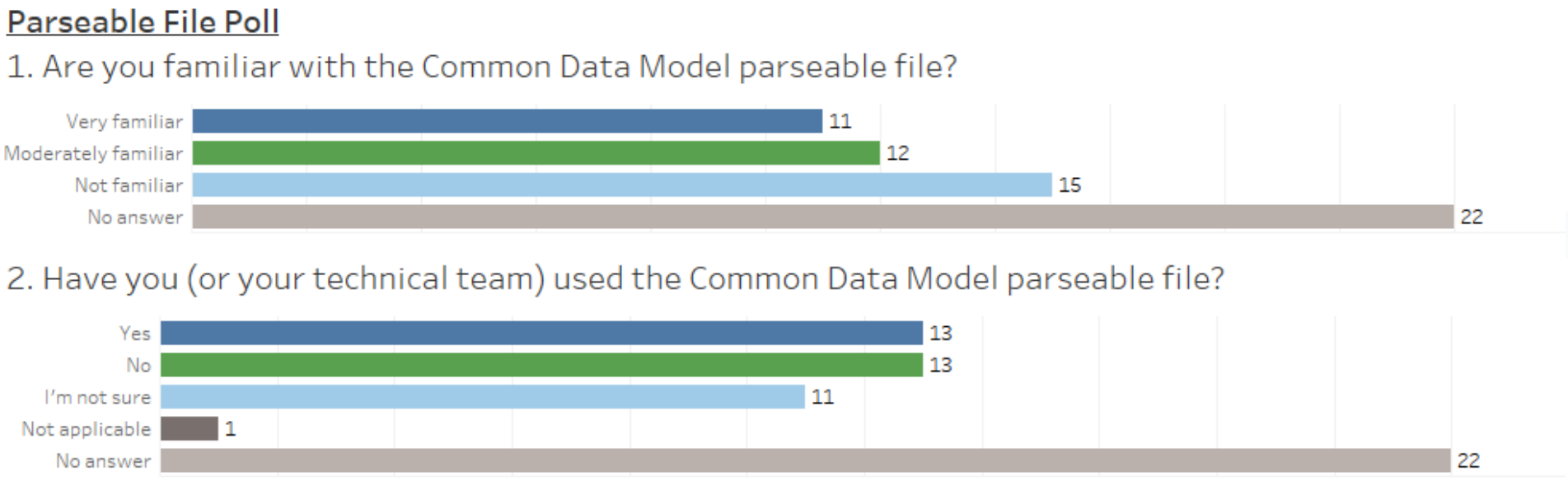
v3.1 Release Planning


PCORnet Governance
Approved?
Y
PCORnet Coordinating Ctr
Release CDM v3.1, including the parseable file
Develop and/or modify downstream related components (each with its own related processes), including:
Data characterization and site management for v3.1 datamarts
Implementation guidance for v3.1
Query fulfillment
Analytic tool development
Menu-driven querying
Infrastructure
PCORnet Community
Implement v3.1. Considerations include:
Datamart's timing of data refresh cycles
Datamart's participation in PCORnet studies
Datamart's change management processes, QA processes, and technical resource scheduling

A CDM release date isn't the same as a network implementation date

- PCORnet does not expect networks datamarts to implement CDM v3.1 in 2016
- We expect considerations for implementation will include datamart refresh cycles and study participation

