

Pytorch_EHR: Building Recurrent Neural Network based Predictive Models using Electronic Health Records

Use Case: COVID-19 Patient's Risk for PASC

A HANDS-ON TUTORIAL

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ICHI 2023



Learning Objectives

Understanding the theories behind EHR predictive modeling using deep learning.

Learn the basic tools of deep learning to convert theory to practice.

Understand the basics of proper cohort definition.

Practice data preparation and preprocessing

Practice RNN model training and evaluation for binary classification and survival prediction

Learn different techniques used for hyperparameter tuning.

Learn how to present model predictions as well as explanations using attribution mechanism.

Agenda



Introduction of the EHR predictive modeling:
theory and practice



EHR data preparation



RNN-based model training and evaluation



Explainability of model predictions

Section 1: EHR predictive modeling: Introduction and theory

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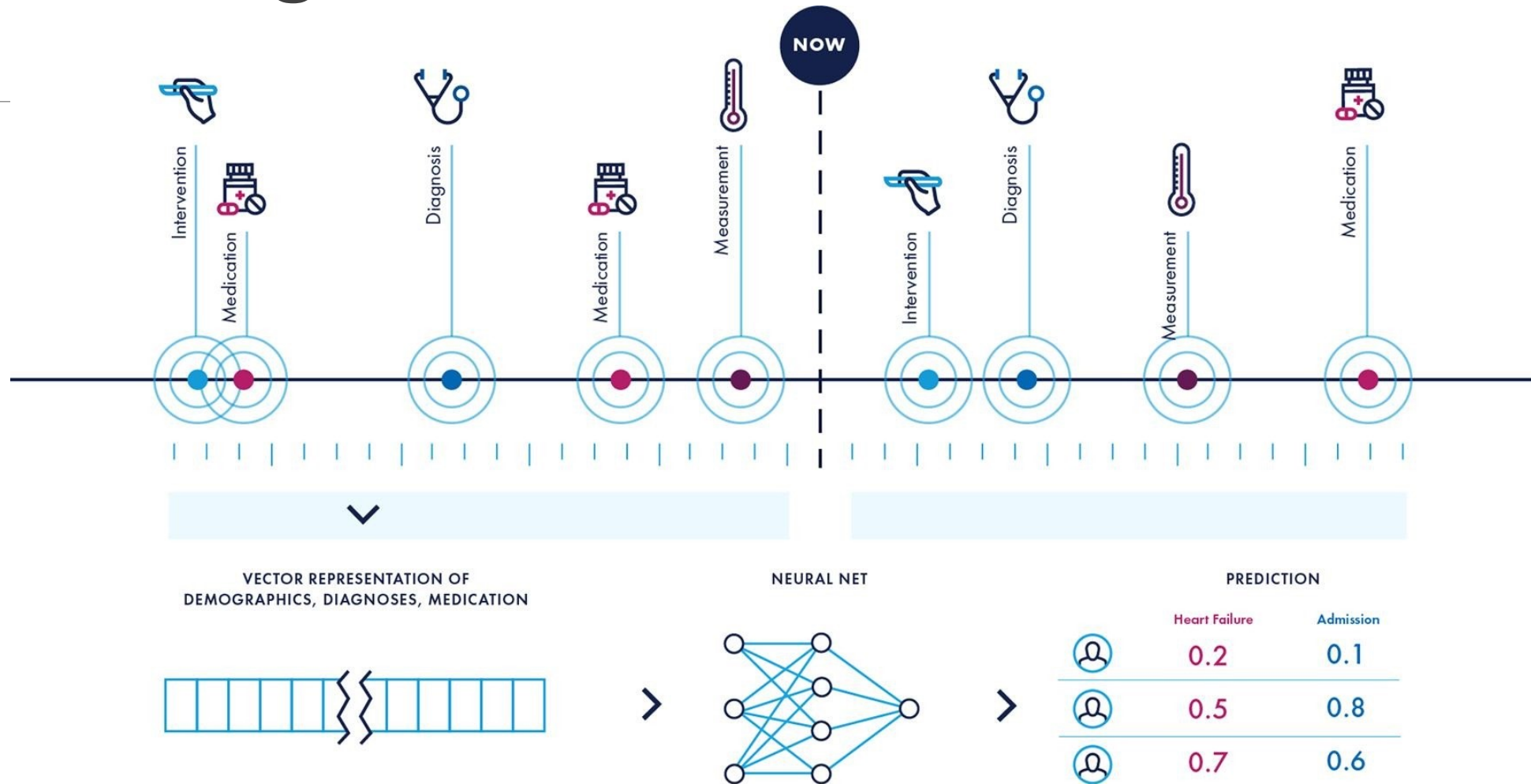
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Introduction:

Deep learning for EHR predictive modeling

Deep Learning for EHR Predictive Modeling



Flexible architecture of neural nets allows modeling complex dependency structures in EHR data.



Data Volume



Data Quality



Temporality



Multi-Modality



Knowledge

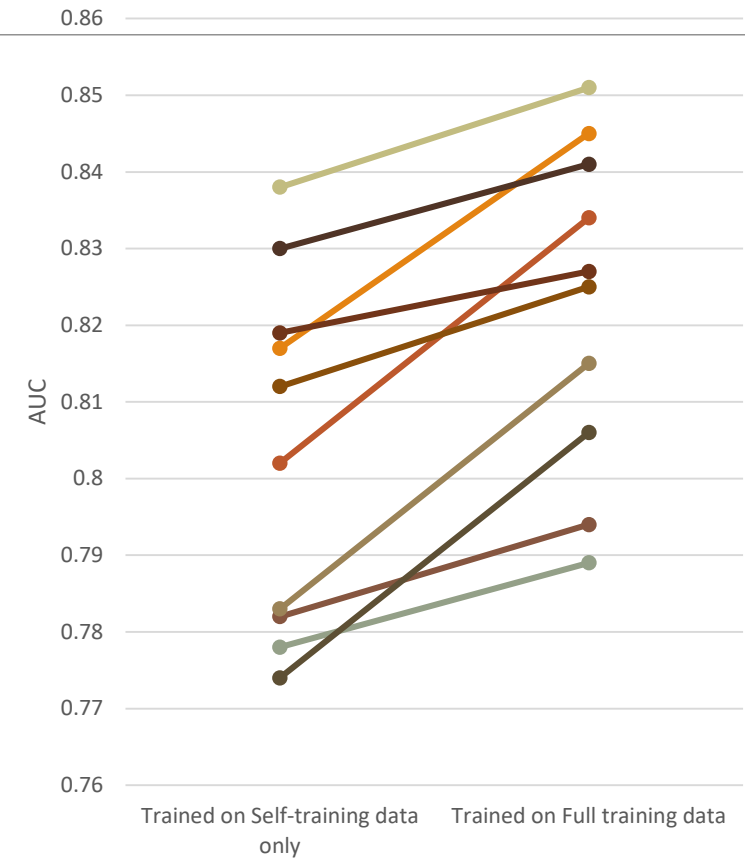
Deep Learning starting to achieve SotA

Model	Heart Failure	Readmission
GRU	84.8	75.5
LSTM	83.9	73.8
Vanilla-RNN	83.3	63.9
D-GRU	83.3	73.5
D-LSTM	83.3	72.8
D-RNN	83.2	70.9
Bi-GRU	84.5	74.4
Bi-LSTM	84.4	75.2
Bi-RNN	83.1	74.1
T-LSTM	82.4	72.1
QRNN	83.2	71.5
RETAIN	83.8	70.1
LR	79.0	67.0
RF	78.8	73.6

