ATLAS Deepdive: Technical and Administrative Capabilities

OHDSI Community Call
July 1, 2025 • 11 am ET

Upcoming Community Calls

Date	Topic
July 1	ATLAS Deepdive: Technical and Administrative Capabilities
July 8	No Meeting – Europe Symposium
July 15	Europe Symposium Review
July 22	OMOP/OHDSI Research Spotlight
July 29	Asia-Pacific Regional Updates
Aug. 5	No Meeting
Aug. 12	Newcomer Introductions

Three Stages of The Journey

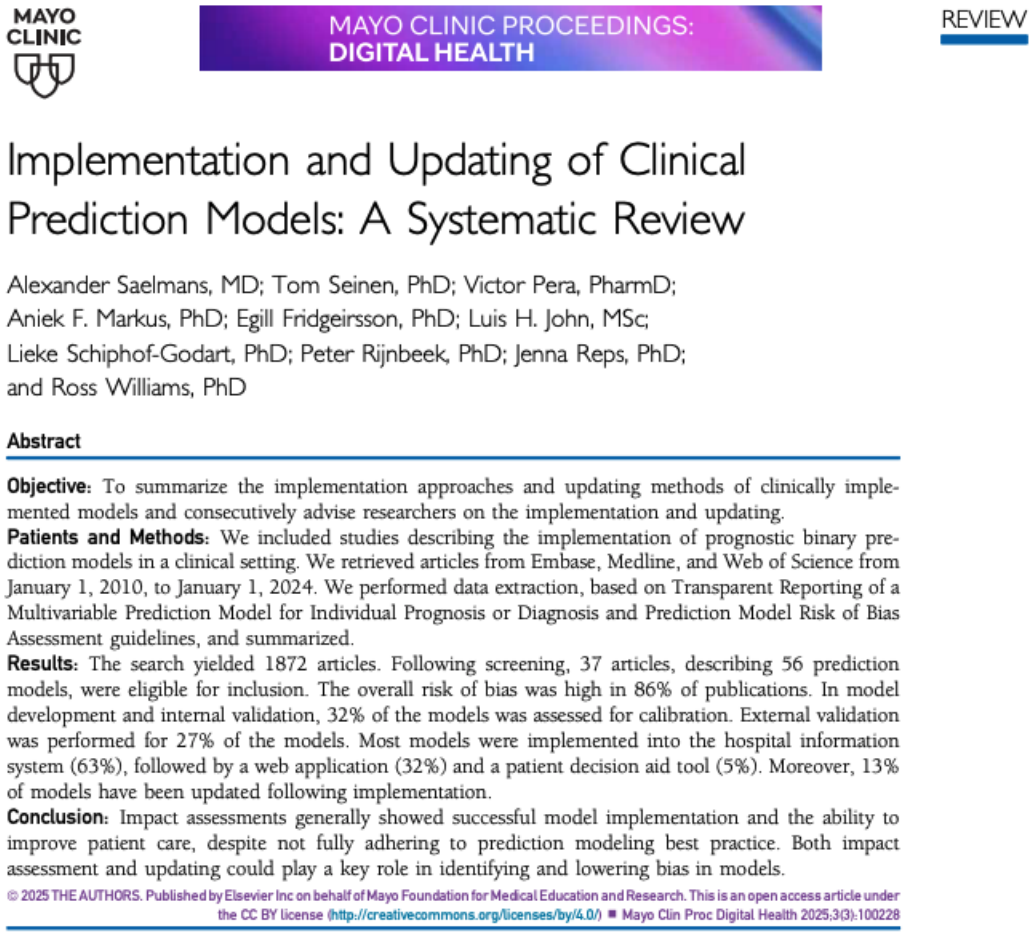
Where Have We Been?

Where Are We Now?

Where Are We Going?

OHDSI Shoutouts!

Congratulations to the team of **Alexander Saelmans, Tom Seinen, Victor Pera, Aniek F. Markus, Egill Fridgeirsson, Luis H. John, Lieke Schiphof-Godart, Peter Rijnbeek, Jenna Reps, and Ross Williams** on the publication of **Implementation and Updating of Clinical Prediction Models: A Systematic Review** in *Mayo Clinic Proceedings: Digital Health.*



MAYO CLINIC

MAYO CLINIC PROCEEDINGS: DIGITAL HEALTH

REVIEW

Implementation and Updating of Clinical Prediction Models: A Systematic Review

Alexander Saelmans, MD; Tom Seinen, PhD; Victor Pera, PharmD; Aniek F. Markus, PhD; Egill Fridgeirsson, PhD; Luis H. John, MSc; Lieke Schiphof-Godart, PhD; Peter Rijnbeek, PhD; Jenna Reps, PhD; and Ross Williams, PhD

Abstract

Objective: To summarize the implementation approaches and updating methods of clinically implemented models and consecutively advise researchers on the implementation and updating.

Patients and Methods: We included studies describing the implementation of prognostic binary prediction models in a clinical setting. We retrieved articles from Embase, Medline, and Web of Science from January 1, 2010, to January 1, 2024. We performed data extraction, based on Transparent Reporting of a Multivariable Prediction Model for Individual Prognosis or Diagnosis and Prediction Model Risk of Bias Assessment guidelines, and summarized.

Results: The search yielded 1872 articles. Following screening, 37 articles, describing 56 prediction models, were eligible for inclusion. The overall risk of bias was high in 86% of publications. In model development and internal validation, 32% of the models was assessed for calibration. External validation was performed for 27% of the models. Most models were implemented into the hospital information system (63%), followed by a web application (32%) and a patient decision aid tool (5%). Moreover, 13% of models have been updated following implementation.

Conclusion: Impact assessments generally showed successful model implementation and the ability to improve patient care, despite not fully adhering to prediction modeling best practice. Both impact assessment and updating could play a key role in identifying and lowering bias in models.

 ■ Mayo Clin Proc Digital Health 2025;3(3):100228

OHDSI Shoutouts!

Congratulations to the team of **Richard Noll, Alexandra Berger, Carlo Facchinello, Katharina Stratmann, Jannik Schaaf, and Holger Storf** on the publication of **Enhancing diagnostic precision for rare diseases using case-based reasoning** in *JAMIA*.

Journal of the American Medical Informatics Association, 2025, 1–14
https://doi.org/10.1093/jamia/ocaf092
Research and Applications

Research and Applications

Enhancing diagnostic precision for rare diseases using case-based reasoning

Richard Noll, MSc*[,1], Alexandra Berger, PhD[2], Carlo Facchinello, PhD[3], Katharina Stratmann, PhD[4], Jannik Schaaf, PhD[1], Holger Storf, PhD[1]

[1]Institute of Medical Informatics, Goethe University Frankfurt, University Medicine, 60590 Frankfurt am Main, Germany, [2]Frankfurt Reference Centre for Rare Diseases, University Medicine, Goethe University Frankfurt, 60596 Frankfurt am Main, Germany, [3]Academic Teaching Practice of the Heinrich-Heine-University Düsseldorf, 40885 Ratingen, Germany, [4]Medical Clinic 1, Goethe University Frankfurt, University Medicine, 60596 Frankfurt am Main, Germany

*Corresponding author: Richard Noll, MSc, Institute of Medical Informatics, Goethe University Frankfurt, University Medicine, Theodor-Stern-Kai 7, 60590 Frankfurt am Main, Germany (noll@med.uni-frankfurt.de)

Abstract

Objective: This study aims to enhance the diagnostic process for rare diseases using case-based reasoning (CBR). CBR compares new cases with historical data, utilizing both structured and unstructured clinical data.

