

WEBVTT

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00:00:07.109 --> 00:00:16.500

Sammy Chao: hi everybody, it is 11 o'clock Eastern time right now we are going to give it about one more minute to let people join and then we'll get started with today's webinar.

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00:01:13.980 --> 00:01:24.990

Sammy Chao: Okay, it looks like a few more people have joined we're going to go ahead and get started today so welcome everybody to today's recording at CDC covered 19 electronic healthcare data initiative webinar.

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00:01:25.530 --> 00:01:35.880

Sammy Chao: i'm Sami chow with the public health informatics institute a program with a task force for global health, I wanted to thank everybody for joining us today and taking your time out of your schedules.

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00:01:36.510 --> 00:01:44.070

Sammy Chao: So if you housekeeping notes before we get started, I wanted to remind everybody that you're welcome to put questions in the Q amp a box on.

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00:01:44.430 --> 00:01:52.470

Sammy Chao: On zoom throughout the webinar and if we can answer them via text we will, and we will also answer them out loud.

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00:01:52.980 --> 00:01:58.110

Sammy Chao: And will also have time for questions at the end so feel free to put questions in the box throughout or save them until the end.

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00:01:58.680 --> 00:02:12.360

Sammy Chao: Our webinar will be recorded and we will be sending out the link to the slides transcript and reporting afterwards and so you're welcome to look at it afterwards and have access to the slides the data after this is over.

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00:02:13.530 --> 00:02:23.610

Sammy Chao: I would like to get started with a welcome from taken beymer our project sponsor from CDC to kind of introduce everybody into today's webinar so taking take it away.

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00:02:24.900 --> 00:02:27.810

Tegan Boehmer: hi family Thank you so much good morning everybody.

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00:02:28.140 --> 00:02:36.240

Tegan Boehmer: And Sammy said, my name is taken beymer i'm a health scientist at CDC and leading our healthcare data advisor a unit within the.

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00:02:37.080 --> 00:02:44.430

Tegan Boehmer: response and so i've had the privilege of joining you on this call previously and working on a regular basis.

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00:02:44.820 --> 00:02:56.400

Tegan Boehmer: With our colleagues at the public health informatics Institute and the p cornet kochi is Jason and Tom so today, I just wanted to briefly.

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00:02:57.090 --> 00:03:04.260

Tegan Boehmer: give an update on some of the things we're working on at CDC this probably won't be a comprehensive list but i'll hit some highlights.

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00:03:04.770 --> 00:03:12.060

Tegan Boehmer: And first, is that we continue to mine, the cumulative query that was run at the beginning of Sep tember with.

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00:03:12.720 --> 00:03:22.740

Tegan Boehmer: Data from most sites through August and there was a lot of new cohorts in that query that we are kind of exploring and making.

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00:03:23.490 --> 00:03:30.540

Tegan Boehmer: making sense of some of those new cohorts include the critical care or icu which is one that we had been.

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00:03:30.960 --> 00:03:41.220

Tegan Boehmer: striving after for quite some time, which is a great way to look at the severity of illness across time, in particular in relation to emerging variants such as Delta.

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00:03:41.820 --> 00:03:51.510

Tegan Boehmer: And then, some of the other new queries were around reinfection and looking at the frequency of that, over time, as well as the frequency of breakthrough cases over time.

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00:03:51.930 --> 00:04:03.600

Tegan Boehmer: And those were done by the different vaccine types says a lot of information there, and some of the basic measures of severity I like I mentioned the critical care icu.

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00:04:03.960 --> 00:04:15.210

Tegan Boehmer: And the im V over time, we are proposing to make those available on CD c's public facing coven data tracker website and so that's.

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00:04:15.900 --> 00:04:24.540

Tegan Boehmer: i'm in the early stages, still we have our proposal put together but it's got to go through various rounds of approval at the Agency before they'd be available there.

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00:04:25.800 --> 00:04:37.650

Tegan Boehmer: And we're also excited about the query that I guess Jason can give an update as to if it's out in the field, yet, but to look at again severity of disease but.

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00:04:38.100 --> 00:04:47.850

Tegan Boehmer: And kind of discreet two time periods at a pandemic, the delta period being the most recent, we also had a small window where maybe.

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00:04:49.260 --> 00:05:03.180

Tegan Boehmer: A say predominant but not quite pie 50% of cases where the Alpha area here in the spring, before delta and then also earlier periods of the pandemic before we were doing widespread gene genetic sequencing.

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00:05:04.410 --> 00:05:16.410

Tegan Boehmer: So that I think will give us a lot of information as well, looking at severity, not just among hospitalized patients like icu and I envy but also some some ways to categorize severity.

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00:05:17.130 --> 00:05:26.340

Tegan Boehmer: By patients seen in the ambulatory ED setting which continues to be a strength of this data source compared to others that our agency has access to.

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00:05:27.600 --> 00:05:36.390

Tegan Boehmer: And then i'll just kind of wrap up by saying we're excited about some of the I guess infrastructure, maybe, and what that's quite the right term, but some of the.

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00:05:37.470 --> 00:05:52.950

Tegan Boehmer: additions to this project, such as the being able to tap into the immunization table and the mortality table and immunization table in particular is a high interest, so we can better capture vaccination status.

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00:05:53.460 --> 00:06:04.650

Tegan Boehmer: Within the population of patients seen at all of your sites and the more kind of robust we feel about that vaccination data, the more useful the data becomes so.