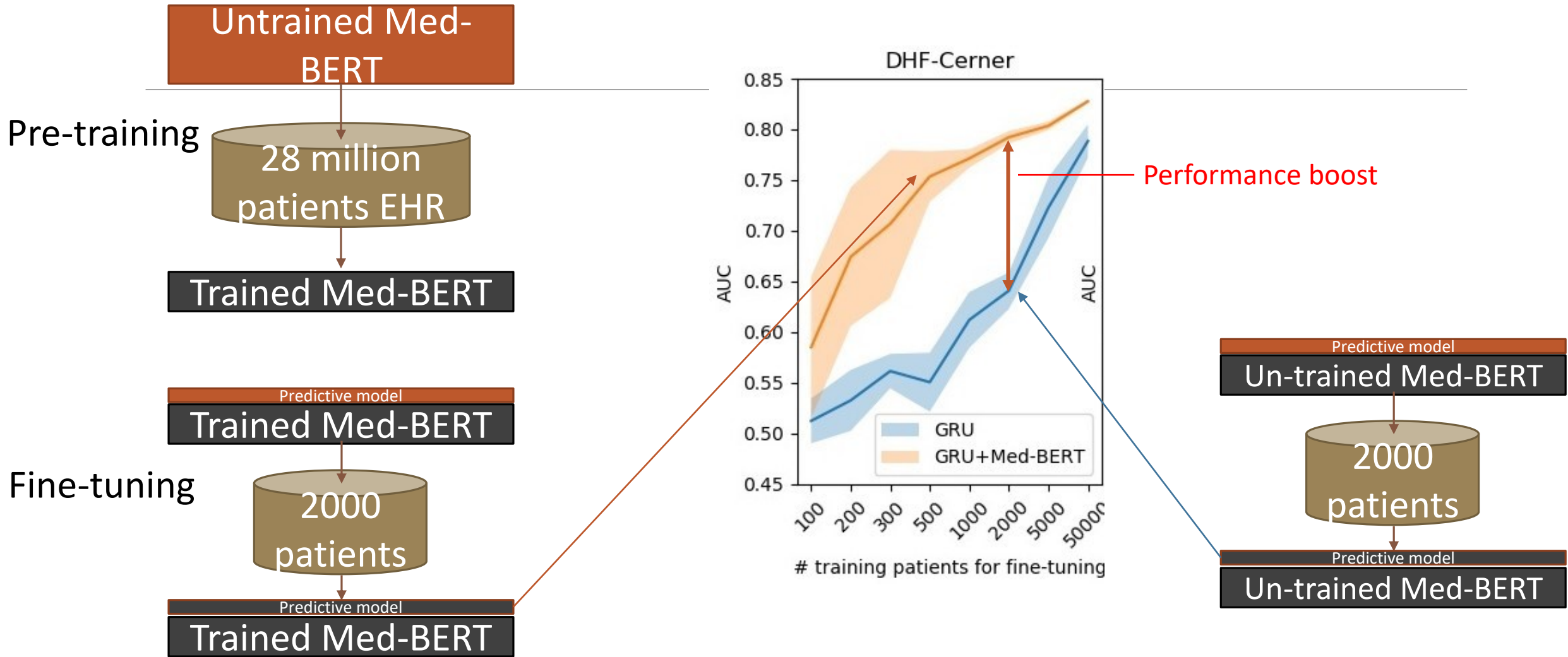
Pooling data improves performance

RNN-based RETAIN model
Predicting Heart Failure Risks for 10
largest hospitals in Cerner Health Facts
2016

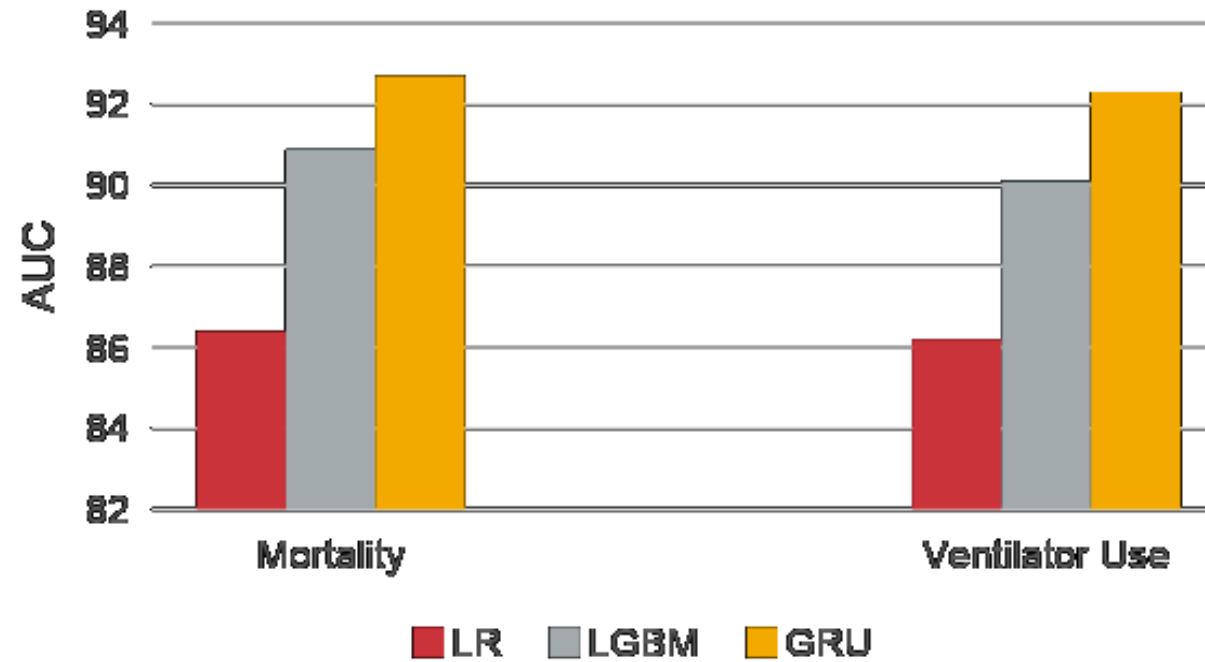
Each hospital has 2,000-6,500 patients
Full data set has 1.3 million patients



Pre-trained models boost performance



Predicting COVID-19 outcomes at admission using Cerner COVID DataLab n=247K, 125K variables



Our most recent example

Flexible architecture of neural nets allows modeling complex dependency structures in EHR data.



