

# OMOP-2-OPMI: Ontologization of OMOP CDM using OPMI to support clinical data interoperability and analysis

*Long Nguyen Minh Tran, Yongqun “Oliver” He*

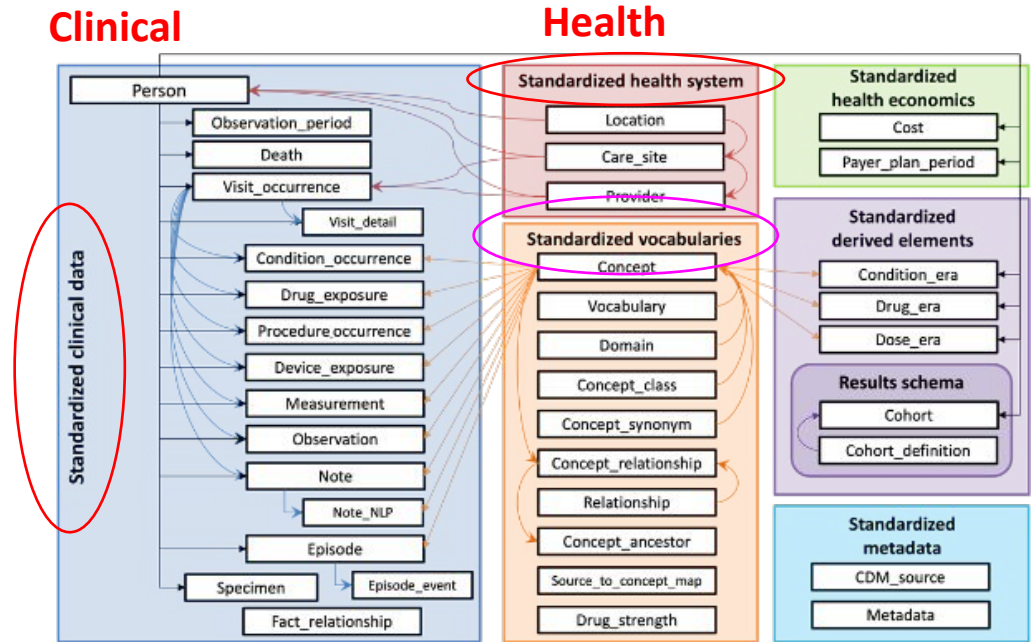
*University of Michigan*

Ann Arbor, MI 48109 USA



# OMOP CDM

- OMOP: Observational Medical Outcomes Partnership
  - Developed by OHDSI
  - >1 billion patient records
- OMOP Common Data Model (CDM): allows for **integration** of different observational databases
  - Current version: CDM v5.4
- Used by National COVID Cohort Collaborative (**N3C**, <https://ncats.nih.gov/n3c>) and many other scenarios



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

<http://ohdsi.github.io/CommonDataModel/cdm54.html>

<https://link.springer.com/article/10.1007/s40273-020-00981-9>

# Bottlenecks of OMOP CDM

- **Weak semantics:** OMOP CDM provides database schema, which is powerful but lacks robust semantic relations among terms.
- **Poor interoperability** among CDMs
  - o Other clinical CDMs exist: pcornet, cdisc, etc.
  - o Difficult to support data standardization among databases with different CDMs.



pcornet<sup>®</sup>

The National Patient-Centered  
Clinical Research Network



- Ontology can be a solution to solve these bottlenecks
  - o **Open Biomedical Ontology (OBO)** such as **OPMI** is our solution.

# Our strategy: OMOP-2-OPMI


- OMOP2OBO is good but not enough

<https://github.com/callahantiff/OMOP2OBO>

- Maps to 8 OBO ontologies, e.g., Human Phenotype Ont. (HP), and MONDO disease Ont., etc.
- Does not cover higher level CDM structure of OMOP
- Does not cover contents of >10 **clinical data tables** and their relations.
- Many CDM terms are not yet available in OBO ontologies → so new development is needed.

