

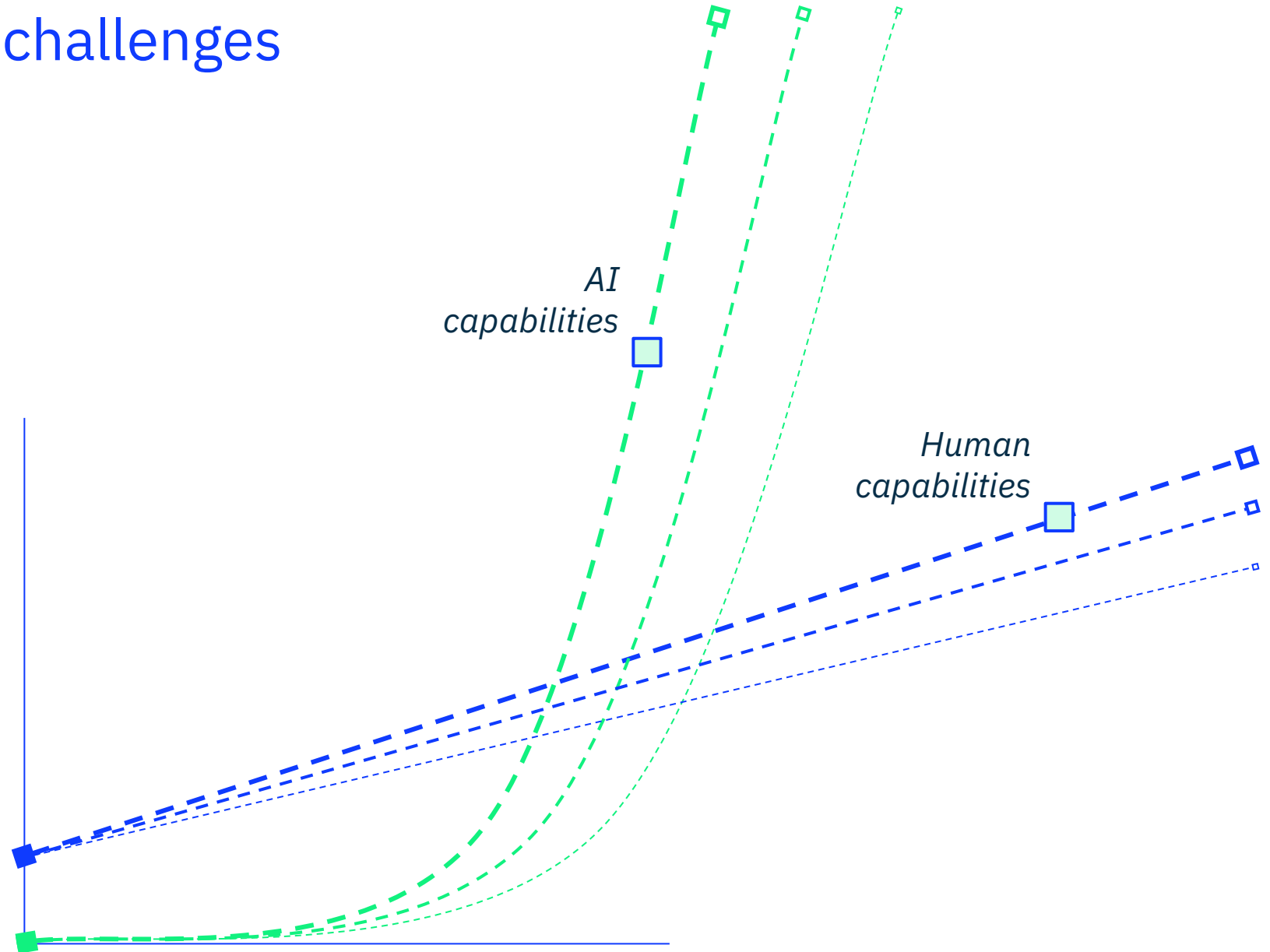
El uso de IA en el OMOP & Aseguramiento de la Calidad

Gabriel Maeztu M.D. - Cofundador y Director Médico @ IOMED

→ AI to face healthcare challenges

This is not just about replicating human capabilities, but more so about an autonomous response to a specific problem that needs solving.

