

Foundation Al models and AutoML approaches for clinical informatics.

Daniel Palacios^{1,2}, Zhandong Liu^{1,2} Elmer V. Bernstam^{3,4}

¹Baylor College of Medicine, Houston, TX. ²Dan Duncan Neurological Research Institute at Texas Children's Hospital, Houston, TX ³McWilliams School of Biomedical Informatics, the University of Texas Health Science Center, Houston, TX. ⁴McGovern Medical School, the University of Texas Health Science Center, Houston, TX.

MODEL TRAINING:

Fine tune or Train

Language Model

SOTA Clinical Large

Baylor College of Medicine

PREDICTION OUTPUT:

Outcomes Prediction

General Clinical

Tasks: Mortality,

disease subtyping,

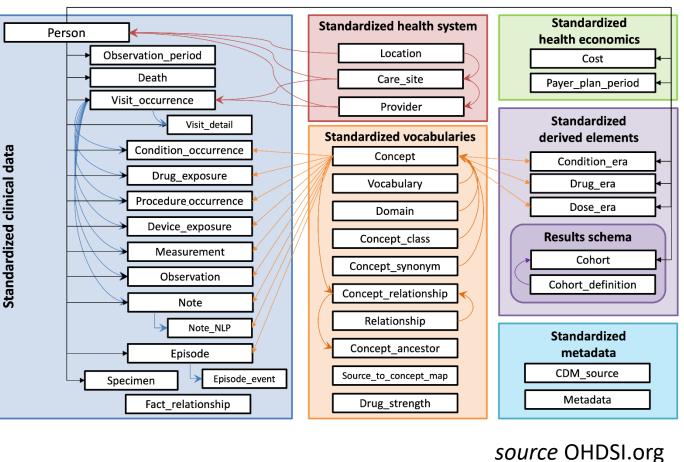
Motivation

This study proposes the use of Foundation AI models and automated machine learning with pediatrics data to facilitate general clinical outcome predictions.

- Predictive analytics leads to reduction in emergency room and specialist visits.
- Improves service delivery and patient outcomes by identifying potential patient issues early.
- Lack of pediatric training data in Clinical Large Language Models.

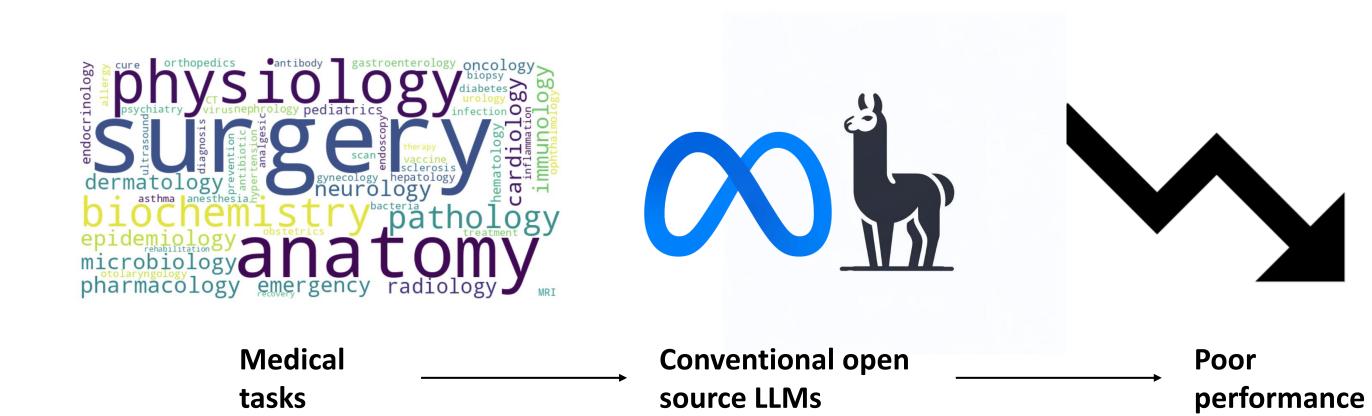
OMOP TCH Data

1.1 Texas Children's Hospital Electronic Health Records use OMOP standard



Unique Patients 2,578,481 1,389 Unique care sites Unique ICD codes 48,748 12,393 Unique medication Total number of CPT codes 163,879,646 **Unique CPT codes** 26,258 151,729,310 Total number of visits 143,970 Total number of providers Average visits instances per patient 58.84

