The Surg-e-Screener HF Tool: Improving Heart Failure Recognition using Electronic Health Records

e-Learning Module

Hyeon Joo

PhD Candidate

Department of Learning Health Sciences

University of Michigan, Ann Arbor

Michael R. Mathis

Assistant Professor

Department of Anesthesiology

University of Michigan, Ann Arbor

Advisors/Contributors:

Marty Tam, Brian George, VG Vinod Vydiswaran, Cornelius James, James Woolliscroft





The Problem



Treatments for heart failure (HF) proven to extend & improve quality of life are <u>limited by clinicians' ability to diagnose the disease</u> in early stages.





The Problem

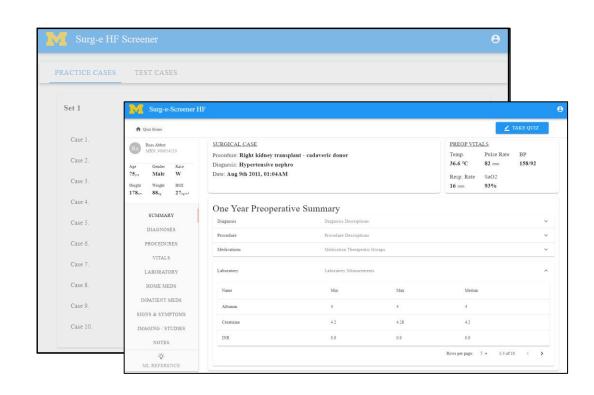


Unrecognized or untreated heart failure is the single greatest risk factor for <u>cardiovascular complications and mortality</u> after major surgery.





The Solution: Surg-e-Screener HF



Surg-e-Screener HF:

Automated screening & educational tool

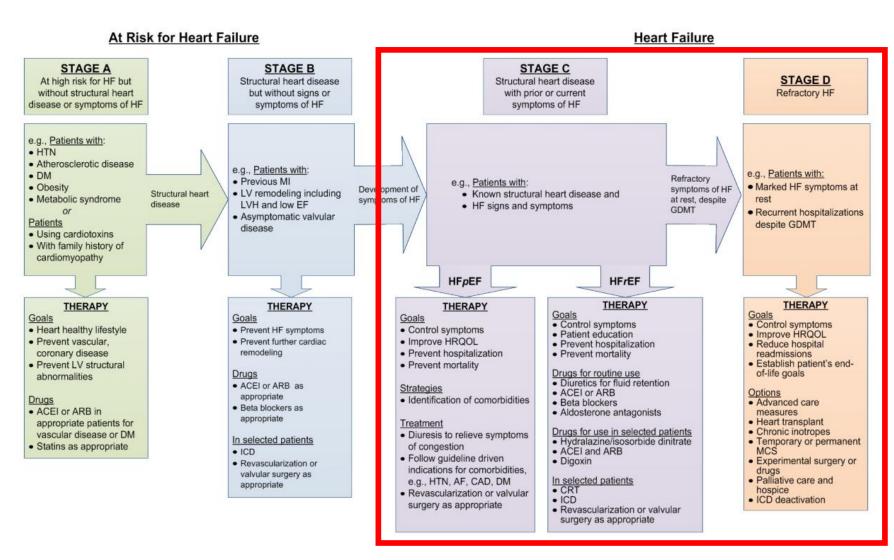
Education & Training –

- It is a quiz-based webapp to improve HF recognition with surgical cases in EHR
- It provides a report after completing quizzes to compare your clinical judgment to a pane of HF experts
- It is designed to augment clinicians' ability using EHR data and machine learning (ML) reference





Chronic Heart Failure Definition for this Tool



For purposes of this tool, **Chronic HF** defined as:

• Chronic:

Signs +/- symptoms or underlying pathophysiology persistent for ≥ 3 months (with onset defined as the *start* of this ≥ 3 month period)

HF:

ACCF/AHA Stage C or D (*prior* or current symptoms + structural heart disease)



Yancy CW, Jessup M, Bozkurt B, et al. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. *Journal of the American College of Cardiology*. 2013;62(16):e147-239.



Purpose of this study

To understand how EHR-based <u>heart failure (HF) recognition</u> can be improved as aided by the Surg-e-Screener HF tool.





Case Review Process

1. Case Reviews



Assume you are a preop physician reviewing the patient's medical history prior to surgery in order to identify factors pertaining to presence/absence of HF

- Previous HF diagnoses (simplest way to detect, but occasionally inaccurate)
- Signs & symptoms, labs, studies/imaging, medications, clinical notes.

