

# Save Our Sisyphus Challenge Week 9: Interpreting the Results

OHDSI Community Call May 23, 2023 • 11 am ET

in ohdsi



# May 23: Interpreting The Results (SOS Week 9)



# Nicole Pratt

Professor of Biostatistics and Pharmacoepidemiology, University of South Australia



Seng Chan You

Assistant Professor, Yonsei University Health System

# SOS Challenge Weekly Tutorial Schedule

Date	Topic
Mar 28	Initiating A Network Study
Apr 4	Data Diagnostics
Apr 11	Phenotype Development
Apr 18	Phenotype Evaluation
Apr 25	Analysis Design
May 2	Network Execution
May 9	Study Diagnostics
May 16	Evidence Synthesis
<u>May 23</u>	Interpreting Results





# **SOS Challenge Homepage**





### Save Our Sisyphus Challenge

11 am / 7 pm ET

11 am / 7 cm ET

empowering a community to collaboratively generate the evidence that promotes better health decisions and better care. The 2023 Save Our. Sisyphus (SOS) Challenge will try to fulfill that mission, but not through one study at a time.

We will be collaborating simultaneously on four studies, each of which will be designed. implemented, executed and disseminated by members of the OHDSI global community.

As you can see on the right, there will be two

weekly tutorials, taught by different members of the community, and featuring two of the four studies

that were voted on by the community. Please join either or both each week to learn every step of executing a network study. The earlier session will take place during the weekly global community call, while the later will take place at 7 pm ET. Weekly call invites will go out for both, or you can access either meeting using the links below

### **Weekly Tutorial Links**

Please remember that each week, there are two seminars focused on the same aspect of running a network study, but featuring different SOS Challenge studies. We want to make sure that regardless of your location, there is a tutorial that is convenient for all hours. All tutorials will also be recorded and posted below.



SOS Challenge Weekly Tutorial Schedule

### Office Hours

There will be weekly office hours, corresponding with the topic of the weekly tutorials. Office hours are determined by the availability of each week's tutorial lead. When the next set of office hours are determined, the time and meeting link will be posted to the right.



### **SOS Challenge Studies**

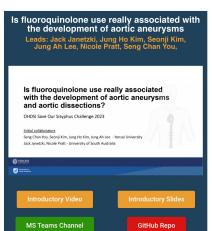
The SOS Challenge was introduced in January 2023, and community members submitted 35 different studies that could be run during the challenge. Four were selected from that group, two of which will be done live during the weekly tutorials, and two that will be done asynchronously. You can learn more about each of the four studies below, and each of the pertinent links (GitHub repo, protocol, Teams channel, etc.) will be linked in the proper section.

### Intravitreal Anti-VEGF and Kidney Failure Lead: Cindy Cai



MS Teams Channel

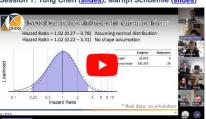
GitHub Repo



### **Tutorial Recordings**

### Week 8: Evidence Synthesis

Session 1: Yong Chen (slides), Martijn Schuemie (slides) Session 2: Marc Suchard





### Week 7: Study Diagnostics

Session 1: Fan Bu, George Hripcsak (slides)



### Session 2: Mitchell Conover, Nicole Pratt (slides)



### Week 6: Network Execution

Session 1: Jenna Reps. Jack Brewster (slides)



Session 2: Anthony Sena, Chungsoo Kim



ohdsi.org/sos-challenge







# **Upcoming Community Calls**

Date	Topic
May 30	Collaborator Showcase Sneak Preview & Rapid Brainstorm
June 6	OHDSI Standardized Vocabularies: Landscape, Roadmap & Community Contributions
June 13	ATLAS: User Input For Community Development
June 20	OMOP Supporting Clinical Registries
June 27	Recent Publication Presentations







# May 30: Collaborator Showcase Brainstorm







# Three Stages of The Journey

Where Have We Been?
Where Are We Now?
Where Are We Going?









# Congratulations to OHDSI veteran **Thamir Alshammari**

on earning the distinction of being one of the 15 new ISPE fellows for 2023.

### **New Fellows 2023**

ISPE is pleased to announce the induction of fifteen new ISPE Fellows this

ISPE Fellowship is awarded to only a select few each year: individuals who had or have leadership roles in ISPE; made notable contributions to the growth and advancement of the Society through service; shown evidence of substantial scholarship in pharmacoepidemiology or related fields; presented at ISPE events; or have other achievements or made other contributions that validate them as suitable for ISPE Fellowship.

However, achieving Fellowship is not the pinnacle of ISPE achievement. Each new Fellow has agreed to continue to strive to meet the Society's mission, vision, and values, and to continue to volunteer his/her time to ISPE and to mentor new members. We look to these individuals for the future contributions, as much as their past. ISPE holds its Fellows in high regard; all ISPE members are encouraged to follow their example.

