

A success story 

# The Adoption of the OMOP-CDM in South Korea



AJOU UNIVERSITY



OHDSI

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Ajou University School of Medicine South Korea



## Founder and stockholder of

**EvidNet** 

- OMOP CDM-based distributed research network platform startup company in Korea
- One-step CDM conversion service: legacy EMR data to OMOP CDM
- Vocabulary mapping service: mapping of local vocabulary to OMOP standard vocabulary
- Maintenance service: routine maintenance of CDM DB (ex) CDM version/vocabulary updates, integration of new CDM extensions, etc.
- Distributed research network platform for participating hospitals (in development)



# Contents

- 01 About South Korea
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- 03 Why is DRN and CDM popular in Korea?
- 04 Lessons learned from potential Data Owner
- 05 Future plans in Korean OHDSI



# About South Korea

## Selected Indicators for Korea

### GDP (nominal) 2017 estimate



**Total**  
**\$1,498 trillion**  
(11th)



**Per capita**  
**\$29,114**  
(27th)

### Life expectancy

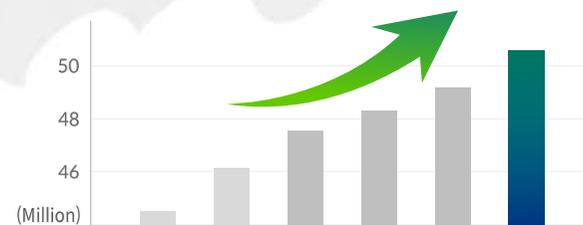


**Men**  
**77 years**



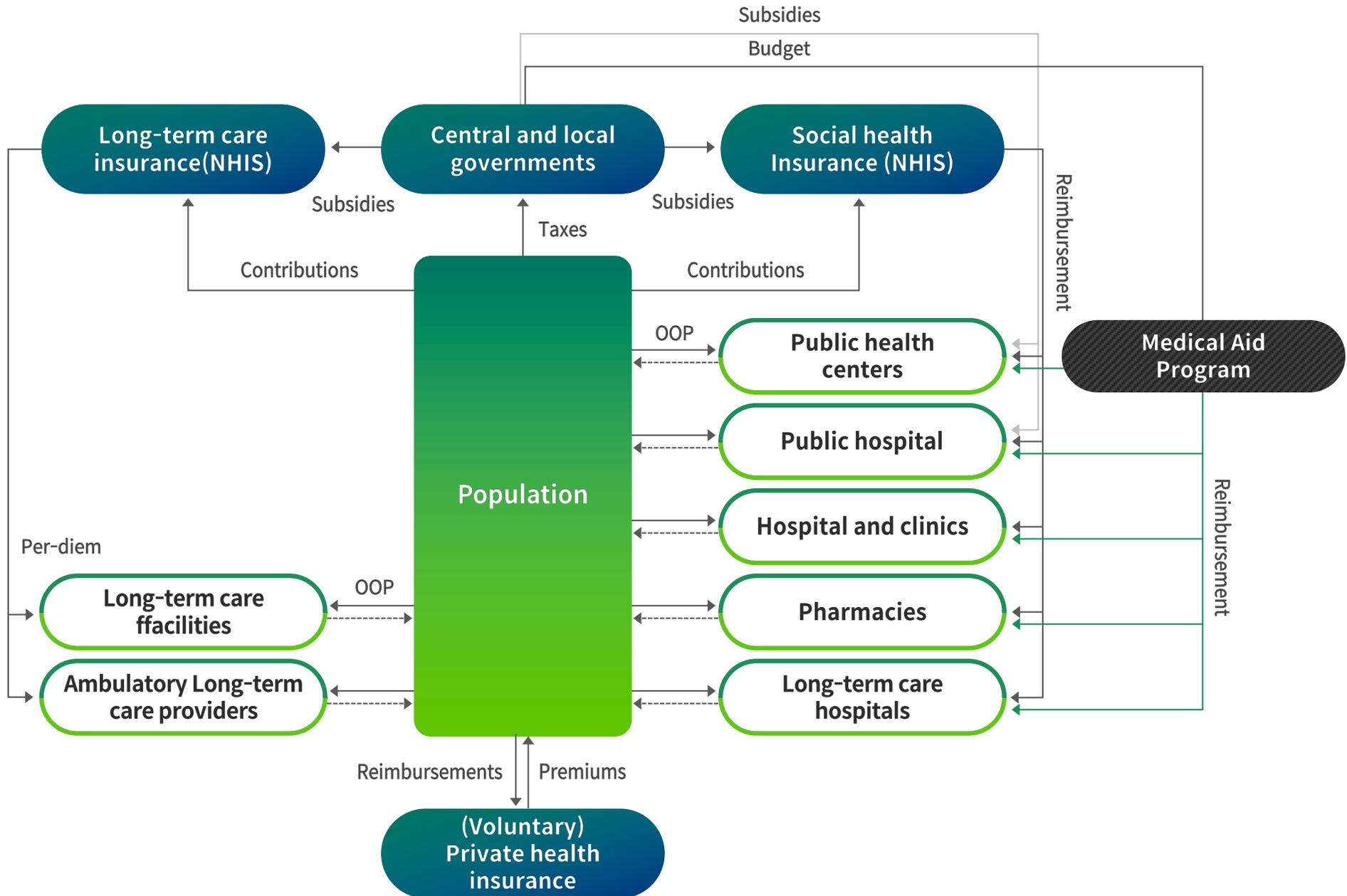
**Women**  
**84 years**

### Population



**50.4 million**  
Growth rate: **0.4%** ↓

# Korean Health Insurance System





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# Hospitals in Korea

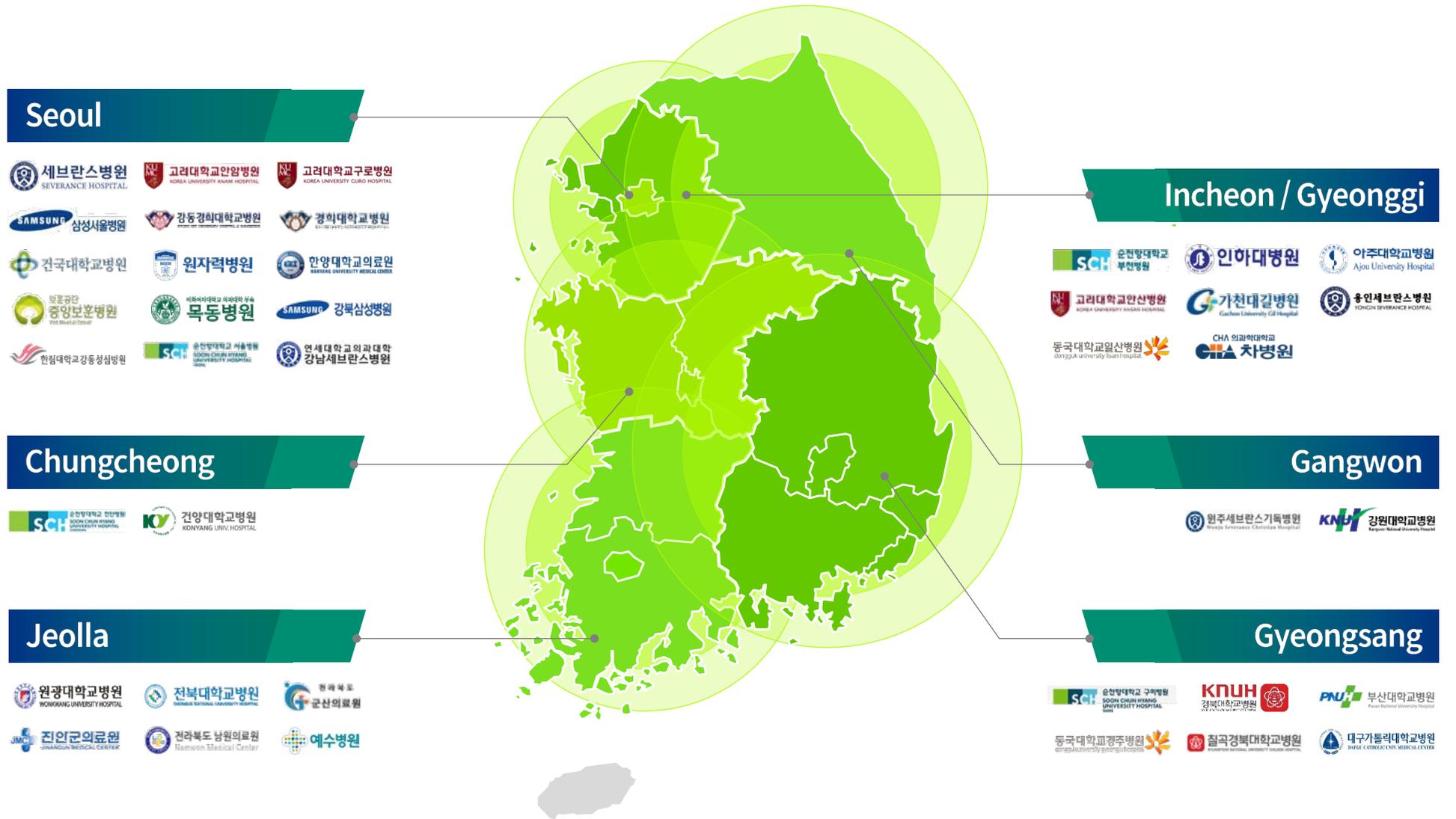
- About 43 University or Tertiary Teaching Hospitals
- 280 general hospitals (>100 beds)
- 2,800 hospitals (>30 beds)