AI to capture Real World Data



→ Usos generales

🛡️ Mapeo y Estandarización

☰ Análisis de los datos

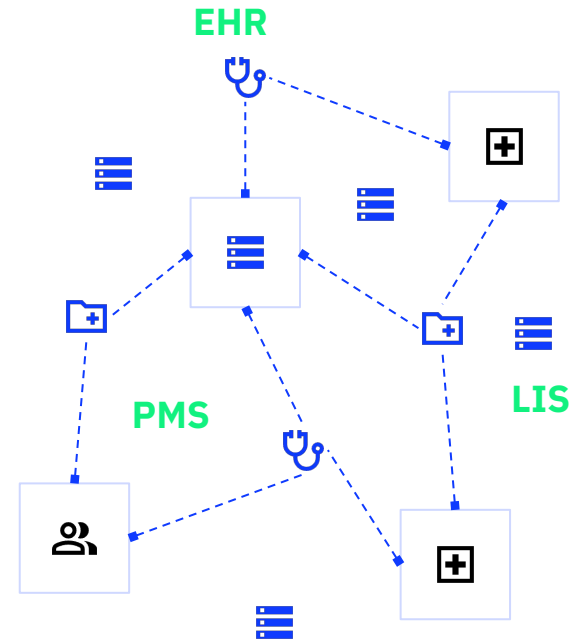
→ Usos de la IA

Mapeo y Estandarización

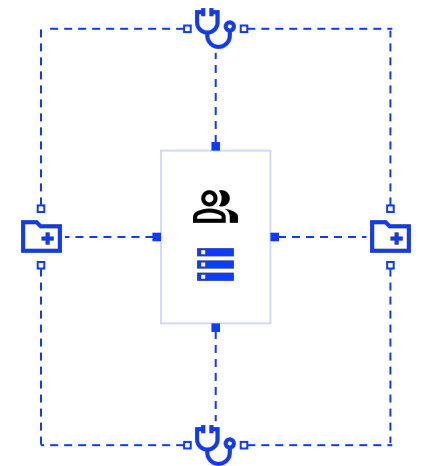
- El objetivo principal es **estandarizar** los datos del centro a gran escala.
- Esto permite acceder a nuevas fuentes de datos como:
 - Textos clínicos
 - Imagen médica
 - Datos ómicos

→ Creando datos paciente-céntricos

- La **digitalización** en los hospitales se ha **centrado en los procesos del hospital** y no en representar pacientes.
- En cada centro tiende a haber **varios sistemas de información** que dan soporte a procesos diferentes:
 - Historia Clínica Electrónica
 - Sistemas de gestión de Laboratorio
 - Farmacia y dispensación
 - Sistema de gestión de visitas
 - [...]
- El proceso de mapear los datos al OHDSI OMOP CDM se trata de construir **una versión digital del paciente** sumando los datos de múltiples fuentes, convirtiendo datos proceso-céntricos en datos paciente-céntricos.