- OPMI:

- Ontology of Precision Medicine and Investigation
- An OBO library ontology
- Used for KPMP (Kidney Precision Medicine Project)
- **Goal:** use OPMI to map and analyze OMOP CDM.



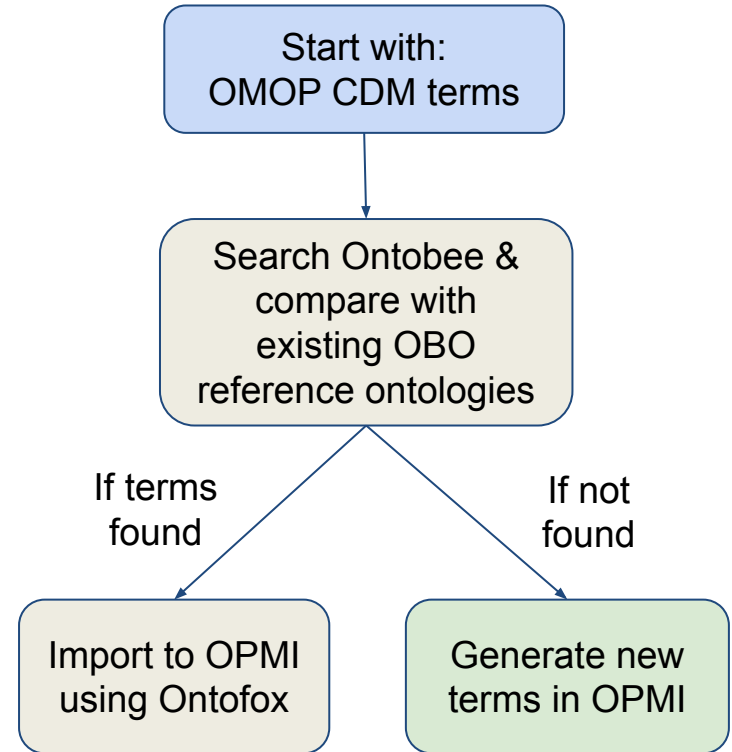
The screenshot shows the OMOP Common Data Model website. On the left, a list of tables is displayed, with 'PERSON' highlighted in blue. A blue arrow points from the text '>10 clinical data tables' to this list. On the right, a table titled 'CDM Field' and 'User Guide' is shown, with entries for 'person\_id', 'gender\_concept\_id', and 'year\_of\_birth'.

CDM Field	User Guide
person_id	It is assumed that every person with a different unique identifier is in fact a different person and should be treated independently.
gender_concept_id	This field is meant to capture the biological sex at birth of the Person. This field should not be used to study gender identity issues.
year_of_birth	Compute age using year_of_birth.

