OHDSI Europe Community Calls

March 2026

Theme: Operationalizing the European Health Data Space (EHDS): The role of OMOP & OHDSI in secondary use of health data

Call details

- Thursday March 12, 2026 at 1PM CET
- Presenter: Prof. dr. ir. Peter R. Rijnbeek, Lead OHDSI Europe, Erasmus MC
- Watch online recording: https://youtu.be/axjiOOWf-nQ
- Consult slide deck: https://www.ohdsi.org/wp-content/uploads/2026/03/EHDS_OMOP_Rijnbeek_v1.pdf

Key takeaways

- **The EHDS is now entering implementation.** Member States must define Health Data Access Bodies (HDABs), Secure Processing Environments (SPEs), and governance processes — creating a unique window for OHDSI to shape technical interoperability decisions before they are locked in.
- **The EHDS provides a legal mandate for secondary use but does not specify technical standards**, risking fragmented national implementations. The OMOP CDM and OHDSI ecosystem already deliver the semantic, syntactic, and analytical interoperability the EHDS leaves unspecified.
- **OHDSI's track record with DARWIN® EU and EHDEN** demonstrates that large-scale, multi-country federated evidence generation can be executed reproducibly, securely, and within tight timelines — proving the EHDS's ambitions are already achievable at scale.
- **Both EHDS operational models — Upload-to-SPE and Federated Analytics —** benefit from OMOP standardisation. The federated model aligns especially well with established OHDSI practice and avoids the need to centralise patient-level data.
- **OMOP CDM and OHDSI tools add value across the full EHDS user journey,** from concept-level metadata, automated data quality assessment, and feasibility analytics for data discovery, through to standardised study execution and results dissemination.
- **National OHDSI nodes may take on an expanded** role in supporting HDAB operations, contributing analytical expertise and alignment with European interoperability initiatives including TEHDAS-2.
- **Peter Rijnbeek is preparing an OHDSI position paper on EHDS implementation,** gathering input from national nodes to build a shared community voice that can influence technical decisions across Europe.

Executive summary

The March 2026 OHDSI Europe Community Call, held on 12 March 2026, opened with community updates spanning recent publications, node news, and upcoming events before moving to the main session: a presentation by Prof. dr. ir. Peter R. Rijnbeek, Lead of OHDSI Europe and Chair of Medical Informatics at Erasmus MC, on the role of OMOP CDM and the OHDSI ecosystem in operationalizing the European Health Data Space (EHDS).

The call drew on the OHDSI EU Symposium 2025 panel debate as a starting point, and formed part of a broader effort by the OHDSI Europe team to raise the community's profile in European health data policy discussions. Peter also announced that a community publication is being drafted on the value of the OHDSI ecosystem for EHDS implementation, with input sought from national node leads.

Publication pulse

The call highlighted five recent publications from the OHDSI Europe community, covering a range of topics from precision oncology to laboratory data and audiology.

Procedures of data merging in precision cancer medicine: the PRIME-ROSE project

Van der Pol H, Kringelbach T, Martin Agudo M, et al.

Acta Oncol. 2026 Jan 6;65:1–8. doi: 10.2340/1651-226X.2026.44889.

'Crossing borders' in data standardisation: application of OMOP CDM in an international clinical trial network in precision cancer medicine

Martin Agudo M, Van der Pol H, Bratseth Stav G, et al.; PRIME-ROSE Consortium

Acta Oncol. 2026 Feb 23;65:159–163. doi: 10.2340/1651-226X.2026.45120.

Data standards in audiology: a mixed-methods exploration of community perspectives and implementation considerations

Vercammen C, Heinrich A, Lesimple C, Paglialonga A, Wasmann J-W A, Buhl M

Int J Audiol. 2026 Jan 28:1–17. doi: 10.1080/14992027.2026.2619921. Online ahead of print.

Applying the OMOP common data model to laboratory data: challenges, opportunities, and implications — a use case in biological variation research

Beumer Prieto B, Prieto Arribas D, Moreno-Parro I, et al.

Clin Chem Lab Med. 2026 Feb 20. doi: 10.1515/cclm-2025-1668.Online ahead of print.

Incidence and survival of head and neck cancers in the United Kingdom 2000–2021

Miquel-Dominguez A, Tan EH, Burn E, Delmestri A, Duarte-Salles T, et al.

Cancer Epidemiol. 2026 Feb 11;101:103018. doi: 10.1016/j.canep.2026.103018. Online ahead of print. PMID: 41678907

Node news

OHDSI Europe National Nodes — Annual Overview 2025

The OHDSI Europe National Nodes Annual Overview 2025 was published in January 2026 by Ilse Vermeulen. The report brings together highlights from 18 countries, documenting shared achievements and challenges, and setting out collective priorities for 2026. It covers the full breadth of national node activity — from community building and OMOP adoption to international studies, policy alignment, and advanced analytics — and illustrates what is possible when OHDSI operates as a distributed European community.

