Workgroup Spotlight: Health Systems Interest Group and Surgery & Perioperative Medicine

OHDSI
Observational Health Data Sciences and Informatics

OHDSI Community Call
July 21, 2026 • 11 am ET

Upcoming Community Calls

Date	Topic
July 21	Workgroup Spotlight: Health Systems, Surgery and Perioperative Medicine
July 28	OHDSI Newcomer Introductions
Aug. 4	Clinical Definitions
Aug. 11	Oncology Research in OHDSI
Aug. 18	Workgroup Spotlight: Eyecare and Vision Research, Rehabilitation
Aug. 25	Asia-Pacific Regional Updates
Sept. 1	Vocabulary Refresh, Summer 2026 Version
Sept. 8	Workgroup Spotlight: Medical Imaging, TBA
Sept. 15	Global Symposium Preview

July 28: Newcomer Introductions

The annual **Welcome OHDSI Newcomers** community call will be held July 28. If you are relatively new to the community or hope to have a bigger role, this is a great opportunity to introduce yourself.

Please tell us who you are and where you work, what are your research interests, how you hope to help the community, and how OHDSI can help your own research journey.

Three Stages of The Journey

Where Have We Been?

Where Are We Now?

Where Are We Going?

OHDSI Shoutouts!

Congratulations to the team of **Mikhail Shubov, Mareile Beernink, Jasmin Carus, Alexander Johannes Wiederhold, the AI-CARE Consortium & Christopher Gundler** on the recent publication of **Enhancing stratification for survival analyses across standardized data sources** in *BMC Medical Informatics and Decision Making*.

Shubov et al. BMC Medical Informatics and Decision Making (2026) 26:261
https://doi.org/10.1186/s12911-026-03666-z

BMC Medical Informatics and Decision Making

RESEARCH Open Access

Enhancing stratification for survival analyses across standardized data sources

Mikhail Shubov[1†], Mareile Beernink[1†], Jasmin Carus[2], Alexander Johannes Wiederhold[1], the AI-CARE Consortium and Christopher Gundler[1*]

Abstract

Background Patient stratification is crucial for advancing personalized medicine yet is complicated due to the fragmented and variable nature of healthcare data. The Observational Medical Outcomes Partnership (OMOP) Common Data Model (CDM) addresses the challenges regarding the data by offering a standardized framework for data integration across diverse sources and configurations. Recent advancements in machine learning, particularly transformer-based models such as Bidirectional Encoder Representations from Transformers (BERT), have demonstrated significant potential in extracting deep patient representations from electronic health records.

Methods This study assesses the efficacy of BERT-based patient representation learning using OMOP CDM data for patient stratification. We harmonize originally incompatible datasets, including the established MIMIC-IV-2.2 and lung cancer data from the German cancer registry Schleswig-Holstein, within the OMOP CDM framework. BERT is pre-trained on the MIMIC-IV-2.2 dataset, and the derived representations are utilized to generate patient embeddings from the cancer registry (test) data. We employ k-means clustering on the embeddings to stratify patient subgroups. To evaluate whether the embeddings are useful for clustering, we divide the original cancer registry data into the corresponding groups and conduct survival analyses on selected columns for each cluster. The clustering method's effectiveness is assessed by comparing survival models trained on these clusters with naïve clusters derived only from the original dataset. In addition, we included a clinical expert review, in which a physician assessed the resulting cluster assignments for clinical plausibility and interpretability.

Results Our approach effectively identifies patient similarities across datasets and allowed for efficient patient stratification. Survival analyses show varied performance depending on the model and cluster characteristics, with up to a 11% improvement over naïve k-means clusters, demonstrating the benefits of transfer learning. For some groups of patients, the corresponding accuracy of the survival analysis increased by up to 7%, emphasizing the value of stratifying homogeneous subgroups.

OHDSI Shoutouts!

Congratulations to the team of **Yuchen Guo, Edward Burn, Annika M. Jödicke, Núria Mercadé-Besora, Kim Lopez-Güell, Xihang Chen, Mike Du, Xintong Li, Raivo Kolde, Marek Oja, Mees Mosseveld, Katia Verhamme, Julieta Politi, Antonella Delmestri, Wai Yi Man, Peter Rijnbeek, Daniel Prieto-Alhambra, and Martí Català** on the recent publication of **DrugUtilisation: An R Package to Support Drug Utilisation Research Using the OMOP Common Data Model** in *Pharmacoepidemiology & Drug Safety*.

Pharmacoepidemiology and Drug Safety

WILEY

ORIGINAL ARTICLE OPEN ACCESS

DrugUtilisation: An R Package to Support Drug Utilisation Research Using the OMOP Common Data Model

Yuchen Guo[1] | Edward Burn[1] | Annika M. Jödicke[1] | Núria Mercadé-Besora[1] | Kim Lopez-Güell[1] | Xihang Chen[1] | Mike Du[1] | Xintong Li[1] | Raivo Kolde[2] | Marek Oja[2] | Mees Mosseveld[3] | Katia Verhamme[3] | Julieta Politi[3] | Antonella Delmestri[1] | Wai Yi Man[1] | Peter Rijnbeek[3] | Daniel Prieto-Alhambra[1,3] | Martí Català[1]

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Correspondence: Martí Català (m.catalasabate@darwin-eu.org)

Received: 30 October 2025 | **Revised:** 21 May 2026 | **Accepted:** 7 July 2026

Keywords: drug dose | drug exposure | observational studies | OMOP CDM | treatment adherence | treatment discontinuation | treatment pattern

ABSTRACT

Purpose: To develop and describe *DrugUtilisation*, an open-source R package that facilitates drug utilisation studies using data mapped to the OMOP Common Data Model (CDM).