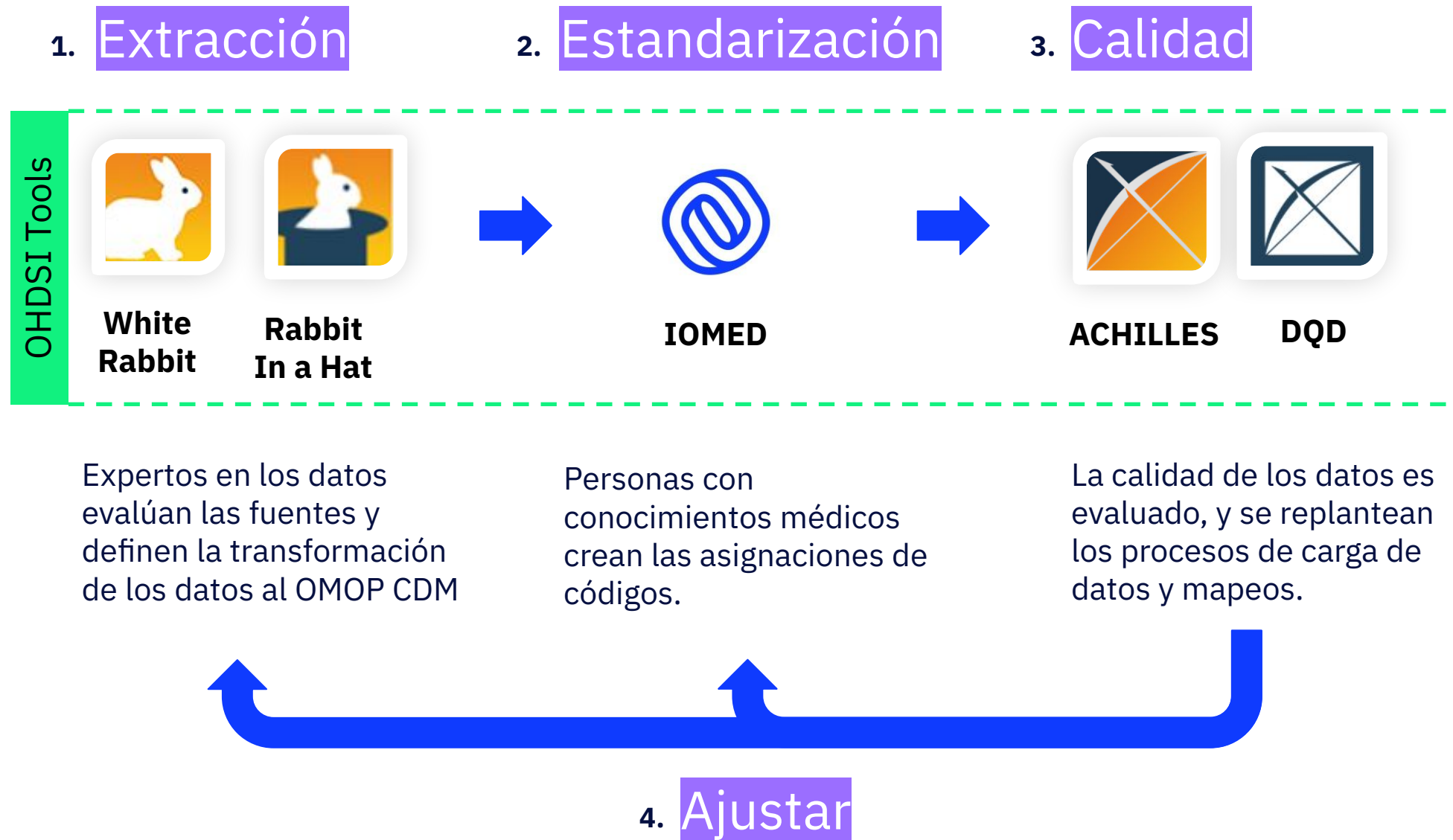


Operational Data Architecture



OMOP

Patient-centric Data Architecture



→ Bringing order to RWD thanks to AI

The screenshot displays the AthenaNet interface for patient Jake Medlock. The top navigation bar includes links for Calendar, Patients, Claims, Financials, Reports, Quality, and Support. The patient's profile shows he is 69 years old, male, born on 06-24-1946, with ID #2446. A status bar indicates he is ready for provider in Exam 1, 3 minutes since check-in. A sidebar on the left contains icons for Allergies, Problems, Meds, Vaccines, Vitals, Results, Visits, History, and Quality. The main content area is divided into sections: 'Has a Cocker Spaniel named Sue', 'Allergies' (peanut, penicillin G), 'Problems' (hyperlipidemia, essential hypertension, diabetes mellitus), 'Medications' (metformin, Prozac, lisinopril, aspirin, hydrochlorothiazide, Allegra Allergy), and 'Vitals' (Ht 6 ft, Wt 190 lbs, BMI 25.8). A 'Last visits' graph shows trends for Wt 190 lbs and BP 136/84. The 'Last Visit with Family Medicine' section details a follow-up on 02-17-2015 for hyperlipidemia and essential hypertension, with notes on lab results and treatment plans.

athenaNet Calendar Patients Claims Financials Reports Quality Support

2446 kwu1 Log out

Today | Follow Up | McKenzie Leftwich, MD

Jake MEDLOCK
69yo M 06-24-1946 #2446

Has a Cocker Spaniel named Sue

Allergies
peanut
penicillin G

Problems
hyperlipidemia
essential hypertension
diabetes mellitus

Medications
metformin
Prozac
lisinopril
aspirin
hydrochlorothiazide
Allegra Allergy

Vitals
Ht 6 ft Wt 190 lbs BMI 25.8

Intake
Reason For Visit
F/U hyperlipidemia, diabetes mellitus, essential hypertension

Last visits
Wt 190 lbs BP 136 / 84
Ht 6 ft BMI 25.8 Pulse 65 bpm O2Sat 98 %

Katherine Wu | 2:10 PM

Last Visit with Family Medicine
Go to This Encounter

follow up, 02-17-2015
usual f/up
Follow-Up: Diabetes mellitus, Follow-Up: Essential hypertension, Follow-Up: Hyperlipidemia
Performed by Tess Morton-Trask, (555) 595-5106

hyperlipidemia
The lipid panel much improved this visit HDL is up and out the LDL's are down to 118 will hold off on starting a statin, and encourage continued physical activity and low fat diet. Will get labs again in 3 months.
Will check lipid panel, serum on 05-20-2015

essential hypertension
Blood pressure is better today than has men and several years swelling is and down with the addition of hydrochlorothiazide. Seems to be tolerating lisinopril well.
Will check BMP, serum or plasma on 05-20-2015

→ Bringing order to RWD thanks to AI

The screenshot displays the AthenaNet interface for patient Jake Medlock. The top navigation bar includes links for Calendar, Patients, Claims, Financials, Reports, Quality, and Support. The patient's profile shows he is 69 years old, male, with a date of birth of 06-24-1946 and ID #2446. A sidebar on the left lists various medical categories: Allergies, Problems, Meds, Vaccines, Vitals, Results, Visits, History, and Quality. The main content area is divided into several sections: a pet note about a Cocker Spaniel named Sue, Allergies (peanut, penicillin G), Problems (hyperlipidemia, essential hypertension, diabetes mellitus), Medications (metformin, Prozac, lisinopril, aspirin, hydrochlorothiazide, Allegra Allergy), and Vitals. The Vitals section is highlighted with a purple box and contains input fields for Height (6 ft), Weight (190 lbs), and BMI (25.8). To the right, the 'Intake' section shows the reason for visit (F/U hyperlipidemia, diabetes mellitus, essential hypertension) and a line graph of 'Last visits' for weight and blood pressure. Below this, the 'Last Visit with Family Medicine' section is highlighted with a green box and contains detailed clinical notes for follow-up on 02-17-2015, including updates on hyperlipidemia and essential hypertension.

