***Data Issues observed during OMOP Conversion***

* A patient can be mapped to
* Multiple zip codes
* Multiple genders
* Multiple races
* Multiple ethnicities
* In some cases, Provider NPI is not provided but all other details (Name, Address etc) are given.
* A provider is mapped to multiple Care Site IDs. That might not be an issue as a Provider can practice at multiple locations. However, OMOP Provider table is unique at a Provider level, making it difficult to capture Care Site ID.
* One Provider NPI mapped to multiple names and multiple care sites.
* Duplicate procedures or visits at the same day
* Overlapping plan periods for the same patient.

*Our Approach on dealing with some cases, worth sharing:*

* For a patient mapped to multiple zip codes, we took the most recent zip code based on the date, service ends.
* For dealing with multiple visits in same day or to multiple care sites, we take a union of all visits i.e. collate them to a single visit minimum (start date) & maximum (end date).

*Drawback: Only medical claims would be captured, not pharmacy claims via this.*

* To configure payer plan period, we took minimum (start date) & maximum (end date) for a payer plan and person combination.
* For some records in Provider Facility (care site) we don't have NPI but Provider facility name is there. In this case, we are storing such records in OMOP care site table but they won’t have any link to other tables in OMOP.
* There is a modifier\_concept\_id column in OMOP Procedure Occurrence table which contains concept id for a procedure modifier. However, in the source data there are up to four modifiers for each record.

*Approaches taken:*

1. We pivoted down the source data and mapped all four modifier\_concept\_ids to the modifier\_concept\_id column.

*Drawback: This will multiply the number of records by 4 times.*

1. Take only the first modifier.

*Drawback: This will lead to loss of data.*