Fellows may refer to themselves in public statements, documents, and resumes as "Fellow of the International Society of Pharmacoepidemiology", add the letters FISPE after other credentials, and receive appropriate recognition by ISPE.

Our new Fellows will be officially inducted at the Annual Members' Meeting & Awards Ceremony scheduled for Saturday, August 26th at th Halifax Convention Center, Halifax, Nova Scotia, Canada. Please join us welcoming the 2023 ISPE Fellows.



Thamir

Alshammari



Kwame Appenteng



Kimberly **Brodovicz** 



Rachel DiSantostefano



Daniel Horton



Jessica Jalbert

Patorno



Caitlin

Pearson



Edward





Elaine Morrato



Robert





Daniela



Tadrous





npj digital medicine

www.nature.com/npjdigitalmed

### ARTICLE OPEN



# Ontologizing health systems data at scale: making translational discovery a reality

Tiffany J. Callahan (12 No. Adrianne L. Stefanski<sup>1</sup>, Jordan M. Wyrwa (13 No. Callahan (14 No. Callahan (15 No. Callahan (15

Common data models solve many challenges of standardizing electronic health record (EHR) data but are unable to semantically integrate all of the resources needed for deep phenotyping. Open Biological and Biomedical Ontology (OBO) Foundry ontologies provide computable representations of biological knowledge and enable the integration of heterogeneous data. However, mapping EHR data to OBO ontologies requires significant manual curation and domain expertise. We introduce OMOP2OBO, an algorithm for mapping Observational Medical Outcomes Partnership (OMOP) vocabularies to OBO ontologies. Using OMOP2OBO, we produced mappings for 92,367 conditions, 8611 drug ingredients, and 10,673 measurement results, which covered 68–99% of concepts used in clinical practice when examined across 24 hospitals. When used to phenotype rare disease patients, the mappings helped systematically identify undiagnosed patients who might benefit from genetic testing. By aligning OMOP vocabularies to OBO ontologies our algorithm presents new opportunities to advance EHR-based deep phenotyping.

npj Digital Medicine (2023)6:89; https://doi.org/10.1038/s41746-023-00830-x

### INTRODUCTION

Electronic health record (EHR) adoption, which is nearly universal within the US healthcare system<sup>1,2</sup>, has increased adherence to evidence-based clinical guidelines<sup>3</sup> and facilitated greater patient communication<sup>4</sup> resulting in significant improvements in care<sup>5</sup>. EHRs contain a myriad of systematically collected, longitudinal, patient-level information and are a valuable resource for population-level research<sup>6</sup>. The cornerstone of medicine, diagnosis or clinical phenotyping, aims to identify empirically observable traits exhibited by patients (i.e., signs and symptoms) known to be characteristic of a specific disease. Computational phenotyping is the process of converting clinical phenotypes into computerexecutable algorithms in order to identify relevant patients from large sources of clinical data, usually EHRs<sup>8</sup>. One promise of EHRbased computational phenotyping is the ability to perform population-level investigations of mechanistic drivers of disease in diverse patient populations<sup>9,10</sup>. Despite significant progress, this objective remains largely aspirational<sup>6,11–14</sup>

Traditionally, computational phenotypes have been imprecise due to their exclusive reliance on EHR data, which has been shown to be insufficient at capturing the phenotypic heterogeneity

present in most complex diseases <sup>15–18</sup>. Deep phenotyping, or "the precise and comprehensive analysis of phenotypic abnormalities in which the individual components of the phenotype are observed and described", is a fundamental component of precision medicine that requires timely synthesis of multiple types of patient data <sup>19,20</sup>. Deep phenotyping has been successfully applied to rare disease and genetic disorders<sup>21–33</sup>, cancer<sup>34–40</sup>, and pregnancy<sup>41–43</sup> using a variety of clinical and -omic data. Despite large-scale biobanking efforts and resources like the UK Biobank (https://www.ukbiobank.ac.uk) and the *All of Us* (AoU) Research Program (https://www.researchallofus.org), most EHRs do not systematically integrate nor have the infrastructure to integrate patient-level genomic data or other forms of external knowledge (e.g., scientific literature) with clinical data <sup>44–46</sup>.

Within an EHR, most data used for research (i.e., structured data) are stored using clinical terminologies or vocabularies. A clinical vocabulary is a standard representation of preferred terms which may or may not be hierarchical or have formally defined relationships and is designed to facilitate meaningful and unambiguous information exchange within the medical domain (47-49). Hundreds of clinical vocabularies have been

Congratulations to the team of Tiffany Callahan, Adrianne Stefanski, Jordan Wyrwa, Chenjie Zeng, Anna Ostropolets, Juan Banda, William Baumgartner Jr., Richard Boyce, Elena Casiraghi, Ben Coleman, Janine Collins, Sara Deakyne Davies, James Feinstein, Asiyah Lin, Blake Martin, Nicolas Matentzoglu, Daniella Meeker, Justin Reese, Jessica Sinclair, Sanya Taneja, Katy Trinkley, Nicole Vasilevsky, Andrew Williams, Xingmin Zhang, Joshua Denny, Patrick Ryan, George Hripcsak, Tellen Bennett, Melissa Haendel, Peter Robinson, Lawrence Hunter & Michael Kahn on the publication of **Ontologizing health systems** data at scale: making translational discovery a **reality** in NPJ Digital Medicine.