Structured Data: The Vitals section is highlighted with a purple box. It contains the following information:

- Ht: 6 ft, in [dropdown]
- Wt: 190 lbs, With clothes [dropdown]
- BMI: 25.8

Clinical Notes: The Last Visit with Family Medicine section is highlighted with a green box. It contains the following information:

- follow up, 02-17-2015**
usual f/up
Follow-Up: Diabetes mellitus, Follow-Up: Essential hypertension, Follow-Up: Hyperlipidemia
Performed by Tess Morton-Trask, (555) 595-5106
- hyperlipidemia**
The lipid panel much improved this visit HDL is up and out the LDL's are down to 118 will hold off on starting a statin, and encourage continued physical activity and low fat diet. Will get labs again in 3 months.
Will check lipid panel, serum on 05-20-2015
- essential hypertension**
Blood pressure is better today than has men and several years swelling is and down with the addition of hydrochlorothiazide. Seems to be tolerating lisinopril well.
Will check BMP, serum or plasma on 05-20-2015

STRUCTURED DATA
20% of the patient information

CLINICAL NOTES
80% of the patient information

→ Bringing order to RWD thanks to AI

The screenshot shows a medical record interface. On the left, a sidebar contains icons for Meds, Vaccines, Vitals, Results, Visits, History, and Quality. The main area is divided into sections: Problems (hyperlipidemia, essential hypertension, diabetes mellitus), Medications (lisinopril, aspirin, hydrochlorothiazide, Allegra Allergy), and Vitals (Ht 6 ft, Wt 190 lbs, BMI 25.8, Pulse 65 bpm, O2Sat 98%). A graph shows weight and blood pressure trends. The 'Last Visit with Family Medicine' section contains clinical notes for follow-up, hyperlipidemia, and essential hypertension.

STRUCTURED DATA
20% of the patient information

ID	patient_id	data_id	date	value	unit	visit
643	243	weight	2021-10-12	190	lbs	367
2891	243	weight	2021-11-21	170	lbs	458

Non-standard codification

CLINICAL NOTES
80% of the patient information

noteID	person_id	date	value	visit
1	243	2021-10-12	follow up, 02-17-2015 usual f/up Follow-Up: Consultation on pian left arm since yesterday. Thi smorning pain persists. Had similar pain whn had AMI. Has taken nitrostat without improvement. Request of ECG	367

Data stored in free-text format

→ Bringing order to RWD thanks to AI



- We cover all therapeutic areas and provide weekly and monthly data updates.

→ Bringing order to RWD thanks to AI

The screenshot shows a medical record interface. On the left, a sidebar lists categories: Vaccines, Vitals, Results, Visits, History, and Quality. The main content area is divided into two sections:

- STRUCTURED DATA** (20% of the patient information): This section contains a form for vital signs. It includes fields for Height (Ht) in feet and inches, Weight (Wt) in pounds, and BMI. There are also checkboxes for 'Not Performed' and 'Out of Range' with a '-select reason-' dropdown.
- CLINICAL NOTES** (80% of the patient information): This section contains a text area for clinical notes. It includes a header 'Last Visit with Family Medicine' and a 'Go to This Encounter' button. The notes are organized by condition, with sections for 'hyperlipidemia' and 'essential hypertension'.

...	person_id	measurement_concept_id	measurement_date	value_as_number	...
...	243	3025315	2021-10-12	86.18	...

Weight

OMOP CDM Measurement

...	person_id	condition_concept_id	condition_date	visit_occurrence_id	...
	243	4115169	2021-10-12	896	

