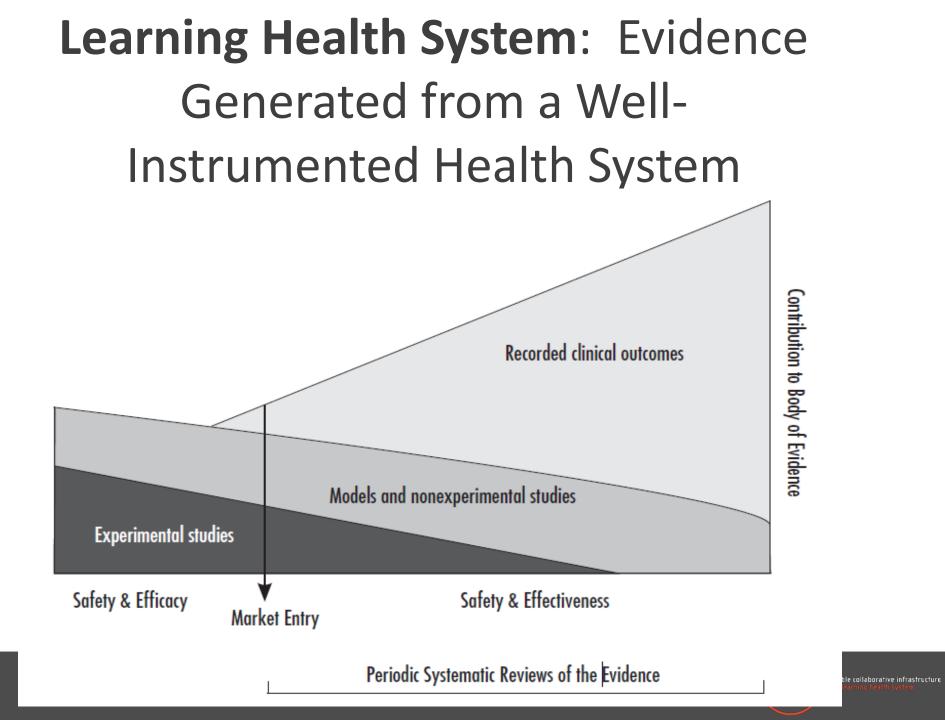
Data Integration in the SCILHS PCORNet Clinical Data Research Network

Shawn Murphy, Ken Mandl, Sebastian Schneeweiss Principle Investigators

CILHS scalable collaborative infrastructure



Patient Centered Outcomes Research Institute

An **independent**, **non-profit health research organization** authorized by the Patient Protection and Affordable Care Act of 2010.

PCORI funds patient-centered research to assist patients, caregivers, and other stakeholders in making informed health decisions.

Mission

PCORI helps people make informed healthcare decisions and improves healthcare delivery and outcomes by producing and promoting high integrity, evidence-based information that comes from research guided by patients, caregivers, and the broader healthcare community.

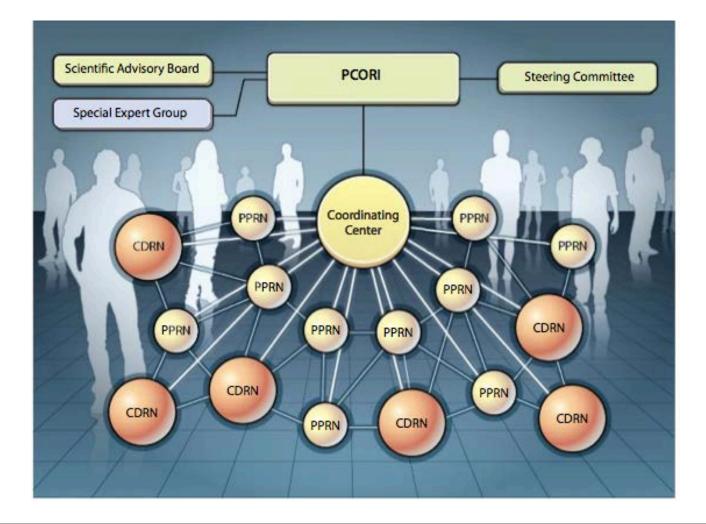


Vision

Patients and the public have the information they need to **make decisions** that reflect their **desired health outcomes**.

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The National Network of Networks



c.H.S scalable collaborative infrastructure for a learning health system

SCI

Clinical Data Research Networks

The Clinical Data Research Networks (CDRNs) will develop the capacity to conduct randomized comparative effectiveness studies using data from clinical practice in a large, defined population. These established or newly developed networks involve two or more healthcare systems, with plans to function as integrated research network.

- C1_Scalable Collaborative Infrastructure for a Learning Healthcare System (SCILHS) Harvard University
- C2_Mid-South CDRN Vanderbilt University
- C3_Patient-oriented SCAlable National Network for Effectiveness Research (pSCANNER)
- University of California, San Diego (UCSD)
- C4_Great Plains Collaborative (GPC)
- University of Kansas Medical Center
 - C5_Kaiser Permanente & Strategic Partners Patient Outcomes Research To Advance Learning (PORTAL) Network

Kaiser Foundation Research Institute

C6_Louisiana CDRN (LACDRN)

Louisiana Public Health Institute (LPHI)

- C7_National Pediatric Learning Health System (PEDSNet)
- The Children's Hospital of Philadelphia
- C8_New York City Clinical Data Research Network (NYC-CDRN) Weill Medical College of Cornell University
- C9_Chicago Area Patient Centered Outcomes Research Network (CAPriCORN) The Chicago Community Trust
- C10_Accelerating Data Value Across a National Community Health Center Network (ADVANCE)

Oregon Community Health Information Network (OCHIN)

 C11_P2aTH: Towards a Learning Health System in the Mid-Atlantic Region University of Pittsburgh

i2b2

i2b2

i2b2

i2b2

PPRNs represent a number of conditions...

Organization	Ы	Condition	Population Size
Accelerated Cure Project for Multiple Sclerosis	Robert McBurney	Multiple Sclerosis	20,000
Cincinnati Children's Hospital Medical Center	Peter Margolis	Pediatric Crohn's Disease and Ulcerative Colitis	15,000
COPD Foundation	Richard Mularski	Chronic Obstructive Pulmonary Disease	50,000
Crohn's and Colitis Foundation of America	R. Balfour Sartor	Inflammatory Bowel Disease (Crohn's disease and ulcerative colitis)	30,000
Global Healthy Living Foundation	Seth Ginsberg	Arthritis (rheumatoid arthritis, spondyloarthritis), musculoskeletal disorders (osteoporosis), and inflammatory conditions (psoriasis)	50,000
Massachusetts General Hospital	Andrew Nierenberg	Major Depressive Disorder and Bipolar Disorder	50,000
Univ of California, San Francisco	Mark Pletcher	Cardiovascular health	100,000
University of South Florida	Rebecca Sutphen	Hereditary Breast & Ovarian Cancer	17,000



....including rare diseases

Organization	PI	Condition	Population Size
ALD Connect, Inc	Florian Eichler	Adrenoleukodystrophy	3,000
Arbor Research Collaborative for Health	Bruce Robinson	Primary Nephrotic Syndrome, Focal Segmental Glomerulosclerosis, Minimal Change Disease, and Membranous Nephropathy Multiple Sclerosis	1,250
Duke University	Laura Schanberg	Juvenile Rheumatic Disease	9,000
Epilepsy Foundation	Janice Beulow	Aicardi Syndrome, Lennox-Gastaut Syndrome, Phelan-McDermid Syndrome, Hypothalamic Hamartoma, Dravet Syndrome, Tuberous Sclerosis	1,500
Genetic Alliance, Inc	Sharon Terry	Alström syndrome, Dyskeratosis congenital, Gaucher disease, Hepatitis, Inflammatory breast cancer, Joubert syndrome, Klinefelter syndrome & associated conditions, Psoriasis, Metachromatic leukodystrophy, Pseudoxanthoma elasticum,	50- 50,000
Immune Deficiency Foundation	Kathleen Sullivan	Primary Immunodeficiency Diseases	1,250
Parent Project Muscular Dystrophy	Holly Peay	Duchenne and Becker muscular dystrophy	4,000
Phelan-McDermid Syndrome Foundation	Megan O'Boyle	Phelan-McDermid Syndrome i2b2	737
University of Pennsylvania	Peter Merkel	Vasculitis	500

astructure

Key Challenges

- Governance of Data Types
- Sustainability
- Patient Privacy
- Patient Engagement

The Plan

Common data platform (i2b2)

+

Federated queries across sites (SHRINE)

╋

Point of care apps (SMART)

╋

Patient-facing technologies (RedCap, SMART, +)

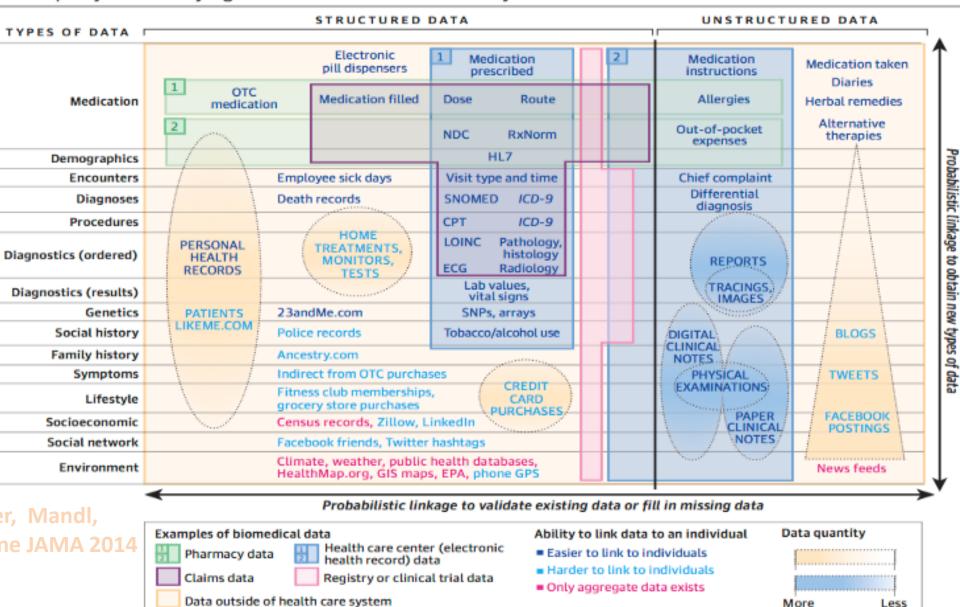


Key Challenges

- Governance of Data Types
- Sustainability
- Patient Privacy
- Patient Engagement

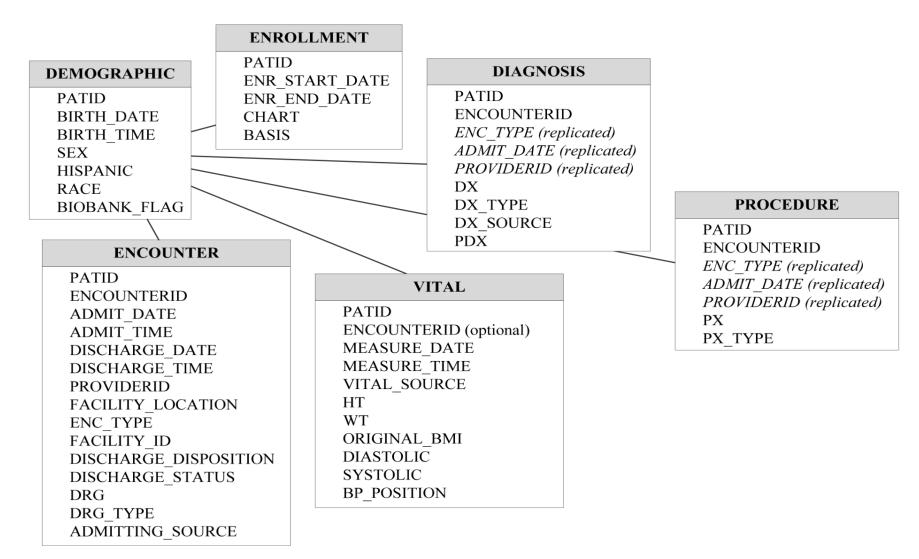
Health Data

- Myriad types
 - Labs, Meds, Diagnoses are dominant in EHRs
 - Payors and some health systems have claims
 - Patient Reported Outcomes are increasingly used in clinical settings
 - Text and notes
 - Genomic, proteomic, medical device device, smart phone social media data critical to some studies



. The Tapestry of Potentially High-Value Information Sources That May be Linked to an Individual for Use in Health Care

