Meet New Members of the OHDSI Community

OHDSI Community Call
July 2, 2024 • 11 am ET
## Upcoming Community Calls

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Three Stages of The Journey

Where Have We Been?
Where Are We Now?
Where Are We Going?
OHDSI Shoutouts!


Abstract
Background and aims: Opioid use disorder (OUD) and opioid dependence lead to significant morbidity and mortality, yet treatment retention, crucial for the effectiveness of medications like buprenorphine-naloxone, remains unpredictable. Our objective was to determine the predictability of 6-month retention in buprenorphine-naloxone treatment using electronic health record (EHR) data from diverse clinical settings and to identify key predictors.

Design: This retrospective observational study developed and validated machine learning-based clinical risk prediction models using EHR data.

Setting and cases: Data were sourced from Stanford University's healthcare system and Holmusk's NeuroBu database, reflecting a wide range of healthcare settings. The study analyzed 1800 Stanford and 7957 NeuroBu treatment encounters from 2008 to 2023 and from 2003 to 2023, respectively.

Measurements: Predict continuous prescription of buprenorphine-naloxone for at least 6 months, without a gap of more than 30 days. The performance of machine learning prediction models was assessed by area under receiver operating characteristic (ROC-AUC) analysis as well as precision, recall and calibration. To further validate our approach's clinical applicability, we conducted two secondary analyses: a time-to-event analysis on a single site to estimate the duration of buprenorphine-naloxone treatment...
OHDSI Shoutouts!

Congratulations to the team of Gyunam Park, Yaejin Lee, and Minsu Cho on the publication of Enhancing healthcare process analysis through object-centric process mining: Transforming OMOP common data models into object-centric event logs in the Journal of Biomedical Informatics.
Three Stages of The Journey

Where Have We Been?
Where Are We Now?
Where Are We Going?
# Upcoming Workgroup Calls

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<td>Tuesday</td>
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<td>OMOP CDM Oncology Genomic Subgroup</td>
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Health Equity / OMOP + FHIR
Cross-Working Group Collaboration

Kelly Davidson, MN, MSc, RN, CPMHN(C), CTSS
University of Victoria, British Columbia

HL7 Gender Harmony Project:
Sex and Gender Representation

Wednesday, July 10 at 12pm ET (Meeting Link)
5 Rationale and Background

The Observational Health Data Sciences and Informatics (OHDSI) federated network is a collaborative effort aimed at leveraging healthcare data from multiple institutions for large-scale federated observational research. In its current state, there are over 500 data sources from over 49 countries mapped to the OMOP Common Data Model, the standard that enables such ambitious evidence generation. One major challenge of federated network studies is the assessment of network data quality, study feasibility, and data fitness-for-use across these data sources in such a way that does not strain the time and resources of data holders while still supporting rigorous evidence generation that engenders trust and buy-in from the larger research community.

To facilitate collaborative research efforts and ensure the quality and integrity of the data across the OHDSI network, it is imperative to understand the characteristics and variability of the databases within the network. This study aims to collect summary statistics from participating sites to describe the databases and learn about the network as a whole. The output of the study will inform and enhance the research capabilities of the OHDSI community by enabling rapid data quality and fitness-for-use assessments.

5.1 Research Questions

The main research question of this study is:

What are the population-level characteristics of the databases within the OHDSI federated network?
July Newsletter Is Available

The Journey Newsletter (July 2024)

Evidence has been a popular word in the OHDSI community recently. We focused a community call around the application of large language models in the evidence generation process, and we initiated an effort to build and develop the OHDSI Evidence Network. Learn more about these and everything else happening around the community in the latest OHDSI newsletter. #JoinTheJourney

Video Podcast: Evidence Network, LLMs & More

In the latest On The Journey video cast, Patrick Ryan and Craig Sachson discuss the OHDSI Evidence Network, the emerging potential of large language models within the community, and reflections on the 2023 Global Symposium, which will be held Oct 20-24 (more on that below). Congratulations to everybody in the community who shared an abstract, and thank you to the members of our Scientific Review Committee, who have begun the process of reviewing the submissions.

Where Have We Been?