Pain in the left arm

OMOP CDM Condition Occurrence

→ [01] Automated Terminology Mapping

hyperlipidemia

essential hypertension

diabetes mellitus

Vitals

Results

Visits

History

Quality

STRUCTURED DATA

20% of the patient information

Ht

6

ft

in

☐ Not Performed -select reason-

Wt

190

lbs

With clothes

☐ Not Performed -select reason-

☐ Out of Range

BMI

25.8

hydrochlorothiazide

190

Ht 6 ft

E

Last Visit

follow up, (usual f/up

Follow-Up: Performed

hyperlipide

The lipid pa

on starting

again in 3 r

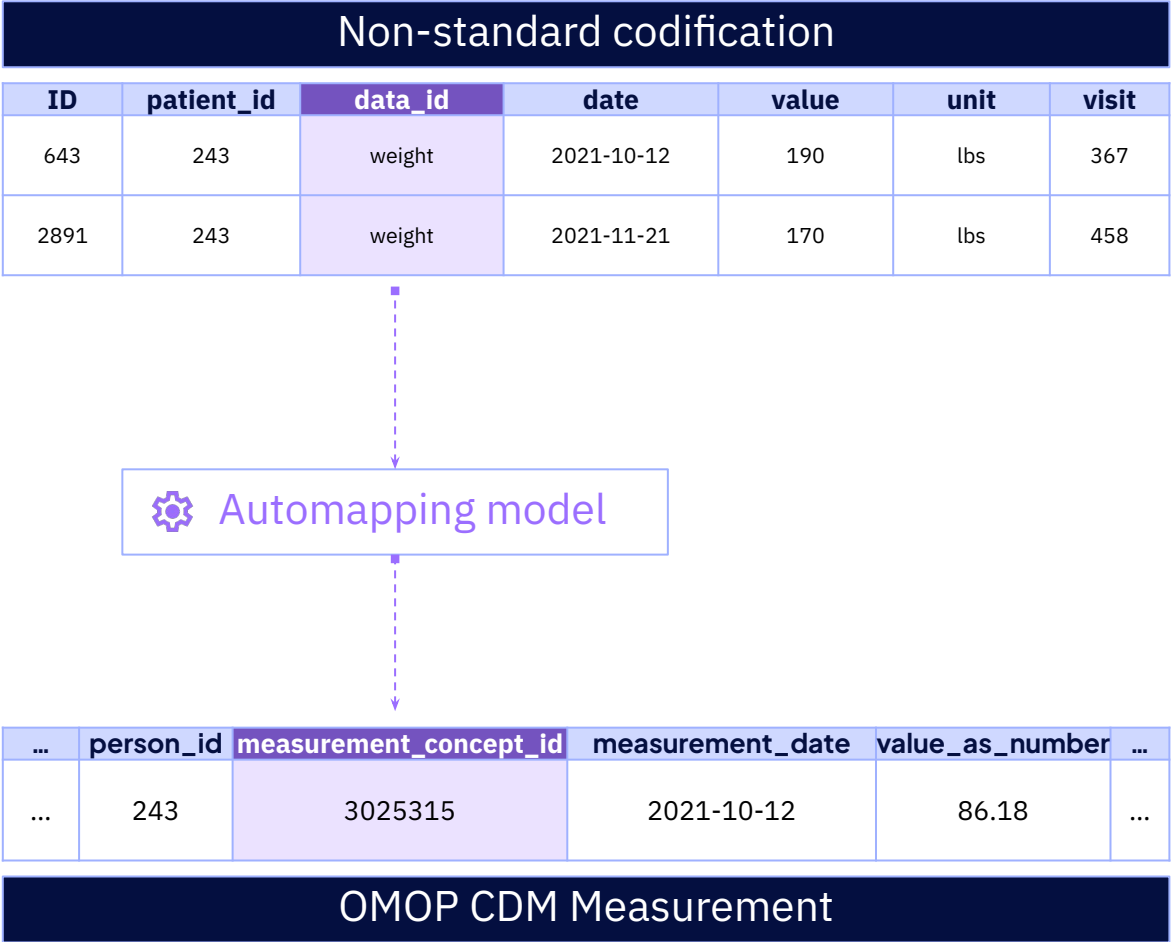
Will chec

essential h

Blood pres

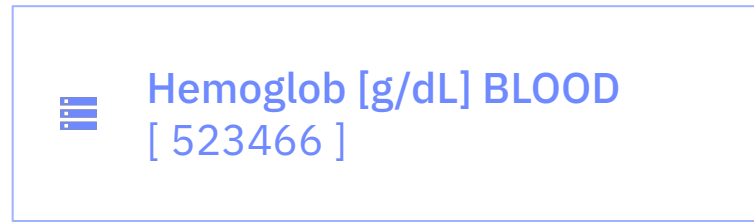
addition of

Will chec

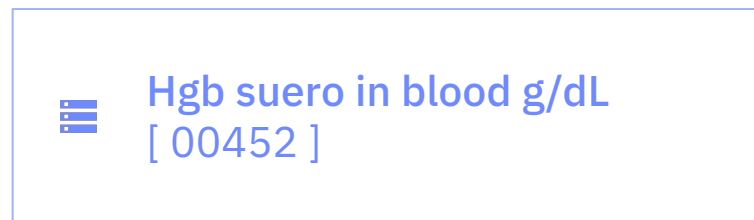
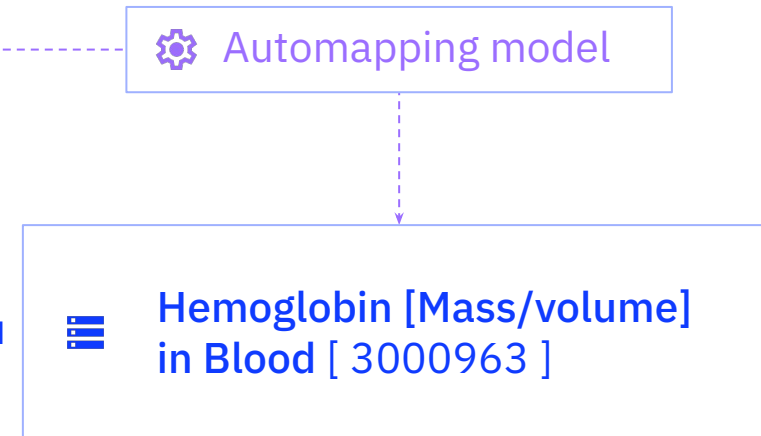


→ [01] Automated Terminology Mapping

Hospital A — International Standards



OMOP CDM



Hospital B — Internal Source Code

→ [02]Natural Language Processing

190

54

Ht 6 ft | BM

CLINICAL NOTES
80% of the patient information

he Wu | 2:10 PM

Last Visit with Family Medicine

