Tribute to a Titan: Jamie Weaver

OHDSI Community Call
Aug. 19, 2025 • 11 am ET

Upcoming Community Calls

Date	Topic
Aug. 26	Large-Language Model Innovations in OHDSI
Sept. 2	Standardized Vocabulary Summer Refresh Update
Sept. 9	Global Symposium Preview
Sept. 16	TBA
Sept. 23	Recent OHDSI Publications
Sept. 30	OHDSI 2025 Poster Preview Mad Minutes / Symposium Logistics
Oct. 7	No Call – OHDSI Symposium
Oct. 14	Welcome to OHDSI
Oct. 21	Meet the Titans

Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?

OHDSI Shoutouts!

Congratulations to the team of **Benjamin Martin, Will Kelly, Hannah Morgan-Cooper, Thomas Falconer, Elizabeth Park, Priya Desai, David Fiorentino, Lorinda Chung, Sean Yen, Zachary Wang, Didem Saygin, Michael George, Gowtham Rao, Joel Swerdel, Azza Shoaibi, and Christopher Mecoli** on the publication of **Identification of Adult Dermatomyositis Patients Using Real-World Data Sources** in *Arthritis Care & Research*.

Arthritis Care & Research
AN OFFICIAL JOURNAL OF THE AMERICAN COLLEGE OF RHEUMATOLOGY

Original Article | Full Access

Identification of Adult Dermatomyositis Patients Using Real-World Data Sources

Benjamin Martin, Will Kelly, Hannah Morgan-Cooper, Thomas Falconer, Elizabeth Park, Priya Desai, David Fiorentino, Lorinda Chung, Sean Yen, Zachary Wang, Didem Saygin ... See all authors

First published: 12 August 2025 | https://doi.org/10.1002/acr.25625

e-link

Author disclosures are available at https://onlinelibrary.wiley.com/doi/10.1002/acr.25625.
This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1002/acr.25625.

PDF TOOLS SHARE

Abstract

Objective

Studying rare diseases like dermatomyositis (DM) in single-center cohorts is challenging due to small sample sizes and limited generalizability. This study develops and evaluates case identification algorithms for DM to enable coordinated analysis across multiple data sources.

Three Stages of The Journey

Where Have We Been?

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Upcoming Workgroup Calls

Date	Time (ET)	Meeting
Tuesday	12 pm	CDM Vocabulary Subgroup
Tuesday	12 pm	ATLAS/WebAPI
Wednesday	8 am	Psychiatry
Wednesday	11 am	Common Data Model
Wednesday	1 pm	Perinatal and Reproductive Health
Thursday	8 am	Medical Devices
Thursday	8 am	India Community Call
Thursday	9 am	Oncology Vocabulary/Development Subgroup
Thursday	11 am	Themis
Thursday	12 pm	HADES
Friday	9 am	Phenotype Development and Evaluation
Friday	10 am	Transplant
Friday	10 am	GIS – Geographic Information System
Friday	11 am	Clinical Trials
Friday	11:30 am	Steering
Monday	10 am	Healthcare Systems Interest Group
Tuesday	9 am	Data2Evidence

OHDSI 2025 Agenda Posted

Agenda • Tuesday, Oct. 7

Time (ET)	Session/Topic
7:00 am - 8:00 am	Lite Breakfast and Registration, Exhibits
8:00 am - 12:00 pm	Introductory Tutorial: An Introduction to the Journey from Data to Evidence Using OHDSI Vocabulathon 2025
12:00 pm - 1:00 pm	Buffet Lunch for Tutorial Registrants, Exhibits
1:00 pm - 5:00 pm	Advanced Tutorial: Developing and Evaluating Your Extract, Transform, Load (ETL) Process to the OMOP Common Data Model Advanced Tutorial: Using the OHDSI Standardized Vocabularies for Research Advanced Tutorial: Clinical Characterization Applications to Generate Reliable Real-World Evidence Advanced Tutorial: Population-Level Effect Estimation Applications to Generate Reliable Real-World Evidence Advanced Tutorial: Patient-Level Prediction Applications to Generate Reliable Real-World Evidence
5:00 pm - 6:00 pm	Collaborator Showcase Poster Placement
6:00 pm - 8:00 pm	Networking Reception; Collaborator Showcase Preview; Pre-Registration