Materials and Methods: The study uses a dataset of 4295 patient cases from the University Hospital Frankfurt. Data were standardized using the OMOP Common Data Model. Three methods—TF, TF-IDF, and TF-IDF with semantic vector embeddings—were employed to represent patient records. Similarity search effectiveness was evaluated using cross-validation to assess diagnostic precision. High-weighted concepts were rated by medical experts for relevance. Additionally, the impact of different levels of ICD-10 code granularity on prediction outcomes was analyzed.

Results: The TF-IDF method showed a high degree of precision, with an average positive predictive value of 91% in the 10 most similar cases. The differences between the methods were not statistically significant. The expert evaluation rated the medical relevance of high-weighted concepts as moderate. The granularity of ICD-10 coding significantly influences the precision of predictions, with more granular codes showing decreased precision.

Discussion: The methods effectively handle data from multiple medical specialties, suggesting broad applicability. The use of broader ICD-10 codes with high precision in prediction could improve initial diagnostic guidance. The use of Explainable AI could enhance diagnostic transparency, leading to better patient outcomes. Limitations include standardization issues and the need for more comprehensive lab value integration.

Conclusion: While CBR shows promise for rare disease diagnostics, its utility depends on the specific needs of the decision support system and its intended clinical application.

Key words: case-based reasoning; rare diseases; diagnostic techniques and procedures; medical informatics; interdisciplinary research.

Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?

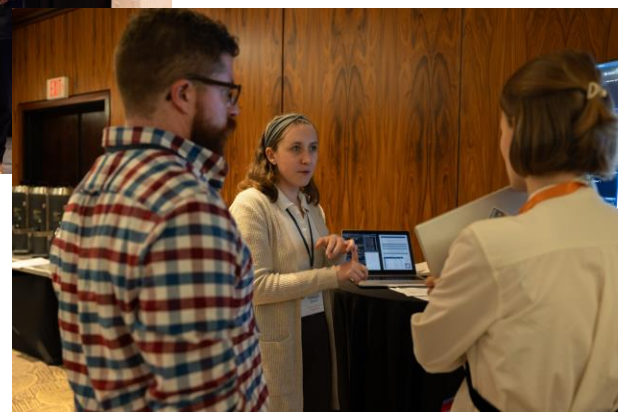
Upcoming Workgroup Calls

Date	Time (ET)	Meeting
Tuesday	12 pm	ATLAS
Wednesday	8 am	Psychiatry
Thursday	11 am	Themis
Thursday	11 am	Industry
Thursday	12 pm	Methods Research
Thursday	1 pm	Oncology Vocabulary/Development Subgroup
Monday	9 am	Vaccine Vocabulary
Monday	10 am	Africa Chapter
Monday	10 am	Getting Started Subgroup
Tuesday	9 am	Oncology Genomic Subgroup
Tuesday	9:30 am	CDM Survey Subgroup

#OHDSI2025 Submission Deadline: TODAY

The Collaborator Showcase submission deadline for the 2025 Global Symposium is July 1 (8 pm ET).

The #OHDSI2025 Global Symposium will be held Oct. 7-9 in New Brunswick, NJ.



More information about the collaborator showcase, including links to the submission form and poster templates, can be found on the #OHDSI2025 homepage.

#OHDSI2025 Tutorials

The 2025 Global Symposium will open with a day of tutorials (Oct. 7), providing opportunities for both OHDSI newcomers and veterans to learn more about the community and focused research areas.

An introductory tutorial will be a standalone session during the morning; while the afternoon will include five advanced tutorials. Learn more about each below; you can sign up for specific tutorials during the symposium registration process.

#OHDSI2025 Tutorials

Morning Session (8 am - 12 pm ET)

An Introduction to the Journey from Data to Evidence Using OHDSI

The journey from data to evidence can be challenging alone but is greatly enabled through community collaboration. In this half-day tutorial, we will introduce newcomers to OHDSI. Specifically, about the tools, practices, and open-science approach to evidence generation that the OHDSI community has developed and evolved over the past decade.

Lead: Erica Voss

#OHDSI2025 Tutorials

Afternoon Session (1 pm - 5 pm ET)

Developing and Evaluating Your Extract, Transform, Load (ETL) Process to the OMOP Common Data Model

In this tutorial, students will learn about the tools and practices developed by the OHDSI community to support the journey to establish and maintain an ETL to standardize your data to OMOP CDM and enable standardized evidence generation across a data network.

Lead: Clair Blacketer

Using the OHDSI Standardized Vocabularies for Research

In this tutorial, students will learn how to take advantage of the OHDSI standardized vocabularies as an analytic tool to support your research, including searching for relevant clinical concepts, navigating concept relationships, creating conceptsets and understanding source codes that map within these expressions. Students will also learn where the OHDSI standardized vocabularies are used throughout OHDSI's standardized analytic tools.

Lead: Anna Ostropolets

#OHDSI2025 Tutorials

Clinical Characterization Applications to Generate Reliable Real-World Evidence

Clinical characterization—descriptive statistics to summarize disease natural history, treatment utilization, and outcome incidence—are the at heart of many real-world data applications, including study feasibility and quality improvement. In this tutorial, students will learn how to design and implement observational network studies for characterization, and how to apply tools and practices developed by the OHDSI community to ensure the evidence generated is reliable.

Lead: Patrick Ryan

Population-Level Effect Estimation Applications to Generate Reliable Real-World Evidence

Population-level effect estimation–causal inference methods for comparative effectiveness and safety surveillance–enables researchers to understand how exposure to medical interventions are expected to impact health outcomes. In this tutorial, students will learn how to design causal inference studies and how to apply tools (such as CohortMethod) and practices (such as objective diagnostics) developed by the OHDSI community to ensure the evidence generated is reliable.

