



OHDSI Workgroup Rehabilitation

Ruud Selles & Esther Janssen

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OHDSI Workgroup Objectives and Key Results (OKR)

Rehabilitation Workgroup



WG Name: Rehabilitation Workgroup
WG Leads: Esther Janssen & Ruud Selles

Mission statement

Promote better rehabilitation care
by leveraging the OHDSI collaborative to enable
large scale observational rehabilitation research



What did we do

1. 4 working group sessions in 2024:
 1. Ruud Selles and Esther Janssen: Introduction and goals of workgroup.
 2. Maggie French and Rob Cavanaugh: Experiences in mapping rehabilitation data to OMOP-CDM
 3. Lisa Hoogendam, Sebastiaan van Sandijk, Anna Ostropolets: PROMs in OHDSI vocabulary
 4. Yanshan Wang. Redwine project and OMOP-CDM mapping. Esther Janssen: ICF as a framework for mapping outcomes
 5. In 2025: Christian Reich: mapping PROMS and survey data
 2. Identified a group of OHDSI enthusiasts from many continents. 62 contacts in workgroup.
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Two new projects with a central role for OMOP-CDM



- PREPARE is a HaDEA-Horizon European project on rehabilitation care (7 million Euro, nine countries)
- UMBRELLA is an Innovative Health Initiative (IHI) project on stroke care (26 million Euro, 20 public and private parties)
- Both generate (amongst others) federated data platform for sharing ML models, exploiting the OMOP CDM and OHDSI tools



Revolutionising
Stroke Care in Europe



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1. Objective 1: Create awareness of OHDSI in rehabilitation research and build a learning community

2025 Key goals/results:

1. Establish a minimum of 4 workgroup meetings
2. Have at least 50 active working group members
3. Increase international awareness of what OHDSI and OMOP-CMD can provide in the rehabilitation research community through social media, presentations, and meetings



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1. Objective 2: Address challenges and working towards best practices in using OMOP-CDM for rehabilitation research data

2025 Key goals/results:

1. Towards mapping rehabilitation-specific outcome data to the OMOP-CDM (e.g., PROMS)
2. Towards mapping rehabilitation-specific treatments to the OMOP-CDM (e.g., complex treatments, multidisciplinary treatments)
3. Continue to reach out to other working groups (e.g., CMD, psychiatry) and OHDSI members to discuss our challenges and possible solutions