Agenda • Wednesday, Oct. 8

Time (ET)	Topic
7:00 am - 8:00 am	Lite Breakfast and Registration, Exhibits
7:15 am - 7:45 am	Newcomer Orientation
8:00 am - 9:00 am	State of the Community: Welcome to OHDSI
9:00 am - 9:30 am	Group Networking Activity
9:30 am - 10:15 am	Collaborator Showcase Poster/Software Demo Session #1
10:15 am - 12:00 pm	Plenary
12:00 pm - 1:00 pm	Buffet Lunch, Exhibits
1:00 pm - 2:00 pm	Presentation
2:00 pm - 2:45 pm	Collaborator Showcase Lightning Talk Session #1
2:45 pm - 3:30 pm	Collaborator Showcase Poster/Software Demo Session #2
3:30 pm - 4:15 pm	Collaborator Showcase Poster/Software Demo Session #3
4:15 pm - 5:00 pm	Collaborator Showcase Lightning Talk Session #2
5:00 pm - 6:00 pm	Titan Awards, Wednesday Closing Activity
6:00 pm - 6:15 pm	Group Photo
6:15 pm - onward	Free Time

Agenda • Thursday, Oct. 9

Time (ET)	Meetings
7:00 am - 8:00 am	Lite Breakfast, Exhibits
8:00 am - 10:00 am	Session 1 of Workgroup Activities Featuring: Africa Chapter, APAC Chapter, Medical Imaging, GIS - Geographic Information System, HADES Hackathon, Oncology, Common Data Model, ATLAS/WebAPI, Phenotype Development and Evaluation, Dentistry, and Latin America
10:00 am - 10:30 am	Break, Exhibits
10:30 am - 12:30 pm	Session 2 of Workgroup Activities Featuring: Perinatal and Reproductive Health, Industry, Natural Language Processing, GIS - Geographic Information System, HADES Hackathon, Oncology, Common Data Model, ATLAS/WebAPI, Phenotype Development and Evaluation, Early-Stage Researchers, and Vocabularies
12:30 pm - 1:30 pm	Buffet Lunch and Exhibits
1:30 pm - 3:30 pm	Session 3 of Workgroup Activities Featuring: Surgery and Perioperative Medicine, Rare Diseases, Medical Devices, Psychiatry, HADES Hackathon, Health Equity, Evidence Network Data Partners, Data Bricks User Group, Eyecare and Vision Research, Women of OHDSI, CDM Survey
3:30 pm - 5:00 pm	Workgroup Summary

ohdsi.org/ohdsi2025

Global Symposium: Oct. 7-9

ohdsi.org/ohdsi2025

Titan Award Nominations Are Open

The Titan Awards have been handed out annually since 2018 to recognize OHDSI collaborators (or collaborating institutions) for their contributions towards OHDSI's mission.

Nominations for the 2025 Titan Awards are now open. **Please complete your nominations by our Sept. 9 (8 pm ET) deadline!**

ohdsi.org/titan-awards

Africa Symposium: Nov. 10-12

2025 Global Symposium | 2025 Africa Symposium | 2025 APAC Symposium | Github | YouTube | Twitter | LinkedIn | Newslet

Join Us At The Inaugural OHDSI Africa Symposiu

Nov. 10-12, 2025 · Joint Clinical Research Centre (JCRC) & Mestil Hotel Kampa




The inaugural OHDSI Africa Symposium will be held in Kampala at the Joint Clinical Research Centre (JCRC) and Mestil Hotel. Our commu
is delighted to introduce a new face-to-face opportunity in Africa, where OHDSI is growing at an exciting pace. We hope you will join us for t
historical moment.

The first OHDSI Africa symposium will be hosted by JCRC and will begin with a dedicated one-day training course at JCRC, followed by a t
day main conference at Mestil hotel. Below are some important dates for you to save to your calendar:

Collaborator Showcase
- Submissions deadline: September 10
- Submissions review: September 11-30
- Notification of acceptance: October 5

Symposium
- Tutorial: November 10 at JCRC
- Main conference: November 11-12 at Mestil Hotel

Mestil Hotel Accommodations
Booking Code: JCRC
Booking Link: https://direct-book.com/properties/MestilDIRECT?promotion_code=JCRC25

Register Me for the 2025 OHDSI Africa Symposium!