Congratulations to the team of Romina Blasini, Achim Michel-Backofen, Henning Schneider, and Kurt Marquardt on the publication of RD-MON - Building a Rare **Disease Monitor to Enhance Awareness for Patients with Rare Diseases in Intensive Care** in Vol. 301 of Studies in Health Technology and Informatics.

### RD-MON – Building a Rare Disease Monitor to Enhance Awareness for Patients with Rare Diseases in Intensive Care

Authors Romina Blasini, Achim Michel-Backofen, Henning Schneider, Kurt

Marquardt

Pages 358 - 359

DOI 10.3233/SHTI230139

Category Research Article

Series Studies in Health Technology and Informatics

Ebook Volume 302: Caring is Sharing – Exploiting the Value in Data for

Health and Innovation

### Abstract

Rare diseases are commonly defined by an incidence of less than 5/10000 inhabitants. There are some 8000 different rare diseases known. So even if a single rare disease is seldom, together they pose a relevant problem for diagnosis and treatment. This is especially true if a patient is treated for another common disease. University hospital of Gießen is part of the CORD-MI Project on rare diseases within the German Medical Informatics Initiative (MII) and a member of the MIRACUM consortium within the MII. As part of the ongoing Development for a clinical research study monitor within the use case 1 of MIRACUM, the study monitor has been configured to detect patients with rare diseases during their routine clinical encounters. The goal was to send a documentation request to the corresponding patient chart within the patient data management system for extended disease documentation to enhance clinical awareness for the patients' potential problems.

The project was started in late 2022 and has so far been successfully tuned to detect patients with Mucoviscidosis and place notifications within the patient chart of the patient data management system (PDMS) on intensive care units.

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Congratulations to the team of Seol Whan Oh, Soo Jeong Ko, Yun Seon Im, Surin Jung, Bo Yeon Choi, Jae Yoon Kim, Wona Choi, and In Young Choi on the publication of Data **Quality Assessment for Observational Medical Outcomes Partnership Common Data Model of** Multi-Center in Vol. 301 of Studies in Health Technology and Informatics.

### Data Quality Assessment for Observational Medical Outcomes Partnership Common Data Model of Multi-Center

Authors Seol Whan Oh, Soo Jeong Ko, Yun Seon Im, Surin Jung, Bo

Yeon Choi, Jae Yoon Kim, Wona Choi, In Young Choi

Pages 322 - 326

DOI 10.3233/SHTI230127

Category Research Article

Series Studies in Health Technology and Informatics

Ebook Volume 302: Caring is Sharing – Exploiting the Value in Data for

Health and Innovation

### Abstract

The amount of research on the gathering and handling of healthcare data keeps growing. To support multi-center research, numerous institutions have sought to create a common data model (CDM). However, data quality issues continue to be a major obstacle in the development of CDM. To address these limitations, a data quality assessment system was created based on the representative data model OMOP CDM v5.3.1. Additionally, 2,433 advanced evaluation rules were created and incorporated into the system by mapping the rules of existing OMOP CDM quality assessment systems. The data quality of six hospitals was verified using the developed system and an overall error rate of 0.197% was confirmed. Finally, we proposed a plan for high-quality data generation and the evaluation of multi-center CDM quality.







Congratulations to the team of Elisa Henke, Michéle Zoch, Ines Reinecke, Melissa Spoden, Thomas Ruhnke, Christian Günster, Martin Sedlmayr, and Franziska Bathelt on the publication of German Claims Data for Real-World Research: Content **Coverage Evaluation in OMOP CDM** in Vol. 301 of Studies in Health Technology and Informatics.

### German Claims Data for Real-World Research: Content Coverage Evaluation in OMOP CDM

Authors Elisa Henke, Michéle Zoch, Ines Reinecke, Melissa Spoden,

Thomas Ruhnke, Christian Günster, Martin Sedlmayr, Franziska

Bathelt

Pages 3-7

DOI 10.3233/SHTI230053

Category Research Article

Series Studies in Health Technology and Informatics

Ebook Volume 302: Caring is Sharing – Exploiting the Value in Data for

Health and Innovation

### Abstract

Research on real-world data is becoming increasingly important. The current restriction to clinical data in Germany limits the view of the patient. To gain comprehensive insights, claims data can be added to the existing knowledge. However, standardized transfer of German claims data into OMOP CDM is currently not possible. In this paper, we conducted an evaluation regarding the coverage of source vocabularies and data elements of German claims data in OMOP CDM. We point out the need to extend vocabularies and mappings to support research on German claims data.







