Connections for Future Collaborations

OHDSI Community Call

Jan. 20, 2026 • 11 am ET

OHDSI
OBSERVATIONAL HEALTH DATA SCIENCES AND INFORMATICS

Upcoming Community Calls

Date	Topic
Jan. 20	Connections for Future Collaborations
Jan. 27	Education and Innovation Brainstorm
Feb. 3	2026 Workgroup Objectives & Key Results, Part 1
Feb 10	2026 Workgroup Objectives & Key Results, Part 2

Three Stages of The Journey

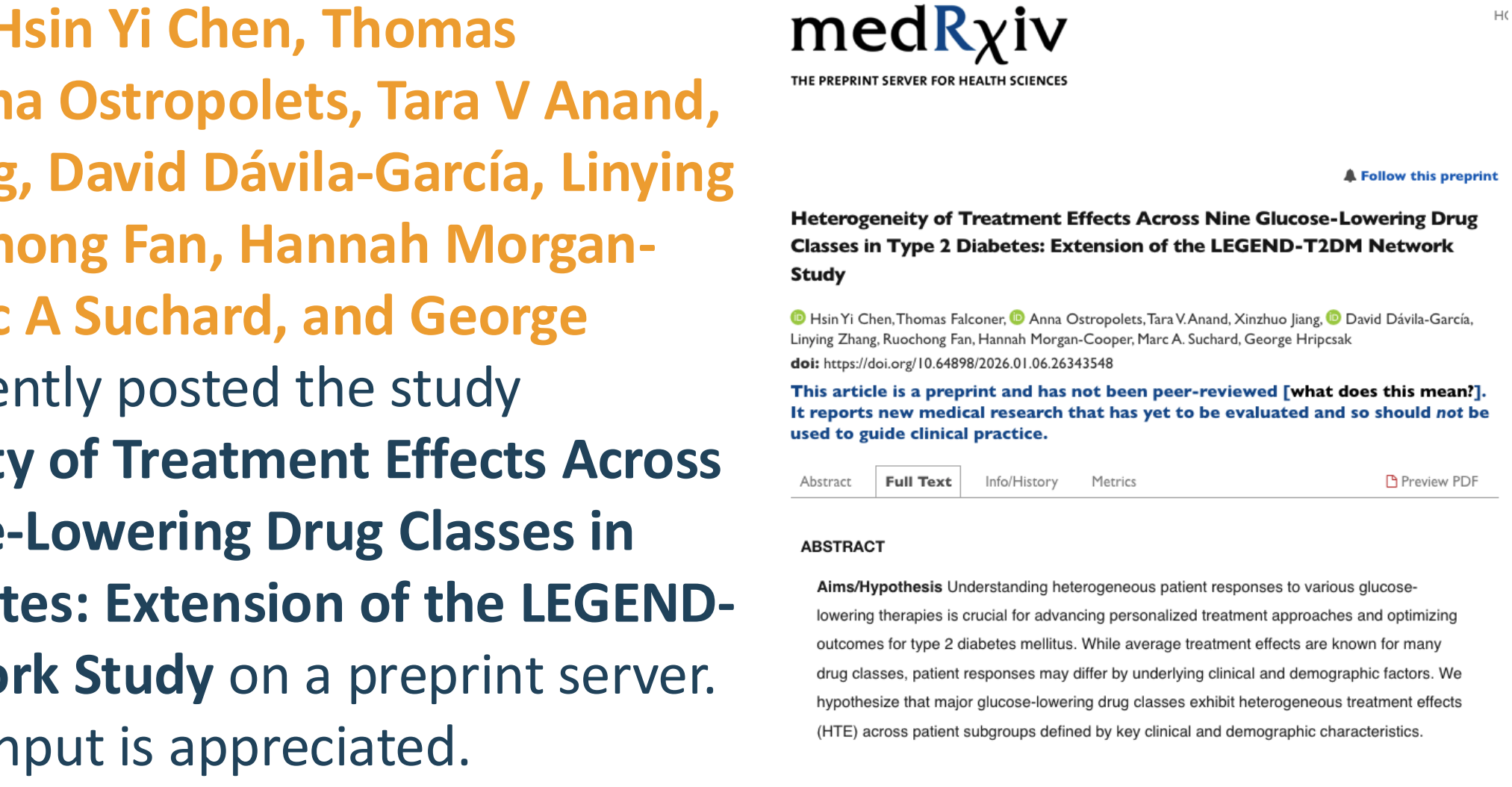
Where Have We Been?

Where Are We Now?

Where Are We Going?

OHDSI Shoutouts!

The team of **Hsin Yi Chen, Thomas Falconer, Anna Ostropolets, Tara V Anand, Xinzhuo Jiang, David Dávila-García, Linying Zhang, Ruochong Fan, Hannah Morgan-Cooper, Marc A Suchard, and George Hripcsak** recently posted the study **Heterogeneity of Treatment Effects Across Nine Glucose-Lowering Drug Classes in Type 2 Diabetes: Extension of the LEGEND-T2DM Network Study** on a preprint server. Community input is appreciated.



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THE PREPRINT SERVER FOR HEALTH SCIENCES

Follow this preprint

Heterogeneity of Treatment Effects Across Nine Glucose-Lowering Drug Classes in Type 2 Diabetes: Extension of the LEGEND-T2DM Network Study

Hsin Yi Chen, Thomas Falconer, Anna Ostropolets, Tara V. Anand, Xinzhuo Jiang, David Dávila-García, Linying Zhang, Ruochong Fan, Hannah Morgan-Cooper, Marc A. Suchard, George Hripcsak

doi: https://doi.org/10.64898/2026.01.06.26343548

This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should *not* be used to guide clinical practice.