Methods: Core functionalities include creating drug user cohorts, identifying and summarising indications, describing the duration and dose of medication/s and assessing treatment adherence. The package works with packages developed within the DARWIN EU initiative to support study-specific workflows. We show the package's workflow by analysing the use of simvastatin in three European real-world databases.

Results: This paper outlines the *DrugUtilisation* package's functions and demonstrates their application with a clinical example of simvastatin use in databases from the United Kingdom, Estonia and the Netherlands. We generated results including cohort counts, indication summaries, measures of dose and duration, as well as publication-ready tables and figures. We implemented comprehensive unit tests and standardised output format, which ensured consistency across databases and minimised coding errors.

Conclusion: The development of this software allows for researchers to quickly perform common drug utilisation analyses, while also providing the foundation for additional, bespoke study-specific analyses.

OHDSI Shoutouts!

Congratulations to the team of **Haeun Lee, Benjamin Martin, Andreea Creanga, Evan Minty, Asieh Golozar, Cindy Cai, Cynthia Sung, Sean O'Reilly, Khyzer Aziz, and Paul Nagy** on the recent publication of **Assessment of real-world evidence research competencies in federated research networks: a maternal health fellowship program evaluation** in *JAMIA Open*.

JAMIA Open, 2026, 9(4), ooag128
https://doi.org/10.1093/jamiaopen/ooag128
Research and Applications

AMIA OXFORD

Assessment of real-world evidence research competencies in federated research networks: a maternal health fellowship program evaluation

Haeun Lee, MS*[,1], Benjamin Martin, PhD[1], Andreea A. Creanga, MD, PhD[2], Evan Minty, MD, MSc[3], Asieh Golozar, MD, PhD[1,4], Cindy X. Cai, MD[1,5], Cynthia Sung, PhD[6], Sean O'Rilley, BS[1], Khyzer Aziz, MD[1,7], Paul Nagy, PhD[1]

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*Corresponding author: Haeun Lee, MS, Biomedical Informatics and Data Science, Johns Hopkins School of Medicine, Johns Hopkins University, 2024 E. Monument Street, Baltimore, MD, 21205, United States (hlee292@jh.edu)

Abstract

Background and Significance: **Generating real-world evidence (RWE) approaches across federated evidence networks based on real-world data requires learning new methodological skills. However, standardized frameworks for defining and assessing competencies for large-scale RWE research remain limited. This study aims to develop an assessment framework for RWE studies and evaluate the competencies of RWE research professionals.**

Methods: **We adapted the Joint Task Force (JTF) Core Competency Framework for RWE research using the Observational Medical Outcomes Partnership (OMOP) Common Data Model. Through iterative expert review, 4 new domains were created, including Ethics and Governance, Protocol Development, Study Operations, and Data Analysis and Informatics, and 4 original JTF domains were adapted. Participants completed pre- and post-training self-assessments on a 10-point scale. Paired *t*-tests with effect sizes were used to evaluate changes in competency scores.**

Results: **Seventeen participants from academic, data, and clinical roles completed the assessment. Mean self-reported competency scores increased by 2.5 points across the 8 competency domains, with statistically significant changes observed in all domains. The largest gain was observed in Leadership and Professionalism (mean increase 3.66; 95% CI, 2.69-4.62).**

Discussion: **The RWE research competency assessment tool captured changes in self-reported skill proficiency, perceived readiness to conduct RWE studies, and methodological knowledge gaps. These findings suggest the potential to identify competency gaps, tailor educational interventions, and inform quality benchmarks for RWE research training programs.**

OHDSI Shoutouts!

Congratulations to the team of **Sulev Reisberg, Marek Oja, Kerli Mooses, Sirli Tamm, Ami Sild, Harry-Anton Talvik, Sven Laur, Raivo Kolde, and Jaak Vilo** on the recent publication of **Data Resource Profile: EST-Health-30** in the *International Journal of Epidemiology*.

International Journal of Epidemiology, 2026, 55(4), dyag113
https://doi.org/10.1093/ije/dyag113
Data Resource Profile

IEA International Epidemiological Association OXFORD

Data Resource Profile: EST-Health-30

Sulev Reisberg[1,2,*], Marek Oja[1], Kerli Mooses[1], Sirli Tamm[1], Ami Sild[1], Harry-Anton Talvik[1,2], Sven Laur[1], Raivo Kolde[1], Jaak Vilo[1,2]

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Keywords Estonia, health dataset, EHR, pharmacy, linked data, OMOP

Key Features

- EST-Health-30 is a population-representative dataset of complete health records for a random 30% sample of the Estonian population (~500 000 individuals) spanning 2012 to the present, enabling population-level epidemiological analyses with annual updates.
- The dataset is constructed by using a random sampling approach based on hashed password-protected personal identifiers, ensuring consistent inclusion over time with unbiased population coverage.
- Individual-level data are linked across multiple nationwide databases, including electronic health records, claims, prescriptions, and cancer and cause-of-death registry data, enabling multimodal analyses of health trajectories.
- All data are standardized to the Observational Medical Outcomes Partnership (OMOP) Common Data Model (CDM) version 5.4 using international vocabularies (e.g. SNOMED CT, RxNorm, LOINC), supporting reproducibility and participation in federated research networks.
- The dataset is accessible through a secure processing environment compliant with the European Health Data Space framework.