Developments in Sweden

In a significant national policy development, the Swedish government issued a formal press release on 10 March 2026 — just two days before the Community Call — announcing that it is instructing the National Board of Health and Welfare (Socialstyrelsen) to investigate the OMOP model for adaptation of Swedish health data registers to enable simpler analyses and better international comparability.

The announcement, from Sweden's Minister of Social Affairs Jakob Forssmed, explicitly linked OMOP adoption to Sweden's ambition to strengthen its position as a competitive nation for research and innovation. This marks one of the most direct national government endorsements of OMOP CDM to date within Europe, and was highlighted during the call as a highly relevant development in the context of ongoing EHDS implementation discussions.

Schedule spotlight

COST Action — ENCORE

The call highlighted ENCORE (European Network for Collaborative Observational Research in Rare Diseases), a proposal submitted by the OHDSI EU NN leads for the latest COST Action call. COST Actions are European research networking initiatives that are open to all scientific and technological fields, interdisciplinary, inclusive, and low-barrier to entry. ENCORE provides a framework for collaborative observational research in rare diseases using standardised approaches. Unfortunately, the proposal was not withheld for funding, but it can serve as a basis for future collaboration.

European OHDSI Symposium — Rotterdam, 18–20 April 2026

The European OHDSI Symposium takes place 18–20 April 2026 in Rotterdam, under the theme Continuous Collaboration for Living Evidence Generation. Registration remains open. A special pre-symposium session — Man vs Machine: Vocab Edition — is scheduled for Sunday 19 April, 1–3PM, bringing together the community for a playful but substantive competition around OMOP vocabulary mapping. Community members were encouraged to register and attend.

Upcoming Community Calls and events

Upcoming OHDSI Europe Community Calls

- April 9, 2026 @ 13:00 CET — OHDSI EU Symposium Teaser
- May **7**, 2026 @ 13:00 CET — Introduction to OHDSI Europe, Welcome Newcomers
- June 11, 2026 — Oncology Studies

Summer Schools

- Oxford Summer School 2026: Real World Evidence using the OMOP CDM, June 22–26
- 2026 Summer School in Observational Health Data Science & Informatics, AI, and Real World Evidence, June 22–26, Columbia University Dept of Biomedical Informatics
- Global OHDSI Symposium: October 20–22, 2026

Want to contribute to a future call or share a project, publication, or news?

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OMOP & EHDS: operationalizing the European Health Data Space

Background and context

Peter opened by revisiting the OHDSI EU Symposium 2025 panel session, which had explored the intersection of OMOP and the EHDS and produced a graphic illustration capturing the main themes — a visual he noted remained highly relevant to the March 2026 discussion. He also announced a planned community publication on the value of the OMOP CDM and OHDSI ecosystem for EHDS implementation, with national node leads invited to contribute their national perspectives.

What is the EHDS and why does it matter?

The EHDS was formally signed into law in April 2024 and establishes a legal framework for health data exchange across EU member states. Peter outlined three areas of relevance to the OHDSI community:

- Secondary use — making health data available for research, public health, and regulatory decision-making in a safe and secure way. This is the primary domain of OHDSI activity.
- Primary use — connecting patients to their own data and supporting continuity of care. Less directly relevant to OHDSI but dependent on EHR standardisation.
- EHR systems requirements — standardising and opening electronic health record systems to enable both primary and secondary use; once in place, this may create new opportunities for wider OMOP CDM mapping.

A key point Peter emphasised is that the EHDS does not mandate a specific data model or technical solution for secondary use. FHIR, OMOP CDM, and openEHR are all under discussion, and a formal mandate is not expected. Peter argued that FHIR and OMOP are complementary rather than competing, noting that the OHDSI FHIR-OMOP working group already bridges the two. However, the absence of a technical mandate carries a risk: without coordinated standardisation, different national implementations may deliver data in incompatible formats, undermining the very cross-border analyses the EHDS aims to enable.

The interoperability gap

Peter situated the EHDS within the European Interoperability Framework, which spans legal, organisational, syntactic, semantic, and technical layers. He argued that while the EHDS addresses the legal layer, the syntactic and semantic layers remain underspecified — and these are precisely where OMOP CDM and OHDSI tools excel. Without harmonisation at these layers, even a well-functioning legal framework will struggle to deliver cross-border evidence at scale.

The TEHDAS2 project is currently drafting technical recommendations for EHDS implementation — covering data quality labels, Secure Processing Environment (SPE) design, data minimisation, and pseudonymisation. A new round of public consultations is expected imminently. Peter encouraged community members to engage, particularly given that proposals are already in discussion to require SPEs to support an OMOP instance.

