Sammy Chao: We are still seeing some people trickling so we'll wait another minute to get started so sit tight we'll get started soon, thank you for joining us today.

Sammy Chao: About 1101 in the morning Eastern time so we'll go ahead and get started with today's webinar.

Sammy Chao: So I'd like to welcome everybody to today's to coordinate CDC covered 19 electronic healthcare data initiative five monthly webinar.

Sammy Chao: I'm Sami Chow I am the senior informatics analyst with the public health informatics institute a program of the task force for global health and I wanted to thank you all for taking the time out of your day.

Sammy Chao: to join us this morning, so this is our first webinar that we've held since year to have this project and started and today we'll have some updates around.
Sammy Chao: The scope and the timeline of this project, as we go into our second year funding.

Sammy Chao: Some housekeeping notes before we get started on some more of the content, today, I wanted to remind everybody that you're welcome to put questions in the Q and A box in zoom webinar.

Sammy Chao: And we will try to address them as these questions come in so feel free to write them throughout, not just at the end and we may bring up your question for discussion.

Sammy Chao: out loud, or we may answer it in writing, but please ask questions you have them about today.

Sammy Chao: This webinar will be recorded and we will send out the link to the slides transcript and recording after this webinar has finished so first to kick us off, I would like to invite taken famer our product sponsor as your health scientist and CDC to welcome us into today's webinar.

Tegan Boehmer: Good morning, everyone, this is taken, and I am a senior how scientists and the Center for surveillance epidemiologist and laboratory services at CDC.
Tegan Boehmer: And I just want to check that you can hear me.

Sammy Chao: I can hear you taking.

Tegan Boehmer: Okay yeah sorry I was a not showing as I was presenting so um well again welcome everybody, and we are very excited.

Tegan Boehmer: That our cooperative agreement with the Public Health Institute a program of the task force for global health was funded for a second consecutive year.

Tegan Boehmer: And we very much look forward to working with all of you across the country at the various sites that are so important in providing data.

Tegan Boehmer: As part of this project with P cornet and we'll be hearing a little bit more from Jason about some of the directions in the near term of where we hope to go.
Tegan Boehmer: And, but one point I wanted to make while I had the stage for a few minutes was to just acknowledge.

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00:03:35.850 --> 00:03:42.000
Tegan Boehmer: The wide breadth of activities that we've been able to accomplish during the first year of this cooperative agreement.

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Tegan Boehmer: And we've run you know well over a dozen queries and the first several months of the project and many of those have been in response to CDC priority science questions related to.

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00:03:58.560 --> 00:04:21.450
Tegan Boehmer: And we've engaged several different task forces within the CDC Cobra 19 response and and been able to address questions of those specific task forces and their focus areas, as well as questions that have come down from CDC and our incident management leadership teams and so, as I said.

23
00:04:22.890 --> 00:04:36.480
Tegan Boehmer: it's been really impressive to me that we've been able to address some of these questions with a relatively short turnaround and with very recent data, so I think those are two advantages that we've seen in working with P cornet.

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00:04:37.200 --> 00:04:46.200
Tegan Boehmer: Is the speed at which we are able to develop a custom query and then inflict get it into the field have the participating sites.
Tegan Boehmer: submit their data get it aggregated and shared back with us at CDC in such a timely way, and then you know the data are only you know a few weeks to a month old and so that those are both strengths that.

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Tegan Boehmer: We have witnessed and our time working on this project, so far, and we know it will continue to be a very valuable asset moving forward.

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Tegan Boehmer: Some of that that that have come up recently, as I said, were able to respond quickly to inquiries and really just unknowns to some degree, so.

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Tegan Boehmer: There are a CDC science agenda which, if y'all haven't seen it I can put the link to it in the chat So you can see the types of questions at the Agency is focusing on.

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Tegan Boehmer: But three areas I can think of right off the top of my head and we've been able to address or are planning to address in the near future.

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Tegan Boehmer: revolve around vaccine adverse events breakthrough cases post vaccination reinfection.
Tegan Boehmer: So you know to infections more than 90 days apart, or the current CDC definition and then also looking at disease severity with the.

Changing picture of code in this country, and in particular with the rise of the delta barrier in the past one or two months so Those are some of the key areas.

That we've recently addressed and will be continuing to address in the coming months and you'll hear more about that from Jason so that's all I have, thank you all very much we're super excited to be working with you for another funding cycle.