1.2 Conventional Large Language Models are not trained with Medical data.



1.3 Clinical Large Language Models are usually trained in adult data only.



References





Moor et al. 2023. Nature

Yang et al. 2023. arXiv

Sui et al. 2024. ACM

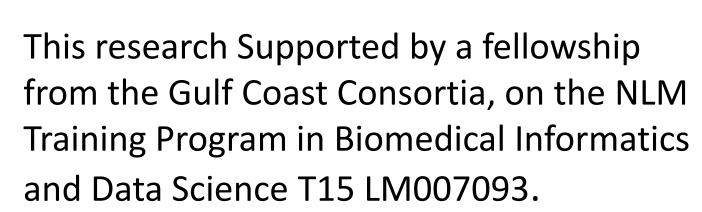
>2.5 m patients

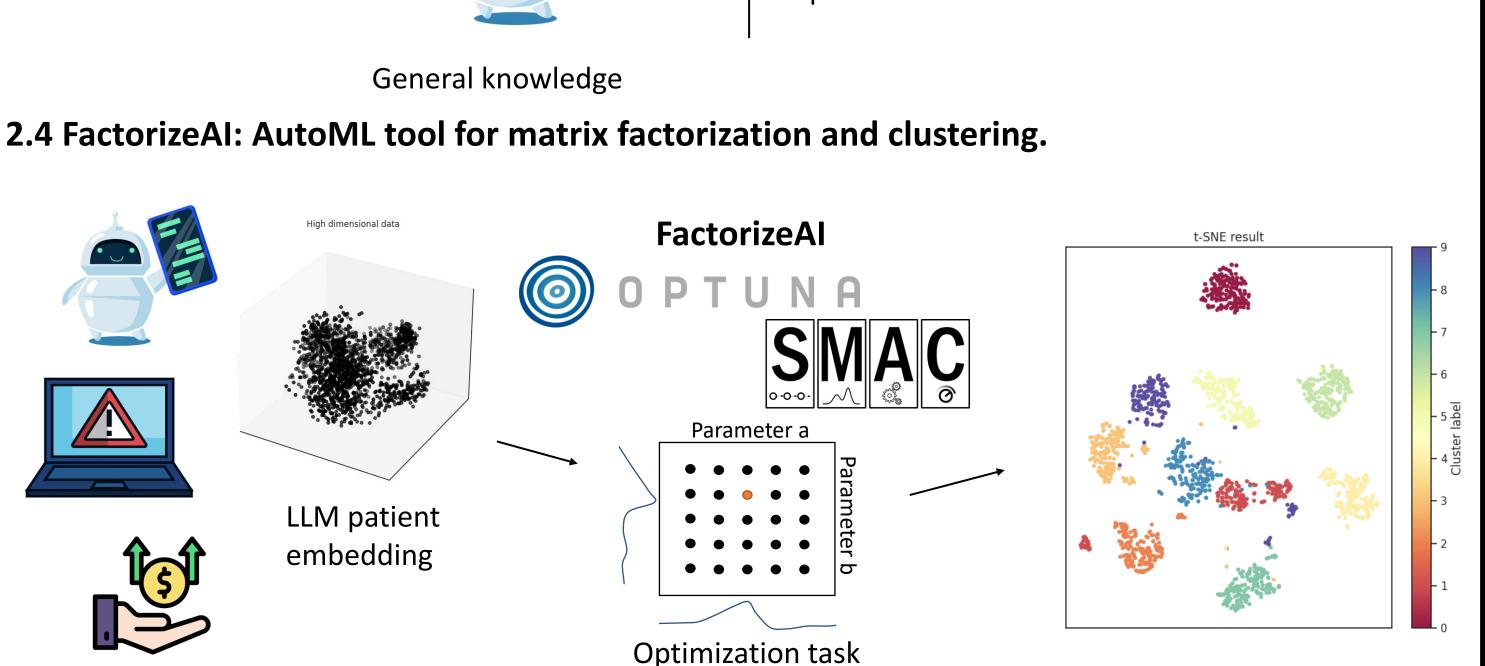


Acknowledgements

Jiang, et al., 2023, Nature Huang et al., 2020, arXiv Akiba et al.., 2019. ACM and Data Science T15 LM007093. Lindauer et al., 2022. JMLR Ben Shoham et al. 2023. arXiv Wornow et al. 2023. npj Digital Medicine

Gulf Coast Consortia Yang et al. 2023. Nature Communications QUANTITATIVE BIOMEDICAL SCIENCES





Large Language Models and AutoML

DATA COLLECTION:

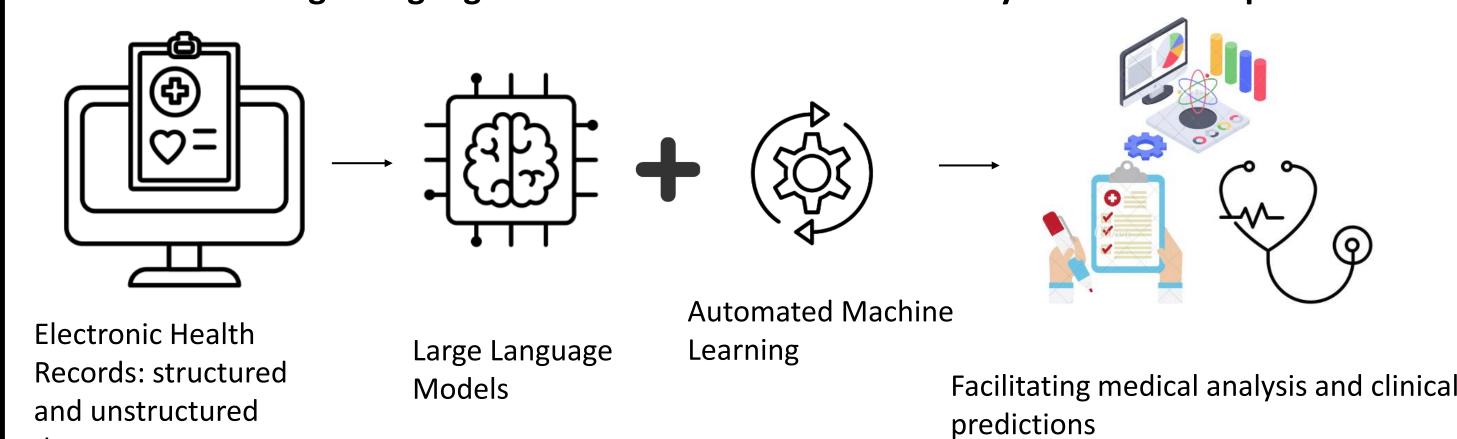
Children's Hospital

Electronic Health

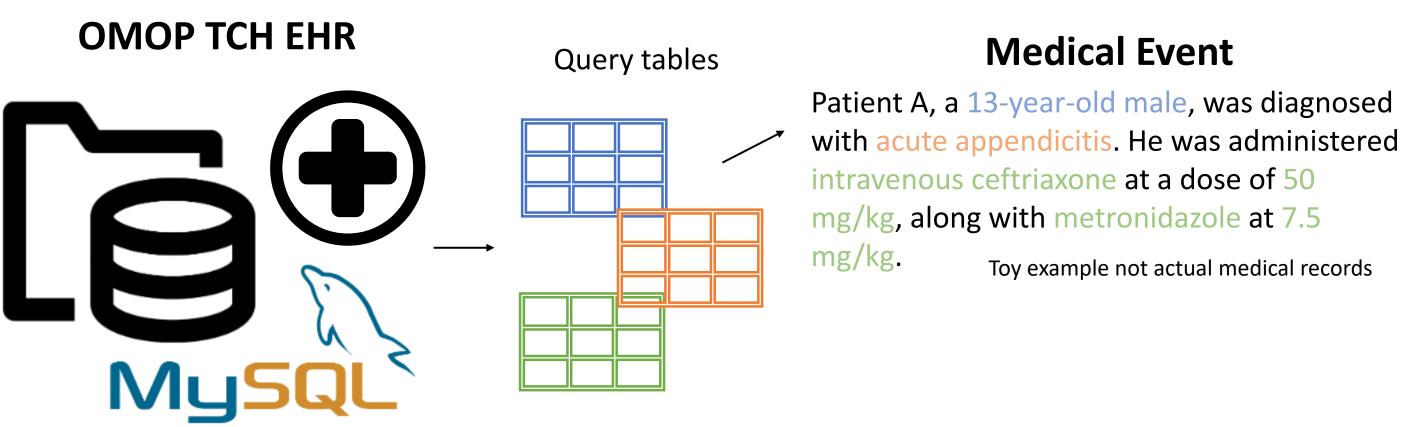
OMOP Texas

Records