2. <u>Pre-test</u>: HF Recognition Quiz



For the first 10 cases, you <u>use EHR data</u> to decide if a patient had HF (chronic ACC/AHA Stage C or D) before the start of the surgery.

3. ML Reference



After completing the quiz, you have access to the *Machine Learning (ML) reference,* ML performance indicators and a list of risk factors ranked by an algorithm.

4. <u>Post-test</u>: HF Recognition Quiz



For the next 10 new cases, you <u>use EHR data</u> **AND** <u>the ML reference</u> to decide if the patient had HF (chronic ACC/AHA Stage C or D) before the start of the surgery.

5. Expert Review Comparison



After completing 20 surgical cases, you can access a result report, comparing your HF decision to pre-determined answers and a short case summary by HF experts.

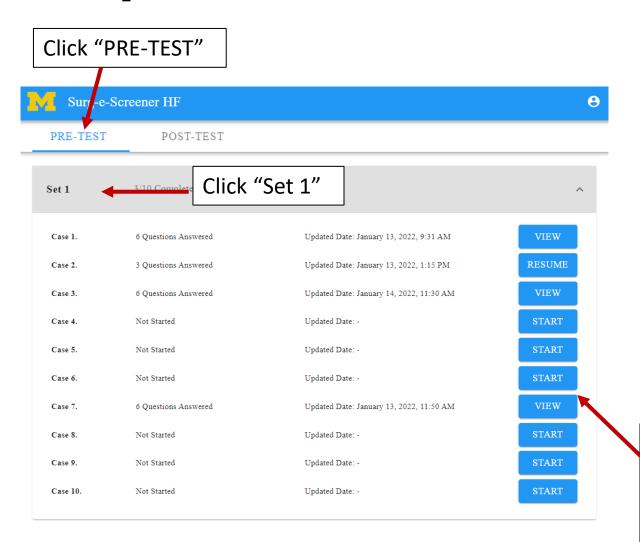
How to use the tool:

Step-by-step Guide





Step 1. Case Reviews



Check your assigned cases

- 10 surgical cases are assigned to *Pre-Test* and
 10 surgical cases are in *Post-Test*.
- Click Pre-Test to review 10 surgical cases.
- Click the *Start* button to begin your case review. The button indicates your status.

Status of your progress:

START No questions completed.

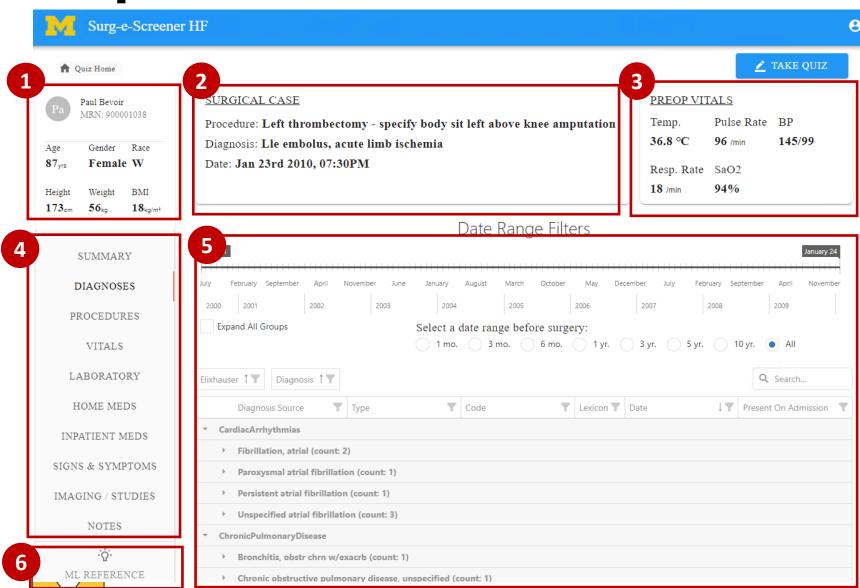
RESUME Partially answered questions, not yet completed.

VIEW Completed questions. You can *only* view the case.