Congratulations to the team of Florian Katsch, Rada Hussein, Raffael Korntheuer, and Georg **Duftschmid** on the publication of Converting HL7 CDA Based **Nationwide Austrian Medication Data to OMOP** CDM in Vol. 301 of Studies in Health Technology and Informatics.

# Converting HL7 CDA Based Nationwide Austrian Medication Data to OMOP CDM

Authors Florian Katsch, Rada Hussein, Raffael Korntheuer, Georg

Duftschmid

Pages 899 - 900

DOI 10.3233/SHTI230300

Category Research Article

Series Studies in Health Technology and Informatics

Ebook Volume 302: Caring is Sharing – Exploiting the Value in Data for

Health and Innovation

### Abstract

Austria's national Electronic Health Record (EHR) system holds information on medication prescriptions and dispenses in highly structured HL7 Clinical Document Architecture (CDA) documents. Making these data accessible for research is desirable due to their volume and completeness. This work describes our approach of transforming the HL7 CDA data into Observational Medical Outcomes Partnership (OMOP) Common Data Model (CDM) and highlights a key challenge, namely mapping the Austrian drug terminology to OMOP standard concepts.







Congratulations to the team of Markus Haug, Raivo Kolde, Marek Oja, and Maarja Pajusalu on the publication of **Modeling Patient Treatment Trajectories Using Markov** Chains for Cost Analysis in Vol. 301 of Studies in Health Technology and Informatics.

### Modeling Patient Treatment Trajectories Using Markov Chains for Cost Analysis

Authors Markus Haug, Raivo Kolde, Marek Oja, Maarja Pajusalu

Pages 755 - 756

DOI 10.3233/SHTI230258

Category Research Article

Series Studies in Health Technology and Informatics

Ebook Volume 302: Caring is Sharing – Exploiting the Value in Data for

Health and Innovation

### Abstract

Electronically stored medical records offer a rich source of data for investigating treatment trajectories and identifying best practices in healthcare. These trajectories, which consist of medical interventions, give us a foundation to evaluate the economics of treatment patterns and model the treatment paths. The aim of this work is to introduce a technical solution for the aforementioned tasks. The developed tools use the open source Observational Health Data Sciences and Informatics Observational Medical Outcomes Partnership Common Data Model to construct treatment trajectories and implement these to compose Markov models for composing financial analysis between standard of care and alternatives.

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Congratulations to the team of Yuan Peng, Elisa Henke, Martin Sedlmayr, and Franziska Bathelt on the publication of **Towards ETL Processes to OMOP CDM Using Metadata and** Modularization in Vol. 301 of Studies in Health Technology and Informatics.

# Towards ETL Processes to OMOP CDM Using Metadata and Modularization

Authors Yuan Peng, Elisa Henke, Martin Sedlmayr, Franziska Bathelt

Pages 751 - 752

DOI 10.3233/SHTI230256

Category Research Article

Series Studies in Health Technology and Informatics

Ebook Volume 302: Caring is Sharing – Exploiting the Value in Data for

Health and Innovation

### Abstract

OMOP common data model (CDM) is designed for analyzing large clinical data and building cohorts for medical research, which requires Extract-Transform-Load processes (ETL) of local heterogeneous medical data. We present a concept for developing and evaluating a modularized metadata-driven ETL process, which can transform data into OMOP CDM regardless of 1) the source data format, 2) its versions and 3) context of use.

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Congratulations to the team of Ines Reinecke, Elisa Henke, Yuan Peng, Martin Sedlmayr, and Franziska Bathelt on the publication of Fitness for Use of **Anatomical Therapeutic** Classification for Real World Data Research in Vol. 301 of Studies in Health Technology and Informatics.

# Fitness for Use of Anatomical Therapeutic Classification for Real World Data Research

Authors Ines Reinecke, Elisa Henke, Yuan Peng, Martin Sedlmayr,

Franziska Bathelt

Pages 711 - 715

DOI 10.3233/SHTI230245

Category Research Article

Series Studies in Health Technology and Informatics

Ebook Volume 302: Caring is Sharing – Exploiting the Value in Data for

Health and Innovation

### Abstract

### Introduction:

Real-world data (RWD) is gaining importance in research. For instance, the European Medicines Agency (EMA) is currently in the process of establishing a cross-national research network that utilizes RWD for research. However, data harmonization across countries must be carefully considered to avoid misclassification and bias.

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# Any shoutouts from the community? Please share and help promote and celebrate **OHDSI** work!