Data Volume



Data Quality



Temporality

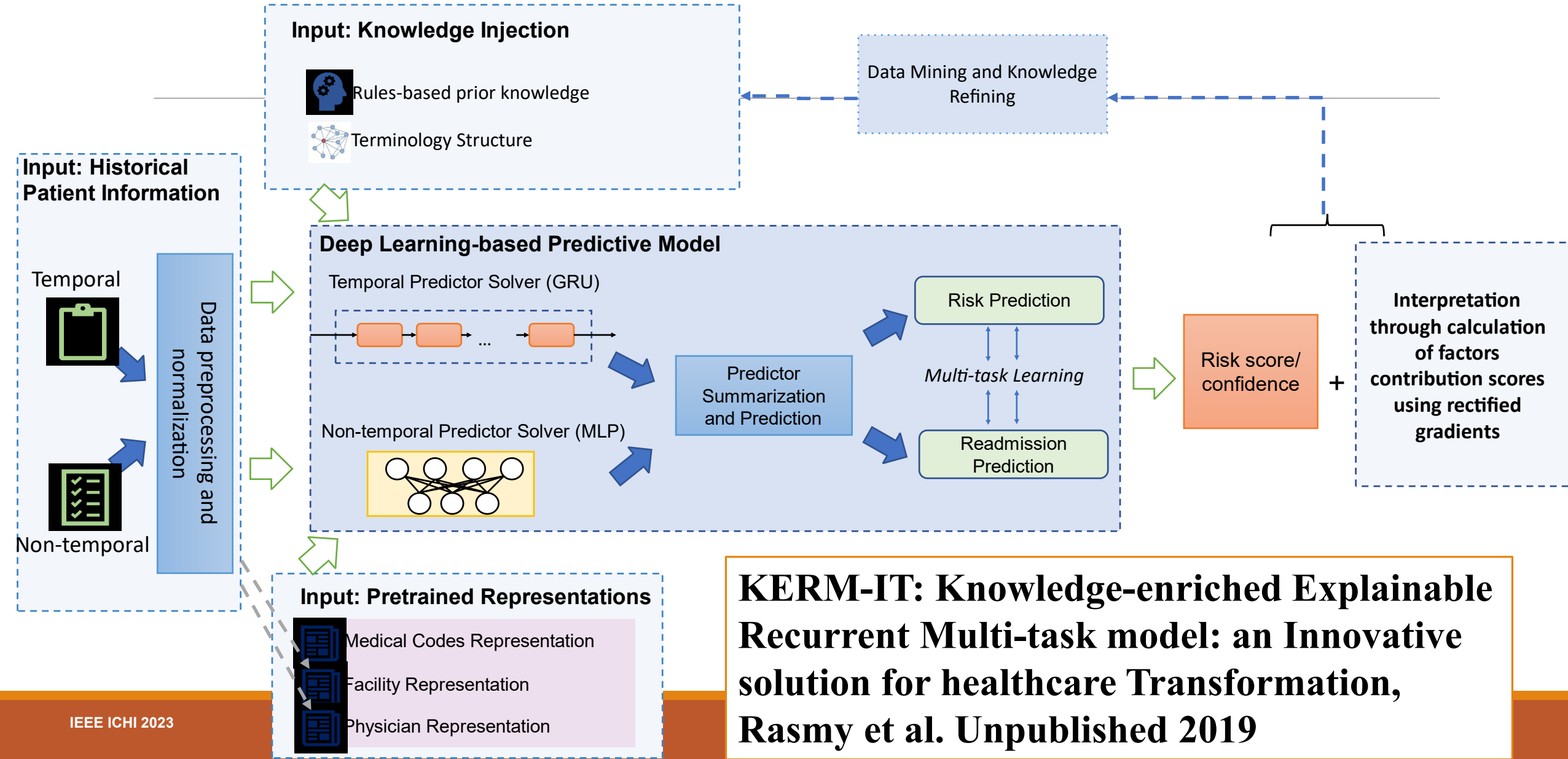


Multi-Modality

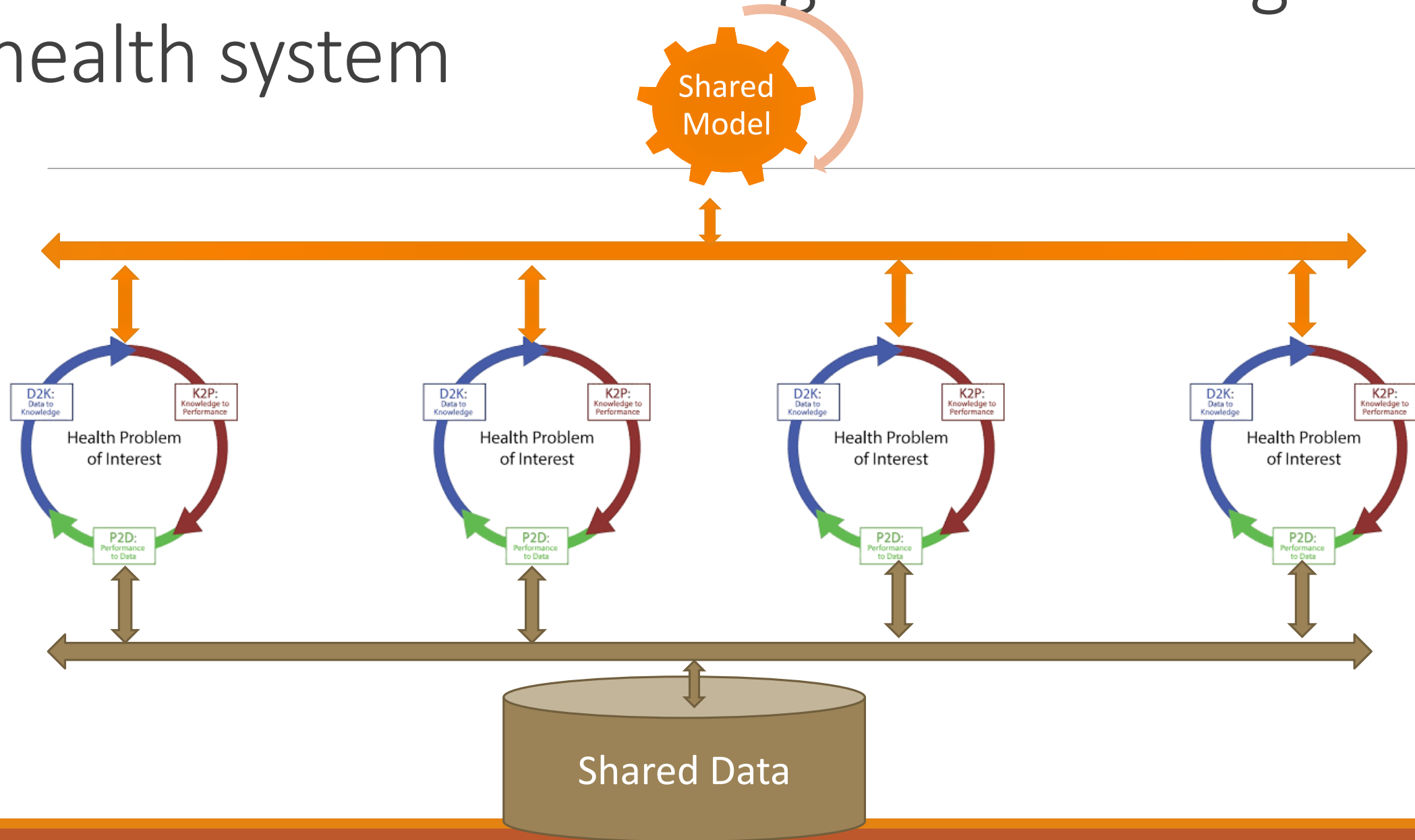


Knowledge

Promise: An integrated DL system



Future: Towards an integrated learning health system



Theory:

RNN for structured EHR

Age: 31

Diagnosis:

Day1 4:15 pm E819.9: Motor vehicle accident
Day1 4:15 pm 959.09: Injury in face and neck
Day2 10:00 am 723.1: Cervicalgia
Day2 10:00 am 784.0: Headache
Day3 8:00 am 723.9: musculoskeletal disorder

Medication:

Day1 6:00 pm - Day2 6:00 pm Oxycodone
Day1 8:00 pm - Day 3 8:00 am Duloxetine
Day1 10:00 pm Zolpidem
Day1 - Acetaminophen

Lab result:

Day1 6:30 pm Hgb:11

Patient 1
Gender: Male
Race: White

Age: 32

Diagnosis:

379.91 Ocular pain,
bilateral.
784.0: Headache
739.1 Nonallopathic lesions,
cervical region

Medication:

Acetaminophen

Age: 34

Symptoms:

R50.9 Fever
R05: Cough
R22: localized swelling

1-3 March 2019
[Inpatient]

29 June 2019
[Outpatient]

5 October 2019
[visit record with
no information]

15 February 2020
[Emergency]

Electronic Health Records (EHR)

One of the richest (and messiest) sources of patient information

EHR data vs NLP data

Criteria	Natural language	EHR
Token granularity	word	code
Syntactic: Hierarchical structure	Document – paragraph- sentence – phrase - word	Patient – visit – code (of different categories)
Syntactic: Sequential order	Simple and clear.	Codes may with time stamp, but the codes within a visit may be unordered
Semantic	Dependency relations are clear to average human.	Dependency unclear
Time interval	Regular	irregular
Data completeness	Relatively complete.	Usually incomplete, may contain errors.
Sequence length	Within a relatively narrow range.	More variable