Step 1. Case Reviews: Dashboard

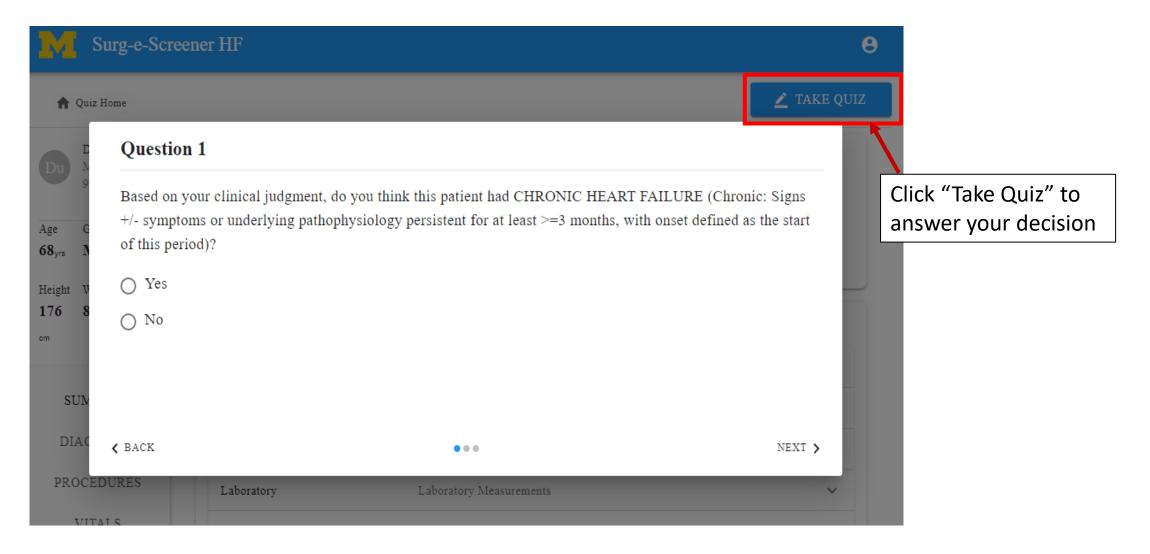


Key components

- 1. Demographics
- 2. Surgical Case
- 3. Preoperative Vitals
- 4. Subject Domains
- 5. Date Filter & EHR data
- 6. ML reference



