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HowOften: A Large-Scale Incidence Generation Initiative

OHDSI Community Call June 20, 2023 • 11 am ET





Upcoming Community Calls

Date	Topic
June 27	Recent Publication Presentations
July 4	No Meeting
July 11	European Symposium Review
July 18	Vulcan: An HL7 FHIR Accelerator Transforming Clinical & Translational Research
July 25	Around The Asia-Pacific Region







Three Stages of The Journey

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





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OHDSI Shoutouts!



Congratulations to the team of Faaizah Arshad, Martijn Schuemie, Fan Bu, Evan Minty, Thamir Alshammari, Lana Lai, Talita Duarte-Salles, Stephen Fortin, Fredrik Nyberg, Patrick Ryan, George Hripcsak, Dani Prieto-Alhambra, and Marc Suchard on the publication of **Serially Combining Epidemiological Designs Does Not Improve Overall Signal Detection In Vaccine Safety** Surveillance in Drug Safety.

Drug Safety https://doi.org/10.1007/s40264-023-01324-1

ORIGINAL RESEARCH ARTICLE



Serially Combining Epidemiological Designs Does Not Improve Overall Signal Detection in Vaccine Safety Surveillance

Faaizah Arshad^{1,2} · Martijn J. Schuemie^{1,2,3} · Fan Bu^{1,2} · Evan P. Minty⁴ · Thamir M. Alshammari⁵ · Lana Y. H. Lai⁶ · Talita Duarte-Salles⁷ · Stephen Fortin³ · Fredrik Nyberg⁸ · Patrick B. Ryan^{2,3} · George Hripcsak^{2,9,10} · Daniel Prieto-Alhambra^{11,12} · Marc A. Suchard^{1,2,13,14}

Accepted: 29 May 2023 © The Author(s) 2023

Abstract

Introduction Vaccine safety surveillance commonly includes a serial testing approach with a sensitive method for 'signal generation' and specific method for 'signal validation.' The extent to which serial testing in real-world studies improves or hinders overall performance in terms of sensitivity and specificity remains unknown.

Methods We assessed the overall performance of serial testing using three administrative claims and one electronic health record database. We compared type I and II errors before and after empirical calibration for historical comparator, self-controlled case series (SCCS), and the serial combination of those designs against six vaccine exposure groups with 93 negative control and 279 imputed positive control outcomes.

Results The historical comparator design mostly had fewer type II errors than SCCS. SCCS had fewer type I errors than the historical comparator. Before empirical calibration, the serial combination increased specificity and decreased sensitivity. Type II errors mostly exceeded 50%. After empirical calibration, type I errors returned to nominal; sensitivity was lowest when the methods were combined.

Conclusion While serial combination produced fewer false-positive signals compared with the most specific method, it generated more false-negative signals compared with the most sensitive method. Using a historical comparator design followed by an SCCS analysis yielded decreased sensitivity in evaluating safety signals relative to a one-stage SCCS approach. While the current use of serial testing in vaccine surveillance may provide a practical paradigm for signal identification and triage, single epidemiological designs should be explored as valuable approaches to detecting signals.





OHDSI Shoutouts!

Congratulations to the team of Ji Eun Lim, Hye Min Kim, Ju Hee Ki, Hey Sung Baek, and Man Yong Han on the publication of Association between dyslipidemia and asthma in children: A systematic review and multicenter cohort study using a common data model in Clinical and **Experimental Pediatrics.**



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CEP Clinical and Experimental Pediatrics

TOPICS V ARTICLE CATEGORY V BROWSE ARTICLES V FOR CONTRIBUTORS V ABOUT V Search

Clin Exp Pediatr > Accepted Articles

Original Article

DOI: https://doi.org/10.3345/cep.2023.00290 [Accepted] Published online June 14, 2023.

Association between dyslipidemia and asthma in children: A systematic review and multicenter cohort study using a common data model

Ji Eun Lim¹, Hye Min Kim¹, Ju Hee Kim¹ (b), Hey Sung Baek¹ (c), Man Yong Han² (c) ¹Kandong Sacred Heart Hospital, Seoul, Korea ²Bundang CHA medical center, Seongnam, Korea

Correspondence: Hey Sung Baek, Email: paviola7@gmail.com Received: 6 February 2023 • Revised: 27 April 2023 • Accepted: 7 June 2023

Abstract

Background

The association between dyslipidemia and asthma in children remains unclear. This study investigated the association between dyslipidemia and cholesterol in children.