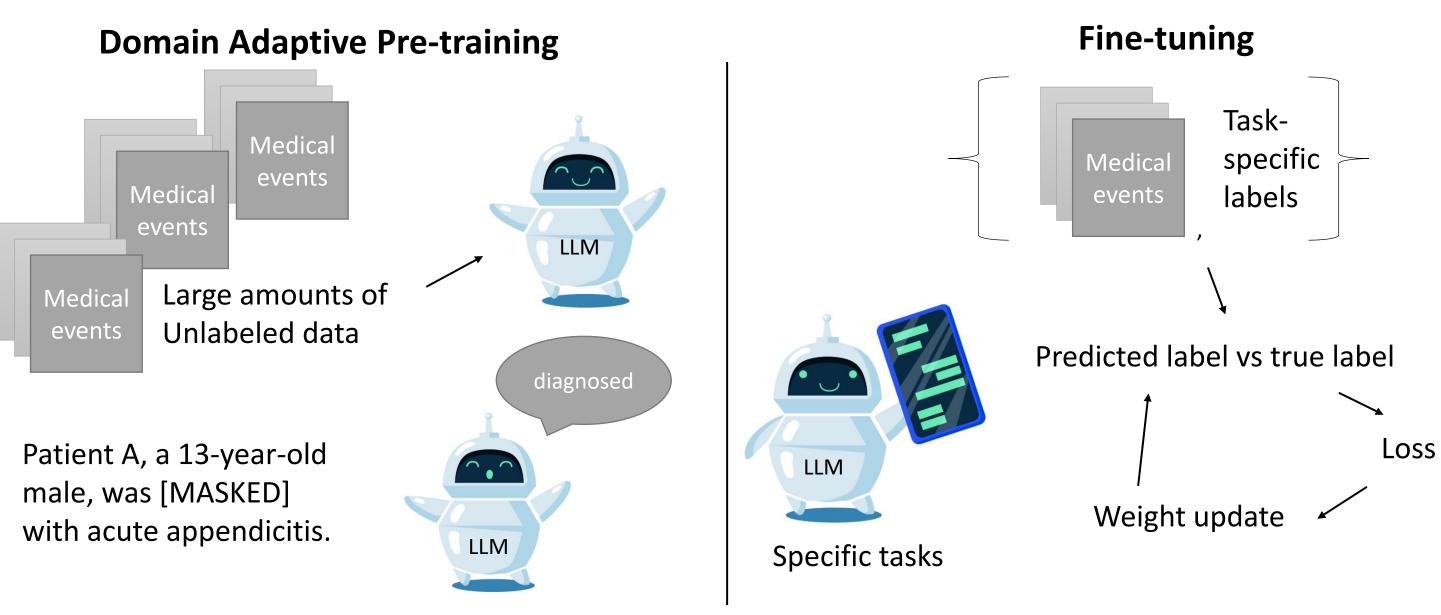
2.1 Multimodal Large Language Model to facilitate medical analysis and clinical predictions.