Abstract | **Full Text** | Info/History | Metrics | Preview PDF

ABSTRACT

Aims/Hypothesis Understanding heterogeneous patient responses to various glucose-lowering therapies is crucial for advancing personalized treatment approaches and optimizing outcomes for type 2 diabetes mellitus. While average treatment effects are known for many drug classes, patient responses may differ by underlying clinical and demographic factors. We hypothesize that major glucose-lowering drug classes exhibit heterogeneous treatment effects (HTE) across patient subgroups defined by key clinical and demographic characteristics.

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	CDM Vocabulary Subgroup
Wednesday	7 am	Medical Imaging
Wednesday	8 am	Psychiatry
Wednesday	10 am	Common Data Model
Wednesday	1 pm	Perinatal & Reproductive Health
Wednesday	4 pm	Electronic Animal Health Records
Thursday	9:30 am	Network Data Quality
Thursday	7 pm	Dentistry
Friday	10 am	Transplant
Friday	10 am	GIS – Geographic Information System
Friday	11 am	Clinical Trials
Friday	11:30 am	Steering
Tuesday	9 am	Oncology Genomic Subgroup
Tuesday	9 am	Open EHR and OMOP
Tuesday	9 am	Data2Evidence

2026 Global Symposium

2026 OHDSI Global Symposium Call for Plenary Sessions

Symposium plenaries provide opportunities to share innovative, community-developed content to empower researchers to generate reliable real-world evidence. The community is currently seeking proposals for our #OHDSI2026 plenaries. These sessions will be 60 minutes in duration and must touch on at least two of following pillars of our community:

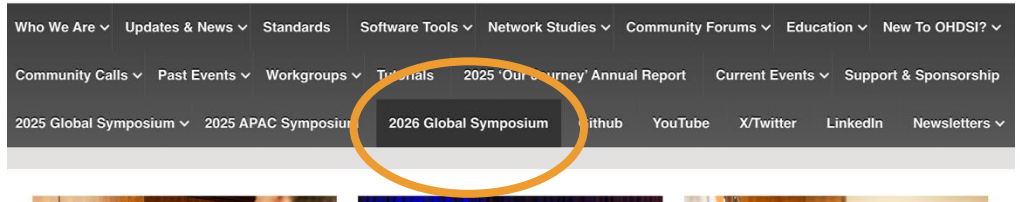
- Open community data standards
- Methodological research
- Open-source development
- Clinical applications

Plenary sessions must also involve three or more on-stage participants across at least two organizations. Sessions may include a combination of keynote talks, panel discussions, interactive activities, and more. We strongly encourage using multiple formats and synthesizing completed research, current perspectives and future calls-to-action to maximize community engagement.

The deadline for proposal submissions is January 30, 2026. Please use the link below to submit your proposal by answering the following questions:

- Name(s) of plenary session organizers:
- Your email address(es):
- Short (2,500 character max) description / abstract of your proposed session:
- Which pillars are you targeting:
- One sentence “pitch” of your session to excite the community:
- Names and roles of individuals who have tentatively agreed to participate in your session:

Deadline to submit proposals for #OHDSI2026 plenaries or tutorials is Jan. 30, 2026!



2026 OHDSI Global Symposium

Oct. 20-22 • New Brunswick, N.J. • Hyatt Regency Hotel

2026 OHDSI Global Symposium Call for Tutorials

Tutorial sessions aim to deliver educational content, led by community members who wish to train our global collaborators on scientific, technical, and other skills that can support advancing OHDSI’s mission and the effective use of real-world data and the generation and dissemination of reliable real-world evidence. Examples of prior tutorials offered are provided here: https://www.ohdsi.org/tutorials.

Tutorial sessions are 4 hours in duration. Registrants for your tutorial will be requested to pay a registration fee. The fees will be used to offset the costs of the symposium and other OHDSI expenses. Sessions may include a combination of talks, interactive activities, and more. We strongly encourage using multiple formats to maximize community engagement. Your session must include at least three people from at least two different organizations.

The deadline for tutorial proposal submissions is January 30, 2026. Please use the link below to submit your proposal by answering the following questions:

- Name(s) of tutorial session organizers:
- Your email address(es):
- Short (2,500 character) description / abstract of your proposed session:
- Names and roles of individuals who have tentatively agreed to participate in your session:

2026 Europe Symposium

The 2026 OHDSI Europe Symposium returns to Rotterdam next year and will be held **April 18-20.**

The deadline for abstract submissions will be Feb. 6, 2026.