PCORnet CDM v1



SCILH scalable collaborative infrastructure

DEMOGRAPHIC PATID	PCORn	et Common Data Moo	del v3.0 New to v3.0	PCORNET_TRIAL
BIRTH DATE				PATID
BIRTH TIME	VITAL			TRIALID
SEX	VITALID			PARTICIPANTID
HISPANIC	PATID	ENCOUNTER	LAB_RESULT_CM	TRIAL_SITEID
RACE		ENCOUNTERID	LAB RESULT CM ID	TRIAL_ENROLL_DATE
BIOBANK FLAG	ENCOUNTERID (optional) MEASURE DATE	PATID	PATID	TRIAL_END_DATE
BIOBANK_FERO	MEASURE TIME	ADMIT_DATE	ENCOUNTERID (optional)	TRIAL_WITHDRAW_DATE
Fundamental basis	VITAL SOURCE	ADMIT_TIME	LAB_NAME	TRIAL_INVITE_CODE
Fundamental basis	HT	DISCHARGE_DATE	SPECIMEN_SOURCE	
	WT	DISCHARGE_TIME	LAB_LOINC	Associations with
	DIASTOLIC	PROVIDERID	PRIORITY	
ENROLLMENT	SYSTOLIC	FACILITY_LOCATION	RESULT_LOC	PCORnet clinical trials
	ORIGINAL BMI	ENC_TYPE	LAB_PX	
PATID	BP POSITION	FACILITYID	LAB_PX_TYPE	
ENR_START_DATE	SMOKING	DISCHARGE_DISPOSITION	LAB_ORDER_DATE	HARVEST
ENR_END_DATE	TOBACCO	DISCHARGE_STATUS	SPECIMEN_DATE	NETWORKID
CHART	TOBACCO TYPE	DRG	SPECIMEN_TIME	NETWORK NAME
ENR_BASIS		DRG_TYPE	RESULT_DATE	DATAMARTID DATAMART_NAME
DISPERSION	CONDITION	ADMITTING_SOURCE	RESULT_TIME	DATAMART PLATFORM
DISPENSING	CONDITIONID		RESULT_QUAL RESULT NUM	CDM_VERSION DATAMART CLAIMS
DISPENSINGID	PATID	DIAGNOSIS	RESULT_MODIFIER	DATAMART EHR
PATID	ENCOUNTERID (optional)	DIAGNOSISID	RESULT UNIT	BIRTH DATE MOMT
PRESCRIBINGID (optional)	REPORT_DATE	PATID	NORM RANGE LOW	ENR START DATE MOMT ENR END DATE MOMT
DISPENSE_DATE	RESOLVE_DATE	ENCOUNTERID	NORM MODIFIER LOW	ADMIT_DATE_MGMT
NDC	ONSET_DATE	ENC_TYPE (replicated)	NORM RANGE HIGH	DISCHARGE_DATE_MGMT PX_DATE_MGMT
DISPENSE_SUP	CONDITION_STATUS	ADMIT DATE (replicated)	NORM MODIFIER HIGH	RX ORDER DATE MGMT
DISPENSE_AMT	CONDITION	PROVIDERID (replicated)	ABN IND	RX START DATE MGMT
	CONDITION_TYPE	DX	-	RX_END_DATE_MGMT DISPENSE DATE MGMT
DEATH	CONDITION_SOURCE	DX TYPE		LAB_ORDER_DATE_MGMT
PATID	PRO CM	DX SOURCE	PRESCRIBING	SPECIMEN_DATE_MGMT RESULT_DATE_MGMT
DEATH_DATE		PDX	PRESCRIBINGID	MEASURE DATE MGMT
DEATH DATE IMPUTE	PRO_CM_ID		PATID	ONSET_DATE_MGMT
DEATH_SOURCE	PATID ENICOLINITERID (antional)		ENCOUNTERID (optional)	REPORT DATE MGMT RESOLVE DATE MGMT
DEATH_MATCH_CONFIDENCE	ENCOUNTERID (optional)	PROCEDURES	RX PROVIDERID	PRO_DATE_MGMT
	PRO_ITEM PRO_LOINC	PROCEDURESID	RX ORDER DATE	REFRESH_DEMOGRAPHIC_DATE REFRESH_ENROLLMENT_DATE
DEATH_CONDITION	PRO DATE	PATID	RX ORDER TIME	REFRESH ENCOUNTER DATE
PATID	PRO TIME	ENCOUNTERID	RX_START_DATE	REFRESH DIAGNOSIS DATE REFRESH PROCEDURES DATE
DEATH CAUSE	PRO RESPONSE	ENC_TYPE (replicated)	RX_END_DATE	REFRESH_VITAL_DATE
DEATH_CAUSE_CODE	PRO_METHOD	ADMIT_DATE (replicated)	RX_QUANTITY	REFRESH DISPENSING DATE
DEATH_CAUSE_TYPE	PRO MODE	PROVIDERID (replicated)	RX_REFILLS	REFRESH LAB_RESULT_CM_DATE REFRESH_CONDITION_DATE
DEATH_CAUSE_SOURCE	PRO_CAT	PX_DATE	RX_DAYS_SUPPLY	REFRESH PRO_CM_DATE
DEATH_CAUSE_CONFIDENCE		PX DX TVDE	RX_FREQUENCY	REFRESH PRESCRIBING DATE REFRESH PCORNET_TRIAL_DATE
	Data captured within multiple	PX_TYPE DV_SOURCE	RX_BASIS	REFRESH DEATH DATE
	contexts: healthcare delivery,	PX_SOURCE	RXNORM_CUI	REFRESH_DEATH_CAUSE_DATE
Data captured from processes	registry activity,			
associated with healthcare delivery	or directly from patients	Data captured from healthcare	delivery, direct encounter basis	Process-related data

Bold fout indicates fields that cannot be null due to primary key definitions or record-level constraints.

SCILHS scalable collaborative infrastruct

It is a rapidly evolving picture!

scalable collaborative infrastructur

- I2b2 is designed to support health-systemwide data harmonization
- BD2K and beyond

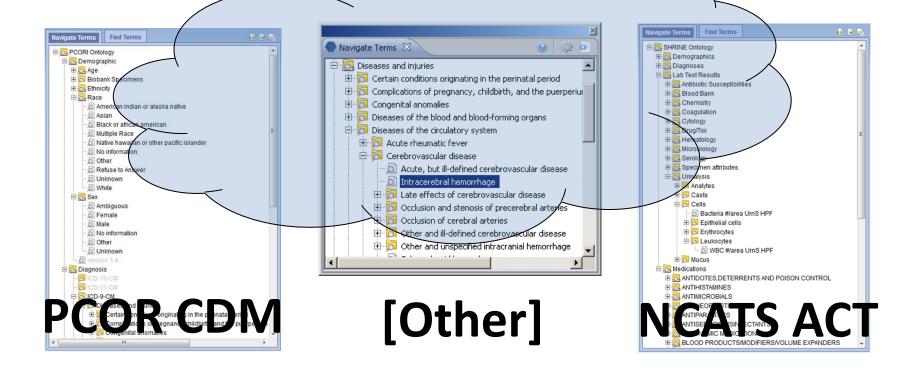
i2b2

- Explicitly organizes and transforms personoriented clinical data for clinical and translational research
 - Allows integration of clinical data, trials data, and genotypic data
- A portable and extensible application framework
 - Software is built in a modular pattern that allows additions without disturbing core parts
 - Available as open source at https://www.i2b2.org

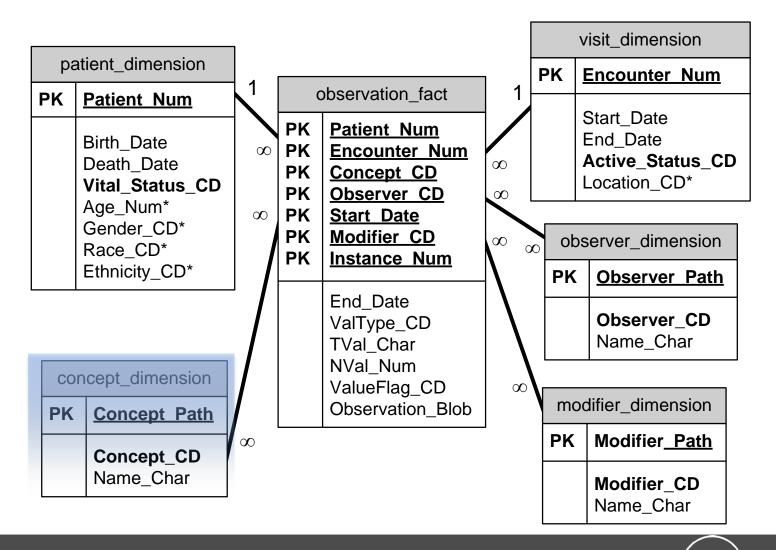
scalable collaborative infrastru

I2b2 is a Giant Data Sponge

Generally Represents Patient Data



i2b2 Star Schema



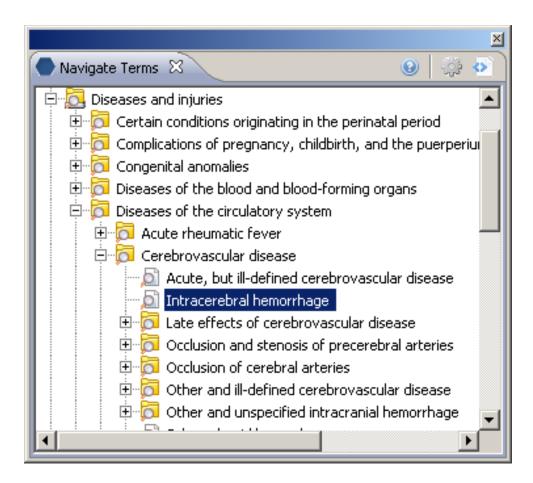


Concept_dimension "look" ...

CONCEPT_PATH	CONCEPT_CD	NAME_CHAR
\i2b2\Diagnoses\Neurologic Disorders (320-389)\Peripheral nerve disorde	ICD9:359.4	Toxic myopathy
\i2b2\Diagnoses\Neurologic Disorders (320-389)\Peripheral nerve disorde	ICD9:359.5	Myopathy in endocrine diseases
\i2b2\Diagnoses\Neurologic Disorders (320-389)\Peripheral nerve disorde	ICD9:359.6	Symptomatic inflammatory myop
\i2b2\Diagnoses\Neurologic Disorders (320-389)\Peripheral nerve disorde	ICD9:359.8	Other myopathies
\i2b2\Diagnoses\Neurologic Disorders (320-389)\Peripheral nerve disorde	ICD9:359.81	Critical illness myopathy
\i2b2\Diagnoses\Neurologic Disorders (320-389)\Peripheral nerve disorde	ICD9:359.89	Other myopathies
\i2b2\Diagnoses\Neurologic Disorders (320-389)\Peripheral nerve disorde	ICD9:359.9	Myopathy, unspecified
\i2b2\Diagnoses\Nutritional deficiences (260-269)\(260) Kwashiorkor\	ICD9:260	Hypoproteinosis
\i2b2\Diagnoses\Nutritional deficiences (260-269)\(261) Nutritional maras	ICD9:261	Marasmus
i2b2DiagnosesNutritional deficiences (260-269)(262) Other severe pr	ICD9:262	Other severe protein-calorie mal
\i2b2\Diagnoses\Nutritional deficiences (260-269)\(263) Other and unspe	ICD9:263	Other and unspecified protein-c
\i2b2\Diagnoses\Nutritional deficiences (260-269)\(263) Other and unspe	ICD9:263.0	Malnutrition of moderate degree
\i2b2\Diagnoses\Nutritional deficiences (260-269)\(263) Other and unspe	ICD9:263.1	Malnutrition of mild degree
\i2b2\Diagnoses\Nutritional deficiences (260-269)\(263) Other and unspe	ICD9:263.2	Dwarfism, nutritional
\i2b2\Diagnoses\Nutritional deficiences (260-269)\(263) Other and unspe	ICD9:263.8	Other protein-calorie malnutrition
\i2b2\Diagnoses\Nutritional deficiences (260-269)\(263) Other and unspe	ICD9:263.9	Protein-calorie undernutrition



Metadata Presentation

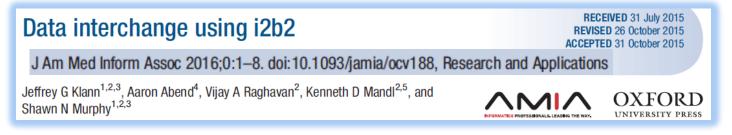


Diseases and injuries \ Diseases of the circulatory system \ Cerebrovascular disease \ Intracerebral hemorrhage