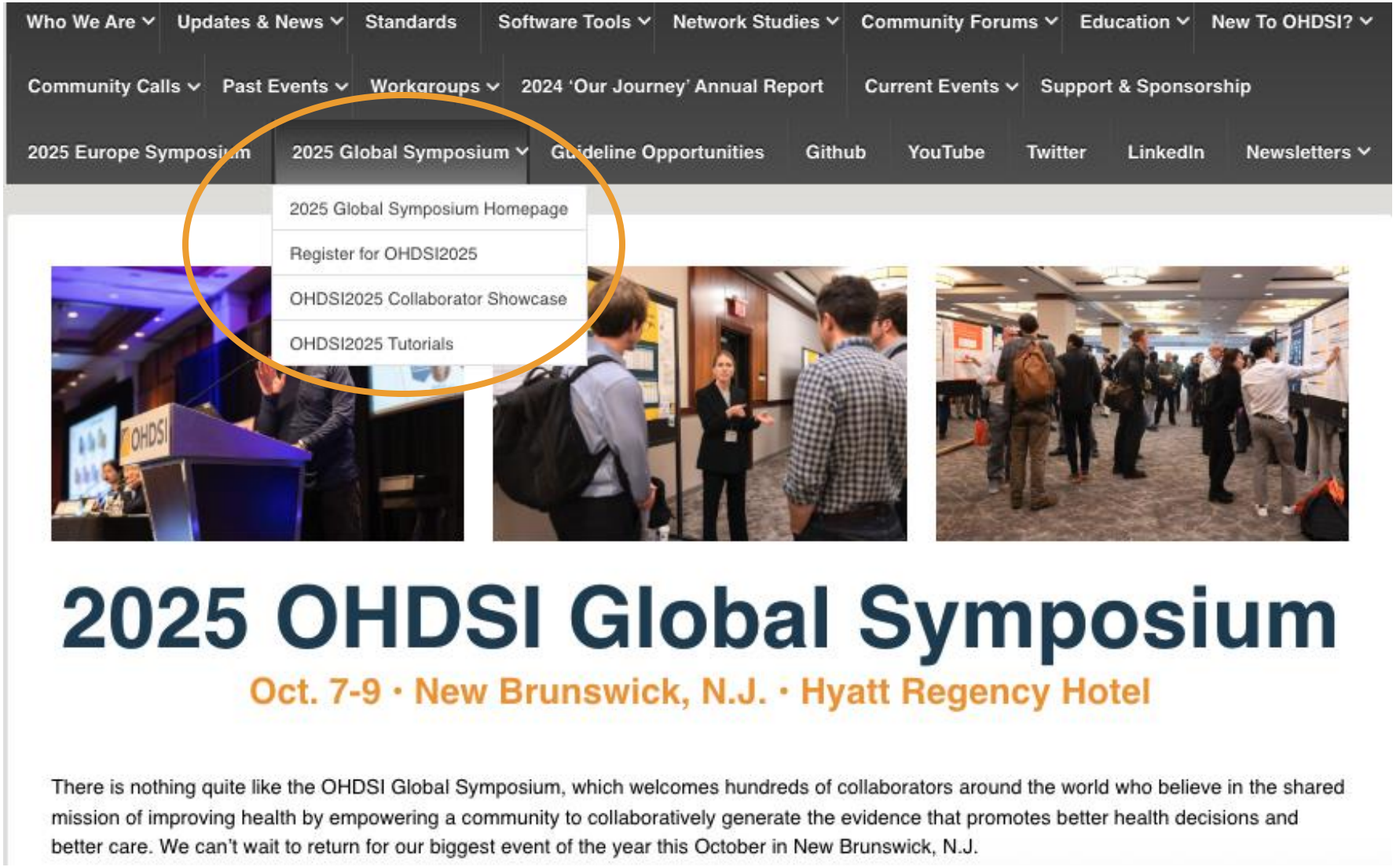
Lead: George Hripcsak

Patient-Level Prediction Applications to Generate Reliable Real-World Evidence

Patient-level prediction—the use of machine learning to train, test, and apply predictive models for disease interception and precision medicine—offers the potential to personalize healthcare by enabling individualized risk prediction based on personal health history. In this tutorial, students will learn how apply tools and practices developed by the OHDSI community, including the PatientLevelPrediction HADES R package, to design and implement network studies capable of learning and externally validating prediction models, and how to apply these models to your population.

Lead: Jenna Reps

Global Symposium: Oct. 7-9

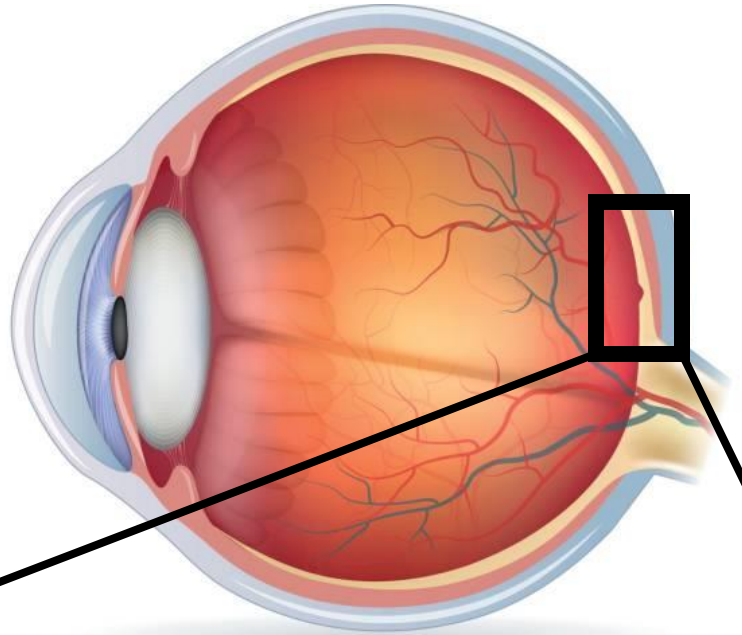


Is Semaglutide Associated with Yet Another Blinding Eye Disease?

JAMA Ophthalmology | Original Investigation

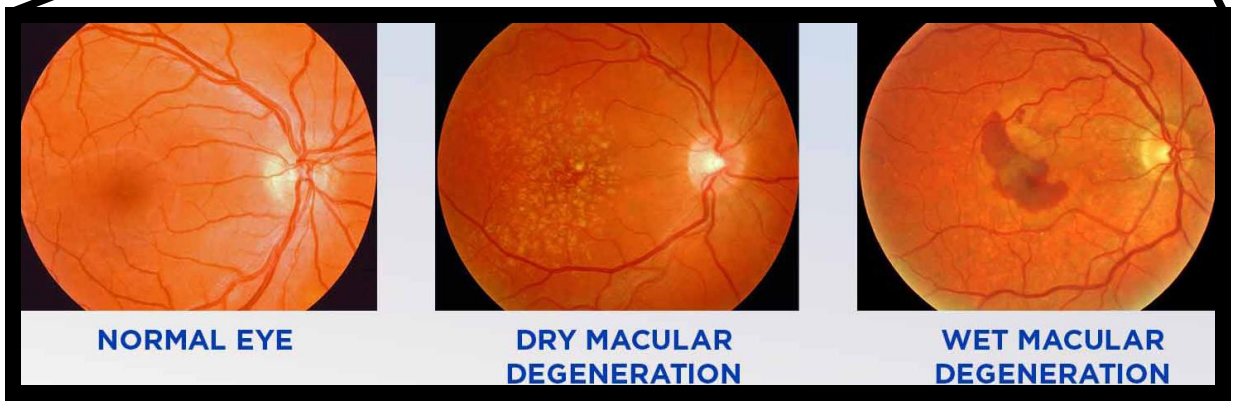
Glucagon-Like Peptide-1 Receptor Agonists and Risk of Neovascular Age-Related Macular Degeneration