EHR predictive modeling: Input data modality

EPISODIC

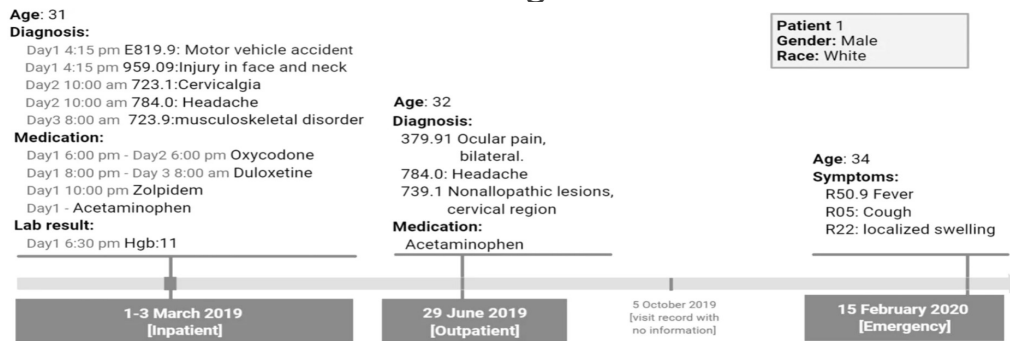
Longer time span, chronic conditions

Patient is a sequence of visits

Time interval irregular between visits

Each visit has a number of codes

Each codes are categorical variable

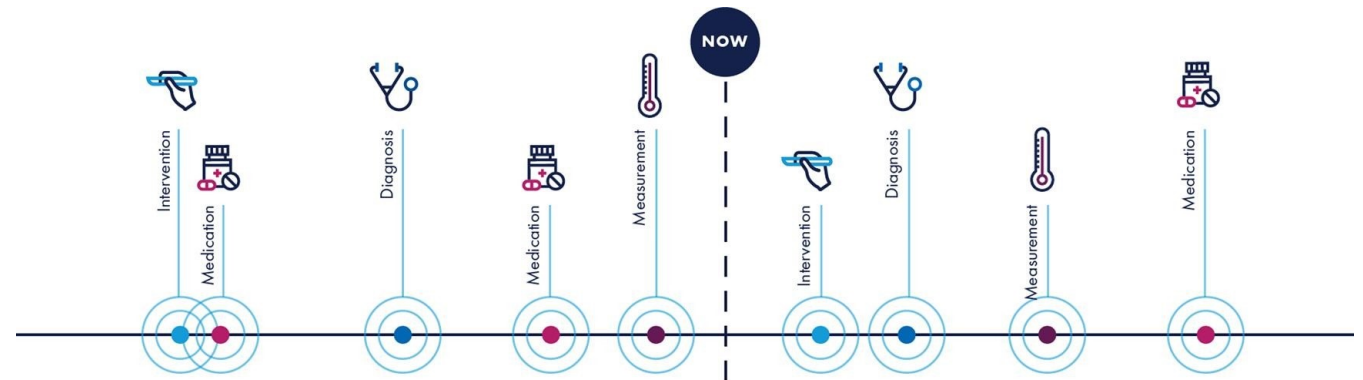


CONTINUOUS MONITORING

Shorter time span, acute intense care, usually a single visit

Patient has observations at continuous times

One measure per variable per window



EHR predictive modeling: Output data modalities

Binary outcomes

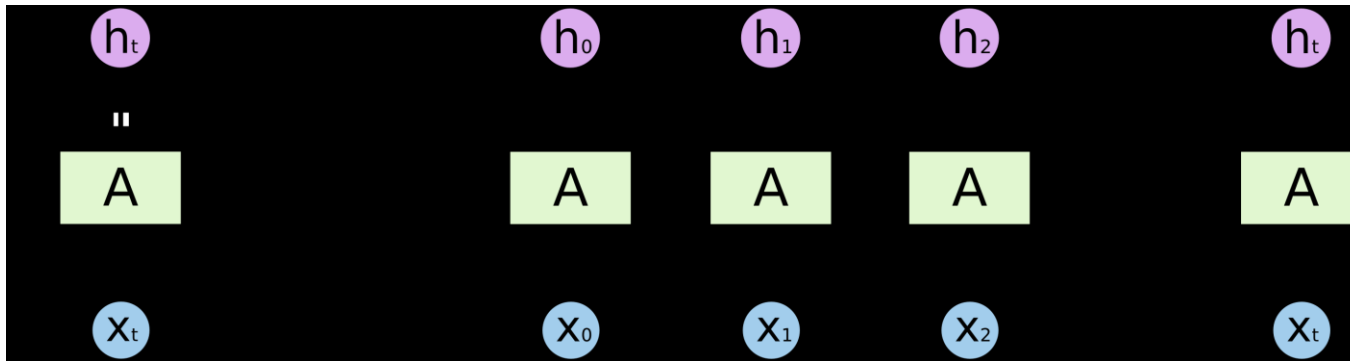
Survival (Binary outcome with a time horizon)

Continuous variables (e.g., biomarkers)

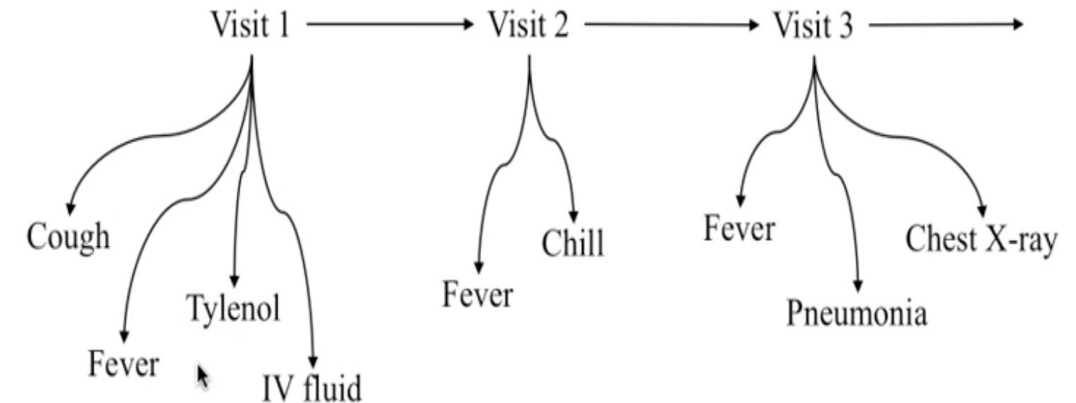
Drug concentration monitoring

Multiple structured outcomes (e.g., length of stay)

Recurrent Neural Network - RNN

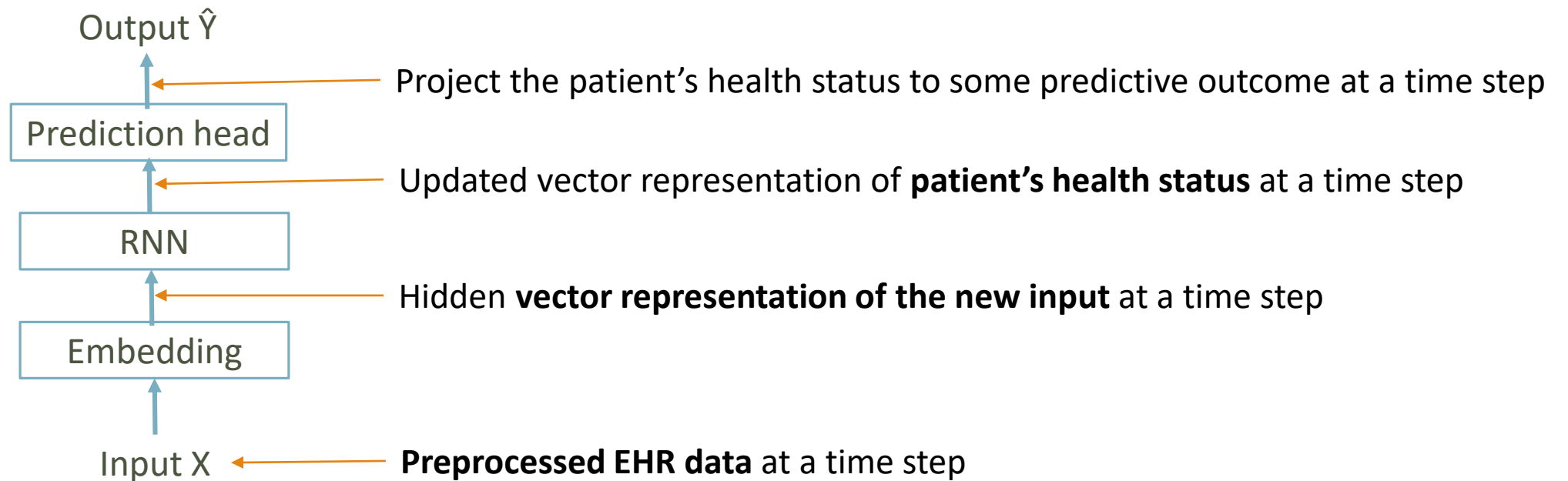


An unrolled recurrent neural network.

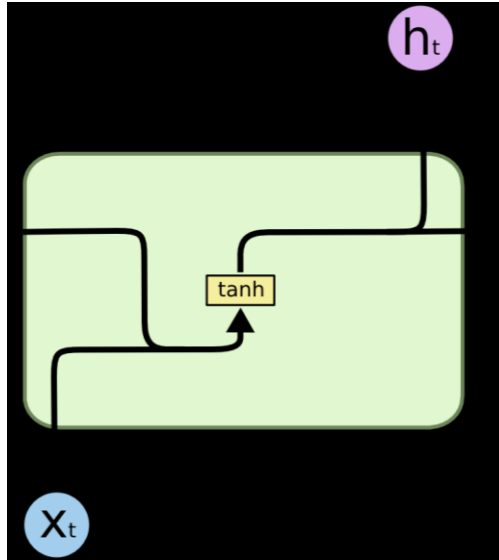


<https://www.youtube.com/watch?v=co3ITOSgFIA&feature=youtu.be>

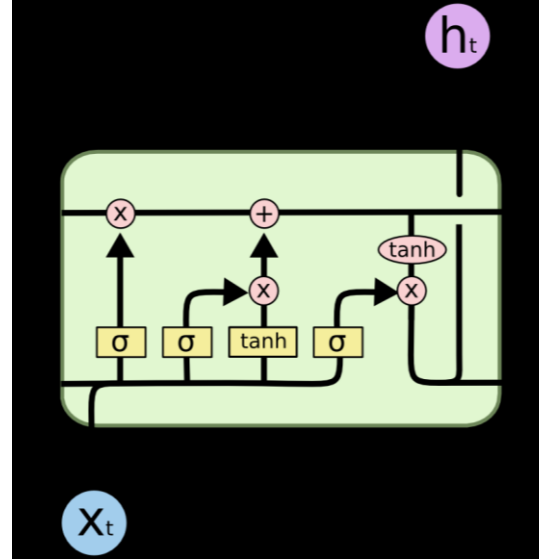
The RNN Framework



Vanilla RNN

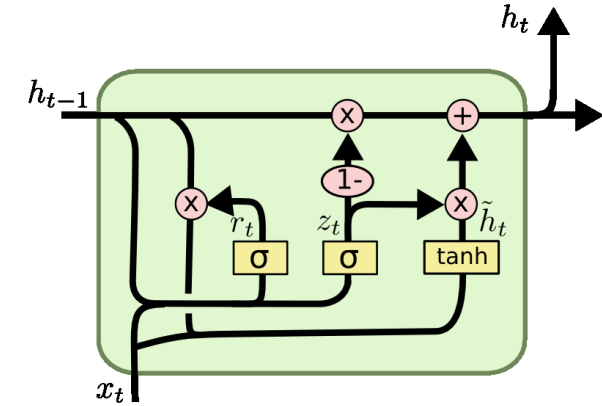


Long Short Term Memory (Hochreiter & Schmidhuber, 1997)