SCT

Adapting i2b2 to PCORNet Data Model

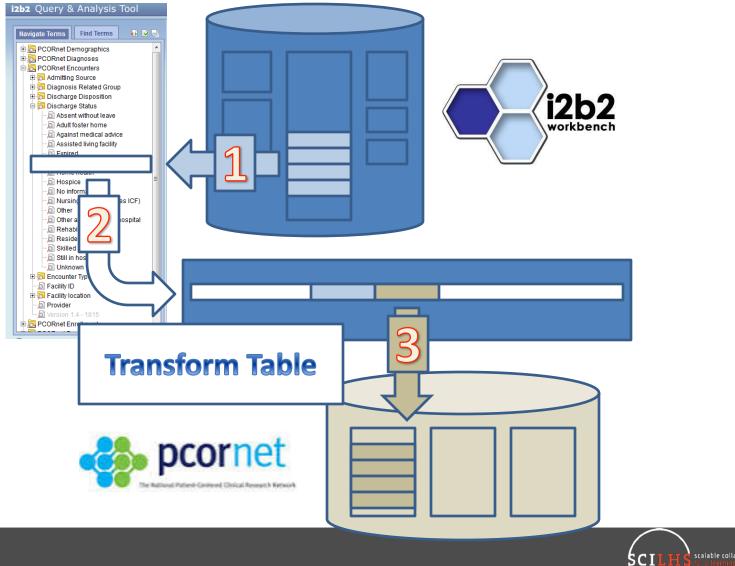
 Ontology-Driven Physical Transformation into PCORNet Common Data Model with a Generalizable approach to adapt to other Common Data Models



2. Implement a SHRINE adapter enabling participation in a peer-to-peer network



Physical data transformations to non-i2b2 formats ontology driven

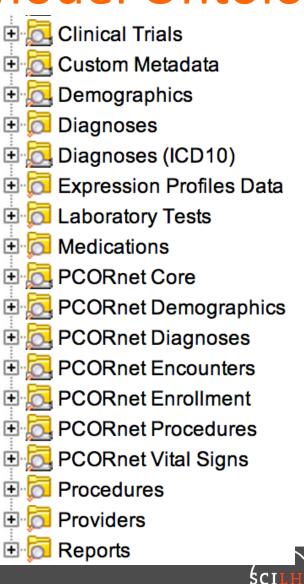


scalable collaborative infrastructure for a learning health system

New Information Model Ontology

Consensus Ontology can live alongside other ontologies

(For example: PCORNet CDM ontology and the i2b2 demo ontology in this case)

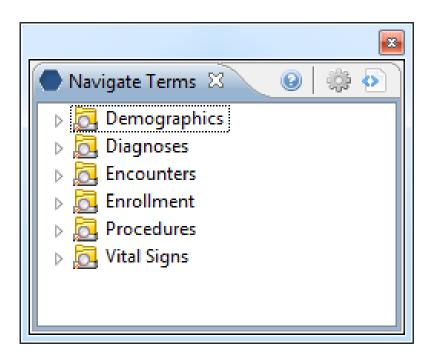


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PCORI-centric Use Case

A requirement in SCILHS is that all i2b2 instances have to map their ontologies to a central PCORI CDM ontology.

- Local codes need to be integrated into the PCORI hierarchy
- Tools and strategies to assist with this effort



ICD-9 plain_code example

- If your institution uses ICD-9 but in a plain_code format...
 - Change the c_basecode to match your code format.

PCORI_BASECODEC_BASECODEICD9:250.12501

```
update pcornet
set c_basecode = substring(pcori_basecode, 6, 25)
where pcori_basecode like 'ICD9:%'
and c_fullname like '\PCORI\DIAGNOSIS\09\%';
```

```
update pcornet
set c_basecode = replace(c_basecode, '.', '')
where pcori_basecode like 'ICD9:%'
and c_fullname like '\PCORI\DIAGNOSIS\09\%';
```



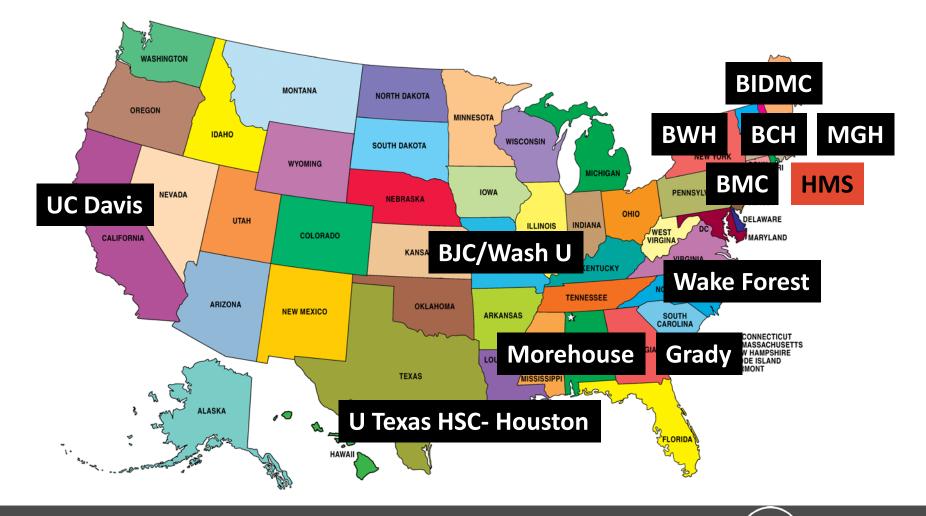
Why does SCILHS not just only use PCORNet Common Data Model for All Queries??

- PCORNet CDM is a measured approach to create a core dataset queryable by a central authority
- But i2b2 is being used as a complete workflow to support clinical trials in a peer-to-peer network

Key Challenges

- Governance of Data Types
- Sustainability
- Patient Privacy
- Patient Engagement

SCILHS 11 Participating Sites Phase II: 10/1/15 – 9/30/18



SCILHS scalable collaborative infrastructure

Agreements/Policy

- Governance Agreement
 - Executed March, 2016
- Master Reliance Agreement
 - Implemented June, 2015
- Contracting & BAAs (MySCILHS IVR)
- PCORNet Data Sharing Agreement v1
 6/11 signed
- SCILHS DSA & DUA template (in progress)
- Engagement Policy (in progress)



scalable collaborative infrastruct

What is SCILHS?

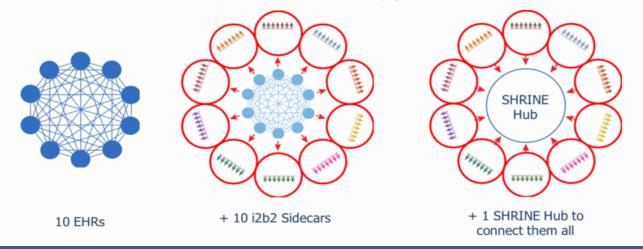
Jun 2, 2016



About the Network

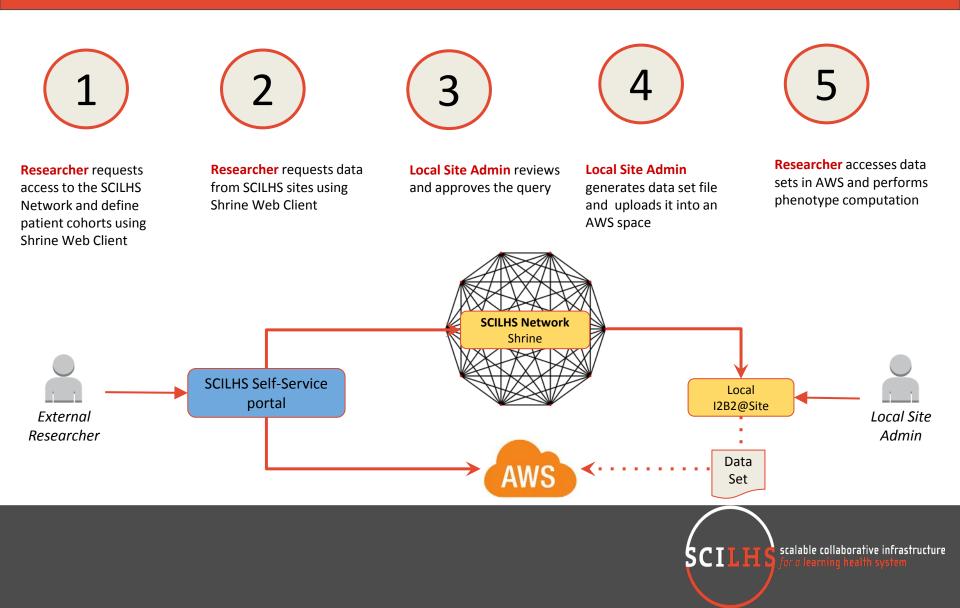
Leveraging an informatics infrastructure that our investigators have developed over the past 15 years, the **Department of Biomedical Informatics at Harvard Medical School** is working across a growing number of **healthcare centers throughout the U.S.** to develop the Scalable Collaborative Infrastructure for a Learning Health System (SCILHS, pronounced "skills"). An **open-source** platform, the system covers more than **10 million patients** and enables clinician and patient participation in research. As of this writing, **a dozen clinical studies are underway** that involve SCILHS.

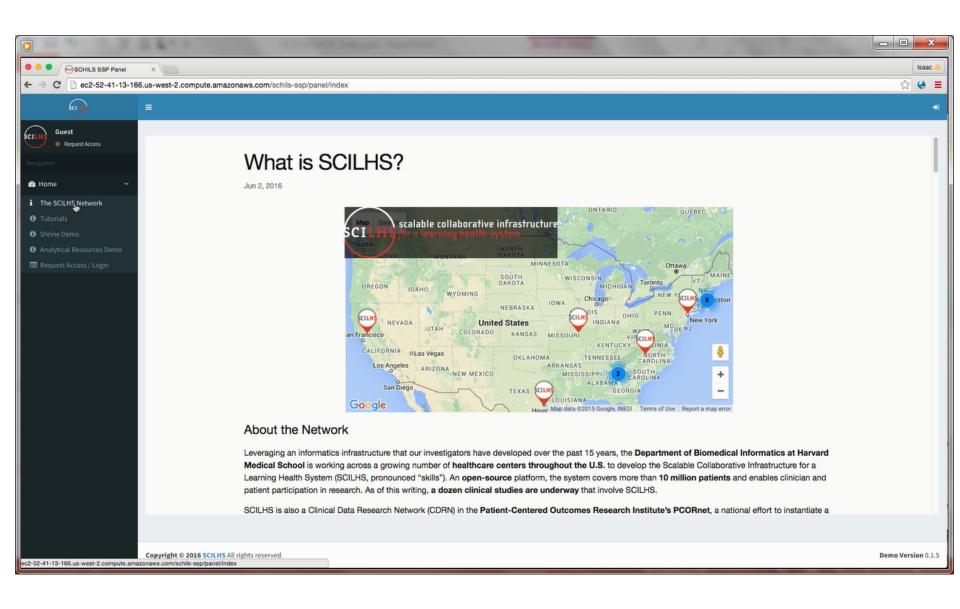
SCILHS is also a Clinical Data Research Network (CDRN) in the **Patient-Centered Outcomes Research Institute's PCORnet**, a national effort to instantiate a 'network of networks' that supports large-scale comparative effectiveness research. SCILHS uses Informatics for Integrating Biology and the Bedside (i2b2) as its technical backbone and has adopted the PCORnet Common Data Model (CDM) as its foundation for interoperable data exchange. SCILHS uses the Shared Health Research Information Network (SHRINE) platform to enable live distributed querying across sites.