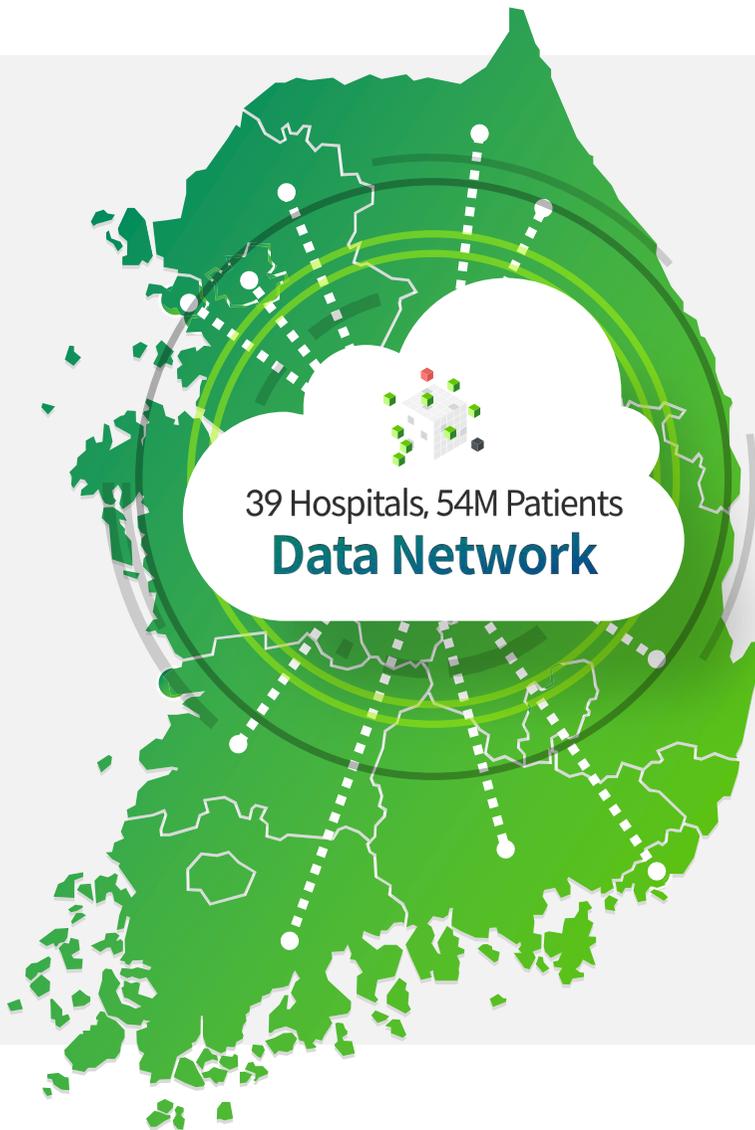
# Status of Korean OHDSI

# Status of Korean OHDSI Network

## Data Network of 39 Hospitals, 54M Patients



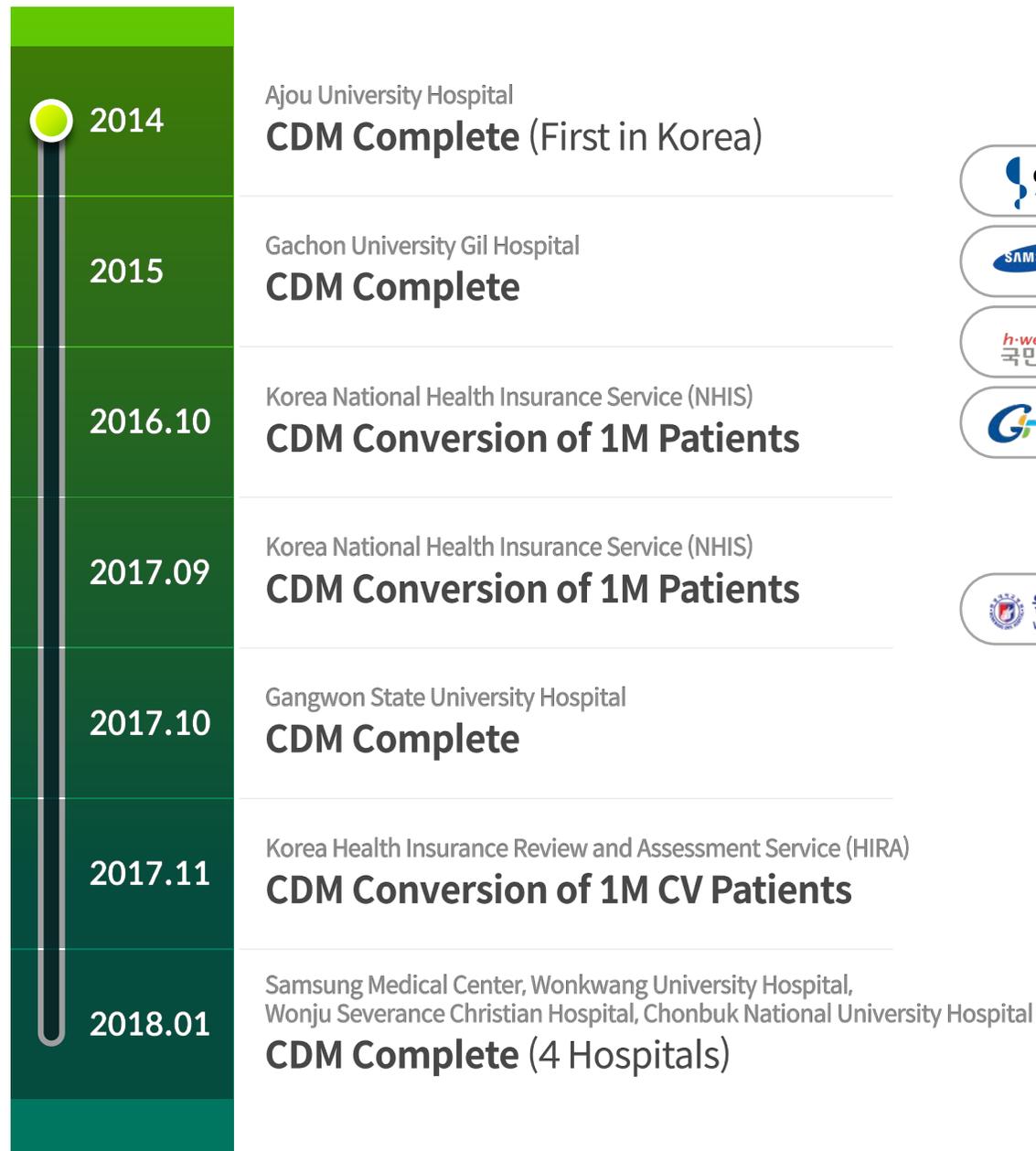
# Commitment by 39 Hospital Heads to Share IRB Review Results and Conduct Joint Research



기관장 협약서			
과 제 명	선행 공통데이터모델 기반 분산형 바이오헬스 통합 데이터망 구축 기술 개발		
주관기관	아주대학교 산학협력단	총괄책임자	박태용
참여기관 (기관장)	연세의료원 세브란스병원 (이병석)		
<p>위의 기술개발과제에 참여하는 다른 참여기관과의 데이터 공동 분석 및 IRB 심사 결과를 공유할 것을 협약합니다.</p> <p>2018년 1월 12일</p> <p>(참여병원명) (기관장)</p> <p>세브란스병원 이병석 (인)</p> <p>(참여기관책임자)</p> <p>윤진하 (인)</p>			
<p>※ 법인입체인 경우는 (법인)인감, 개인입체인 경우는 개인인감, 대학 및 공공연구소의 경우는 직인을 각각 날인                  ※ 총괄책임자, 참여기관 책임자도 서명 날인하여야 함                  ※ 수행기관 모두가 제출해야 하며, 수행기관별 날장 제출도 가능함</p>			



# CDM Conversion History





# Why is DRN and CDM popular in Korea?



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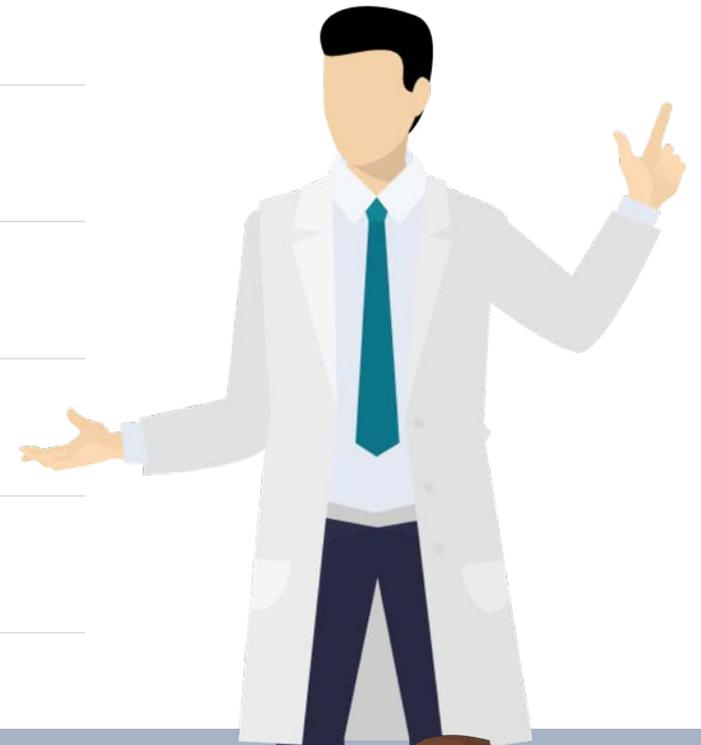
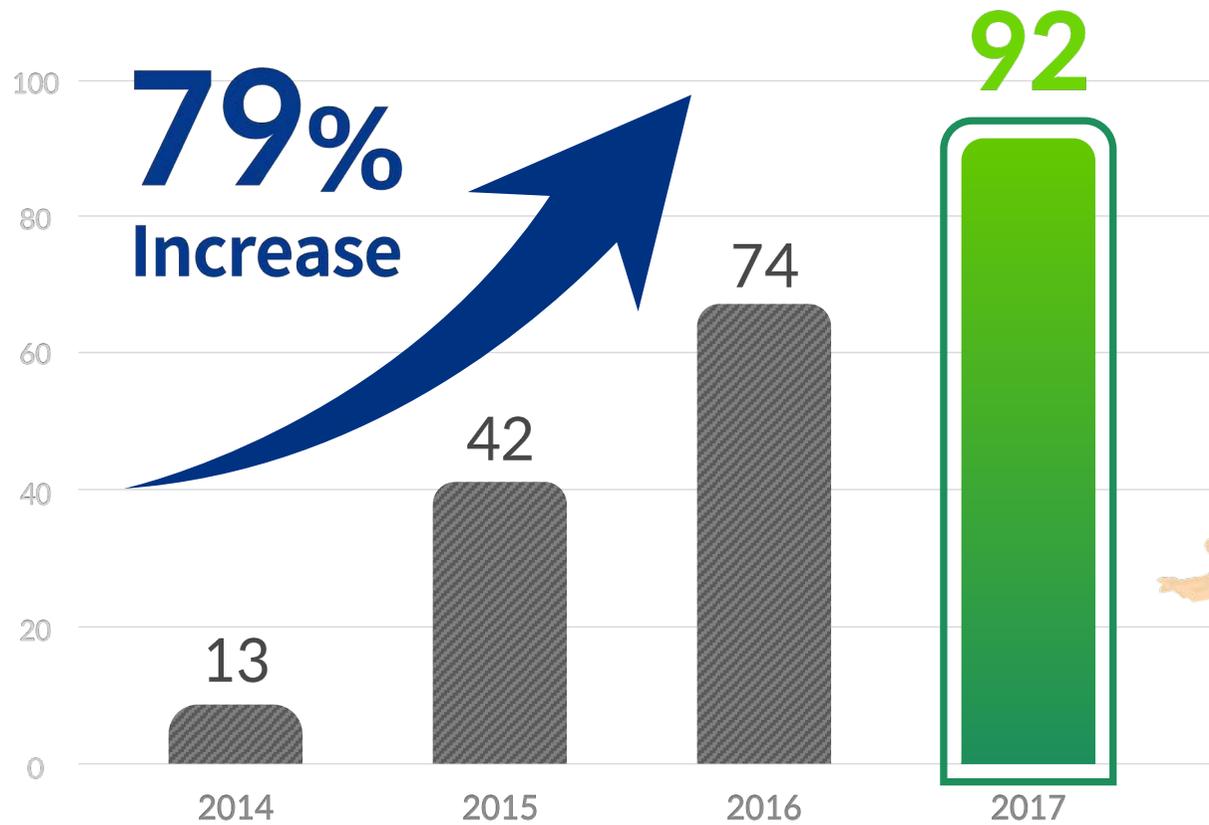