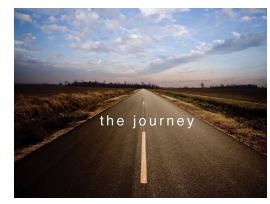
Do you have anything you want to share? Please send to <a href="mailto:sachson@ohdsi.org">sachson@ohdsi.org</a> so we can highlight during this call and on our social channels. Let's work together to promote the collaborative work happening in OHDSI!





# Three Stages of The Journey

# Where Have We Been? Where Are We Now? Where Are We Going?







# **Upcoming Workgroup Calls**



Date	Time (ET)	Meeting
Tuesday	7 pm	SOS Challenge Tutorial: Interpreting the Results
Wednesday	9 am	OMOP CDM Oncology Outreach/Research Subgroup
Wednesday	12 pm	Health Equity Journal Club
Wednesday	12 pm	Latin America
Thursday	9:30 am	Data Network Quality
Thursday	12 pm	Medical Devices
Thursday	7 pm	Dentistry
Friday	9 am	GIS – Geographic Information Systems Development
Friday	9 am	Phenotype Development & Evaluation
Friday	1 pm	Clinical Trials
Monday	9 am	Vaccine Vocabulary
Monday	10 am	Africa Chapter





# **PIONEER Study-A-Thon: June 13-16**

The PIONEER team is leading a studyathon June 13-16 in Stockholm, Sweden, with a focus on Observational health data analysis on the adverse events of systemic treatment in patients with metastatic hormone-sensitive prostate cancer and is looking for participation from the OHDSI community.

PIONEER studyathon 2023
June 13-16th 2023, Stockholm Topic: What is the best treatment for men with advanced Pca?
· Contact: cari@collaborate.eu
* Required
I. Name
Enter your answer
2. Organisation
Enter your answer
3. Email *
We will use your email address to contact you about the studyathon and send invites for studyathon meetings and sessions.
Enter your answer
4. I will attend the studyathon *
○ In person
Online only
Don't know yet
If you attend in person which days will you join     Tuesday, June 13th 2023
Wednesday, June 19th 2023
Thursday, June 15th 2023
Friday, June 16th 2023
5- How do you think you can contribute during the study-a-thon?
Literature review and evidence synthesis
Protocol writing
Phenotype definition and evaluation
ATLAS implementation of cohorts and analysis designs
Statistical programming for characterization (SAS, SQL, R)
Statistical programming for patient-level prediction (SAS, R)
Statistical programming for population-level estimation (SAS, R)
R Shiny application development for evidence dissemination
Execute study packages on data mapped to OMOP that I have access to
Technical support for data partners executing study packages





# 5 Fully Funded PhDs in Cancer Digital Health RWE

EHealth Hub For Cancer is funding 5 PhD students to work on cutting-edge cancer health data science research.

The program is being coordinated by

Aedin Culhane in the School of Medicine,
University of Limerick, Ireland, and the
team is looking for students with a
background in statistics, epidemiologists,
bioinformatics, computational biology,
software engineering or a related
quantitative discipline.







5 Fully Funded PhDs in Cancer Digital Health Real World Evidence

Project topic: Digital Health in Cancer.

Project lead: Prof Aedin Culhane

Project location: School of Medicine, University of Limerick, Queen's University Belfast

Application deadline: June 15th, 2023

Start date: Successful applicants should be registered by September 2023.

**Application Deadline: June 15, 2023** 





# **OHDSI HADES releases: Capr 2.0.3**

# Capr

Capr is part of HADES

### Introduction

The goal of Capr, pronounced 'kay-pr' like the edible flower, is to provide a language for expressing OHDSI Cohort definitions in R code. OHDSI defines a cohort as "a set of persons who satisfy one or more inclusion criteria for a duration of time" and provides a standardized approach for defining them (Circe-be). Capr exposes the standardized approach to cohort building through a programmatic interface in R which is particularly helpful when creating a large number of similar cohorts. Capr version 2 introduces a new user interface designed for readability with the goal that Capr code being a human readable description of a cohort while also being executable on an OMOP Common Data Model.

Learn more about the OHDSI approach to cohort building in the cohorts chapter of the Book of OHDSI.

### Installation

Capr can be installed via:

# install.packages("Capr")

Users can install the current development version of Capr from GitHub with:



Links

Browse source code

Report a bug

Ask a question

License

Full license

Apache License (>= 2)