2025 OHDSI Africa Symposium Full Agenda

OHDSI Africa Symposium

JOINT CLINICAL RESEARCH CENTER | Pre Symposium Training

Monday Nov 10			
Time	Location	Description	Trainer
8:00	JCRC Cafeteria	Registration and Coffee	
9:00	JCRC training Room 1	Fundamentals: CDM and Standardized Vocabularies	
	JCRC training Room2	Fundamentals: The ETL Process	
10:00	JCRC cafeteria	Coffee/Break	
10:30	JCRC training Room 1	**Fundamentals: CDM and Standardized Vocabularies-continuation**	
	JCRC training Room 2	**Fundamentals: The ETL Process-continuation**	
12:45	JCRC cafeteria	Lunch Break	

11:45am		Multi-institutional implementation: Data Science Without Borders	Agnes Kiragga
African Policymaker Perspectives			
11:45		Africa CDC	Bekure Tamirat
12:00		County Ministry of Health Kisumu, Kenya	Gregory Ganda
12:15		African Health Data Space (substitutable, tightly linked to VODAN)	TBD
12:30		Panel Discussion: How Can OHDSI Support Policymakers' Decision Making Process?	National Ministers, Bekure, Ganda, Kiragga, Ryan, Mui; (too many panelists?) Moderated by Alex Aswimee
13:00	**Lunch**		
Collaboborators Showcase			
14:00	Hallways & Booth	Poster Presentations, Sponsor Booths, Open Source Software	Has a cost been esstablished for Sponsor Booths? US$200-$500, Francis to firm up figures
16:00		Lightning Talks from 6 selected abstracts, 7 min each	
17:00		Networking Reception	
17:30		Talent Show, Cultural Program or other Entertainment	
Wednesday Nov 12			
8:00	Mestil Hotel Cafe	Registration and Coffee	
Building OHDSI Capacity in Africa			
9:00		Translations of the Book of OHDSI, example Kishwali	Michel Walravens, Pauline Andesco

Symposium DAY 1 Opening of OHDSI Meeting Mestil Hotel

Tuesday Nov 11			
Time	Location	Description	Speaker
8:00 AM	Mestil Hotel Cafe	Registration and Coffee	Café area
Opening of OHDSI Meeting			
9:00AM	Bunyonyi hall Aswa & Kafu	Opening remarks	Dr Cissy Kityo, JCRC Executive Director
9:10AM		OHDSI Global Perspective	Mui Van Zandt (APAC Chapter lead and deep involvement globally with IQVIA work)
9:20AM		Official opening of the meeting by the Minister of Health Uganda	Dr. Jane Ruth Aceng
9:30AM		Remarks from MOH Health Informatics Division	Paul Mbaka
9:40		Remarks from Ministry of Sci Tech & Innovation	Kenneth Bagarukayo or Brenda . . .
OHDSI Implementations Across Africa			
9:50AM		History of OHDSI Africa, Country representation	Cynthia Sung, Duke-NUS
10:00AM		JCRC's journey with OHDSI - Uganda experience	Francis Kanyike, JCRC
10:15		Implementation in Rwanda @ Rwanda Biomedical Center and network across multiple hospitals	Jean-Claude Semuto or Pacifique Nizeyimana or Lars Halvorsen
10AM		Implementation in Cameroon Duoala General Hospital	Luc Baudoin Fankoua
15AM	**Coffee / Tea Break**		
		Harmonising Medication Data to the OHDSI Vocabulary	Adam Bouras in Morocco
10AM		Harmonising Mental Health Data	

9:15		Standardizing Terminology Unique to the African Context	Andy Kanter (backup - Lars Halvorsen)
9:30		BRIDGE Training Network	Marc Twagirumukiza or Pascal Coorveits
9:45		Keynote Address: Generating reliable evidence to accelerate insights into population health and disease management	Patrick Ryan VP, Observational Health Data Analytics, J&J
10:15	**Break**		
		Connections with Other African Data Science Organizations	
TBD		APCC	Kobus Herbst/Agnes Kiragga
10:45		OpenMRS	Jayasanka Weerasinghe
11:00		DS-I Africa	Francis Agamah or Katherine Johnston from DS-I Africa Coordinating Center at Univ Cape Town
11:15		HELINA	Steven Waynee or Carolyn Kamanska
11:30		VODAN	Mouhamad Mpezamihigo, Vice Chancellor Equator University of Science & Technology Uganda, VODAN Board Member
12:00		Panel Discussion: Generating Synergy Among African Data Science and Informatics Communities	Jayasenka, Agamah, Waynee or Kamanska, Mpezamihigo, Moderated by Agnes Kiragga
12:30	**Lunch**		

ohdsi.org/africa2025

APAC Symposium: Dec. 6-7

The 2025 OHDSI APAC Symposium will be held Dec. 6-7 in Shanghai, China at the Shanghai Jiao Tong University. It will feature a 1-day tutorial and a 1-day main conference. Here are some important dates for you to save to your calendar:

Collaborator Showcase

- Submissions deadline: September 7
- Submissions review: September 8 – October 9
- Notification of acceptance: October 17

ohdsi.org/apac2025

SURVEY DATA AND THE OMOP CDM: LANDSCAPE ASSESSMENT

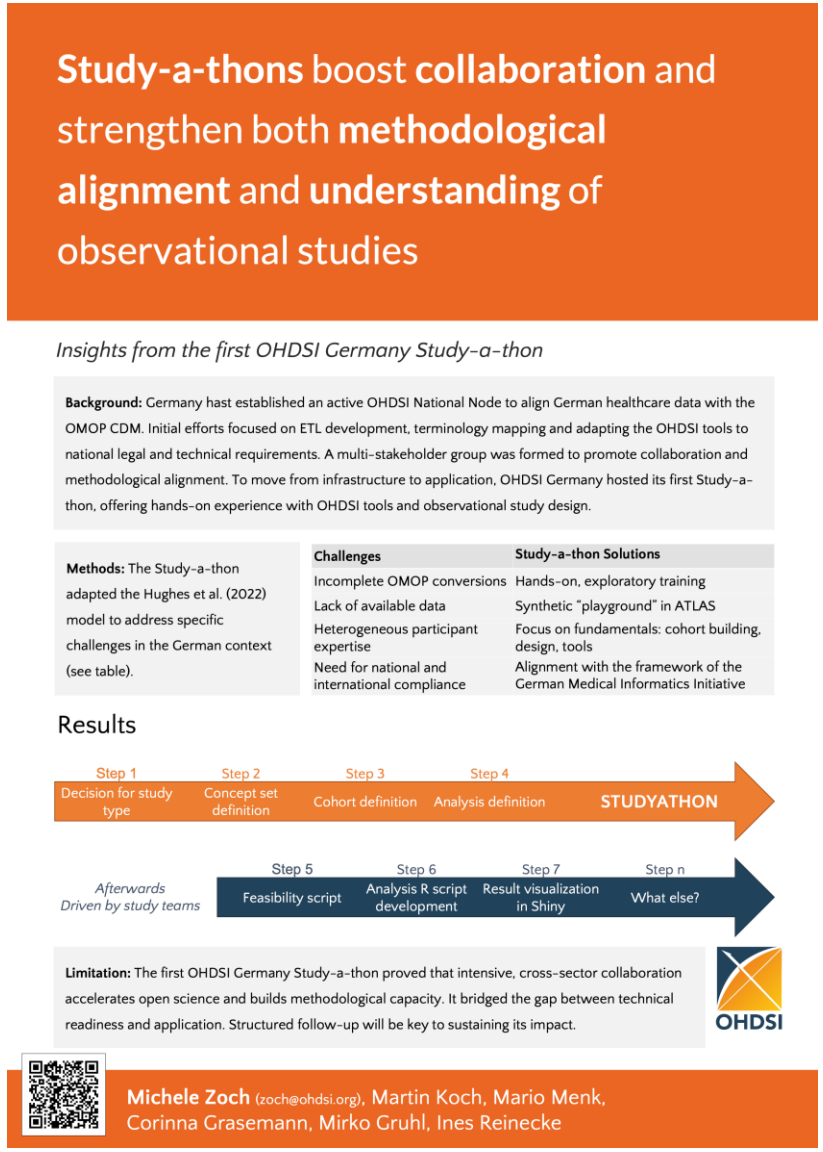
- https://forms.gle/f18ufspAFT3jSYrk6
- **Open through August 31, 2025**

#OHDSISocialShowcase This Week

Monday

Insights from the first OHDSI Germany Study-a-thon

(Michele Zoch, Martin Koch, Mario Menk, Corinna Grasemann, Mirko Gruhl, Ines Reinecke)



#OHDSISocialShowcase This Week

Tuesday

Mapping Source Data to the OMOP Common Data Model for Telehealth in Chronic Heart Failure: Process, Challenges and Lessons Learned

(Karl Kreiner, Aaron Lauschensky, Martin Baumgartner, Dieter Hayn, Günter Schreier)

OMOP Registry of Telehealth Data for Over 5,600 Chronic Heart Failure Patients

Title: Mapping Source Data to the OMOP Common Data Model for Telehealth in Chronic Heart Failure: Process, Challenges and Lessons Learned

Background: Herzmobil Tirol is an Austrian telehealth-supported Chronic Heart Failure (CHF) programe shown to reduce mortality and costs. As part of d4Health project, we mapped data from HMT, hospital systems, labs, and ERP software to the OMOP CDM and built a smart federated CHF registry for scalable, reproducible analysis.