# Invited Talks

226 invited talks during  
past 42 months since July 2014

- 2014: 13 times
- 2015: 42 times
- 2016: 74 times
- 2017: 92 times

# Number of invited presentations



# No. of Presentations and Data Partner Join

● Presentations ■ Join





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# Lesson learned from potential Data Owner

- Quick-prototyping
- Live demonstration
- Success story
- Focusing on clinicians
- Data governance leadership meeting

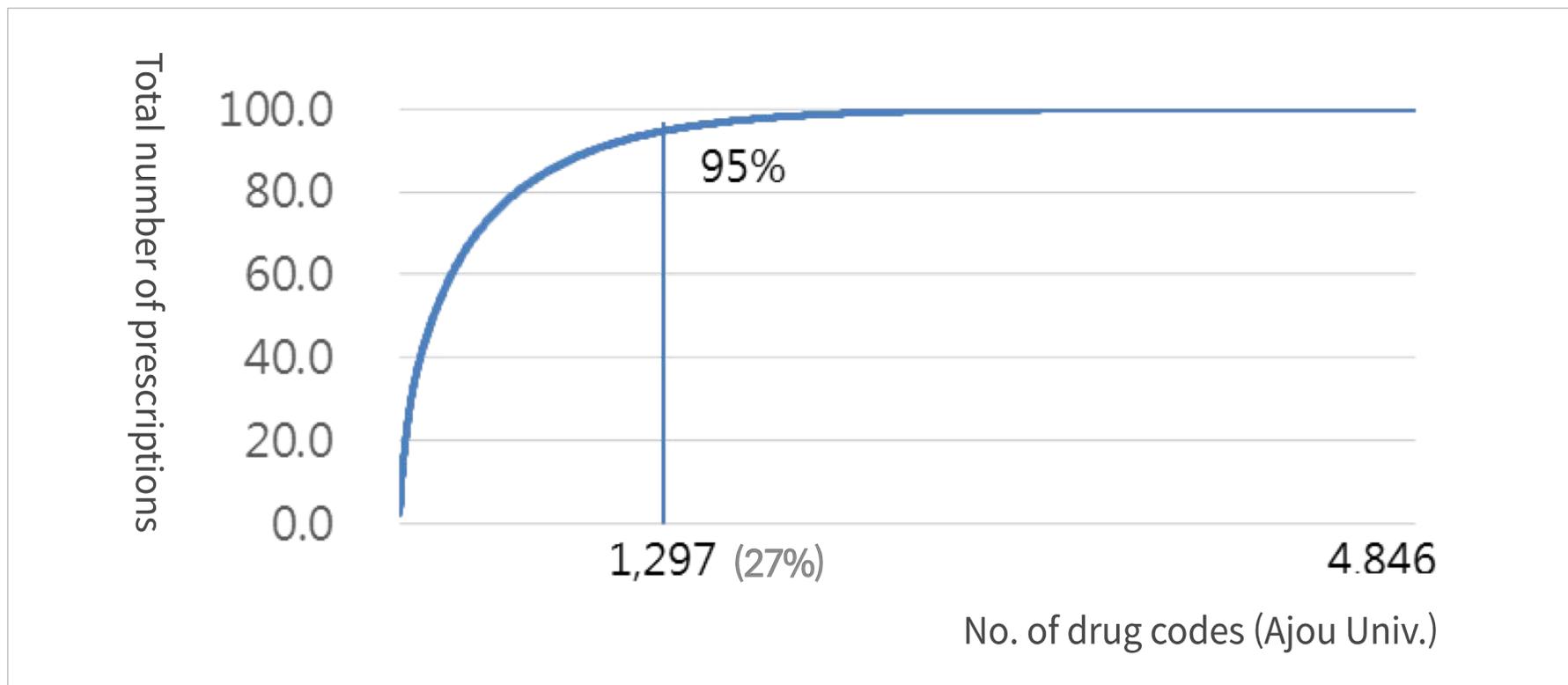
# Strategy for Standard Vocabulary Mapping

- Sort codes by frequency of usage
- Number of codes required to cover

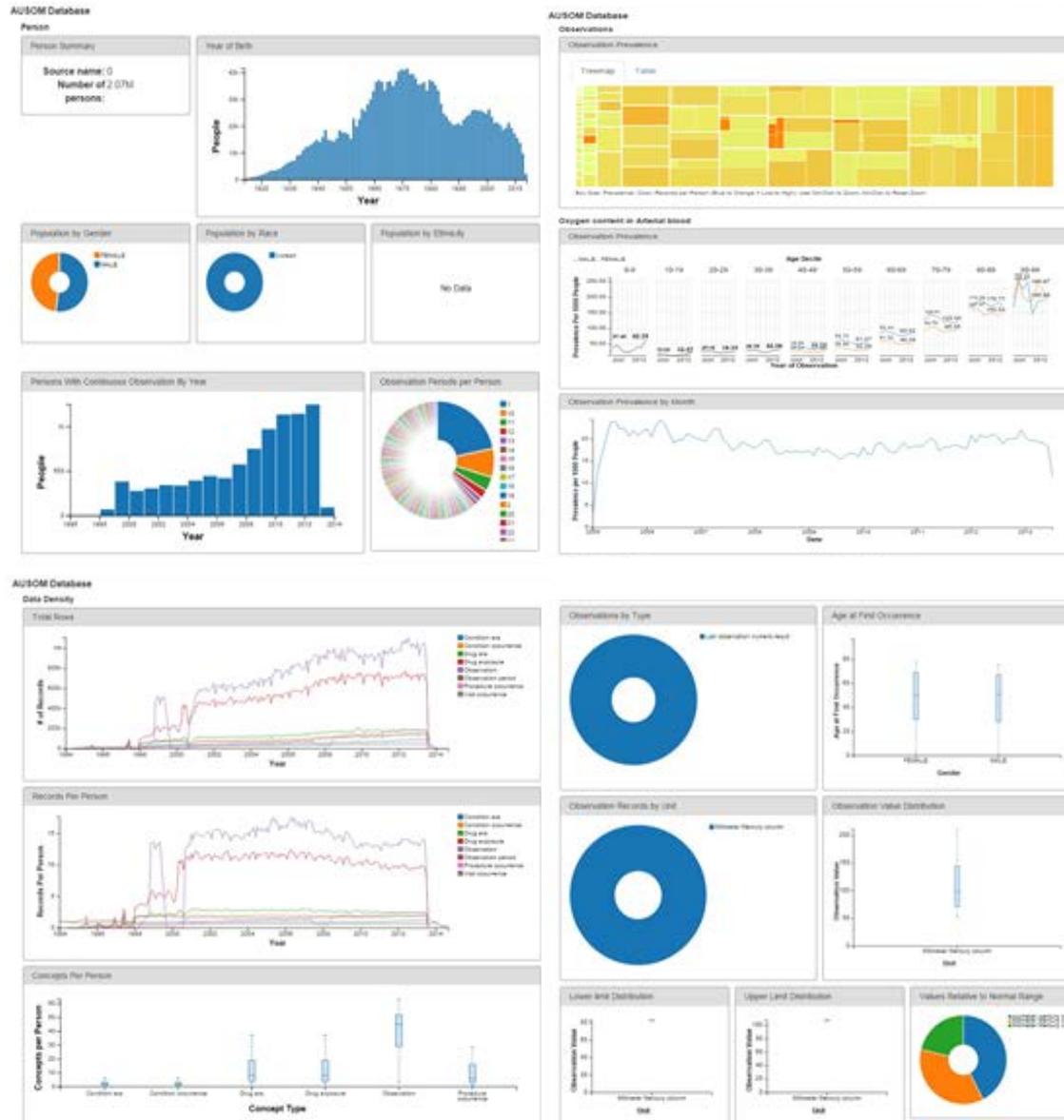
95% of transaction data  
20-30% of codes

