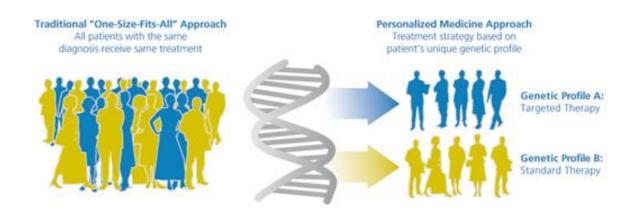


Instrumenting the Health Care Enterprise for Discovery in the Course of Clinical Care

Shawn Murphy MD, Ph.D.

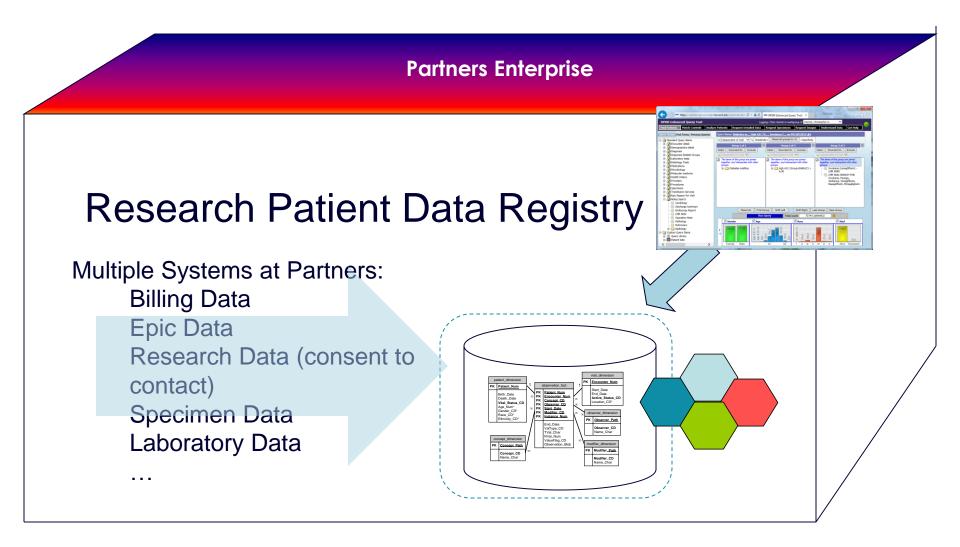
Professor of Neurology and Biomedical Informatics
Harvard Medical School
Chief Research Information Officer, Partners Healthcare

Personalized Medicine and Genomic technology are critical to managing populations

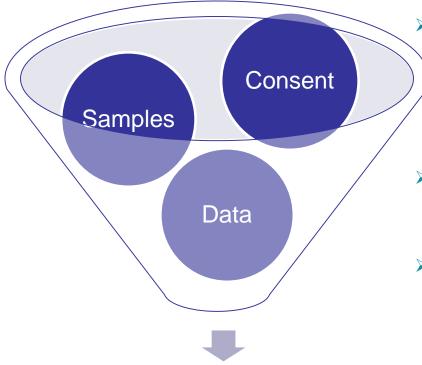


- Managing a population involves improving health outcomes of the group as a whole by identifying, monitoring and addressing health needs of individuals through:
 - Subpopulation stratification
 - Targeted, evidence-based treatment protocols
 - Predictive analytics

The RPDR Warehouse at Partners Healthcare



The Partners Biobank



Research Discoveries

The Partners Biobank provides samples (plasma, serum, and DNA) collected from consented patients.

 84,000 patients have consented to date

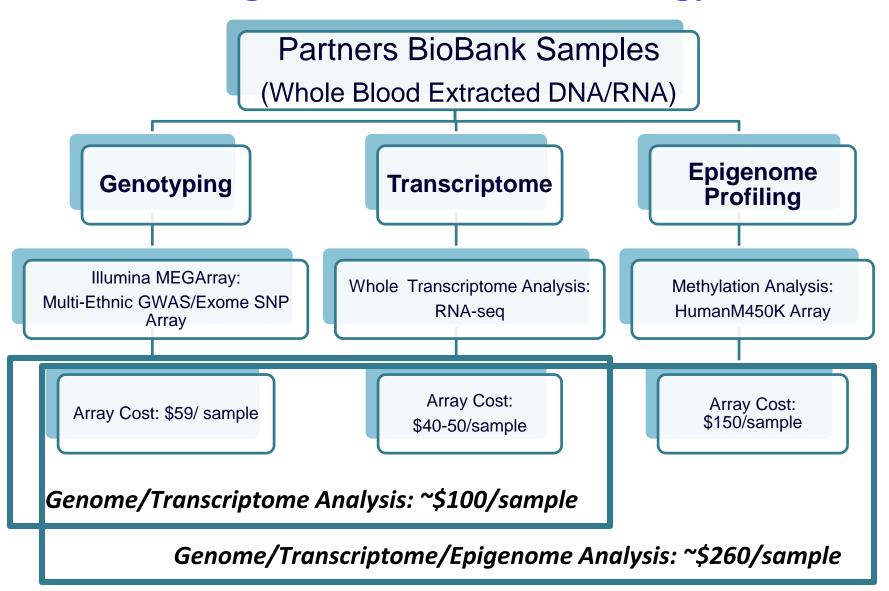
Samples are available for distribution to Partners investigators* to help identify novel Personalized Medicine opportunities that reduce cost and provide better care



*with required approval from the Partners Institutional Review Board (IRB).

Improved Clinical Care for All Patients

Biobank Integrative Genomics Strategy

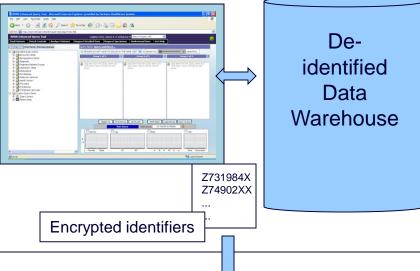


Research Patient Data Registry (RPDR) to find patient cohorts and distribute data

1) Queries for aggregate patient numbers

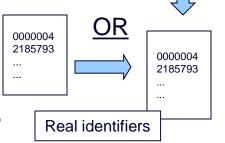
- Warehouse of in & outpatient clinical data
- 6.7 million Partners Healthcare patients
- 2.5 billion diagnoses, medications, genomics, procedures, laboratories, & physical findings coupled to demographic & visit data
- Authorized use by faculty status
- Clinicians can construct complex queries
- Queries cannot identify individuals, internally can produce identifiers for (2)

Query construction in web tool



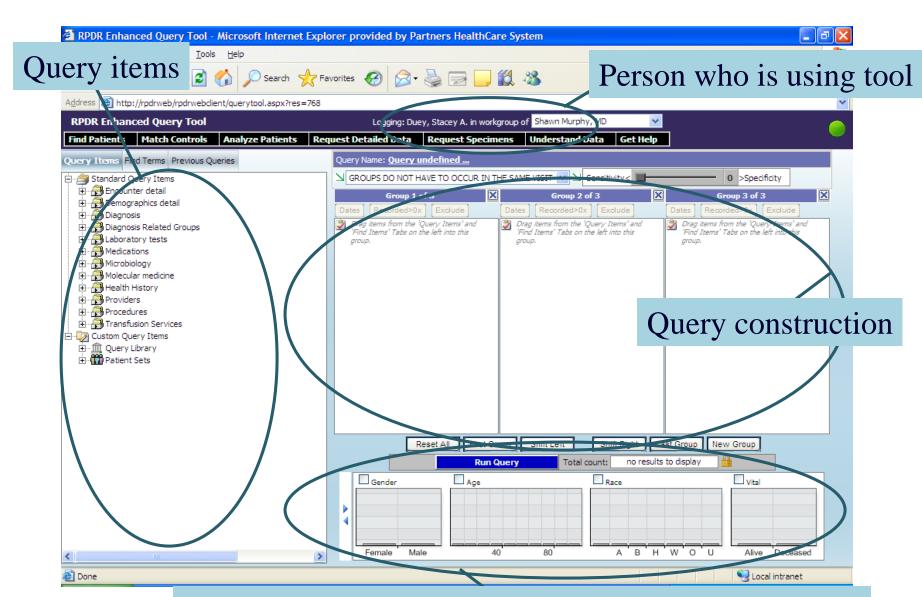
2) Returns detailed patient data

- Start with list of specific patients, usually from (1)
- Authorized use by IRB Protocol
- Returns contact and PCP information, demographics,
 providers, visits, diagnoses, medications, procedures,
 laboratories, microbiology, reports (discharge, LMR,
 operative, radiology, pathology, cardiology, pulmonary,
 endoscopy), and images into a Microsoft Access
 database and text files.

