

HealthcareNLP: where are we and what's next?

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Abstract

This proposed tutorial focuses on Healthcare Domain Applications of NLP, what we have achieved around HealthcareNLP and the challenges that lie ahead for the future. Existing reviews in this domain either overlook some important tasks, such as synthetic data generation for addressing privacy concerns, or explainable clinical NLP for improved integration and implementation, or fail to mention important methodologies, including retrieval augmented generation and the neural symbolic integration of LLMs and KGs. In light of this, the goal of this tutorial is to provide an overview introduction of the most important sub-areas of a patient and resource-oriented HealthcareNLP, with three layers of hierarchy: 1) data/resource layer: annotation guidelines, ethical approvals, governance, synthetic data; 2) NLP-Eval layer: NLP tasks NER, RE, sentiment, and Linking/coding with categorised methods, leading to explainable HealthAI; 3) patients layer: Patient Public Involvement and Engagement (PPIE), health literacy, translation, simplification, and summarisation (NLP tasks too), shared decision making support. A hands-on session will be included in the tutorial for audiences to use HealthcareNLP applications. The target audiences include NLP practitioners in the healthcare application domain, NLP researchers who are interested in domain applications, Healthcare researchers, and students from NLP fields. The type of tutorial is “Introductory to CL/NLP topics (HealthcareNLP)” and audiences do not need prior knowledge to attend this. Tutorial materials <https://github.com/4dpicture/HealthNLP>

1 Introduction

With the increasing capabilities of current state-of-the-art NLP models, NLP applications have been one of the hot topics in AI for social good, which includes their application in the healthcare domain. It is not a brand new topic, since there have been NLP researchers trying to deploy NLP techniques into the biomedical domain a long time ago, and the BioNLP workshop has been held since 2002 for 23 years ¹. There is indeed growing interest from both researchers and practitioners, such as the recently emerged workshops including CL4Health at LREC-COLING2024 and NAACL2025 (Ananiadou et al., 2025), 6th HealthNLP at ICHI2023 ², Big Data Analytics in Healthcare at IEEE-BigData2023 ³, ClinicalNLP⁴ etc. new shared tasks such as BioLaySumm (Xiao et al., 2025), PLABA (plain language adaptation of biomedical abstract) (Ondov et al., 2025), etc.

This tutorial starts with an explanation of each sub-task into three layers (data resource, NLP, and patients), how they are defined, and what NLP approaches were used to address such tasks in history, up to the state-of-the-art models.

First, in the resource layer, we talk about 1.1) Annotation Guidelines: how the clinical documents shall be annotated and anonymised to protect privacy and address ethical concerns. 1.2) Ethical Approval and Data Governance: how data should be hosted and how access is granted for research purposes. 1.3) Synthetic