- The 2024 OHDSI Europe Symposium was held June 1-3 in Rotterdam, Netherlands, and welcomed 350 collaborators for three days of sharing, learning, and networking. It included two days of workshops/tutorials and a full-day conference that highlighted exciting progress ongoing in Europe, including the growth among National Nadis, progress by DAFHAN EUI, and plenty more. Leaders from the event shared a ride during a recent community call.

- OHDSI collaborators answered the call once again to share their research at the annual global symposium. We received more than 140 brief report submissions, including over 20 software demos, for the 2024 Global Symposium, which will be held Oct 20-24 (more on that below).

Community Updates

Where Have We Been?

- The 2024 OHDSI Europe Symposium was held June 1-3 in Rotterdam, Netherlands, and welcomed 350 collaborators for three days of sharing, learning, and networking. It included two days of workshops/tutorials and a full-day conference that highlighted exciting progress ongoing in Europe, including the growth among National Nadis, progress by DAFHAN EUI, and plenty more. Leaders from the event shared a ride during a recent community call.

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Congratulations to everybody in the community who shared an abstract, and thank you to the members of our Scientific Review Committee, who have begun the process of reviewing the submissions.

Where Are We Now?

- The OHDSI Evidence Network, first introduced at the 2023 Global Symposium, consists of organizations equipped with access to one or more databases standardized to the OMOP CDM who express a keen interest in participating in OHDSI network studies. Building the OHDSI Evidence Network will be a major initiative this summer, and OMOP CDM users can share their interest in joining by filling out this form.

- Yronas Ghetreimichael-Welbedassen, Senior Research Fellow in Medical Statistics at Warwick Medical School, will lead the next edition of the CBM BEST Seminar Series on Wednesday, July 17 (11 am ET). Please check out the event homepage for the meeting link, additional details and all past presentations, including a session on "Randomized Machine Learning in Distributed Networks to Support Activities for Post-Market Surveillance of Medical Products: Opportunities, Challenges, and Considerations" by Hannafy Jemma Wong last month.

Large Language Models Can Enhance OHDSI Evidence Generation Process

Large language models can analyze large datasets, extract insights, and generate evidence-based reports, aiding in real-world decision-making by providing accurate, comprehensive information efficiently. The OHDSI Collaborative and Foundational Models member groups are focusing on advancing healthcare research and improve patient outcomes through the innovative application of generative AI and foundational models.

Three members of the OHDSI global community joined the June 18 community call to present recent research in the area of large language models. You can find the video and slides for each presentation using the link below.

Knowledge-guided Generative AI For Automated Taxonomy Learning From Drug Labels – Yua Fang (PhD Student), Columbia University

A Chatbot to Streamline Biomedical Data Discovery and Analysis – João Almeida – Chief Information Security Officer, University of Aveiro

Generative AI for real-world evidence – Martijn Schuemie – Research Fellow, EpiDynamics, Janssen Research and Development

OHDSI Evidence Network Introduces New Prototype & Network Study, Welcomes OMOP Users into Crucial Community Research Asset

The OHDSI Evidence Network consists of organizations equipped with access to one or more databases standardized to the OMOP CDM who express a keen interest in participating in OHDSI network studies. Collaboratively, OHDSI Evidence Network partners share aggregate summary statistics about their databases, which are used to support Database Diagnostics, helping identify databases within the network that are fit-for-use for particular research questions. Additionally, partners have the opportunity to opt in and contribute to network studies proposed by the OHDSI community.

To carry out our mission, we need an active and willing global network of data partners, and we need the ability to quickly identify those that might be the right fit for a specific clinical research question. Last year we piloted this effort through the Save our Sisypheus challenge and are now ready to move forward based on our learnings. If you would like to learn more please check out this update from the June 11 community call.

The OHDSI Evidence Network group is excited to initiate a network study that will describe the OHDSI Network in a publication, and will also create an open public resource designed to facilitate evidence generation faster and better than ever by building on methodologies developed by thought leaders around the world. You can access the protocol below. Come join us on this exciting journey!
July Newsletter Is Available

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.