➔

99%  
60-70% of codes



# Achilles : data characterization



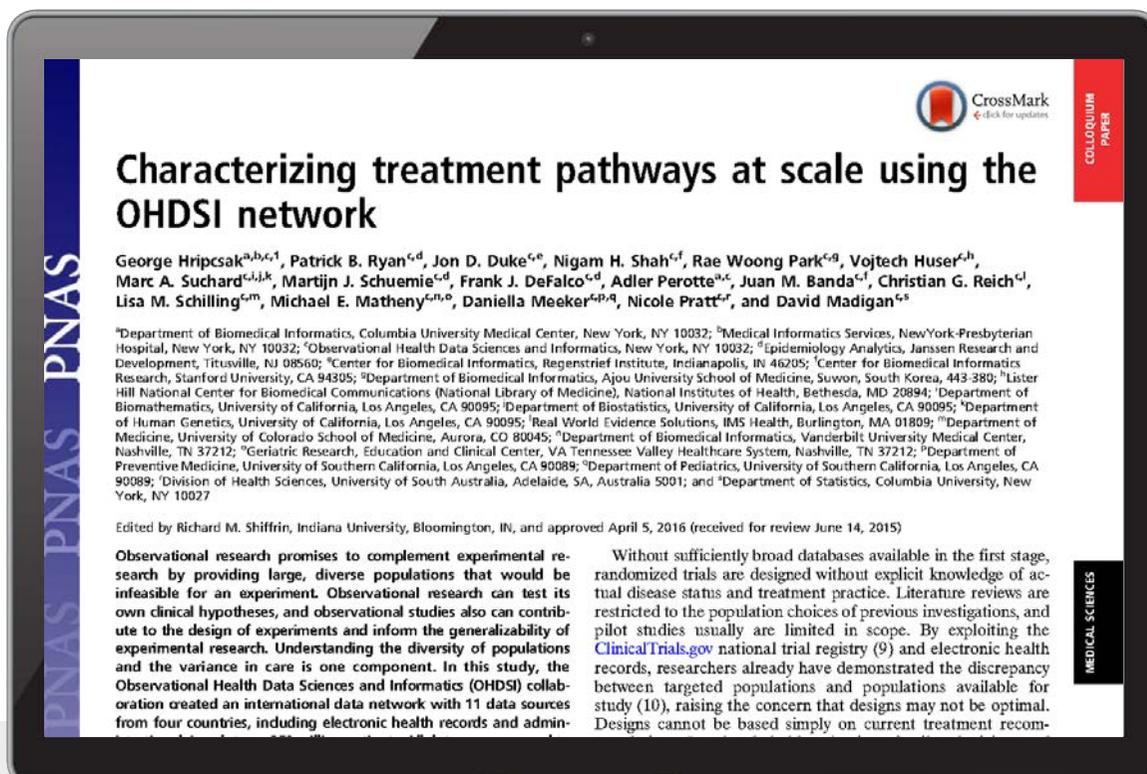
## Distributed research network



Openness

<http://ami.ajou.ac.kr:8080>

# Examples of clinical researches using big data



250M patients

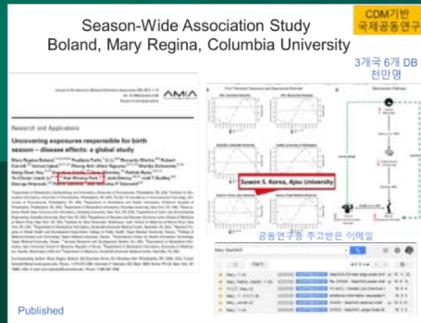


12 database

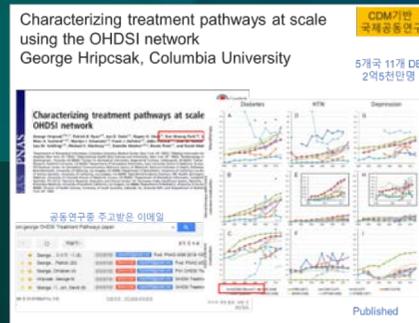


5 countries

# Lead/participation in CDM-based international joint researches (>14)



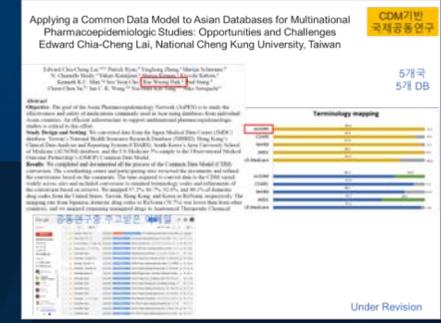
3 Countries, 6 DBs, 10M Patients



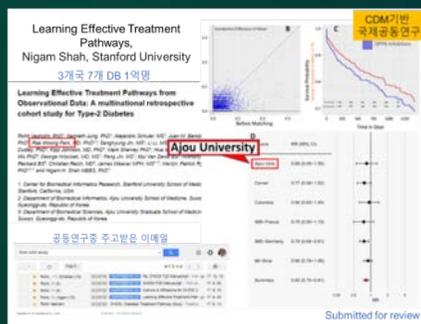
5 Countries, 11 DBs, 250M Patients



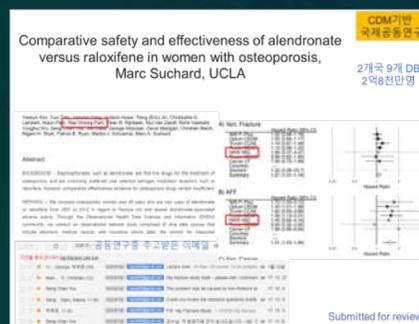
2 Countries, 24 DBs



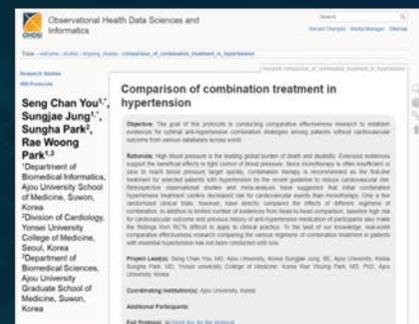
2 Countries, 24 DBs



3 Countries, 7 DBs, 100M Patients



2 Countries, 9 DBs, 280M Patients



Hypertension Research Led by Ajou University



2017 OHDSI Symposium Best Practice Award

# Focusing on clinicians

## Clinicians, rather than informaticians

major decision makers  
in a hospital are  
usually clinicians

## Young clinicians assistant – associate professors

highest interest on  
OMOP CDM, because  
they do not have enough  
fund, resources and data  
for their research

## Inter- disciplinary clinical meeting

then homogenous  
clinical meeting at  
initial stage

# Data Governance Leadership Meeting



Ajou University has been coordinating OHDSI in Korea since March 2017 and is **actively initiating democratic healthcare data governance discussions** with CIOs from hospitals of various sizes





## Engineer Meeting

- Biweekly, TC (current 19th)
- EHR experts from participating hospitals
- Discuss all the technical issues during CDM conversion



## Open Forum

- Monthly, 1-3 hour lecture
- Agenda
  - Introduction to OHDSI and CDM
  - OMOP CDM Structure
  - OMOP CDM Vocabulary/ vocabulary mapping
  - Tools for OMOP CDM
  - ETL process
  - Research Experience using OHDSI Network



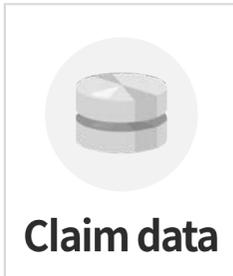
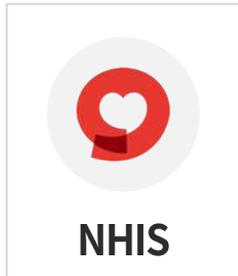
# Government's interest in CDM

# No. of Presentations and Data Partner Join

● Presentations ■ Join



# NHIS, Development of a CDM-based Drug Safety Surveillance System



## Three year project 2016-2018

1<sup>st</sup> year | Feasibility

9-year of 1M pt data into CDM

2<sup>nd</sup> year | Validation

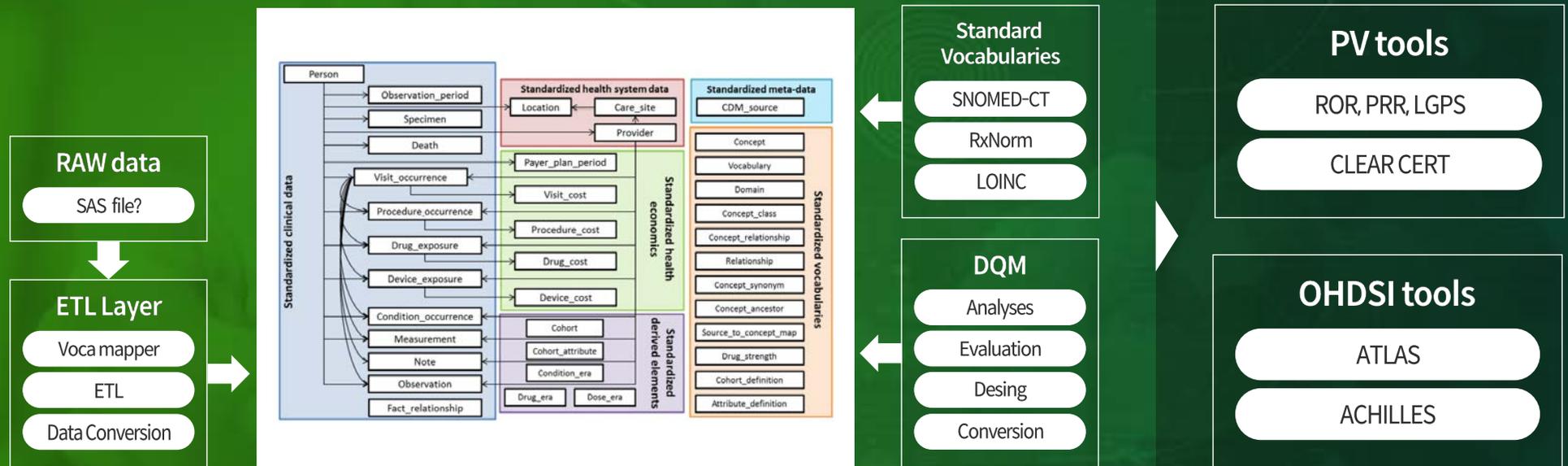
validation of usefulness of the CDM

3<sup>rd</sup> year | Full conversion

12-years of 51 M patients

## OMOP CDM conversion

## Application of pharmacovigilance tools



National Health Insurance Service : Governmental National Health Insurer

# Project Results

## Designing an Efficient System to Support CDM Conversion of the Entire Korean Population

Simulation of required system specifications  
(based on Oracle Exadata)

