WHY JOIN N3C

There is no shortage of clinical data within institutions; however, in the United States these data are not structured the same way nor are they accessible for shared analytics by our nation’s scientists. It is imperative that we overcome these technical and regulatory barriers to address the COVID-19 pandemic.

The N3C aims to unite COVID-19 data, enabling innovative machine learning and statistical analyses that require a large amount of data—more than is available in any given institution. The goal is to enable rapid collaboration among clinicians, researchers, and data scientists to identify treatments, specialize care, and to reduce the overall severity of COVID-19. Visit covid.cd2h.org/join to learn more.

1. DATA PARTNERSHIP & GOVERNANCE
   - Designate a central IRB & Execute a Data Transfer Agreement with NCATS
   - Support a User Data Use Agreement
   - Establish a Data Access Committee

2. PHENOTYPE & DATA ACQUISITION
   - Help partners identify, extract, and contribute COVID-19 data

3. DATA INGESTION & HARMONIZATION
   - Harmonize EHR data via OMOP, ACT/i2b2, PCORnet, or TriNetX into a single model
   - Create the 1st nationwide patient-level dataset in a certified secure environment

4. COLLABORATIVE ANALYTICS

5. REVEAL ASSOCIATIONS & INSIGHTS

6. RAPID RESULTS & CREDIT

CLINICAL SCENARIOS & DATA ANALYTICS
- Define driving clinical questions
- Create exemplar workflows
- Identify methodologies for answering questions

TOOLS & RESOURCES
- Deploy user interfaces for data inquiry
- Register tools & algorithms for use in the portal

PORTALS, DASHBOARDS, & ATTRIBUTION
- Matchmake clinical problems with data science solutions
- Share resources, track analyses, and credit collaborators

SYNTHETIC DATA DERIVATIVE
- Derive fully de-identified synthetic data
- Make accessible to registered members of the public

JOIN US: covid.cd2h.org/join | data2health@gmail.com | @data2health #N3C