Join Us At The 2024 Symposium

Registration is now open for the 2024 Symposium, which will be held October 2024 at the Hyatt Regency Hotel in New Brunswick, USA. Check out the event page for details on the collaborator showcase, tutorial offerings, workshop activities, and more!
Next CBER Best Seminar: July 17

**Speaker:** Yonas Ghebremichael-Weldeselassie, Lecturer of Statistics at School of Mathematics and Statistics, The Open University, UK

**Topic:** Yonas Ghebremichael-Weldeselassie, Lecturer of Statistics at School of Mathematics and Statistics, The Open University, UK

**Date/Time:** Wednesday, July 17, 11 am ET

ohdsi.org/cber-best-seminar-series
#OHDSI2024 Registration Is Open!

Registration is OPEN for the 2024 OHDSI Global Symposium, which will be held Oct. 22-24 at the Hyatt Regency Hotel in New Brunswick, N.J., USA.

**Tuesday:** Tutorials
**Wednesday:** Plenary/Showcase
**Thursday:** Workgroup Activities

[ohdsi.org/OHDSI2024]
AI for Reliable and Equitable RWE Generation in Medicine Workshop: July 9

The workshop focuses on advancing the understanding and exploring the transformative role of artificial intelligence (AI) in analyzing real-world data (RWD) for real-world evidence (RWE) generation.
Title: Transforming lung cancer EHR data into the OMOP CDM: A case study of Non-Small Cell Lung Cancer

Methods and Material:
- Database: Patients with Non-Small Cell Lung Cancer (NSCLC)
- Observational and retrospective data of over 100,000 patients
- Data mapping using Athena, U4K, and in-house R and SQL pipelines
- Quality assessment using in-house R and SQL pipelines
- Large Language Model (ChatGPT 4)

Results:
- Applied to anonymized clinical and laboratory data, achieving high-success rates, with over 99% of fields effectively transformed into OMOP CDM concepts, offering the robustness of the data transformation process.
- American Joint Committee on Cancer (AJCC) cancer staging manual (7th edition) able to accurately translate cancer stages while retaining essential clinical details.

Highlight:
- Tumor progression and metastasis were effectively integrated into the episode and episode events tables, with additional mapping to the Observation and Observation period tables to ensure comprehensive capture of these events within the ATOM8.
- Drug regimens were also mapped to Drug Exposure and Drug EMT tables.
- Guidelines encountered during the ETL process were the transformation of general data concept or outer subsets categories (e.g., ‘other types of interaction’).
- Use of mortality was mapped with terminological vocabulary.
- ChatGPT provided significant insight into ETL implementation and accelerated the preparation of ETL documentation.

Conclusions:
- This study highlighted the significant challenges in mapping NSCLC patient data to the OMOP CDM and presented a framework to address these challenges.
- We demonstrated the importance of collaboration and quality assurance measures in ensuring data accuracy and reliability in oncology.
- We demonstrated the potential of a common data model to support large-scale clinical and translational research initiatives.
- Large Language Models can lead to more efficient ETL workflows and improved decision-making capabilities.

Reference:
- OMOP Common Data Model. https://www.ohdsi.org/
- @OHDSI www.ohdsi.org #JoinTheJourney
Four Complexities when mapping NCRAS to the OMOP CDM

(Laura Kerr, Abigail Carter)

INTRODUCTION
Genomics England (GE) is a global leader in enabling genomic data and research, focused on creating a world where everyone benefits from genomic healthcare.
- It includes primary clinical data (patient information) with secondary data (supporting healthcare records) which includes the National Cancer Registration and Analysis (NCRAS) data.
- The data is made available to researchers in an isolated Research Environment.
- There is a desire from researchers to use federated datasets, however this is hampered by the disparate sources of data and their differing data models.
- GEL have therefore mapped NCRAS to the OMOP CDM to support researchers and have made the mapping publicly available.

MAPPING APPROACH
1. Map NCRAS source attributes and annotations from NCRAS data dictionary.
2. Identify OMOP domain and lattice to source attribute.
3. Manually map source attributes to concepts by selecting on descriptions.
4. Standard attributes are used wherever possible.

COMPLEXITIES

1. MAPPING GRANULARITY
- Some attributes are not mapped to the most granular concept that would lead to unnecessary sharing of information that wasn’t present in the source data.
- Utilise the CDM to provide context where desired levels of granularity have not been possible.
- For example, the most granular metric found for the source questionnaire shown below is “Index of Multiple Deprivation (England)”. The CDM as “living”, has been need to provide more detail.