OHDSI Shoutouts!



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 <u>sachson@ohdsi.org</u> so we can highlight during this call and on our social channels. Let's work together to promote the collaborative work happening in OHDSI!





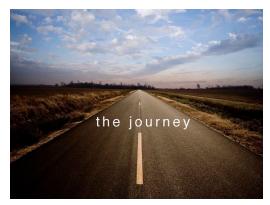
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Upcoming Workgroup Calls



Date	Time (ET)	Meeting
Tuesday	1 pm	Common Data Model
Wednesday	12 pm	Health Equity
Wednesday	1 pm	Perinatal & Reproductive Health
Friday	9 am	Phenotype Development & Evaluation
Friday	9 am	GIS – Geographic Information Systems Development
Friday	1 pm	Clinical Trials
Monday	9 am	Vaccine Vocabulary
Monday	10 am	Africa Chapter
Monday	11 am	Data Bricks User Group
Monday	4 pm	Eyecare & Vision Research
Tuesday	9 am	OMOP CDM Oncology Genomic Subgroup







Another Showcase Record!













OHDSI HADES releases: Capr 2.0.4

Changelog

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")

The second secon

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% C R-CMD-check passing





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OHDSI HADES releases: DeepPatientLevelPrediction 1.1.6

DeepPatientLevelPrediction 1.1.6 **ÎHADES** \mathbf{O} \sim Get started My first deep learning model Articles -Reference Changelog DeepPatientLevelPrediction Links Browse source code Report a bug R-CMD-check passing codecov 100% Ask a question Introduction License Apache License 2.0 DeepPatientLevelPrediction is an R package for building and validating deep learning patient-level predictive models using data in the Citation OMOP Common Data Model format and OHDSI PatientLevelPrediction framework. Citing DeepPatientLevelPrediction Reps JM, Schuemie MJ, Suchard MA, Ryan PB, Rijnbeek PR. Design and implementation of a standardized framework to generate and evaluate patient-level prediction models using observational healthcare data. J Am Med Inform Assoc. 2018;25(8):969-975. Developers **Egill Fridgeirsson** Features Author, maintainer Jenna Reps • Adds deep learning models to use in the OHDSI PatientLevelPrediction framework. Author • Allows to add custom deep learning models. Seng Chan You Includes an MLP, ResNet and a Transformer

• Allows to use all the features of PatientLevelPrediction to validate and explore your model performance.

Technology

DeepPatientLevelPrediction is an R package. It uses torch in R to build deep learning models without using python.

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#JoinTheJourney

Author

Author

Chungsoo Kim

Henrik John Author







European Symposium



European Symposium July 1-3 • Rotterdam, Neth.

ohdsi-europe.org

Time	Description			Location
8:00 - 9:00	Registration and Coffee			Queen's Lounge
9:00 - 9:10	Welcome to the European OHDSI Speaker: Peter Rijnbeek, PhD, Chai MC		dical Informatics, Erasmus	Theatre
9:10 - 9:40	Journey of OHDSI: Where have w Speaker: Patrick Rvan, PhD, Jansse Biomedical Informatics, Columbia U	en Research and De	velopment, Department of	Theatre
9:40 – 11:00	European Initiatives Using the ON Moderator: Renske Los, PhD, Assis Department of Medical Informatics, I Multiple presentations of European I	tant Professor of Me Erasmus MC	371	Theatre
11:00 - 11:30	Coffee Break			Queen's Lounge
11:30 – 12:45	Collaborator Showcase: Rapid fir Moderator: Katia Verhamme, MD, A Observational Data, Department of Abstract Selection Ongoing	ssociate Professor o		Theatre
12:45 – 13:45	Lunch			La Fontain & Odyssee Room
13:00 – 14:30	OHDSI Collaborator Showcase Poster presentations and open- source software demonstrations from OHDSI collaborators: - Observational data standards and management - Open-source analytics development - National nodes	La Fontaine & Odyssee Room	Early Investigators Mentor Meetings Lead: Ross Williams, Department of Medical Informatics, Erasmus MC Rotterdam	Queen's Lounge
14:30 - 16:00	OHDSI Collaborator Showcase Poster presentations and open- source software demonstrations from OHDSI collaborators: - Clinical applications - Methodological research	La Fontaine & Odyssee Room	Workgroup Q/A OHDSI Workgroup Leads available for Q/A in breakout rooms	La Fontaine & Odyssee Room
16:00 - 16:30	OHDSI Community Evidence in the Selected Presentation from the Com			Theatre
16:30 - 17:45	Data Analysis and Real World Inte Multiple speakers from the DARWIN Questions and Answers Session			Theatre
17:45 – 18:00	<u>Closure</u>			Theatre
18:00 - 19:30	Networking Reception			Queen's Lounge