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00:06:05.280 --> 00:06:17.070

Tegan Boehmer: Those are exciting advancements that we look forward to and i'll just close by saying we also look forward to continuing this ongoing collaboration to work.

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00:06:18.210 --> 00:06:32.430

Tegan Boehmer: to figure out ways to rapidly address questions that that our agency is trying to answer for the public health response, as well as questions that you all may have as well, so we look forward to this.

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00:06:33.510 --> 00:06:39.060

Tegan Boehmer: second year of our project together and continuing to make an impact Thank you so much.

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00:06:41.730 --> 00:06:44.070

Sammy Chao: Thank you taken and now we'll pass it off.

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00:06:44.070 --> 00:06:45.150

Sammy Chao: To Jason.

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00:06:45.210 --> 00:06:51.480

Sammy Chao: block and Tom carton to give us some more updates on the queries and the data and all the content of this project.

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00:06:55.980 --> 00:06:57.660

Jason Block: Great i'm going to share my screen.

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00:06:58.170 --> 00:06:59.040

Jason Block: and get started.

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00:07:01.470 --> 00:07:12.150

Jason Block: So i'll just first of all echo what Tegan had mentioned that we're excited about some of the shifts that we're going through in the project, and I will.

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00:07:12.660 --> 00:07:24.630

Jason Block: cover some of the detail about what Tegan had mentioned but i'll just start as we usually start by thanking all of you for your ongoing work in support of this project.

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00:07:25.710 --> 00:07:37.830

Jason Block: We continue to ask a lot of folks in terms of the refreshing of their data marts and also the execution of queries and our queries have gotten more complicated over time.

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00:07:38.490 --> 00:07:55.830

Jason Block: And so we're just incredibly grateful for your ongoing work and willingness to do these often on short timelines and we remain committed to troubleshooting and working with you, whenever there are issues that arise, so please always feel free to reach out to us.

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00:07:57.510 --> 00:08:04.140

Jason Block: So what i'm going to cover today is a collection of different components of the work that's been ongoing.

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00:08:05.520 --> 00:08:16.110

Jason Block: The first is just give an update that will echo some of what taken has already mentioned i'll talk to you about some of the work that is ongoing about distributed regression queries.

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00:08:17.520 --> 00:08:25.530

Jason Block: i'll give you a couple of highlights from the results from our most recent cumulative query that teagan had referenced that covers data.

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00:08:26.100 --> 00:08:39.270

Jason Block: In each of the data marts up through the end of August i'll give you some of the details of the delta focus query that taken also referenced and then i'll close by talking about some of the logistics of some additional.

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00:08:41.310 --> 00:08:48.570

Jason Block: pieces of work that that we have planned both around queries but also about logistics in data sharing.

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00:08:51.240 --> 00:09:04.200

Jason Block: So here's our general update and timeline our delta focus query that the query that really is intended to capture information about patients who were infected with the delta variant.

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00:09:05.100 --> 00:09:11.640

Jason Block: But has a broader scope to it as well and i'll talk a bit more about that that went out last week on Wednesday.

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00:09:12.690 --> 00:09:15.810

Jason Block: we're asking sites to try to finish executing that.

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00:09:16.860 --> 00:09:34.620

Jason Block: By middle of this week it's a fairly big query just in the sense that we have broken down the period of the pandemic into four and we're capturing descriptive information, a wide range of different cohorts of patients in each of those separate time periods.

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00:09:36.510 --> 00:09:42.360

Jason Block: We haven't settled on the exact ordering of all of the upcoming queries that we have in mind.

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00:09:43.470 --> 00:09:57.360

Jason Block: But this is a list of ones that are on our radar and there are some logistical things that we need to work out before we settle on the exact littering of them, but I think this is probably have a water is going to shake out more or less.

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00:09:58.530 --> 00:10:10.410

Jason Block: The first query references the infrastructure developments that taken was mentioning earlier, in that we for for nearly all of our queries not all of them, but.

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00:10:11.070 --> 00:10:19.620

Jason Block: Nearly all of them, we have been using what we call the cornet modular programs are the p amp P tool, and this is a SAS tool that.

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00:10:20.190 --> 00:10:30.960

Jason Block: Essentially, is constructed in a way that we can quickly set up queries because the queries are more or less already structured.

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00:10:31.800 --> 00:10:44.220

Jason Block: But because these are modular programs, there are some limitations to them, we can't we don't have perfect flexibility in terms of identifying cohorts and also characterizing covariance.

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00:10:44.820 --> 00:10:50.070

Jason Block: One of the things that we have been trying to do for a while that we finally have up and running, is.

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00:10:50.550 --> 00:11:00.480

Jason Block: In addition to capturing immunization data from the procedures table, which we think is primarily from vaccinations that have been.

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00:11:01.170 --> 00:11:11.820

Jason Block: executed actually in the health system, we also have been wanting to set up cohorts that use data from the immunization table where we think there's a lot more.

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00:11:12.450 --> 00:11:19.350

Jason Block: immunization table data than just in the procedure table, so we have set up the p amp P tool in order to accommodate that.

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00:11:19.890 --> 00:11:27.360

Jason Block: And our next query is going to be a testing of that functionality, where we're going to replicate some of the work that we've done already.

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00:11:27.900 --> 00:11:35.520

Jason Block: to identify patients who've been vaccinated and then to further capture that information from immunization tables.