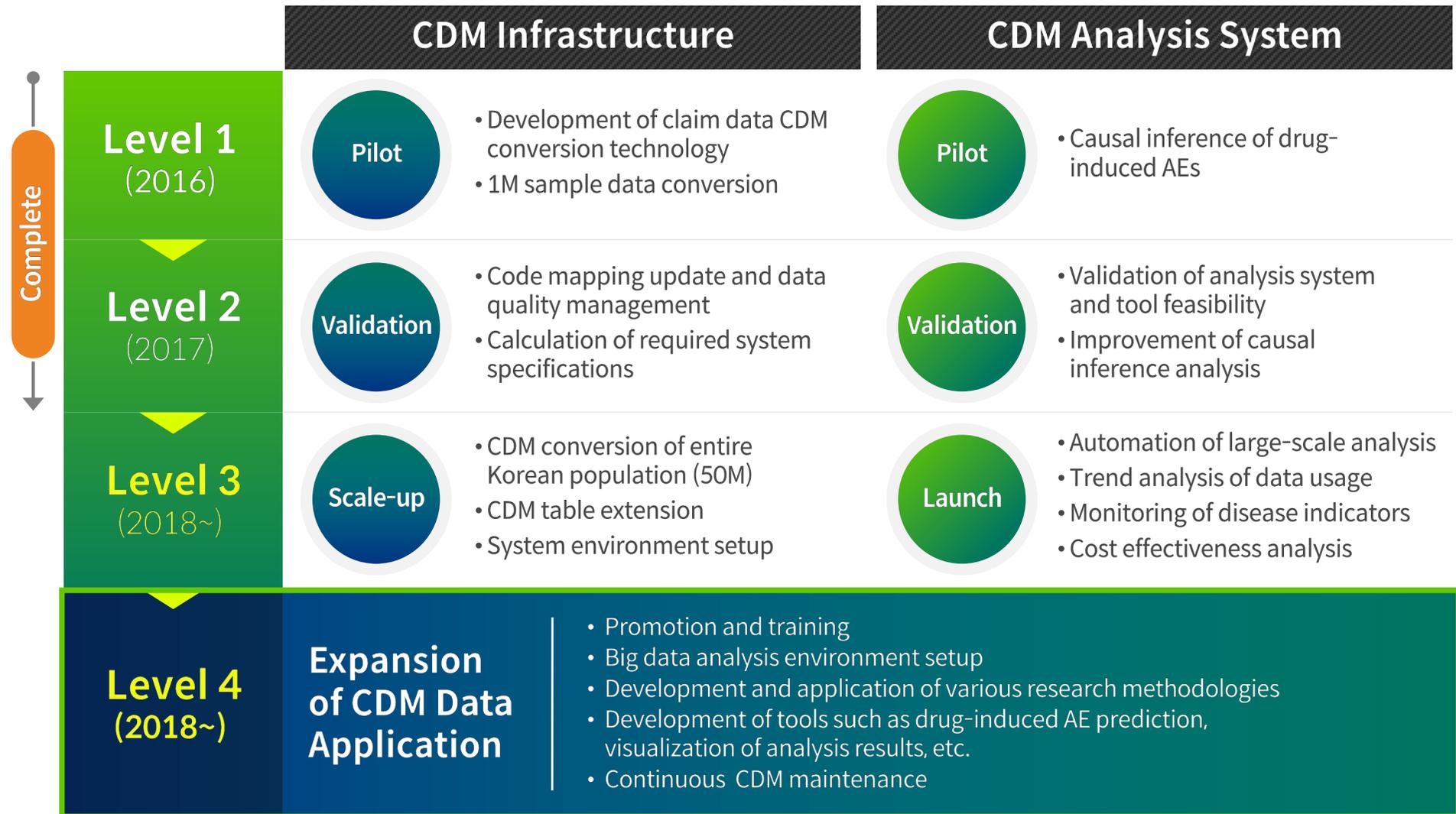
- Uncompressed CDM data of 1M patients (2%) = 527GB
- Uncompressed CDM data of 50M patients (100%) = 25.8TB (estimate)
- Total 103TB (x4) required considering index and temp domain

Table Name	Column Size (Byte)	Data Count	Total Size (MB)
Patient Information	261	999,812	248.9
Visit Information	152	224,085,191	32,483.10
Location Information	400	317	0.1
Site Information	406	188,814	73.1
Drug Exposure Information	344	406,670,758	133,414.00
Continuous Drug Exposure Period	10	154,502,958	1,473.50
Diagnosis Information	181	355,902,525	61,434.10
Continuous Diagnosis Period	10	125,949,247	1,201.10
Observation Information	521	186,289,956	92,560.80
Death Information	506	45,767	22.1
Observation Period Information	9	999,813	8.6
Insurance Coverage Period	158	999,812	150.7
Procedure Information	160	961,582,127	146,725.80
Measurement Information	283	260,294,988	70,251.00
<b>Total</b>	<b>3,401</b>	<b>2,678,512,085</b>	<b>540,046.80</b>

# Project Results

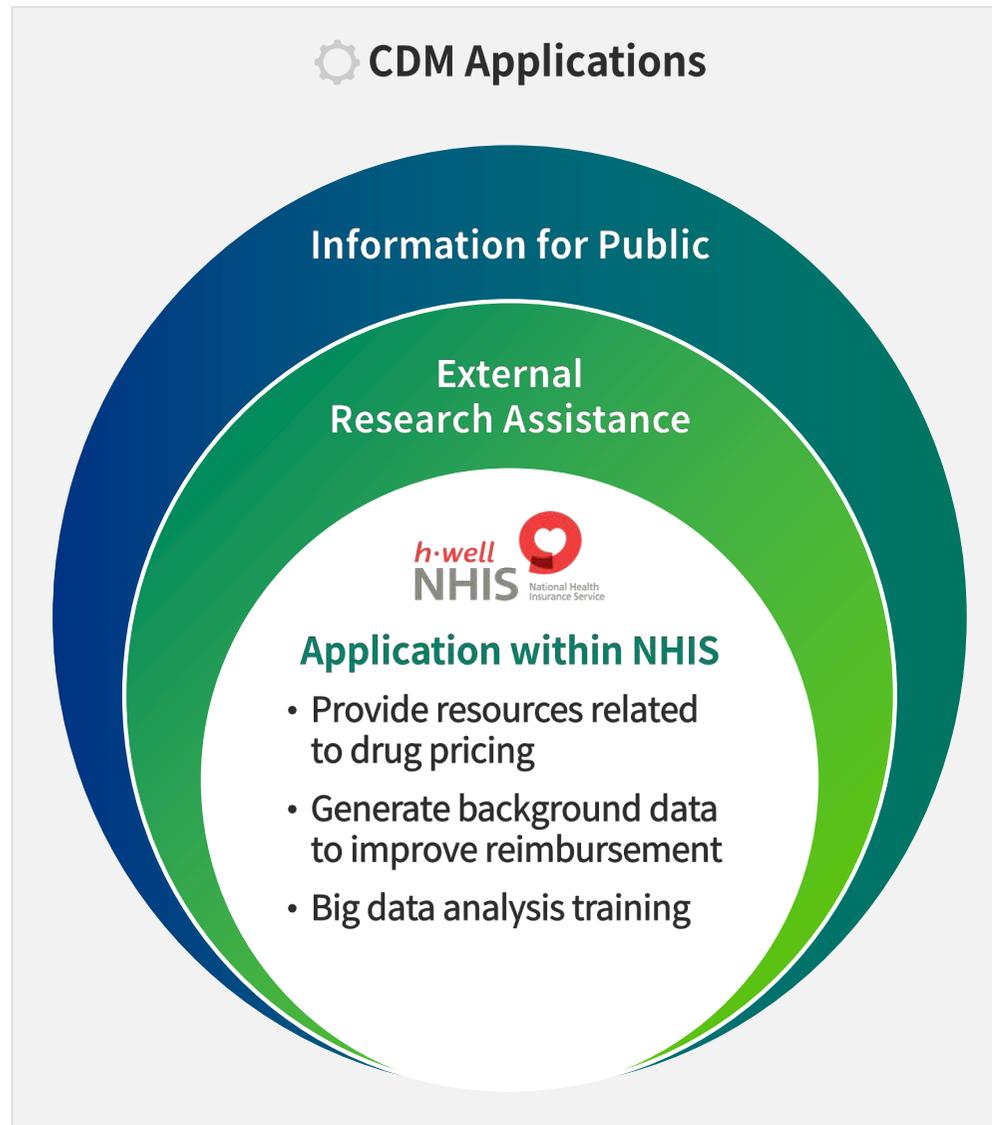
## Drug Use Analysis System Based on NHIS CDM Data

### Roadmap



# Project Results

## Drug Use Analysis System Based on NHIS CDM Data



### External Research Assistance

- Research on therapeutic effect vs. AE
- Usage analysis of drugs, etc.
- Personalized disease predictions
- Reference data for policy research
- Reference data for new drug development
- Research on international disease and treatment trends
- Development of research methodologies and analytic tools

### Information for Public

- Provide information about drugs, disease, etc.
- Provide information on potential high risk groups
- Provide information on reimbursed drugs

THE  
INVESTOR

March 12, 2018

**Bio & Medicine****Korea to build database for medical big data**

PUBLISHED : February 09, 2018 - 17:13    UPDATED : February 09, 2018 - 17:13



**[THE INVESTOR]** The South Korean government will consolidate medical data from hospitals across the country and establish a comprehensive database, as part of its goal to foster the country's lucrative pharmaceutical and healthcare industries, officials said on Feb. 9.