scalable collaborative infrastructure for a learning health system

Feasibility / Clinical Study with no contact Information







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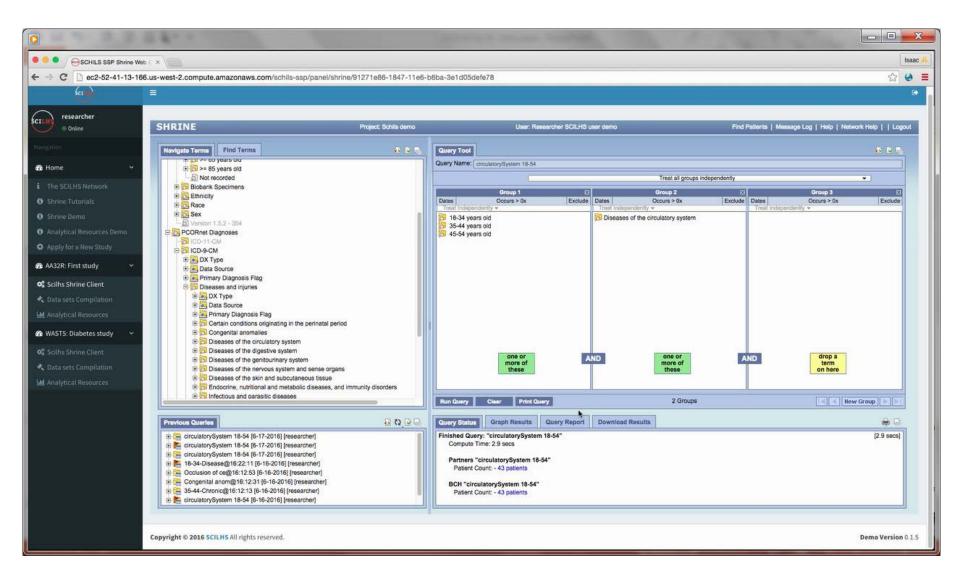


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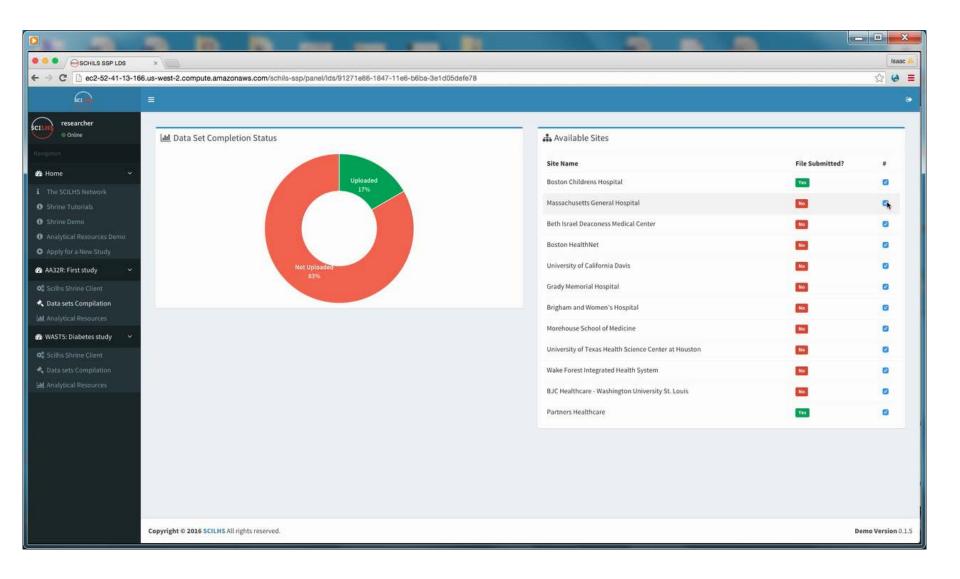


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i The SCILHS Network	Short Description	Fields marked with * are mandatory
O Shrine Tutorials	Enter short description	
Shrine Demo Analytical Resources Demo		
Apply for a New Study		
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Scilhs Shrine Client	Full name (Last, First)	
Data sets Compilation	Last, First	
LM Analytical Resources	Enter eMail	
🚯 WAST5: Diabetes study 🛛 🗸	Institution Name	
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Lill Analytical Resources	Enter department/division	
	Title	
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ec2-52-41-13-166.us-west-2.compute.amazo	Copyright © 2016 SCILHS All rights reserved. maws.com//91271a86-1847-11e6-b8ba-3e1d05defe78	Demo Version 0.1.5











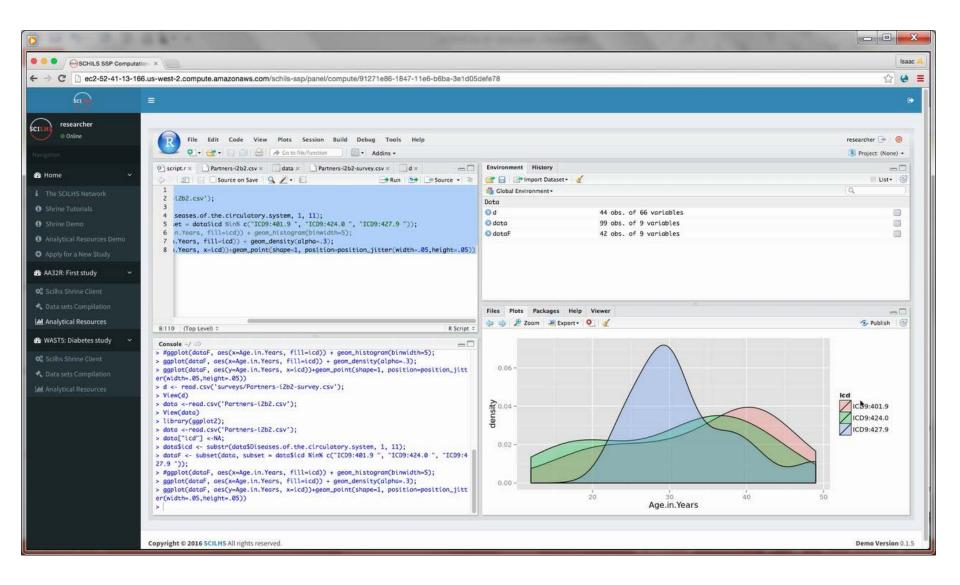
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	<pre>> dataF <- : > #ggplot(data > ggplot(data) > ggplot(data)</pre>	<pre>gplot2); ad.csv('F "] <-NA; <- substr subset(da lataF, aes itaF, aes(itaF, aes(</pre>	(dataSDisea ita, subset (x=Age.in.Y (x=Age.in.Ye (y=Age.in.Ye	<pre>ses.of.the.circul = data\$icd %in% c ears, fill=icd)) ars, fill=icd)) +</pre>	("ICD9:401.9 ", + geom_histogram geom_density(al _point(shape=1,	"ICD9:424.0 ", "ICD9:427.9 "); (binwidth=5);		eight=.05))		C 🔮 .Rhistory	9.4 KB	Jun 17, 2016, 9:11 A	e.	



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ly for a New Study	<pre>8 ggplot(dataF, aes(y=Age.in.Years, x=icd))+geom_point(shape=1, position=position_jit</pre>				
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Active SCILHS Studies

- Bariatric Surgery Obesity Demonstration Project (Tavakkoli)
- Pediatric Antibiotic Obesity Demonstration Project (Taveras)
- Suicide Prediction Fuss Proposal (Smoller and Reis)
- Parkinson's Clinical Trial Data Recruitment (Schwarzschild)
- INVESTED Clinical Trial (Solomon)
- RELIANCE Clinical Trial (Pending SSRC Review)

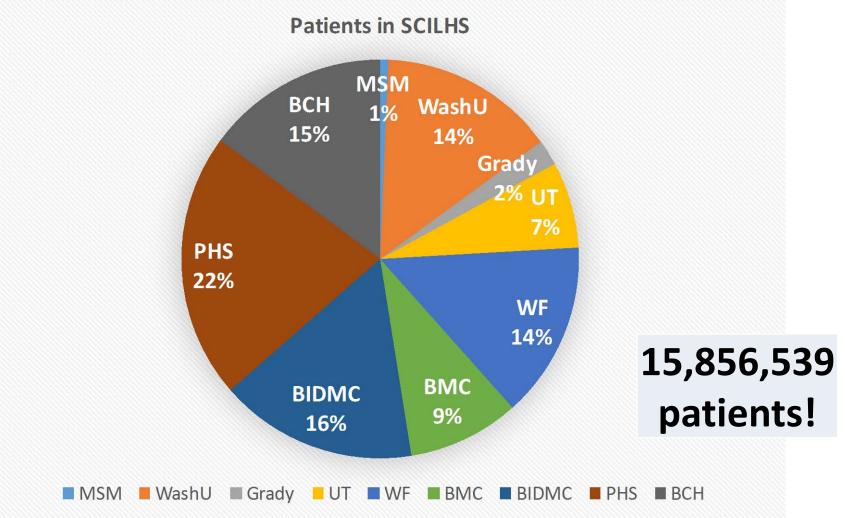


SCILHS Studies Pending Funding Decision

- PCORnet Health System Demonstration
 Project, Effectiveness of Case Management
 Programs in ACOs (Metlay) FUNDED
- Methods to collect longer-term PROs for Trauma Registries (Haider)
- Population-Scale Predictive Modeling for Suicide Risk (Reis)

scalable collaborative inf

Characteristics of Network



Key Challenges

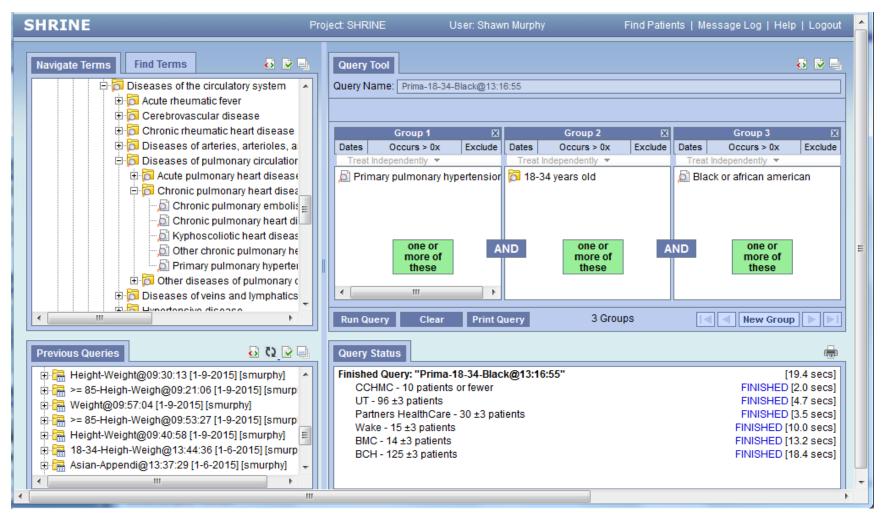
- Governance of Data Types
- Sustainability
- Patient Privacy
- Patient Engagement

SHRINE and i2b2

- Rapid, real time query
- Increasingly complex queries possible
- PHI completely protected