Result 1: Tables and CDM mappings used

Table	Number of Records	Description	Ratio of standard concepts
Person	5,605	Record-linked patients; *person_source_value* carries a pseudonym linked to EURID services.	100%
Measurement	> 3.4 Mio	Laboratory data and self-measured telehealth data	94.73%
Observation	94,510	Personal well-being; Death	100%
ConditionOccurrence	141,918	Discharge diagnosis	99.29%
VisitOccurrence	63,171	In-patient, out-patient and telehealth visits	100%
Note	63,650	Pseudonymized clinical notes from the telehealth service	100%
DeviceExposure	> 1.6 Mio	Hota data regarding devices used in the telehealth scenario	66%
DrugExposure	18,145	Documented drug prescription in the telehealth service.	See discussion

Result 2: Health Data Nodes (HDS) – the build block of the CHF registry.

Methods

1. We mapped data from telehealth, hospital, lab, cost, and mortality registries to the OMOP CDM using automated ETL processes and **privacy-preserving record linkage**. Key variables were defined with clinical experts, and **free-text notes were pseudonymized** to protect patient privacy.

2. We implemented a Python-based software package called "**Health Data Nodes**" bundling an ETL framework for data ingestion, tools for data analysis and **automatic data pseudonymization**.

Limitation: Some data, like treatment phases, telehealth interactions, and regional drug details, were difficult to represent in the OMOP model. Despite these challenges, we plan to expand to other provinces and include new data using the federated Health Data Nodes.

OHDSI

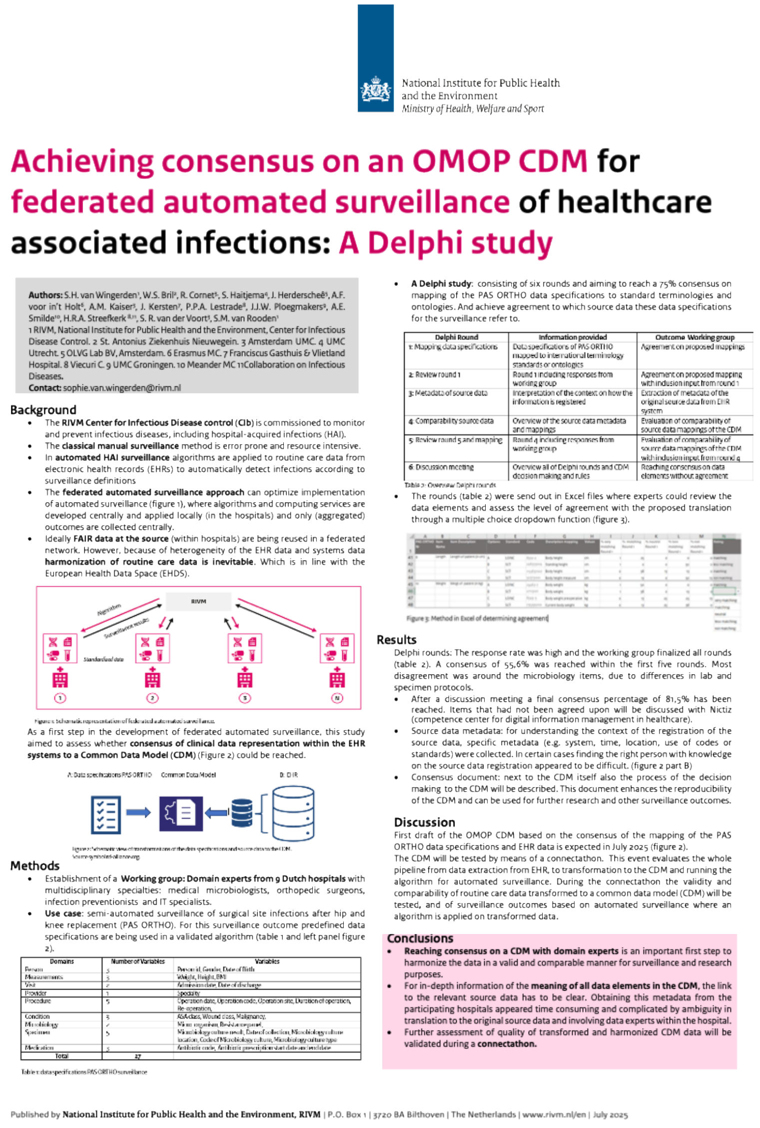
Karl Kreiner[1], Aaron Lauschensky[1], Martin Baumgartner[1], Dieter Hayn[1], Günter Schreier[1]
[1]AIT Austrian Institute of Technology GmbH