Sammy Chao: Thank you taken and, with that we will pass it off to Jason and Tom to go over the overview of plans for the next funding year and all the details about this project.

Sammy Chao: Thanks it.

16179219537: Thanks me and thanks everyone I first start by giving the caveat that i'm in transit, and so, if I buy kind of go through a low coverage area Tom cartons who is.
The Leader, along with me of this project and the coordinate side is going to tag in but I shouldn't be okay.

But first start by thanking everyone for coming and by telling everyone how excited we are just as taken mentioned to start on the second year of this collaborative project and.

As with the first year, we intend to make this a true collaboration with the cornet scientists for involved most involvement being with our scientific working group that we have with Reverend representation from each of the clinical research networks.

With our core operations team that's been working on this project at Harvard pilgrim and Louisiana Public Health Institute.

And then, with the CDC because as taken mentioned, we We talked frequently we construct the queries that are in direct response to priority areas that the CDC has and we look forward to the second year of this proceeding a similar way.

So i'm going to go through kind of what we are working on For those of you who have attended these webinars in the past.
16179219537: We have typically both given you what our upcoming plans are and presented the most recent data.

16179219537: Today we're really just going to make this a conceptual overview of where we're headed over the next few months. I'm giving you a sense of our general timeline as well as some specifics about the query that we haven't planned that are in response to the CDC priority areas that to talk.

16179219537: With me if you don't mind going to the next slide.

16179219537: So our agenda for today to talk through the second year of our project scope to talk with you about the query timeline that we have put together for the rest of 2021.

16179219537: Very well, scripted for the next two months or so and then plans with a period of time that extends from November to December.

16179219537: I'll give you a couple of specifics on the queries that are really most active in our development and then we'll at the end, maybe some update on the manuscripts that we're working on to disseminate this work.
16179219537: Academically we're also disseminating this work, we give all of the data to the CTV very promptly to help them with their response efforts but we'll talk through some of the academic dissemination as well next slide.

00:09:29.490 --> 00:09:35.820
16179219537: So we're starting up on the year to have this project, which extends from the beginning of August.

00:09:36.870 --> 00:10:01.590
16179219537: Through the end of July of 2022 I'm not sure that any of us, certainly not me suspected that.

00:10:02.730 --> 00:10:07.350
16179219537: We would still be in the depths of the time they make in the way that we are right now but we certainly are so we, we think that there plenty of opportunities to help us understand what's going on with the pandemic, including some interaction said taken and mentioned.

00:10:08.700 --> 00:10:18.060
16179219537: The scope is really similar to your one we're planning to do one to two queries per month.

00:10:18.870 --> 00:10:29.910
16179219537: Rather than requesting that sites do refreshes of their Coven CDN every two weeks we believe we can get away with doing that, every month.
There are some sites that already have their updates and refreshes scheduled for more frequent every week summer doing and every two weeks, some are even doing it every day.

So whatever has been set up in the past and it's easiest to continue, we encourage that up for sites that are doing this manually.

Refreshing every month prior to our queries coming out and we're going to be proactive about letting you know when these queries are coming would be really helpful, so we can have up to date data.

we're really going to make a concerted effort to identify patients who have been vaccinated.

And that's going to involve about some work at the site level, as well as a lot of work centrally with our modular programs.

And one of the things that we know some sites have been capable of doing is linking their procedures in their innovation tables.
And, to the extent that that's possible and would help us better identify patients who've been vaccinated we will be encouraging sites to make those linkages if they can we're also importantly, and it may sort of.

They may allow us to get at this with a workaround is that we are updating our modular program so that we can comprehensively.

Access immunization data across the variety of places where it's stored, such as in the procedure, stable, where we currently can access it, but also in the immunization table, and so, hopefully, within the next couple of weeks or modular programs will be updated to allow for that.

One of the things that that many of you will have realized in that we've talked about on this call before, is that we have shifted a bit in our structure.

of our queries where where we started in your one doing really exclusively descriptive queries we pivoted to include some advanced analytic queries.

For the latter part of year one and now certainly going into your to we built an extension of the modular programs that we use that allow for us to do, distributed regression of any type, and that includes logistic linear a proportional hazards models.
And so we have executed, the first query of that type of we have a couple more in the queue that i'll talk about one of the things that we think.

will be necessary, especially as we go through the journal review process and iterative analyses.

is for us to be able to get a patient level the identified patient level data set from sites.