<http://ohdsi.github.io/CommonDataModel/cdm60.htm>

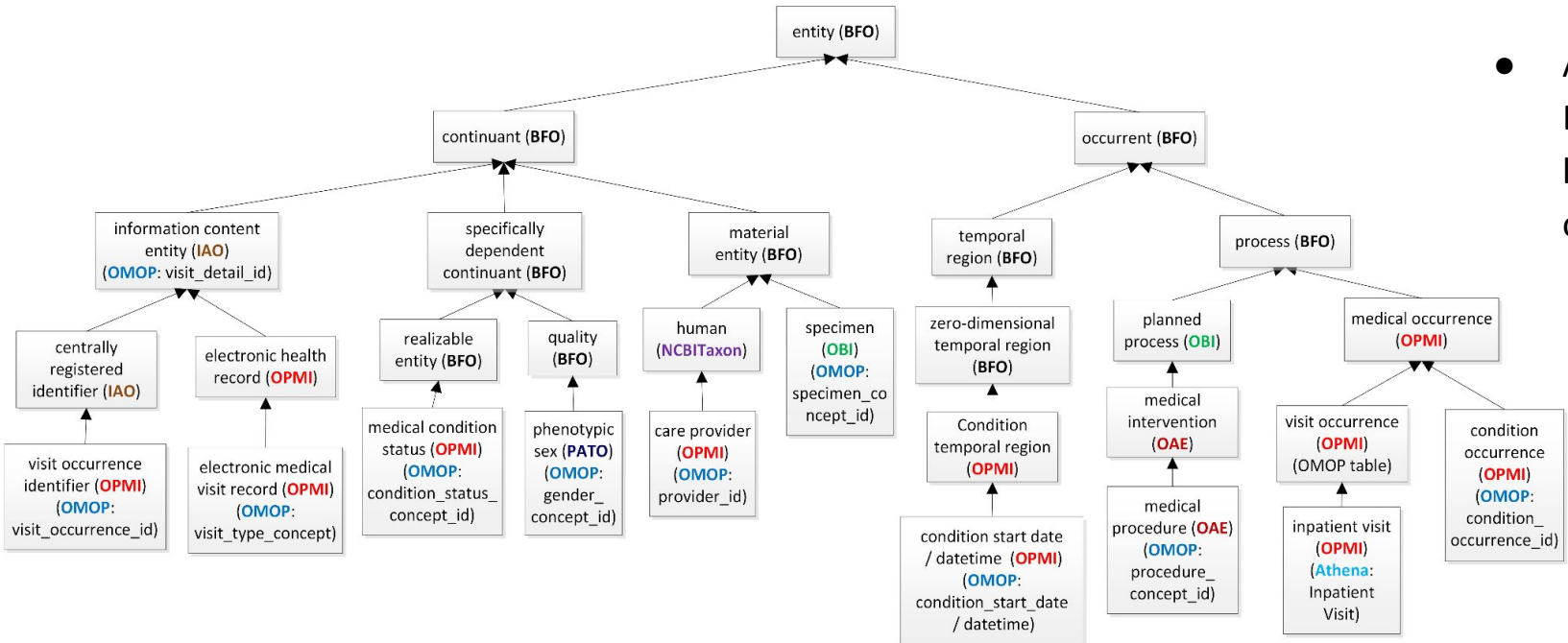
# OMOP-2-OPMI Mapping Strategy & Workflow

- Source: OMOP CDM v5.4:
  - <https://ohdsi.github.io/CommonDataModel/cdm54.html>
- Mapping strategy:
  - Use Ontobee to find OMOP CDM terms from OBO ontologies
  - If existed in OBO ontologies, import using Ontofox
  - If new, create new OPMI terms and annotation.



# OMOP-2-OPMI: Mapping OMOP CDM to OPMI

- OMOP-2-OPMI ontologizes all terms of OMOP CDM.
- Available on GitHub: <https://raw.githubusercontent.com/OPMI/opmi/master/src/ontology/omop2opmi.owl>



- Aligned with BFO upper level ontology

Figure 1

## Simplified high level OMOP-2-OPMI ontology design pattern (ODP)

- 'Person' usually refers to Patients in OMOP
  - centric to OMOP CDM
  - mapped to NCBITaxon:human
- 'Person' participates in:
  - 5 medical occurrences
  - Observation process
- 'Person' can be a target of:
  - Measurement
- 'Specimen' is mapped to OBI:specimen