2.2 Creating synthetic medical events from OMOP TCH Electronic Health Records.



2.3 Fine tuning Clinical Large Language Models for mortality prediction.







AUTOMATED

PROCESSING: AutoML

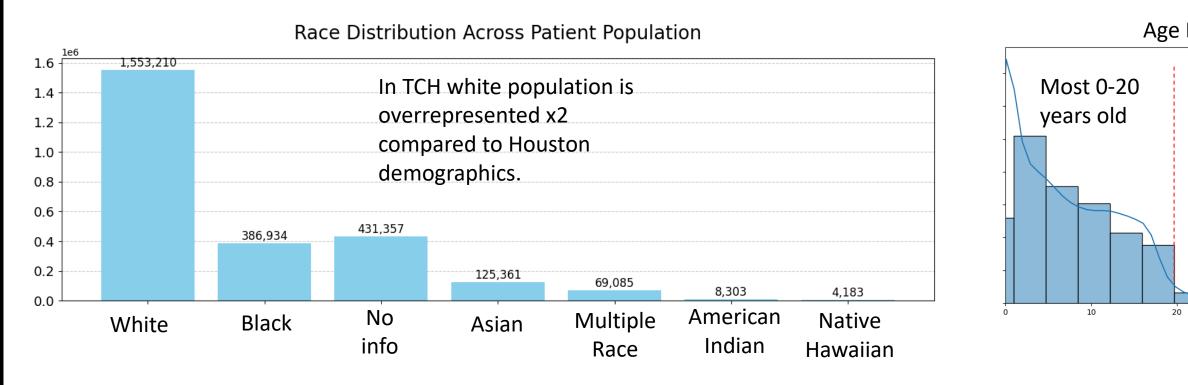
Matrix Factorization

and Clustering Tool.