That will allow us some flexibility in the execution of some of these advanced analytic queries and so will be asking for sites to get that to us as well and that probably won't be until later in the year which i'll mentioned later on.

I mentioned that the coordinating Center will be doing some active work in addition to the query development piece, and the processing of the data.

And serving as the liaison with the CDC we're also going to be doing some work on the module of programs to improve them, to the point that we can get as much comprehensive data as as we can.
16179219537: And then lastly I'll say that with some of the funds that CDC has made available through the property of agreement.

16179219537: It appears that we're going to be able to add a couple of more sites so we're in some discussions with sites.

16179219537: That we're hoping to potentially add in working on the budget details um so far, what we've been focused on is getting contracts out to existing site.

16179219537: But we're going to soon pivot to the next step in that process which is hopefully to add a couple of sites focused on areas that had been co bit hotspots with this delta wave that's currently going on.

16179219537: Next slide.

16179219537: Right so here is the high level.
Information about the queries that we are planning to execute in the near term so this kind of takes us through the first week of October.

Our first two queries are actually already really complete in terms of we're past the deadline for responses for those queries but first.

Is our first distributed regression query where we're looking at predictors of development of post acute to quality of coven.

focused on conditions neurologic conditions, diabetes and some others that report it generated all sites responded to that query.

We should have that report sometime in the next week or two that report generation, because of the distributed rushing query is a bit more complex than some of the other descriptive queries that we run.

We also just completed a second vaccine adverse event query taken mentioned, this is a real priority area.
Is query is focused on mile Kurt is in turn itis but also is looking at some other vaccine adverse events we completed one of these queries in early June we updated this one and i'll talk through some of the changes that we implemented as part of.

we're planning on an updated what we had been calling a cumulative query, and this is our very broad descriptive assessment.

of patients who are infected with Cisco V to those who have tested negative vaccine cohorts, and this is also.

Taken mentioned that we're going to start looking through breakthrough infection information secondary infection or second infections.

we're also going to be able to implement those additions in this query that we're going to do, hopefully this week, if we can get this together.

relatively quickly, this is a kind of a rapidly responsive where that we're starting to conceptualize and hopefully we can get a process this week.
The second stage of our posting jitsu quality of covert advanced analytic query will be looking at symptoms using codes that's going to go out.

In September for constructing and delta focused the delta variant focused query that will be looking at characteristics of patients.

Who were infected the source, will be to prior to the delta wave and then during the delta wave so we're prepping that conceptually hopefully you go out at the end of September.

And then another real priority area is to look at the relationship between chronic disease and co bid both how this chronic disease.

and control or severity of chronic disease affect the severity of coded in patients were infected but also we're looking at the flip side, which is.

This co bit effect control of chronic disease so we're going to be putting together we did one descriptive query on this already and we're going to be putting together an advanced analytic query in early October to carry that general platform of ideas as well.
Next slide.

And I'll just do a check is Sammy can can you guys hear me OK.

Okay, great.

Alright, so I will walk through some specific than that each of.

So, as I mentioned post acute elliot's coven another important concept area of focus for CDC.
At this is the one that we've been developing a couple of queries we needed to descriptive queries and post acute kweli which by the way, had several names, we started calling it long coven NIH calls that post acute squarely of covert and pvp sometimes called at PCC, but they will just.

Post coven conditions but generally the same concept.

So this distributed regression for you, that we that we've completed that we're putting the results together for.

is looking at predictors of developing certain chronic conditions, diabetes, chronic kidney disease and your logic condition.

And the main focus of that is to look at whether people are more likely to develop those conditions, after an infection resource will be two.

Or whether people who have tested negative also after a period of time after their tests are also likely develop those conditions, trying to get at what are the conditions that really are more common post coven compared to what might be occurring in the background.
We can also include a number of different predictors which include in graphics some underlying conditions to determine who are the patients that are most likely to develop some condition.

The conditions are defined by ICD-10 codes which we curated and reviewed with our group, the scientific working group, as well as the CDC.

The next stage of this query will be another query that we're going to do, as I mentioned in early September, which would be looking at symptoms.

Definitive in terms of how we acquire this information, because for symptoms, we still have to rely on ICD-10 codes, rather than.
16179219537: For example, natural language processing to get symptoms that are recorded only in notes, but it's our first attempt that kind of looking at do people have persistent disk shortness of breath or gastrointestinal symptoms or other persistent symptoms, that will.