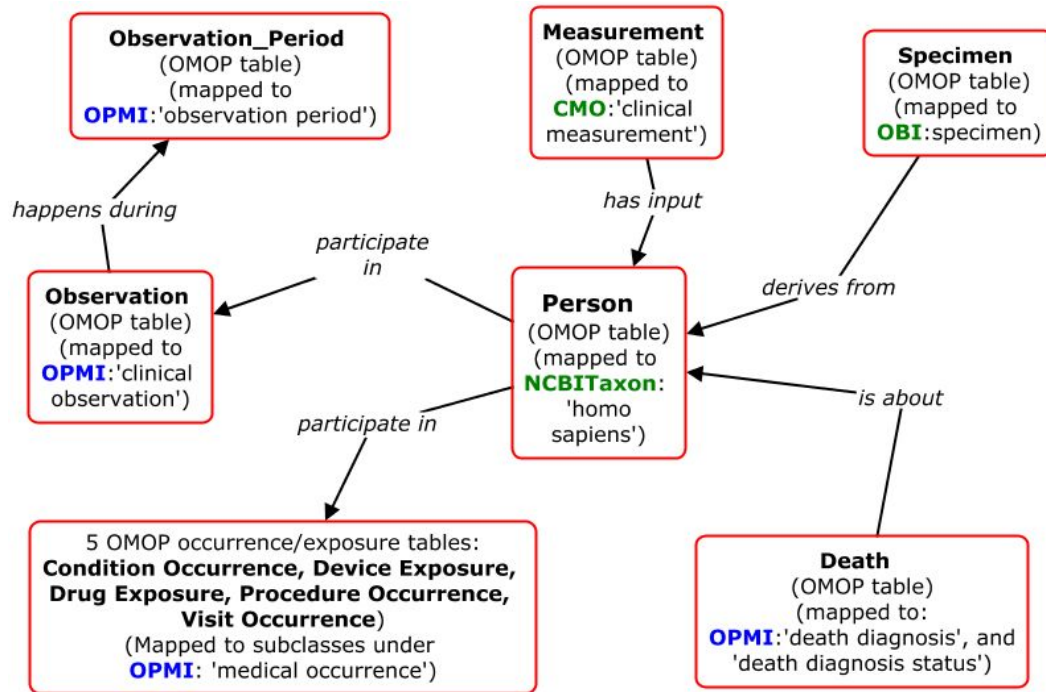


Figure 2

# CDM terms from OMOP tables mapped to OPMI

Table 1. terms from 10 representative OMOP tables

- Statistics:
  - **165 terms from 15 OMOP tables** mapped
  - 46 newly generated terms
- Current mapping:
  - **Clinical** data tables
  - **Health** system data tables
- Not yet included:
  - Non-clinically relevant tables (e.g., Standardized Metadata, Standardized Vocabularies, Standardized Derived Elements, etc.)

Selected OMOP tables	Mapped OMOP terms	Mapped Ontology Term Examples
PERSON	13/19*	person ID (OPMI_0000470), gender (PATO_0001894), year of birth (OPMI_0000473), race (NCIT_C17049)
PROVIDER	9/13	care provider (OPMI_0000163), National Provider Identifier (OPMI_0000503), DEA identifier (OPMI_0000504)
SPECIMEN	6/15	specimen ID (OBI_0001616), date of specimen collection (OBIB_0000714), anatomical structure (UBERON_0000061)
VISIT OCCURRENCE	26/17	visit occurrence (OPMI_0000482), visit start date (OPMI_0000487), preceding visit occurrence (OPMI_0000492)
PROCEDURE OCCURRENCE	13/16	procedure (NCIT_C25218), procedure start date (OPMI_0000508), procedure end date (OPMI_0000510)
DRUG EXPOSURE	18/23	drug exposure (OPMI_0000572), drug product (DRON_0000005) drug exposure start time (OPMI_0000565)
CONDITION OCCURRENCE	38/16	condition occurrence (OPMI_0000527), medical condition status (OPMI_0000533), admission diagnosis status (OPMI_0000542)
DEVICE EXPOSURE	7/15	device exposure (OPMI_0000554), device (OBI_0000968), device exposure start date (OPMI_0000562)
MEASUREMENT	11/20	clinical measurement identifier (OPMI_0000582), measurement time (OPMI_0000579), measurement unit label (IAO_0000003)
OBSERVATION PERIOD	5/6	observation period start date (OPMI_0000577), observation period end date (OPMI_0000578),