¹https://aclweb.org/aclwiki/BioNLP_Workshop

²<https://www.healthnlp.info/>

³<https://onlineacademiccommunity.uvic.ca/healthcare4bigdata4analytic/>

⁴<https://aclanthology.org/venues/clinicalnlp>

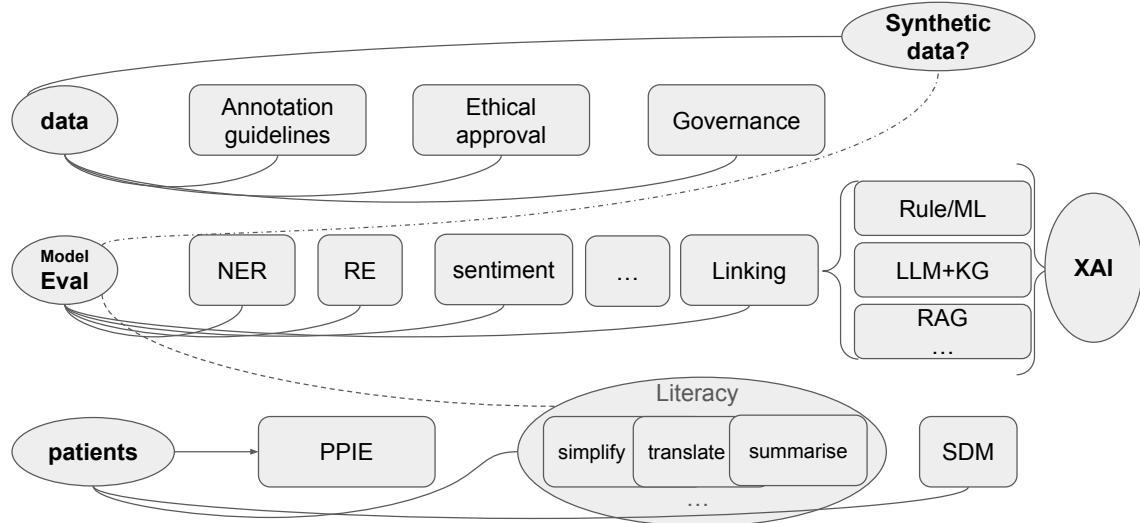


Figure 1: An overview of HealthcareNLP tasks (up-down): 1) data-layer annotation guidelines, ethical approvals, governance, and synthetic data applications; 2) NLP-Eval-layer tasks on named entity recognition, relation extractions, sentiment analysis, entity linking, and possible NLP techniques including traditional rule/ML, LLMs with KG, retrieval-augmented generation, explainable AI (XAI); 3) patients-layer related event: public patient involvement and engagement; text simplification / lay-language adaptation and summarisation for public health literacy, and machine translation for multilingual setting (L2 learners in a new country), shared decision making (SDM) communication support.

data generation (connecting to NLP): how this task can be useful to address data sharing and scarcity issues. Second, in the NLP-eval layer, these tasks include 2.1) standard named entity recognition (NER) in biomedical and clinical domains such as disease, symptoms, diagnoses, treatments, and progression entity categories. 2.2) relation extraction (RE) such as drugs and side-effects, symptoms and treatments, treatments and temporality, etc. 2.3) sentiment analysis of NLP models on patient-centred text data, including patient interview transcripts, online forums, and consultations. 2.4) Clinical Coding (normalisation/linking), which automates the traditional human coders work by linking the clinical entities into clinical knowledge graphs and dictionaries; 2.5) Machine Translation (MT): on translating clinical text from one language to others to address low-resource eHealth model training obstacles as well as in a multilingual consultation environment where the patients cannot speak/understand the dominant language; 2.6) Text Simplification and Summarisation: to help

patients better understand the clinical evaluation documents and healthcare information websites. We will introduce the method applied to these tasks from historical rule-based, to statistical, and nowadays neural network models with attention mechanisms. If time allows, we will cover the state-of-the-art retrieval-augmented generation (RAG), large language models with knowledge graphs (LLM+KG), and prompt engineering, as shown in Figure 1 in the overview of HealthcareNLP picture. Third, in the patient layer, we also mention some engaging events in this field, including 3.1) public and patient involvement and engagement (PPIE) practice examples from the UK and EU projects, 3.2) patient health literacy, and 3.3) how to better support the communication between clinicians and patients for better shared decision making (SDM).

2 Tutorial organisers

- Lifeng Han, Postdoc, Leiden University Medical Center, l.han@lumc.nl, NL, researcher in ClinicalNLP from UK and EU

funded projects.

- Paul Rayson, Professor, Lancaster University, UK, p.rayson@lancaster.ac.uk, Director of UCREL research centre that combines research in corpus linguistics and NLP.
- Suzan Verberne, Professor of Natural Language Processing, Leiden University, The Netherlands, s.verberne@liacs.leidenuniv.nl, Suzan Verberne is professor of Natural Language Processing at the Leiden Institute of Advanced Computer Science (LIACS). She has supervised projects involving a large number of application domains and collaborations, many of which in health and medical contexts.

3 Target Audience

This tutorial will be developed for NLP researchers who are interested in applying their models and methods to the healthcare domain, which potentially can have a real impact on social lives and healthcare systems, making them more efficient and accurate. It is also useful for healthcare practitioners and data scientist in the hospital who go to the NLP conference to learn more knowledge on how the models they use are developed for healthcare. For UG and PG students who are interested in AI and NLP applications, this tutorial can also be of interest as an introductory level to AI for the healthcare field. Prior knowledge is not required to attend this event. By the end of the tutorial, the audiences shall acquire an overview of HealthcareNLP and CL4Health, what tasks are there, what models are being used, and what are the current challenges.