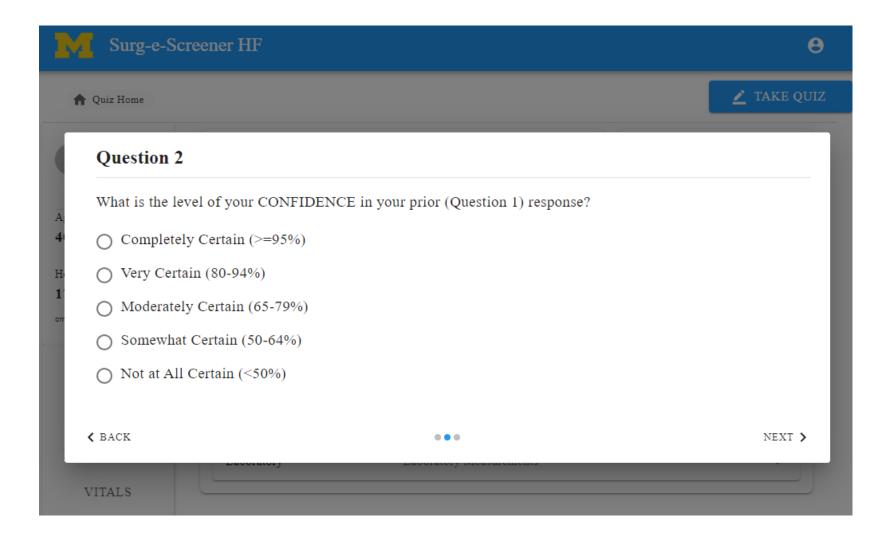
Step 2. Pre-test: HF Recognition Quiz







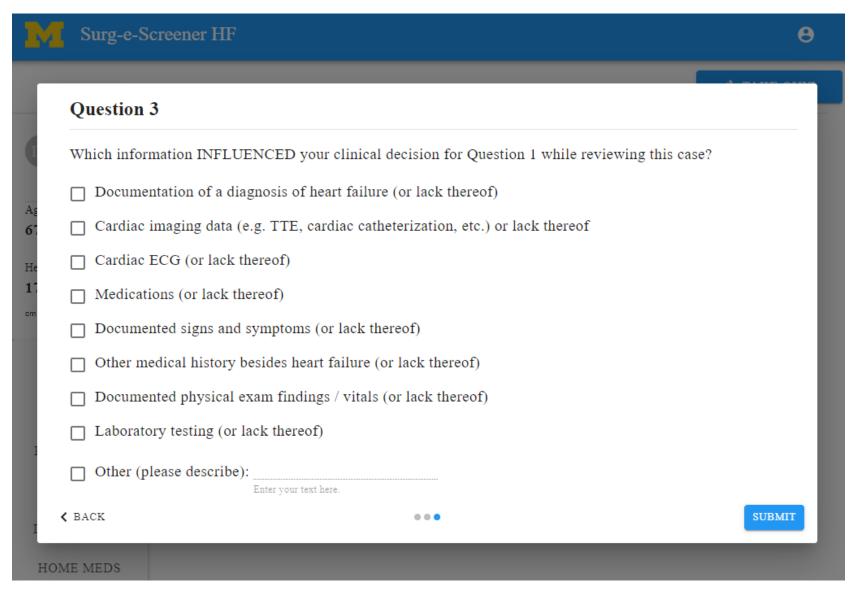
Step 2. Pre-test: HF Recognition Quiz







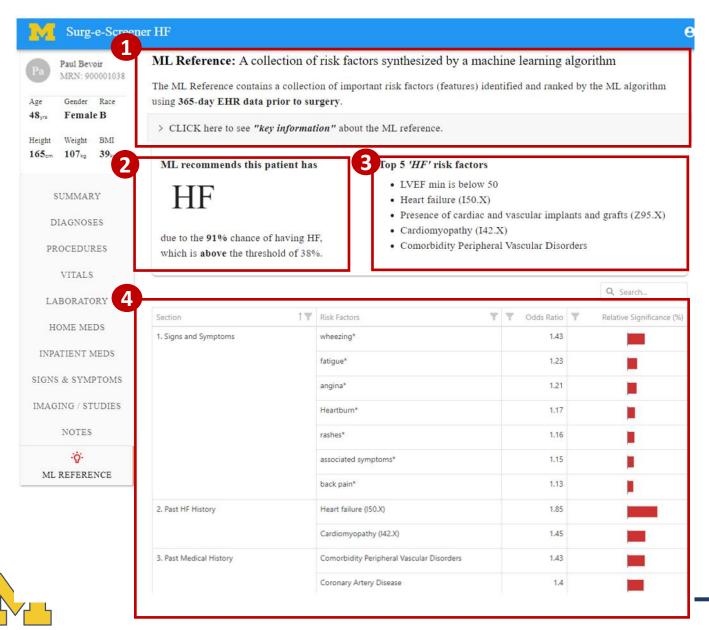
Step 2. Pre-test: HF Recognition Quiz







Step 3. Machine Learning (ML) Reference



Key components

- 1. The ML Reference description
- 2. HF or No HF
- 3. Top 5 HF risk factors
- 4. Risk factors calculated and ranked by ML algorithms



Using the Machine Learning (ML) Reference

Key HF features are identified and ranked in each category

Odds Ratio

• **OR = 1:** No Effect

OR > 1: Higher Odds to HF

OR < 1: Lower Odds to HF

Risk Factor Relative Significance (%)

- Positive assoc. with HF in red, meaning a patient is more likely to have chronic HF
- Negative assoc. with HF in green, meaning a patient is less likely to have chronic HF

| Category | Feature Name | Odds Ratio | Relative Significance (%) |
|----------------------|---|------------|---------------------------|
| | Acute Pain* | 1.12 | 0.76 |
| | angina* | 1.21 | 1.30 |
| | associated symptoms* | 1.15 | 0.95 |
| | back pain* | 1.13 | 0.85 |
| | calf pain* | 0.91 | -0.64 |
| | cough* | 0.94 | -0.40 |
| | Dizziness* | 1.05 | 0.34 |
| | dry skin* | 1.18 | 1.17 |
| | dyspnea on exertion* | 1.21 | 1.33 |
| Signs and Sumptoms | eye pain* | 1.20 | 1.27 |
| Signs and Symptoms | fatigue* | 1.23 | 1.44 |
| | Heartburn* | 1.17 | 1.09 |
| | nervousness* | 0.88 | -0.89 |
| | photophobia* | 1.16 | 1.04 |
| | rashes* | 1.16 | 1.03 |
| | rest pain* | 0.92 | -0.56 |
| | stridor* | 1.16 | 1.04 |
| | tarry stools* | 0.90 | -0.75 |
| | urinary symptoms* | 1.18 | 1.12 |
| | wheezing* | 1.43 | 2.44 |
| Past HF History | Cardiomyopathy | 1.45 | 2.55 |
| | Heart Failure | 1.85 | 4.25 |
| | Disorders of fluid, electrolyte, and acid-base balan | 1.14 | 0.91 |
| Past Medical History | Other and unspecified anemias (285.X) | 1.11 | 0.69 |
| | Cardiac dysrhythmias (427.X) | 1.26 | 1.61 |
| | apnea* | 0.93 | -0.52 |
| | Comorbidity Chronic Pulmonary Disease | 1.13 | 0.84 |
| | Comorbidity Diabetes Complicated | 1.28 | 1.73 |
| | Comorbidity Hypertension Complicated | 1.32 | 1.92 |
| | Comorbidity Hypertension Uncomplicated | 1.28 | 1.71 |
| | Comorbidity Peripheral Vascular Disorders | 1.43 | 2.45 |
| | Comorbidity Pulmonary Circulation Disorders | 1.24 | 1.49 |
| | Comorbidity Valvular Disease | 1.28 | 1.72 |
| | Coronary Artery Disease | 1.40 | 2.31 |
| | Other anemias (D64.X) | 0.90 | -0.73 |
| | Other disorders of fluid, electrolyte and acid-base l | 0.95 | -0.36 |
| | Nicotine dependence (F17.X) | 1.12 | 0.80 |
| | Other anxiety disorders (F41.X) | 0.84 | -1.16 |
| | Essential (primary) hypertension (I10.X) | 1.22 | 1.38 |