Reut Shor, MD; Andrew Mihalache, MD(C); Atefeh Noori, PhD; Renana Shor, MD; Radha P. Kohly, MD, PhD; Marko M. Popovic, MD, MPH; Rajeev H. Muni, MD, MSc



Hazard Ratio of NVAMD 2.21 (95% CI 1.65 – 2.96)

Linked claims + EHR data (Ontario Health Insurance Plan)
46,334 adults with diabetes exposed to GLP1-RA (>6mo) compared to 92,668 unexposed to GLP1-RA



Europe Symposium Agenda

Symposium Agenda – July 7, 2025

Time	Topic	
8:00 - 9:00	*Registration & Coffee*	
9:00 - 9:10	Welcome to the European OHDSI Journey *(Speakers: Liesbet M. Peeters & Peter Rijnbeek)*	
9:10 - 9:30	Journey of OHDSI: Where have we been and where can we go together? *(Speaker: Patrick Ryan)*	
9:30 - 11:00	Impact of Leveraging OMOP CDM for Scalable and Reliable Evidence Generation Showcased by the National Nodes *(Moderators: Renske Los & Annelies Verbiest)*	
11:00 - 11:30	*Coffee Break*	
11:30 - 12:45	Collaborator Showcase: Rapid Fire Presentations *(Moderator: TBC)*	
12:45 - 13:45	*Lunch*	
13:45 - 16:00	OHDSI Collaborator Showcase	Early Investigator Mentor Meeting (14:00 - 15:00)
16:00 - 17:10	Bridging Policy and Practice: OHDSI's Role in Implementing the European Health Data Space *(Panel debate)* *(Confirmed speakers/moderators: Enrique Bernal-Delgado, Nick Marly, Talita Duarte-Salles, Patrick Ryan, Dipak Kalra)*	
17:10 - 17:30	Closing remarks *(Speakers: Liesbet M. Peeters & Peter Rijnbeek)*	

Agenda Saturday July 5, 2025

Time	Activity	Track 1A - Newcomers	Track 1B - Newcomers	Track 2 - Advanced	Track 3 - NN/WG
09:30 - 10:00	*Registration + coffee*				
10:00 - 12:30	Morning Session	**Introduction to OHDSI – Tutorial** Lead: Renske Los, Aniek Markus & Laura Verbeij (Erasmus MC) *Overview of OHDSI, key concepts, and an introduction to the OMOP Common Data Model*			**HADES hack-a-thon** Lead: Martijn Schuemie (J&J), Adam Black (Erasmus MC), Anthony Sena (Janssen R&D) *Hands-on coding and tool development in HADES*
12:30 - 13:30	*Lunch break*				
13:30 - 15:00	Afternoon Session I	**OMOP CDM & ETL Conventions** Lead: Maxim Moinat (Erasmus MC), Sofia Bazakou & Anne van Winzum (The Hyve)	**OHDSI Standardized Vocabularies for Research – Part 1.1** Lead: Anna Ostropolets (Janssen R&D), Polina Talapova (Sciforce), Vlad Korsik & Oleg Zhuk (Odysseus) *Concept sets & patient identification techniques.*		
15:00 - 15:30	*Coffee Break*				
15:30 - 17:00	Afternoon Session II		**OHDSI Standardized Vocabularies for Research – Part 1.2** Lead: Anna Ostropolets (Janssen R&D), Polina Talapova (Sciforce), Vlad Korsik & Oleg Zhuk (Odysseus) *Concept sets & patient identification techniques.*		
17:15 - 18:45*	**Optional - guided city tour Hasselt (with local specialities)*				

Agenda Sunday July 6, 2025

Time	Activity	Track 1A - Newcomers	Track 1B - Newcomers	Track 2 - Advanced	Track 3 - NN/WG
09:30 - 10:00	*Registration + coffee*				
10:00 - 12:30	Morning Session		**OHDSI Standardized Vocabularies for Research – Part 2** Lead: Anna Ostropolets (Janssen R&D), Polina Talapova (Sciforce), Vlad Korsik & Oleg Zhuk (Odysseus) *Final discussion & application of concept sets.*		**NN All Actors Meet Parallel NN meetings**
12:30 - 13:30	***Data Partners Lunch Break***				
13:30 - 15:00	Afternoon Session I	**Whirlwind Introduction to Open-Source Analytic Tools - Part 1** Lead: Martijn Schuemie (J&J), Adam Black (Erasmus MC), Anthony Sena (Janssen R&D) *Overview of HADES and other key OHDSI tools for analysis.*		**Running characterisation studies from beginning to end: a tutorial using DARWIN EU standardised analytics - Part 1** Lead: Daniel Prieto-Alhambra (Oxford University)	**NN All Actors Meet Parallel NN meetings**
15:00 - 15:30	*Coffee Break*				
15:30 - 17:00	Afternoon Session II	**Whirlwind Introduction to Open-Source Analytic Tools - Part 2** Lead: Martijn Schuemie (J&J), Adam Black (Erasmus MC), Anthony Sena (Janssen R&D) *Overview of HADES and other key OHDSI tools for analysis.*		**Running characterisation studies from beginning to end: a tutorial using DARWIN EU standardised analytics - Part 2** Lead: Daniel Prieto-Alhambra (Oxford University)	**OHDSI Europe NN leads meet** Lead: Renske Los (only NN leads/managers)
17:00 - 18:00*	**Optional - networking drink*				

2025 UK Symposium

The 2025 OHDSI UK Symposium will be held Sept. 26 in London.

Registration is now open!

2025 Global Symposium

The 2025 OHDSI Global Symposium will be held Oct. 7-9 in New Brunswick, N.J.

Registration for both the conference and tutorials is OPEN!

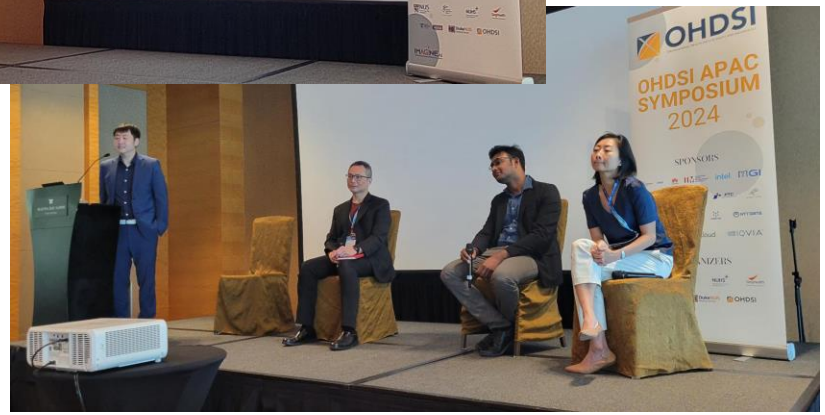
2025 Africa Symposium

The 2025 OHDSI Africa Symposium will be held Nov. 10-12 in Kampala, Uganda.

The abstract submission deadline will be August 25.

2025 APAC Symposium

The 2025 OHDSI APAC Symposium will be held Dec. 6-7 in Shanghai, China.