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00:11:36.510 --> 00:11:46.890

Jason Block: The second piece of that infrastructure changes to be able to better characterize patients who have died in popcorn at the death table primarily has information that is.

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00:11:47.550 --> 00:11:53.760

Jason Block: Based on in hospital mortality, but some of the sites do have linkages to state and national death and disease as well.

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00:11:54.690 --> 00:12:07.140

Jason Block: And so we've changed the pmt tool in order to better accommodate that information to and so we're going to be testing that as part of this next query that we do, which will probably be in about a week and a half, two weeks or so.

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00:12:08.760 --> 00:12:13.650

Jason Block: We have been gearing up to do our third regression query i'll talk briefly about the first two.

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00:12:14.730 --> 00:12:30.690

Jason Block: This carries forward from a descriptive query that we did a while back where we looked at control or severity of chronic disease focused on hypertension, diabetes and obesity prior to a source coby to infection.

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00:12:31.740 --> 00:12:46.080

Jason Block: And then we and we sort of characterized different straight up disease control or severity and then looked at some severe co bid outcomes, such as hospitalization use of mechanical ventilators.

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00:12:46.830 --> 00:12:50.340

Jason Block: and mortality, we did actually look at mortality in that query.

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00:12:50.940 --> 00:13:04.230

Jason Block: And so, our hope is to actually do this as a advanced analytic regression query we're actually doing modeling to characterize how much of a factor of chronic disease control and severity has one.

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00:13:04.620 --> 00:13:18.960

Jason Block: outcomes that are related to severe coven so that we have that sort of in process but we've been waiting to execute it until we fully review all of the regression results from the first two distributed regression queries that we did.

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00:13:20.730 --> 00:13:28.470

Jason Block: we're going to flip this concept of chronic disease and coven as well to look at whether or not there's a relationship between coven.

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00:13:28.830 --> 00:13:45.330

Jason Block: and chronic disease outcome so, for example, how, how does control of diabetes and hypertension change after coven we would initially start that up as a as a descriptive query and then maybe later move to more of an advanced analytic query as we've been doing.

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00:13:46.830 --> 00:13:53.490

Jason Block: Tom has really been taking the lead, along with taken in her team on some of the work around admissions and readmissions.

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00:13:54.540 --> 00:14:05.160

Jason Block: One of the unique characteristics that we have in a cornet is being able to characterize patients who are initially treated in the ambulatory or emergency departments settings.

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00:14:05.700 --> 00:14:14.220

Jason Block: And then looking to see whether or not they end up getting admitted because they're kuan disease worsens after their initial evaluation.

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00:14:15.180 --> 00:14:25.320

Jason Block: we've done two descriptive queries on this and we've done a lot more assessment of that work over the last month or so and in the delta query.

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00:14:26.130 --> 00:14:36.030

Jason Block: we're characterizing this information, yet again, and so, when we get that information and process that our hope is to then turn that in into one of these advanced analytic queries as well.

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00:14:37.200 --> 00:14:43.800

Jason Block: we'll probably replicate our cumulative query as we've been doing every couple of months or so and then i'll get to the the.

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00:14:44.460 --> 00:14:53.760

Jason Block: Issues related to pulling patient level data that we talked about on the last webinar that that we're slowly coming into focus on on what the scope of that might look like.

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00:14:58.230 --> 00:15:08.940

Jason Block: So get into the specifics of our recent post acute quality of coven regression queries For those of you who are who were involved in executing these at your sites.

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00:15:09.600 --> 00:15:14.340

Jason Block: These were two queries we split it up into two just because we thought it'd be easier to do that way.

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00:15:15.030 --> 00:15:28.140

Jason Block: Where we looked at risk factors are predictors associated with the development of long code symptoms, and these are code based So these are things looking like fatigue shortness of breath.

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00:15:29.460 --> 00:15:44.760

Jason Block: And in those type of things and as well as conditions things like my own neural disorders are male situs which seems to be higher post coven and diabetes and a couple other things we executed this in two separate queries.

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00:15:45.990 --> 00:15:56.970

Jason Block: We used both coc proportional hazards regression and i'll put a cap on Meyer curves and we also did traditional logistic regression for some of these modeling approaches.

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00:15:58.290 --> 00:16:03.570

Jason Block: These are complete, we have all of the data in hand, we have been a bit delayed in.

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00:16:04.260 --> 00:16:10.980

Jason Block: In generating the final reports of this data just because we've had to tweak and fix and work through.

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00:16:11.430 --> 00:16:19.680

Jason Block: The modular package that we have that allows for us to combine results across sites, we do that through a Meta analysis approach.

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00:16:20.430 --> 00:16:33.660

Jason Block: And because this is a brand new functionality, that we have developed as an extension of the plp the module or programs it's just taking us a little longer to get to the final package that we feel.

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00:16:34.290 --> 00:16:41.430

Jason Block: is pulling all of the data together in the right way, we should have the first report on our conditions query which ran first.

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00:16:42.630 --> 00:16:53.190

Jason Block: This week, and then the second report should follow that relatively soon and so we're hoping to have some results on this really, really soon in the next two weeks or so.

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00:16:54.780 --> 00:17:01.200

Jason Block: Because of these delays in setting up the functionality and pulling these together in the way that we had hoped.

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00:17:01.920 --> 00:17:09.060

Jason Block: We had pushed back this chronic disease regression query that we have geared up and have been talking about for some time now.