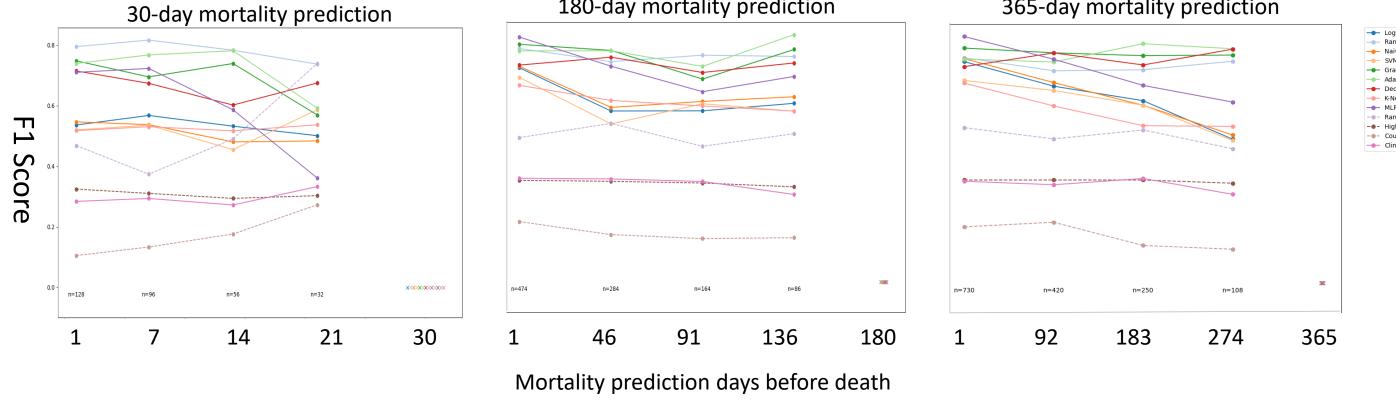
FEATURES

EMBEDDING: Patient

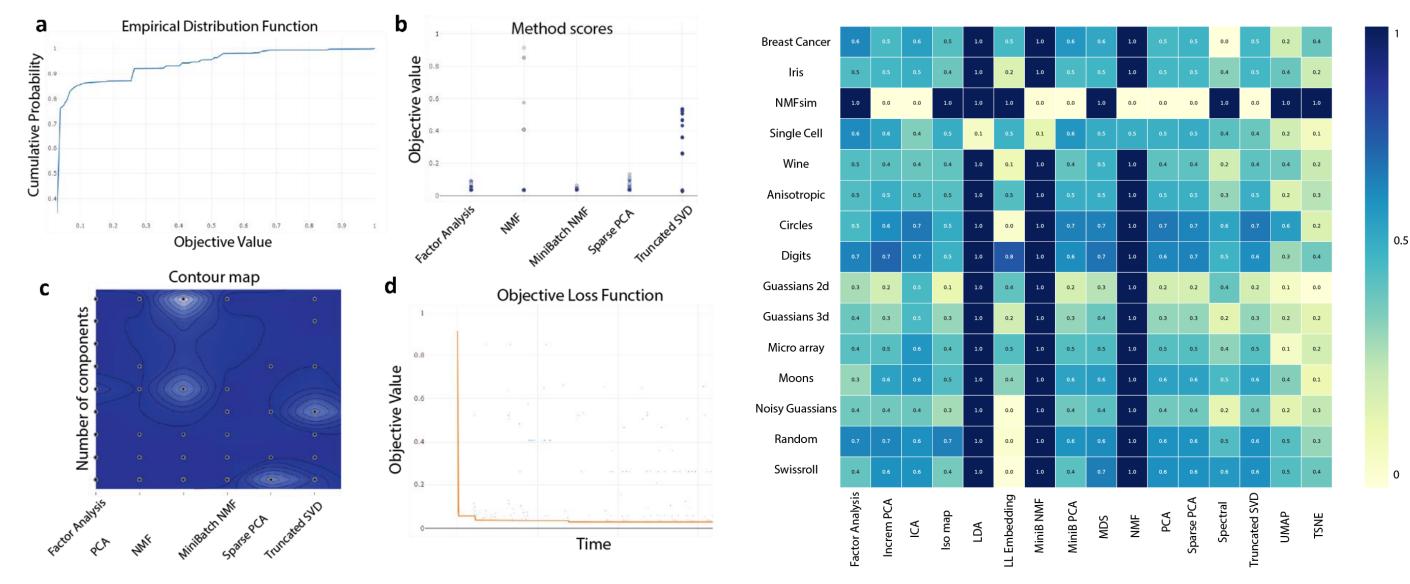
Matrix Representation



3.2 Mortality prediction across time for patients with gastrostomy status ICD code. 180-day mortality prediction 365-day mortality prediction



3.3 FactorizeAl Optuna visualizations and early results.



Conclusion and future directions

- Clinical LLM Fine-Tuning: Performance in pediatric scenarios remains limited. Tree methods (e.g., random forests) and boosting methods tend to overfit with small sample sizes.
- Task Expansion: We will extend our efforts to potentially preventable readmissions and disease subtyping tasks.
- Methodological Enhancements: Enhancements to FactorizeAl are planned, incorporating methods like Retrieval-Augmented Generation (RAG) with cosine similarity.