#OHDSISocialShowcase This Week

Wednesday

Achieving consensus on a OMOP CDM used for federative automated surveillance in healthcare associated infections: A Delphi study

(Sophie van Wingerden, Stephanie van Rooden)


National Institute for Public Health and the Environment
Ministry of Health, Welfare and Sport

Achieving consensus on an OMOP CDM for federated automated surveillance of healthcare associated infections: A Delphi study

Authors: S.H. van Wingerden[1], W.S. Bril[2], R. Cornet[3], S. Haitjema[4], J. Herderscheê[5], A.F. voor in't Holt[6], A.M. Kaiser[3], J. Kersten[7], P.P.A. Lestrade[8], J.J.W. Ploegmakers[9], A.E. Smilde[10], H.R.A. Streefkerk[8,11], S. R. van der Voort[3], S.M. van Rooden[1]
1 RIVM, National Institute for Public Health and the Environment, Center for Infectious Disease Control. 2 St. Antonius Ziekenhuis Nieuwegein. 3 Amsterdam UMC. 4 UMC Utrecht. 5 OLVG Lab BV, Amsterdam. 6 Erasmus MC. 7 Franciscus Gasthuis & Vlietland Hospital. 8 Viecuri C. 9 UMC Groningen. 10 Meander MC 11Collaboration on Infectious Diseases.
Contact: sophie.van.wingerden@rivm.nl

Background

- The **RIVM Center for Infectious Disease control (CIb)** is commissioned to monitor and prevent infectious diseases, including hospital-acquired infections (HAI).
- The **classical manual surveillance** method is error prone and resource intensive.
- In **automated HAI surveillance** algorithms are applied to routine care data from electronic health records (EHRs) to automatically detect infections according to surveillance definitions
- The **federated automated surveillance approach** can optimize implementation of automated surveillance (figure 1), where algorithms and computing services are developed centrally and applied locally (in the hospitals) and only (aggregated) outcomes are collected centrally.
- Ideally **FAIR data at the source** (within hospitals) are being reused in a federated network. However, because of heterogeneity of the EHR data and systems data **harmonization of routine care data is inevitable**. Which is in line with the European Health Data Space (EHDS).

Figure 1: Schematic representation of federated automated surveillance.

As a first step in the development of federated automated surveillance, this study aimed to assess whether **consensus of clinical data representation within the EHR systems to a Common Data Model (CDM)** (Figure 2) could be reached.

Figure 2: Schematic view of transformations of the data specifications and source data to the CDM.

Methods

- Establishment of a **Working group: Domain experts from 9 Dutch hospitals** with multidisciplinary specialties: medical microbiologists, orthopedic surgeons, infection preventionists and IT specialists.
- **Use case**: semi-automated surveillance of surgical site infections after hip and knee replacement (PAS ORTHO). For this surveillance outcome predefined data specifications are being used in a validated algorithm (table 1 and left panel figure 2).

Domains	Number of Variables	Variables
Person	3	Person id, Gender, Date of Birth
Measurements	3	Weight, Height, BMI
Visit	2	Admission date, Date of discharge
Provider	1	Specialty
Procedure	5	Operation date, Operation code, Operation site, Duration of operation, Re-operation,
Condition	3	ASA class, Wound class, Malignancy,
Microbiology	2	Micro organism, Resistance panel,
Specimen	5	Microbiology culture result, Date of collection, Microbiology culture location, Code of Microbiology culture, Microbiology culture type
Medication	3	Antibiotic code, Antibiotic prescription start date and end date
Total	27	

Table 1: data specifications PAS ORTHO surveillance

- **A Delphi study**: consisting of six rounds and aiming to reach a 75% consensus on mapping of the PAS ORTHO data specifications to standard terminologies and ontologies. And achieve agreement to which source data these data specifications for the surveillance refer to.

Delphi Round	Information provided	Outcome Working group
1: Mapping data specifications	Data specifications of PAS ORTHO mapped to international terminology standards or ontologies	Agreement on proposed mappings
2: Review round 1	Round 1 including responses from working group	Agreement on proposed mapping with inclusion input from round 1
3: Metadata of source data	Interpretation of the context on how the information is registered	Extraction of metadata of the original source data from EHR system
4: Comparability source data	Overview of the source data metadata and mappings	Evaluation of comparability of source data mappings of the CDM
5: Review round 5 and mapping	Round 4 including responses from working group	Evaluation of comparability of source data mappings of the CDM with inclusion input from round 4
6: Discussion meeting	Overview all of Delphi rounds and CDM decision making and rules	Reaching consensus on data elements without agreement

Table 2: Overview Delphi rounds

- The rounds (table 2) were send out in Excel files where experts could review the data elements and assess the level of agreement with the proposed translation through a multiple choice dropdown function (figure 3).