Citation

Citing Capr

Developers

Martin Lavallee Author, maintainer

Adam Black Author

Dev status

codecov 74%

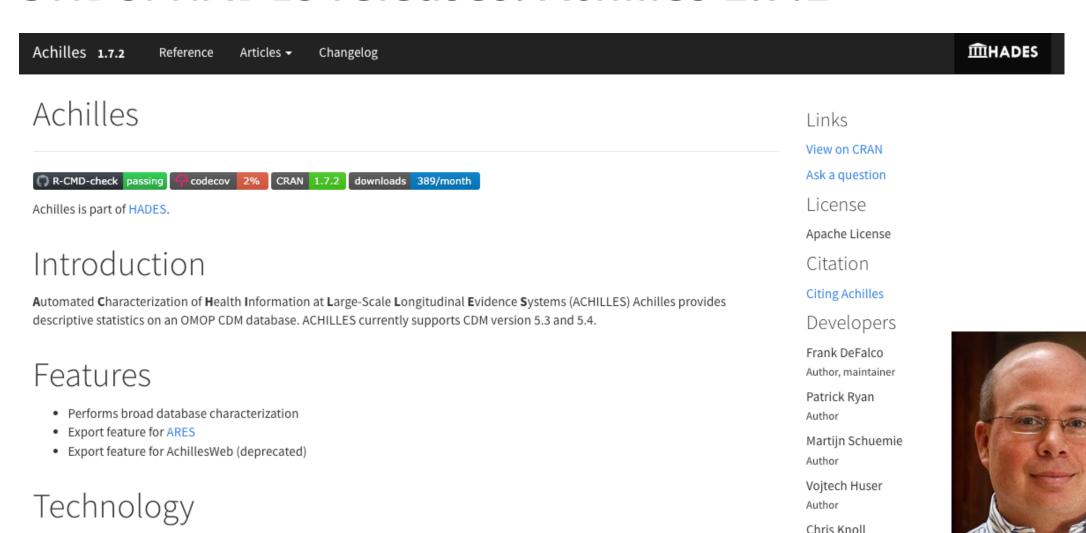
R-CMD-check passing







# **OHDSI HADES releases: Achilles 1.7.2**





Achilles is an R package.



Author



# OHDSI HADES releases: DataQualityDashboard 2.3.0

# DataQualityDashboard

DataQualityDashboard is part of HADES.

The goal of the Data Quality Dashboard (DQD) project is to design and develop an open-source tool to expose and evaluate observational data quality.

### Introduction

This package will run a series of data quality checks against an OMOP CDM instance (currently supports v5.4, v5.3 and v5.2). It systematically runs the checks, evaluates the checks against some pre-specified threshold, and then communicates what was done in a transparent and easily understandable way.

### Overview

The quality checks were organized according to the Kahn Framework<sup>1</sup> which uses a system of categories and contexts that represent strategies for assessing data quality. For an introduction to the kahn framework please click here.

Using this framework, the Data Quality Dashboard takes a systematic-based approach to running data quality checks. Instead of writing thousands of individual checks, we use "data quality check types". These "check types" are more general, parameterized data quality checks into which OMOP tables, fields, and concepts can be substituted to represent a singular data quality idea. For example, one check type might be written as

The number and percent of records with a value in the **cdmFieldName** field of the **cdmTableName** table less than **plausibleValueLow**.

This would be considered an atemporal plausibility verification check because we are looking for implausibly low values in some field

Links

Browse source code

Report a bug

Ask a question

**DQD Example Output** 

License

Apache License (>= 2)

Citation

Citing DataQualityDashboard

Developers

Katy Sadowski Author, maintainer

Clair Blacketer Author

Ajit Londhe Author

Anthony Sena Author

Anthony Molinaro Author

Frank DeFalco



in ohdsi



# **Publications Dashboard**





Publications Ehden Courses Network Studies Phenotype Library

generated using the OMOP Common Data Model, OHDSI tools, or the OHDSI network. These publications represent scientific accomplishments

**Publication** 

across areas of data standards, methodological research, open-source development, and clinical applications. We provide the resource to search and browse the catalogue of OHDSI-related publications by date, author, title, journal, and SNOMED terms. We monitor the impact of our community using summary statistics (number of publications and citations) and the growth and diversity of our community with the number of distinct authors. Searches for new papers are performed daily, and citation counts are updated

PubMed Publication Tracking highlights scholarship





Community Calls v Past Events v Workgroups v Our Journey: Where We Have Been & Where We Are G ing Community Dashboards

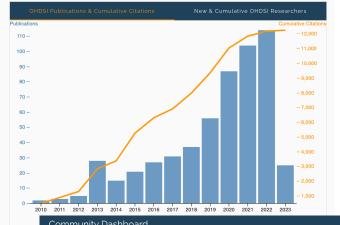
### Welcome to OHDSI!

The Observational Health Data Sciences and Informatics (or OHDSI, pronounced "Odyssey") program is a multi-stakeholder, interdisciplinary collaborative to bring out the value of health data through large-scale analytics. All our solutions are open-source.

OHDSI has established an international network of researchers and observational health databases with a central coordinating center housed at Columbia University.