Information on registration and abstract deadline will be posted when available.

The Center for Advanced Healthcare Research Informatics (CAHRI) at Tufts Medicine welcomes:

Tiffany Callahan, PhD

Senior Machine Learning Research Scientist at SandboxAQ

‘Agentic Mixture-of-Workflows for Multi-Modal Chemical Search’

July 31, 2025, 11am-12pm EDT

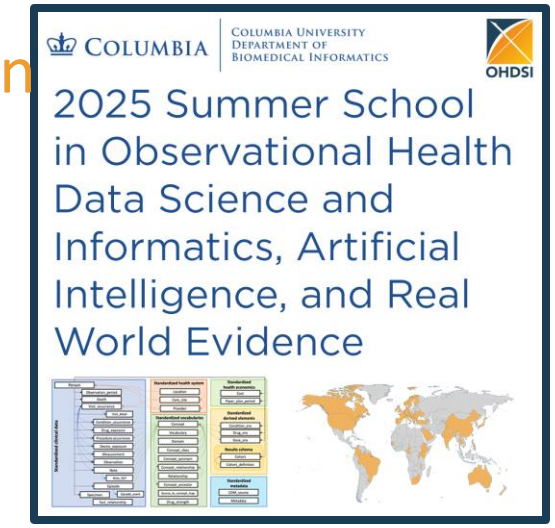
Virtually via Zoom

Please contact Marty Alvarez at malvarez2@tuftsmedicalcenter.org for calendar invite or questions.

TuftsMedicine
Tufts Medical Center

Columbia Summer School on OHDSI

Registration is open for the first ever Columbia Summer School on OHDSI, held July 14-18, 2025,
at the Columbia University Department of Biomedical Informatics in New York City.



The Columbia Summer School in Observational Health Data Science and Informatics, Artificial Intelligence, and Real World Evidence (RWE) offers health professionals, researchers and industry practitioners the opportunity to gain familiarity and hands-on experience with real world data and generating real world evidence. Participants will learn about the different types of healthcare data captured during routine clinical care, including electronic health records and administrative records, and how these data can be standardized to the OMOP Common Data Model to enable distributed data network research.

Meet Our Faculty

George Hripcsak, MD MS
Vivian Beaumont Allen Professor of Biomedical Informatics

Patrick Ryan, PhD
Adjunct Assistant Professor of Biomedical Informatics

Anna Ostropolets, MD PhD
Adjunct Assistant Professor of Biomedical Informatics

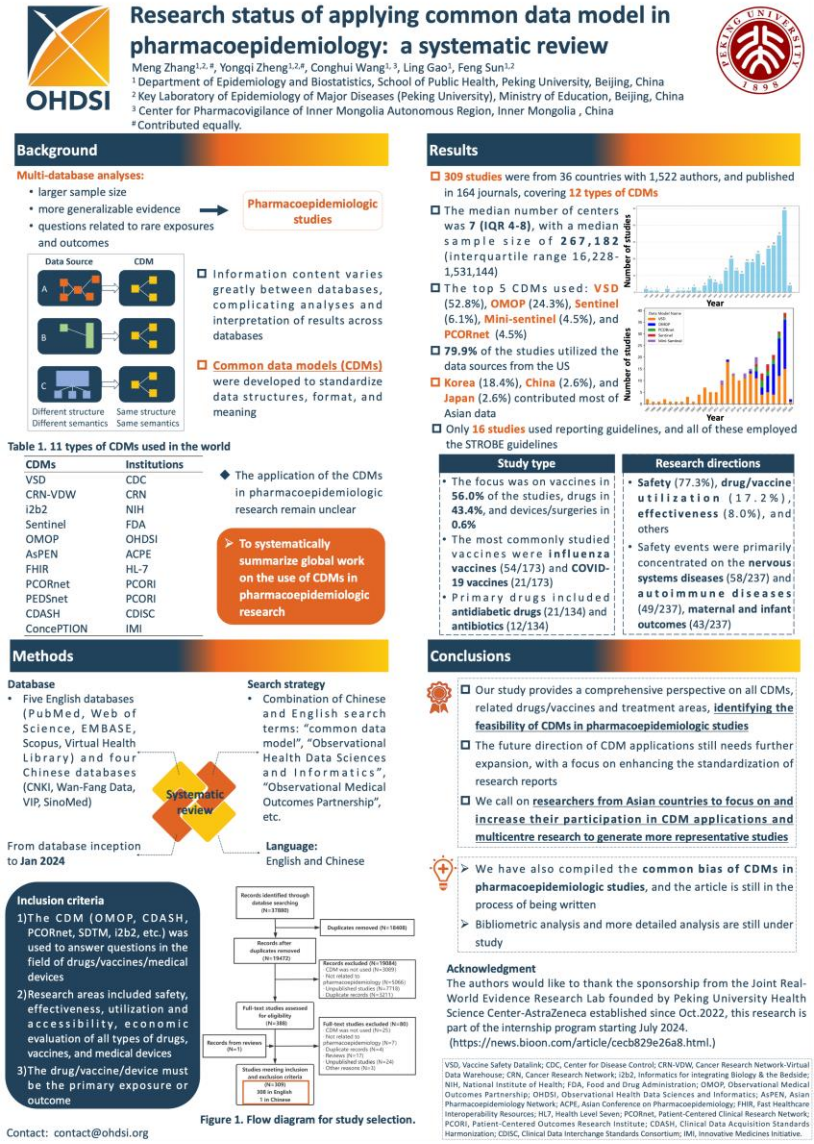
Karthik Natarajan, PhD
Assistant Professor of Biomedical Informatics

#OHDSISocialShowcase This Week

Monday

Research status of applying common data model in pharmaco-epidemiology: a systematic review

(Meng Zhang, Yongqi Zheng, Conghui Wang, Ling Gao, Feng Sun)



Research status of applying common data model in pharmacoepidemiology: a systematic review

Meng Zhang[1,2,#], Yongqi Zheng[1,2,#], Conghui Wang[1,3], Ling Gao[1], Feng Sun[1,2]
[1] Department of Epidemiology and Biostatistics, School of Public Health, Peking University, Beijing, China
[2] Key Laboratory of Epidemiology of Major Diseases (Peking University), Ministry of Education, Beijing, China
[3] Center for Pharmacovigilance of Inner Mongolia Autonomous Region, Inner Mongolia , China
[#] Contributed equally.

Background

Multi-database analyses:
- larger sample size
- more generalizable evidence
- questions related to rare exposures and outcomes

→ Pharmacoepidemiologic studies

Data Source / CDM

Different structure Different semantics / Same structure Same semantics

- Information content varies greatly between databases, complicating analyses and interpretation of results across databases
- Common data models (CDMs) were developed to standardize data structures, format, and meaning

Table 1. 11 types of CDMs used in the world

CDMs	Institutions
VSD	CDC
CRN-VDW	CRN
i2b2	NIH
Sentinel	FDA
OMOP	OHDSI
AsPEN	ACPE
FHIR	HL-7
PCORnet	PCORI
PEDSnet	PCORI
CDASH	CDISC
ConcePTION	IMI

- The application of the CDMs in pharmacoepidemiologic research remain unclear

➢ To systematically summarize global work on the use of CDMs in pharmacoepidemiologic research

Methods

Database
- Five English databases (PubMed, Web of Science, EMBASE, Scopus, Virtual Health Library) and four Chinese databases (CNKI, Wan-Fang Data, VIP, SinoMed)

From database inception to Jan 2024

Search strategy
- Combination of Chinese and English search terms: "common data model", "Observational Health Data Sciences and Informatics", "Observational Medical Outcomes Partnership", etc.