2026 Europe Symposium

Time	Symposium Agenda - Monday April 20, 2026	Location
8:00	***Registration and Coffee***	Queen's Lounge
9:00	**Welcome to OHDSI Europe** Dr. Renske Los, Department of Medical Informatics, *Erasmus MC* Dr. Aniek Markus, Department of Medical Informatics, *Erasmus MC*	Theatre
9:05	**Journey of OHDSI** Prof. Peter Rijnbeek, Chair Department of Medical Informatics, *Erasmus MC*	Theatre
9:30	**Collaborator Showcase - part 1** Moderated by Dr. Egill Fridgeirsson, Department of Medical Informatics, *Erasmus MC*	
10:00	**Speed networking**	
10:15	***Coffee Break & posters National Nodes***	Que
11:15	**Collaborator Showcase - part 2** Moderated by Dr. Egill Fridgeirsson, Department of Medical Informatics, *Erasmus MC*	
11:45	**Dreaming about the OHDSI journey ahead** Dr. Patrick Ryan, Vice President, Observational Health Data Analytics, *Johnson & Johnson* Dr. Renske Los, Department of Medical Informatics, *Erasmus MC*	
12:15	***Lunch break & networking & posters/demo's*** *(Early investigator meeting - 13:00-13:45 Queen's Lounge)*	La Fontaine & Odyssee Room
13:45	**From dreams to reality** OHDSI Titan Award winners	Theatre
14:30	**Propositions for collaboration from the National Nodes** National Node leads	Theatre
14:45	***Coffee break & posters/demo's***	La Fontaine & Odyssee Room
16:15	**The OH Factor** To be announced	Theatre
17:00	**Closing**	Theatre
17:15	***Networking reception***	Queen's Lounge

ATHENA Survey

Athena user survey

Help us understand how to make Athena better

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

* Required

1. If you are open to follow-up about your feedback, please provide your email address

Enter your answer

2. How do you use athena.ohdsi.org? *

- [ ] Search concepts
- [ ] Download current version of vocabularies
- [ ] Download previous version of vocabularies
- [ ] Other

3. What do you athena.ohdsi.org for? *

- [ ] ETL data
- [ ] Search concepts to create mappings
- [ ] Search concepts for concept sets (value sets, code lists)
- [ ] Translate concepts to other languages/find translations
- [ ] Use as knowledge graph outside of OMOP CDM
- [ ] Other

4. On average, how often do you access athena.ohdsi.org? *

- ◯ Every day
- ◯ Once a week
- ◯ A few times a month
- ◯ Once a month
- ◯ Once 6 month or less
- ◯ Other

5. If there was an Athena API, how would you use it and what would you use it for? *

Enter your answer

6. Anything else you'd like to tell us? *

Enter your answer

You can print a copy of your answer after you submit

Submit

Spotlight: Swetha Kiranmayi Jakkuva

Columbia DBMI Summer School

The 2026 Summer School in Observational Health Data Science & Informatics, AI, and Real World Evidence

COLUMBIA | COLUMBIA UNIVERSITY DEPARTMENT OF BIOMEDICAL INFORMATICS

OHDSI
OBSERVATIONAL HEALTH DATA SCIENCES AND INFORMATICS

June 22–26, 2026, Columbia Biomedical Informatics

The Columbia OHDSI Summer School provides health professionals, researchers, and industry practitioners with an immersive, hands-on training to working with real-world health data and generating real-world evidence (RWE). Participants will explore the types of healthcare data captured during routine clinical care—such as electronic health records and administrative claims—and learn how to standardize these data using the OMOP Common Data Model to support collaborative, distributed research as part of a data network.

Over the course of the week, participants will engage with three real-world analytic use cases:

- **Clinical characterization** – using descriptive epidemiology to study disease natural history and treatment patterns
- **Population-level estimation** – applying causal inference to assess drug safety and comparative effectiveness
- **Patient-level prediction** – leveraging machine learning for early disease detection and precision medicine

Participants will be guided through the full RWE study lifecycle: from designing observational studies tailored to each use case, to applying open-source tools form the OHDSI community, and executing analyses across real-world data sources.

The curriculum combines foundational lectures on analytical methods with hands-on, interactive, faculty-led group exercises. In addition, participants will have dedicated time to develop and advance their own study concepts with personalized feedback and mentoring.