Better memory for long
sequences

Gated Recurrent Unit (Chung et al., 2014)

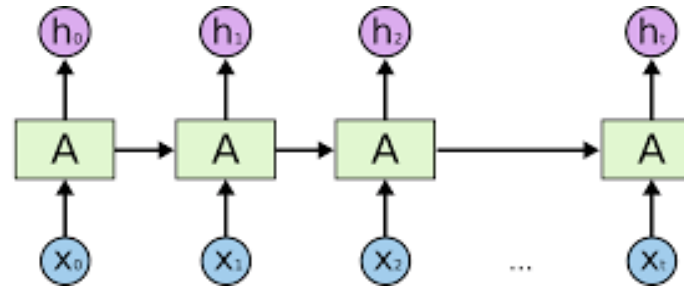


Computational efficient

Baseline RNN cells

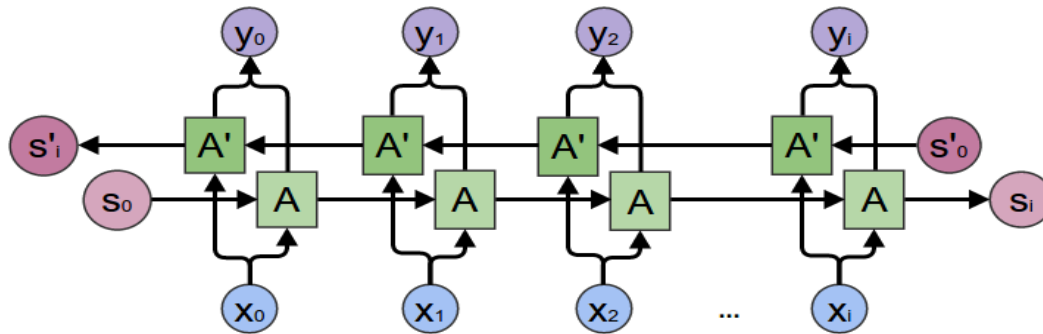
LSTM and GRU. Images from Colah's blog
<http://colah.github.io/posts/2015-08-Understanding-LSTMs>

Basic Unidirectional RNN



Bidirectional RNN

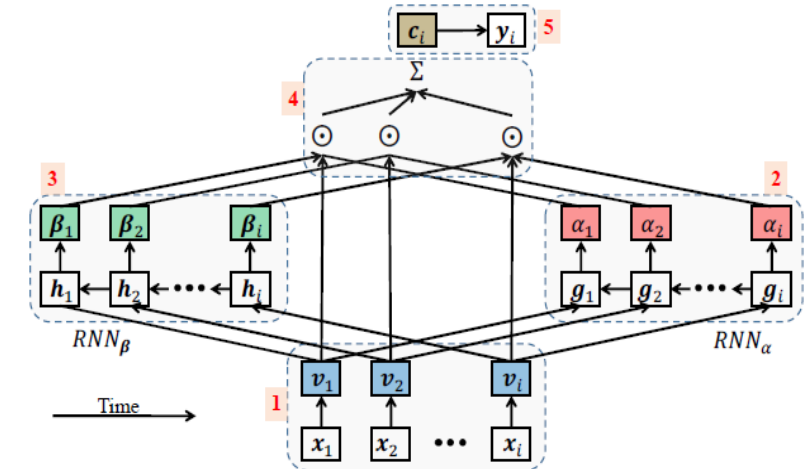
(Schuster & Paliwal, 1997)



Better representation of the context and eliminate ambiguity.

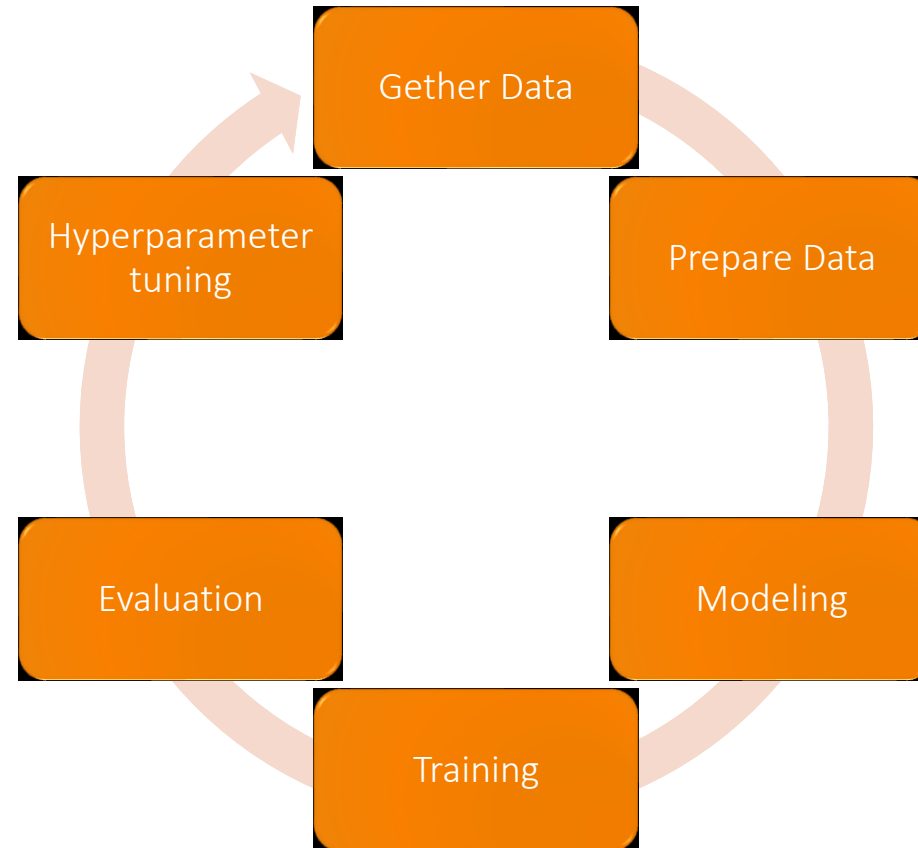
RETAIN model architecture

(Choi et al., 2016)



more RNN structures

Hyperparameter tuning



Practice:

Software packages for
EHR predictive modeling

Major components of EHR predictive modeling



DATA PREPARATION



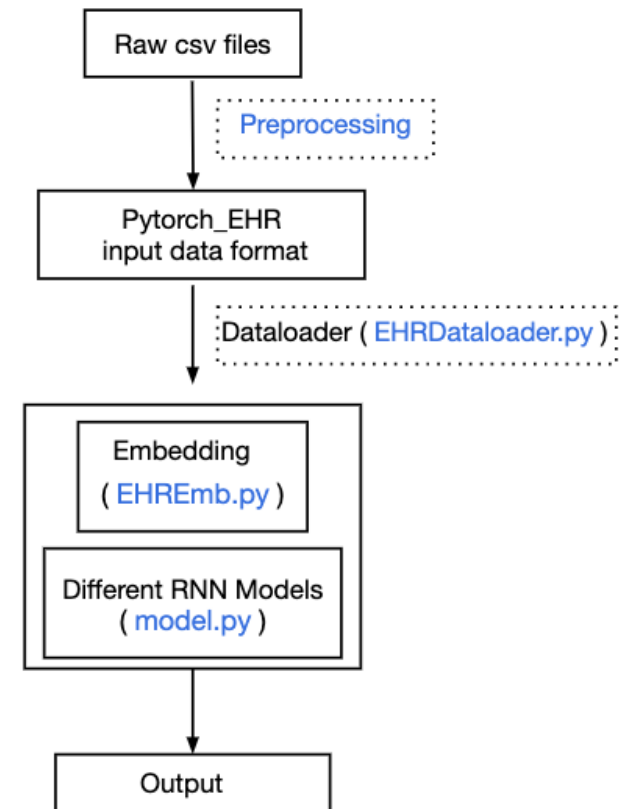
PREDICTION ENGINE

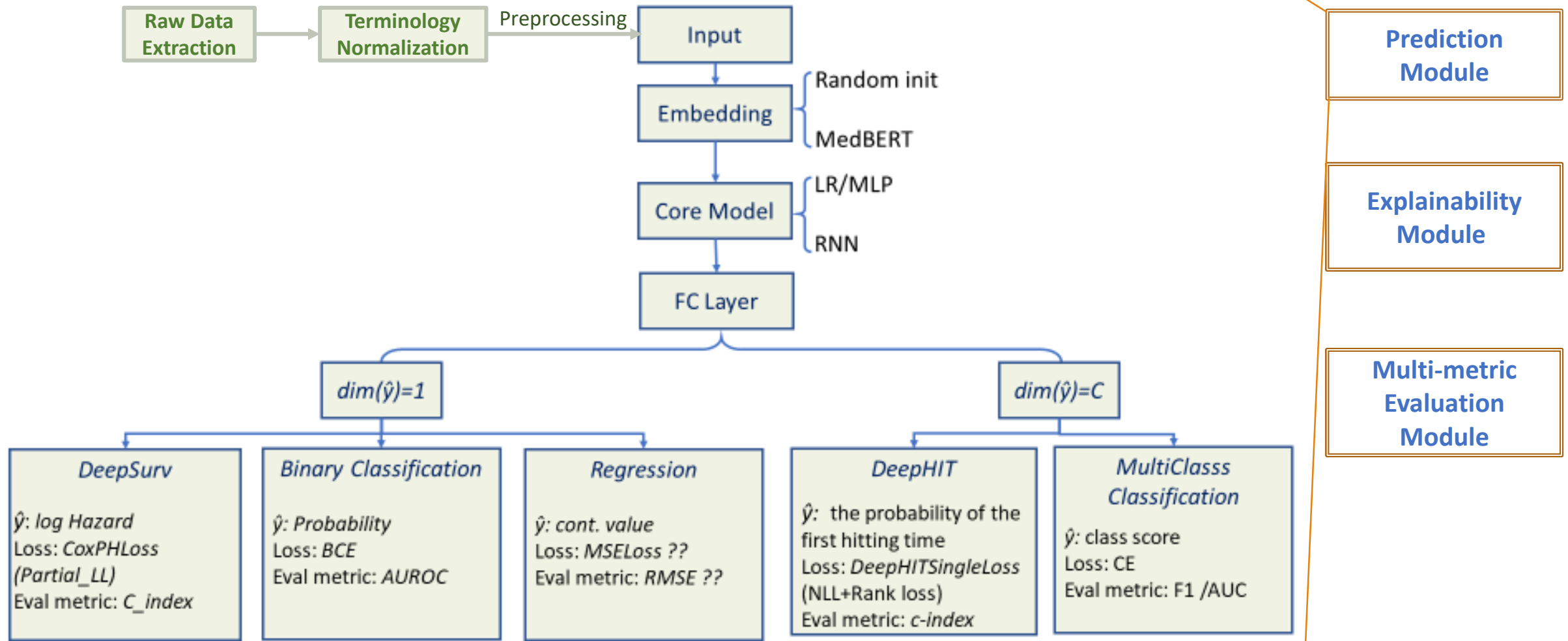


INTERPRETATION

PyTorch_EHR: source codes based on PyTorch to analyze EHR

- Lower the bar of entering this field for researchers
- Provide efficient data loading
- Enable experimenting mix and match of components
- Deliver competitive performance





Pytorch_EHR (v.3) Framework

Section 2: Data Preparation

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Cohort Definition

Steps toward proper cohort definition:

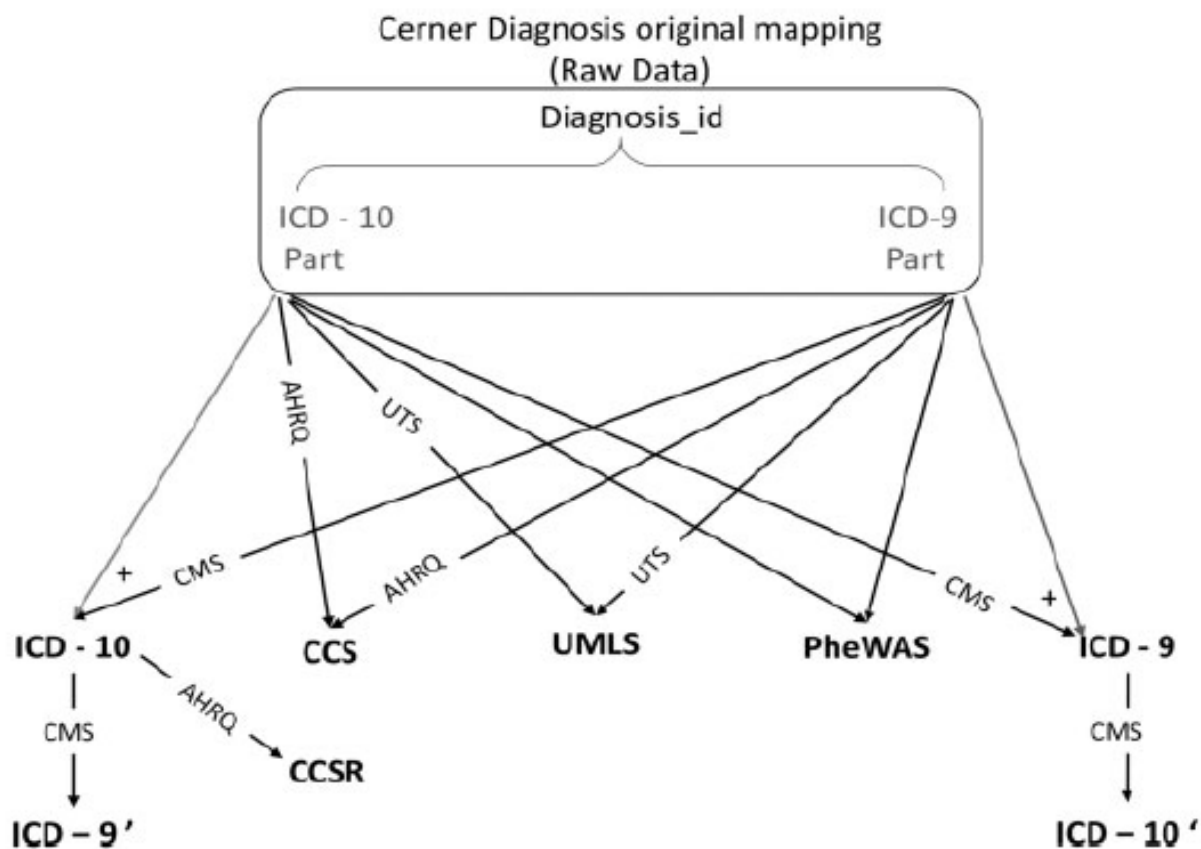
1. Understand the clinical problem
2. Engage stakeholders (clinicians / users)
3. Clearly define your outcome based on how the model is intended to be used
 - What to predict
 - When to predict
4. Understand the data
 - strength
 - Limitations
5. Decide on your inclusion / exclusion criteria
 - Basic data cleaning

Our model can consume all data, so no need for further feature selection

Let's Practice Now

https://github.com/ZhiGroup/pytorch_ehr/tree/ACM-BCB

1. Cohort definition and data extraction from the EHR database
2. Data reformatting to be efficiently consumed by Pytorch_ehr



Diagnosis terminology	Diabetes heart failure cohort (DHF)			Pancreatic cancer cohort (PC)		
	Number of unique codes	LR	RNN	Number of unique codes	LR	RNN
Raw data (ICD -9 +ICD-10)	26,427	80.61	85.48 (0.10)	13,071	80.30	81.43 (0.37)
CCS-single level	284	78.07	82.96 (0.15)	253	77.23	79.03 (0.36)
CCSR	538	78.87	84.17 (0.21)	538	77.92	79.63 (0.34)
ICD-9	11,187	80.12	85.20 (0.13)	7,055	79.15	80.78 (0.32)
ICD-10	22,893	79.78	84.35 (0.20)	13,620	78.95	79.27 (0.44)
PheWAS	1,820	80.71	85.87 (0.10)	1,715	78.82	81.15 (0.31)
UMLS CUI	29,491	81.15	85.55 (0.06)	14,551	80.53	82.24 (0.29)