# OMOP CDM term mapping by element types

- Many terms not yet covered
- OMOP element types mostly missing:
  - **source concept id**
  - **source value**
- **Examples** of mapping or no mapping:
  - **measurement\_concept\_id** mapped to 'clinical measurement' (CMO\_0000000)
  - **measurement\_source\_concept\_id** (no mapping)
  - **measurement\_source\_value** (no mapping)

types	OMOP terms	OMOP mapped	percent mapped
_type_concept_id	11	11	100.00%
name_id	34	30	88.24%
_date	34	27	79.41%
_concept_id	30	18	60.00%
_concept_name	30	16	53.33%
source_concept_id	17	1	5.88%
_source_value	34	1	2.94%
Total	179	93	51.96%

Table 2

# Ontologization of OMOP medical occurrences

- In OMOP, many terms denote events occurring \*over a period of time\*.
- These defined as BFO:**process** terms
  - **medical condition occurrence**
  - **medical exposure**
    - **device exposure**
    - **drug exposure**
  - **medical procedure occurrence**
  - **medical visit\*\***
  - (note: **red** labels OMOP tables)
- All are subclasses of **OPMI: medical occurrence**.

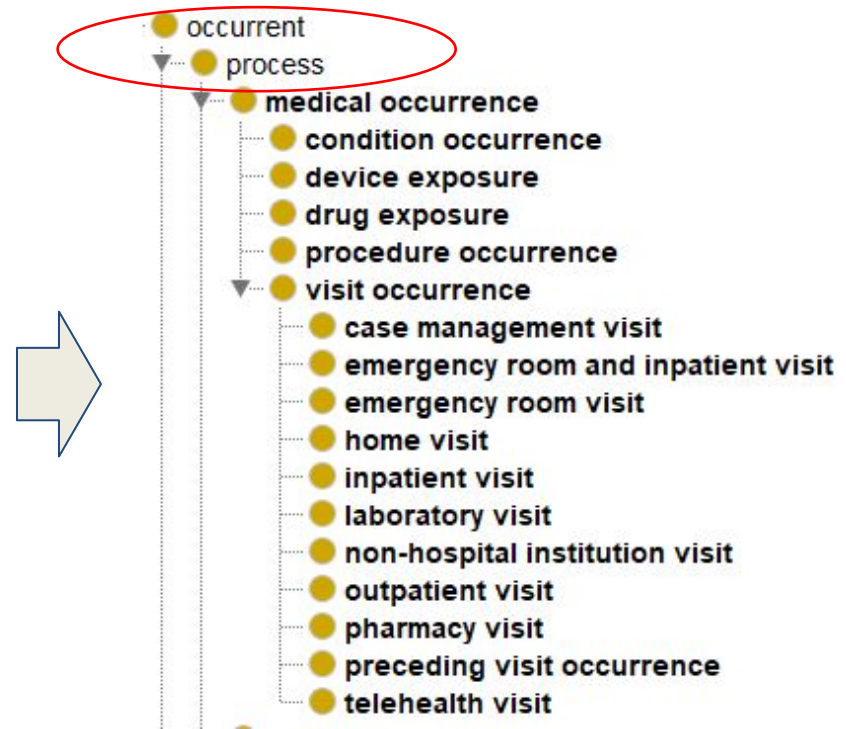


Figure 3

# Mapping temporal date/time in OMOP

- **Temporal** elements in 6 **OMOP** tables:  
Person, Visit, Device/Drug Exposure, Procedure/Condition Occurrence
- **OPMI representation:**
  - Direct mapping:
    - `visit_start_date` → 'visit start date' (OPMI)
    - Separate date and time
      - date: which day
      - datetime: day, hours, minutes, ...
  - BFO: 'zero (or one)-dimensional temporal region'