Data resource basics

EST-Health-30 is a population-based health dataset that includes complete health records for a randomly sampled 30% of the Estonian population, linked across five national databases: electronic health records from primary and secondary care, claims, laboratory test results, pharmacy data, and cancer and cause-of-death registries, from 2012 onwards. The dataset currently contains data through to 2024 and includes 509 858 individuals.

It is updated annually through to 2026, with each release typically including data up to the end of the previous calendar year. The expected lag between data generation and availability is ~6–24 months, depending on the source (e.g. manually curated cancer

Despite negative natural growth since the 1990s, the population has remained relatively stable since 2000 due to positive net migration, with a spike in 2022 driven by Ukrainian refugees (2.6% increase). The life expectancy for those born in 2024 is 79.5 years (75.0 years for men and 83.4 years for women), which is slightly below the European Union (EU) average of 81.7 years [1, 2].

Estonian healthcare system

A comprehensive overview of the Estonian healthcare system is provided by Kasekamp *et al.* [3]. Around 94% of the population is insured through the state-funded system managed by the Estonian Health Insurance Fund (EHIF). Roughly half of those in-

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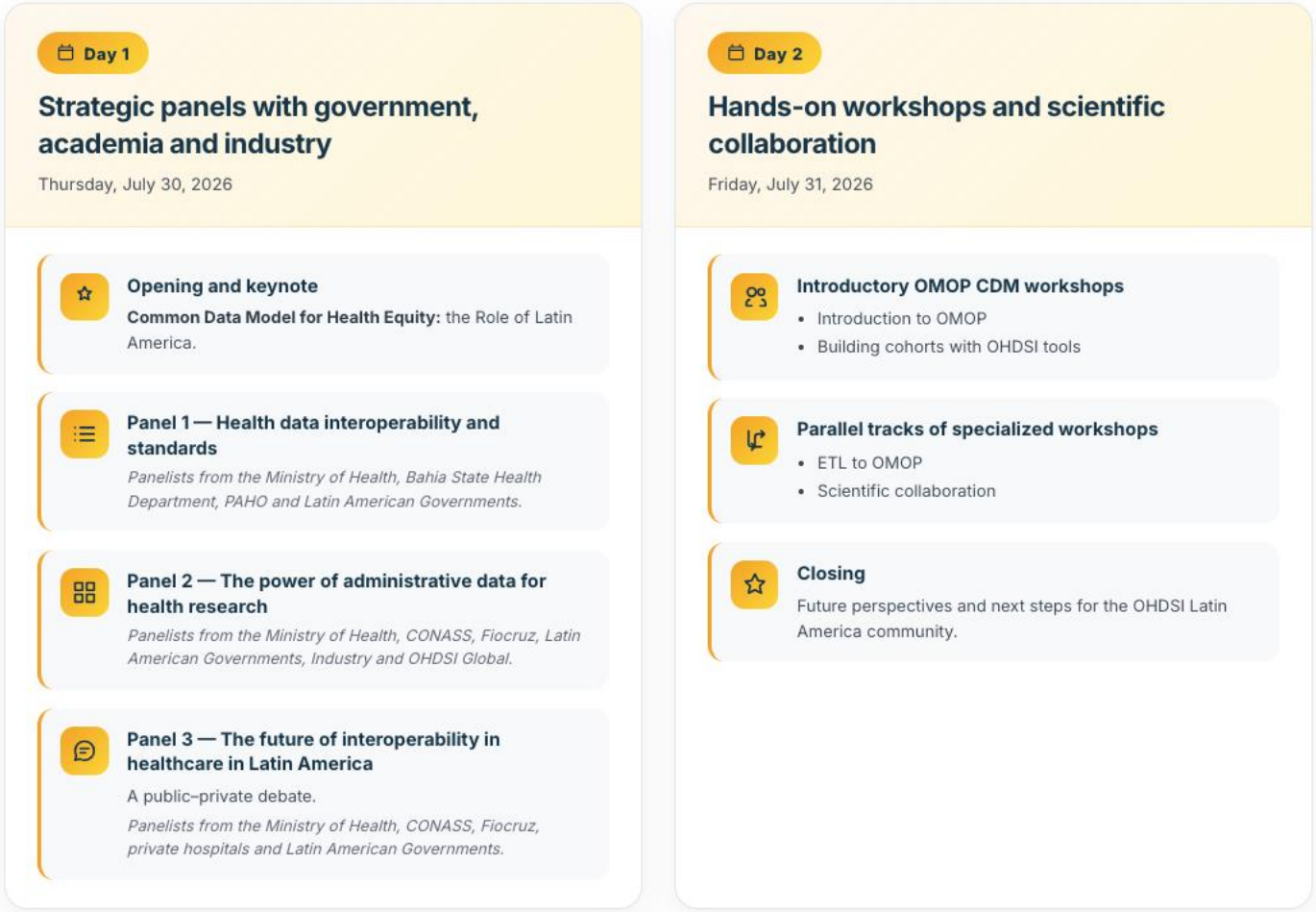
Upcoming Workgroup Calls