117

00:20:04.560 --> 00:20:10.170

16179219537: That will persist in a period of time after they should have had their coven.

118

00:20:11.280 --> 00:20:12.450

16179219537: condition resolve.

119

00:20:14.340 --> 00:20:21.720

16179219537: These distributed regression models are executed at sites with summary output that return to us at the coordinating Center.

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00:20:22.410 --> 00:20:31.890

16179219537: And then we have another extension of our modular programs that includes a Meta analysis components that allows us to combine all of the information from all sides.

121

00:20:33.270 --> 00:20:48.300

16179219537: The first set this first query is using talk proportional hazards models for we're out putting Kaplan Meier curve, as well as output from those models, the second one that's focused on symphony will be focused more on just logistic regression models.

122

00:20:49.530 --> 00:20:57.480
16179219537: So more soon on this once we get these results in hand so we're really excited to be able to do this, these are the first distributed Russian.

00:20:58.350 --> 00:21:07.320

16179219537: berries that have been done in the corner ever and so it's it's really sort of a new direction potentially for coordinate we're excited to be able to explore.

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16179219537: Next slide.

00:21:12.690 --> 00:21:30.120

16179219537: As I mentioned before we quickly put together a query in late may early June to examine vaccine adverse events, and it was really put together, right after some news started to trickle out in the CDC started to explore.

00:21:31.380 --> 00:21:33.900

16179219537: Whether biochar dyson pericarditis.

00:21:35.400 --> 00:21:43.890

16179219537: were increased after the second dose of Martin a vaccine, and so we were able to put together a query that both looked at.

00:21:45.210 --> 00:21:54.900

16179219537: The incidence of my accreditation pericarditis as well as other adverse events after vaccines and we looked at all of them, we looked at the to Mr RNA as well as the Janssen vaccines.
And we also looked at patients who were infected with source will be to and those who had negative path and then those who had other viral illness diagnostic codes.

In our intention, there was to really try to put some of the infinite to Meijer paradise in prayer card is that was being conserved this backfill in contact for some other condition.

What we found in that query was that market has been Kurt Kurt is did occur after him RNA back beings but the Internet posts stars go to infection was much higher on the order of 10 to 20 times higher than what we observed was that.

We also found that my organized and Kurt Kurt is where even more common among patients who are testing negative for service could be to then among those who had received backing.

What we're doing now, in the way that we're just completing that was do last week and we're going to be starting on report generation this week.

In that, in the first query, we can only look at the occurrence after me vaccine.
In this new query we're going to parse out any back thing but also look close second dose where myocarditis nice interpretive seem to be higher.

than with just indexing or, especially the first is we're going to look at two different risk windows we're going to look at the seven day rolling window.

Which is the period post second back theme Mayra paradise in Paradise seem to be most common and also a 30 day worth window, which is what we looked at from the first.

We also are able to do a bit more in refining our cohorts, for example, we can remove from the cohort of those who are vaccinated those patients who previously had a source will be to positive.

CAP to try to get it more of a pure assessment post vaccine of what the incidence of the conditions are we also in some cases can remove.

The background or the baseline cases of chiropractic care providers, where patients might have in the year prior been diagnosed with my arthritis.
16179219537: And we're still detecting and post back pain, but it was really a pre existing condition so we're able to parse that out a bit more as well.

16179219537: So we're excited to take the next step in our assessment of this so that we can report this out in a meaningful way and try to align as much as but from the information that's been coming out, etc.

16179219537: So expect more information on this very, very soon.

16179219537: Next slide.

16179219537: That, I have here is just a list of all the potential vaccine adverse events that we've been assessing and that mentioned we're primarily looking at Meijer kinase and pair card is.

16179219537: The control condition that we have been using as somewhat of a counter to that is looking at anaphylaxis.
which we know is rare, but more common, after some of the marinade vaccines, but we're also trying to get at a general broad sense that some of these other conditions.

In that first query except for anaphylaxis all of these other conditions were more much more common post stars will be to infection, as well as some of the other programs that we have staff and so we'll see what it looks like when we're able to do some refining that we just mentioned.

Next slide.

Okay, and I just have a couple more slides.

One is, as I mentioned we're updating what we've been calling cumulative query so we have done this query multiple times over the course of.