Oxford Summer School Registration Opens

Oxford Summer School 2026: Real World Evidence using the OMOP Common Data Model

COURSE DIRECTORS

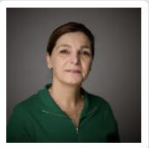
Daniel Prieto-Alhambra

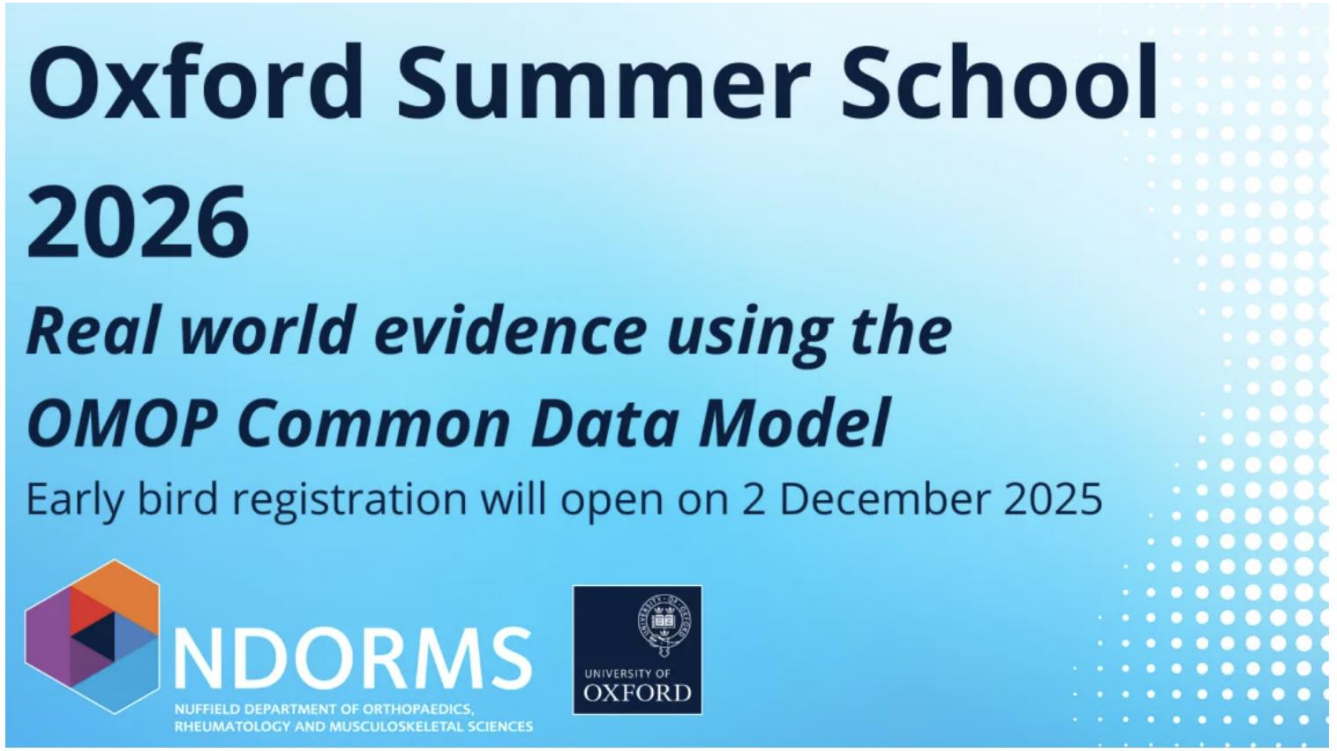
Professor of Pharmaco- and Device Epidemiology

COURSE ADMINISTRATOR

Mahkameh Mafi

Personal Assistant to Professor Prieto-Alhambra





#OHDSISocialShowcase This Week

Monday

OHDSI India Digital Health CoE and National Registry Pilots

(Swetha Kiranmayi Jakkuva, Parthiban Sulur, Louis Hendricks, Vikram Patil, Anurag Agrawal, Rintu Kutum)

OHDSI Digital Health CoE and National Registry Pilots in India

PRESENTER:
Dr.Swetha Kiranmayi J

Collaborator's
185

Be A Collaborator

OHDSI Digital Health CoE and National Registry Pilots in India

OHDSI Powered Digital Health CoE

Purpose

Unlock large-scale health data to enable real-world data (RWD) generation and real-world evidence (RWE) research in India

Objective

- Align with National Digital Health Mission (ABDM)
- Connect with OMOP CDM and FHIR ecosystem

- Collaborative-specific health initiatives
- Enable interoperability of patient data for seamless Analytics

- Collaborate on government-led health initiatives
- Engage policymakers effectively

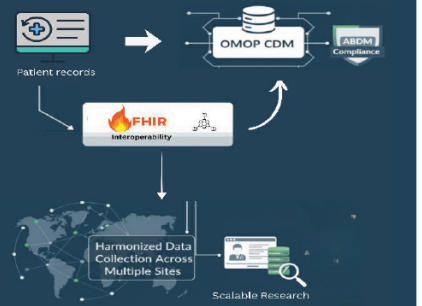
CVD Patient Registry

Purpose

Build a digital, interoperable CVD registry to support patient care, data insights, and real-world research aligned with national priorities.

Objective

- Implement OMOP CDM as the data model
- Capture comprehensive longitudinal patient data
- Enable standardized analysis and interoperability across healthcare



Developed & Funded - Global Value Web (GVW)

Site - JSS Academy of Higher Education and Research (JSS AHER), Mysuru

Initiatives

1. NLP-powered clinical insights from breast cancer discharge summaries – Dr. Vikram Patil, Dean,JSS
2. Pediatric immunology characterization study – Dr. Sagar, Pediatric, Aster
3. Centre of Excellence on Digital Health in India – Dr. Rintu Kutum, faculty, Ashoka University
4. Development of focused patient registries in key therapeutic areas- Louis Hendriks, CE0, GVW
5. OMOP–ABDM FHIR integration workgroup in progress areas- Parthiban, Director, GVW
6. Certified training sessions for OHDSI India collaborators are underway- areas- , Dr.Swetha J, Service Leader ,GVW