2. VOCABULARIES
- The NOMIS dataset describes a broad range of sources.
- The use of a broad range of vocabularies to represent the data reflects this.
- GEL are interested in understanding how these sources will interact with the diversity of vocabularies in the future.

3. CLINICAL CODES
- The NOMIS data is a collection of secondary data sources.
- Clinical coded source attributes are not therefore easy to format.
- Observations in format need reformating to maintain mapping quality. A simple example is shown below.

4. ONCOLOGY EXTENSION
- Used the Oncology extension on GE’s mental health datasets as the structure is ideal for grouping many different episodes of care.
- More data is required to use the NOMIS dataset to populate episodes of care and patient pathway elements.
- GEL do not wish to share this information than we do not have so have not used the oncology extension here.

CONCLUSION
The OMOP mapping gave a high success rate, with almost all clinical information being mapping to the OMOP CDM. GEL expects the mapped NCRAS data to rapidly improve the user experience in our research environment.
It is recognised that there is scope for improvement in the mapping and feedback on the mappings is very welcome as GEL hopes to iteratively improve their quality and depth.
Piloting the Transformation of Multiple Sclerosis Real-World Data to the OMOP CDM: Lessons Learned

(Tina Parciak, Kirstin Tumler, Alexander Stahman, Emma Gesquiere, Freija Descamps, Liesbet Peeters)

OMOP CDM for data from multiple sclerosis registries and cohorts? Possible, but...

Piloting the Transformation of Multiple Sclerosis Real-World Data to the OMOP CDM: Lessons Learned

Background: OMOP CDM is a promising option for data from MS registries and cohorts as it could enable analysis within and outside the MS community. Since OMOP was not originally designed for registry data, especially of a chronic, relapsing and progressive disease, a piloting transformation for two MS datasets was done.

Lessons Learned:

- Differences in data collection methods, the lack of standards and free text fields use.
- Existence of relapses as a disease characteristic.
- Existence of many different symptoms and comorbidities without granular information.
- Importance of negative or “no evidence of” results in longitudinal follow-up.
- Differences in disease trajectory, age of onset.
- Diverse healthcare systems and record-keeping.
- Use of EHR data in different contexts.
- Variability in patient populations.
- Challenges in data integration.
- Importance of data quality and completeness.
- Need for standardization.
- Potential for improved clinical decision-making.
- Opportunity for research collaboration.
- Importance of patient privacy and consent.
- Potential for real-world evidence generation.
- Need for ongoing support and community engagement.
- Opportunities for collaboration with other registries.
- Importance of long-term commitment.

WEDNESDAY
THURSDAY

Towards all-Island sharing of Irish lymphoid blood cancers data: landscape and gap analysis

(Kluivert Boakye Duah, Michael Quinn, Eva Szegezdi, Lisa Crawford, Aedin C. Culhane, Mark Lawler, Siobhan Glavey, Ruth Clifford, and Ian M. Overton)

Background: Sharing health data significantly improves public health, clinical care, personal care and associated research. However, privacy laws, limited data standardisation and interoperability, and insufficient data integration have made it difficult for health data to be shared across health institutions and borders. We examine the health data landscape in Northern Ireland (NI) and Ireland (IE). Also, a federated approach with multi-party homomorphic encryption is proposed to analyse and share Chronic Lymphocytic Leukaemia (CLL) and Multiple Myeloma (MM) data on the Island.

Figure 1: Cancer-related data ecosystem in NI

Figure 2: Cancer-related data ecosystem in IE

Future work

1. Mapping of Irish lymphoid blood cancers data workflow.
2. Proposed data federation and analysis workflow.

Method: Data managers and haematologists of selected health institutions were interviewed in a semi-structured manner. The interviews were done to assess the current state of Irish cancer data including CLL and MM. The nine key areas covered were: a) Tools/systems/software for collecting data, b) Data sources, c) Data quality, d) Variables collected, e) FAIR principle, f) Data sharing, g) Conditions inhibiting data sharing, h) Data ownership, and i) Data governance.