Our contracted period for those of you who are engaged with this work, even prior to our contract with the PD theme and before that was doing some of this assessment on its own.
This is similar to what we were doing even in the early stages of our infrastructure development.

And like I said it's really a cumulative assessment of all patients across all sites that have had starts to be to have had negative kind of some other viral illnesses.

we've been iterating on this updating this over time, a lot, and this new version of it is going to update this information in some of the ways that tegan had mentioned at the beginning of the presentation.

So one thing is that we are going to start looking at the cohort of patients that have received monoclonal antibody treatment.

Similar to how we have looked at addition we receive hydroxyl florent when Dr methadone and rendez of year, which are the three of the most common therapies that have been explored early on.

And so we're going to look at the characteristics of patients who are receiving these therapies as well and.
16179219537: we're adding breakthrough infection, so those infections that occur after patients are fully vaccinated.

160

00:26:47.700 -- 00:26:58.800

16179219537: As well as second infection for those who have a service company to positive lab resolve 90 days after their original infection.

161

00:26:59.970 -- 00:27:06.540

16179219537: So we're going to be looking at how often does that occur, and also the characteristics of patients that are in this category.

162

00:27:08.220 -- 00:27:17.490

16179219537: DM Bray is an vaccine adverse event that has emerged, especially related to the jansen back theme that he had he recommended a.

163

00:27:18.990 -- 00:27:21.690

16179219537: warning to be placed on the label FDA.

164

00:27:23.160 -- 00:27:28.380

16179219537: approved that and recommended a warning before put on that label for the jansen back thing.

165

00:27:28.890 -- 00:27:35.070

16179219537: we're going to be looking at how often given Gray occurs across all the groups that we're looking at those who are infected those are negative.
In terms of their testing and those who have stayed fasting you know, this is very uncommon but the porn and as well see that up and look at some of these uncommon rare events, because of the scale and scope of the patient numbers that we have.

we're also prepping this will be later in September, hopefully, as some of the Delta area wave starts declining.

Is that we're going to be looking at characteristics of patients who are infected in the pre delta phase of the pandemic.

And then, also in the delta phase so we've been looking at numbers will be looking at severity of disease, as well as looking at characteristics that patients, such as demographic and this is still being developed so we're kind of shooting to work on that more of the next couple of weeks.

Also, a lot of interest on the side about patients who are pregnant.

who are infected with stars could be too so we're going to be exploring that more in this delta focus query.
And some interest on the cornet side with some of the investigators about patients who have heart failure and so we're going to be adding some exploration of patients with heart failure as well in that query at least that's what we're thinking now as well.

Next slide.

So, as I mentioned we're going to be trying to be a bit more proactive about scheduling our queries and giving you a heads up about when things are coming down from.

And so opinions from October, through the queries that I just mentioned, as well, some of the other ones that engine, such as the distributor depression when.

Take us through early October, then from mid October through December, the queries that we have in mind.

to execute our, as I mentioned before the flip side the chronic disease assessment looking at Coleman and how that might relate to later chronic disease control both descriptive week and with advanced analytic queries.
We also have in mind, we have done to descriptive queries on admissions post assessment in a lower care setting like an ambulatory care, setting as well as readmissions, after patients were initially hospitalized.

That is emerging as an interest that the CDC, and so our idea is probably to do a distributed regression queries on that coming up.

we'll probably do some further vaccine queries as we are better able to get information out of the immunization table, and not just from the person table.

So that'll probably happen in October, probably late October, maybe early November that will be ready to execute on those questions.

Additional cumulative queries like I said we've been doing those periodically over the course of time.

And then, as I mentioned the patient level data acquisition will probably come later in the year.
16179219537: As we have processed our initial distributed regression queries and feel like we need that flexibility to be able to iterate a bit on the patient level data beyond what we've gotten through the distributed reflection for.

16179219537: Next slide.

16179219537: We are actively working on dissemination, we have another number of manuscripts that are in the pipeline and in various stages of development review by proportionate folks.

16179219537: CDC clearance or journal review.

16179219537: The ones that several of you are most backup Lee involved in our to manuscripts that we started developing relatively early on, when when important was doing this work, but that have evolved over the course of time to really look at trends over time.