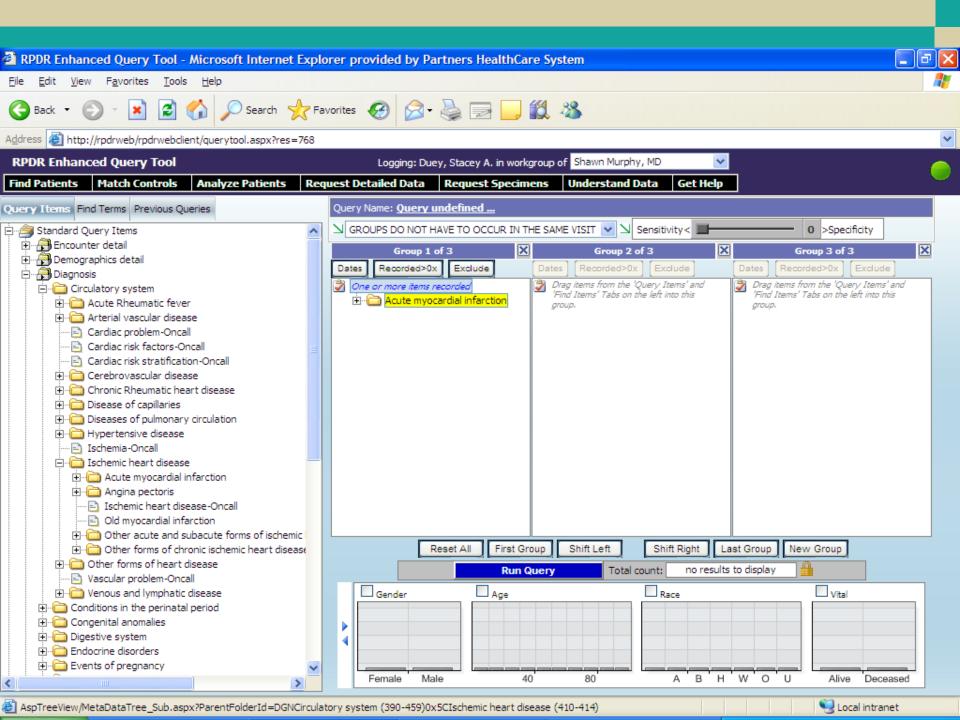


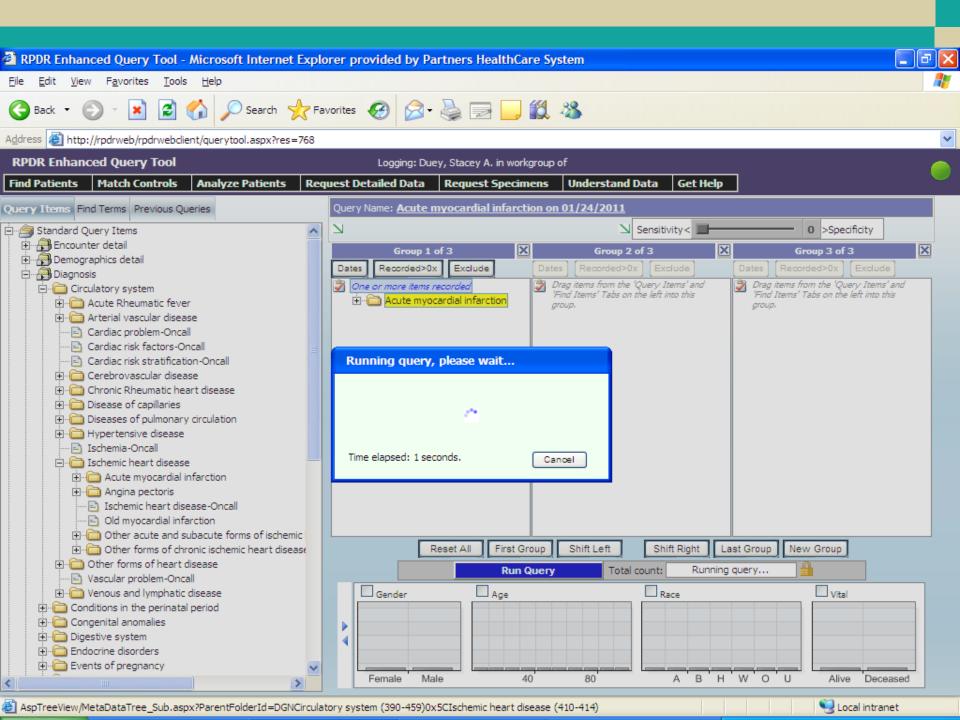
| Total | The property | Total | Total

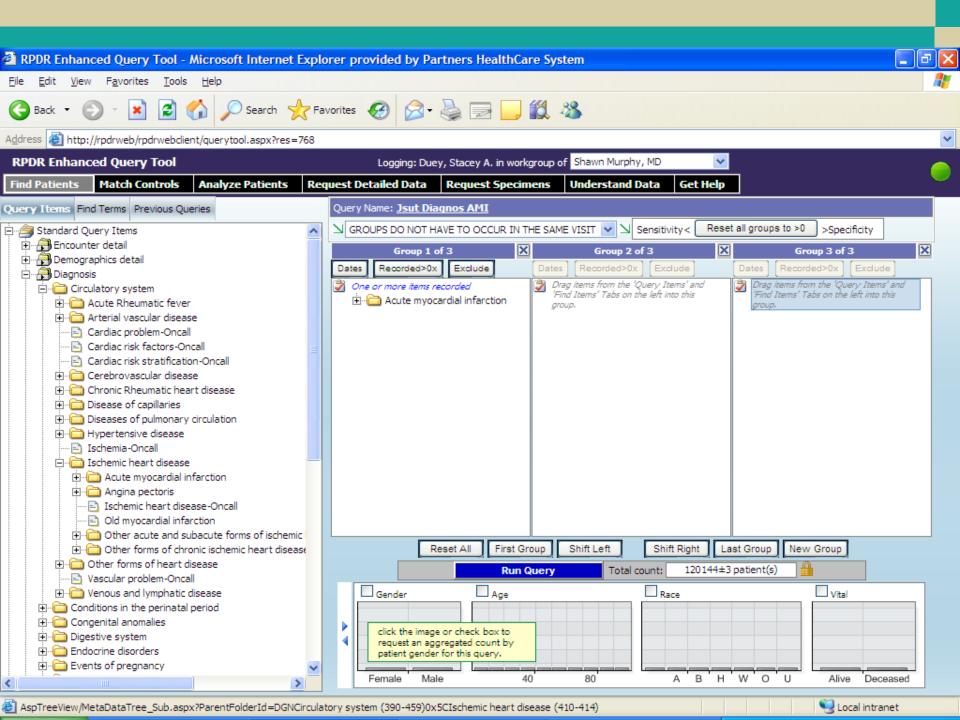
FINDING PATIENTS

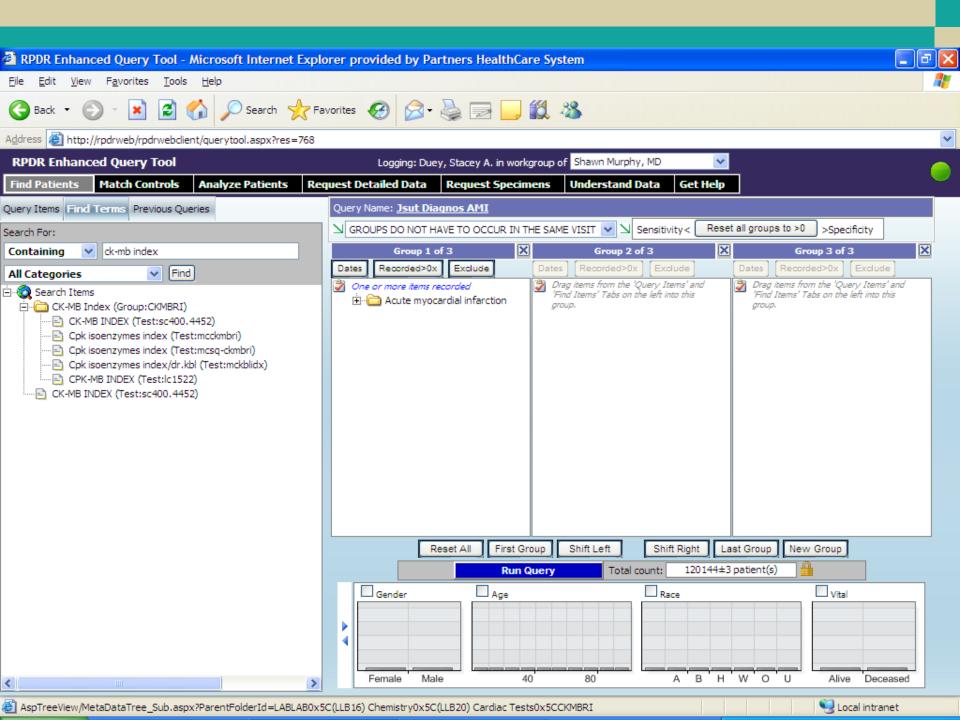


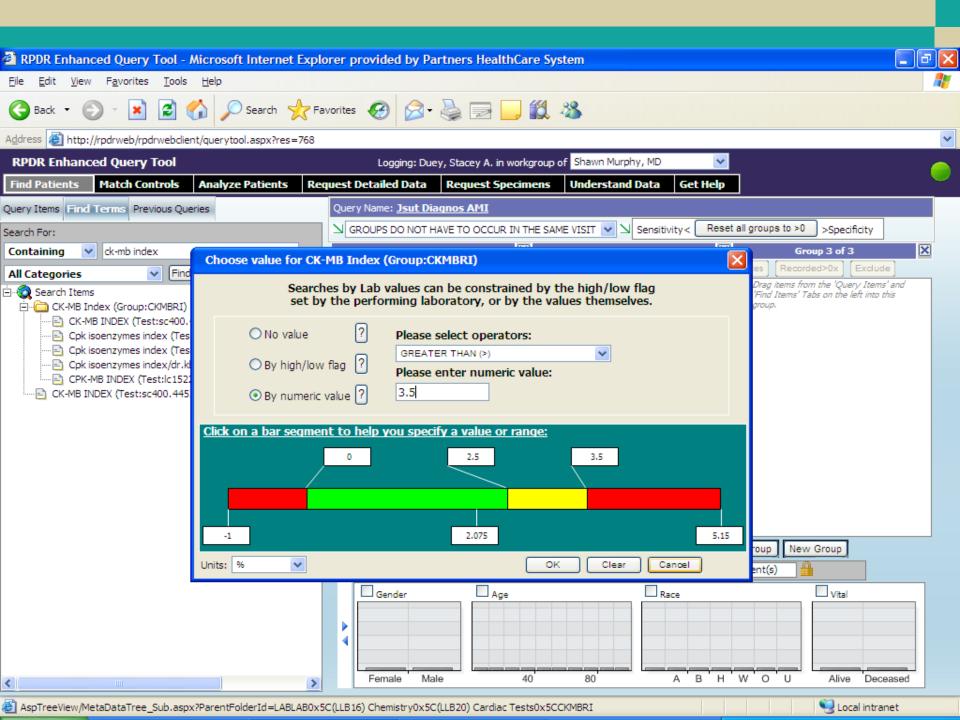
Results - broken down by number distinct of patients