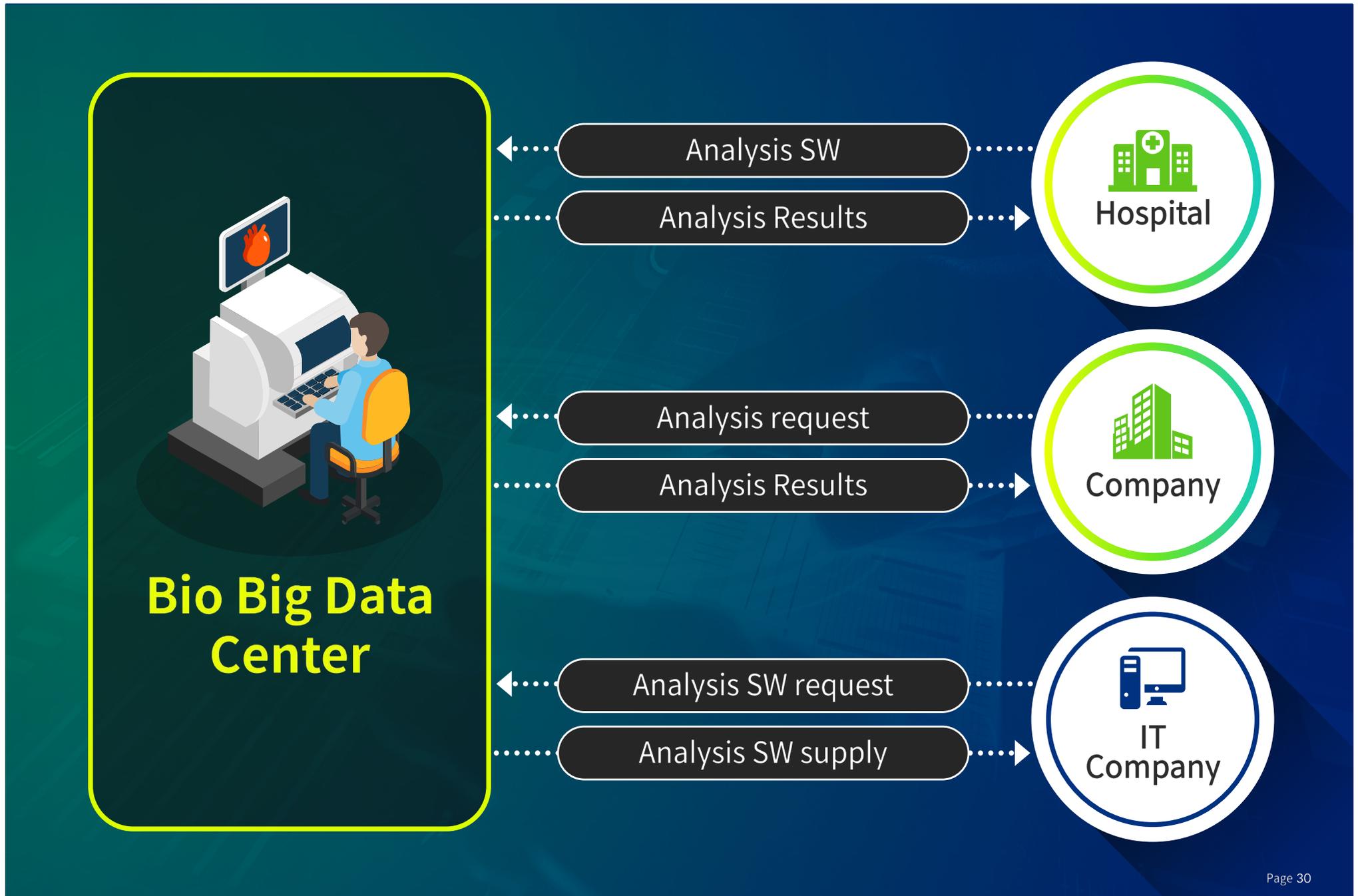
Its extended vision is to create some 35,000 new jobs in the growing bio and healthcare sector and to pull up the nation's global market share from the current 1.8 percent to 4 percent by 2022.

The Ministry of Trade, Industry and Energy on Feb. 9 held a conference with local bio & healthcare players at Wonju Medical Industry Techno Valley and announced the government's short- and mid-term development strategies for the industry.

The event was attended by officials from Daewoong Pharm, Mediana Samsung Seoul Hospital, Korea Biotechnology Industry Organization and other local medical organizations.

As a pilot step, the ministry is to select six major hospitals within the first half of the year and collect genetic and biometric data of some 10 million people to create a bio database on bio information, according to officials.

# Distributed Bio Big Data Model



News > Economy > General

## Ministry of Industry - Ministry of Health and Welfare 'Bio-Big Data'

Enter the article: 2017-04-20 10:16



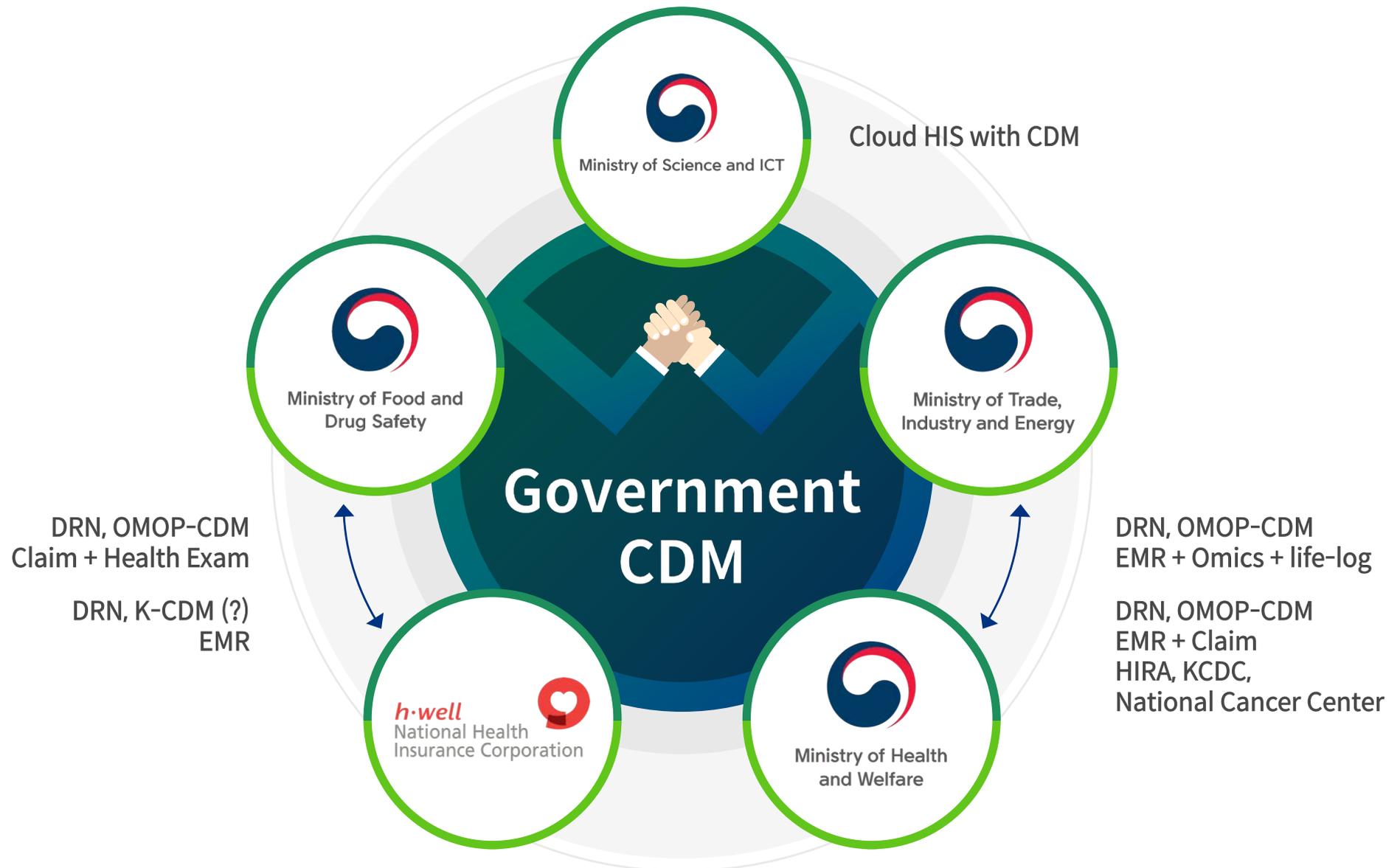
[Election Day Sejong = Park Eally]

### Ministry of Health and Welfare launches big medical data promotion group in March ... The Ministry of Industry is also promoting TF

In the era of the Fourth Industrial Revolution, in order to preoccupy the bio-data field, there is a fierce nervous battle between government departments.

According to the Ministry of Health and Welfare, the Ministry of Health and Welfare, which is in charge of the hospitals and the pharmaceutical industry, started a pilot project last year to build and utilize healthcare data. Also, last month, the 'Big Health Data Medical Promotion Team' was launched in order to create a strategy to utilize big medical data. The Ministry of Industry, Trade and Industry and the Future Creation Science Department also participated in the promotion team, and the head of the Health and Medical Policy Division of the Kim Gang - The Ministry of Health and Welfare is planning to establish a platform to link big data of public institutions such as National Health Insurance Corporation and Health Insurance Review and Evaluation Center.