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00:17:09.630 --> 00:17:19.470

Jason Block: Because we want to make sure to look at all these results and make sure there's nothing else that we feel like we need to tweak before we do our next regression query, but we hope that's going to be relatively soon.

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00:17:23.670 --> 00:17:35.550

Jason Block: Okay i'll give some quick overview and as taken mention the CDC folks i've really been going through these results pretty extensively we've been working on it on our end.

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00:17:36.750 --> 00:17:48.570

Jason Block: But I just will give you a brief flavor taste of the types of things that we're processing, this was our biggest square that we've done to date, meaning that we created more cohorts that we have in the past.

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00:17:49.650 --> 00:18:09.030

Jason Block: And characterize that data in somewhat different ways, a couple of changes are we looked in a fairly refined way at the population of patients who've been vaccinated we were able to precisely characterize all patients who had record to vaccinations, but also all patients who had.

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00:18:10.140 --> 00:18:13.860

Jason Block: who had codes that were consistent with complete vaccination.

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00:18:15.180 --> 00:18:22.440

Jason Block: And by doing that, we also then looked at breakthrough infections, after a period of time after people were fully vaccinated.

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00:18:23.250 --> 00:18:31.380

Jason Block: it's taken mentioned, we looked at second infections, so those who are stars will be to positive three months after three months or more after their index date.

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00:18:32.010 --> 00:18:43.350

Jason Block: And that's given us some ability to start assessing these types of things further, this is the population that we currently have under surveillance as of the end of August.

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00:18:44.070 --> 00:18:51.600

Jason Block: we're getting up to almost 800,000 adults that are stars could be to positive and over 5 million that are stars could be too negative.

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00:18:52.290 --> 00:19:04.440

Jason Block: And then \$1.1 million vaccinated about three quarters of which are three quarters two to two thirds to three quarters, which we have record and fully vaccinated.

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00:19:05.580 --> 00:19:18.360

Jason Block: We have a large predominance of patients who've received the Pfizer vaccine, in large part because right now to date we've been using procedure codes and we know that a lot of health systems have been using Pfizer as their primary vaccine.

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00:19:19.650 --> 00:19:28.200

Jason Block: For kids upwards of 200,000 who are stars could be to positive 1.6 million that are stars can be too negative and about 100,000 vaccinated.

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00:19:29.130 --> 00:19:39.000

Jason Block: So i'm just going to give you a couple of slides of things that we have been looking at, and this is similar to things that we've looked at in the past, but a couple of additions.

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00:19:39.720 --> 00:19:54.990

Jason Block: So the one slide that i'll just show you on our tracking of demographic trends over time i've showed slides like this before on prior webinars of that this is adults with ours co V2 were positive by race an Inpatient setting.

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00:19:56.220 --> 00:20:05.190

Jason Block: You can see all the months that we have under surveillance and then the racial groups that we have categorized the light blue is is.

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00:20:05.910 --> 00:20:14.310

Jason Block: People are white race Green is black or African American purple is other race which are characterized races within the corner common data model.

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00:20:14.850 --> 00:20:33.750

Jason Block: But less common than the ones listed here yellow is missing race and orange is Asian race what you can see, is the proportion of individuals who are hospitalized by race per month you've seen some of this data through about march in the past.

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00:20:34.860 --> 00:20:43.260

Jason Block: You can see substantial disparities in the early phase of the pandemic when people who are white black or African American.

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00:20:44.160 --> 00:20:52.950

Jason Block: or other racial groups had a fairly similar proportion, who are hospitalized among the hospitalized groups in the early phase this widened out.

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00:20:53.520 --> 00:21:02.430

Jason Block: Over the course of time and but we've seen this kind of undulating disparity presence, depending on what phase of the pandemic that we've been in.

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00:21:04.350 --> 00:21:14.130

Jason Block: If you look at patients who are stars could be too negative we see pretty flat trends over the course of time, so this undulations in change over the course of time, seems to be unique.

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00:21:14.550 --> 00:21:23.550

Jason Block: to patients who actually have had stars Kofi to we have this characterized by the ambulatory setting in the emergency department setting and then those patients who.

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00:21:25.170 --> 00:21:32.160

Jason Block: We think were treated in the icu based on the codes that we have and who received mechanical ventilation and you see for those patients who are sickest.

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00:21:32.640 --> 00:21:40.680

Jason Block: You see this variation in disparities over the course of time, where you see less of that in patients, for example in the ambulatory setting.

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00:21:43.410 --> 00:21:47.550

Jason Block: i'm going to show you some information by age that we've been capturing.

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00:21:48.570 --> 00:21:56.370

Jason Block: These are trends in vaccination and infections i'm really just showing you the overall numbers, rather than trends.

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00:21:57.480 --> 00:22:07.890

Jason Block: And this is throughout the entire course of period that we have under observation, these are adults by age in blue, you can see, the proportion of patients who.

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00:22:09.840 --> 00:22:28.080

Jason Block: Are in each age group for all patients who are stars could be to positive So you can see, about 40% of all patients who are stars company to positive across all care settings are in this 20 to 40 year old age group, and that declines over the age groups.

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00:22:29.220 --> 00:22:40.440

Jason Block: And so it's it's about on the order of 10% or so of all patients who are scoping to positive for in the 65 to 75 year old group, and then on down these older age groups.

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00:22:41.070 --> 00:22:47.670

Jason Block: In Green, you can see, the proportion of patients that we have data on by age who have been vaccinated and this is with any vaccination.