Date	Time (ET)	Meeting
Wednesday	8 am	Psychiatry
Wednesday	10 am	Common Data Model
Wednesday	7 pm	Medical Imaging
Thursday	10 am	GIS – Geographic Information System
Friday	9 am	Waveform
Friday	10 am	Transplant
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

First Latin America Symposium – July 30-31

Registration is open for the first OHDSI Latin America Symposium, taking place July 30-31 in Salvador, Brazil.



ohdsilatam.org

2026 OHDSI Global Symposium

Registration is OPEN for the **2026 OHDSI Global Symposium**, which will be held Oct. 20-22 in New Brunswick, N.J., USA.

Oct. 20: Tutorials
Oct. 21: Plenaries, Showcase
Oct. 22: Workgroup Activities

ohdsi.org/OHDSI2026

2026 Symposium Tutorials – Session 1

- An Introduction to the Journey from Data to Evidence Using OHDSI
- An Introduction to ATLAS
- Bringing FAIR to Imaging Research with the Medical Imaging OMOP Extension
- Complex Phenotyping at Scale with and without LLMs Using PhenotypeR
- OHDSI Leadership Storytelling Workshop
- Mastering OMOP: Transforming EHR Data with Practical Strategies, Best Practices, and OHDSI Integration

2026 Symposium Tutorials – Session 2

- Building and Using the OHDSI Evidence Network: From Data Partner to Federated Study Execution
- From Multi-Modal Data to Real-World Evidence: Hands-on with the Data2Evidence Platform for OMOP Data Curation and Analytics
- Integrating Geospatial Data Into OMOP CDM
- Introduction to OHDSI Phenotype Development & Evaluation
- OHDSI Standardized Vocabularies on FHIR: A Deep Dive Using the Echidna Terminology Server
- Using OMOP Model in Registry Context & Clinical Trials Standardization Context: Conventions, Past Use Cases, SDTM & Regulatory Consideration, Challenges

2026 Global Symposium Agenda

Start	End	Topic	Presenter/Lead
8:00 am	8:30 am	State of the Community	George Hripcsak
8:30 am	9:15 am	OHDSI Year In Review	Early-Stage Researcher WG
9:15 am	10:00 am	Collaborator Showcase: Posters and Demos (Session 1)	
10:00 am	11:00 am	Plenary 1: Federated Learning Meets Negative Control Calibration: Toward Reliable Multi-Site Evidence Generation	Yong Chen
11:00 am	12:00 pm	Plenary 2: Beyond the Defaults: How the OHDSI Community is Adapting, Extending, and Reimagining Its Tools	Scott Duvall
12:00 pm	1:00 pm	Network & Lunch	
1:00 pm	2:00 pm	Plenary 3: The role of national initiatives in supporting sustainability, collaboration, and growth of OHDSI	Ed Burn
2:00 pm	2:45 pm	Collaborator Showcase: Lightning Talks (Session 1)	5 presenters
2:45 pm	3:30 pm	Collaborator Showcase: Posters and Demos (Session 2)	
3:30 pm	4:15 pm	Collaborator Showcase: Posters and Demos (Session 3)	
4:15 pm	5:00 pm	Collaborator Showcase: Lightning Talks (Session 2)	5 presenters
5:00 pm	6:00 pm	Titan Awards, Closing	Patrick Ryan
6:00 pm	8:30 pm	Dinner on your own	
8:30 pm	11:30 pm	OHDSI Jam Session	Martijn Schuemie

2026 Symposium Workgroup Activities

Session 1 (8 am – 10 am): Eyecare and Vision Research, GIS – Geographic Information Systems, Early-Stage Researchers, Industry, Tidy R Programming with OMOP, HADES Hackathon, Generative AI and Foundation Models, Phenotype Development and Evaluation, Oncology, Health Equity, Vocabularies, APAC

Session 2 (10:30 am – 12:30 pm): Perinatal and Reproductive Health, Waveform, Medical Imaging, Industry, Tidy R Programming with OMOP, HADES Hackathon, Generative AI and Foundation Models, Phenotype Development and Evaluation, Oncology, Health Equity, Vocabularies, Rare Disease

Session 3 (1:30 pm – 3:30 pm): Dentistry, GIS & Waveform Cross-Pollination Meeting, Evidence Network, Women of OHDSI, Psychiatry, HADES Hackathon, Natural Language Processing, Health Economics & Value Assessment, ATLAS/WebAPI, CDM Survey, Surgery & Perioperative Medicine

Session 4 (3:30 pm – 5 pm): Workgroup Summary Session

Atlas 3 Demo Site

- Presented by Peter Hoffmann at 7/7 OHDSI Community Call
- We are asking for community feedback
- Published to https://atlas-preview.ohdsi.org/atlas/
  - Db Authenticaton enabled: use ohdsi/ohdsi
  - Will enable anonymous access in a future update
- Discussions at https://github.com/OHDSI/Atlas3/discussions

Wanted: HADES Developers

Help wanted - developers for HADES shiny viewer

Developers

jreps 5d

We have a set of R packages for developing modular shiny apps to explore the standardized results returned via HADES packages.