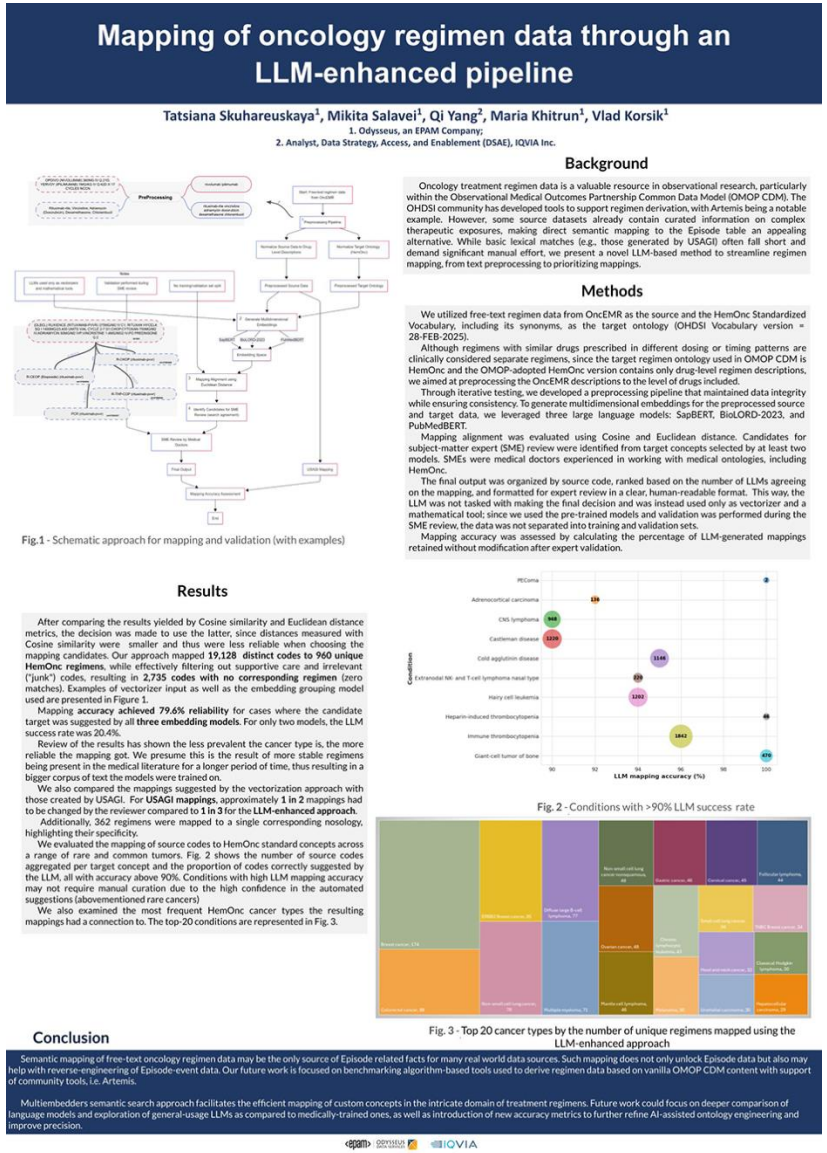
contact@ohdsi.org

#OHDSISocialShowcase This Week

Tuesday

Mapping of oncology regimen data through an LLM-enhanced pipeline

(Tatsiana Skuhareuskaya, Mikita Salavei, Qi Yang, Maria Khitrun, Vlad Korsik)



Mapping of oncology regimen data through an LLM-enhanced pipeline

Tatsiana Skuhareuskaya[1], Mikita Salavei[1], Qi Yang[2], Maria Khitrun[1], Vlad Korsik[1]
1. Odysseus, an EPAM Company;
2. Analyst, Data Strategy, Access, and Enablement (DSAE), IQVIA Inc.

Fig.1 - Schematic approach for mapping and validation (with examples)

Background

Oncology treatment regimen data is a valuable resource in observational research, particularly within the Observational Medical Outcomes Partnership Common Data Model (OMOP CDM). The OHDSI community has developed tools to support regimen derivation, with Artemis being a notable example. However, some source datasets already contain curated information on complex therapeutic exposures, making direct semantic mapping to the Episode table an appealing alternative. While basic lexical matches (e.g., those generated by USAGI) often fall short and demand significant manual effort, we present a novel LLM-based method to streamline regimen mapping, from text preprocessing to prioritizing mappings.

Methods

We utilized free-text regimen data from OncEMR as the source and the HemOnc Standardized Vocabulary, including its synonyms, as the target ontology (OHDSI Vocabulary version = 28-FEB-2025).

Although regimens with similar drugs prescribed in different dosing or timing patterns are clinically considered separate regimens, since the target regimen ontology used in OMOP CDM is HemOnc and the OMOP-adopted HemOnc version contains only drug-level regimen descriptions, we aimed at preprocessing the OncEMR descriptions to the level of drugs included.

Through iterative testing, we developed a preprocessing pipeline that maintained data integrity while ensuring consistency. To generate multidimensional embeddings for the preprocessed source and target data, we leveraged three large language models: SapBERT, BioLORD-2023, and PubMedBERT.

Mapping alignment was evaluated using Cosine and Euclidean distance. Candidates for subject-matter expert (SME) review were identified from target concepts selected by at least two models. SMEs were medical doctors experienced in working with medical ontologies, including HemOnc.

The final output was organized by source code, ranked based on the number of LLMs agreeing on the mapping, and formatted for expert review in a clear, human-readable format. This way, the LLM was not tasked with making the final decision and was instead used only as vectorizer and a mathematical tool; since we used the pre-trained models and validation was performed during the SME review, the data was not separated into training and validation sets.

Mapping accuracy was assessed by calculating the percentage of LLM-generated mappings retained without modification after expert validation.

Results

After comparing the results yielded by Cosine similarity and Euclidean distance metrics, the decision was made to use the latter, since distances measured with Cosine similarity were smaller and thus were less reliable when choosing the mapping candidates. Our approach mapped **19,128 distinct codes to 960 unique HemOnc regimens**, while effectively filtering out supportive care and irrelevant ("junk") codes, resulting in **2,735 codes with no corresponding regimen** (zero matches). Examples of vectorizer input as well as the embedding grouping model used are presented in Figure 1.

Mapping **accuracy achieved 79.6% reliability** for cases where the candidate target was suggested by all **three embedding models**. For only two models, the LLM success rate was 20.4%.

Review of the results has shown the less prevalent the cancer type is, the more reliable the mapping got. We presume this is the result of more stable regimens being present in the medical literature for a longer period of time, thus resulting in a bigger corpus of text the models were trained on.