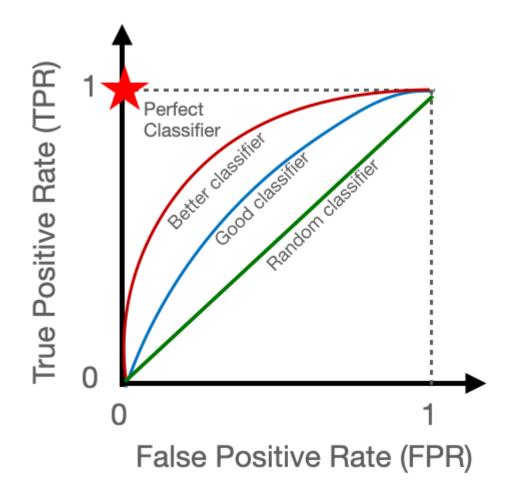
| Past Medical History | Gastro-esophageal reflux disease (K21.X) | 0.85 | -1.10 |
|-----------------------|--|------|-------|
| | Abnormalities of breathing (R06.X) | 1.31 | 1.87 |
| | Abnormal findings on diagnostic imaging of lung (R | 0.89 | -0.78 |
| | Abnormal results of function studies (R94.X) | 0.92 | -0.55 |
| | Smoking Classification - Former Smoker | 0.91 | -0.67 |
| | Personal history of malignant neoplasm (Z85.X) | 0.84 | -1.22 |
| Past Surgical History | Presence of cardiac and vascular implants and gra | 1.77 | 3.92 |
| Medications | ANTIBIOTICS | 1.13 | 0.83 |
| | ANTIVIRALS | 0.88 | -0.91 |
| | AUTONOMIC_DRUGS | 1.11 | 0.72 |
| wedications | MUSCLE_RELAXANTS | 0.81 | -1.44 |
| | SEDATIVE_HYPNOTICS | 1.14 | 0.89 |
| | SKIN_PREPS | 1.21 | 1.33 |
| | Age In Years | 1.15 | 0.99 |
| | Baseline Blood Pressure Diastolic | 1.23 | 1.43 |
| | Baseline Blood Pressure Systolic | 0.83 | -1.28 |
| | BMI max | 1.23 | 1.41 |
| | BP Systolic mean | 0.94 | -0.39 |
| | Heart Rate max | 1.08 | 0.54 |
| | Heart Rate min | 1.11 | 0.69 |
| Physical Exam | Heart Rate var | 0.95 | -0.35 |
| Filysical Exam | Physical Exam Resp Rate | 1.10 | 0.64 |
| | Physical Exam Temperature | 0.92 | -0.55 |
| | pitting edema* | 1.28 | 1.72 |
| | Race African American | 1.16 | 1.04 |
| | Respiratory Rate max | 0.91 | -0.64 |
| | SaO2 | 0.97 | -0.20 |
| | SPO2 min | 0.84 | -1.18 |
| | Temperature max | 0.98 | -0.11 |
| Test - Lab | Albumin max | 0.89 | -0.84 |
| | Creatinine var | 1.23 | 1.41 |
| | HbA1c last is below 5.7 | 0.85 | -1.12 |
| | Hematocrit var | 0.89 | -0.83 |
| | No INR Test | 0.80 | -1.53 |
| | INR variance | 0.92 | -0.60 |
| | PlateletCount last is b/w 150-449.99 K/uL | 0.90 | -0.71 |
| | PlateletCount var | 0.72 | -2.22 |
| | Potassium last is b/w 3.5-4.99 mmol/L | 1.12 | 0.77 |
| | Troponin var | 0.97 | -0.23 |
| | WBC var | 0.92 | -0.61 |
| Test - Image | LVEF min is below 50 | 2.04 | 4.92 |
| rest - illiage | No LVEF Test | 0.57 | -3.84 |
| Test - ECG | Atrioventricular and left bundle-branch block | 1.24 | 1.45 |