4 Outline

The tutorial aims to be 4 hours long including 30 minute break in between. The covered topics include the following:

- Data resources: annotation guidelines, anonymisation, ethical approval, governance, synthetic data usage
- HealthcareNLP Tasks and Evaluations: NER, RE, Linking, Sentiment Classifica-

tion, Simplification, Translation, Summarisation, QA

- Models applied: rule, statistical, neural models, LLM+KG, prompting, RAG, Explainable and Interpretable AI
- Patients: Public patient involvement and engagement (PPIE), Patient health literacy, Shared Decision Making (SDM) ([Stigglebout et al., 2015; Frosch and Kaplan, 1999](#))
- Real-world applications of HealthcareNLP projects and models in the UK / NL, and EU project 4D PICTURE consortium <https://4dpicture.eu/>
- Hands-on experience of using some healthcareNLP platforms and applications, including our own.

5 Technical Requirements

Our technical expectations are that participants will have access to a good internet connection for online code and data experiments.

6 Diversity Considerations

The tutorial includes an MT sub-topic on translating healthcare domain data into low-resource languages so that researchers can help to build Healthcare AI/NLP systems for low-resource communities.

7 Reading List

Healthcare and Clinical NLP ([Jerfy et al., 2024; Nazi and Peng, 2024; Elvas et al., 2025](#)).

8 Presenters

Dr. Lifeng Han is currently a researcher on the 4D Picture project <https://4dpicture.eu/> researching the cancer patient journey support. He had his first postdoctoral position with the University of Manchester from 2022 to 2024 on HealthcareNLP funded by the UKRI. Prior to these, he finished his PhD thesis "An investigation into multi-word expressions in machine translation" ([Han, 2022](#)) from ADAPT centre, Ireland. He initiated the joint track between two workshops MWE and ClinicalNLP at MWE2023 with EACL ([Bhatia et al., 2023](#))

when he was co-chairing MWE2023. He gave a main conference tutorial to LREC2022 in person / on-site on “Meta-Evaluation of Translation Evaluation Methods: a systematic up-to-date overview” at Marseille, France, 2022. His recent publications mainly focused on HealthcareNLP in the past three years. He has 50+ peer-reviewed publications, including journal articles and NLP main conference papers.

Professor Paul Rayson is based in the School of Computing and Communications at Lancaster University, UK and Director of the UCREL interdisciplinary research centre which carries out research in corpus linguistics and natural language processing (NLP). A long term focus of his work is semantic multilingual NLP in extreme circumstances where language is noisy e.g. in historical, learner, speech, email, txt and other CMC varieties. Along with domain experts, he has applied his research in the areas of metaphor in cancer narratives, dementia detection, mental health, online child protection, cyber security, learner dictionaries, and text mining of biomedical literature, historical corpora, and financial narratives. He was a co-investigator of the five-year ESRC Centre for Corpus Approaches to Social Science (CASS) which was designed to bring the corpus approach to bear on a range of social sciences.

Dr. Andrew Moore is a research software engineer at Lancaster University, also currently working on semantic tagging and emotion analysis within the 4D picture project, with a PhD on empirical evaluation methodology for target dependent sentiment analysis (Moore, 2021) as well as conference papers on this topic. He has worked on semantic tagging while working at Lancaster University creating, maintaining, and extending the Python Multilingual Ucrel Semantic Analysis System (PyMUSAS)⁵ software with Professor Paul Rayson. He has also previously worked within industry at the World Intellectual Property Organization (WIPO) working on topics such as Machine Translation Quality Estimation and semantic search.

Professor Goran Nenadic is based in Department of Computer Science, University of Manchester, with expertise in HealthNLP, as co-/PI of multiple UK funded projects. Current

research projects focus on large-scale extraction and curation of biomedical information and clinical/epidemiological findings, by combining rule-based and data-driven approaches. He is also interested in processing healthcare social media. He leads the UK healthcare text analytics network (Healtex) and was the founding Editor-in-Chief of Journal of Biomedical Semantics.