Webex poll from October 5 CDM Forum



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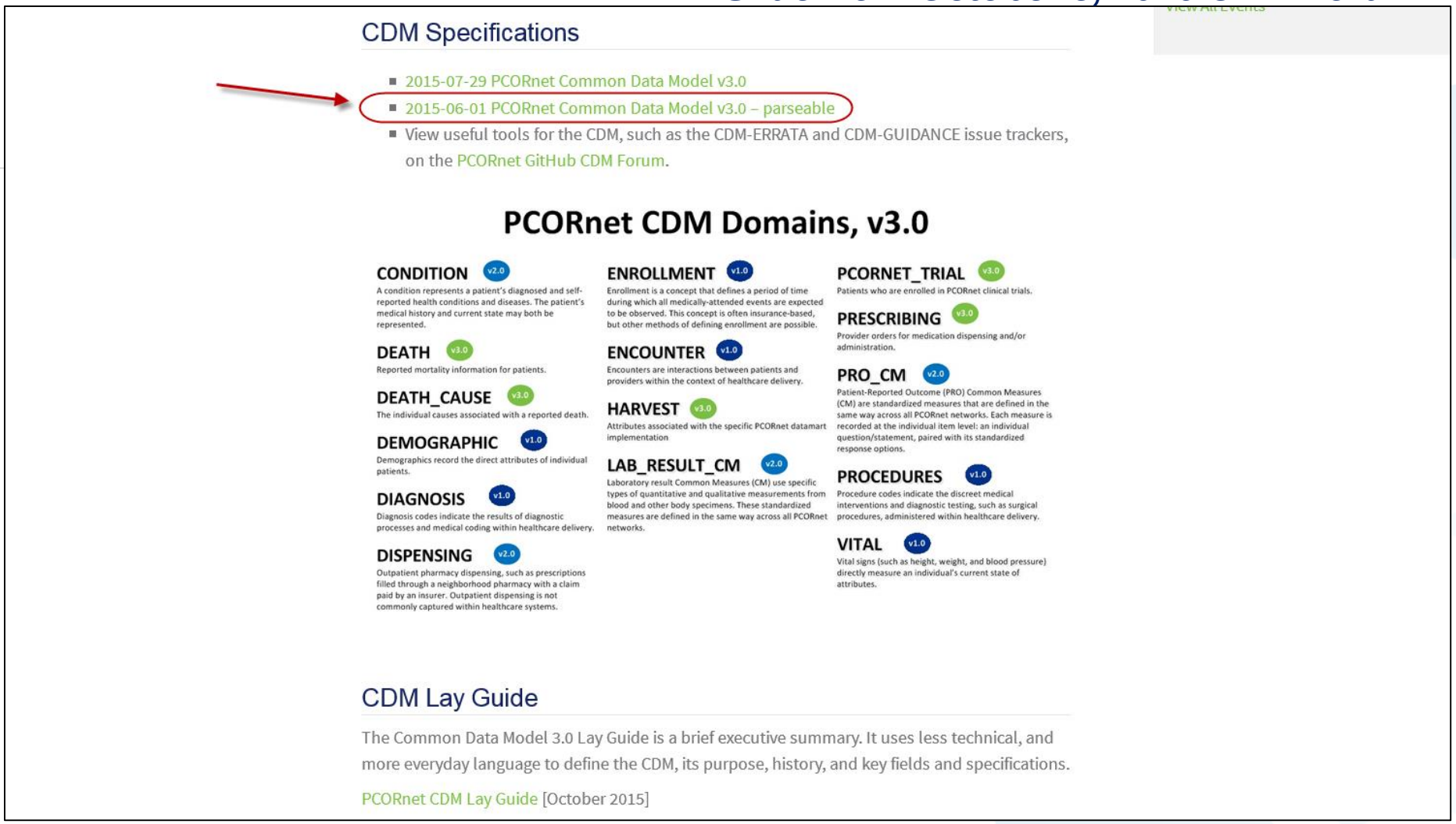

CDM Specifications

- 2015-07-29 PCORnet Common Data Model v3.0
- 2015-06-01 PCORnet Common Data Model v3.0 – parseable
- View useful tools for the CDM, such as the CDM-ERRATA and CDM-GUIDANCE issue trackers, on the PCORnet GitHub CDM Forum.

PCORnet CDM Domains, v3.0

CONDITION v2.0
A condition represents a patient's diagnosed and self-reported health conditions and diseases. The patient's medical history and current state may both be represented.

DEATH v3.0
Reported mortality information for patients.

DEATH_CAUSE v3.0
The individual causes associated with a reported death.

DEMOGRAPHIC v1.0
Demographics record the direct attributes of individual patients.

DIAGNOSIS v1.0
Diagnosis codes indicate the results of diagnostic processes and medical coding within healthcare delivery.

DISPENSING v2.0
Outpatient pharmacy dispensing, such as prescriptions filled through a neighborhood pharmacy with a claim paid by an insurer. Outpatient dispensing is not commonly captured within healthcare systems.

ENROLLMENT v1.0
Enrollment is a concept that defines a period of time during which all medically-attended events are expected to be observed. This concept is often insurance-based, but other methods of defining enrollment are possible.

ENCOUNTER v1.0
Encounters are interactions between patients and providers within the context of healthcare delivery.