ML Quick Review – Evaluation Metrics

Area Under the Receiver Operating characteristic Curve (AUROC or AUC)



| AUROC Values | Test Quality |
|-----------------|-----------------------------|
| 1.00 | Perfect test; 100% accurate |
| 0.90 | Better, Excellent |
| 0.80 | Good, Acceptable |
| 0.70 | Poor |
| 0.50 | No better than coin flip |

TPR = Sensitivity

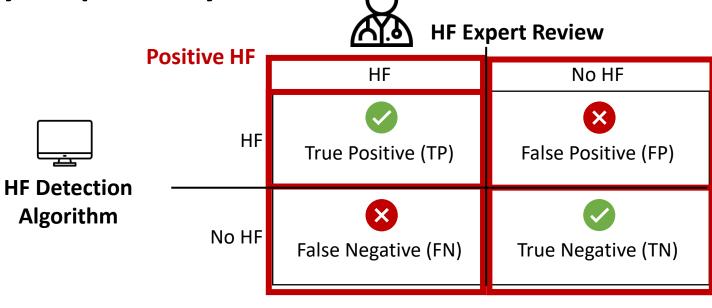
FPR = 1 - Specificity





ML Quick Review – Evaluation Metrics





TPR = Sensitivity

Negative HF

 $\mathbf{FPR} = 1 - \text{Specificity}$

Sensitivity =
$$\frac{TP}{TP + FN}$$

The ability of HF algorithm to correctly detect patients with HF.

The ability of HF algorithm correctly detect patients without HF.

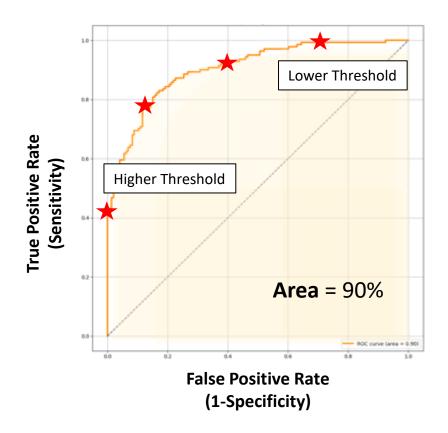
Specificity =





Interpretation of AUC

HF Model Performance (AUC)



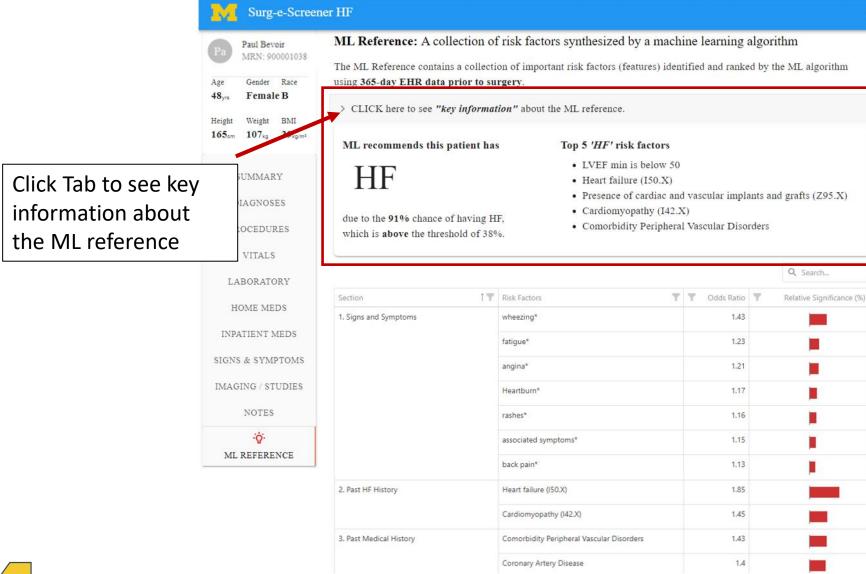
- AUC is a curve that plots TPR against FPR at various thresholds.
- Threshold is a cut-off probability to discriminate HF from No HF, a probability between 0 – 1 estimated by the HF model.
- Lower vs. High threshold
 - <u>low threshold</u> => most HF cases will be detected, but also high false positive cases. (high TPR and FPR)
 - <u>high threshold</u> => missing HF cases, but also low false positive cases will be detected (low TPR and FPR)

Tip: A higher threshold as TPR and FPR toward the origin (0, 0) in the AUC plot





Step 3. Machine Learning (ML) Reference







Step 3. Machine Learning (ML) Reference

CLICK here to see "key information" about the ML reference.