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APAC Symposium



Asia-Pacific Symposium July 13-14 • Sydney, Australia

ohdsi.org/2023apacsymposium

2023 OHDSI Symposium Agenda

Day 1 (July 13) · Main Conference

8:00-9:00 · Registration & light breakfast 9:00-9:20 · Welcome Session

Session 1: OHDSI Global

9:20-9:50 • Keynote – Engineering an open science system that builds trust, confidence and addresses the needs of regulators, clinicians, and consumers 9:50-10:20 • Transforming health: What do regulators, clinicians, and consumers really want to know about healthcare and how can OHDSI help 10:20-10:40 • break

Session 2: Research

10:40-11:00 • Presentation of study results 11:00-12:00 • Panel discussion – regulators, clinicians and consumers (response from stakeholders) 12:00-13:30 • Lunch & poster presentation

Session 3: OHDSI APAC

13:30-14:30 • OMOP/FHIR: Overcoming challenges through collaboration 14:30-15:30 • Panel discussion – APAC regional chapters 15:30-16:00 • Closing remarks 16:00-17:30 • Networking reception

Day 2 (July 14) · Tutorials

Tutorials will be led by Patrick Ryan, Martijn Schuemie, Marc Suchard, Mui Van Zandt, Nicole Pratt, and others on the topic of "How to run a network study."

9:00-10:20 • ETL 10:20-10:40 • break 10:40-12:00 • Characterization 12:00-13:00 • break 13:00-15:00 • Population-Level Estimation 15:00-15:20 • break 15:20-17:20 • Patient-Level Prediction

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Global Symposium



Global Symposium Oct. 20-22 • East Brunswick, NJ, USA

ohdsi.org/OHDSI2023



• This agenda is tentative and subject to change October 20-22 • East Brunswick, NJ, USA

	Friday, Oct 20	Saturday, Oct 21	Sunday, Oct 22	
8:00am	Welcome to OHDSI2023!	Intro to OHDSI Tutorial &	OHDSI collaborative workshop:	
9:00am	State of the Community	OHDSI workgroup activities	HowOften	
10:00am	Community networking			
11:00am	Plenary session			
12:00pm	Lunch	Collaborator Showcase: posters & demos	Collaborator Showcase: posters & demos	
1:00pm	Panel: Network studies	OHDSI collaborative workshop:	OHDSI workgroup activities	
2:00pm	Collaborator Showcase: posters & demos	HowOften		
3:00pm	Collaborator Showcase: Lightning talks			
4:00pm	Collaborator Showcase: posters & demos			
5:00pm	Closing talk	Free time 😊	Time to go home ⊗	
6:00pm	OHDSI Got Talent!			





Global Symposium

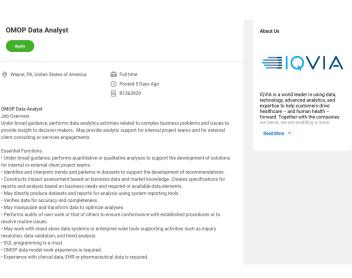
Friday, Oc	tober 20			-	Friday,Octob	er 20- Sunday	ymposium y, October 22 d Meeting Cente	er				
Start Time	and Barrier											
7:00	End Time 8:00	Registration/ Light Breakfast										
8:00	9:00	Welcome to OHDSI2023										
9:00	10:00	State of the Community										
10:00	11:00	Community Networking/ Meet the Mentors										
11:00	12:00	Plenary Session										
12:00	13:00	Buffet Lunch										
13:00	14:00	Panel: Network Studies										
14:00	15:00	Collaborator Showcase - Posters and Software Demonstrations										
15:00	16:00	Collaborator Showcase - Lightning Talks										
16:00	17:00	Collaborator Showcase - Posters and Software Demonstrations										
17:00	18:00	Closing Talk										
18:00	19:00	OHDSI Got Talent!										
19:00	20:00	Networking Reception										
Saturday.	October 21					_ 1	Cr					
8:00	9:00											
9:00	10:00	Introduction to		HADES	Oncology	Perinatal &	CDM/Network	Health	Phenotype	Industry Special	Medical	Natural Lang.
10:00	11:00	OHDSI Tutorial				Reproductive	Data Quality	Equity	Evaluation	Interest	Imaging	Processing
11:00	12:00		EXHIBITS									
12:00	13:00	Collaborator Showcase (and lunch)										
13:00	14:00											
14:00	15:00	HowOften Large-scale										
15:00 16:00	16:00 17:00	Characterization Workshop										
Sunday, O			_					6				
8:00	9:00											
9:00	10:00	HowOften Large-scale										
10:00	11:00 12:00	Characterization Workshop										
12:00	13:00	Collaborator Showcase (and lunch)	EXHIBITS				e conservations	3				
13:00	14:00				1	States and states are seen	HL7 FHIR-OMOP		The second states and		The state of the second	Constant of the second second
14:00	15:00			HADES	Vocabularies	Healthcare	Connectathon	Medical	Education	ISPE-RWE For	Eye care &	Psychiatry
15:00	16:00					Systems		Devices		Pharmacoviailance	Vision Research	
16:00	17:00											