# Collaboration and Competition in between Government CDM



## Data partners

- Major tertiary teaching hospitals
  - Detailed time stamp
  - Test results
  - Outcome data



## National Health Insurance Data

- Compulsory health insurance
- Claim data
  - + socioeconomic data
  - + regular Health exam data (includes lab tests)
- 10-year of observation period
- Covers all the citizens (50M)





# Plan in **KOREA**

CDM-Based 

# Distributed Data Network

Development of an OMOP CDM-Based Distributed,  
Integrative Bio Health Data Network



# Request for Proposal Overview

## Final Goal

- To develop key technologies required to setup and operate an OMOP CDM-based data network
- To promote industrial application of hospital data such as clinical data, genomics data, biosignal data, etc.
- **Development and validation of CDM extensions for genomics and biosignal data**
- **Conversion of EMR data to OMOP CDM**
- **Quality management of CDM data**
- **Development of analytical tools for CDM data**
- **Development of information security technologies**

**Period** Within 36 months (9 months in 2018)

**Grant** Total \$4M (\$0.8M in 2018)

**Host Organization** No restrictions

\* Participation of hospitals and small/midsize businesses required

- ❖ Participating hospitals must agree to share IRB review results and conduct joint research (commitment from hospital heads required)
- ❖ Participating businesses must present respective business models based on CDM

## Development Goals

Evaluation Criteria		Goal
1	Development of CDM extensions (genomics, lifelog, etc.)	$\geq 2$
2	Participating hospitals	$\geq 6$
3	Patients converted to CDM	$\geq 1M$
4	Joint researches	$\geq 5$
5	Business models based on CDM data	$\geq 3$
6	Development of data quality assurance tools for CDM	$\geq 3$

# Proposal Outline



**Hospitals**  
(39, 34K beds)



**Patient Data (54M)**



**Extension Model (7)**

Result  
Query



**Research Institutes (10)**



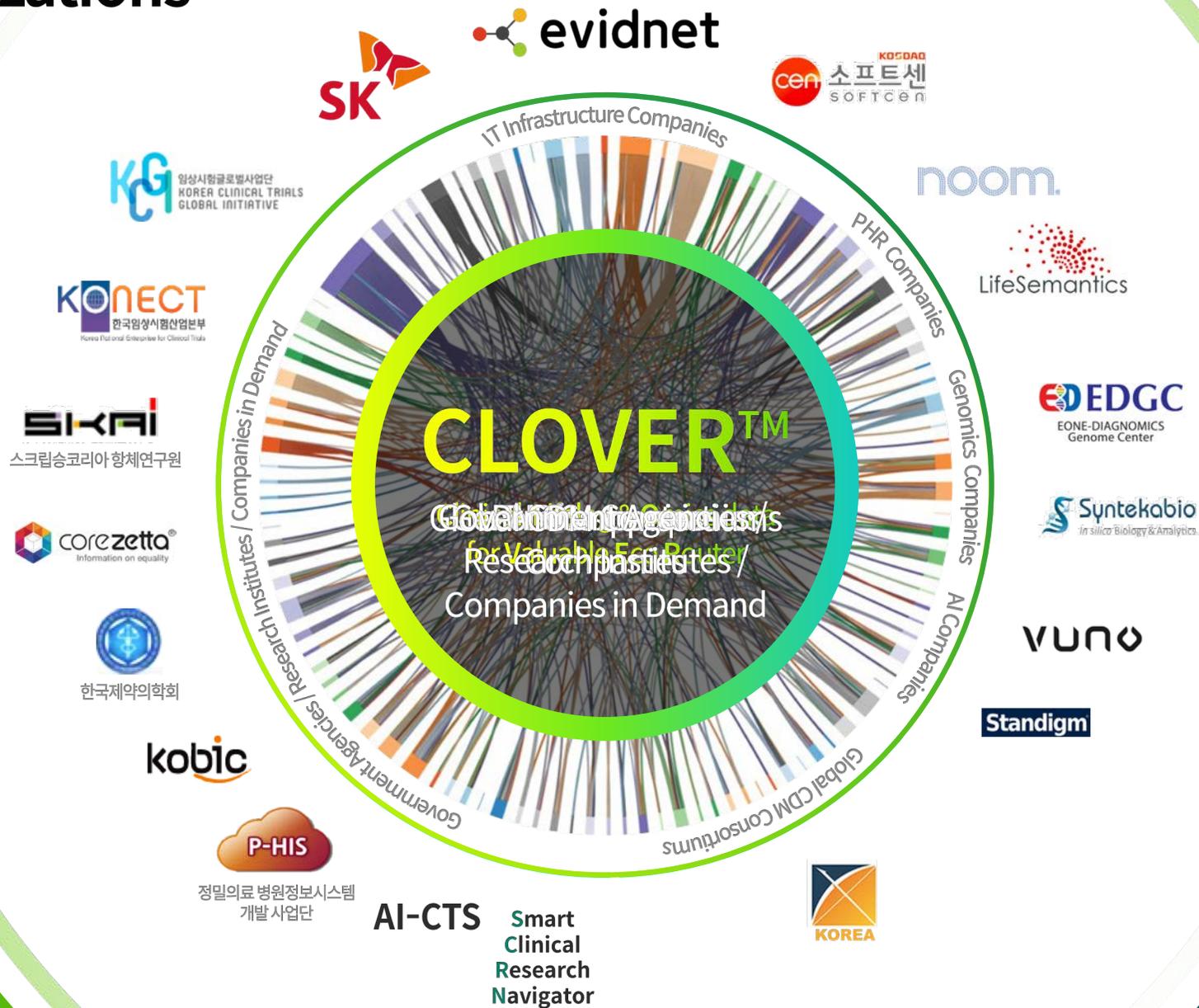
**Companies (7)**



**BM (7)**



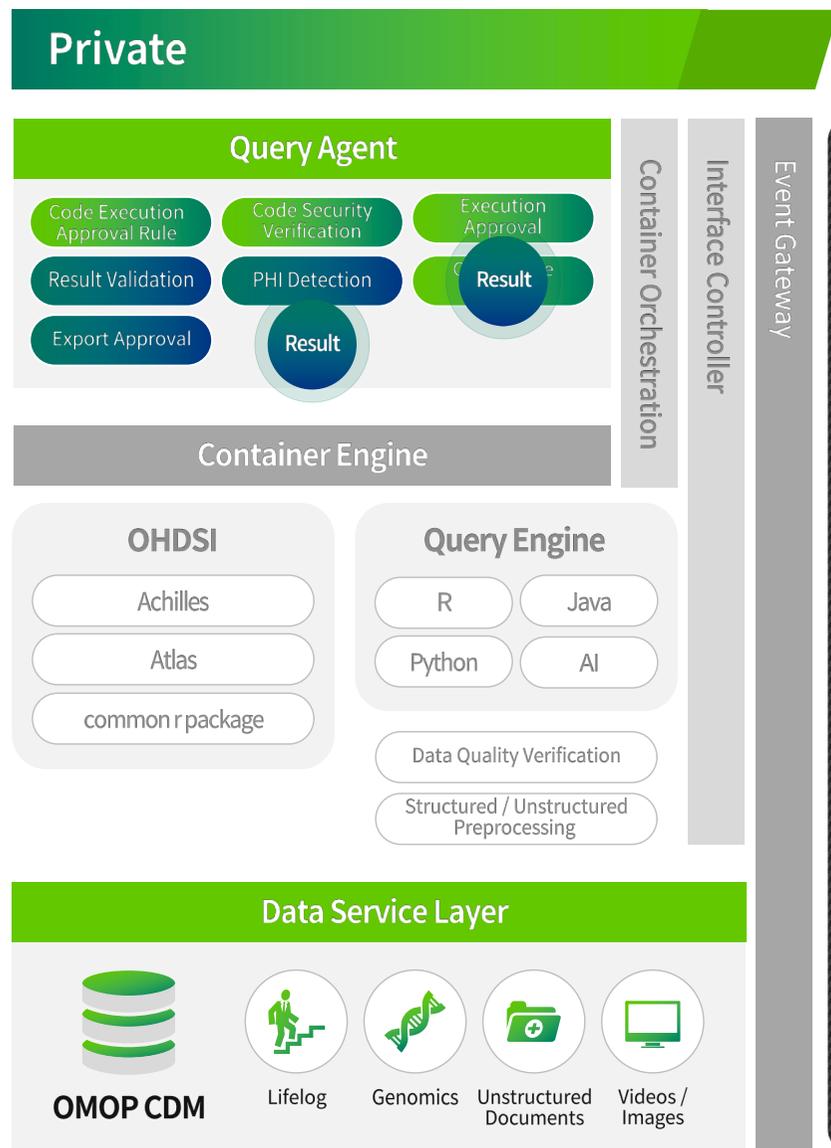
# Collaborating or Participating Organizations