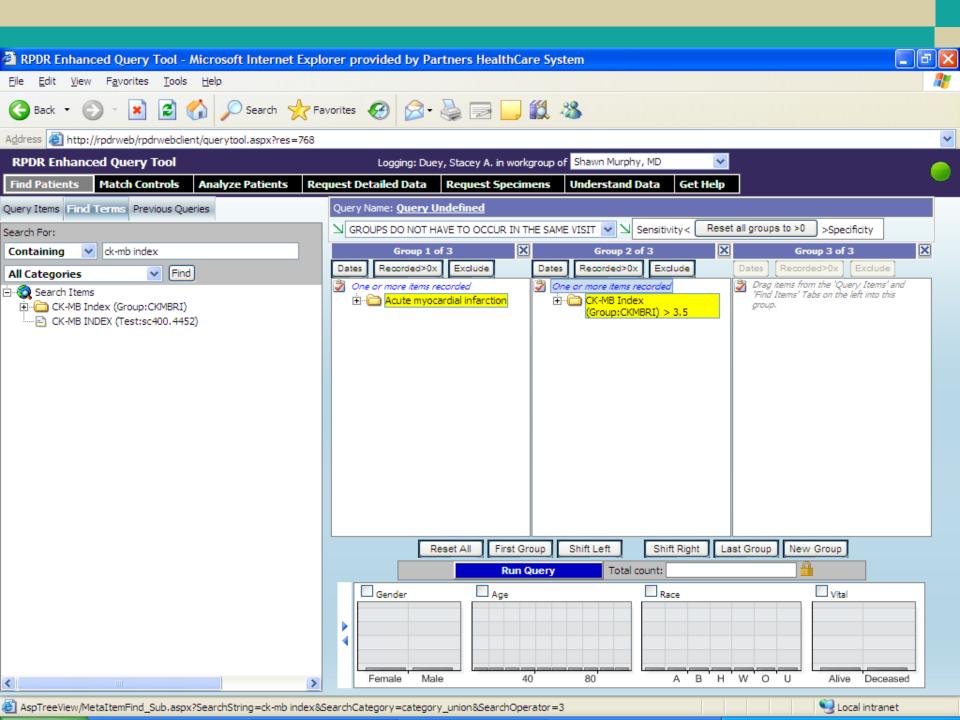


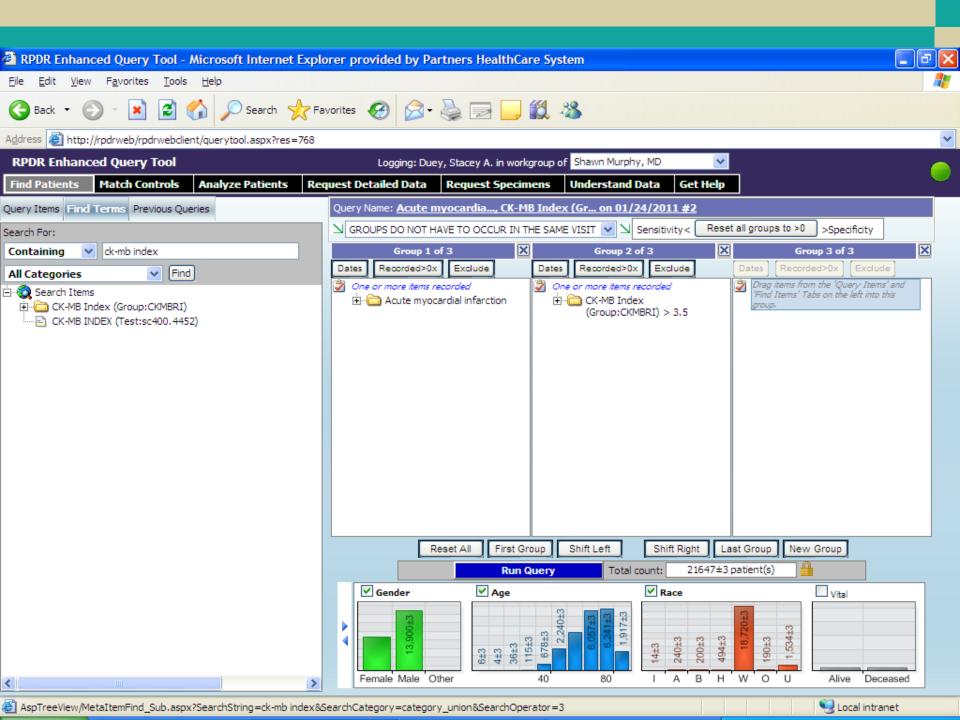












Welcome to the RPDR Data Request Wizards

The RPDR is a HIPAA compliant system, which returns aggregate patient information via a Query Tool, based on user-defined criteria. With proper IRB approval, RPDR users can:

- use their previously queried patient set
- or import their own approved set of Medical Record Numbers

to request detailed or identified patient clinical data. These wizards are included in the RPDR for human research investigators to request identified patient data from their respective Partners sites.

You are now launching a wizard in order to request identified patient data.

Your request must conform and comply with the allowances of your Partners sponsored IRB human studies protocol. This responsibility rests entirely on the faculty sponsor who is requesting the identified data or who is approving the request of identified data from a workgroup member. It is very important that the correct IRB protocol number be chosen for each request of protected health information.

This information is protected under the Partners Privacy and Confidentiality Policy and provided with approval by the Human Research Committee only for the use specified in your protocol number. It may not be used for any other purpose without specific approval by the Human Research Committee. It may not be distributed to any individual not specifically authorized under that approval. The data must be managed in a manner that complies with HIPAA Security Regulations.

I accept responsibility for the data returned by this query.

Accept Cancel

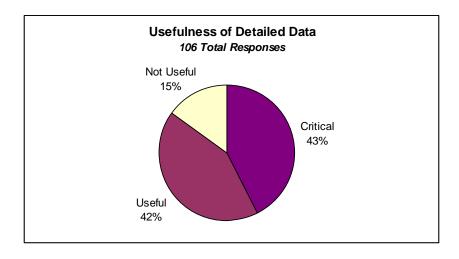
Partners Healthcare System HIPAA Compliance

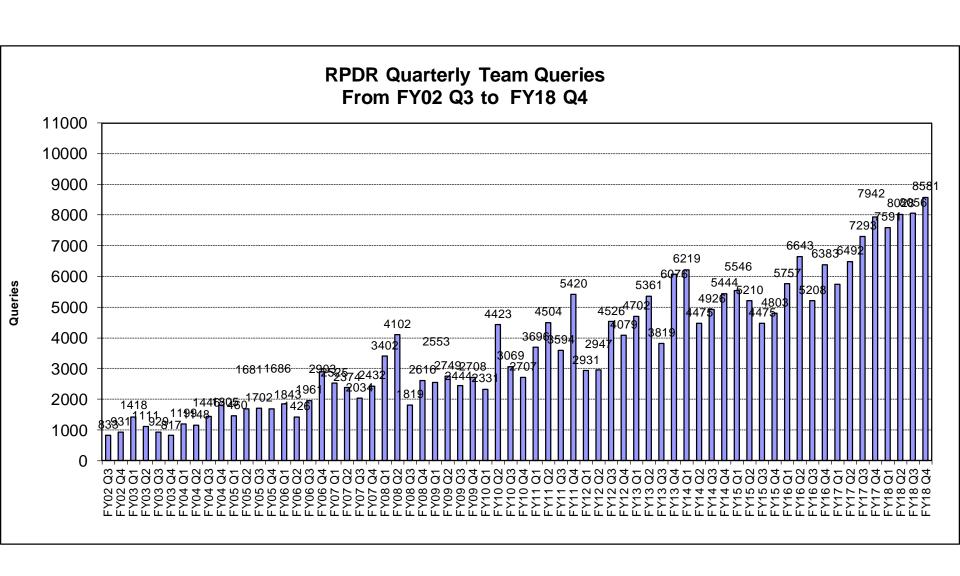
Additional HIPAA information for the research community is available from these links, sponsored by Partners and the Human Research Council (PHRC).