Terminology Normalization

https://github.com/ZhiGroup/terminology_representation

Section 3 : Model Training & Evaluation

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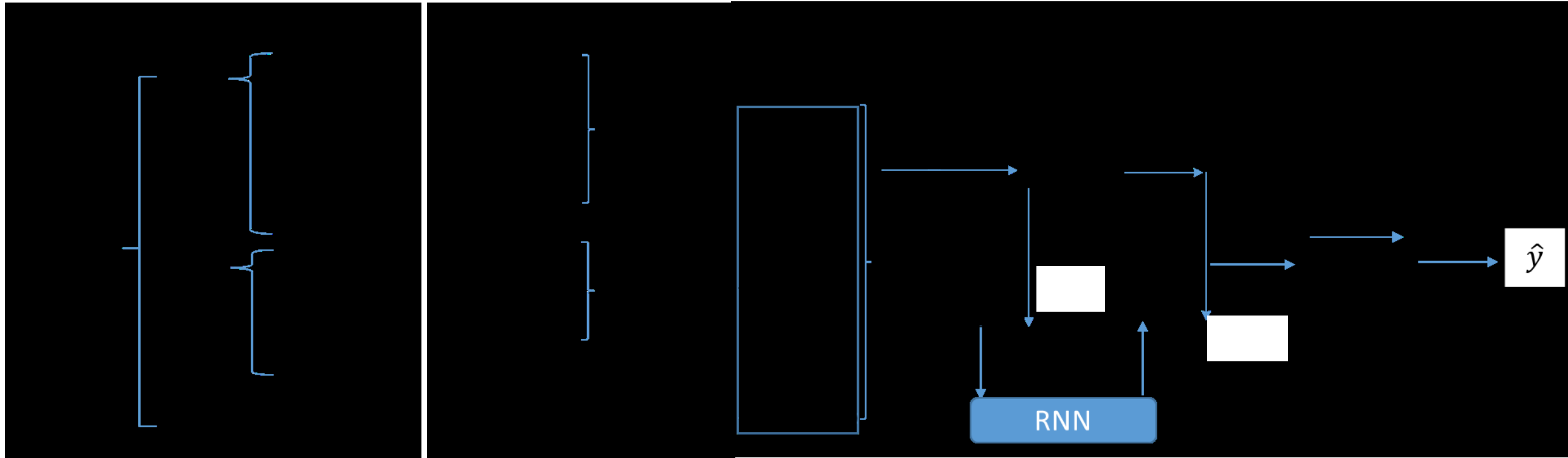
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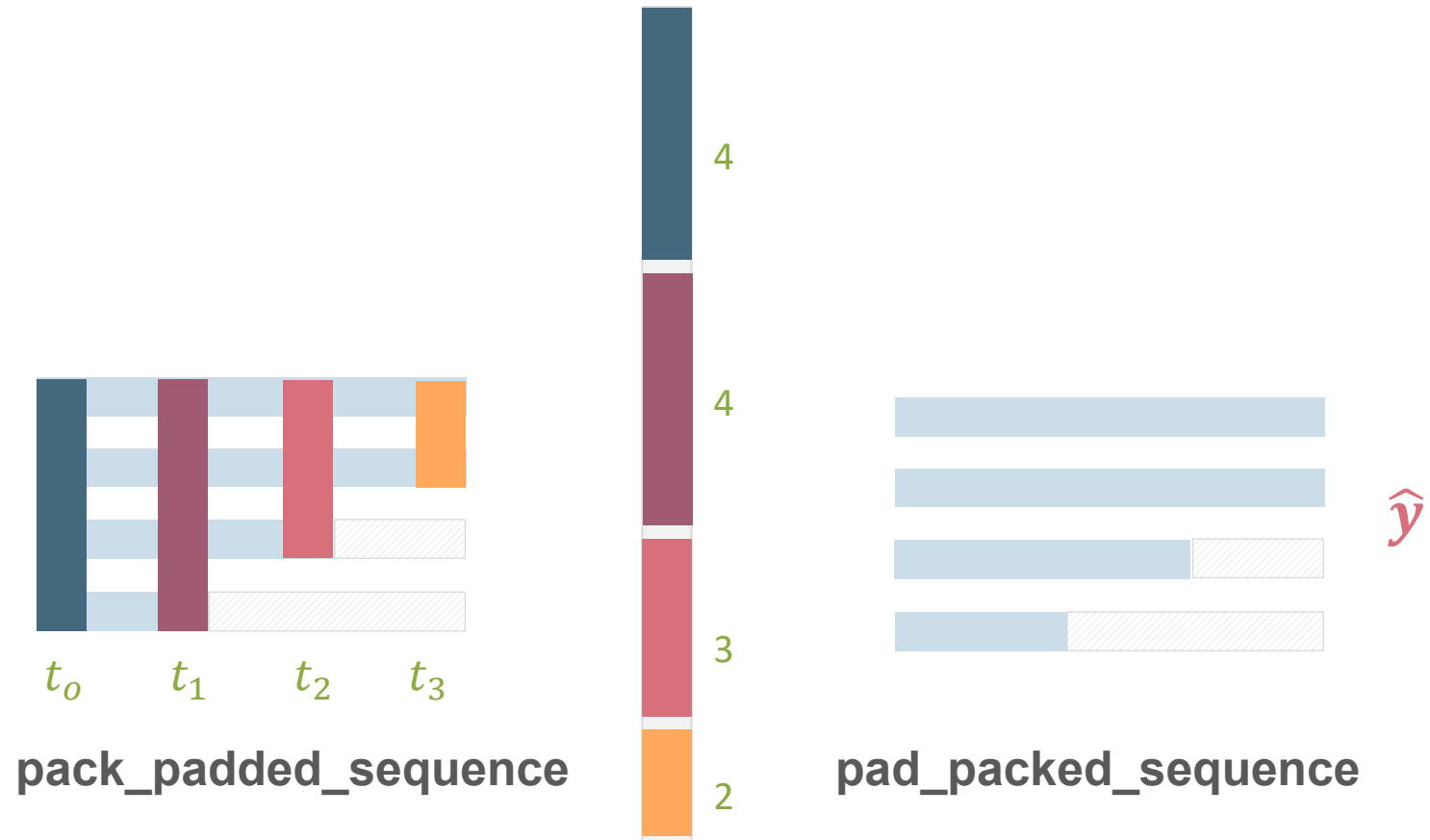
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Pytorch_EHR: under the hood



Packed Sequence



Let's Practice Now

1. Model training for binary classification
2. Model training survival prediction
3. Hyperparameter tuning
4. Model evaluation

[Back to the colab](#)

Section 4:

Explanation by Attribution score

lens into the inner working of the models

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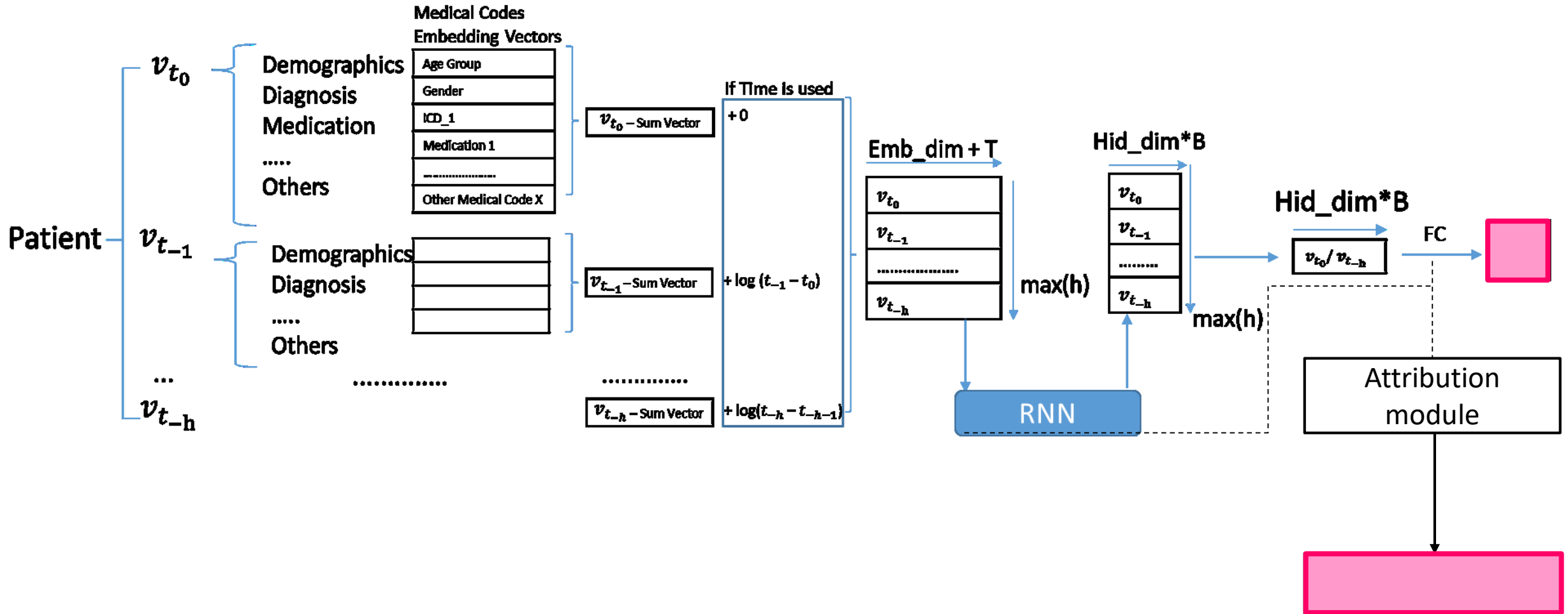
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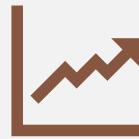
Explainable Pytorch_EHR



Attribution mechanism



Assign a value to each of the input features



The value represent the contribution of the feature to the output of the model



Common methods includes LIME [1], SHAP [2], LRP [3], IG [4], etc.