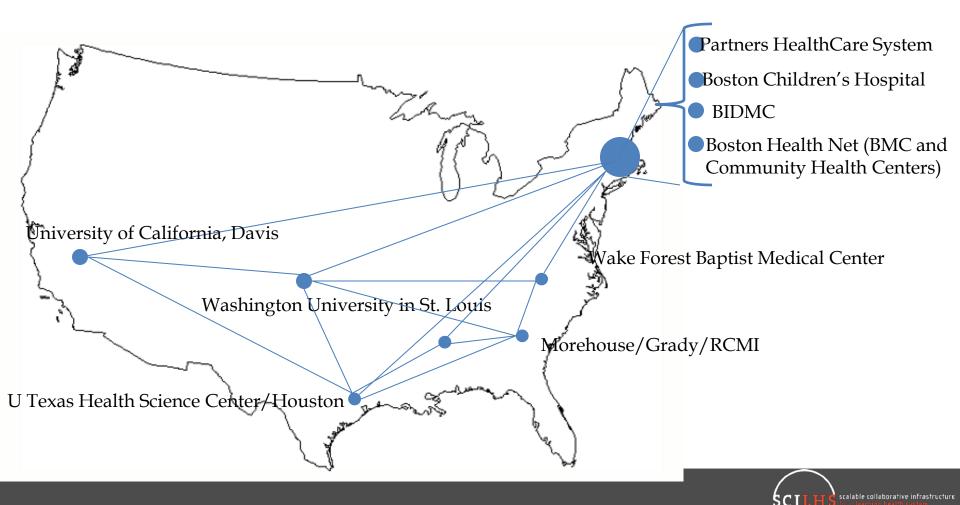


Researchers formulate queries across hospitals

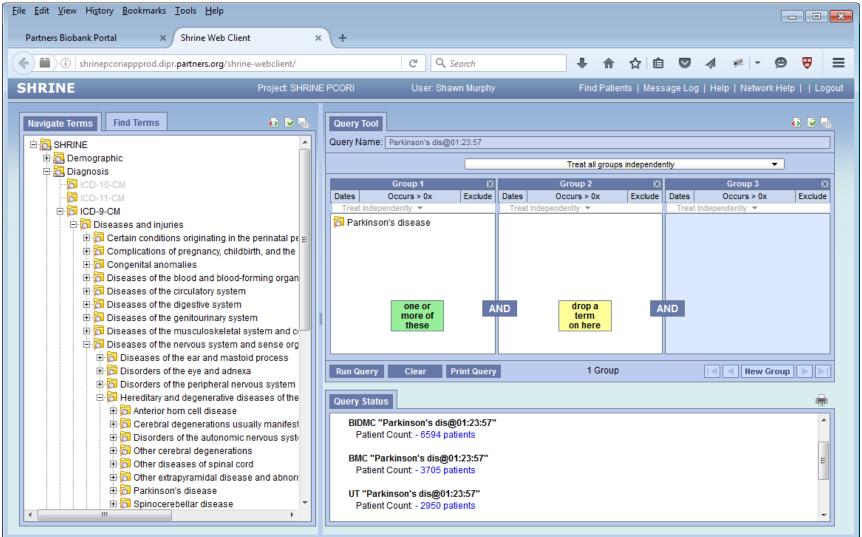




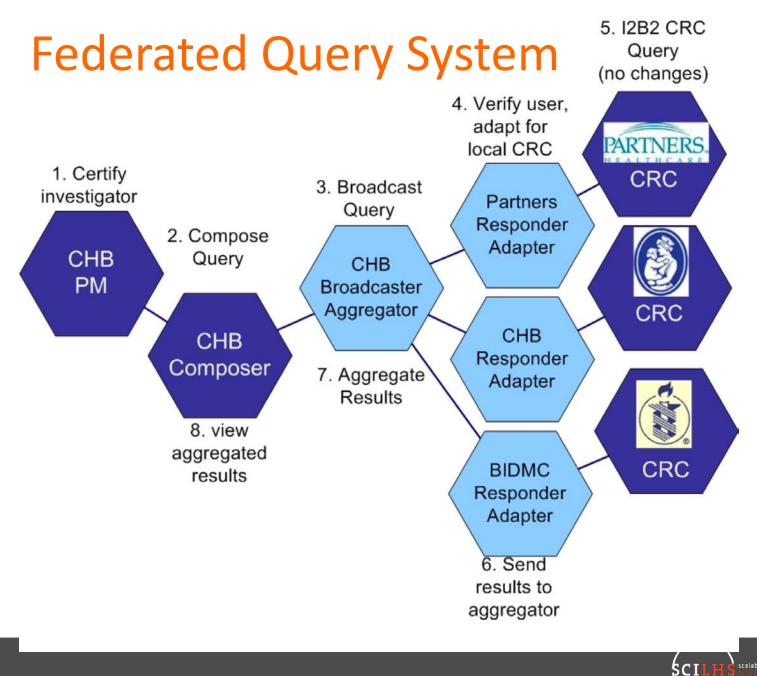
SCILHS Clinical Data Research Network



Network is Peer-to-Peer







scalable collaborative infrastructure for a learning health system

- Measuring Quality of Decisions About Treatment of Depression ClinicalTrials.gov Identifier: NCT01152307
- <u>Eligibility</u>

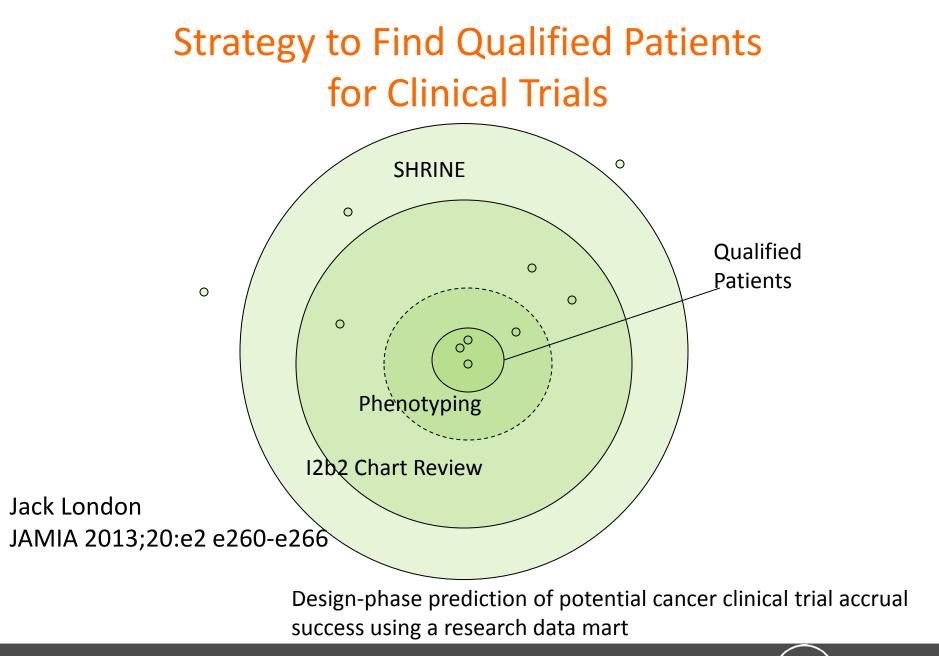
Ages Eligible for Study: 18 Years and older Genders Eligible for Study: Both Accepts Healthy Volunteers: No

- Inclusion Criteria:
- Aged 18+
- In the last 12 months, talked to a health care provider about starting or stopping a treatment (prescription medicine for depression or counseling)

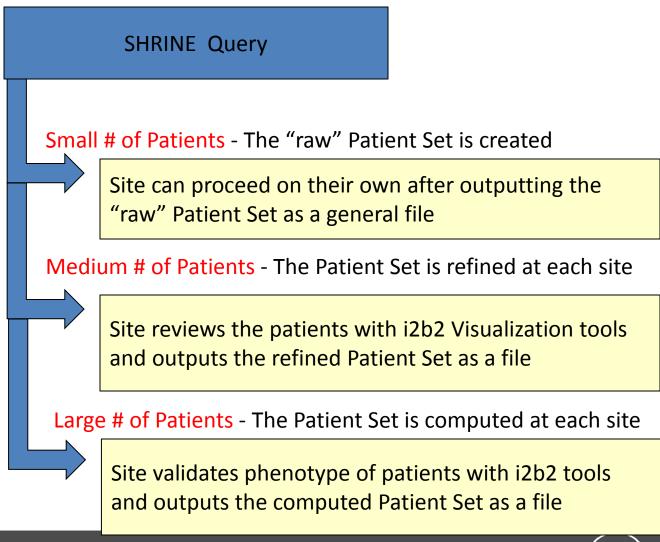
scalable collaborative infrastructu

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- Exclusion Criteria:
- none

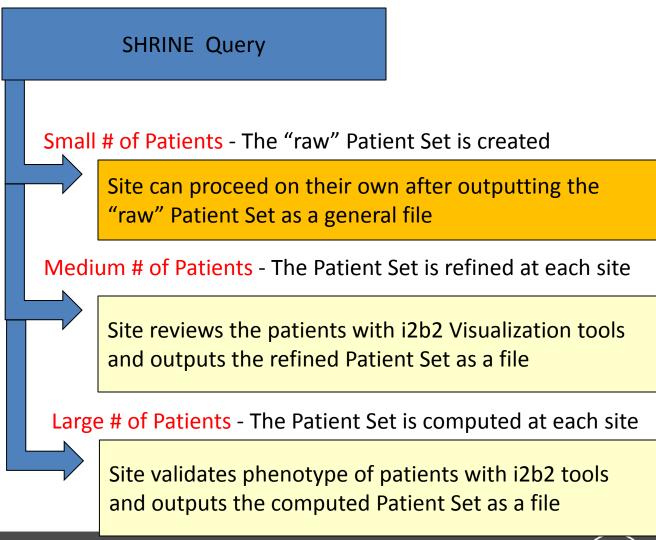


Handling Clinical Trials in an i2b2-SHRINE Network depends on Number of Patients found





If a Small Number of Patients are Identified in SHRINE Query





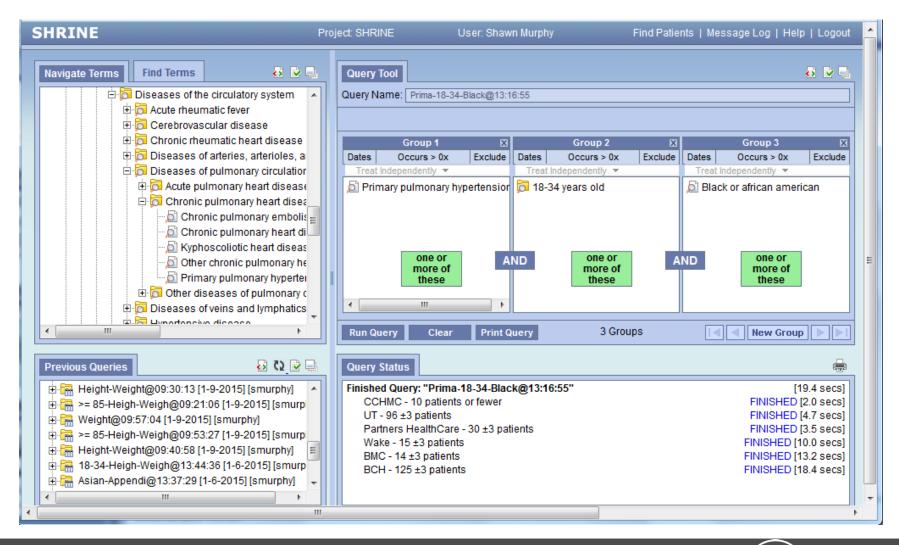
Clinician Sensitivities in the Recruitment Step – why the detailed data stays at the sites

- Control of Protected Health Information
 - PHI remains at the hospitals when collected under a waiver of consent
- Control of recruitment policies
- Patients as a scarce and valuable resource
 - Revenue and scientific recognition are tied to recruitment for clinical trails

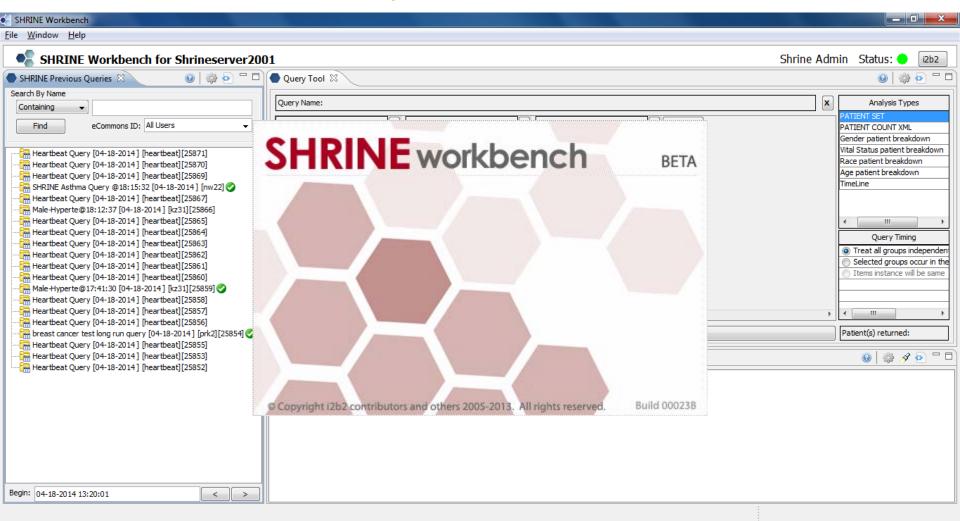
scalable collaborative i

55

Run Query Using SHRINE



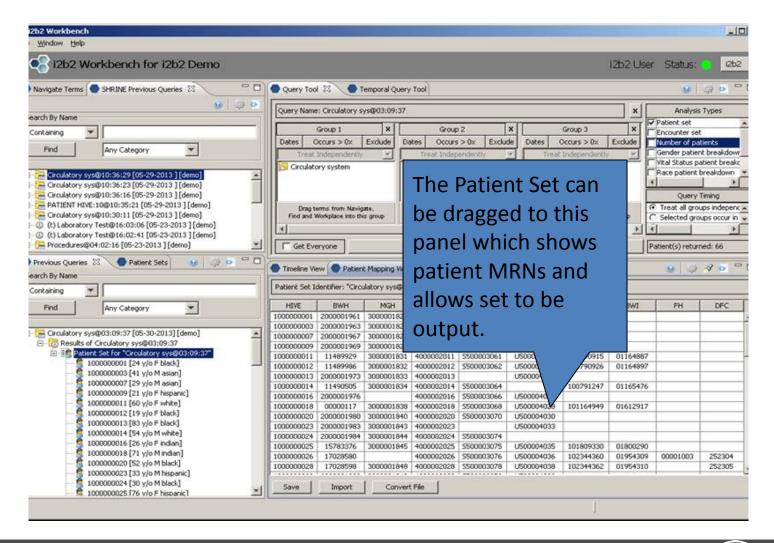
Local Site Admin starts up i2b2 workbench