HIPAA and the Privacy Rule
HIPAA Central

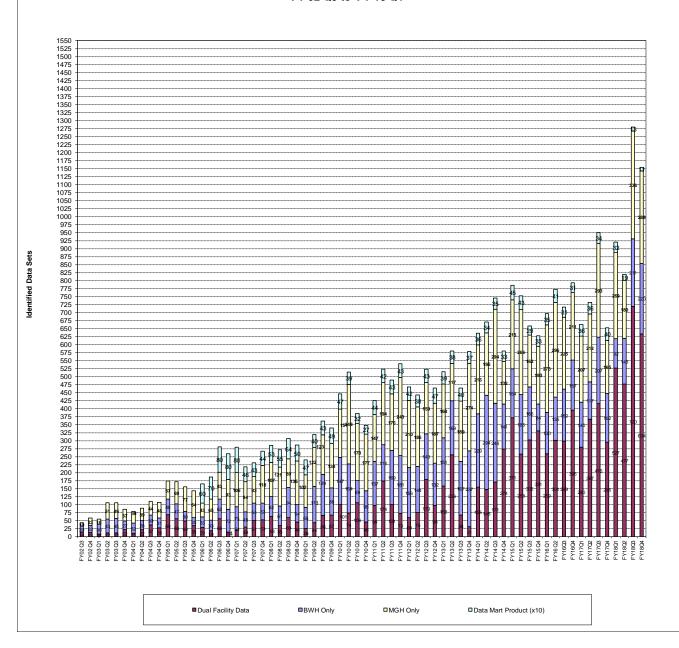
One year (2014) usage of RPDR

- 3100 registered users, 655 new in 2014
- 583 teams/year gathering data for research studies
- 2634 detailed patient data sets returned to these teams in 2014, containing data of 24.7 million patient records.
- From a survey of 153 teams
 - Importance of the data received from the RPDR was evaluated in relation to the study it was supporting.
 - \$94-136 million/year total research support critically dependent on RPDR from patient data received throughout life of funding.
- ~300 data marts were created to support hospital operations, representing about 80 million patient records

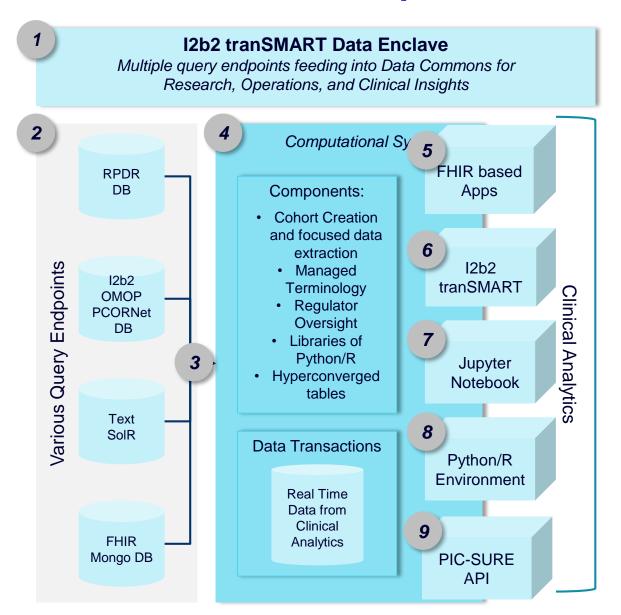




RPDR Detailed Data Set Production FY 02 Q3 to FY 18 Q4

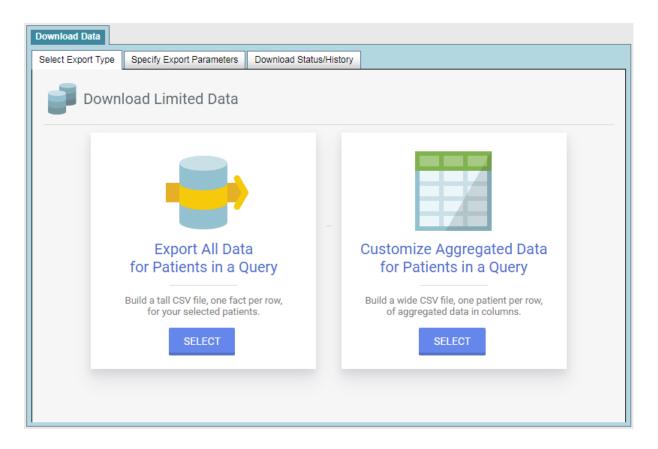


Secure Data Computation in Data Enclave

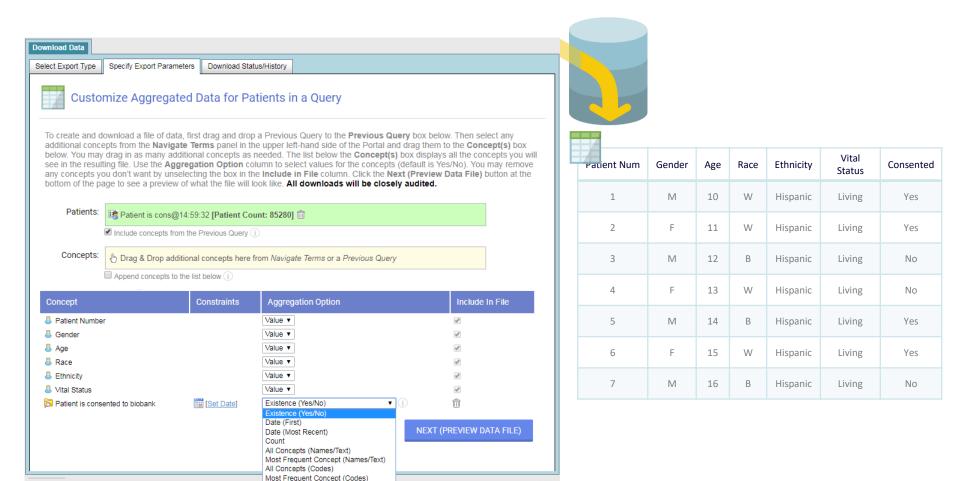


System Components						
1	Combining Big Data Sources					
2	Query Endpoints for DATA					
3	Web Services / Bulk Transfer					
Technical Solution Development						
4	AI/ML Ready Bundle					
Research and Clinical Application Projects						
5	FHIR based SMART Apps					
6	I2b2 tranSMART with Fractalis plugin (next version of SmartR plugin)					
7	Jupyter Notebook with Al Visualizations - Matching patients with similar disease profiles					
8	Python/R Environment full interactive development					

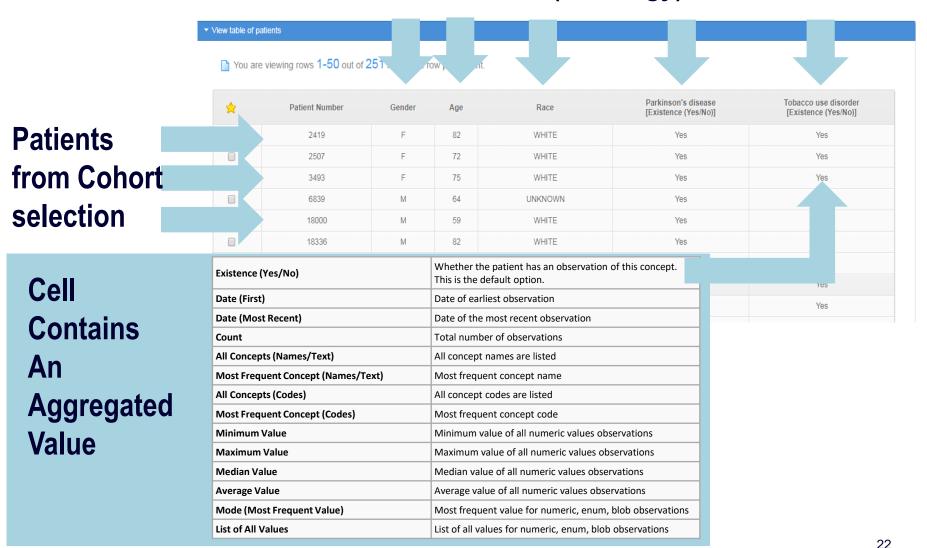
Hyperconverged Data Export Types



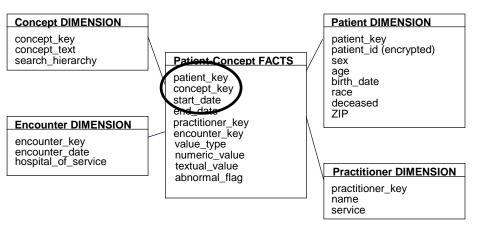
Sparse Matrix Tables for Computation

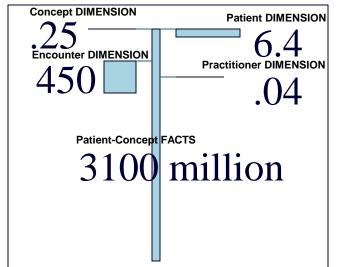


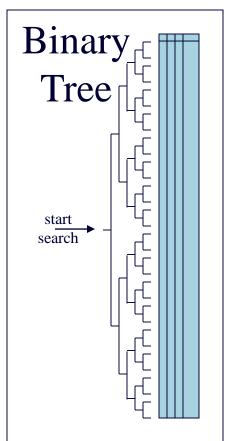
Key for Success – Two types of tables [1] Sparse Matrix Semantic (Ontology) value