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00:22:48.420 --> 00:22:56.340

Jason Block: And so you can see that the proportion in green is lower, for that 22 less than 40 year old group it's about 25 26%.

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00:22:57.330 --> 00:23:12.630

Jason Block: Whereas we see a 20% you see this discrepancy between infections and vaccinations for the 65 to less than 75 year old group so higher proportion among the vaccinated group in the older age group as we'd expect.

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00:23:14.280 --> 00:23:22.890

Jason Block: We also have characterized breakthrough infections this I called post vaccine really should be called breakthrough infections in purple here.

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00:23:24.030 --> 00:23:31.470

Jason Block: And what you can see is that this matches pretty closely as you'd expect, because this is infections after being fully vaccinated.

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00:23:31.950 --> 00:23:38.430

Jason Block: It tracks pretty closely to the proportion of patients who are vaccinated maybe a little bit higher.

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00:23:39.060 --> 00:23:56.460

Jason Block: than the proportion are vaccinated in the older age groups, such as you see here and 65 to less than 75 and 75 for less than 85 not surprising and give some basic validity for capturing this information we have data on a little over 2000 patients who have breakthrough infections.

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00:23:58.050 --> 00:24:06.570

Jason Block: We also characterize those who had second infections and what you can see, in red here is the portions track pretty closely to primary infections.

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00:24:06.960 --> 00:24:23.670

Jason Block: We have a little over 3000 people who've had second infections, and this is greater than or equal to 90 days post their index infection and pretty much across the board for the age groups, the Red bars match pretty closely to the blue, which are the primary infections.

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00:24:24.810 --> 00:24:35.610

Jason Block: As I mentioned CDC is looking at this in a more detailed way looking at trends over time and more refined slices of the population, but looking at this by race and ethnicity, as well.

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00:24:38.520 --> 00:24:46.440

Jason Block: Okay i'll stop there that's what I was going to show you for the cumulative query so you can expect more information about that to come out over time.

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00:24:48.300 --> 00:24:55.260

Jason Block: So this has been a major focus of our work, for I would say the last six weeks or so, which is to.

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00:24:56.310 --> 00:25:02.040

Jason Block: Do a query where we can examine characteristics of patients across different time periods of the pandemic.

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00:25:03.450 --> 00:25:10.650

Jason Block: One of the main reasons for doing this is to help answer the question about whether patients who.

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00:25:11.340 --> 00:25:18.480

Jason Block: are infected with the delta variant have more severe disease, which has been hypothesized not clearly determined.

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00:25:19.290 --> 00:25:27.510

Jason Block: But we figured we would do this across the entire pandemic and slice the pandemic up in these different time periods that seemed to make some logical sense.

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00:25:28.410 --> 00:25:37.170

Jason Block: So the first thing to note here is that we did not look at March and April, we know that March and April was a very different period of the pandemic, with fewer treatments.

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00:25:37.860 --> 00:25:48.840

Jason Block: More health systems that were severely burdened because of the initial surge in that we know that patterns of the pandemic have changed quite a lot since then, so we.

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00:25:49.260 --> 00:25:58.080

Jason Block: We broke this down into the early phase of the pandemic, which is really after the initial wave, but still early, which is may through October of 2020.

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00:25:59.460 --> 00:26:09.690

Jason Block: We then look separately at the winter 2020 surge which was November through 2022 February 2021, and this is by far and away the largest population of patients that we have.

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00:26:10.320 --> 00:26:20.340

Jason Block: Where we were capturing upwards for adult upwards of about 100,000 per month at least December February in December January in February.

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00:26:21.660 --> 00:26:27.960

Jason Block: Taken had mentioned that we were trying to capture a a time period that was focused on an alpha variant.

145

00:26:28.800 --> 00:26:40.260

Jason Block: We call this sort of pre delta post vaccination phase sort of alpha variant as well we don't have as many patients in this time period march through June, but we wanted to try to characterize that group.

146

00:26:41.160 --> 00:26:49.860

Jason Block: And then delta delta really started to pick up in late June, but because every way that we've slice this data in the prior periods was at the.

147

00:26:50.340 --> 00:26:57.870

Jason Block: Including a full month and we know that in some cases there's a lag period for some of the data to be entered into the chronic common data model.

148

00:26:58.350 --> 00:27:05.730

Jason Block: We decided to characterize the delta period as July 1 through mid October, as I mentioned this query went out last week.

149

00:27:06.210 --> 00:27:15.120

Jason Block: And so we had asked sites to try to up their their data through mid October to the best that they could, and so this should give us several months of information, and we really see.

150

00:27:16.110 --> 00:27:27.390

Jason Block: A an increase in the number of cases in the prior data that we've captured so far, starting in August we suspect that that will continue through September and into mid October, where we really saw that big surge.

151

00:27:29.370 --> 00:27:32.790

Jason Block: We have several different ways that we're characterizing patients.

152

00:27:33.900 --> 00:27:41.700

Jason Block: And we've done this in our traditional way, which is that we characterize patients by care settings and that gives us some sense of severity.

153

00:27:42.180 --> 00:27:51.990

Jason Block: Patients who are hospitalized those on mechanical ventilators and then as taken mentioned those who are receiving critical care codes that's our proxy for icu care.

154

00:27:52.350 --> 00:28:08.160

Jason Block: Even though we know that some people, for example, who have a severe presentations are often have critical care codes in the emergency department, even if they don't go to the icu it's really our only way currently of being able to characterize that group.