Kluivert Boakye Duah, Michael Quinn, Eva Szegezdi, Lisa Crawford, Aedin C. Culhane, Mark Lawler, Siobhan Glavey, Ruth Clifford, and Ian M. Overton
FRIDAY
Exploring Drug Utilization Patterns in Osteoporosis Therapy
(Balqis Istiqomah Gusbela, Septi Melisa, Ming-Hung Teng, Daniel C.A Nugroho, Jason C. Hsu)
Opening: Sr AD, Real World Evidence & Analytics
Boehringer Ingelheim

SR AD, Real World Evidence & Analytics

Apply Now

< Back
JOE ID - 13278

Description

The purpose of this job is to:

- 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.
Opening: Lead Director, RWE Distributed Research
CVS Health

Lead Director, RWE Distributed Research

Hybrid
PA - Blue Bell
IL - Northbrook
CT - Hartford
RI - Woonsocket
AZ - Scottsdale

Full time
 Posted 6 Days Ago
R028183

Bring your heart to CVS Health. Every one of us at CVS Health shares a single, clear purpose: Bringing our heart to every moment of your health. This purpose guides our commitment to deliver enhanced human-centric health care for a rapidly changing world. Anchored in our brand — with heart at its center — our purpose sends a personal message that how we deliver our services is just as important as what we deliver.

Our Heart At Work Behaviors™ support this purpose. We want everyone who works at CVS Health to feel empowered by the role they play in transforming our culture and accelerating our ability to innovate and deliver solutions to make health care more personal, convenient and affordable.
Opening: Postdoctoral Researcher, University of Oxford

Job Details

Postdoctoral Researcher in Real World Evidence
Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, Botnar Research Centre, Windmill Road, Oxford, OX2 7LD

We have an exciting opportunity for a Postdoctoral Researcher in Real World Evidence to join our Pharmaco- and Device epidemiology research group led by Professor Daniel Prieto-Alhambra at the Botnar Research Centre, NDORMS, University of Oxford. The NDORMS Pharmaco- and Device epidemiology research group is involved in a number of national and international studies exploring the conditions of use (adherence, compliance, off and on-label use) of a number of licensed drugs, devices, and vaccines for the prevention and treatment of human disease in ‘real world’ (routine practice) conditions.

As a Postdoctoral Researcher in Real World Evidence you will be leading or co-leading real world evidence studies, analysing real world health data mapped to the OMOP common data model and writing study reports and scientific manuscripts. You will be responsible for development of analysis plans, protocols, ethics (and similar panel) submissions, governance and regulatory submissions as required for ongoing and future studies. You will carry out collaborative projects with colleagues in partner institutions, and research groups (both in public and private sector) and manage your own academic research.

You will hold a Doctoral (or be near completion) degree in epidemiology, biostatistics, real world evidence, health data sciences, or a related field. You will have experience in the use of R for statistical analysis together with experience of analysing real world data. Good track record of peer reviewed scientific publications, excellent team working and communication skills are also essential. Experience in the analysis and/or interpretation of OMOP-mapped data and experience designing and conducting cohort, self-controlled, and similar studies are desirable.

This is a full-time fixed-term appointment for 2 years.

The closing date for this position is 12 noon on 1 July 2024. You will be required to upload a CV and supporting statement as part of your online application.

Contact Person : HR Team, NDORMS
Vacancy ID : 173456
Contact Phone :
Closing Date & Time : 01-Jul-2024 12:00
Pay Scale : STANDARD GRADE 7
Contact Email : hr@ndorms.ox.ac.uk
Salary (£) : £36,024 - £44,263 p.a.
Openings: Postdoctoral Fellow, Johns Hopkins Univ.

PHARMACOEPIDEMIOLOGY POST-DOCTORAL TRAINING PROGRAM

Co-Directors: Caleb Alexander, MD, MS and Jodi Segal, MD, MPH

The Pharmacoepidemiology Training Program at the Johns Hopkins Bloomberg School of Public Health (BSPH) is currently seeking to support postdoctoral fellows. All supported trainees work with core faculty on existing or newly developed research projects on pharmacoepidemiology, so as to optimize the safe and effective use of medicines to treat heart, lung and blood diseases in the United States.