Key for Success – Two types of tables[2] **Star Schema**

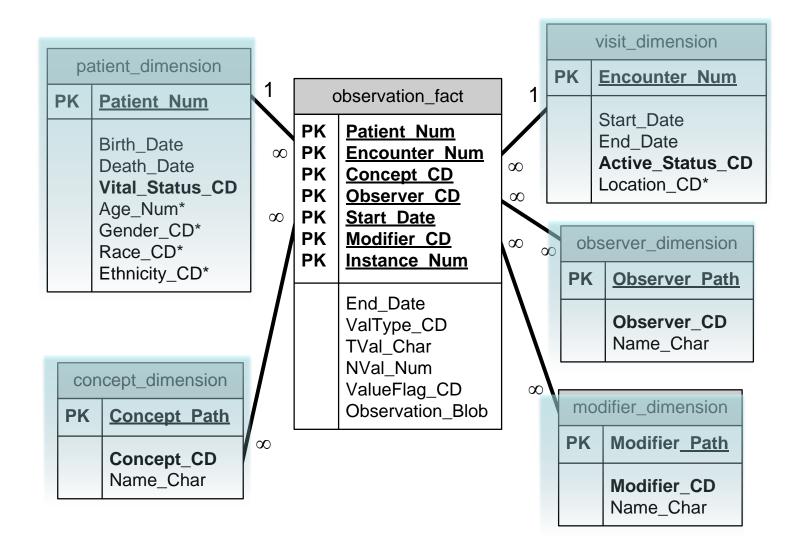




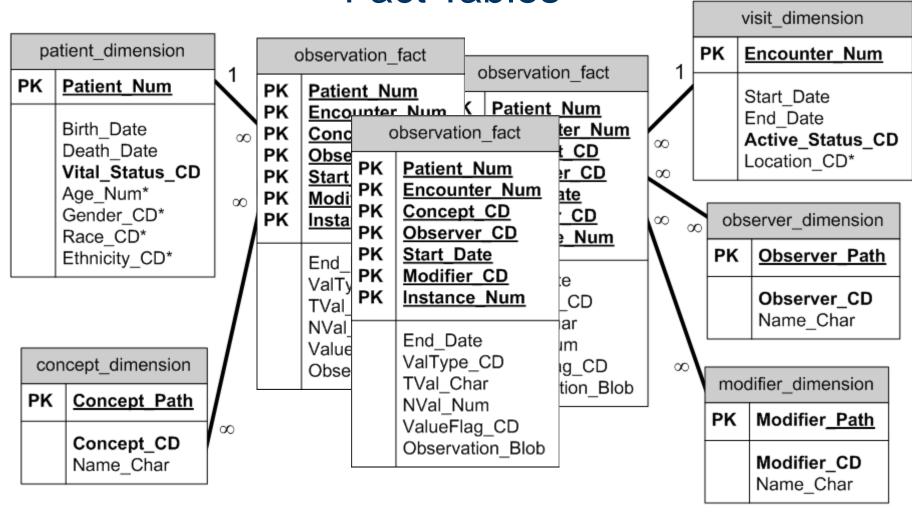


Theory of Kimball translated to Healthcare Data

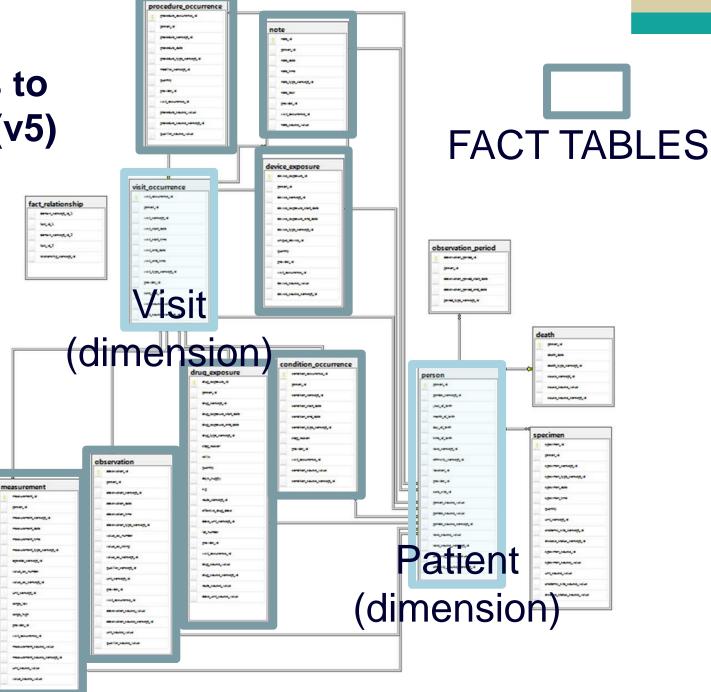
i2b2 Star Schema



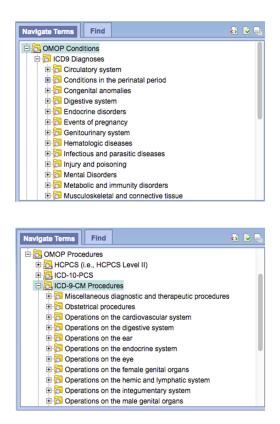
i2b2 Star Schema can adapt to Multiple Fact Tables

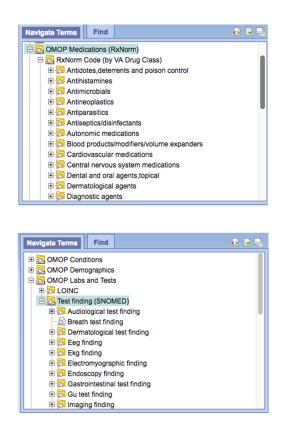


Adapts to OMOP (v5)



Ontology Tables Need to be Created - Build ontology of OMOP standard concepts



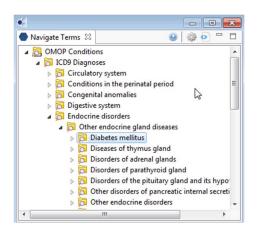


Ontologies covering the condition, procedures, drug, measurement and observation domains. All terms are mapped to standard concepts using OMOP's mapping tables

Use Ontology Tables to direct Queries to proper Fact Table view

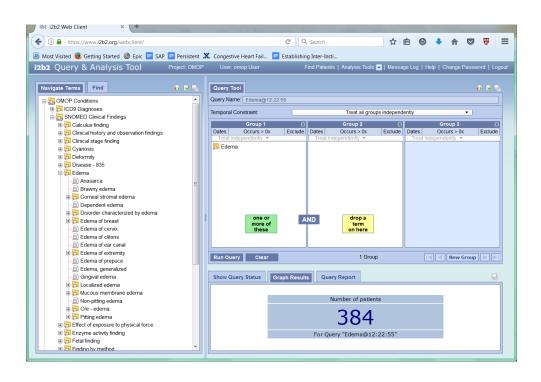
Prepend c_facttablecolumn with OMOP domain view and modify CRC to parse into 'domain_view' and 'c_facttablecolumn'

c_name	c_facttablecolumn	c_tablename	c_columnname	c_operator	c_dimcode
Diabetes mellitus	condition_view.concept_cd	concept_dimension	concept_path	LIKE	\i2b2\Diagnoses\Endocrine disorders (240-259)\Other endocrine gland (



select patient_num from condition_view where concept_cd IN (select concept_cd from concept_dimension where concept_path like '\i2b2\Diagnoses\Endocrine disorders (240-259)\Other endocrine gland diseases (250-259)\(250) Diabetes mellitus\%')

Linking OMOP into i2b2 software



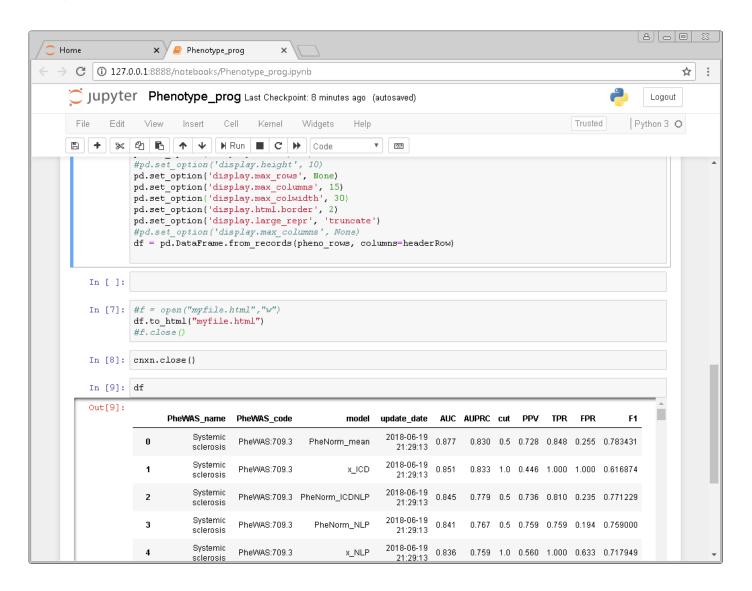
- Medicare Claims Synthetic Public Use Files (SynPUFs) in OMOP v5 CDM is background data set
- https://www.i2b2.org/webclient/
 - Username: omop
 - Password: demouser



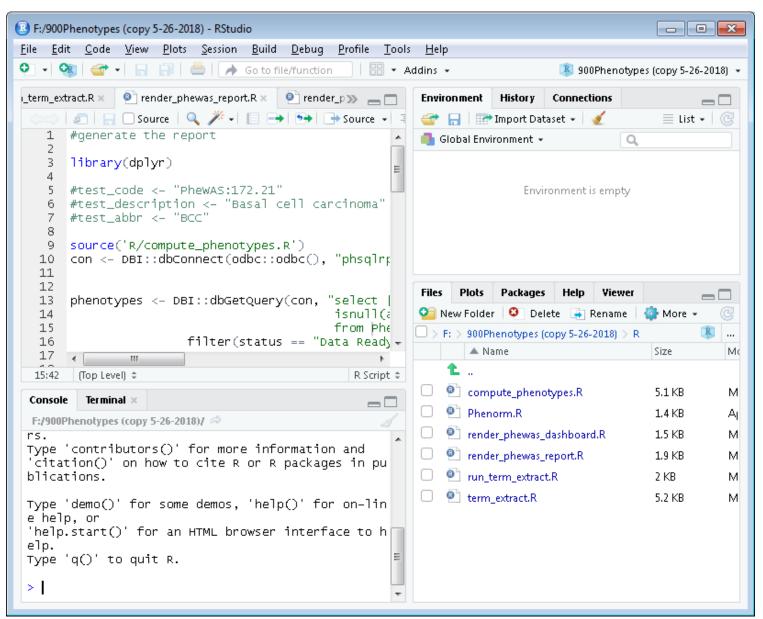
Strategy is Converging ML/AI Starting Points