We also compared the mappings suggested by the vectorization approach with those created by USAGI. For **USAGI mappings**, approximately **1 in 2** mappings had to be changed by the reviewer compared to **1 in 3** for the **LLM-enhanced approach**.

Additionally, 362 regimens were mapped to a single corresponding nosology, highlighting their specificity.

We evaluated the mapping of source codes to HemOnc standard concepts across a range of rare and common tumors. Fig. 2 shows the number of source codes aggregated per target concept and the proportion of codes correctly suggested by the LLM, all with accuracy above 90%. Conditions with high LLM mapping accuracy may not require manual curation due to the high confidence in the automated suggestions (abovementioned rare cancers)

We also examined the most frequent HemOnc cancer types the resulting mappings had a connection to. The top-20 conditions are represented in Fig. 3.

Fig. 2 - Conditions with >90% LLM success rate

Fig. 3 - Top 20 cancer types by the number of unique regimens mapped using the LLM-enhanced approach

Conclusion

Semantic mapping of free-text oncology regimen data may be the only source of Episode related facts for many real world data sources. Such mapping does not only unlock Episode data but also may help with reverse-engineering of Episode-event data. Our future work is focused on benchmarking algorithm-based tools used to derive regimen data based on vanilla OMOP CDM content with support of community tools, i.e. Artemis.

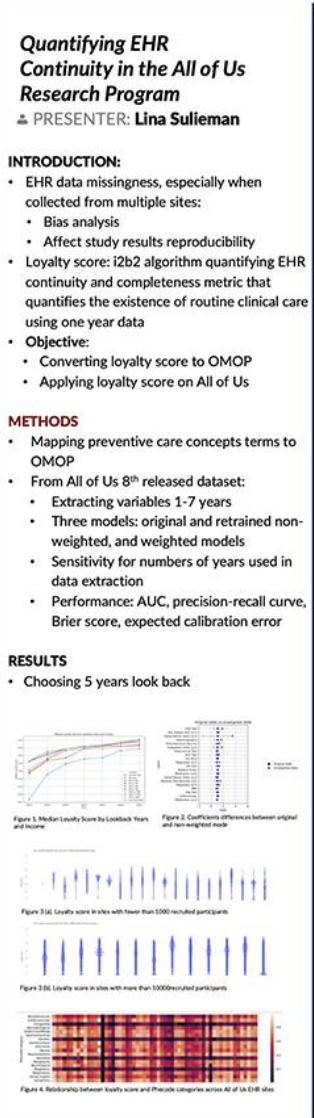
Multiembedders semantic search approach facilitates the effcient mapping of custom concepts in the intricate domain of treatment regimens. Future work could focus on deeper comparison of language models and exploration of general-usage LLMs as compared to medically-trained ones, as well as introduction of new accuracy metrics to further refine AI-assisted ontology engineering and improve precision.

#OHDSISocialShowcase This Week

Wednesday

Quantifying EHR Continuity in the All of Us Research Program

(Lina Sulieman, Xinzhuo Jiang, Karthik Natarajan)



Quantifying EHR Continuity in the All of Us Research Program

PRESENTER: **Lina Sulieman**

INTRODUCTION:

- EHR data missingness, especially when collected from multiple sites:
  - Bias analysis
  - Affect study results reproducibility
- Loyalty score: i2b2 algorithm quantifying EHR continuity and completeness metric that quantifies the existence of routine clinical care using one year data
- **Objective:**
  - Converting loyalty score to OMOP
  - Applying loyalty score on All of Us

METHODS

- Mapping preventive care concepts terms to OMOP
- From All of Us 8th released dataset:
  - Extracting variables 1-7 years
  - Three models: original and retrained non-weighted, and weighted models
  - Sensitivity for numbers of years used in data extraction
  - Performance: AUC, precision-recall curve, Brier score, expected calibration error

RESULTS

- Choosing 5 years look back

Loyalty score can measure EHR continuity, using preventive care events, in OMOP multi-site repositories and studies. **Loyalty scores** can **identify sites with missing documentation** of preventive care. **Score variability across demographics** reflects **disparities** in healthcare access and utilization

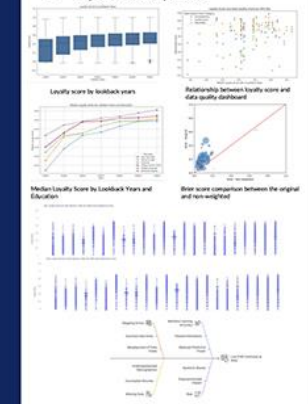
VANDERBILT UNIVERSITY MEDICAL CENTER

Department of Biomedical Informatics

AMMO BAR

- Variables in loyalty score from 64 sites:
  - Sex, mammography, pap smear, prostate-specific antigen test, colonoscopy, fecal occult blood test, influenza vaccine, pneumococcal vaccine, body mass index, A1C, prescribed one medication, prescribed two medications, general medical exam, and emergency visits

- Models:
  - Original: original coefficients
  - Non-weighted: forecast the likelihood of a nest year visit using all sites
  - Weighted: forecast the likelihood of a visit in the next year and apply sample weights based on site size
  - Using 1-7 years for data extraction since some preventive care not annual
- Dataset description:
  - 426,438 participants with EHR data, 60.69% were female, 54.42% were white
- I2b2 to OMOP Mapping issues:
  - Corrected concepts for PSA, pap smear, and influenza: mapped to general concepts such as primary care visit
  - Expanded concepts' list



