University of Maryland School of Medicine



Partner with Us

Real World Evidence

The University of Maryland School of Medicine's Real World Evidence capabilities offer industry partners **a practical pathway from de-identified data to study design, analysis, publication, and translational follow-on work.** Real World Evidence Analytics Core provides access to some of the largest healthcare databases in the United States, as well as electronic health records of the diverse 2.6M patients of University of Maryland Medical System. It operates in HIPAA-compliant, de-identified environments and sits inside the University of Maryland Institute for Health Computing (UM-IHC), which actively seeks **direct collaboration with industry in areas such as clinical-trial support, AI model development and evaluation, omics analysis, predictive public health, and therapeutic target discovery.** For sponsors trying to shorten the time between clinical development questions and decision-ready evidence, engage the Core early so UMSOM can match the right data source and campus collaborators to your program's development, medical affairs, HEOR, or post-approval objectives.

RECENT PUBLICATION HIGHLIGHTS:

McCoy RG, Swarna KS, Jiang DH, et al. Enrollment in High-Deductible Health Plans and Incident Diabetes Complications. JAMA Network Open. 2024;7(3):e243394. doi:10.1001/jamanetworkopen.2024.3394.

Steiger K, Herrin J, Swarna KS, Davis EM, McCoy RG. Disparities in Acute and Chronic Complications of Diabetes Along the U.S. Rural-Urban Continuum. Diabetes Care. 2024;47(5):818-825. doi:10.2337/dc23-1552.

Everhart AO, Brito JP, Clarke BL, Herrin J, Karaca-Mandic P, Kennel KA, Parimi N, Rosen CJ, Takagi M, McCoy RG, et al. Trends in Osteoporosis Drug Therapy Receipt Among Commercial and Medicare Advantage Enrollees in the United States, 2011-2022. The Journal of Clinical Endocrinology & Metabolism. 2025;110(9):2520-2529. doi:10.1210/clinem/dgae840.

Deng Y, et al. Heterogeneity of Cardiovascular Effects of Second-Line Glucose-Lowering Therapies in Adults With Type 2 Diabetes Across the Range of Moderate Baseline Cardiovascular Risk. Journal of the American Heart Association. 2025. doi:10.1161/JAHA.124.040217.

Preclinical & Translational Development Assets

The Center for Precision Disease Modeling - provides functional studies of genetic variants, precision disease modeling, and preclinical testing of therapeutic candidates using a variety of animal models. The Center's comprehensive strategy covers model generation, phenotypic and multi-omics mechanism work, and therapeutic development, with Tier 2 mouse-model validation and preclinical testing to improve translational relevance.

Clinical Development Capabilities

UM-IHC's Real-World Evidence and Adaptive Clinical Trials program - enables EHR-enabled patient identification in outpatient clinics and regional hospitals, research-coordinator outreach and consent, continuous AI-assisted outcome monitoring, adaptive randomization, and the ability to stop trials once superiority is established.

The Clinical & Translational Research Informatics Center - supports studies at all stages of development with research design, data capture, data management, custom database creation and storage, quality assurance and control, data analysis, and budget-development guidance.

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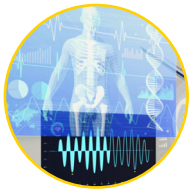
The Future of Medicine is Collaboration

HEOR and Post-Approval Capabilities



Optum Labs Data Warehouse - access to a de-identified nationwide dataset with medical and pharmacy claims, laboratory results, enrollment records for more than 200 million commercial and Medicare Advantage enrollees, and a normalized subset of EHR-derived data. Data can be further linked to Medicare fee-for-service claims, the SEER Cancer Registry, and the American Hospital Association files.

The RWE Analytics Core also supports projects using the Premier Healthcare Database, which includes administrative, clinical, utilization, and financial data from more than 1,400 hospitals and ambulatory surgical centers and captures roughly one in four U.S. hospital discharges.

The RWE Core's services include HIPAA-compliant, de-identified data-asset selection, grant support, data acquisition, dataset cleaning and management, statistical analysis, project management, publication support, and expert input in pharmacoepidemiology, comparative effectiveness and safety, health equity, causal inference, population health, and machine learning/AI.

WE WELCOME PARTNERSHIP DISCUSSIONS

Our future collaborators will find opportunities that are well-aligned for industry partnership in a variety of capacities.

- Comparative-effectiveness and safety studies for marketed or near-market therapies.
- HEOR, utilization, burden of illness, readmissions, site of care, and cost effectiveness analyses.
- Pragmatic and adaptive trial planning, including EHR-enabled patient identification in community and regional-hospital settings.
- AI- and analytics-enabled outcome phenotyping, predictive modeling, and decision-support studies.
- Health equity and population health studies, including rural-urban differences and care access gaps.
- Translational projects that connect RWE signals to genomics, imaging, precision disease modeling, or therapeutic target discovery.

Let's discuss collaborating, contact:

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