- Allow Learning Algorithms to grow from a common stating point
- ➤ In Data Enclave can accumulate libraries that operate from common data presentation
- Aggregate and Detail common presentations
- > Transform other data models into these presentations so the look the same to computational algorithms
- Derived data can be stored back in relational structures at end of computation
- Serves as index for large file objects
- Derived data from large file objects goes back into the index
- Data marts of derived data can be created and published in i2b2 tranSMART DB

Jupyter Notebook



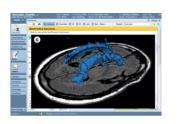
Python/R Environment



Python/R Reprots



FHIR - GATHERING FULL SUPPLY CHAIN CONTROL



CLINICAL ENVIRONMENT

SMART Apps

INTEGRATION ENVIRONMENT



Clinical

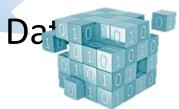
Clinical Data

BIG DATA COMMONS

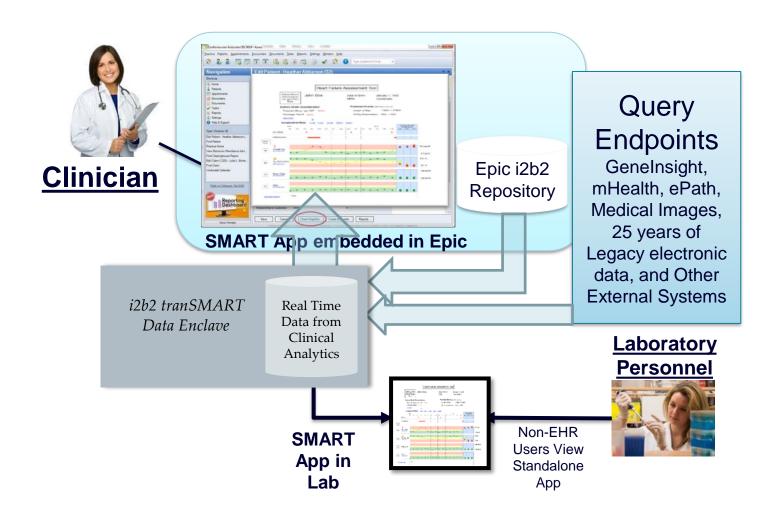
Al Applications

COMPUTATIONAL ENVIRONMENT

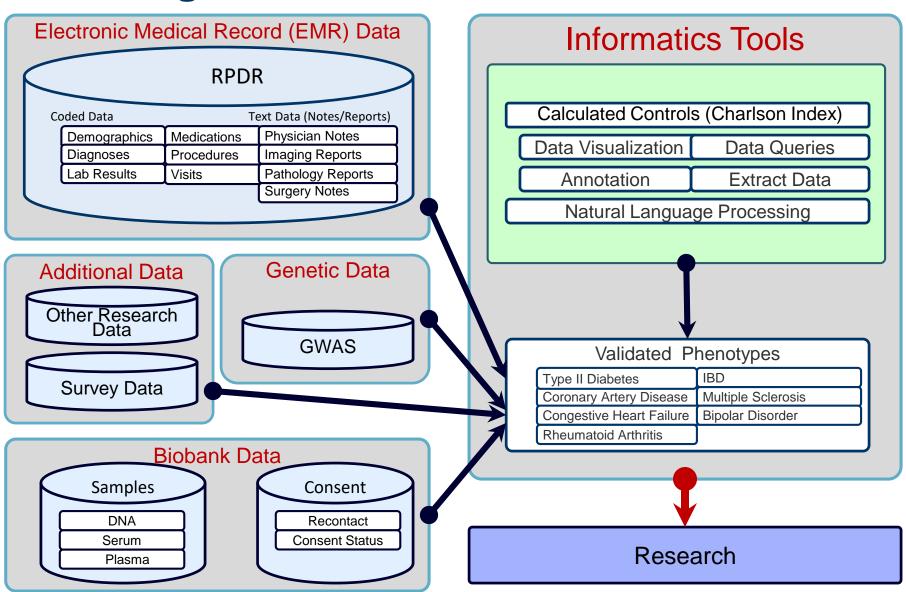
Structured



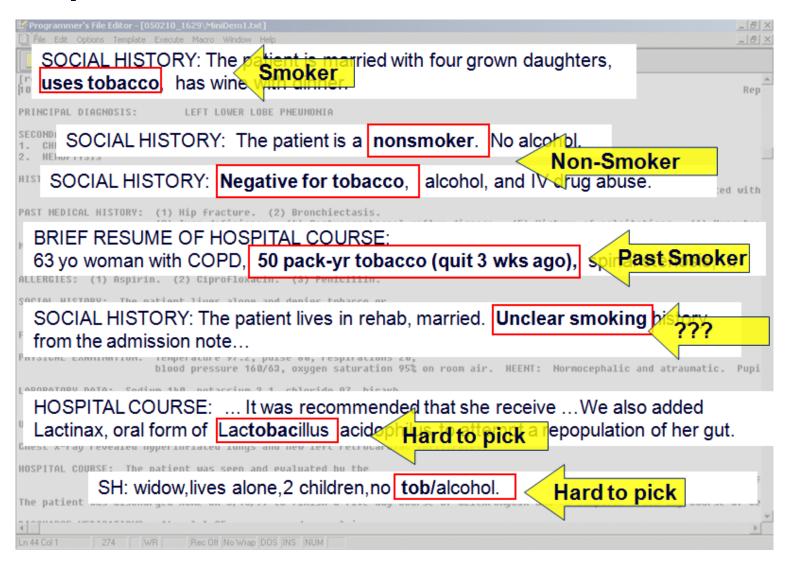
Data Enclave into Clinical Care



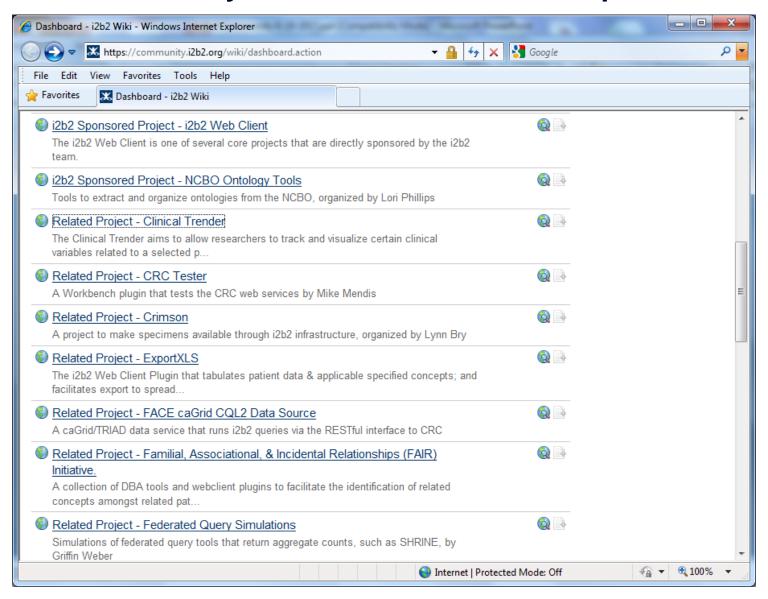
Data Integration in Data Enclave



Use NLP to extract the relevant features from the set of patient notes.



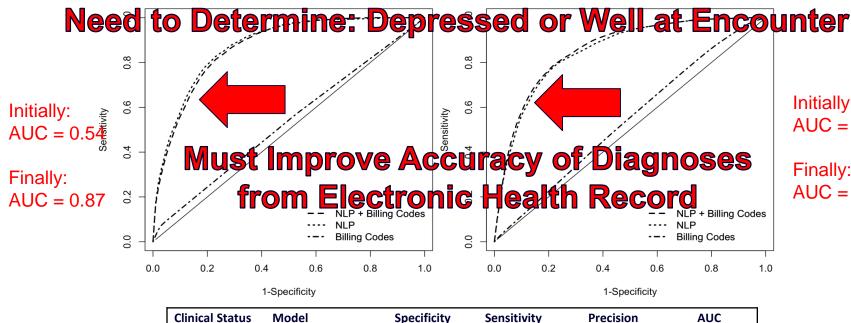
12b2 Community Software distributed as open source



Using electronic medical records to enable large-scale studies in psychiatry: treatment resistant depression as a model

R. H. Perlis^{1,2*}, D. V. Iosifescu^{1,3}, V. M. Castro⁴, S. N. Murphy⁵, V. S. Gainer⁴, J. Minnier⁶, T. Cai⁶, S. Goryachev⁴, Q. Zeng⁷, P. J. Gallagher², M. Fava¹, J. B. Weilburg¹, S. E. Churchill⁸, I. S. Kohane9 and I. W. Smoller2

Use Phenotyping Algorithms to define cohorts of treatmentresistant and treatmentresponsive depression



0.95

0.95

0.95

0.95

0.95

0.95

0.09 (0.03)

0.42 (0.05)

0.39 (0.06)

0.06 (0.02)

0.37 (0.06)

0.39 (0.07)

Billing Codes

Billing Codes

NLP + Billing Codes

NLP + Billing Codes

NLP

NLP

Depressed

Depressed

Depressed

Well

Well

Well

1.0	
ı	

0.54 (0.02)

0.88 (0.02)

0.87 (0.02)

0.55 (0.03)

0.85 (0.02)

0.86 (0.02)

0.57 (0.14)

0.78 (0.02)

0.78 (0.02)

0.26 (0.27)

0.86 (0.02)

0.85 (0.02)

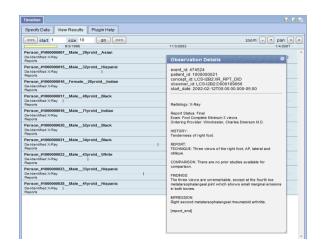
Initially: AUC = 0.55

Finally:

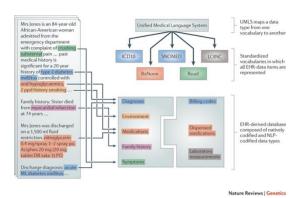
AUC = 0.86

Curating a Disease Algorithm

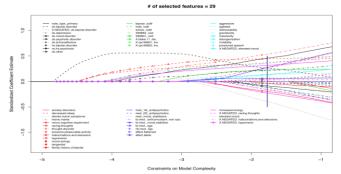
1. Create a gold standard training set.