1

The ML evaluation metrics (%):

- AUC: 90.0
- Threshold: 38.0
- Sensitivity: 82.3
- Specificity: 82.2

2

Abbreviations:

- · LVEF: Left Ventricular Ejection Fraction
- INR: International Normalized Ratio of prothrombin times
- WBC: White Blood Cell
- SaO2: Oxygen saturation of the arterial blood
- · SpO2: Oxygen saturation from a pulse oximeter
- var: variance of the measurements (e.g., Creatinine var)
- min: minimum value (e.g., Heart Rate min)
- max: maximum value (e.g., Heart Rate max)
- last: last (latest) value before surgery (e.g., HbA1c last)

3

Note:

- On our well-controlled and balanced dataset, the ML model accurately detected HF in 80% of the cases.
- An asterisk next to the risk factor (e.g., wheezing*) describes that the risk factor was "mentioned" in clinical notes, which does not indicate either "positive" or "negative". You can confirm positive/negative by searching the risk factor from Signs and Symptoms or Notes.
- Risk factors or entire section(s) will not be displayed if they are older than one year or not documented in EHR.

ML recommends this patient has



due to the **91%** chance of having HF, which is **above** the threshold of 38%.

Top 5 'HF' risk factors

- LVEF min is below 50
- Heart failure (I50.X)
- Presence of cardiac and vascular implants and grafts (Z95.X)
- Cardiomyopathy (I42.X)
- · Comorbidity Peripheral Vascular Disorders

Key components

- 1. ML Reference Performance
- 2. Abbreviations
- 3. Notes:
 - This ML model achieved > 80% correct HF and No HF detection.
 - Risk factors with *
 - The model was trained on one-year EHR data





Data & ML Performance

- The ML model was trained and validated on a <u>well-controlled</u> and <u>balanced</u> dataset.
 - Well-controlled:
 - Adult patients >= 40 years old who had non-cardiac and non-emergent surgical procedures at MM.
 - >1,000 surgical cases manually reviewed by at least two HF experts per case
 - Balanced:
 - While the prevalence of HF is 2%, we trained the model on a reasonably balanced dataset of patients with and without HF.
 - This dataset includes a balanced mix of simple and difficult surgical cases for HF detection.
- The model performance:
 - AUROC = 90%,
 - Threshold = 38% (The best threshold to maximize TPR, while minimizing FPR)
 - Sensitivity = 82% (TPR = Sensitivity)
 - Specificity = **82%** (FPR = **28%**, 1 Specificity)
- ** This model **correctly** identified HF in > 80% of our dataset.