155

00:28:09.780 --> 00:28:17.010

Jason Block: pete net has has done some work where they've tried to come up with a couple different severity categories i'm going to show you those.

156

00:28:17.940 --> 00:28:31.020

Jason Block: In a second we've replicated that pretty much completely in in our query as well, we also characterized patients, according to the NIH Severity Index and i'll show you a little bit of that.

157

00:28:32.940 --> 00:28:47.070

Jason Block: i'm so pleased and develop this index because they wanted to get at different groups of people who might have severe disease or moderate disease, and so they categorize people of having severe acute disease if they had acute.

158

00:28:48.150 --> 00:28:58.110

Jason Block: Respiratory distress syndrome or respiratory failure or stepsister shock if they had critical care codes or were treated with some type of high level respiratory support.

159

00:28:58.620 --> 00:29:09.600

Jason Block: Either mechanical ventilation non invasive ventilator like see path or high flow oxygen to that, to the extent that we can capture this information, the cdn which we know we have some limitations.

160

00:29:10.620 --> 00:29:17.640

Jason Block: They also wanted to include press or support so those patients who are receiving epinephrine norepinephrine vasopressin.

161

00:29:18.420 --> 00:29:26.970

Jason Block: don't mean to be to me those type of presser supports and then there's a group of patients it's slightly different than this Severe Acute group.

162

00:29:27.720 --> 00:29:35.550

Jason Block: But has severe sequentially of stars could be too, and you can see, the list of things here some of these appear right away.

163

00:29:36.300 --> 00:29:43.500

Jason Block: During the very acute phase of bit on this, some of these conditions, develop further into the illness.

164

00:29:43.800 --> 00:29:58.770

Jason Block: And you can see we're capturing this based on the index date of a positive test, but then looking a week before and two weeks after she tried to get a full capture of what might occur in the in the acute phase illness period.

165

00:30:01.200 --> 00:30:06.840

Jason Block: They also had a separate categorization of moderate disease patients with bronchitis, bronchitis pneumonia.

166

00:30:08.130 --> 00:30:19.980

Jason Block: And these are all code based gastroenteritis diarrhea nausea and vomiting the embrace syndrome, which we went back and forth they categorize this in the moderate disease index, we did the same here.

167

00:30:20.760 --> 00:30:35.070

Jason Block: There are very few patients that we found so far that have this diagnosis, so we don't suspect that this will be a even a small component of this category and those patients who received IV fluids, which would kind of where I was using codes as well.

168

00:30:36.390 --> 00:30:44.880

Jason Block: We then have a separate category of patients who don't meet moderate severe so quality or Severe Acute so that's kind of the all other group.

169

00:30:47.070 --> 00:30:51.000

Jason Block: We also use the more traditional classification, that the NIH does the NIH.

170

00:30:52.110 --> 00:30:56.400

Jason Block: grading for severe coven using uses.

171

00:30:57.510 --> 00:31:05.370

Jason Block: Events that occur or sequentially or support that patients receive in the first 72 hours or so of their admission.

172

00:31:06.600 --> 00:31:15.180

Jason Block: So they look for patients who were put on the chemical ventilators within 72 hours of admission those who receive some type of non invasive but high level.

173

00:31:15.780 --> 00:31:29.610

Jason Block: Respiratory support or cared for in critical care settings those who had diagnostic codes for respiratory failure or aired yes and then everyone else, so we separately classified these from those indices that I just showed you.

174

00:31:30.660 --> 00:31:43.590

Jason Block: And then, like I said, we have our tradition traditional kind of care setting categorization so what this will allow us to do is is get at that the issue of whether severity of illness has.

175

00:31:44.430 --> 00:31:53.520

Jason Block: changed over the course of time, and also will be will allow us to compare some of these different severity indices, to see if they're getting different information depending on our structuring it.

176

00:31:54.360 --> 00:32:06.900

Jason Block: So we're excited to get this data and again, we should have this data, probably we're going to ask sites to respond, this week, and hopefully we'll start getting some of the initial data for this next week towards the latter part.

177

00:32:08.850 --> 00:32:14.010

Jason Block: I just have a few more slides and then i'll stop answer questions and then have Tom weigh in and others.

178

00:32:15.180 --> 00:32:22.560

Jason Block: As we had mentioned at the last webinar one of the things and it's this is included in the scope for the second year of this project.

179

00:32:23.370 --> 00:32:36.330

Jason Block: Is that we're going to be asking sites to to generate patient level data sets for us, we have standardized ways of doing this, using the cornet modular programs, we have a patient level data.

180

00:32:37.770 --> 00:32:50.280

Jason Block: acquisition tool or extension of that so it's really just running a query just like any other query and we're doing this primarily to give us the flexibility to allow us.

181

00:32:51.390 --> 00:32:59.100

Jason Block: To more efficiently execute some of the advanced analytic work that we're doing, as you know, we articulated.

182

00:33:00.120 --> 00:33:09.480

Jason Block: Both distributed progression queries that we've already done and the next ones that are on the table and the scope of the use of these patient level data.

183

00:33:10.200 --> 00:33:24.720

Jason Block: would be really to allow us to further explore these concepts and one of the big things that we feel like we need this for is, as we go through the dissemination process for these distributed regression results.