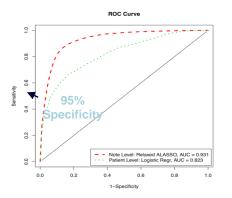
2. Create a comprehensive list of features from patient's electronic data that describe the disease of interest



3. Develop the classification algorithm. Using the data analysis file and the training set from step 1, assess the frequency of each variable. Remove variables with low prevalence. Apply adaptive LASSO penalized logistic regression to identify highly predictive variables for the algorithm



4. Apply the algorithm to all subjects in the superset and assign each subject a probability of having the phenotype



Biobank Portal | Curated Diseases

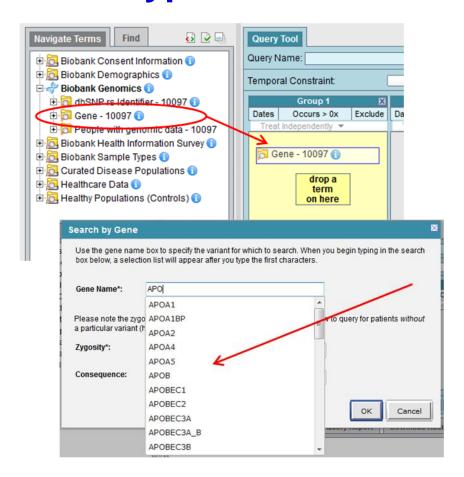
Validated Phenotype	Count*	Predictive Positive Value
Bipolar Disease	71	89%
Congestive Heart Failure	387	90%
Coronary Artery Disease	2,420	97%
Crohn's Disease	453	90%
Multiple Sclerosis	94	90%
Rheumatoid Arthritis	550	90%
Type 2 Diabetes Mellitus	1,887	97%
Ulcerative Colitis	330	90%

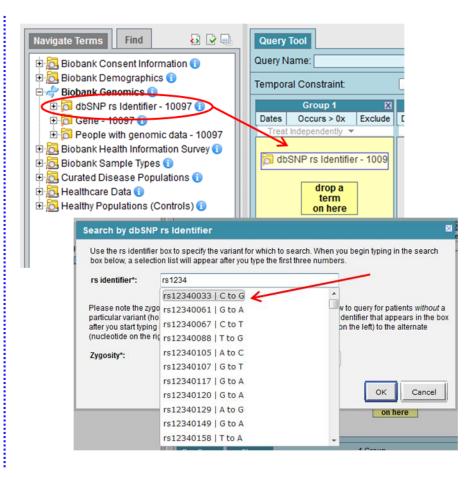
Healthy Controls based on Charlson Index	Count**
0 – 10-year survival probability is >98.3%	2,206
1 – 10-year survival probability is >95.87%	4,343
2 – 10-year survival probability is >90.15%	6,545

^{*} Based on 15,880 patients

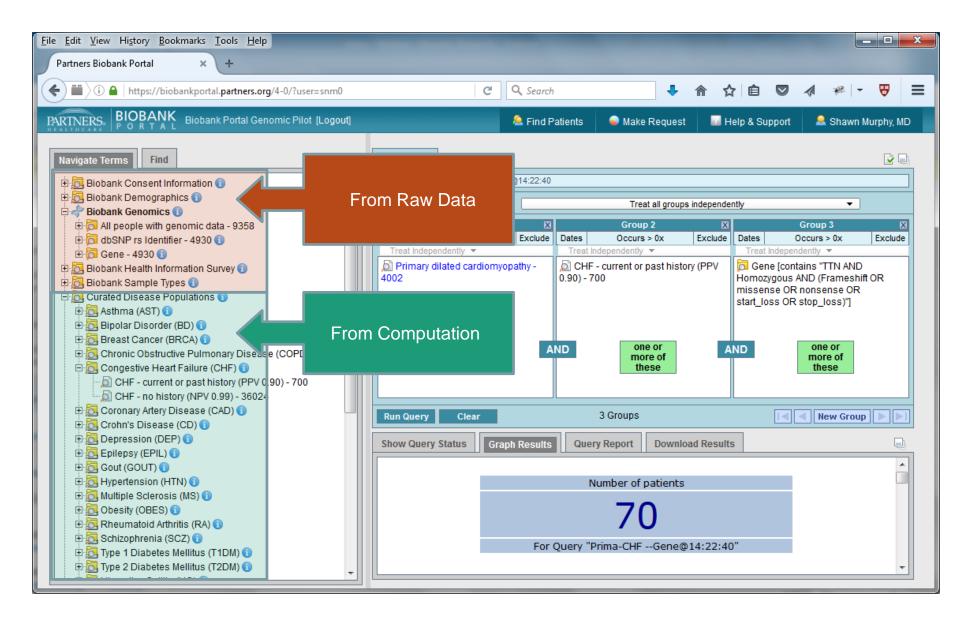
^{**} Based on 21,300 patients

Genotype Data

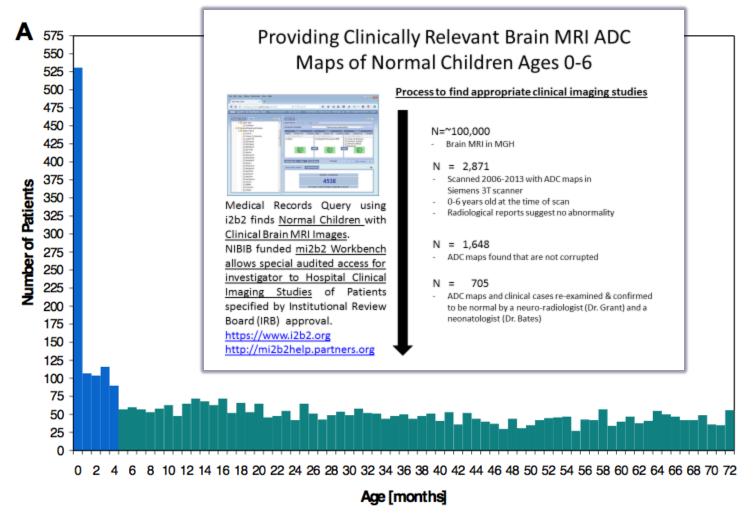




https://community.i2b2.org/wiki/display/IGD/Loading+Genomic+VCF+Files+into+i2b2



Find Normal Brain MRI's of Children



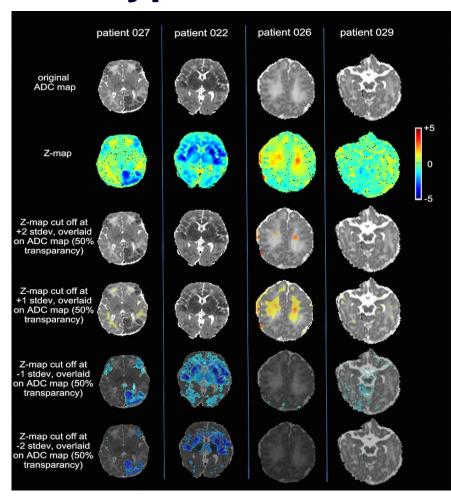
Number of patients who had a brain MRI scan at a particular age in months from 0 to 6 years (A) and in weeks from 0 to 4 months (B)

Atlases provide a visual guide for Radiology Decision Support, such as determining Perinatal Hypoxic Ischemic

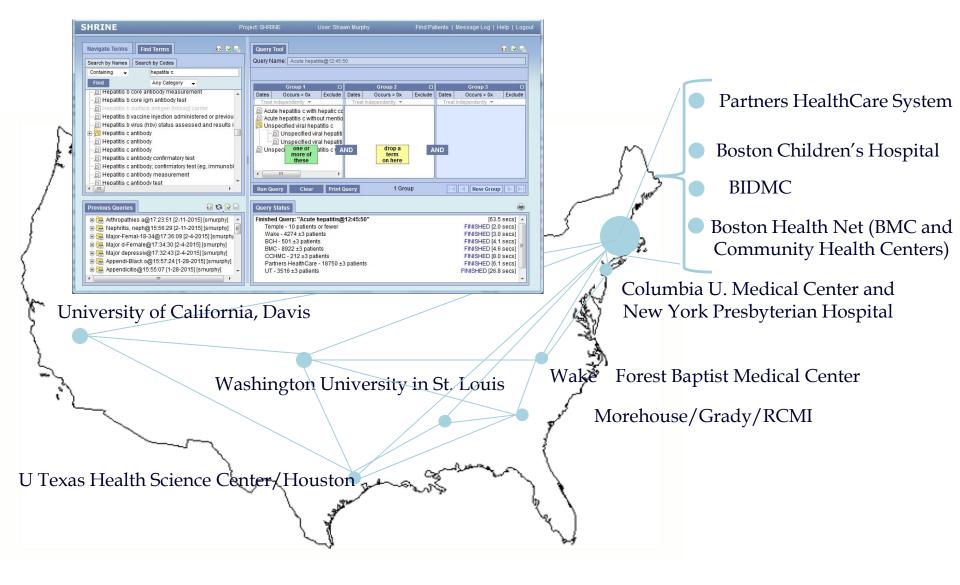
Encephalopathy

ADC map from 4 infants: Each statistically compared to age matched atlas yields visual guide to pathology