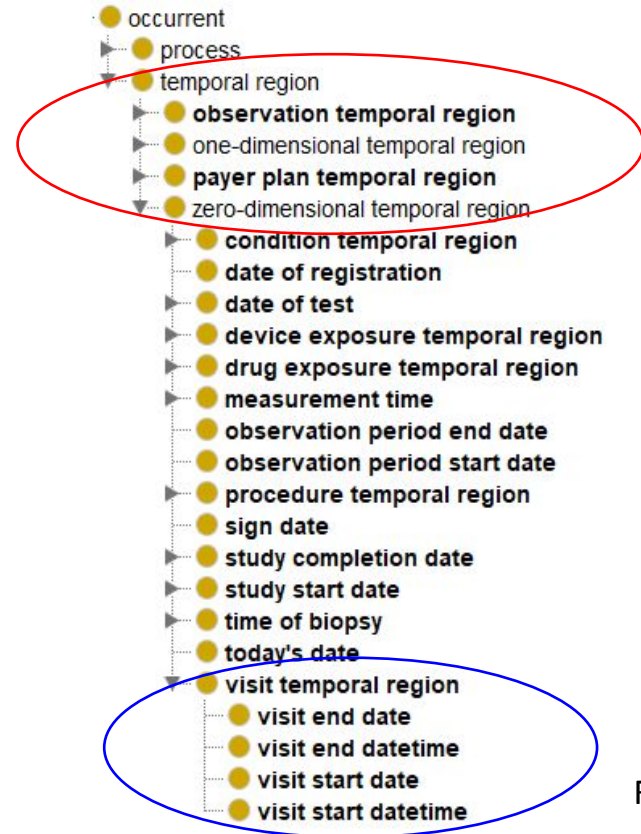


Figure 5

## OMOP-2-OPMI Use Case 1:

# Ontology-level data standardization

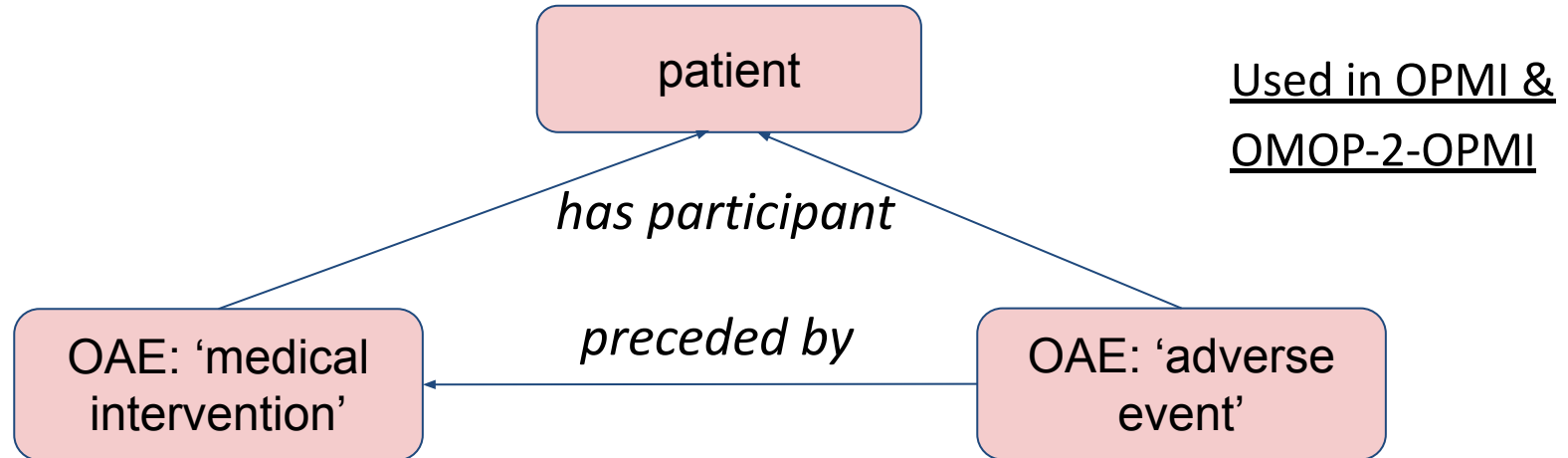
- Rooted in the nature of ontology:
  - Standard **representation & definitions** of mapped OMOP CDM terms
  - Computer-understandable logic **axioms** among mapped terms
- Furthermore, it's **interoperable** ontology:
  - Also used on other ontologies, e.g., Coronavirus Infectious Disease Ontology
  - Support knowledge/data sharing and integration
- Future: extend to represent other CDMs (e.g., **PCORnet** and **CDISC**) → further support data integration

