

Observational Medical Outcomes Partnership
Q/A for RFA Distributed Partner

#	Question	OMOP Response
1	Should chart reviews and the ability to conduct chart reviews be addressed in the proposal?	OMOP would value understanding your potential to perform source verification and collection of additional data in your RFA response (Do you have a process for accessing source medical records when needed? Have you accessed source records for verification and collection of additional data?). No source record verification or additional data collection will be required or expected as part of the work performed under this RFA.
2	Can you verify in terms of source verification of documents?	See response to question 1.
3	Is the Data Characteristic Report a program that will be used prior to mapping to Common Data Model to assess characteristics of the Distributed Partners' database (or after)?	The Data Characteristic Report is a program that OMOP will provide that will run against the Common Data Model (CDM), so will be run after the CDM is instantiated.
4	Methods: Is it anticipated that there will be 10-20 methods that will be run against the 10 Drug/HOI pairs? Does each of these have different time measurements as well? Can a site determine # they can run in their environment (and do we need to decide now- for proposal or after we can review them- to determine scope?)	Yes, it is anticipated that there will be approximately 10 - 20 methods that will be run against the 10 drug-HOI pairs. A decision about the number of methods cannot be made now. The feasibility assessment will allow the partner and OMOP to determine the number of analysis methods that can be successfully completed in the time allotted. All distributed partners will complete the same 10 drug-HOI pairs.
5	Do we test methods first (run programs/test) ? and then apply to studies 1.1 A-C?	Yes, the feasibility assessment of methods will come before applying the methods in the performance studies.
6	Resources: Can we break out FTE role of database analyst and FTE for programmer to more than 2 people?	Applicants can specify the resource requirements however they feel they can best accomplish the required tasks. The estimates provided in the RFA are merely guidance to consider for the anticipated scope of work.
7	What is the timeline for the award?	We expect that awards will be announced in July 2009. Refer to Page 7 of the RFA for the schedule of procurement activities.
8	How many awards will there be?	Refer to Page 2 of the RFA for Distributed Research Partners
9	Can OMOP share a contract template, looking at considerations regarding intellectual property, discovery of methods, and other items such as sharing of work products?	Please refer to the Charter for the Observational Medical Outcomes Partnership found at http://omop.fnih.org/sites/default/files/OMOP%20Charter%20February%202009.pdf . The RFA timeline has allowed time in July 2009 for grant language review between FNIH and the awarded organization.
10	Can you share any additional information about what is meant by "computational feasibility?"	Computational feasibility is the ability of the IT environment to execute the analysis methods.
11	Is this a grant or contract?	This is a grant awarded by the Foundation for the National Institutes of Health (FNIH).
12	Is there a min / max page requirement in the RFA?	There is not a min / max requirement in the RFA.

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13	Does the Natural History Report get populated after the Methods Feasibility (as part of this)-OR-Is this report part of the 3 studies (1a-c), and so the Natural History Report is part of these 3 study implementations (along with corresponding methods?)	The natural history report, like the data characteristics report, will be a standardized procedure that executes against the common data model. It is expected these programs will be run once the common data model has been instantiated, likely before or during the feasibility assessment. The natural history report procedure will be executed one time for each of the 11 drug-health outcome of interest (HOI) pairs. The programs are distinct from the analysis programs that implement alternative identification methods, which will be tested in studies 1a-c following the feasibility assessment.
14	May 06 - Will the OMOP provide us with the actual SAS codes that underlie the 20 or so methods that we may implement?	OMOP will provide the code that implements the methods against the OMOP common data model.
15	May 06 - If the answer to question 14 is yes, then will all the codes be available in SAS version ? The RFP indicates some coding in R as well.	Code maybe written in SAS, SQL, or R.
16	May 06 - Running some of these codes in SAS may require additional software SAS packages. Will the OMOP provide direction on these?	OMOP will provide written descriptions in addition to the code to support the Distributed Partner's implementation. This would include details of any required SAS packages as necessary.
17	Does the common data model need to be applied to the whole database, or can we create data cuts specific to the drugs and outcomes of interest?	The common data model must be applied to the whole database. Because some methods may use elements from the overall population in assessing the relationships between specific drugs and conditions, it would not be possible to create datacuts specific to the particular drugs and outcomes.