Lina Sulieman, PhD[1], Xinzhuo Jiang, MS[2], Karthik Natarajan, PhD[2]
1Vanderbilt University Medical Center, Nashville, TN; 2Columbia University Irving Medical Center, New York, NY

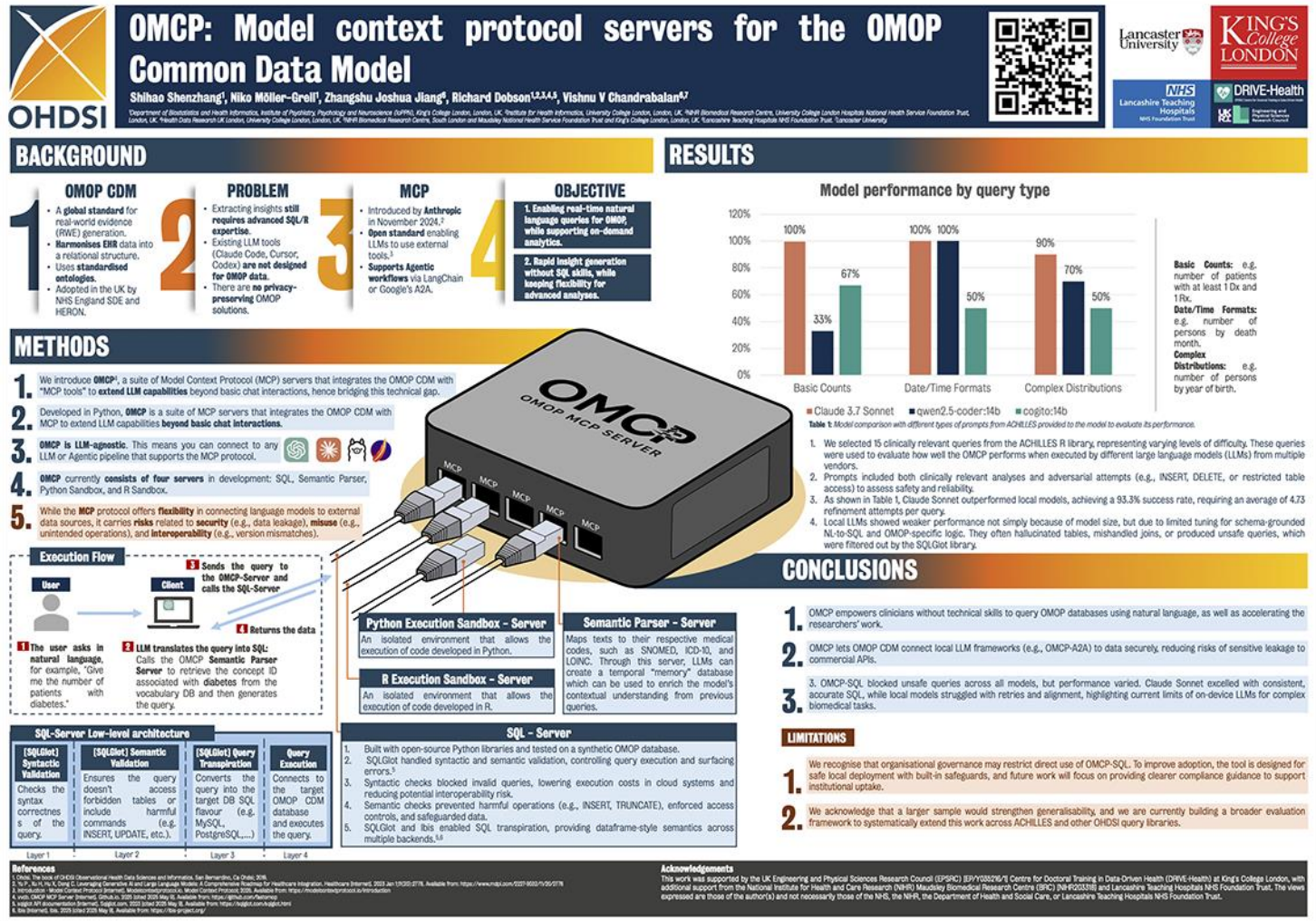
All of Us DATA & RESEARCH CENTER OHDSI

#OHDSISocialShowcase This Week

Thursday

OMCP: Model Context Protocol Servers for the OMOP Common Data Model

(Shihao Shenzhang, Niko Möller-Grell, Zhangshu Joshua Jiang, Richard Dobson, Vishnu V Chandrabalan)



#OHDSISocialShowcase This Week

Friday

Comparative Effectiveness of Ticagrelor vs. Prasugrel in Patients with Acute Coronary Syndrome Undergoing Percutaneous Coronary Intervention

(Chang Hoon Han, Ben S. Gerber, Marc A. Suchard, Michael E. Matheny, Jitendra Jonnagaddala, Christophe G. Lambert, Justin M. Petucci, Anna Ostropolets, Clair Blacketer, Thamir M Alshammari, Behnood Bikdeli, Seng Chan You)

Comparative Effectiveness of Ticagrelor vs. Prasugrel in Patients with Acute Coronary Syndrome Undergoing Percutaneous Coronary Intervention

PRESENTER: **Chang Hoon Han**

INTRO

- In acute coronary syndrome (ACS) patients undergoing percutaneous coronary intervention (PCI), **Ticagrelor vs. Prasugrel** remains inconclusive.
- ISAR-REACT 5 trial unexpectedly favored prasugrel, leading ESC to recommend it first-line, but ACC/AHA continues to recommend either.
- This **discrepancy between guidelines** highlights the need for rigorous real-world comparative evidence.