16179219537: User manuscripts that are fully drafted undergoing review by before net and etc.
We have collaborative authors, where we have each. Institution contributing data has had the opportunity to nominate an author. And we are sort of iterating on this because we're trying to get these as far along as they possibly can be, in the review process. Prior to updating it with the most recent data, so the next cumulative query which we hope to execute maybe this week. we'll get those results in about two weeks, or so we want to be able to plug in those results into the manuscript. and be able to submit them to journals relatively soon after that so many of you have already reviewed these and we'll probably have another quick round of review.
Before we get through the fully processed for submission, the pediatric trend paper is actually being reviewed actively right now. We sent it out for you by the cloud of authors.

Just last week, some of you were involved in that means to.

You also have a couple other manuscripts and have writing groups that include people from across the Internet.

That are in various stages, those are on long covert or plus tickets probably felt the vaccine and then and run into the huge improvement as well as I mentioned before.

And I have one more after this, I believe, so we have constantly been trying to figure out how we can get better and better data over the course of time we've been working with CDC on this for net partners.

One of the things that we're in discussions with CDC about is trying to do more active linkage to the national death index.
16179219537: Using some of the nominal data leakage that the cornet has done that also has been undertaken at the CDC.

16179219537: So we're going to be exploring the possibility for doing some linkage in this regard for over the next several months we'll see how that take place, these are fairly complicated things to undertake but.

16179219537: we're getting explored see what's possible, we also have continued to explore the possibilities for improving the vaccine data and we're gonna we're going to do that, over the next couple of months as well, some of you may have been engaged with the NIH prostitutes quality of forbid.

16179219537: Applications that cornet has has been participating in are also exploring some of that so there might be some opportunities to.

16179219537: coordinate efforts, both with that group as well as within two three I know some of you have been engaged with work with consistently so we're constantly on the lookout for potential engagement with other groups spending improve our names.

16179219537: And then i'll close by just summarizing what we've talked about, which is that.
16179219537: Your two is underway, all of you should have received your contracts from php they were very prompting quick about turning those around as soon as they got their notice of award in late July, trying to get those out to all of you by early August.

16179219537: So hopefully all of you have received those they’re building off of the first year contract we've had some direct communication with several of you about some of that, but please reach out to us if there are questions that you have we have.

16179219537: Two different sides that we're hoping to add one we can process all of these initial contract.

16179219537: we're continuing to paste in the structure that we had in your one.

16179219537: And it's going to be similar with with something on the order of two queries per month.

16179219537: Sometimes that slows down when we're in really an active development phase like we were when we build the.
16179219537: regression module for our modular programs but we're hoping to keep that pace for some time, especially during this phase where CDC has lots of questions that we feel like we can be helpful and.

16179219537: We are going to do this cumulative were coming up for those of you who are involved in the timing of when you update your coven city and we're hoping that folks can refresh.

16179219537: Their potency man, this week, if possible, in anticipation of that next query coming out will be communicating with all of you early this week prior to the query to try to ask that folks who have the capability of doing and do that as soon as they can.

16179219537: And we laid out the general timeline that we plan for the queries coming up what should be a mix of different types of wearing.

16179219537: As I mentioned before, I want to thank all of you for your hard work on this project.

16179219537: Really there's no way that we could have done any of this without the really incredible work that you're doing at the site level.
16179219537: And I'll stop there might have been some questions that came in from the chat and I'll let Tom also weigh in on ideas additional things to say, beyond what we mentioned so thanks everyone.

Thomas Carton: Thanks Jason we haven't had any questions come in, via the chat.

Thomas Carton: And I don't have anything to add, thank you.

Sammy Chao: I would like to invite anybody who has questions with them in the question and answer box.

Sammy Chao: And then we're happy to answer them out loud now during last few minutes of the session so we'll just give a little a little time and he's people have questions and if not, then we will wrap up early and give people a little bit of extra time in their day.

16179219537: And while people were.
16179219537: Thinking about that.

00:37:10.650 --> 00:37:22.350

16179219537: We want to encourage anyone, I think you have our email addresses I'm Jay Block one and partners.org a jv octa one and partners PA RT in ers.org.

00:37:22.890 --> 00:37:39.600

16179219537: I know that you have contact with bhi and please reach out to us again, as I mentioned several folks have had some questions about the contracts are the scope for year two we we try to be as flexible and responsive, as we can so anytime reach out to them.

00:37:41.280 --> 00:37:42.480

Thomas Carton: And Jason you got a.