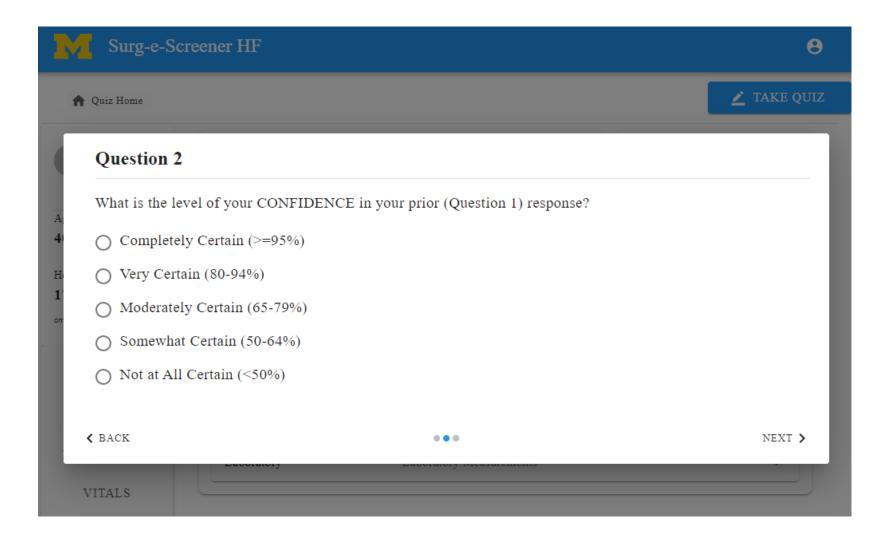
Step 4. Post-test: HF Recognition Quiz







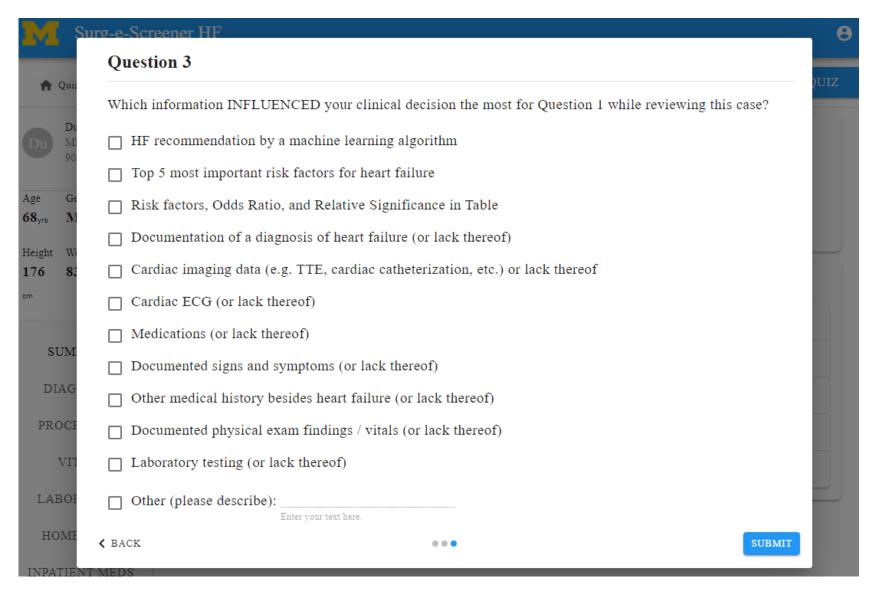
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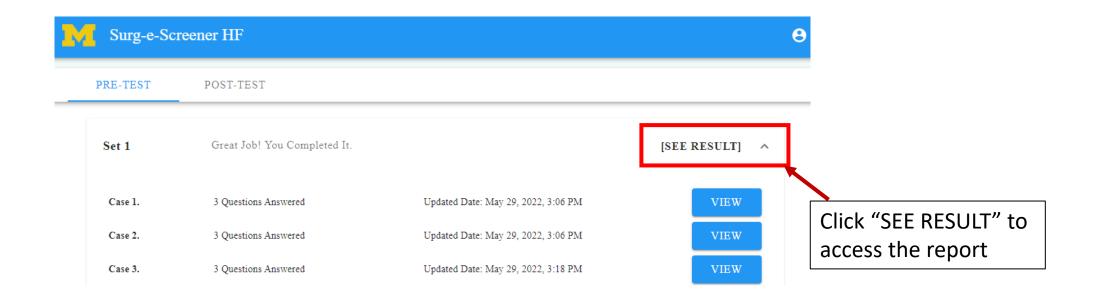
Step 4. Post-test: HF Recognition Quiz







Step 5. Result Report Access



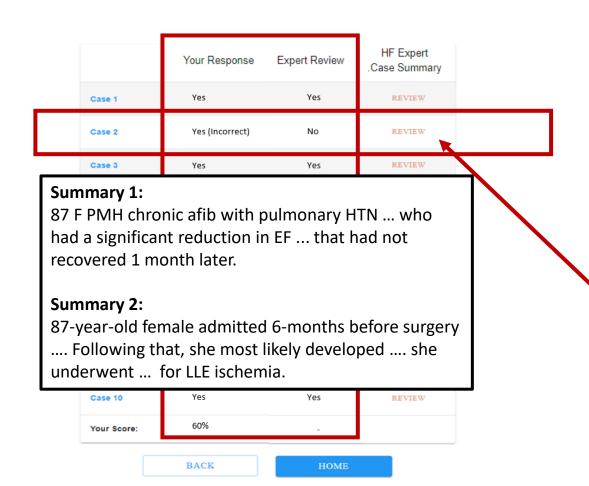
Key components

 SEE RESULT will be available after reviewing 20 surgical cases, 10 case review results in PRE-TEST and 10 case review results in POST-TEST.





Step 5. Expert Review Comparison



Review your result report

- Compare your HF recognition with the pre-determined answers by HF experts in each case.
- Re-examine cases when you are misaligned with the answers.
- Review a short description of the surgical cases summarized by the HF experts.





Summary of e-Learning Module

After watching this e-Learning module, you should be able to:

- Understand the process and activities required to complete the HF recognition study
- Interpret evaluation metrics such as AUC, True Positive Rate (Sensitivity), and False Positive Rate (1-Specificity)
- 3. Describe how **TPR and FPR change** as the threshold increases or decreases

The short quiz will ask you mainly about Point 2 and Point 3.





Demo



Final Step

• No further actions after completing the test cases. We appreciate your participation.

- Reimbursement:
 - Follow-up if any case reviews remain incomplete
 - Pending follow-up / completion of all cases, you will receive reimbursement of \$50 as a check delivered to your mailing address
- Email Hyeon Joo (thejoo@med.umich.edu) if any questions