- OhdsiShinyAppBuilder - this builds the shiny app and defines what modules to include (e.g., cohort exporer, characterization, estimation, …)
- OhdsiShinyModules - the main shiny code for the key HADES packages are here
- OhdsiReportGenerator - this is a set of SQL that pulls out friendly data.framas with the results

However, there is a lot of potential for improvements in these packages including (but not limited to):

- adding bookmarking to the URL for easy sharing (Chapter 11 Bookmarking | Mastering Shiny)
- improving display time (improving data extraction speed)
- improving the UI

If you are a developer with knowledge or interest in R or shiny or web development/design and UI and want to help out with HADES development please post below or message me.

I'm planning to set up regular meetings for this work group.

#OHDSISocialShowcase This Week

Monday

Adoption of the OHDSI Geographic Information Systems (GIS) Workgroup for Schizophrenia Research

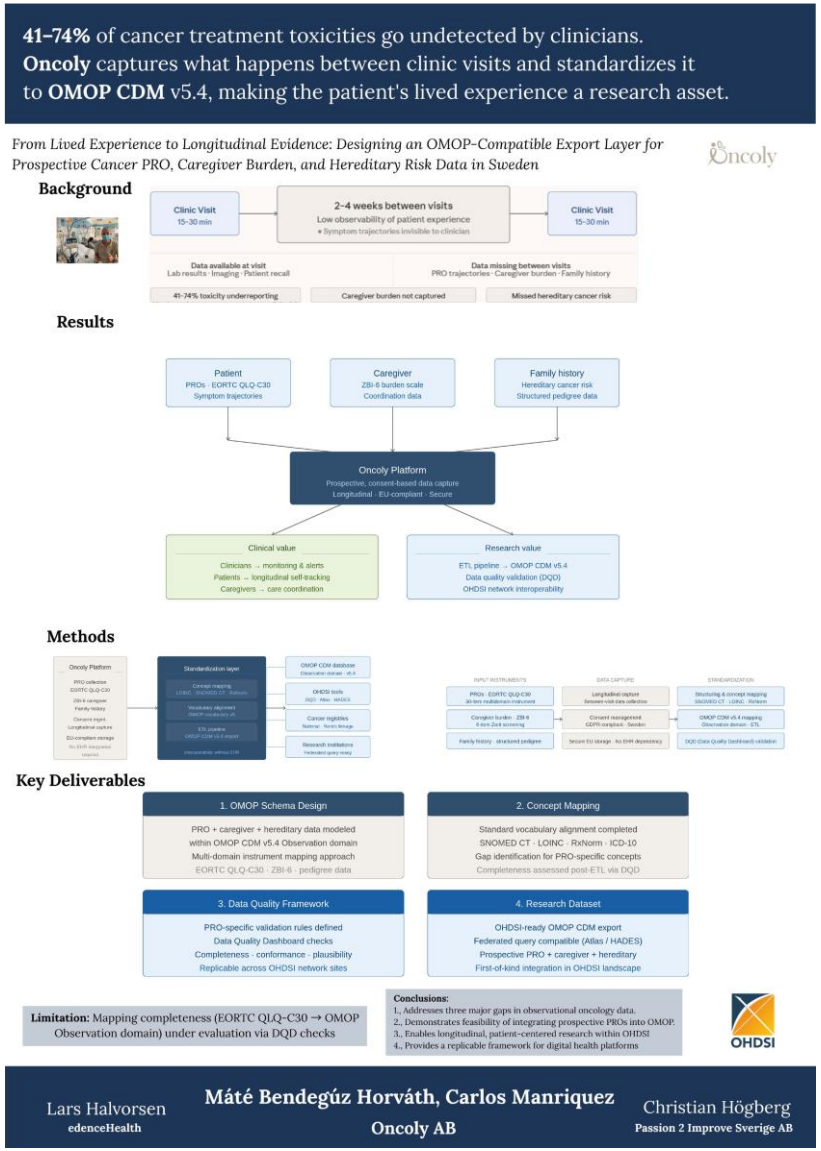
(Manos Hatzakis, Evangelos Georgaras, Iskanter Bensenousi, Despoina Ntenekou, Athanasios Kakasis, Claudia García-Barragán, Lourdes Martínez-Martínez, Miguel Giráldez-Álvarez, Jesús Moreno-Conde, Alberto Moreno-Conde, Marta Quaresma Giraldez, Kiko Núñez, Christos Chatzichristos)

#OHDSISocialShowcase This Week

Tuesday

From Lived Experience to Longitudinal Evidence: Designing an OMOP-Compatible Export Layer for Prospective Cancer Patient-Reported Outcomes in Sweden

(Máté Bendegúz Horváth, Carlos Manriquez, Lars Halvorsen, Christian Högberg)