Language: English and Chinese

Systematic review

Inclusion criteria
1)The CDM (OMOP, CDASH, PCORnet, SDTM, i2b2, etc.) was used to answer questions in the field of drugs/vaccines/medical devices
2)Research areas included safety, effectiveness, utilization and accessibility, economic evaluation of all types of drugs, vaccines, and medical devices
3)The drug/vaccine/device must be the primary exposure or outcome

Figure 1. Flow diagram for study selection.

Results
- 309 studies were from 36 countries with 1,522 authors, and published in 164 journals, covering 12 types of CDMs
- The median number of centers was 7 (IQR 4-8), with a median sample size of 267,182 (interquartile range 16,228-1,531,144)
- The top 5 CDMs used: VSD (52.8%), OMOP (24.3%), Sentinel (6.1%), Mini-sentinel (4.5%), and PCORnet (4.5%)
- 79.9% of the studies utilized the data sources from the US
- Korea (18.4%), China (2.6%), and Japan (2.6%) contributed most of Asian data
- Only 16 studies used reporting guidelines, and all of these employed the STROBE guidelines

Number of studies / Year

Study type	Research directions
• The focus was on vaccines in 56.0% of the studies, drugs in 43.4%, and devices/surgeries in 0.6%	• Safety (77.3%), drug/vaccine utilization (17.2%), effectiveness (8.0%), and others
• The most commonly studied vaccines were influenza vaccines (54/173) and COVID-19 vaccines (21/173)	• Safety events were primarily concentrated on the nervous systems diseases (58/237) and autoimmune diseases (49/237), maternal and infant outcomes (43/237)
• Primary drugs included antidiabetic drugs (21/134) and antibiotics (12/134)	

Conclusions
- Our study provides a comprehensive perspective on all CDMs, related drugs/vaccines and treatment areas, identifying the feasibility of CDMs in pharmacoepidemiologic studies
- The future direction of CDM applications still needs further expansion, with a focus on enhancing the standardization of research reports
- We call on researchers from Asian countries to focus on and increase their participation in CDM applications and multicentre research to generate more representative studies

➢ We have also compiled the common bias of CDMs in pharmacoepidemiologic studies, and the article is still in the process of being written
➢ Bibliometric analysis and more detailed analysis are still under study

Acknowledgment
The authors would like to thank the sponsorship from the Joint Real-World Evidence Research Lab founded by Peking University Health Science Center-AstraZeneca established since Oct.2022, this research is part of the internship program starting July 2024. (https://news.bioon.com/article/cecb829e26a8.html.)

Contact: contact@ohdsi.org

#OHDSISocialShowcase This Week

Tuesday

Disparities in care for scaphoid fractures

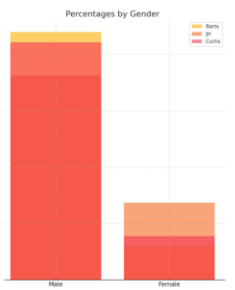
(Usama Rahman, G Zhang, B Martin, P Nagy, A Giladi, D Laporte, D.S Edwards, X.L Griffin, J.C.E Lane)

Those from minority ethnic backgrounds and those with male gender may be more likely to suffer a scaphoid fracture non-union and subsequent operative fixation.

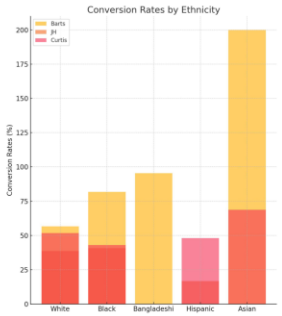
Title**: An **international** multi-centre **federated-network** data analysis using **routine health data (EHR)** investigating **disparities in care for patients with scaphoid fractures.

Background: *Scaphoid fractures of the hand represent an injury that can be associated with significant morbidity if diagnosis or treatment is delayed. Patients may then present with a non-union of a fracture leading to disability and increased healthcare costs associated with treatment. Scaphoid fracture diagnosis and treatment are highly variable with age, gender, and ethnicity leading to disparities in care. We aimed to use routine health data (EHR) to investigate these disparities.*

Scaphoid Fracture Non-Union by Gender



Scaphoid Fracture Non-Union Operative Fixation



Methods

1. Routine health data was extracted and converted to OMOP
2. Snomed CT and CPT-4 codes were used to create four cohorts:
   - scaphoid fracture
   - scaphoid fracture - primary operative intervention
   - scaphoid fracture non-union
   - scaphoid fracture non-union surgery
3. Federated analysis was undertaken across three international sites (secondary care) using the same OMOP code:
   - Barts NHS - UK
   - Johns Hopkins - USA
   - Curtis National Hand Centre - USA
4. Results were analysed descriptively and incidence rates were calculated based on the individual populations.

Limitation:

- Variable coding between centres can limit the yield of information when conducting federated analyses
- Ethnicity coding varies between sites
- Scaphoid fractures may not be completely captured due to unmapped and unstructured data from outpatient departments

U Rahman 1,2, G Zhang 3, B Martin 4, P Nagy 4, A Giladi 3, D Laporte 4, D.S Edwards 1,2, X.L Griffin 1,2, J.C.E Lane 1,2