Go to This Encounter

follow up, 02-17-2015
usual f/up
Follow-Up: Diabetes mellitus, Follow-Up: Essential hypertension, Follow-Up: Hyperlipidemia
Performed by Tess Morton-Trask, (555) 595-5106

hyperlipidemia
The lipid panel much improved this visit HDL is up and out the LDL's are down to 118 will hold off on starting a statin, and encourage continued physical activity and low fat diet. Will get labs again in 3 months.
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essential hypertension
Blood pressure is better today than has men and several years swelling is and down with the addition of hydrochlorothiazide. Seems to be tolerating lisinopril well.
Will check BMP, serum or plasma on 05-20-2015

Data stored in free-text format

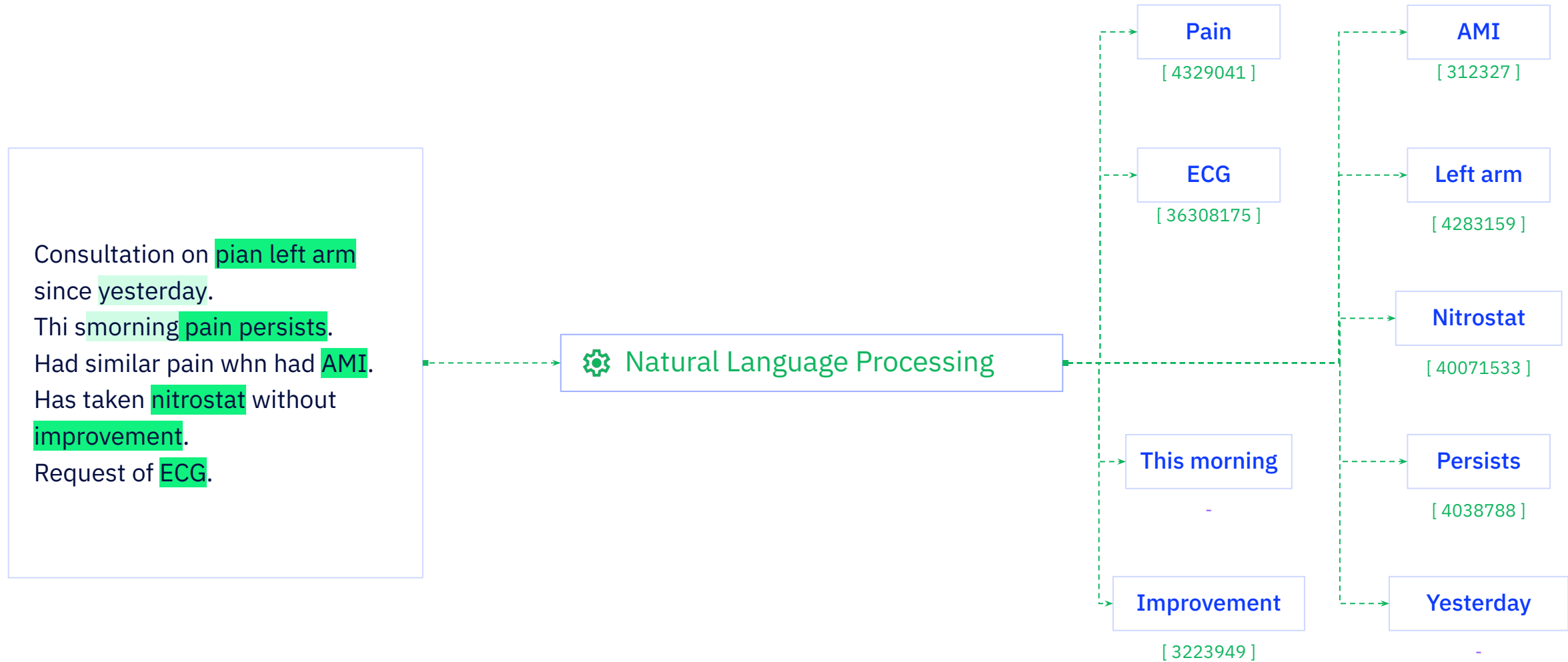
noteID	person_id	date	value	visit
1	243	2021-10-12	follow up, 02-17-2015 usual f/up Follow-Up: Consultation on pian left arm since yesterday. Thi smorning pain persists. Had similar pain whn had AMI. Has taken nitrostat without improvement. Request of ECG	367