00:37:42.600 --> 00:38:06.270

Thomas Carton: Question from Harold asking about linking to non hospital state data and Harold we had that one slide late that cup few slides ago that Jason gave about really we've been talking about these data linkages for for some time just given the overlap in.

00:38:07.530 --> 00:38:12.450

Thomas Carton: Use of update event as a privacy, preserving record linkage tool.

00:38:13.680 --> 00:38:16.320

Thomas Carton: we're starting first Harold like.
Thomas Carton: In a feasibility discussions around death data, first we continue to have these state registries you know, on the table as part of the discussion.

Thomas Carton: um but we haven't made a ton of progress, so I would say we're we're, starting with the the death piece, and then we'll see we'll see where that goes and see if there's going to be a possibility to link.

Thomas Carton: outside.

16179219537: In there there's an association of immunization registry terrell that I know that the United path teams have been exploring connecting with and.

16179219537: We really haven't made those connections, yet, but I think that's one of the areas of coordination that we might be able to work together on because we are, we are constantly look out for trying to improve that data if it's possible.

16179219537: So more as we continue to discuss them.
Thomas Carton: yeah and then Jason we have a question from Betsy about asking about our convenient place in which a list of all queries and packages is available.

Thomas Carton: And Jason I just.

Thomas Carton: I just don't remember.

Thomas Carton: If in where we're placing the results of the of the queries on the cornet side are we are we still using the the I made in the corner at central for that.

16179219537: that's a good question i'll have to ask if we're still posting those data on I need we were doing that for a while.

16179219537: So let me, let me get back to folks on that particular piece what I will say is that we have not posted a wearing schedule, but that's something that we want to do, because I know that sites that really asked.
16179219537: us to be a bit more forthcoming about what's coming down the pipe so that's something that we will try to do Betsy is to try to give us a heads up about when prayers are coming and post that.

16179219537: What we are also actively doing is we're going to be posting all of our packages, the statistical patching packages, the technical specs on github.

16179219537: And we've done some of that already but we're planning to do that, over the next week or two to actively post, all the more most recent technical specifications that we've been using which include code list.

16179219537: And the structure of the theories that we've put together so we'll communicate that as well not exactly where that posted but we're going to be building off of where popcorn at where the coordinating Center currently post some of that information we're going to post them there.

16179219537: So stay tuned on a crazy schedule and how we're going to communicate that will probably communicate that also in the newsletter that goes out.

16179219537: And then the link where we'll have a github and then i'll get back to you on where we're going to post that the result, and whether we can still do that.
Thomas Carton: Thanks Jason and then I think on the query schedule will also include is suggested cdn refresh rates to be aligned kind of like what we're doing this week, where we want folks to do the refresh in advance of this update acumen of worry.

Thomas Carton: Sure, and then we got a question from Ben Horn, about being more involved in the manuscripts that are being developed.

Thomas Carton: And so Ben this, this is a forum to volunteer to be engaged to do that right so we'll we'll take this and we can be in touch with you, and certainly can can email us offline.

Thomas Carton: We have a CDC working group that has one representative per each of the networks, which has generally formed the the writing groups for the manuscripts with.
Thomas Carton: Collaborative authors to certain papers as Jason mentioned connected to the data marks um, but there is certainly plenty of work and if you're interested just let us know um Jason anything that you want to add to that.

16179219537: No, I you know, we had this kind of model, where some of the manuscripts we've had to move fast and so it's it's really not possible to do collaborative authors there, so we used our working group.

16179219537: For networking with to staff, the writing groups for that, where it's possible to bring in collaborative authors, such as through these trend manuscripts that have a longer time horizon where we're developing them.

16179219537: We are doing that and because we want to be as inclusive as we possibly can, and what we've relied on is we've relied on the car NPI to help make the connection.

16179219537: For us to the site, so that they can nominate authors to be part of the work it's hard for us to do that centrally, so we can certainly kind of make the connections for folks if they're interested in participating.

Thomas Carton: cool and Sammy added our email addresses thanks for doing that Sammy.
Sammy Chao: It seems like the questions have slowed down a bit, so we will go ahead and wrap up today's webinar but, again, we will send out the slides recording and transcript will be available after all this is over, and please do reach out if you have any further questions about any of these topics.

Sammy Chao: And thank you all for your.

Sammy Chao: Great questions and for.

Sammy Chao: Taking the time out of your.

Sammy Chao: Day, and we hope to see you all again soon.