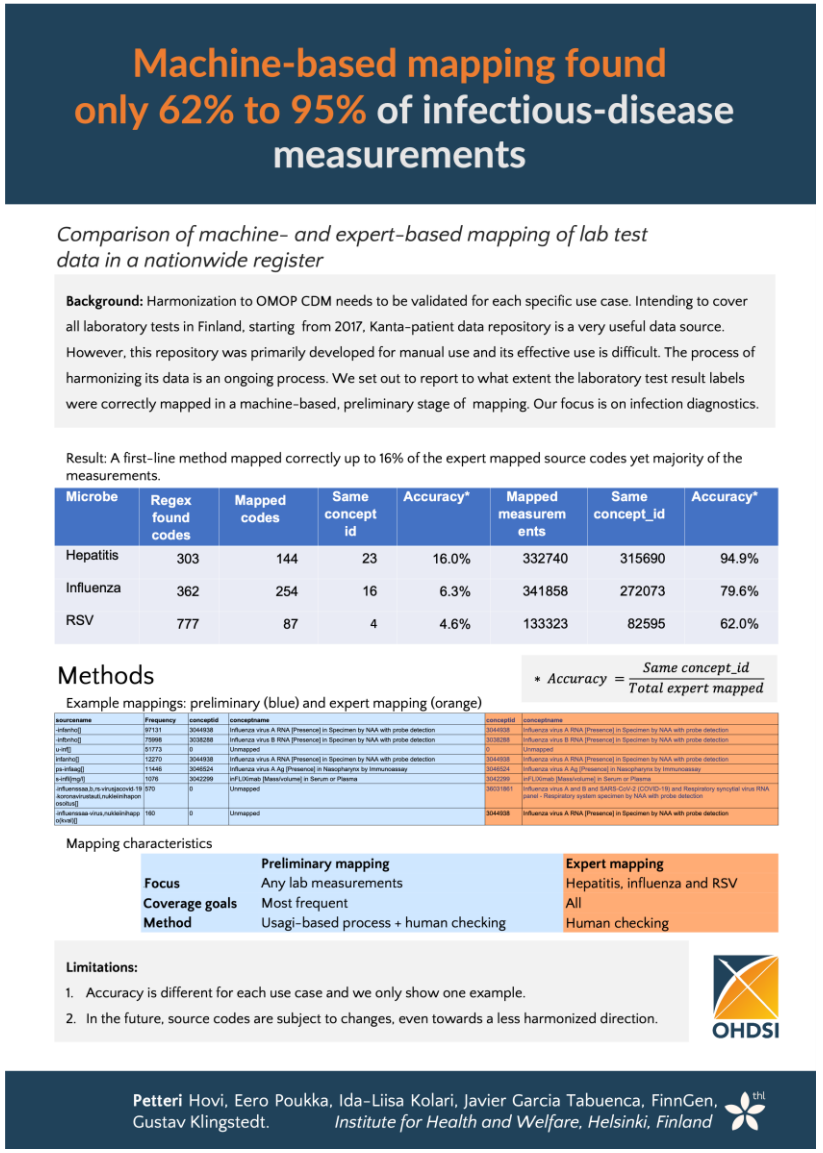


#OHDSISocialShowcase This Week

Wednesday

Comparison of machine- and expert-based mapping of lab test data in a nationwide register

(Petteri Hovi, Eero Poukka, Ida-Liisa Kolari, Javier Gracia Tabuenca, FinnGen, Gustav Klingstedt)



Machine-based mapping found only 62% to 95% of infectious-disease measurements

Comparison of machine- and expert-based mapping of lab test data in a nationwide register

Background: Harmonization to OMOP CDM needs to be validated for each specific use case. Intending to cover all laboratory tests in Finland, starting from 2017, Kanta-patient data repository is a very useful data source. However, this repository was primarily developed for manual use and its effective use is difficult. The process of harmonizing its data is an ongoing process. We set out to report to what extent the laboratory test result labels were correctly mapped in a machine-based, preliminary stage of mapping. Our focus is on infection diagnostics.

Result: A first-line method mapped correctly up to 16% of the expert mapped source codes yet majority of the measurements.

Microbe	Regex found codes	Mapped codes	Same concept id	Accuracy*	Mapped measurements	Same concept_id	Accuracy*
Hepatitis	303	144	23	16.0%	332740	315690	94.9%
Influenza	362	254	16	6.3%	341858	272073	79.6%
RSV	777	87	4	4.6%	133323	82595	62.0%

Methods

$$* \ Accuracy = \frac{Same\ concept\_id}{Total\ expert\ mapped}$$

Example mappings: preliminary (blue) and expert mapping (orange)

sourcename	Frequency	conceptid	conceptname	conceptid	conceptname
-infanfvb[]	97131	3044938	Influenza virus A RNA [Presence] in Specimen by NAA with probe detection	3044938	Influenza virus A RNA [Presence] in Specimen by NAA with probe detection
-infbnfvb[]	75998	3038288	Influenza virus B RNA [Presence] in Specimen by NAA with probe detection	3038288	Influenza virus B RNA [Presence] in Specimen by NAA with probe detection
u-inf[]	51773	0	Unmapped	0	Unmapped
infanfvb[]	12270	3044938	Influenza virus A RNA [Presence] in Specimen by NAA with probe detection	3044938	Influenza virus A RNA [Presence] in Specimen by NAA with probe detection
pa-inflaag[]	11446	3046524	Influenza virus A Ag [Presence] in Nasopharynx by Immunoassay	3046524	Influenza virus A Ag [Presence] in Nasopharynx by Immunoassay
s-infil[mg/l]	1076	3042299	inFLUXmab (Mass/volume) in Serum or Plasma	3042299	inFLUXmab (Mass/volume) in Serum or Plasma
-influenssaa,b,rs-viruspcovid-19 -koronavirustaud,nukleiinihapon oodius[]	570	0	Unmapped	36031861	Influenza virus A and B and SARS-CoV-2 (COVID-19) and Respiratory syncytial virus RNA panel - Respiratory system specimen by NAA with probe detection
-influenssaa-virus,nukleiinihapp o(kvat)[]	160	0	Unmapped	3044938	Influenza virus A RNA [Presence] in Specimen by NAA with probe detection