# Use Case 2: Adverse event (AE) modeling & analysis

*OMOP CDM does not have 'adverse event' (AE) concept.*

*however, OMOP-2-OPMI can be semantically extended to model AE*

Ontology of Adverse Event (OAE) AE modeling:



## Example usage of OMOP-2-OPMI modeling:

# Modeling of adverse event (AE) using OMOP CDM/data

OMOP-2-OPMI modeling of *adverse event* (AE):

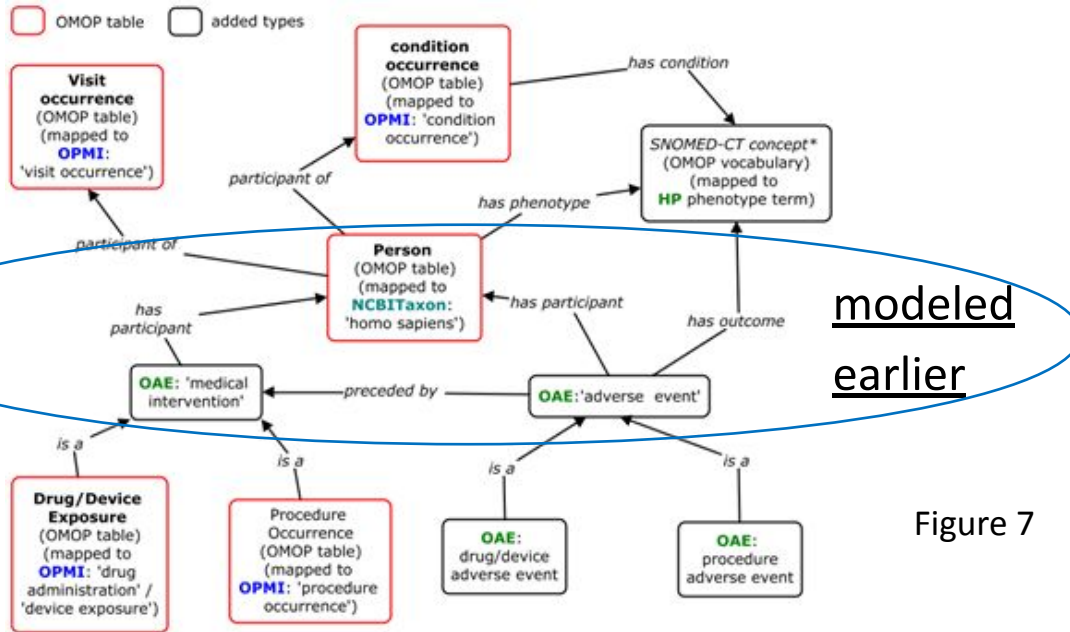


Figure 7

### OMOP CDM:

- Do not represent AE directly.

### OMOP-2-OPMI modeling:

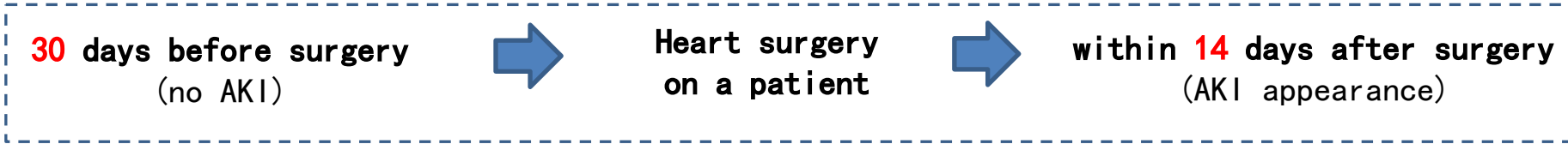
- Use OAE-based AE modeling (see earlier slide)
- Transfer OMOP CDM data for AE representation, e.g.,
  - **Procedure** is a 'medical intervention'
  - A *new condition* afterwards is an AE

**Citation:** He Y, Ong E, Zheng J, Wan L, Schaub J, Kretzler M. Ontological representation of OMOP CDM using the OBO framework. 2018 OHDSI Symposium, Oct 12, 2018, Bethesda, MD, USA.