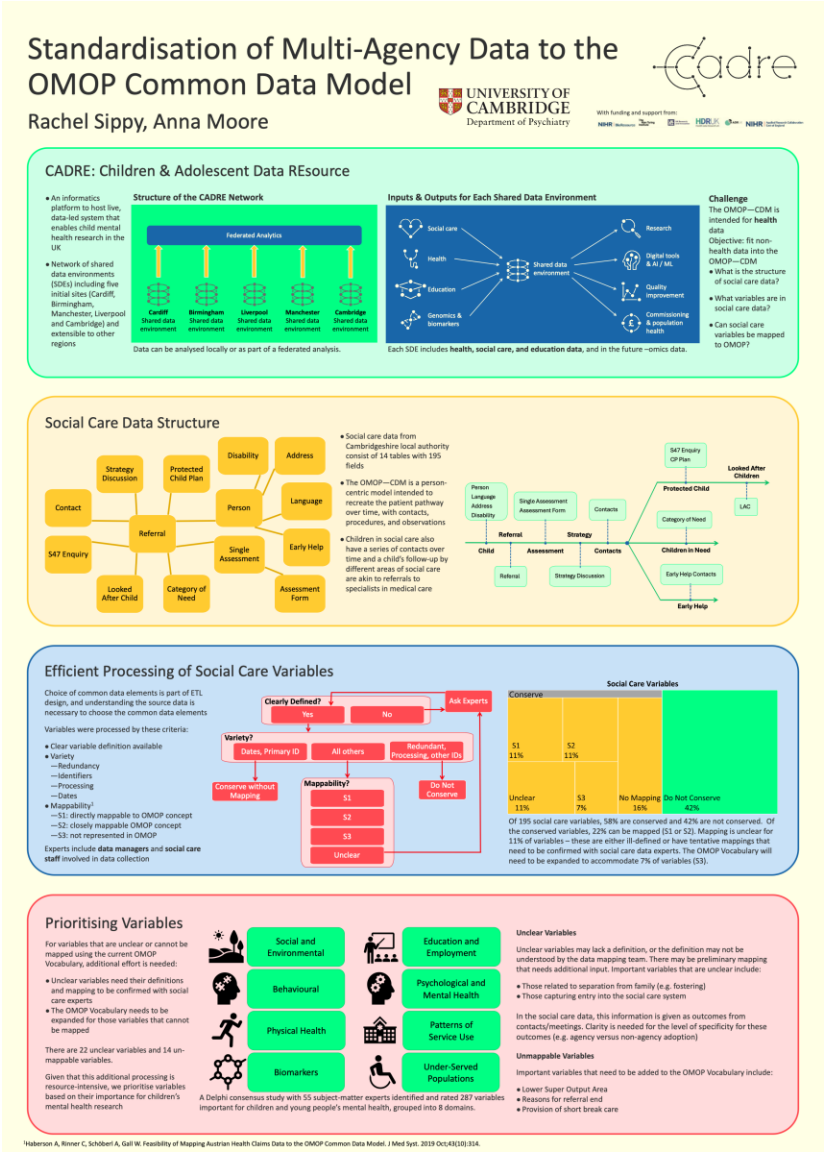
1 – Barts NHS Trust, London, United Kingdom
2 – Barts Bone and Joint Health, Queen Mary University London, London, United Kingdom
3 – Curtis National Hand Centre, MedStar Health, Baltimore, USA
4 – Johns Hopkins Hospital, Baltimore, USA

#OHDSISocialShowcase This Week

Wednesday

Standardisation of Multi-Agency Data to the OMOP Common Data Model

(Rachel Sippy, Anna Moore)

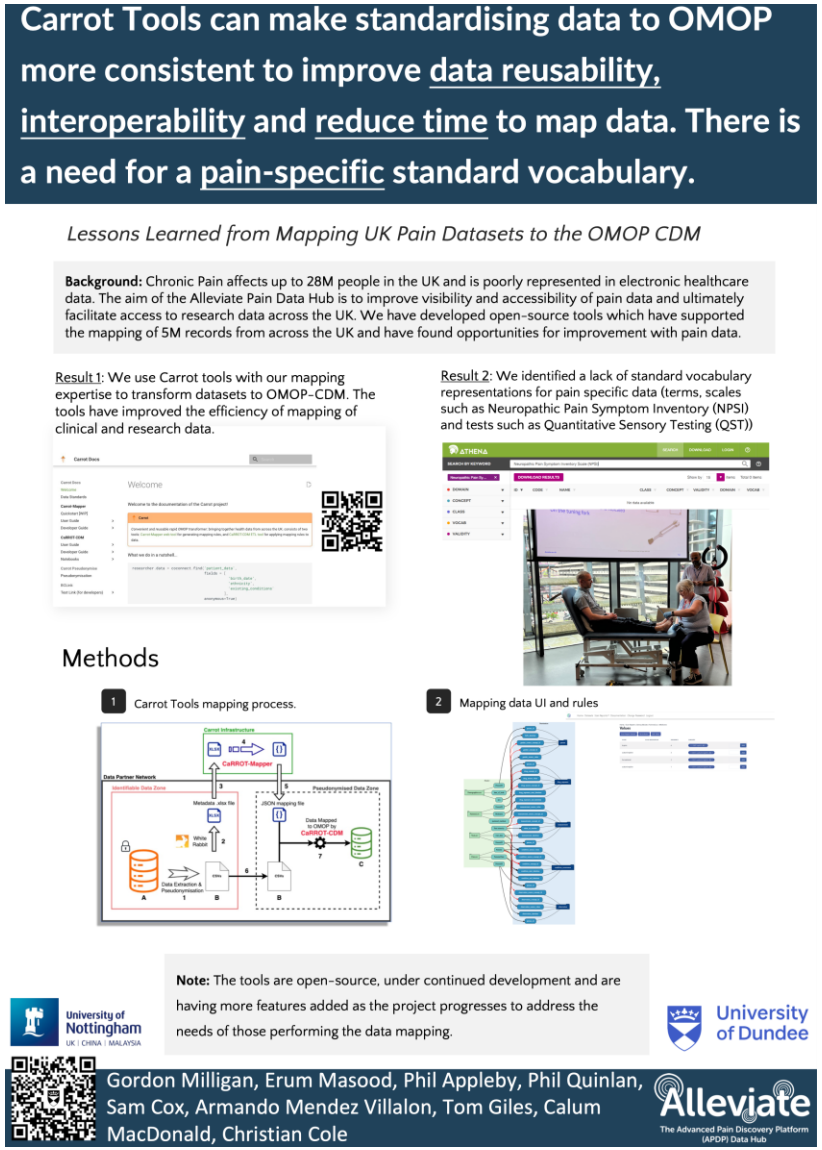


#OHDSISocialShowcase This Week

Thursday

Lessons Learned from Mapping UK Pain Datasets to the OMOP CDM

(Gordon Milligan, Erum Masood, Phil Appleby, Phil Quinlan, Sam Cox, Armando Mendez Villalon, Tom Giles, Calum MacDonald, Christian Cole)