Local Site admin reviews query

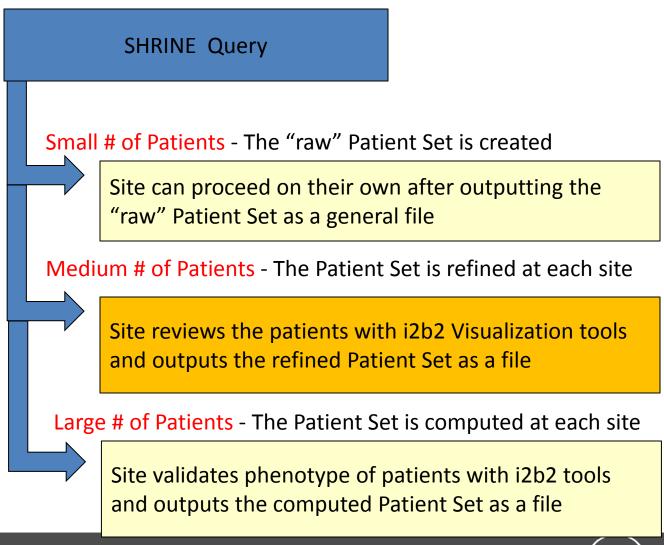
SHRINE Workbench		
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Search By Name Containing Find eCommons ID: All Users The ertbeat Query [04:18-2014] [heartbeat][25870] Heartbeat Query [04:18-2014] [heartbeat][25869] SHRINE Asthma Query @18:15:32 [04:18-2014] [mv22] Heartbeat Query [04:18-2014] [heartbeat][25866] Heartbeat Query [04:18-2014] [heartbeat][25859] Heartbeat Query [04:18-2014] [heartbeat][25856] Heartbeat Query [04:18-2014] [heartbeat][25856] Heartbeat Query [04:18-2014] [heartbeat][25856] Heartbeat Query [04:18-2014] [heartbeat][25855] Heartbeat Query [04:18-2014] [heartbeat][25853] Heartbeat Query [04:18-2014] [heartbeat][25853] Heartbeat Query [04:18-2014] [heartbeat][25853] Heartbeat Query [04:18-2014] [heartbeat][25853] Heartbeat Query [04:18-2014] [heartbeat][25853] <td< th=""><th>Query Name: Group 1 x Group 2 x Group 3 x Dates Occurs > 0x Exclude Dates Occurs > 0x Exclude Treat Independently Treat Independently - Treat Independently - SHRINE Queries are shown in this panel , prop Drag terms from Navigate, Find and Workplace into this group - Get Everyone Run Query Above - - -</th><th>X Analysis Types PATIENT SET PATIENT COUNT XML Gender patient breakdown Race patient breakdown Nital Status patient breakdown Race patient breakdown Age patient breakdown TimeLine Query Timing Treat all groups independen Selected groups occur in the Items instance will be same Items (s) returned: Items (s) returned:</th></td<>	Query Name: Group 1 x Group 2 x Group 3 x Dates Occurs > 0x Exclude Dates Occurs > 0x Exclude Treat Independently Treat Independently - Treat Independently - SHRINE Queries are shown in this panel , prop Drag terms from Navigate, Find and Workplace into this group - Get Everyone Run Query Above - - -	X Analysis Types PATIENT SET PATIENT COUNT XML Gender patient breakdown Race patient breakdown Nital Status patient breakdown Race patient breakdown Age patient breakdown TimeLine Query Timing Treat all groups independen Selected groups occur in the Items instance will be same Items (s) returned: Items (s) returned:
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Can output "raw" Patient Set



SCI

Handling Clinical Trials in an i2b2-SHRINE Network



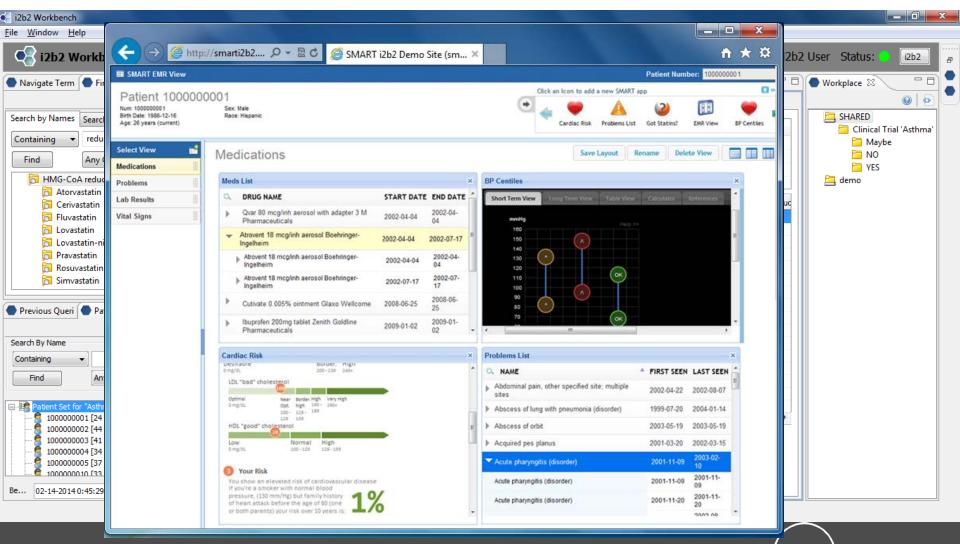


Or can go on to Review Patients in i2b2

Status: 😑 🛛 😰 🕹
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SHARED
Clinical Trial 'Asthma'
🦰 Maybe 🔁 NO
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demo



Review Patients with SMART tools



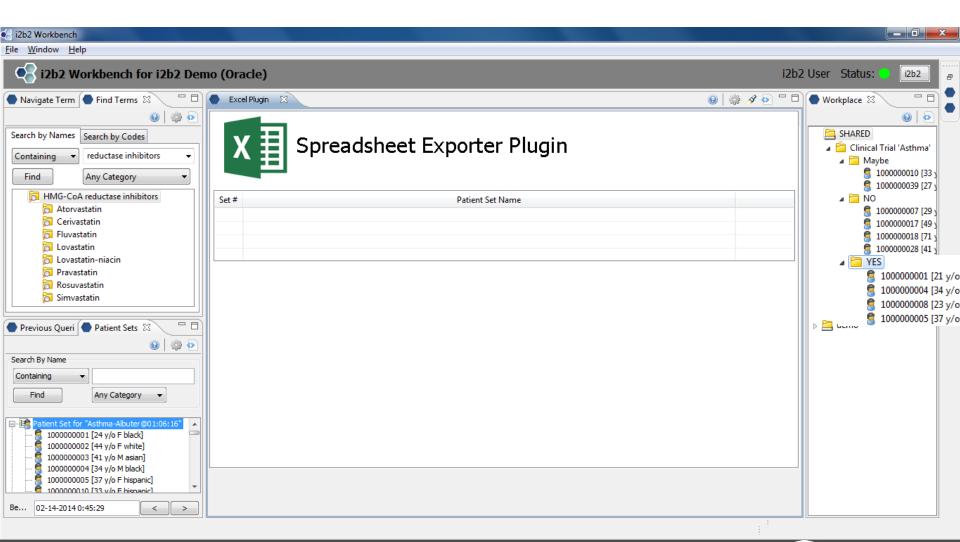
A "Criteria Matcher" App to review the "list"

View Patient with SMA	RT Apps					8 🖻		
III Patient Centric	View	Patient Number: 100000001						
Patient 100 Num: 100000001 Birth Date: 1985-11-17 Age: 26 years (current)	JUUUUUU1 Sex: Female Race: Black	ick an icon to add a ne Meds List	ew SMART a		Cardiac Risk Li	The second secon	e	
Select View 📩 Medications	Clinical Trials CT Selector	Save Lay	out	ename Dele	te View	×		
Problems	Your active clinical trial is currently set to:		100%	Searched	Matched	<u>^</u>		
Lab Results Vital Signs Notes	Pilot Study of Pioglitazone for the Treatment of Moderate to Severe Asthma in Obese Asthmatics (v2)	Demographics	0	Age between 18 and 60 Both	Age 26; Both			
Notes Clinical Trials		Medications	\mathbf{O}	actos; pioglitazone				
	History Load Previous Clinical Trial Specify A New Clinical Trial	Notes	0	asthma; wheezing asthmatics	wheezing [1],	=		
	*	Problems	•	asthma; wheezing; obesity	Asthma, unspecified without mention of status asthmaticus; Asthma, unspecified type, with acute exacerbation; Extrinsic asthma without status asthmaticus;	×		
Drop a new patient record here to load it.		*				*		

Classify *Patients*

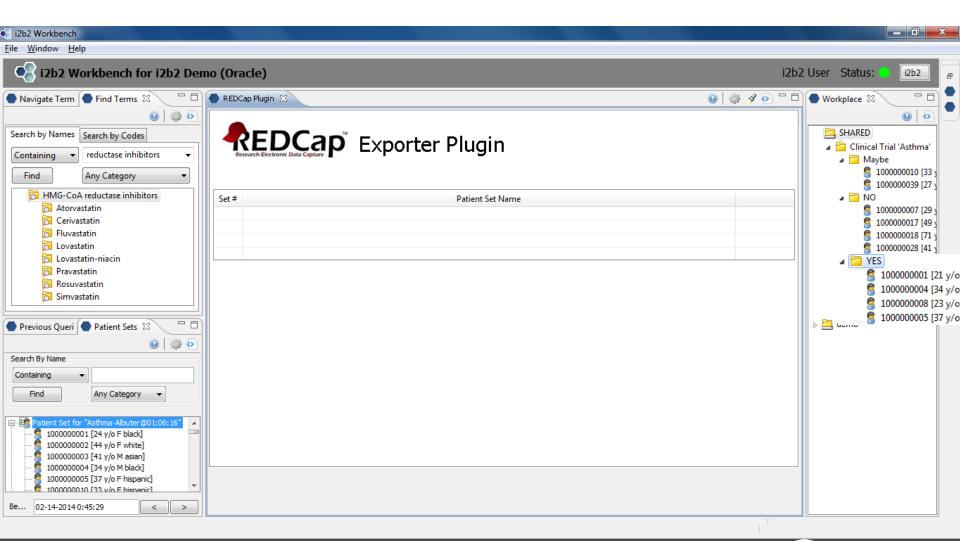
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	1			Patient Se	t for "Asthma	-Albuter@(1:06:16"						NO	be	
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HMG-CoA reductase inhibitors													10	0000001 [21	y.
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Cerivastatin	SMART	Patient ID	PSet #	Patient Name	Gender	Race	Date of Birth	Age	Obesity	Acute Myocardial	HMG-CoA reduc				
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C Lovastatin-niacin	*	1000000004	1	X0000X, X0000X	M		1909-03-071 1976-08-13T		Č,	- 2	~				
	*	1000000004	1	X0000X, X0000X	F				ý						
Rosuvastatin	*	1000000005	1	X0000X, X0000X	F		1973-06-25T 1981-08-05T			×					
🔁 Simvastatin			_	X0000X, X0000X		black	1981-08-051 1981-07-10T		1. A A A A A A A A A A A A A A A A A A A	· · ·	- <u>v</u>				
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Search By Name	*	100000011	1	X0000X, X0000X	F	white	2049-10-19T		V	- <u>.</u>					
Containing -	*	100000012	1	X0000X, X0000X	F	black	1991-03-29T		V	X	×				
Find Any Category -	*	100000013	1	X0000X, X0000X	F	black	2027-02-27T		X	X					
	*	100000014	1	X0000X, X0000X	M	white	1956-05-22T		×	×.					
	*	100000015	1	X0000X, X0000X	M		1978-09-11T		_	X					
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I00000001 [24 y/o F black] I00000002 [44 y/o F white] I000000003 [41 y/o M asian] I000000004 [34 y/o M black] I000000005 [37 y/o F hispanic] I000000001 [33 y/o F bispanic] Be 02-14-2014 0:45:29	•						"				,	-			