184

00:33:25.710 --> 00:33:41.730

Jason Block: there's a good chance that reviewers will ask us to execute sensitivity analyses and slightly change our analyses and it will be important for us to have the ability to do that on the patient level data that we have in house.

185

00:33:42.960 --> 00:33:52.080

Jason Block: In part, because each time that we have to change something we have to submit a fully new query in order to do that if we're doing this only in a distributed way.

186

00:33:52.800 --> 00:34:01.680

Jason Block: And so, this will give us that flexibility to work through all of that, and also to make sure that the distributed regression processes is working properly.

187

00:34:03.180 --> 00:34:09.570

Jason Block: So we don't know exactly when we're gonna send out a request for this patient level data.

188

00:34:09.990 --> 00:34:24.030

Jason Block: As you could see it was the last on the list of all the plan queries that we have, because we want to make sure to construct this in the right way, and also to really identify what the use cases are for this and what our scope for this data is.

189

00:34:25.860 --> 00:34:38.580

Jason Block: What we figure will request is it a similar information to what you're capturing in our descriptive queries on patients who have stars can be two to that demographics and care setting and underlying coker and conditions treatments.

190

00:34:39.930 --> 00:34:46.230

Jason Block: And then also will need to think very carefully about information that we might capture on controls.

191

00:34:46.740 --> 00:35:03.330

Jason Block: we're clearly not going to capture this on the whole population of controls that we have queried that are part of the code cdn because that's a huge amount of data in really is unnecessary for us to capture data on such a large population so we're going to keep this.

192

00:35:04.680 --> 00:35:14.760

Jason Block: constructed in a way that we're not pulling this on everyone, we might do this as a random poll of those, for example, or SARS could be too negative or maybe do a matched.

193

00:35:15.810 --> 00:35:26.400

Jason Block: assessment so that we match these to the population of patients who have cars starts going to so that we can restrict, to the extent possible, the total amount of patients that we're pulling data on.

194

00:35:27.540 --> 00:35:34.470

Jason Block: we're going to communicate a lot more about this when we have this setup and structured just you know with the scope of this will be.

195

00:35:35.160 --> 00:35:45.630

Jason Block: In this will not be an effort to capture information that we're going to be doing data mining on we're really going to construct this in a way that we're focused on certain.

196

00:35:46.680 --> 00:35:47.850

Jason Block: Data uses.

197

00:35:51.360 --> 00:36:01.410

Jason Block: The last thing that I wanted to mention is more of a logistical thing, which is that I think many of you may know that the coordinating Center is being restructured for the next phase of popcorn at.

198

00:36:03.240 --> 00:36:22.080

Jason Block: The cornet because we just announced their awards pretty recently for the clinical research networks that are going to be carried forward into popcorn at 3.0 and they they released the rfs for the new coordinating Center sometime in the early summer late spring.

199

00:36:23.490 --> 00:36:32.310

Jason Block: Part of the quarries goal in doing this is they want to restructure the way that the coordinating Center work and wanted to break up the work of the coordinating Center and also distributed.

200

00:36:33.030 --> 00:36:43.500

Jason Block: more extensively across the network, so that several entities that are participating in the network will have some role in the activities of the coordinating Center.

201

00:36:44.100 --> 00:36:50.880

Jason Block: So Harvard pilgrim is not going to be an official member of the cornet coordinating Center because we're not part of any of the applications that have gone through.

202

00:36:51.900 --> 00:37:01.680

Jason Block: And our official role in that will stop in early 2022 we're transitioning to more of a project focus career fulfillment.

203

00:37:03.300 --> 00:37:17.970

Jason Block: Center, and this will be one of the projects that we're going to be focused on, we have a couple of others and we assume that there'll be some others that emerge, especially with the work that we've been doing in creating the infrastructure for the modular programs.

204

00:37:19.710 --> 00:37:36.090

Jason Block: Because our current the way that we're currently receiving data is with the existing data sharing agreement that was put together for us Harvard pilgrim and Duke as the co coordinating centers of coordinate.

205

00:37:37.590 --> 00:37:46.380

Jason Block: we're gonna have to change some of that language, because we will now be participating as Harvard pilgrim not as Harvard pilgrim a part of the coordinating Center.

206

00:37:47.430 --> 00:37:54.420

Jason Block: we've talked with our corresponded with all of the clinical research network P eyes, all of them.

207

00:37:55.200 --> 00:38:07.410

Jason Block: have indicated, support for this process, this may be sort of the beginning of a broader process about data security data sharing agreement across the network which which might end up being more multilateral than bilateral.

208

00:38:08.550 --> 00:38:17.730

Jason Block: And we're going to take essentially the template language that's used for the existing data sharing agreement modify it only to remove.

209

00:38:18.570 --> 00:38:28.710

Jason Block: Certain pieces of it that refer to us as a coordinating Center or certain activities that the coordinating Center does that we will no longer do starting sometime in early 2022.

210

00:38:29.280 --> 00:38:38.790

Jason Block: And then we'll be communicating with sites about that there'll be some sites where this will be a bilateral agreement between sites and Harvard pilgrim or through.

211

00:38:39.810 --> 00:38:57.690

Jason Block: centralized data hubs that some of the car ends have in with Harvard pilgrim, and so we have our mocked up language for that already we don't think this is going to be an issue for several months we anticipate that There probably will be some transition period into were.

212

00:38:58.800 --> 00:39:10.800

Jason Block: Harvard pilgrim remains a part of the official coordinating Center through the transition, but we wanted to get started on this early enough so that sites would have the opportunity to execute these because we know it takes some time to get these done.