HARVEST v3.0
Attributes associated with the specific PCORnet datamart implementation

LAB_RESULT_CM v2.0
Laboratory result Common Measures (CM) use specific types of quantitative and qualitative measurements from blood and other body specimens. These standardized measures are defined in the same way across all PCORnet networks.

PCORNET_TRIAL v3.0
Patients who are enrolled in PCORnet clinical trials.

PRESCRIBING v3.0
Provider orders for medication dispensing and/or administration.

PRO_CM v2.0
Patient-Reported Outcome (PRO) Common Measures (CM) are standardized measures that are defined in the same way across all PCORnet networks. Each measure is recorded at the individual item level: an individual question/statement, paired with its standardized response options.

PROCEDURES v1.0
Procedure codes indicate the discreet medical interventions and diagnostic testing, such as surgical procedures, administered within healthcare delivery.

VITAL v1.0
Vital signs (such as height, weight, and blood pressure) directly measure an individual's current state of attributes.

CDM Lay Guide

The Common Data Model 3.0 Lay Guide is a brief executive summary. It uses less technical, and more everyday language to define the CDM, its purpose, history, and key fields and specifications.

PCORnet CDM Lay Guide [October 2015]

The CDM v3.0 parseable file is part of the CDM specifications at: http://www.pcornet.org/pcornet-common-data-model/

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Slide from October 5, 2016 CDM Forum

	A	B	C	D	E	F	G	H	I	J	K
1	TABLE_NAME	FIELD_NAME	RDBMS_DATA_TYPE	SAS_DATA_TYPE	DATA_FORMAT	REPLICATED	UNIT_OF_MEASURE	VALUE_SET	VALUE_DESCRIPTION	DEFINITION	CDM_ORDER
2	DEMOGRAPHIC	PATID	RDBMS Text(x)	SAS Char(x)		NO				Arbitrary person-level identifier used to link across tables. PATID is a pseudoidentifier with a consistent crosswalk to the true identifier retained by the source Data Partner. For analytical data sets requiring patient-level data, only the pseudoidentifier is used to link across all information belonging to a patient. The PATID must be unique within the data source being queried. Creating a unique identifier within a CDRN would be beneficial and acceptable. The PATID is not the basis for linkages across partners.	1
3	DEMOGRAPHIC	BIRTH_DATE	RDBMS Date	SAS Date (Numeric)		NO	DATE			Date of birth.	2
4	DEMOGRAPHIC	BIRTH_TIME	RDBMS Text(5)	SAS Time (Numeric)	HH:MI using 24-hour clock and zero-padding for hour and minute	NO	TIME			Time of birth.	3
5	DEMOGRAPHIC	SEX	RDBMS Text(2)	SAS Char(2)		NO		A;F;M;NI;UN;OT	A = Ambiguous F = Female M = Male NI = No information UN = Unknown OT = Other	Administrative sex. v2.0 guidance added: The "Ambiguous" category may be used for individuals who are physically undifferentiated from birth. The "Other" category may be used for individuals who are undergoing gender re-assignment.	4
6	DEMOGRAPHIC	HISPANIC	RDBMS Text(2)	SAS Char(2)		NO		Y;N;R;NI;UN;OT	Y = Yes N = No R = Refuse to answer NI = No information UN = Unknown OT = Other	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. v2.0 amendment: The new categorical value of "Refuse to answer" has been added.	5
7	DEMOGRAPHIC	RACE	RDBMS Text(2)	SAS Char(2)		NO		01;02;03;04;05;06;07;NI;UN;OT	01 = American Indian or Alaska Native 02 = Asian 03 = Black or African American 04 = Native Hawaiian or Other Pacific Islander 05 = White 06 = Multiple race 07 = Refuse to answer NI = No information UN = Unknown OT = Other	Please use only one race value per patient. Details of categorical definitions: American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Black or African American: A person having origins in any of the black racial groups of Africa. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	6
									Y = Yes	Flag to indicate that one or more biobanked specimens are stored and available for research use. Examples of biospecimens could include plasma, urine, or tissue. If biospecimens are available, locally maintained "mapping tables" would be necessary to map between the DEMOGRAPHIC record and the originating biobanking system(s).	