### **Building A He** Toge Opportunities

The 2022 OHDSI Symposium focused on the theme of "Building A Healthier World Together" and it featured presentations and researchers from collaborators around the world. Please visit the symposium homepage to see the videos, slides and all other output from this three-day



OHDSI	Creation Date ↓	Authors	Publication	Journal	SNOMED Terms (n)	Citation Count
Publications		Matthew Spotnitz, Nripendra Acharya, James J Cimino, Shawn Murphy, Bahram Namjou, Nancy Crimmins, Theresa Walunas, Cong Liu, David Crosslin, Barbara Benoit, Elisabeth Rosenthal, Jennifer A Pacheco, Anna Ostropolets, Harry Reyes Nieva, Jason S Patterson, Lauren R Richter, Tiffen y J Callahan, Ahmed Elinussein, Chao Pang, Krzysztof Kiryluk, Jordan Nestor, Atlas Khan, Sumit Mohan, Evan Minty, Wendy Chung, Wei-Oi Wei, Karthik Natarajan, Chunhua Weng	A metadata framework for computational phenotypes.	JAMIA open		
Media	a 2023/05/14					
Ehden Courses						
Phenotype Library Opportunities	2023/05/12	Raffael Lukas Korntheuer, Florian Katsch, Georg Duftschmid	Transforming Documents of the Austrian Nationwide EHR System into the OMOP CDM.	Studies in health technology and informatics		
	2023/05/11	Byungjin Choi, Ah Ran Oh, Jungchan Park, Jong-Hwan Lee, Kwangmo Yang, Dong Yun Lee, Sang Youl Rhee, Sang-Soo Kang, Seung Do Lee, Sun Hack Lee, Chang Won Jeong, Bumhee Park, Soobeen Seol, Rae Woong Park, Seunghwa Lee	Perioperative adverse cardiac events and mortality after non-cardiac surgery: a multicenter study.	Korean journal of anesthesiology		
	2023/05/11	Emmanuelle Kempf, Morgan Vaterkowski, Damien Leprovost, Nicolas Griffon, David Ouagne, Stephane Breant, Patricia Serre, Alexandre Mouchet, Bastien Rance, Gilles Chatellier, Ali Bellamine, Marie Frank, Julien Querin, Xavier Tannier, Alain Livartowski, Martin Hilka, Christel Daniel	How to Improve Cancer Patients ENrollment in Clinical Trials From rEal- Life Databases Using the Observational Medical Outcomes Partnershio Oncology Extension: Results of the PENELOPE Initiative in Urologic Cancers.	JCO clinical cancer informatics		
	2023/05/02	Xinzhuo Jiang, Maura A Beaton, Jake Gillberg, Andrew Williams, Karthik Natarajan	Feasibility of Linking Area Deprivation Index Data to the OMOP Common Data Model.	AMIA Annual Symposium proceedings. AMIA Symposium		
	2023/05/02	Venkata Joopudi, Bharath Dandala, Ching-Huei Tsou, Jennifer J Liang	Hierarchy-aware Adverse Reaction Embeddings for Signal Detection.	AMIA Annual Symposium proceedings. AMIA Symposium		





EHDEN Academy Courses



# 2023 OHDSI Symposium Schedule



# European Symposium

July 1-3 • Rotterdam, Neth.

ohdsi-europe.org



# Asia-Pacific Symposium

July 13-14 • Sydney, Australia

ohdsi.org/2023apacsymposium



# Global Symposium

Oct. 20-22 • East Brunswick, NJ, USA

ohdsi.org/ohdsi2023



# **Job Opening**

### Research Programmer Analyst (RPA) Remote/Hybrid

IT EDW Operations Full Time 72973BR

### Job Summary

Work as a Research Programmer Analyst (RPA) on a small team to develop, operate, and maintain ETL processes, clinical data warehouses, and associated data products for health research.

The RPA's role is multi-faceted, involving domain knowledge (clinical data, research informatics), technical expertise, and communication skills. The RPA will operate, monitor, and enhance existing ETL processes and infrastructure, develop data profiles, perform quality assessments, investigate data anomalies, and create/maintain related documentation and annotated data dictionaries. The RPA will routinely communicate with researchers, clinicians, data scientists, and other stakeholders to stay aligned with needs and understand data requirements and translate them into efficient, well-documented ETL solutions.

The RPA will support multiple projects and data assets, including the PCORnet CDM (and related research projects), the UC Health Data Warehouse (UC HDW Operational OMOP), and the "All of Us" Research Program.

Responsibilities include, but are not limited to the following:

- 1. Work closely with researchers, data scientists, and other stakeholders to understand their data requirements and translate them into efficient ETL solutions.
- 2. Develop, implement, and maintain ETL processes using SSIS and t-SQL stored procedures to extract, transform, and load data from Epic EHR and other sources into common data models like PCORnet CDM and OHDSI's OMOP.
- 3. Ensure data quality and integrity throughout the ETL process by performing data mapping, transformation, and validation.
- 4. Optimize ETL processes for performance, scalability, and reliability, identifying and resolving bottlenecks as needed.
- 5. Collaborate with team members to integrate data from disparate sources and ensure seamless data flow for research purposes.
- 6. Maintain up-to-date knowledge of the healthcare domain, including clinical terminologies, workflows, data standards, and regulations.
- 7. Adhere to data security best practices and ensure compliance with privacy regulations like HIPAA.
- 8. Provide (and request) technical support and guidance to (and from) other team members as needed.
- 9. Contribute to project management, setting priorities, and meeting deadlines.