METHODS

Data Sources

- EHR in the US, and Korean national claims (HIRA) in **OMOP-CDM**

Study Population

- Adults ≥18 with ACS undergoing PCI, initiating ticagrelor or prasugrel.
- Exclusions: Prior stroke, GI bleeding, oral anticoagulants within 6 months

Outcomes

- **Primary:** 1-Year major adverse cardiovascular events (MACE) (composite of stroke, AMI, and all-cause mortality)
- **Secondary:** Net adverse clinical events (NACE), ischemic events, hemorrhagic events, cardiovascular mortality, and components of composite outcomes

Statistical Analysis

- Cox proportional hazards models after **propensity score (PS) stratification**

Sensitivity Analyses

- 1-month/3-month/As-treated
- PS 1:1 matching

In this multinational OHDSI study,
no significant difference was observed in **1-year MACE** between **ticagrelor vs. prasugrel**.
Further real-world investigation is warranted.

Table 1. Databases and diagnostics

Database	Ticagrelor cohort (N)	Prasugrel cohort (N)	Diagnostics			Inclusion
			Max SDM	Equipoise	EASE	
HIRA	90101	15919	0.08 ✓	39% ✓	0.02 ✓	Yes
UNM-CCAE	3645	3020	0.03 ✓	84% ✓	0.13 ✓	Yes
UNM-MDCR	1008	548	0.32	73% ✓	0.08 ✓	No
UMMHC	1164	189	0.64	53% ✓	0.58	No
PSH	135	25	0.65	NA	0.75	No

Figure 1. Primary outcome: 1-year MACE (PS stratification)

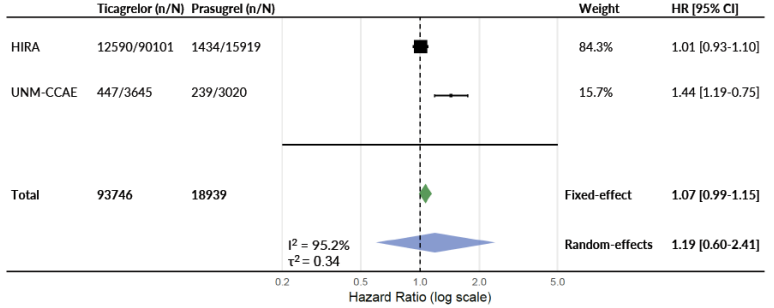


Figure 2. Sensitivity analyses (Random-effects)

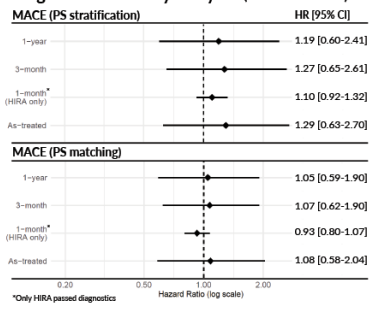
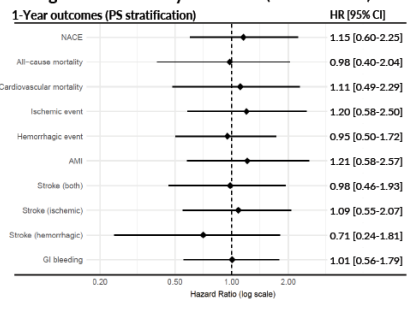


Figure 3. Secondary outcomes (Random-effects)



Diagnostics

- For each analysis, databases that pass 3 **diagnostics** are included.
- Max standardized difference of means (SDM) <0.1 after PS adjustment
- Empirical equipoise ≥20%
- Expected Absolute Systematic Error (EASE) <0.25

Meta-analysis

- Bayesian random-effects meta-analysis

RESULTS

- 2 databases (HIRA, UNM-CCAE) passed diagnostics. (Table 1)
- Total of 112,685 patients were included
- **No significant difference was observed in 1-year MACE** (Figure 1), consistent across sensitivity analyses (Figure 2)
- Secondary outcomes did not reveal significant difference. (Figure 3)

CONCLUSION

- **Ticagrelor vs. prasugrel showed no clear difference in effectiveness and safety.**
- Only 2 databases were included with high heterogeneity, limiting certainty of results.
- Further real-world investigation with broader population is warranted.

Chang Hoon Han[1], Ben S. Gerber[2], Marc A. Suchard[3], Michael E. Matheny[4], Jitendra Jonnagaddala[5], Christophe G. Lambert[6], Justin M. Petucci[7], Anna Ostropolets[8,9], Clair Blacketer[9], Thamir M Alshammari[10], Behnood Bikdeli[11,12,13], Seng Chan You[1]

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[5]School of Population Health, University of New South Wales, Australia
[6]University of New Mexico Health Sciences Center, USA
[7]Institute for Computational and Data Sciences, Pennsylvania State University, USA
[8]Columbia University Irving Medical Center, USA
[9]Johnson and Johnson, LLC, USA
[10]College of Pharmacy, Jazan University, Saudi Arabia
[11]Brigham and Women's Hospital, Harvard Medical School, USA
[12]Center for Outcomes Research and Evaluation (CORE), Yale University School of Medicine, USA
[13]Cardiovascular Research Foundation, USA

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