Deadline for applications: rolling
Opening: Junior Research Software Engineer, Tufts

INFORMATICS

Research Services
COVID-19 Information and Resources
Data and Safety Monitoring Board (DSMB) Program
Center for Clinical Trials (CCT)
Program Evaluation
Qualitative and Mixed Methods Service
Clinical Trial Design Labs
Dissemination and Implementation (D&I) Core
Science Communications

“Our Informatics team can help you collect and manage research data, develop databases, and identify study participants. We’ll find the best data collection solution for your study. To get started, please submit a request below.”

William Harvey, MD, MSc, FACR
Co-Director, Informatics and Tufts Medical Center CMIO

Overview

We participate in development of a robust institutional informatics infrastructure, enabling research teams to maintain their focus on scientific discovery and analyses rather than on data wrangling. Our infrastructure and support systems are dynamic, to keep pace with the changing and interdependent fields of health informatics, bioinformatics, statistics, and data science, expandable, to accommodate new data types and analytic methods; and scalable, to support efficient and methodologically rigorous multisite/institution research. These defining traits allow us to elucidate novel methods and operational principles, harmonize datasets, and create pipelines for data sharing and analytics.
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?
Meet Our Newest Members

Welcome to OHDSI! - Please introduce yourself

This is the first time assarabiya has posted — let's welcome them to our community!

Hi all,
I'm Jee-Mon and I'm trying to learn more about OHDSI CDM so we can transform our EHR data onto it. Any guidance on where to start would be wonderful!
I'm currently watching the recording of OHDSID023 Tutorial here: https://www.youtube.com/watch?v7-T9alh1YAU

1 Reply

This is the first time Lui has posted — let's welcome them to our community!

Hello everyone! My name is Luisa Martinez and I'm a data scientist with clinical background. I have just started working as a Postdoctoral scientist at J&J Innovative Medicine department. I will be involved in OMOP related projects so I am right now taking some of the OHDSI courses and reviewing the resources. I am looking forward to join the community and learn from one another! Hope to be in touch!

5d

Hello @assarabiya and welcome to OHDSI!

I highly suggest you start with EHDEN Academy. The first course you should take is OMOP CDM and Standardized Vocabularies. Make sure you have a thorough understanding of the content before moving on to the Infrastructure; Extract, Transform and Load; Introduction to Ucagi Code Mappings and for an ETL.

The Health Systems Interest Group on MS Teams assists health systems and you can also post specific questions to the CDM Builders group on the forums.

20h
Meet Our Newest Members

OHDSI Workgroups

OHDSI’s central mission is to improve health by empowering a community to collaboratively generate the evidence that promotes better health decisions and better care. We work towards that goal in the areas of data standards, methodological research, open-source analytics development, and clinical applications.

Our workgroups present opportunities for all community members to find a home for their talents and passions, and make meaningful contributions. We are always looking for new collaborators. Learn more about these workgroups by checking out this page.

See an area where you want to contribute? Please Join The Journey!

Get to Know the OHDSI Workgroups

Africa Chapter
APAC
ATLAS/WeaveAPI
Clinical Trials
Common Data Model
CDM Survey Subgroup
CDM Vocabulary Subgroup
Dentistry
Early-Stage Researchers
Electronic Animal Health Records
Eye Care & Vision Research
FHIR and OMOP

Generative AI & Analytics in Healthcare (GAMA)
GIS – Geographic Information System
HAI/ESR
Health Equity
Healthcare Systems
Industry
Latin America
Medical Devices
Medical Imaging
Methods Research
Natural Language Processing
Network Data Quality

Oncology
Open-Source Community
Patient-Level Prediction
Perinatal and Reproductive Health
Phenotyping Development & Evaluation
Psychiatry
Rehabilitation
Registry
Steering Group
Surgery and Perioperative Medicine
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<td>Varsha Borhade</td>
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<td>Mike Enger</td>
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<td>Hozefa A. Divan</td>
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<td>Shavawn Morgan</td>
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<td>Mary Regan</td>
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<td>Fares Alahdab</td>
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<td>Esmond Urwin</td>
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<td>Ivy Cerelia Valerie</td>
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<td>Ann-Marie Jankowski</td>
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<td>Ondrej Klempir</td>
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The weekly OHDSI community call is held every Tuesday at 11 am ET.

Everybody is invited!

Links are sent out weekly and available at: ohdssi.org/community-calls