Figure 3: Method in Excel of determining agreement

Results

Delphi rounds: The response rate was high and the working group finalized all rounds (table 2). A consensus of 55,6% was reached within the first five rounds. Most disagreement was around the microbiology items, due to differences in lab and specimen protocols.

- After a discussion meeting a final consensus percentage of 81,5% has been reached. Items that had not been agreed upon will be discussed with Nictiz (competence center for digital information management in healthcare).
- Source data metadata: for understanding the context of the registration of the source data, specific metadata (e.g. system, time, location, use of codes or standards) were collected. In certain cases finding the right person with knowledge on the source data registration appeared to be difficult. (figure 2 part B)
- Consensus document: next to the CDM itself also the process of the decision making to the CDM will be described. This document enhances the reproducibility of the CDM and can be used for further research and other surveillance outcomes.

Discussion

First draft of the OMOP CDM based on the consensus of the mapping of the PAS ORTHO data specifications and EHR data is expected in July 2025 (figure 2).

The CDM will be tested by means of a connectathon. This event evaluates the whole pipeline from data extraction from EHR, to transformation to the CDM and running the algorithm for automated surveillance. During the connectathon the validity and comparability of routine care data transformed to a common data model (CDM) will be tested, and of surveillance outcomes based on automated surveillance where an algorithm is applied on transformed data.

Conclusions

- **Reaching consensus on a CDM with domain experts** is an important first step to harmonize the data in a valid and comparable manner for surveillance and research purposes.
- For in-depth information of the **meaning of all data elements in the CDM**, the link to the relevant source data has to be clear. Obtaining this metadata from the participating hospitals appeared time consuming and complicated by ambiguity in translation to the original source data and involving data experts within the hospital.
- Further assessment of quality of transformed and harmonized CDM data will be validated during a **connectathon.**

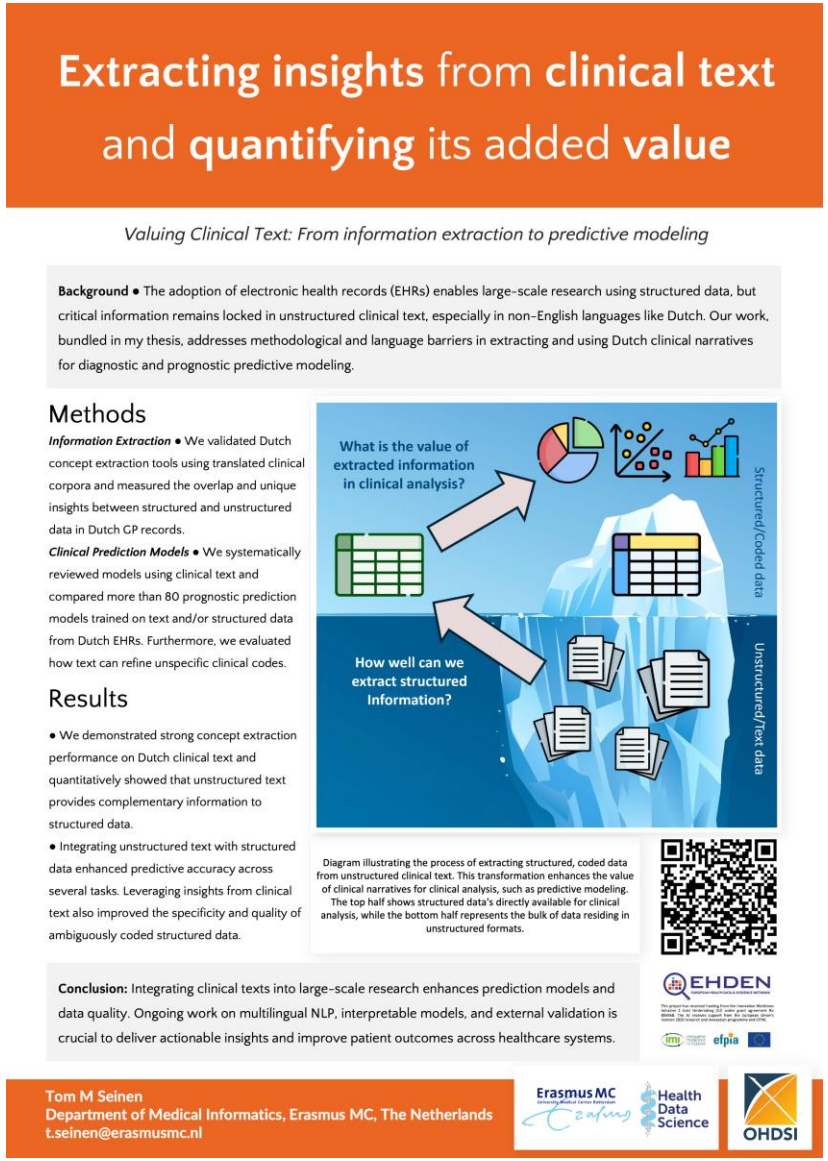
Published by **National Institute for Public Health and the Environment, RIVM** | P.O. Box 1 | 3720 BA Bilthoven | The Netherlands | www.rivm.nl/en | July 2025