Mapping characteristics

	Preliminary mapping	Expert mapping
Focus	Any lab measurements	Hepatitis, influenza and RSV
Coverage goals	Most frequent	All
Method	Usagi-based process + human checking	Human checking

Limitations:

1. Accuracy is different for each use case and we only show one example.
2. In the future, source codes are subject to changes, even towards a less harmonized direction.

OHDSI

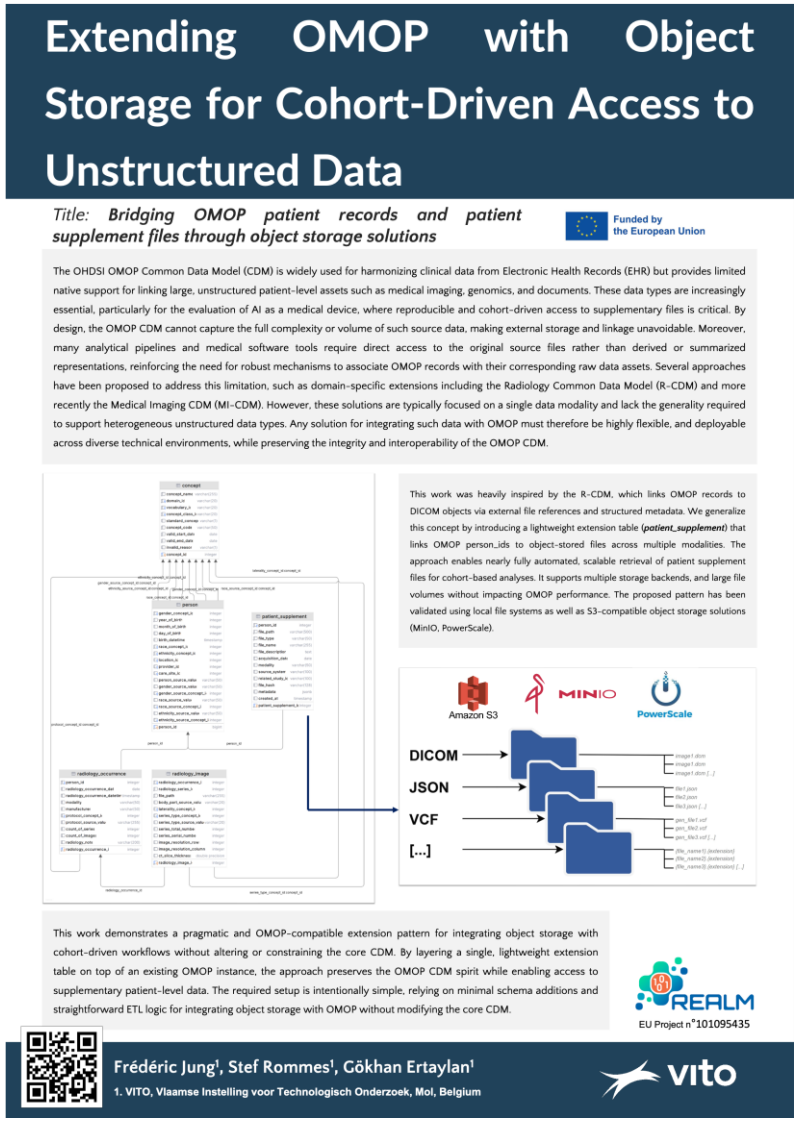
Petteri Hovi, Eero Poukka, Ida-Liisa Kolari, Javier Garcia Tabuenca, FinnGen, Gustav Klingstedt. *Institute for Health and Welfare, Helsinki, Finland*

#OHDSISocialShowcase This Week

Thursday

Bridging OMOP patient records and patient supplement files through object storage solutions

(Frederic Jung, Stef Rommes, Gökhan Ertaylan)