Quantitative analysis tools + large data sets = Great insights for practicing doctors



Federated Queries



I2b2 Implementations

CTSA's

- Boston University
- Case Western Reserve University (including Cleveland Clinic)
- Children's National Medical Center (GWU), Washington D.C.
- Duke University
- Emory University (including Morehouse School of Medicine and Georgia Tech)
- Harvard University (including Beth Israel Deaconness Medical Center, Brigham and Women's Hospital, Children's Hospital Boston, Dana Farber Cancer Center, Joslin Diabetes Center, Massachusetts General Hospital)
- Medical University of South Carolina
- Medical College of Wisconsin
- Oregon Health & Science University
- Penn State Milton S. Hershey Medical Center
- Tufts University
- University of Alabama at Birmingham
- University of Arkansas for Medical Sciences
- University of California Davis
- University of California, Irvine
- University of California, Los Angeles*
- University of California, San Diego*
- University of California San Francisco
- University of Chicago
- University of Cincinnati (including Cinncinati Children's Hospital Medical Center)
- University of Colorado Denver (including Children's Hospital Colorado)
- University of Florida
- University of Kansas Medical Center
- University of Kentucky Research Foundation
- University of Massachusetts Medical School, Worcester
- University of Michigan
- University of Pennsylvania (including Children's Hospital of Philadelphia)
- University of Pittsburgh (including their Cancer Institute)
- University of Rochester School of Medicine and Dentistry
- University of Texas Health Sciences Center at Houston
- University of Texas Health Sciences Center at San Antonio
- University of Texas Medical Branch (Galveston)
- University of Texas Southwestern Medical Center at Dallas
- University of Utah
- University of Washington
- University of Wisconsin Madison (including Marshfield Clinic)
- Virginia Commonwealth University
- Weill Cornell Medical College

Academic Health Centers (does not include AHCs that are part of a CTSA):

- Arizona State University
- City of Hope, Los Angeles
- Georgia Health Sciences University, Augusta
- Hartford Hospital, CN
- HealthShare Montana
- Massachusetts Veterans Epidemiology Research and Information Center (MAVERICK), Boston
- Nemours
- Phoenix Children's Hospital
- Regenstrief Institute
- Thomas Jefferson University
- University of Connecticut Health Center
- University of Missouri School of Medicine
- University of Tennessee Health Sciences Center
- Wake Forest University Baptist Medical Center

HMOs:

- Group Health Cooperative
- Kaiser Permanente

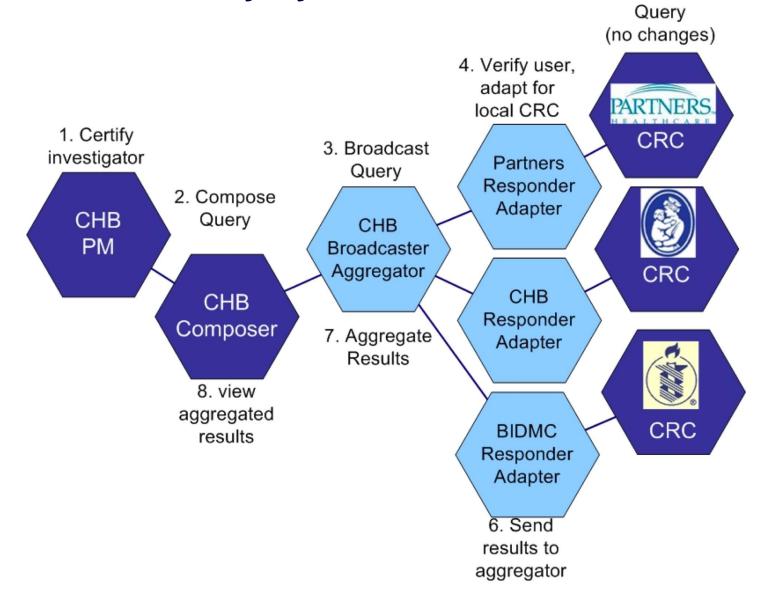
International:

- Georges Pompidou Hospital, Paris, France
- Hospital of the Free University of Brussels, Belgium
- Inserm U936, Rennes, France
- Institute for Data Technology and Informatics (IDI), NTNU, Norway
- Institute for Molecular Medicine Finland (FIMM)
- Karolinska Institute, Sweden
- Landspitali University Hospital, Reykjavik, Iceland
- Tokyo Medical and Dental University, Japan
- University of Bordeau Segalen, France
- University of Erlangen-Nuremberg, Germany
- University of Goettingen, Goettingen, Germany
- University of Leicester and Hospitals, England (Biomed. Res. Informatics Ctr. for Clin. Sci)
- University of Pavia, Pavia, Italy
- University of Seoul, Seoul, Korea

Companies:

- Johnson and Johnson (TransMART)
- GE Healthcare Clinical Data Services

Distributed Query System

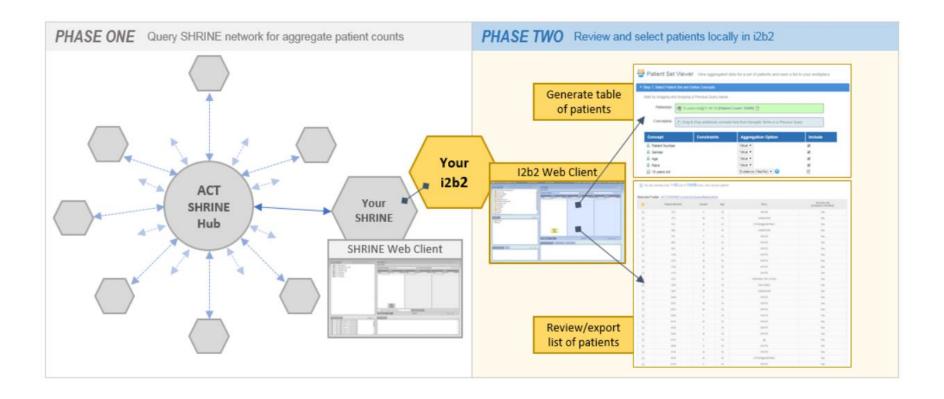


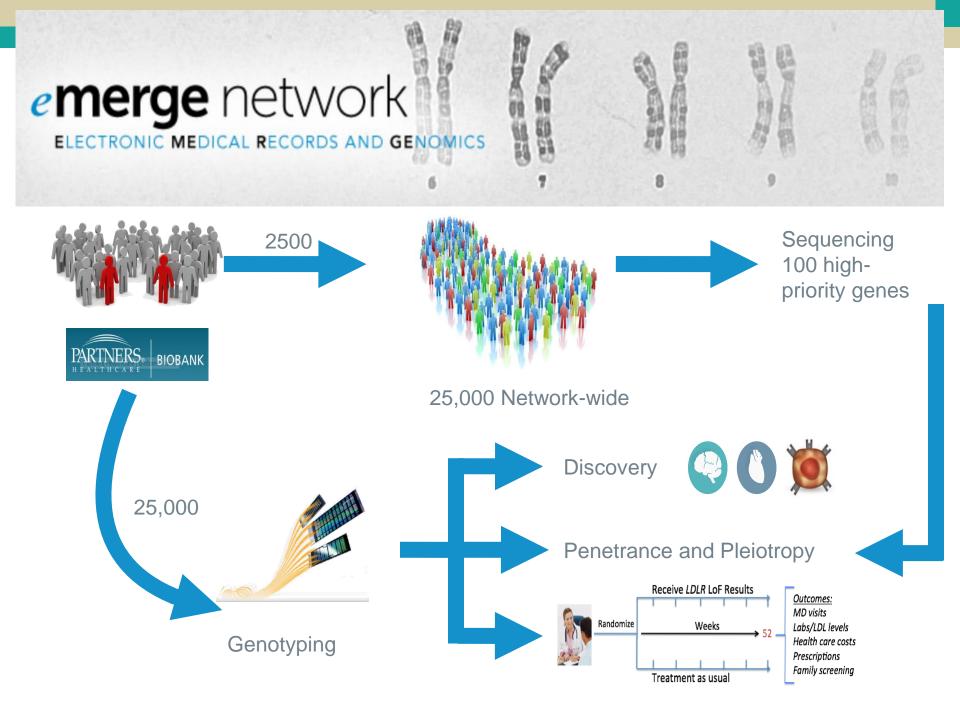
5. I2B2 CRC

ACT Workflow at the sites to find patients for a clinical trial:

- After a query is run across the "SHRINE" network, the query is automatically saved at every site
- The query saved at each site is transformed into a patient set
- The patient set is studied and sorted for the specific patients eligible for the Clinical Trial

Accrual for Clinical Trials (ACT) - Workflow

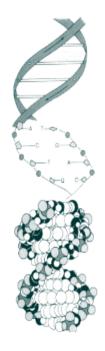




Tribute to...

- Jeff Klann
- ■Kavi Wagholikar
- ■Lori Phillips
- ■Isaac Kohane
- Kenneth Mandl
- Joshua Mandel
- ■Griffin Weber
- Paul Avillach
- Christopher Herrick
- Alyssa Goodson
- Michael Mendis

- Vivian Gainer
- Victor Castro
- ■Nich Wattanasin
- Wayne Chan
- David Wang
- Andrew Cagan
- ■Bhaswati Ghosh
- ■Retta Metta
- Adam Landman
- ■Willian Gordon



I2b2, SHRINE, and SMART Information and Software on the Web

i2b2 Homepage (https://www.i2b2.org)
i2b2 Software (https://www.i2b2.org/software)
i2b2 Community Site (https://community.i2b2.org)
SMART Platforms Homepage (http://smarthealthit.org)