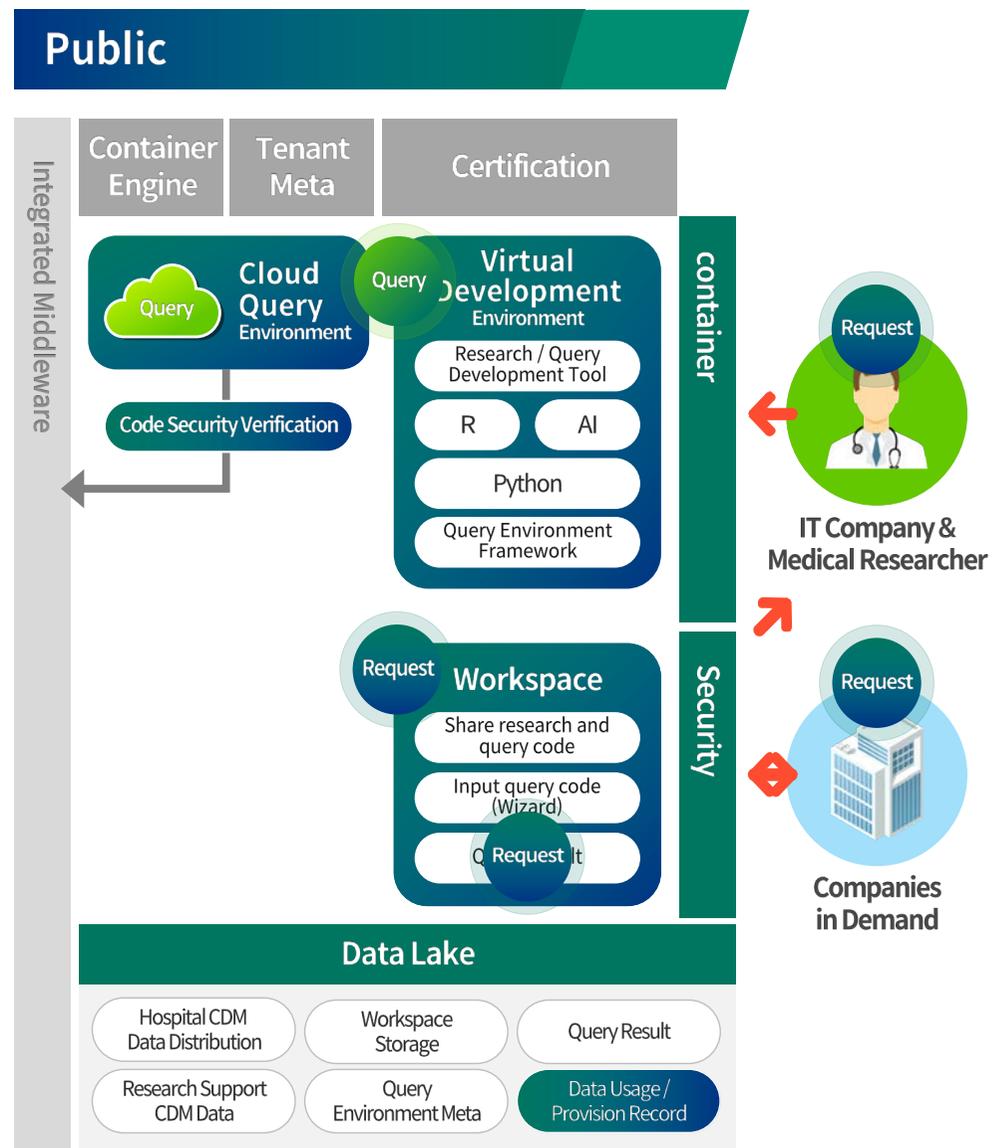
# CLOVER™ Platform

Clinical, Lifelog & Omics Data for Valuable Eco Router

## CLOVER™ Node (Participating Hospital)

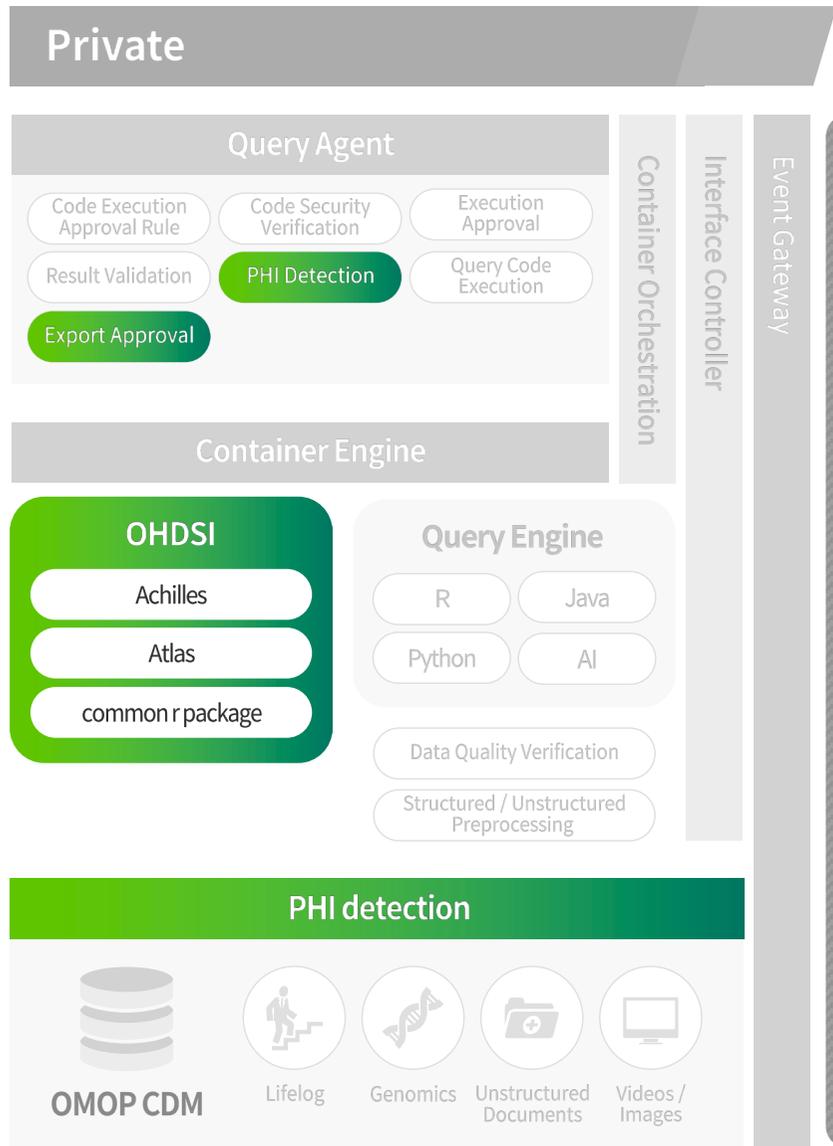


## CLOVER™ Portal

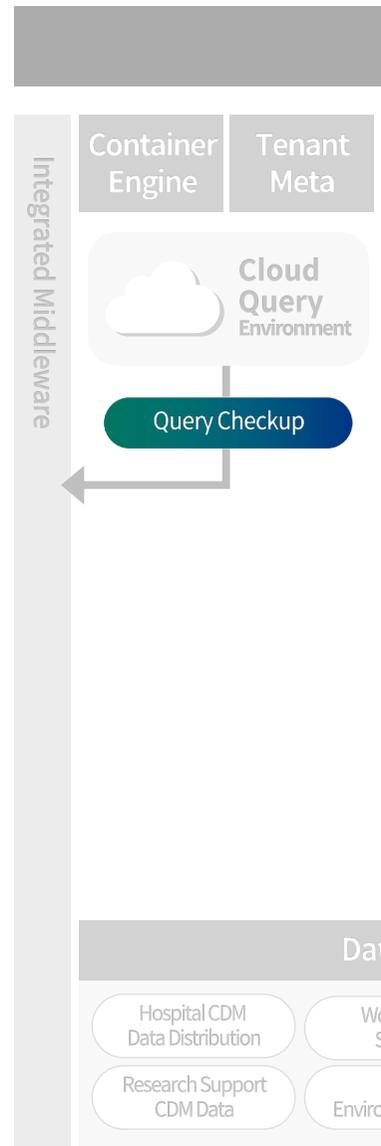


# PHI Protection

## CLOVER™ Node (Participating Hospital)



## CLOVER™ Portal



01

### Verification of Sensitive Data

Detection and de-identification of PHI in compliance to HIPAA

02

### Verification of Code Security

Detection of malware prior to query code import

03

### Detection of PHI

Detection of PHI based on k-anonymity, l-diversity and t-closeness prior to query result export

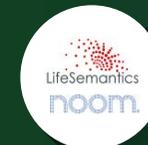
# Personalized Services



Genomics CDM Extension Based  
**BM Discovery**



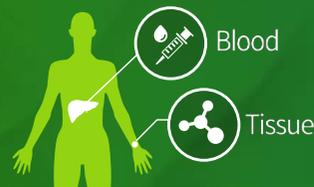
Genomic Biomarker and Resistance Mutation Based  
**Personalized Oncology**



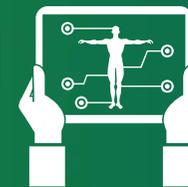
Chronic Disease High-Risk Group  
**Care Service**

## Services based on genomic + clinical data

- Patent application of platform technology and service : >2
- Commercialization : >2



**NGS Test and Data Analysis**



**PHR Platform**

**OPEN API**



**Chronic Disease Care Service**



**Perinatal Mother Care Service**



Discovery of **Cancer-specific Mutations**



**CDS Gallery**

- Gene mutation-protein structure-drug correlation visualization
- Treatment recommendation based on mutations

**Bio CDM Platform**

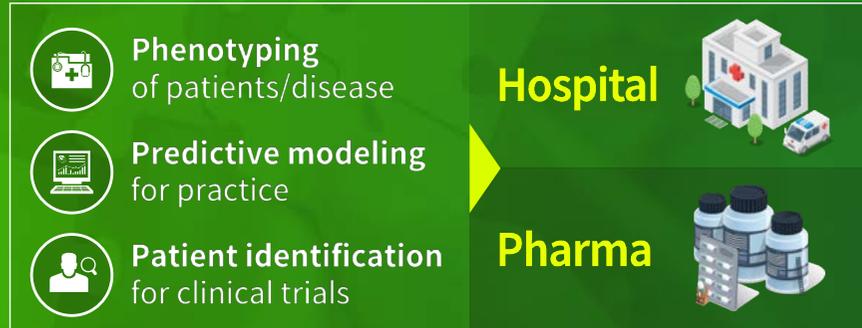


**Dietary and prescription service**  
for chronic disease patients after discharge

# Pharma R&D Services



## Clinical Trial Eligible Patient Identification



## Fixed Dose Combination (FDC) Recommendation & Drug Repositioning



## CDM. Pharma System

Big data analysis, machine learning



- Results**
- Incrementally modified drugs (IMDs) with improved safety profile
  - New FDCs
  - Discovery of niche markets
  - Protocol optimization and feasibility assessment

# Summary

01 About South Korea

02 Korea  
OHDSI Network

03 Why is DRN and CDM  
popular in Korea?

04 Lesson learned from  
potential Data Owner

- Quick-prototyping
- Live demonstration
- Success story
- Focusing on clinicians

05 Future plans  
in Korean OHDSI

# Q&A

## **Contacts** **Rae Woong Park**

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