- [1] Ribeiro, Marco Tulio, Sameer Singh, and Carlos Guestrin. "" Why should i trust you?" Explaining the predictions of any classifier." *Proceedings of the 22nd ACM SIGKDD international conference on knowledge discovery and data mining*. 2016.
- [2] Lundberg, Scott M., and Su-In Lee. "A unified approach to interpreting model predictions." *Proceedings of the 31st international conference on neural information processing systems*. 2017.
- [3] Montavon, Grégoire, et al. "Layer-wise relevance propagation: an overview." *Explainable AI: interpreting, explaining and visualizing deep learning* (2019): 193-209.
- [4] Sundararajan, Mukund, Ankur Taly, and Qiqi Yan. "Axiomatic attribution for deep networks." *International Conference on Machine Learning*. PMLR, 2017.

Integrated Gradient

Posthoc method

Computation doesn't require modifying network structure

Has some good theoretical properties

Integrated Gradient

$$f(X) - f(X_{baseline}) = \int_{X_{baseline}}^X \sum \frac{\partial f}{\partial x_i} dx_i$$

Multivariate calculus

For each variable, the attribution is $\int \frac{\partial f}{\partial x} dx$

Can be calculated using simple Riemann sum

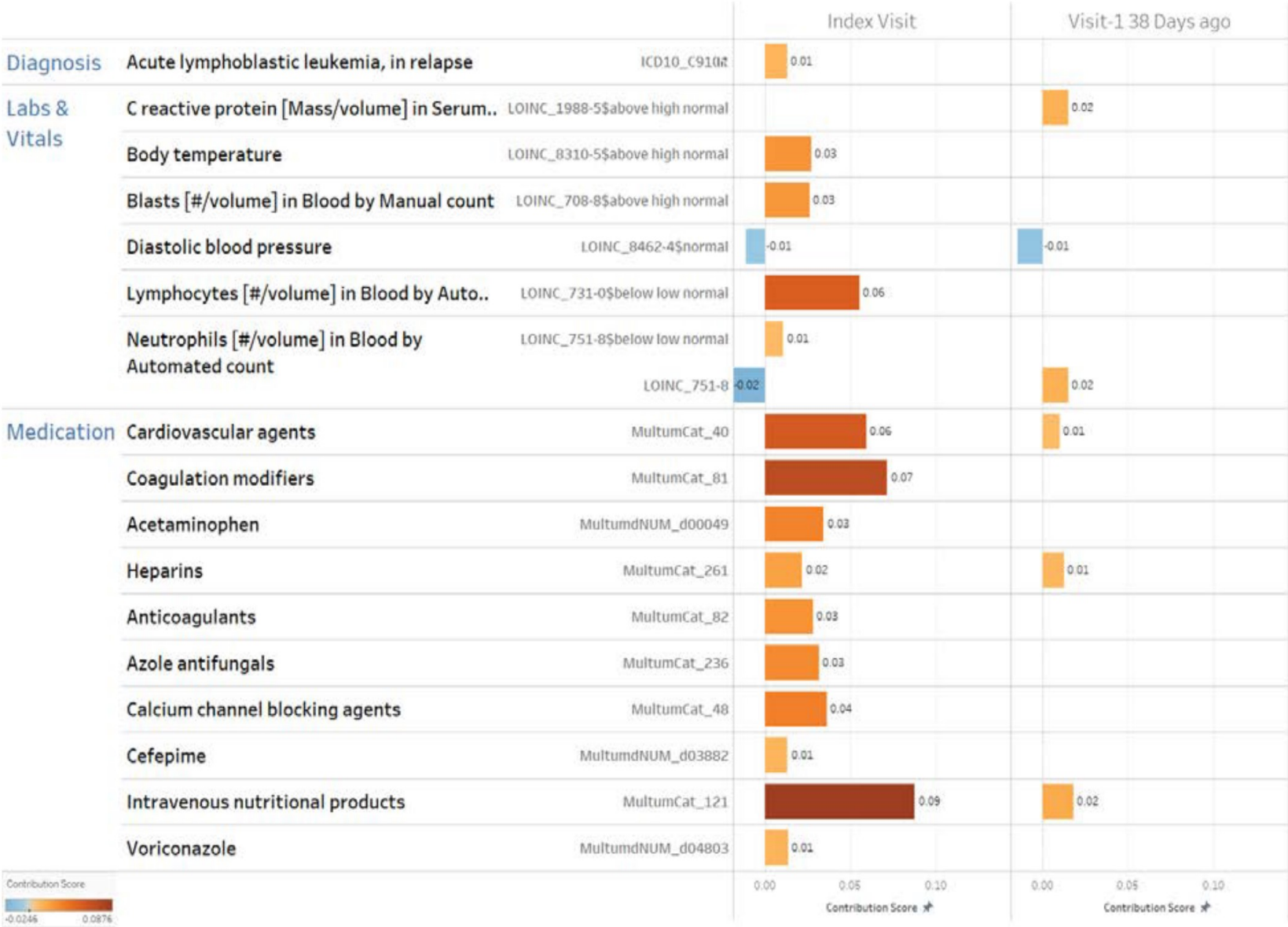
Pytorch implementation

Make sure the feature tensor that you want to calculate attribute score on is a leaf node (detach if necessary)

Set `requires_grad = True`

Gradually increase the feature from baseline level to current level, accumulate the gradient.

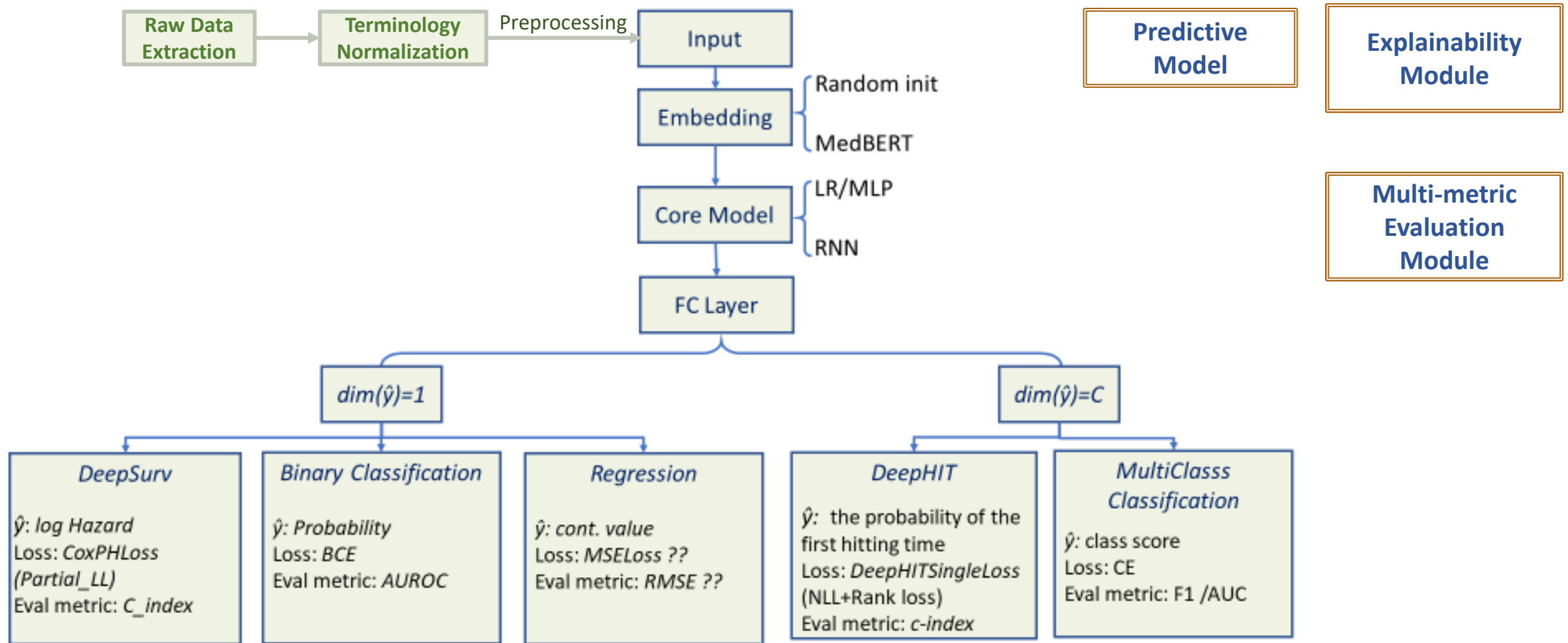
Example



Rasmy, Laila, et al. "Recurrent neural network models (CovRNN) for predicting outcomes of patients with COVID-19 on admission to hospital: model development and validation using electronic health record data." *The Lancet Digital Health* (2022).

Thank you!

[HTTPS://GITHUB.COM/ZHIGROUP/PYTORCH_EHR/](https://github.com/ZHIGROUP/PYTORCH_EHR/)



Pytorch_EHR v.3 Framework