INFO | FIELDS | RELATIONAL | CONSTRAINTS | REF 1 (LAB-LOINC) | REF 2 (LAB-CPT) | REF 3 (LAB ABBREV) | REF 4 (PRO-CM)

Purpose of the CDM parseable file: a machine-readable format

Purpose of the CDM specification PDF: a human-readable format

DEMOGRAPHIC Table Specification

Field Name	*RDBMS Data Type*	*SAS Data Type*	*Predefined Value Sets and Descriptive Text for Categorical Fields*	*Definition / Comments*	*Source*
BIRTH_DATE	RDBMS Date	SAS Date (Numeric)	.	Date of birth.	MSCDM
BIRTH_TIME	RDBMS Text(5): Format as HH:MI using 24-hour clock and zero-padding for hour and minute	SAS Time (Numeric)	.	Time of birth.	PCORnet Source of time format: ISO 8601
SEX	RDBMS Text(2)	SAS Char(2)	A=Ambiguous F=Female M=Male NI=No information UN=Unknown OT=Other	Administrative sex. v2.0 guidance added: The "Ambiguous" category may be used for individuals who are physically undifferentiated from birth. The "Other" category may be used for individuals who are undergoing gender re-assignment.	MSCDM with modified field size and value set Source: Administrative Sex (HL7) http://phinvads.cdc.gov/vads/ViewValueSet.action?id=06D34BBC-617F-DD11-B38D-00188B398520
HISPANIC	RDBMS Text(2)	SAS Char(2)	Y=Yes N=No R=Refuse to answer NI=No information UN=Unknown OT=Other	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. v2.0 amendment: The new categorical value of "Refuse to answer" has been added.	MSCDM with modified field size and value set Compatible with "OMB Hispanic Ethnicity" (Hispanic or Latino, Not Hispanic or Latino)

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Live component: Parseable File Webex Polling

3. What labels do you find helpful to describe the purpose of the "parseable file"?

3.a. CDM Parseable File (Very helpful / Somewhat helpful / Not helpful / I'm not sure)

3.b. CDM Structured Specification File (Very helpful / Somewhat helpful / Not helpful / I'm not sure)

3.c. CDM Machine-Readable Specification (Very helpful / Somewhat helpful / Not helpful / I'm not sure)

3.d. CDM Spreadsheet Specification (Very helpful / Somewhat helpful / Not helpful / I'm not sure)

3.e. I have a suggestion for the name: (free text)

(The usual caveats about Webex polling apply here: this is an informal mechanism, and responses will not be a representative sample across networks. Still, this is a useful way for our discussion to get a sense of the landscape!)

PCORnet
Innovations Survey

Thomas Carton, PhD, MS
REACHnet CDRN; PCORnet Research Committee

PCORnet Innovations Survey

- The PCORnet Research Committee Innovations Work Group is invites you to fill out a survey on behalf of the Research, Data, and Engagement Committees
- The goals of this survey are to
  - (1) drive the scopes of the innovations WGs,
  - (2) engage networks on needs and assets, and
  - (3) disseminate innovations and drive and cross-network pilot projects
- The Committees will review the results and share with the PCORnet community

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Please share your thoughts and experiences with us!

Link to survey:

https://duke.qualtrics.com/jfe/form/SV_ehRmraU0UrFmJKJ

Response requested by **Wednesday, November 23**

Wrap Up

Next steps (the short list):

- The spreadsheet comment document with final responses (also incorporating information from today) will be posted on iMeetCentral by Friday
- The CDM v3.1 will be presented **this Friday, November 4** to the CDRN PI meeting, PPRN PI meeting, and Executive Committee meeting
- Shelley will send a status update to this group about the v3.1 release next week
- The next CDM Forum will be scheduled shortly

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References and links

- DRN OC home page on iMeetCentral: https://pcornet.imeetcentral.com/p/aQAAAAAB6T9b
- CDM errata issue tracker: https://github.com/CDMFORUM/CDM-ERRATA/issues
- CDM guidance issue tracker: https://github.com/CDMFORUM/CDM-GUIDANCE/issues
- PCORnet diagnostic query package: https://github.com/PCORnet-DRN-OC/PCORnet-Diagnostic-Query
- PCORnet data characterization query package: https://github.com/PCORnet-DRN-OC/PCORnet-Data-Characterization
- PCORnet Data Committee on GitHub: https://github.com/PCORnet/DataCommittee

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