#OHDSISocialShowcase This Week

Thursday

Valuing Clinical Text: From information extraction to predictive modeling

(Tom Seinen, Jan Kors, Peter Rijnbeek)

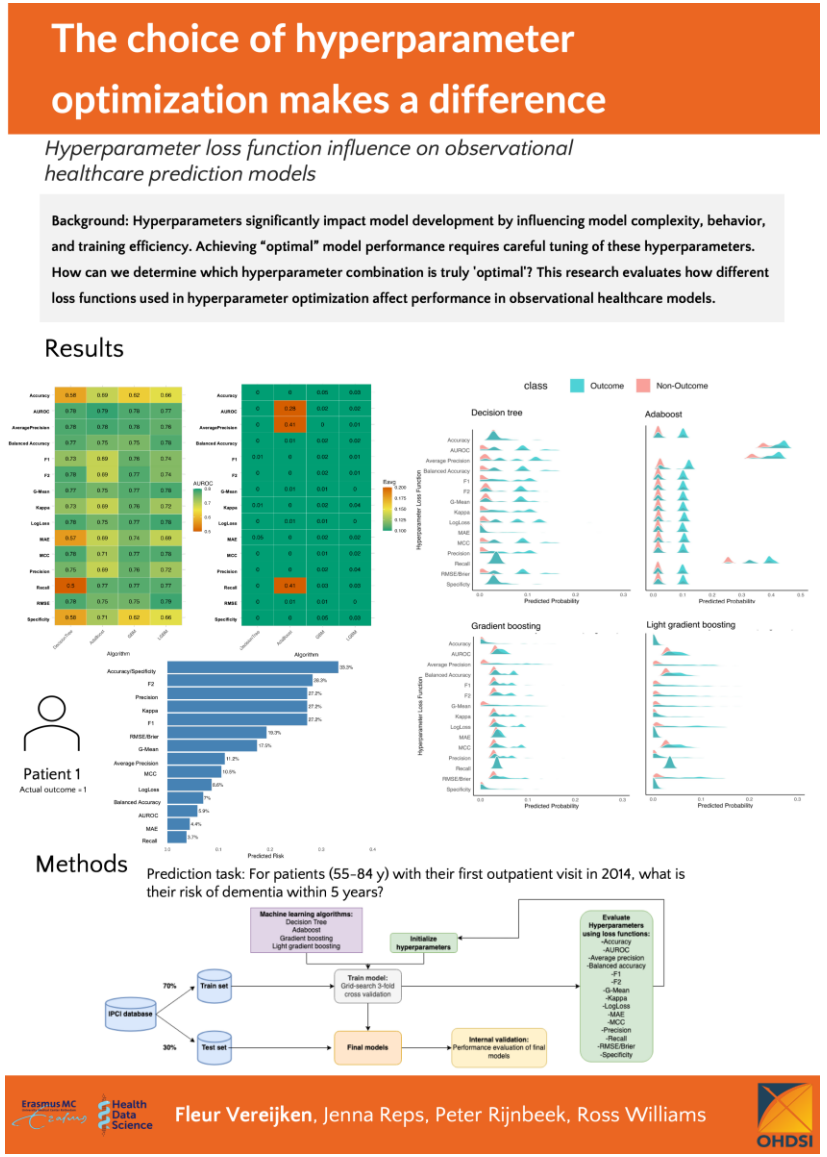


#OHDSISocialShowcase This Week

Friday

Loss function influence on hyperparameter optimization for observational healthcare prediction models

(Fleur Vereijken, Jenna Reps, Peter Rijnbeek, Ross Williams)



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?

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