OHDSI COMMUNITY SURVEY

OHDSI in the Era of Medical AI

A global community survey — **on the question we've never been asked ourselves.**

Jiwon Um · Ph.D. Candidate
Biomedical Systems Informatics · Dr. You's Research Group (Seng Chan You)
Yonsei University College of Medicine · Yonsei University Health System, Institute for Digital Health

Yonsei University College of Medicine
Dr. You's Research Group
YOU LAB

OHDSI
Observational Health Data Sciences and Informatics

☕ About 7–8 minutes

Got 7 minutes and a coffee?

That's all this takes. Scan the code and fill it in **while I talk** — you'll be done before your cup is empty.

(Yes — doing it right now totally counts.)

Scan here to participate ↑

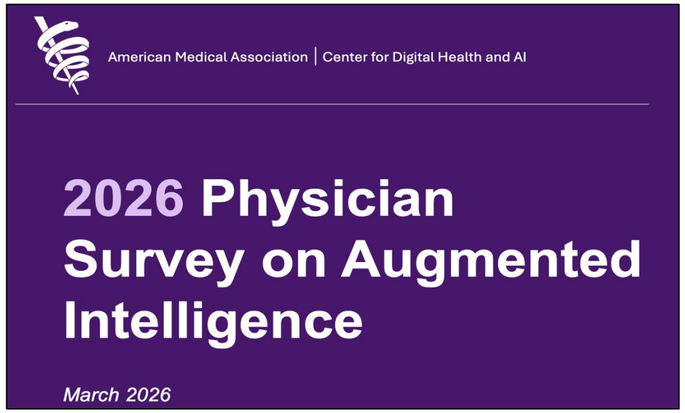
THE QUESTION · WHY NOW

In the era of foundation models, does data standardization still matter?

LLMs read raw clinical text directly — no ETL, no mapping. So is the **OMOP CDM** a trust mechanism for AI evidence… or a legacy cost we keep paying out of habit?

WHY NOW · THE GAP

Everyone's been asked — except us.



Clinicians were asked.

AMA · 2026 Physician Survey on Augmented Intelligence

Global experts were asked.

Müller H, et al. npj Digital Medicine · 2026

The builders never were.

The community that builds and maintains the data infrastructure medical AI runs on has never been systematically surveyed.

THE DEBATE IS LIVE — RIGHT NOW

It's not a clean split.

The same person can hold both views — shifting by domain, data type, and task.

In some domains — a legacy cost

Foundation models read free text directly. If natural language becomes the universal interface, do rigid vocabularies and the OMOP CDM still earn their keep?

In others — the guardrail you can't drop

Ontologies act as cognitive guardrails — keeping LLM agents accurate, auditable, and interoperable. Lexical tools alone break on messy, real-world terms.

FROM THE FORUMS TO THE RECORD

Right now, this is opinion. Your answers make it data.

It's being argued in the forums, in Working Group calls, and at conferences like this one. Evidence should come from the community itself.

WHY YOUR VOICE MATTERS

You don't just get counted.

01

What it changes for OHDSI

Working Groups and the Steering Committee gain a data-grounded basis for prioritization — bottom-up input instead of assumptions.

02

When & where you'll see results

First showcase at the 2026 Global Symposium, followed by a community perspective paper built on the findings.

03

Community-owned

You don't just get counted — you help shape how we interpret the results.

THE SURVEY AT A GLANCE

Built to discover the current state

DESIGN
Pre-registered, cross-sectional, global. Target **N = 300** (minimum analyzable N = 200).

RECRUITMENT
OHDSI Forums, regional chapters, and Working Group leads — that means you, in this room.

ANALYSIS
We map where the community **diverges** — not just aggregate agreement — across pre-specified subgroups by AI-integration level, region, role, and tenure.

SIX SECTIONS · A–F

- A OHDSI context & role
- B Current AI / ML engagement
- C **Standardization in the AI era** · primary
- D **Mitigating medical-AI failure modes**
- E Future role for OHDSI
- F OMOP CDM strengths & limitations

OPEN BY DESIGN

Pre-registered before a single response.

Protocol, instrument, and analysis plan — all public on GitHub. Scan, share, and join the conversation.

Take the survey — 7 min ☕

With open arms to collaborate and communicate!

Jiwon Um · Dr. You's Research Group, Yonsei University

jiwonum126@yuhs.ac / jiwonum@ohdsi.org


2026 OHDSI
APAC Symposium
Nov. 13–15, 2026
Yonsei University,
Seoul, South Korea