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Job Openings – This Week In OHDSI page



COLUMBIA COLUMBIA UNIVERSIT DEPARTMENT OF BIOMEDICAL INFORM			f ¥ in			
DBMI Home	News & Events 👻	Research 👻	People 👻	Prospective Students 👻	Academics -	Resources -

Tenure Track Faculty

#105752

Description

R&D

JOB TITLE

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REQUIS

The Department of Biomedical Informatics (DBMI) of Columbia University seeks exceptional junior-level faculty members in the tenure track.

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.

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 Associate Director, Observational Health Data Analytics - Global

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

for an inclusive environment which benefits our employees, patients and communities,

Description:

The purpose of this job is to: Generate real world evidence (RWE) to support in-line and pipeline products.

Job Overview

- · 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

As an employee of Boehringer Ingelheim, you will actively contribute to the discovery, development and delivery of our products to our patients and 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:

Epidemiology				

E	Associate Director, Observational Health Data Analytics – Global Epidemiology
N	R&D
ICTION	Epidemiology
N	Raritan, New Jersey, United States; Horsham, Pennsylvania, United States; United States; Titusville, New Jersey, United States
STED	May 23 2023
TION NUMBER	2306123161W



Open Rank- Tenure Track of Internal Medicine in Translational Informatics

osting Number	req23346
mployment Type	Faculty
aculty Type	Open Rank
liring Department	IM Translations Informatics (852T)
cademic Location	School of Medicine
enefits Eligible	The University of New Mexico provides a comprehensive package of benefits including medical, dental, vision, and life insurance. In addition, UNM offers educational benefits through the tuition remission and dependent education programs. See the <u>Benefits</u> here page for more information.
osition Summary	The University of New Mexics, Health Science: Center, Department of Internal Medicine, seeks a faculty member to join the Durision of Transitional Informatics. This positions as the Department and Tomur track, White the focus of the position is research-oriented, optionally, the position affects the opportunity for the candidate to have a joint clinical appointment for part-time clinical service with the University of New Resico, and/or the Raymond G. Murphy VA Medical Center.

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

Research Programmer Analyst (RPA) Remote/Hybrid Full Time 72973BR

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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 RPKs role is mult-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 anomaines, and createstimaritian related data dictorates. The RPA will operate, monitor, and enhance existing ETL processes and infrastructure, develop data profiles, perform quality assessments, investigate data anomaines, and createstimaritian related data dictorates. The RPA will routinely communicate with researchers, clinicians, data scientista, and other stateholdens to stary adjuged with necks and understand data requerements and transitestime into effective, velocimented ETL sciences.

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 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 OHDS/Is OMOP 2. Develop, ingerindu, and mattain E. L. Dovolasse alling sass and sout. Since proceedings to estimate thematom, and allow ana to 2. Optimize TL, provises for performance, scalability, and reliable, licentify and another proceedings to the source of the 3. Collaborate with learn members to integrate data from disparate sources and ensure searcies data flow for research purposes. 3. Collaborate with learn members to integrate data from disparate sources and ensure searcies data flow for research purposes. 3. Collaborate with learn members to integrate data from disparate sources and ensure searcies data flow for research purposes. 3. Collaborate with learn members to integrate data from disparate sources and ensure searcies data flow for research purposes. 4. Disparate the source of the source of

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 (ucco.edu)

Please note: The compensation ranges listed online for trokes 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.htm



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Where Are We Going?

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











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