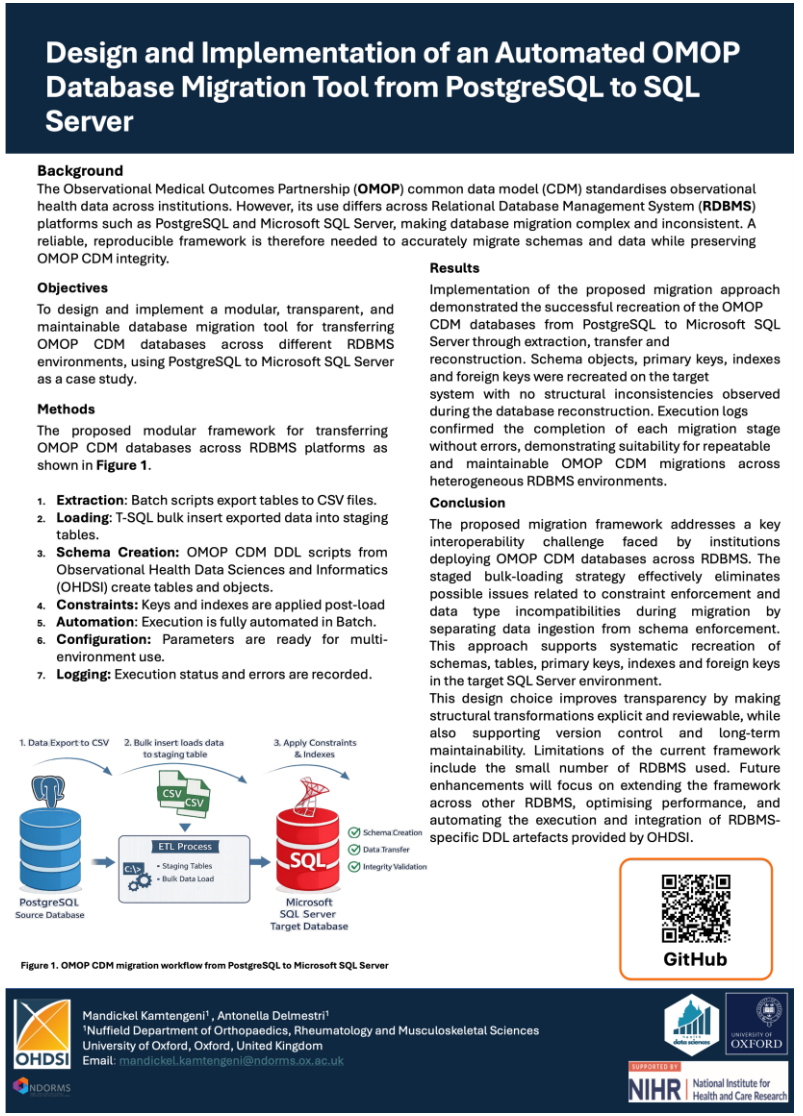


#OHDSISocialShowcase This Week

Friday

Design and Implementation of an Automated OMOP Database Migration Tool from PostgreSQL to SQL Server

(Mandickel Donnex Kamtengeni, Antonella Delmestri)



Design and Implementation of an Automated OMOP Database Migration Tool from PostgreSQL to SQL Server

Background

The Observational Medical Outcomes Partnership (**OMOP**) common data model (CDM) standardises observational health data across institutions. However, its use differs across Relational Database Management System (**RDBMS**) platforms such as PostgreSQL and Microsoft SQL Server, making database migration complex and inconsistent. A reliable, reproducible framework is therefore needed to accurately migrate schemas and data while preserving OMOP CDM integrity.

Objectives

To design and implement a modular, transparent, and maintainable database migration tool for transferring OMOP CDM databases across different RDBMS environments, using PostgreSQL to Microsoft SQL Server as a case study.

Methods

The proposed modular framework for transferring OMOP CDM databases across RDBMS platforms as shown in **Figure 1**.

1. **Extraction**: Batch scripts export tables to CSV files.
2. **Loading**: T-SQL bulk insert exported data into staging tables.
3. **Schema Creation:** OMOP CDM DDL scripts from Observational Health Data Sciences and Informatics (OHDSI) create tables and objects.
4. **Constraints:** Keys and indexes are applied post-load
5. **Automation**: Execution is fully automated in Batch.
6. **Configuration:** Parameters are ready for multi-environment use.
7. **Logging:** Execution status and errors are recorded.

Figure 1. OMOP CDM migration workflow from PostgreSQL to Microsoft SQL Server

Results

Implementation of the proposed migration approach demonstrated the successful recreation of the OMOP CDM databases from PostgreSQL to Microsoft SQL Server through extraction, transfer and reconstruction. Schema objects, primary keys, indexes and foreign keys were recreated on the target system with no structural inconsistencies observed during the database reconstruction. Execution logs confirmed the completion of each migration stage without errors, demonstrating suitability for repeatable and maintainable OMOP CDM migrations across heterogeneous RDBMS environments.

Conclusion

The proposed migration framework addresses a key interoperability challenge faced by institutions deploying OMOP CDM databases across RDBMS. The staged bulk-loading strategy effectively eliminates possible issues related to constraint enforcement and data type incompatibilities during migration by separating data ingestion from schema enforcement. This approach supports systematic recreation of schemas, tables, primary keys, indexes and foreign keys in the target SQL Server environment.

This design choice improves transparency by making structural transformations explicit and reviewable, while also supporting version control and long-term maintainability. Limitations of the current framework include the small number of RDBMS used. Future enhancements will focus on extending the framework across other RDBMS, optimising performance, and automating the execution and integration of RDBMS-specific DDL artefacts provided by OHDSI.

GitHub

Mandickel Kamtengeni[1] , Antonella Delmestri[1]
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University of Oxford, Oxford, United Kingdom
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SUPPORTED BY NIHR National Institute for Health and Care Research

Where Are We Going?

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

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

Everybody is invited!

Links are sent out weekly and available at:

ohdsi.org/community-calls-2026

Find your workgroup.

Fuel our mission.

ohdsi.org/workgroups