Output the "refined" Patient Set



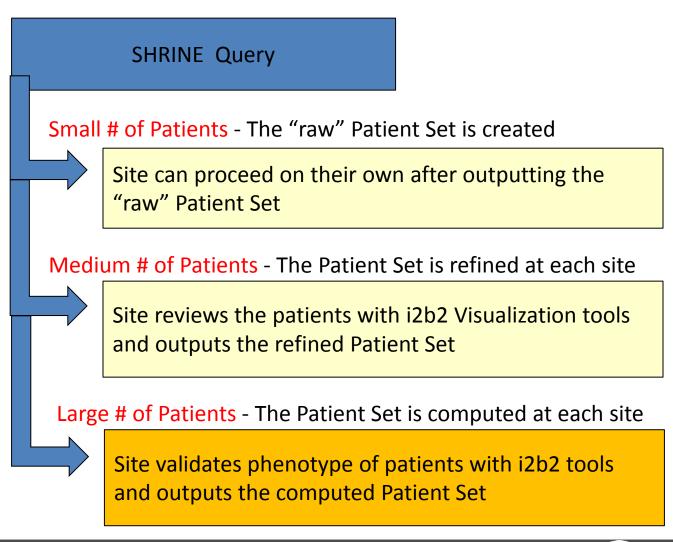


Often Output to REDCap

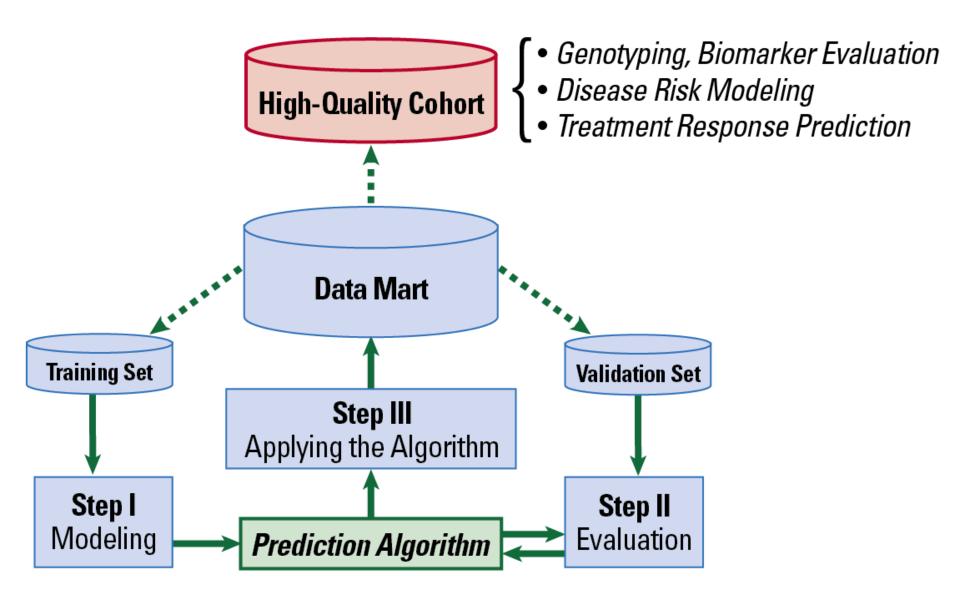




When Large numbers of patients found use Machine Learning Approach







HS scalable collaborative infrastructure

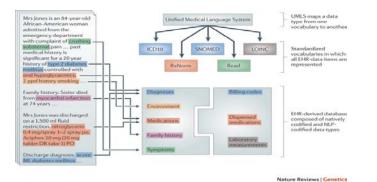
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Creating Quality Data with Supervised Machine Learning

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Person_#100000015Male32yrok1_Hispanic De Identifications - Ray Reports - 7000000018_Female_26yrold_Indian De Identificat X-Ray	event_id: 474524 patient_id: 1000000021 concept_id: LC6-282:XR_RPT_DID observer_id: LC5-282:D000109060 start_date: 2002-02:12700.00.00.000-05.00
Person, #100000017_Medf8yrold_Black Deviage: Person, #100000015_Medf8yrold_Black Deviage: Person, #10000002_Medf8yrold_Black Deviage: Person, #10000002_Medf8yrold_Black Deviage: Person, #10000002_MedSyrold_Black Deviage: Person, #10000002_MedSyrold_Black Person, #100000002_MedSyrold_Black Person, #10000002_MedSyrold_Black Person, #100000002_MedSyrold_Black Person, #10000002_MedSyrold_Black Person, #100000002_MedSyrold_Black Person, #100000002_MedSyrold_Black Person, #100000002_MedSyrold_Black Person, #100000002_MedSyrold_Black Person, #100000002_MedSyrold_Black Person, #100000002_MedSyrold_Black Person, #100000002_MedSyrold_Black Person, #100000002_MedSyrold_Black Person, #100000000_MedSyrold_Black Person, #10000000_MedSyrold_Black Person, #10000000_MedSyrold_Black Person, #10000000_MedSyrold_Black Person, #10000000_MedSyrold_Black Person, #10000000_MedSyrold_Black Person, #1000000_MedSyrold_Black Person, #10000000_Med	Radioboy: X-Ray Report Distance Final Report Distance Final Report Distance Final Counting End-wellow Virus/Distance, Charless Ensersion M.D. Improvement Virus/Distance HIGTORY: Tocolemase of regols final Improvement Provider Virus/Distance Improvement Provement ProvementProvement Provement Provement

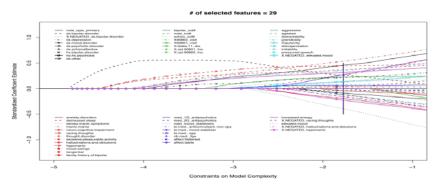
1. Create a gold standard training set.

2. Create a comprehensive list of features (concepts/variables) that describe the phenotype of interest

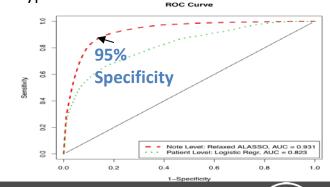


69

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

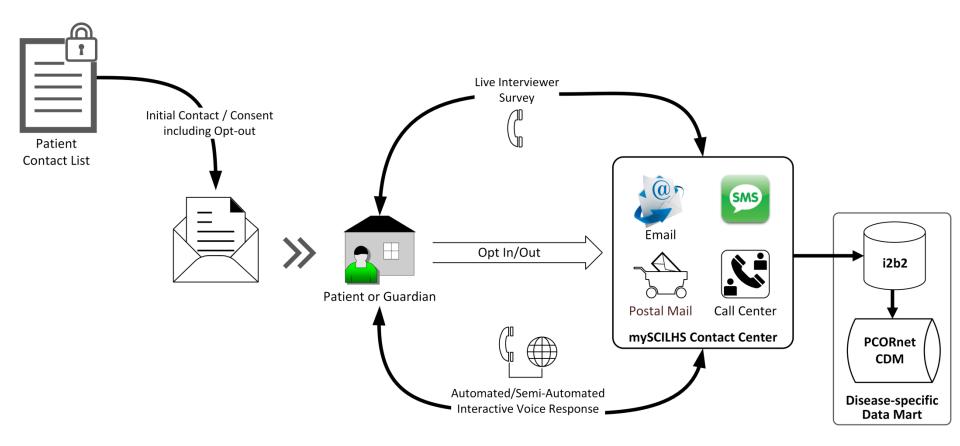


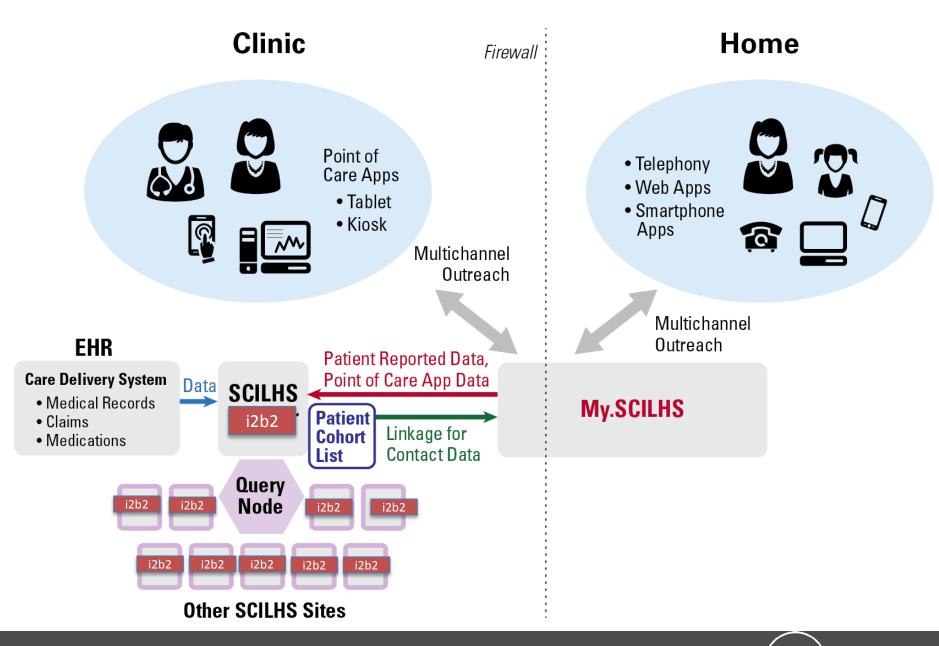
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Key Challenges

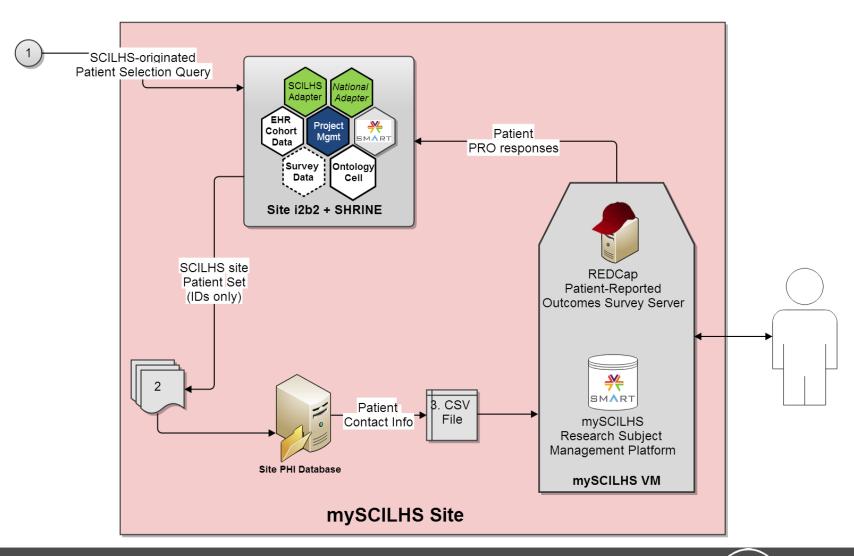
- Governance of Data Types
- Sustainability
- Patient Privacy
- Patient Engagement

A full workflow from query to contact





mySCILHS



SCILHS scalable collaborative infrastructure

Designing the App Store for Health





Your risk You show an elevated risk of cardiovascular disease

15%



ORDERED BY: Dr. Francis Pulask

Bellevue Medical Centre

4603) 555-54321 x1523



No Small Change for the Health Information Economy

Kenneth D. Mandl, M.D., M.P.H., and Isaac S. Kohane, M.D., Ph.D.

the economic stimulus package of a flexible information infra- technology successes in other signed by President Barack structure that facilitates innova- fields. An essential first lesson Obama on February 17 included tion in wellness, health care, and is that ideally, system components a \$19 billion investment in health public health. information technology. How can we best take advantage of this system will have to function under unprecedented opportunity to new policies and in the service of uses a software platform with a computerize health care and stim- new health care delivery mecha- published interface that allows ulate the health information econ- nisms, and it will need to incorpo- software developers outside Apple ony while also stimulating the rate emerging information tech- to create applications; there are U.S. economy? A health care sys- nologies on an ongoing basis. now nearly 10,000 applications tem adapting to the effects of an As we seek to design a system that that consumers can download and aging population, growing expen- will constantly evolve and encour- use with the common phone inditures, and a diminishing primary age innovation, we can glean les- terface. The platform separates care workforce needs the support sons from large-scale information- the system from the functional-

should be not only interoperable

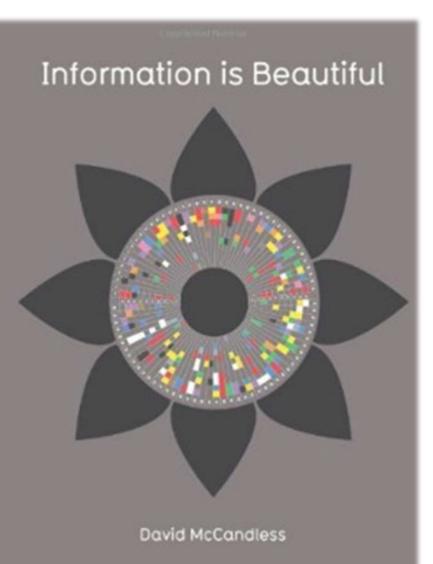
Flexibility is critical, since the but also substitutable. The Apple iPhone, for example

lood Pressure Centiles Allen Vitalis (male, DOB: 23 Nov 2004, MRN: 99912345) SMAP. Long Term View 2007 - 26 Sec 201 95 % 00,00 50 % 30% 10% 95 3 10% tient: 3y 6m, 101 cm, male 70% 100/54 mmHg (71%/66% 507 0 0 ther: Left Log, Sitting, Machine 30% 10% SCI

WIRED

18.12 Issue

Design Challenge



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State-of-the-Art ???