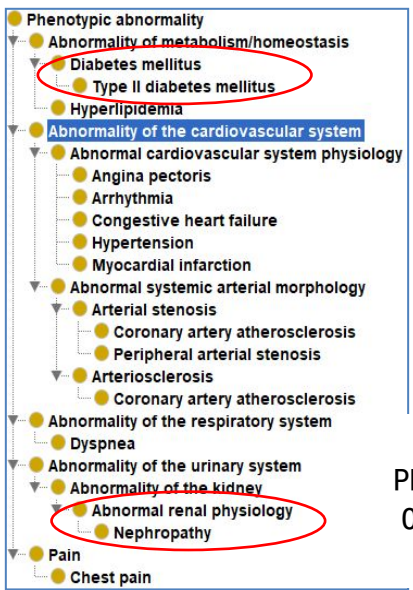
# “Heart surgery AKI AE” using OMOP data (from IQVIA)

(Q: How to detect & find patterns of patients with Acute Kidney Injury (AKI) AE after heart surgery?)

Algorithm: Define “heart surgery AKI AE” based on OMOP-2-OPMI modeling (earlier slide)



Symptoms (Conditions) found at 30 days before heart surgery)



Human Phenotype Ontology (HPO)

Operation on heart (SNOMED: 4275564) and its subclasses

- 15,548 patients in the AKI AE cohort.
- Sex effect:
  - Male: 72%;
  - Female: 28%
- Age effect:
  - Age > 55: 78.5%

**Finding:** Phenotypes including Type II diabetes & Nephropathy are often observed before heart surgery-associated AKI adverse event.

## Use Case 3: OMOP-2-OPMI-based COVID-19 clinical data standardization, modeling, and analysis

- National COVID Cohort Collaborative (**N3C**) with >5 mill. COVID cases
  - Analyze **vaccine & drug AEs** using the AE model (earlier slide)
  - **AKI AE** can still be a focus since AKI closely relates to COVID.
  - Effects of **clinical variables** (e.g., age, gender, comorbidities) can be modeled with OMOP-2-OPMI and analyzed using machine learning (**ML**) methods.
- More powerful by co-using the Coronavirus Infectious Disease Ontology (**CIDO**)
  - CIDO represents various COVID-19 knowledge and metadata, e.g., COVID-19 viral variants, vaccines, drugs, etc.



# Summary and Discussion

- **OMOP CDM** is an open data standard in observational data integration and analysis
- **OPMI** is an ontology of precision medicine and investigation
- We further developed **OPMI** to map **OMOP** on **CDM** level

- Use cases:

1. Ontology-level data standardization
2. Adverse event modeling and analysis
3. COVID-19 clinical data standardization, modeling, and analysis

??

??

- Other CDMs (e.g., PCORnet, CDISC)?

- More COVID-19 related AE studies using N3C data?
- More OMOP terms/concepts and relations?

# Acknowledgements

## University of Michigan

- Long Tran
- Yongqun “Oliver” He

## IQVIA, UK

- Anastasios Siapos
- Christian Reich
- Sarah Seager

- Asiyah Yu Lin (NIH)
- Andrew Williams (Tufts University)

## **Funding:**

- NIH NIAID grants: 1UH2AI132931 & NIH NIAID 1U24AI171008
- NIH-NIDDK grant: 1U2CDK114886
- Michigan Medicine–Peking University Health Sciences Center Joint Institute for Clinical & Translational Research (U072807).