Two operational models — both requiring OMOP-level standardisation

Peter outlined two models under which data flows within the EHDS:

- **Centralised upload:** Health Data Holders upload a data subset (ideally in OMOP CDM format) to a national or cross-national Secure Processing Environment, where analyses are then run. Without a common data model, harmonisation at the point of upload becomes slow and costly.
- **Federated model:** Analyses are run locally at each data holder site using standardised code, and only aggregated results are shared. This is the approach OHDSI has refined for years through EHDEN, DARWIN EU, and related networks — and it is fully compatible with EHDS requirements.

Peter's view was that both models are viable, and that both depend on syntactic and semantic standardisation to be effective at scale. He also noted that the OHDSI community should not pause its existing work while waiting for the EHDS to mature — the community is currently operating faster and at larger scale than the EHDS infrastructure can yet support.

Where OHDSI adds value across the EHDS user journey

Peter mapped the OHDSI toolkit to each of the five stages of the EHDS data user journey:

Exploration

- Automated data quality assessments via the Data Quality Dashboard, which could directly feed the EHDS data quality label under development in the QUANTUM project.
- Data diagnostics tools (used at scale in DARWIN EU) providing aggregated feasibility information — enabling researchers to identify suitable datasets before governance contracts are signed.
- Rich network metadata already available across OHDSI data partners, which could populate national metadata catalogues required by HDABs.

Initiation

- Secure Processing Environment experience (e.g. the anDREa platform used in DARWIN EU), collaborative workspaces, code repositories, and service desks.
- Framework contracts with data partners enabling rapid study initiation — DARWIN EU operates with framework contracts across 60 data partners, enabling study turnaround in months.

Implementation

- HADES (Health Analytics Data-to-Evidence Suite) and a broad library of community-developed packages covering all major observational study designs.
- Standardised study code repositories, protocol templates, and cohort diagnostics and phenotyping tools.
- Deep expertise in governance board approval processes, directly transferable to HDAB workflows.

Execution

- Federated execution engines such as Arachne for running standardised analytics locally and aggregating results centrally.
- Emerging federated learning infrastructure (including experiments within the anDREa SPE) enabling model training across sites without sharing patient data.
- Established processes for sharing aggregated results following local data partner approval, compatible with EHDS output requirements.

Dissemination

- Standardised evidence dashboards for consistent, large-scale presentation of real-world evidence across multiple databases.
- Tools supporting automatic report generation from analytical outputs, aligned with EHDS obligations to publish study results publicly.

A mutually beneficial relationship

Peter emphasised that the relationship between OHDSI and the EHDS is genuinely reciprocal. OHDSI can offer member states and HDABs proven expertise in large-scale, federated evidence generation; a vast network of standardised data sources; a comprehensive and open-source analytical toolkit; and established capacity-building programmes through national nodes and training.

In turn, the EHDS could benefit OHDSI by accelerating data interoperability across Europe, providing a technical platform that formally supports OMOP CDM (with SPE-OMOP compatibility already under discussion in TEHDAS2), creating access to a broader range of linked data, streamlining cross-border governance, and growing the community of trained OMOP data users.

Discussion highlights

- **National nodes and HDABs:** Significant interest was expressed in whether OHDSI national nodes could formally engage with or support Health Data Access Bodies. TEHDAS2 discussions are exploring tiered participation models for organisations that have demonstrated analytical expertise, and community members were encouraged to engage with HDAB setup processes in their respective countries.
- **Gap analysis:** The question was raised whether a formal gap analysis between OHDSI capabilities and EHDS requirements exists. Peter acknowledged gaps — particularly around data types not yet fully supported by OMOP (imaging, genomics, wearables) — while noting that metadata catalogue interoperability is another area requiring further work.
- **Pace of development:** Concern was raised about maintaining momentum during the EHDS implementation period. Peter's position was clear: the community should continue operating at its current pace and not wait for the EHDS infrastructure to catch up, while staying engaged with the process as it develops.
- **Federation within the SPE model:** A question was raised about whether the federated model is formally supported within the EHDS architecture. Peter confirmed it is not blocked, but that tooling and advocacy are still needed to ensure it becomes a first-class implementation option within national SPE designs.

Closing reflection

The March 2026 Community Call illustrated the breadth and momentum of the OHDSI Europe community. New publications show OMOP CDM being applied in increasingly diverse clinical domains — from precision oncology and audiology to laboratory medicine. National developments, most notably Sweden's government mandate to investigate OMOP adoption, signal that the community's work is now influencing national health data policy.

The main session made a compelling case that **OHDSI is not a passive bystander to EHDS implementation — it is already operating at the scale and speed the EHDS aspires to reach. The challenge and opportunity for the community is to translate that track record into a visible and valued role within the EHDS governance and technical architecture, while continuing to generate the evidence that demonstrates why standardisation through OMOP CDM and the OHDSI tools is the right foundation.**