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36904447	BIRTH DATE	MALE	SAMPLEID NO. NDT GIVEN		OTHER ID NO.	RECEIVED 06/11/2010	09:41
SAMPLE REPORT, NO SAMPLE SENT				REFERENCE PHYSICIAN		STATUS FINAL	10:00
Cardio For Age CCRP mg	s > 17				0.4 mg/L C Guidelines	REFERENCE RANGE	
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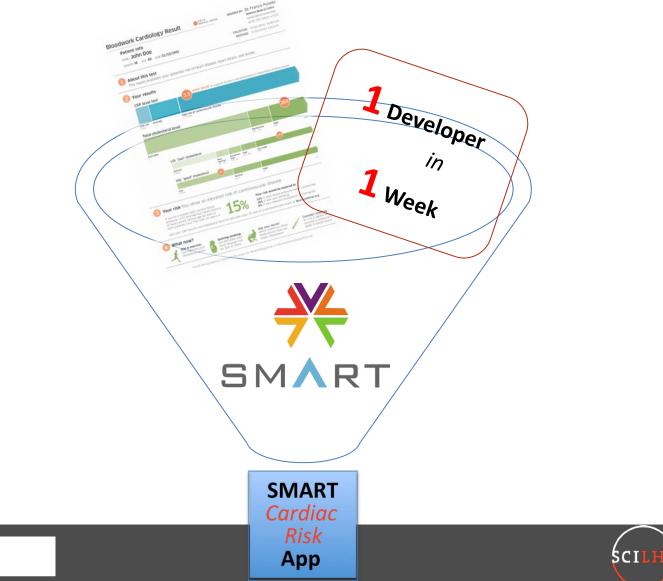


NAME: John Doe COLLECTED: 11/02/2010, 10:40 ar GENDER: M AGE: 49 DOB: 01/10/1961 RECEIVED: 11/02/2010, 10:40 ar About this test This report evaluates your potential risk of heart disease, heart attack, and stroke. Image: Comparison of the protein in the blood linked to inflammation of blood vessels CPP level test 33 Your level of a specific protein in the blood linked to inflammation of blood vessels Low risk Average High risk of cardiovascular disease Distribute 33 Your level of a specific protein in the blood linked to inflammation of blood vessels Distribute 33 Your level of a specific protein in the blood linked to inflammation of blood vessels Distribute 33 Your level of a specific protein in the blood linked to inflammation of blood vessels Distribute Borderline High Distribute Borderline High Distribute Borderline High Optimal Borderline High United cholesterol 10 10 Optimal Borderline High United cholesterol 10 10 Optimal Borderline High O	Patient		teson	MEDIC	AL CENTRE		Bellevue Medical Centre lamar.d@bactamed.edu (603) 555-54321 x152
This report evaluates your potential risk of heart disease, heart attack, and stroke. Your results CRP level test 3.3 your level of a specific protein in the blood linked to inflammation of blood vessels Now risk Average Now risk Average Now risk Average New risk Average Now risk Average New risk Borderline New risk New risk			1961				
CRP level test 33 your level of a specific protein in the blood linked to inflammation of blood vessels bruck Average 1.3 Total cholesterol level Desirable Desirable Cotimal Cotimal Desirable Desira			ntial risk of hear	t disease,	, heart al	tack, and stroke	
Low risk Average Drauk 1:3 High risk of cardiovascular disease 3.10 mg/k Total cholesterol level Desirable Desirable Dotimal Optimal Optimal Optimal Optimal Desirable Desirab	Your re	sults					
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0 200-230 240							
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o mu CL. Optimal Nigh 160-189 160 HDL "good" cholesterol 32	Desirable D	LDL "bad" cholester	ol				High 240
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0 mppu 40 59 00	Desirable	Optimal 0 mg/DL	Near Optimal 100-129		High 160-189	200 - 239	High 233
	Desirable D	Optimal e regiõe HDL "good" choleste	Near Optimal 100-129	high 136 195	High 160-189	200 - 239 Very High	High 249
	8	Optimal e regiõe HDL "good" choleste	erol 32	Normal 40.59	100-189	200 239 Very High 100 High 50	High 233
If you're a smoker with normal blood Your risk would be lowered to	9 Your ris	Optimal OmuTOL HDL "good" choleste Low OmuTOL Smarth Smarth Smoker with normal blood	erol 32	Normal 40.59	vascula	Very High 100 High 60 ar disease	233
If you're a smoker with normal blood pressure, (130 mm/Hg) but family history of heart attack before age 60 (one or both parents) your risk over 10 years is: 155% 15% 15% 15% 15%	Your rist If you're a pressure. (of heart at	Optimal Omport, HDL "good" cholester Low Omport, Sk You show an eli- smoker with normal blood (130 mm/Hg) but family hi tack before age 60 (one o	evol 32	Normal 40.59	Vascula Vascula Your ris 12% if y 10% if y	Very High High 60 Ar disease sk would be lowere rour blood pressure rour blood pressure	d to e were 120mm/Hg
pressure, (130 mm/Hg) but family history of heart attack before age 60 (one or both corrected wing bit over bit	Your ris If you're a pressure, of heart at both parer	Optimal Omport HDL "good" cholester Low Omport Sk You show an eli- smoker with normal blood (130 mm/Hg) but family hi tack before age 60 (one o hts) your risk over 10 year CRP results and cholesterol	evated risk of s is: 155 I level to calculate y	Normal Ac 59 f cardio	Vascula Your ris 12% if y 6% if yc k of a card	Very High High 60 Ar disease sk would be lowere your blood pressury you quit smoking bu reduced choleste tiovascular event al	d to were 120mm/Hg erol to 160mg/DL t ReynoldsRisk.org
pressure, (130 mm/Hg) but family history of heart attack before age 60 (one or both parents) your risk over 10 years is: 157% Use your CRP results and cholesterol level to calculate your 10 risk of a cardiovascular event at ReynoldsRisk.org	Your rist If you're a pressure, (of heart at both parer Use your C	Optimal Omutor. HDL "good" cholester Dow Omutor. Sk You show an el- smoker with normal blood (130 mm/Hg) but family hi track before age 60 (one o hts) your risk over 10 year CRP results and cholesterol	evated risk of s is: 155 I level to calculate y	Normal Ac 59 f cardio	Vascula Your ris 12% if y 6% if yc k of a card	Very High High 60 Ar disease sk would be lowere your blood pressury you quit smoking bu reduced choleste tiovascular event al	d to were 120mm/Hg erol to 160mg/DL t ReynoldsRisk.org

David McCandless & Stefanie Posavec for Wired Magazine // informationisbeautiful.net

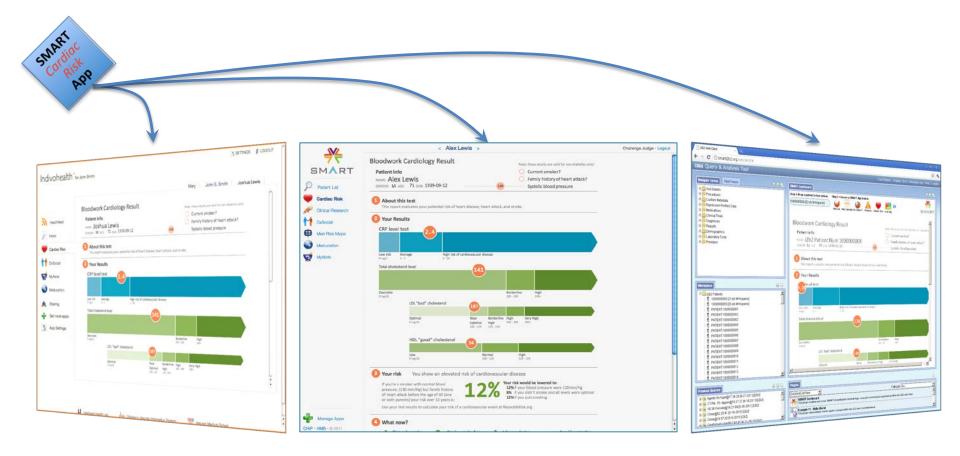
ve infrastructure

1 Design + 1 Developer + 1 Week

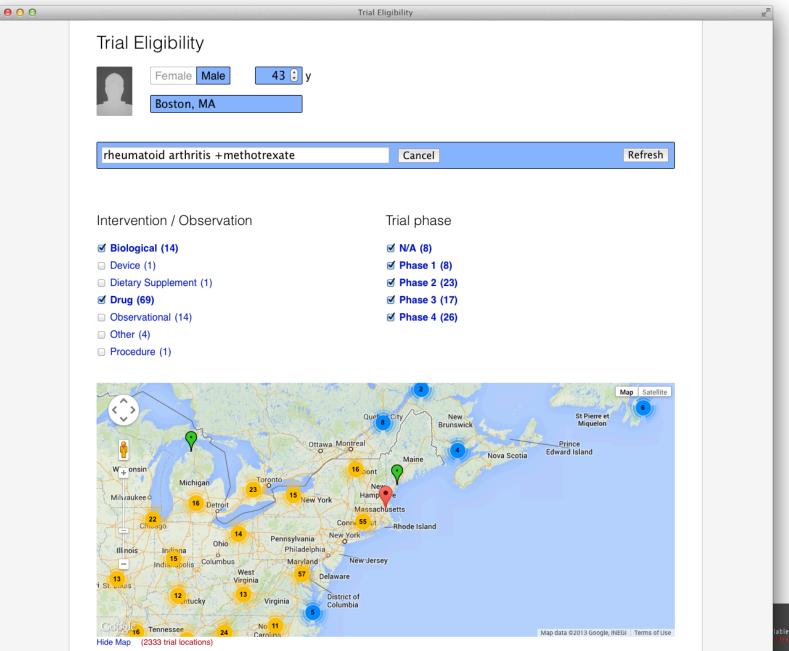


scalable collaborative infrastructure

1 SMART App in 3 SMART Systems







lable collaborative infrastructure a learning health system

Key Challenges

- Governance of Data Types
- Sustainability
- Patient Privacy
- Patient Engagement

The Plan

Common data platform (i2b2)

+

Federated queries across sites (SHRINE)

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Point of care apps (SMART)

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Patient-facing technologies (RedCap, SMART, +)



Tribute to...

- I2b2 Core Team
 - Christopher Herrick
 - Isaac Kohane
 - Susanne Churchill
 - Griffin Weber
 - Paul Avillach
 - Michael Mendis
 - Lori Phillips
 - Janice Donahoe
 - Nich Wattanasin
 - Wayne Chan
 - David Wang
 - Bill Wang
 - Vivian Gainer
 - Andrew Cagan

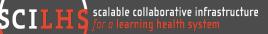
- SMART i2b2 Team
 - Nich Wattanasin
 - Kenneth Mandl
 - Joshua Mandel
- i2b2 SHRINE Team
 - William Simons
 - Douglas MacFadden
- tranSMART Team
 - Paul Avillach
 - Michael McDuffy
- mySCILHS Team
 - Marc Natter
 - Isaac Pinol Catadau
 - Stanley Boykin



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

i2b2 Homepage (<u>https://www.i2b2.org</u>) i2b2 Software (<u>https://www.i2b2.org/software</u>) i2b2 Community Site (<u>https://community.i2b2.org</u>) SHRINE at Harvard (<u>http://shrine.catalyst.harvard.edu</u>) SHRINE Software: (<u>https://open.med.harvard.edu/display/SHRINE/Software</u>) SMART i2b2 Homepage (<u>http://smarti2b2.org</u>)

SMART Platforms Homepage (http://smartplatforms.org)



THANK YOU