213

00:39:14.400 --> 00:39:18.330

Jason Block: So that's where we where we are just summarizing things.

214

00:39:19.470 --> 00:39:29.010

Jason Block: Are quiet time timelines are working pretty much as expected, I would say that the biggest delays that we've had have been with these distributed regression queries and also.

215

00:39:29.970 --> 00:39:36.270

Jason Block: they're often priorities that emerged that are relatively new that we feel like we want to execute on fairly quickly.

216

00:39:37.050 --> 00:39:41.490

Jason Block: That delta variant query being one of those that sometimes take us a little bit longer to pull together.

217

00:39:42.240 --> 00:39:52.860

Jason Block: But we feel like we've been keeping up a pretty good pace we look back and we've done something like 27 total queries over the total life of this period that we've been working on coven.

218

00:39:55.080 --> 00:40:05.340

Jason Block: The modular programs we're excited about this new functionality, which will really help us to execute on some work that has been a priority area of CDC focused on vaccines.

219

00:40:05.910 --> 00:40:14.460

Jason Block: That the ability to also use the death data will really help us to sort out and clarify some of the things that we've been unable to do so far.

220

00:40:15.330 --> 00:40:23.940

Jason Block: So works we're excited about being able to test this in the next couple of weeks, I will communicate more about that patient level data queries that we are.

221

00:40:24.960 --> 00:40:36.960

Jason Block: That we're considering and thinking through right now and, as I mentioned, will be communicating about a new data sharing agreement that will very much mirror the existing ones that all of you have signed on to.

222

00:40:38.670 --> 00:40:48.570

Jason Block: So that is all I have right now and i'll stop there i'll see if Tom has anything to add or others and then happy to answer any questions.

223

00:40:51.750 --> 00:41:04.530

Thomas Carton: Thanks Jason you and Tegan did a terrific job one through the status of affairs, I think the only thing that I would add, is the thanks to the contributing data marks and just to.

224

00:41:04.920 --> 00:41:24.360

Thomas Carton: Again underscore the collaborative nature of the relationship between the coordinate scientific side and the CDC scientific side we have these webinars regularly directly with participating sites there's also the coordinate.

225

00:41:25.500 --> 00:41:39.390

Thomas Carton: coven work group that meets regularly and contributes to publications and dissemination and then we read periodically brief the cornet Steering Committee and Jason and I are actually doing that, tomorrow, so.

226

00:41:39.960 --> 00:41:50.760

Thomas Carton: Thanks to everyone and Jason would have been man in the Q amp a we haven't gotten any questions via chat, but we can open up for any questions or comments now.

227

00:42:07.680 --> 00:42:13.680

Sammy Chao: So we'll just give it a minute and see if any questions come into the chat and if we don't have any then.

228

00:42:14.730 --> 00:42:27.480

Sammy Chao: Jason Italian, I know, most people have your contact information already, and so we can always just encourage people to reach out if they have questions they think of after the fact, and we can work on addressing.

229

00:42:28.290 --> 00:42:45.060

Sammy Chao: Questions in our next newsletter and next webinar a couple of months down the line, as well if we don't have any today so Jason I see you just enter your email address into the chat to everybody, so please feel free if you don't have a question today to reach out via email later.

230

00:42:54.480 --> 00:42:55.650

Jason Block: i'm including bridget's.

231

00:42:56.760 --> 00:43:10.200

Jason Block: email as well if you write us both sometimes it's easier Bridget, no one is the project manager on this work at Harvard pilgrim and can make sure that we get all the information and thanks janice we We appreciate all the work that all of you have done.

232

00:43:11.280 --> 00:43:18.390

Jason Block: It and one of the things that i'll just kind of add on to what Tom had mentioned, is that we're really working hard on the dissemination angle.

233

00:43:19.110 --> 00:43:21.450

Jason Block: And we have a couple of publications in the pipeline.

234

00:43:22.290 --> 00:43:34.410

Jason Block: We it's it's sometimes a challenge to do these publications because we write it, and then we do another query and then there's new, updated information is where we're trying to get a better handle on that process.

235

00:43:35.250 --> 00:43:42.720

Jason Block: All of our publications also have to go through CDC clearance and so we want to make sure to time all of that correctly, but as.

236

00:43:43.560 --> 00:44:00.870

Jason Block: As taken also mentioned some of this data should also go up on the CDC covert tracker which we're excited about being able to disseminate in that way, as well, so that's a that's an ongoing piece of work, to make sure that we're making this data as as usable and useful as it can be.

237

00:44:11.040 --> 00:44:14.610

Sammy Chao: I don't see any questions or any more chats coming in, so.

238

00:44:15.660 --> 00:44:21.750

Sammy Chao: i'll just work on wrapping this up don't forget that we are going to post the slides and the recording and the transcript.

239

00:44:22.050 --> 00:44:27.180

Sammy Chao: To rpi website and we'll send out the link to where they're hosted after this webinar is over.

240

00:44:27.600 --> 00:44:38.550

Sammy Chao: feel free to share with your colleagues who maybe weren't able to make it today, and please do reach out if you have any questions, so thank you all for joining, we really appreciate your time and have a great rest of your week.

241

00:44:40.050 --> 00:44:40.530

Jason Block: Thanks everyone.

242

00:44:41.190 --> 00:44:41.790

Thomas Carton: Thanks everyone.