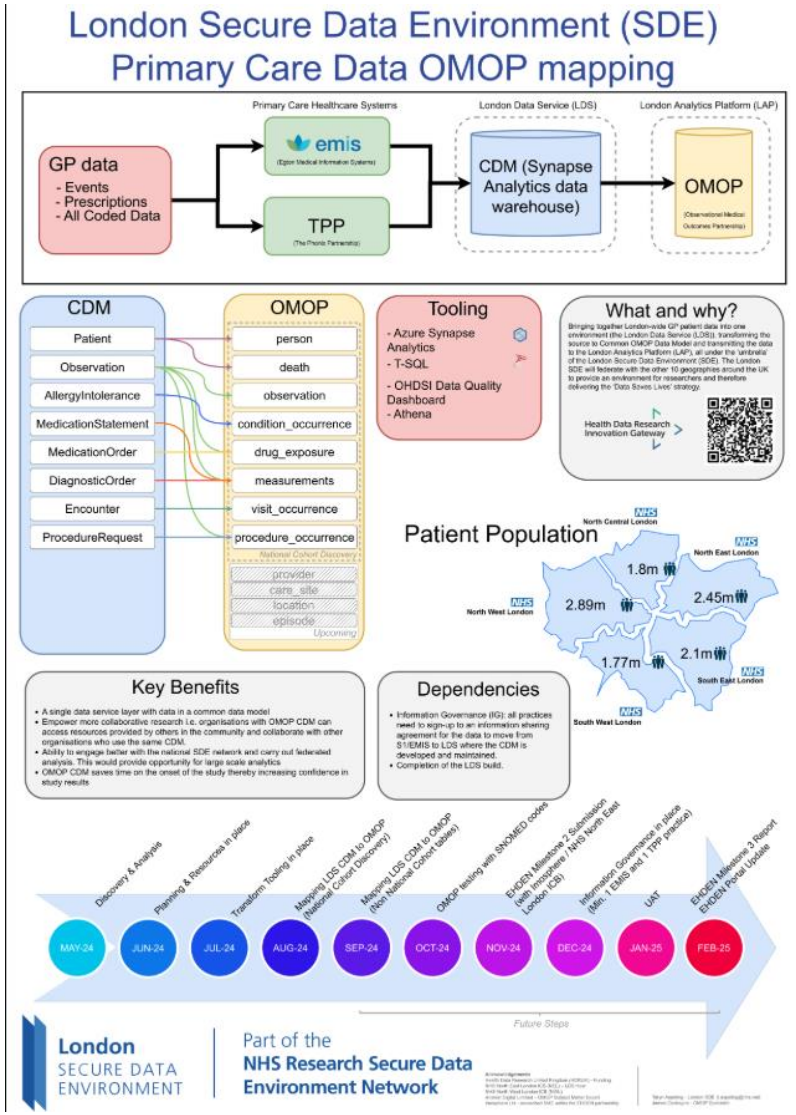


#OHDSISocialShowcase This Week

Friday

London Secure Data Environment (SDE) Primary Care Data OMOP Mapping

(Taryn Aspeling, James Cockayne)



Where Are We Going?

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

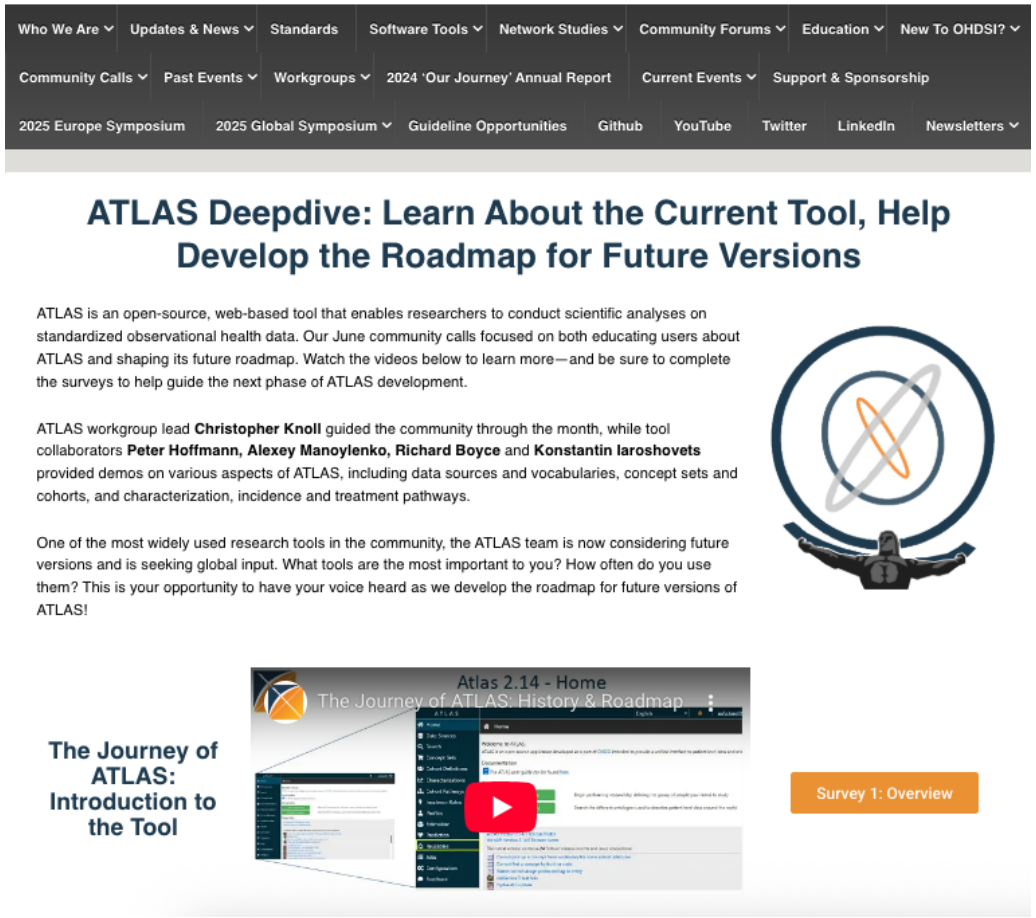
Three Stages of The Journey

Where Have We Been?

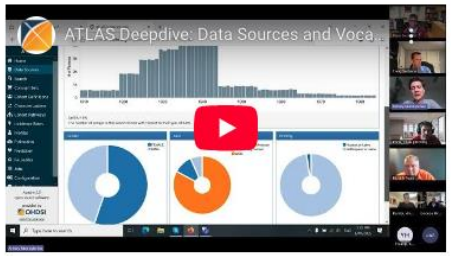
Where Are We Now?

Where Are We Going?

ATLAS Roadmap Homepage

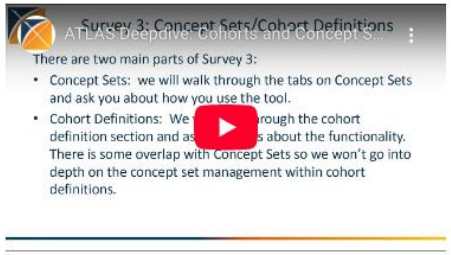


ATLAS Deepdive: Data Sources/ Vocabularies



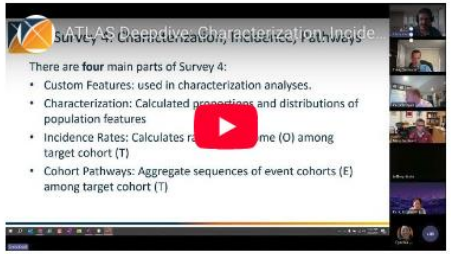
Survey 2: Data Sources/Vocabulary

ATLAS Deepdive: Concept Sets/Cohorts



Survey 3: Concept Sets/Cohorts

ATLAS Deepdive: Characterization, Incidence, Treatment Pathways



Survey 4: Characterization, Incidence, Treatment Pathways

ohdsi.org/atlas-roadmap-2025

July 1: ATLAS Deepdive

Technical and Administrative Functions

Christopher Knoll

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Janssen Research and Development
ATLAS Workgroup Co-Lead

Konstantin Iaroshovets

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Odysseus Data Services, Inc.
ATLAS Workgroup Co-Lead

Take our surveys to help create the roadmap for ATLAS!

The weekly OHDSI community call is held every Tuesday at 11 am ET.

Everybody is invited!

Links are sent out weekly and available at:
ohdsi.org/community-calls-2025