9 Other Information

The number of estimated audience is 50-100. This estimation is partially from Dr Han's last tutorial at LREC2022.

10 Ethics Statement

All the examples and corpora used in the tutorial are either public data from shared task challenges approved by the shared task organisers or anonymised data samples from our research projects.

11 Topic-aware Literature

- De-identification ([Shaji et al., 2025](#))
- Healthcare Relation Extraction ([Cui et al., 2023; Tu et al., 2023](#))
- Clinical NER and Linking ([Belkadi et al., 2023; Romero et al., 2025a](#))
- Clinical Coding with explainability ([Dong et al., 2021](#))
- Biomedical Text Simplification - PLABA task ([Li et al., 2024; Attal et al., 2023](#)) and Summarisation (PerAnSum) ([Romero et al., 2025b](#))
- Synthetic Data for HealthcareNLP ([Ramesh et al., 2024; Belkadi et al., 2025; Ren et al., 2025](#))
- Annotation Guidelines ([Schulz et al., 2023](#))
- Machine Translation in biomedical domain ([Mehandru et al., 2022; Han et al., 2024](#))
- Sentiment Modelling ([Dumbach et al., 2024](#))
- AI for patient-clinician communication ([Han et al., 2025](#))

⁵<https://ucrel.github.io/pymusas/>

- Embedded ethics ([Bak et al., 2025](#))
- LLM prompting (in-context learning) ([Dong et al., 2024](#))
- Future Perspectives in Figure 2

12 Acknowledgement

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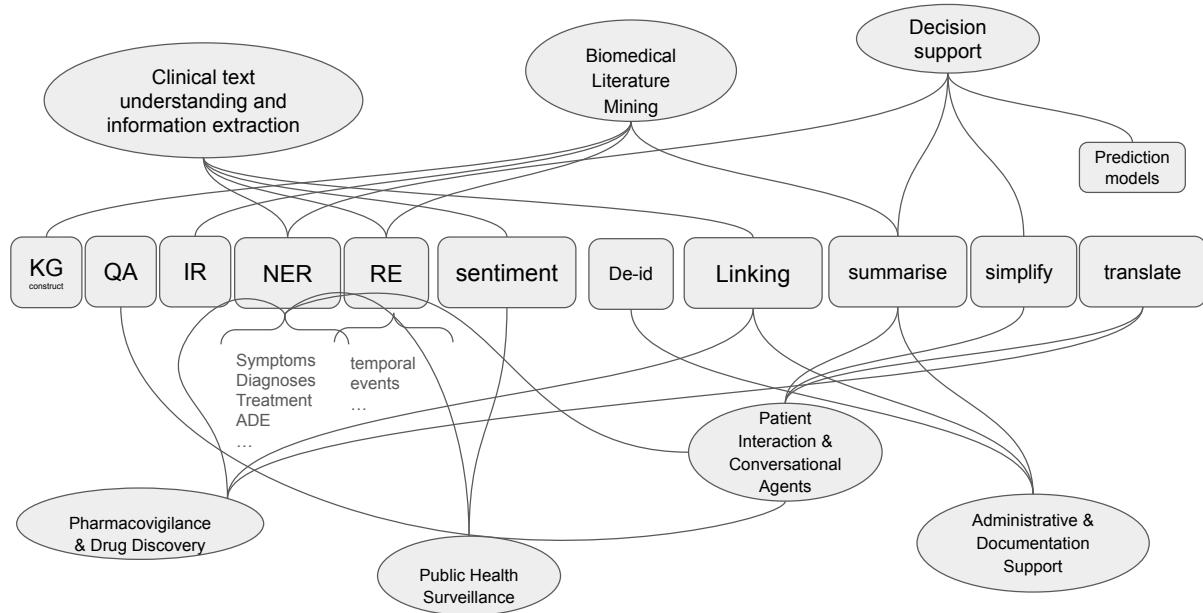


Figure 2: NLP-related tasks and their mappings to applications (Future Perspectives)

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