To see the salary range for this position (we recommend that you make a note of the job code and use that to look up): TCS Non-Academic Titles Search (ucop.edu)

Please note: The compensation ranges listed online for roles not covered by a bargaining unit agreement are very wide, however a job offer will typically fall in the range of 80% - 120% of the established mid-point. An offer will take into consideration the experience of the final candidate AND the current salary level of individuals working at UCSF in a similar role.

For roles covered by a bargaining unit agreement, there will be specific rules about where a new hire would be placed on the range.

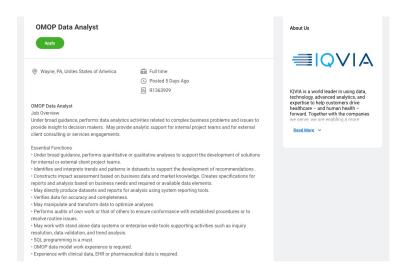
To learn more about the benefits of working at UCSF, including total compensation, please visit: https://ucnet.universityofcalifornia.edu/compensation-and-benefits/index.html







# Job Openings – This Week In OHDSI page



Boehringer Ingelheim is an equal opportunity global employer who takes pride in maintaining a diverse and inclusive culture. We embrace diversity of perspectives and strive for an inclusive environment which benefits our employees, patients and communities.

### Senior Associate Director, Real World Data & Analytics (Remote)-232633

. Generate real world evidence (RWE) to support in-line and pipeline products.

- . Provide statistical advice on the analysis of real world data (RWD) to various internal and external stakeholders.
- . Contribute to the RWD acquisition strategy and tool evaluation
- · Participate in the development and presentation of RWE trainings

customers. Our global presence provides opportunity for all employees to collaborate internationally, offering visibility and opportunity to directly contribute to the companies' success. We realize that our strength and competitive advantage lie with our people. We support our employees in a number of ways to foster a healthy working environment, meaningful work, diversity and inclusion, mobility, networking and work-life balance. Our competitive compensation and benefit programs reflect Boehringer Ingelheim's high regard for our employees

### Duties & Responsibilities:

 Provide expert advice in the analysis of real world data (such as medical claims, electronic health records, registries) for stakeholders in epidemiology. market access / HEOR, medical affairs, and other functional areas. These analyses may include:



The positions are open to researchers interested in developing and applying informatics theory and achieving tangible benefits to health care and biology. Three particular foci are (1) machine learning for healthcare and health-related data science, (2) health information technologybased interventions to improve health care and the health of individuals and populations, and (3) translational bioinformatics.



should have strong software skills and an MD or PhD with research

best big city in the United States for six years running.

CDM from OHDSI, is preferred.

experience with Electronic Health Record data. Experience with Common Data Models, such as OMOF

This position is supervised by Dr. Justin Starren and the primary appointment will be in the Division of

Health and Biomedical Informatics in the Department of Preventive Medicine. Northwestern has a

Intelligence in Medicine and Al@NU. We are located in downtown Chicago, which has been voted the

vibrant Informatics and Data Science research community, with the Institute of Augmented



### Software Dev Analyst II - Res - G&C - CTSI

Job ID: REF9053H Date posted: 2/20/2023

Employment Type: Full Time Shift: Days Location: Boston, MA

72973BR
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   Contribute to project management, setting priorities, and meeting deadlines.

Research Programmer Analyst (RPA) Remote/Hybrid

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Diversity, Equity and Inclusion

Giving



# Where Are We Going?

Any other announcements of upcoming work, events, deadlines, etc?

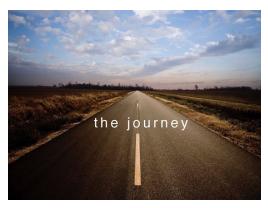






# Three Stages of The Journey

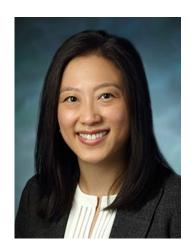
Where Have We Been? Where Are We Now? Where Are We Going?







# May 23: Interpreting The Results (SOS Week 9)



**Cindy Cai** 

Assistant Professor of Ophthalmology, Johns Hopkins University

## SOS Challenge Weekly Tutorial Schedule

Date	Topic
Mar 28	Initiating A Network Study
Apr 4	Data Diagnostics
Apr 11	Phenotype Development
Apr 18	Phenotype Evaluation
Apr 25	Analysis Design
May 2	Network Execution
May 9	Study Diagnostics
May 16	Evidence Synthesis
<u>May 23</u>	Interpreting Results

