The GPC brings together the biomedical informatics infrastructure and resources from twelve leading medical centers and teaching hospitals. Additionally, as a Clinical Data Research Network (CDRN) within PCORnet, the GPC can work collaboratively on data requests and research initiatives with similar networks nationally. This work is facilitated through the PCORnet Coordinating Center which operates PCORnet’s “Front Door”.

As you plan your next research study, explore the GPC’s multiple opportunities for potential collaboration. The following figures and supporting descriptions provide an overview of our resources and services.

**Tools Available for Investigator Orientation**

- **REDCap** - Investigators can provide SAS code to execute against site(s) or distributed coordination center (DCC) data.
- **Electronic Data Checks (EDC)** – GPC sites execute standardized data characterization reports developed nationally by the PCORnet coordinating center. These reports provide insights on the amount of data and its quality from each GPC site (Figure 1 – a2). Available by site (Spring 2017)
- **Demographics** – Total enrollment plus other key demographic data by site (Figure 1 – a2). Available upon request.

**Feasibility Counts**

- **Common Data Model (CDM)** - PCORnet created the Common Data Model for use among its participating networks to standardize electronic health record and billing data in support of observational studies and clinical trials. Data from the CDM can be made available at either the GPC site level (Figure 1 – f1) or from multiple Clinical Data Research Networks (https://www.crdn.org/participating-networks/), obtainable through inquiries to the PCORnet Front Door (Figure 1 – f2):
  - **EMR** (EHR and Billing only)
  - **CDR (Data from the CDM)**
  - **CDS2 (Common Data Sets)**
  - **CDS2 (Common Data Sets)**
  - **LDS (Limited Data Set)**

- **SNOMED** (Shared between Clinical Data Research Network) provides a comprehensive common language for coding clinical observations across all sites which is used to cull data from clinical data sets.
- **SHRINE** (Shared Health Research Information Network) is an application that allows GPC investigators to automatically query across 122 instances to obtain feasibility queries without intervention by the honest brokers at each site. For GPC, our leads in Wisconsin manage this network as the Shrine Network of Wisconsin (SNOW) - Self-service feasibility counts across all GPC sites (Figure 1 – f1: Available by site Spring 2017)
- **GROUSE** (Greater Plains Collaborative Reusable Observables Unified Study Environment) is a project to merge the Medicare/Medicaid data for the GPC’s eight states with the data from each of our sites EMR and billing data provided via i2b2 or their CDM tables. It can be used currently to analyze our three initial cohorts: ALS, Breast Cancer or the impact of Height/Weight on health. It may also be repurposed for other conditions with CMS approval (Figure 2 – f5). This environment currently has 3 years of claims (with plans to purchase more years) for the entire states with 3.8 billion facts about 10 million beneficiaries including hospitalization, outpatient professional procedures and diagnoses, home health, hospice services, and Medicare Part D drug benefits and claims organized by National Drug Codes.

**Data Request Oversight Committee (DROC) Process**

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