Natural Language Processing

...	person_id	Condition_concept_id	condition_date	visit_occurrence_id	...
...	243	4115169	2021-10-12	896	...

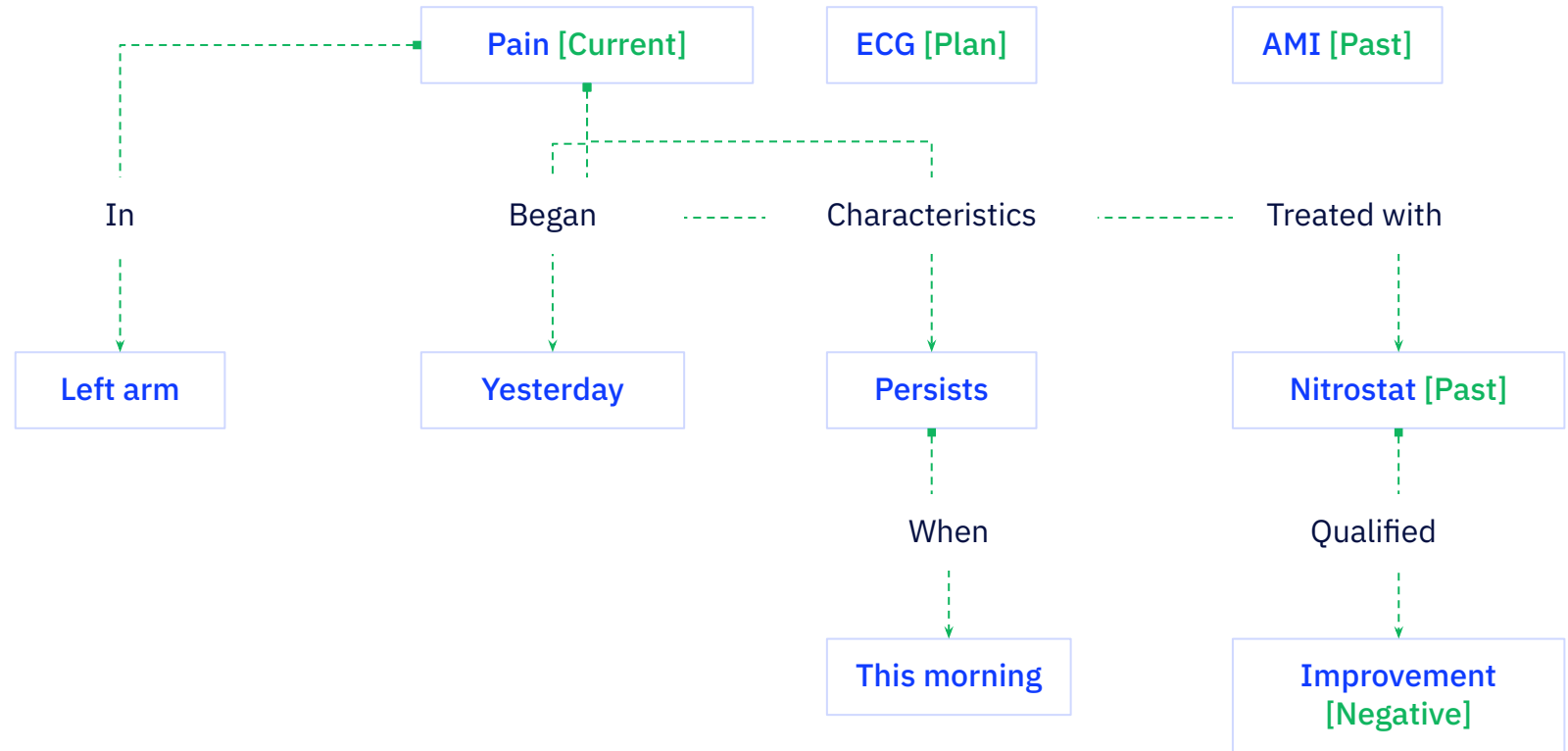
OMOP CDM Condition Occurrence

→ [02]Natural Language Processing



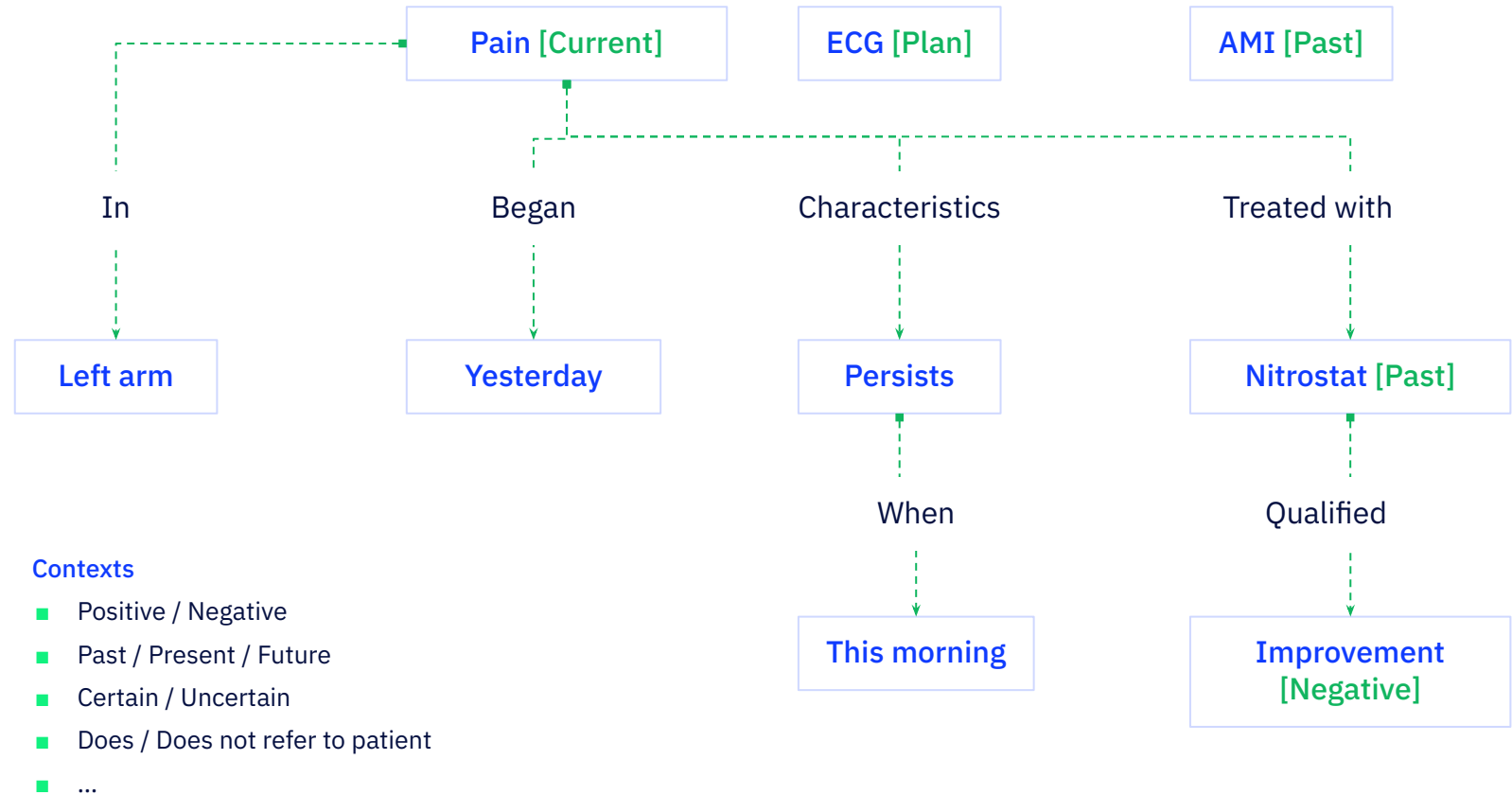
→ [02]Natural Language Processing

Consultation on **pian left arm**
since **yesterday**.
Thi smorning **pain persists**.
Had similar pain whn had **AMI**.
Has taken **nitrostat** without
improvement.
Request of **ECG**.



→ [02]Natural Language Processing

Consultation on **pian left arm**
 since **yesterday**.
 Thi smorning **pain persists**.
 Had similar pain whn had **AMI**.
 Has taken **nitrostat** without
improvement.
 Request of **ECG**.



→ [02]Natural Language Processing

Consultation on **pian left arm**
since yesterday.
Thi smorning **pain persists**.
Had similar pain whn had **AMI**.
Has taken **nitrostat** without
improvement.
Request of **ECG**.

Pain [Current,
Certain, Patient...]

In

Left arm [Current,
Certain, Patient...]

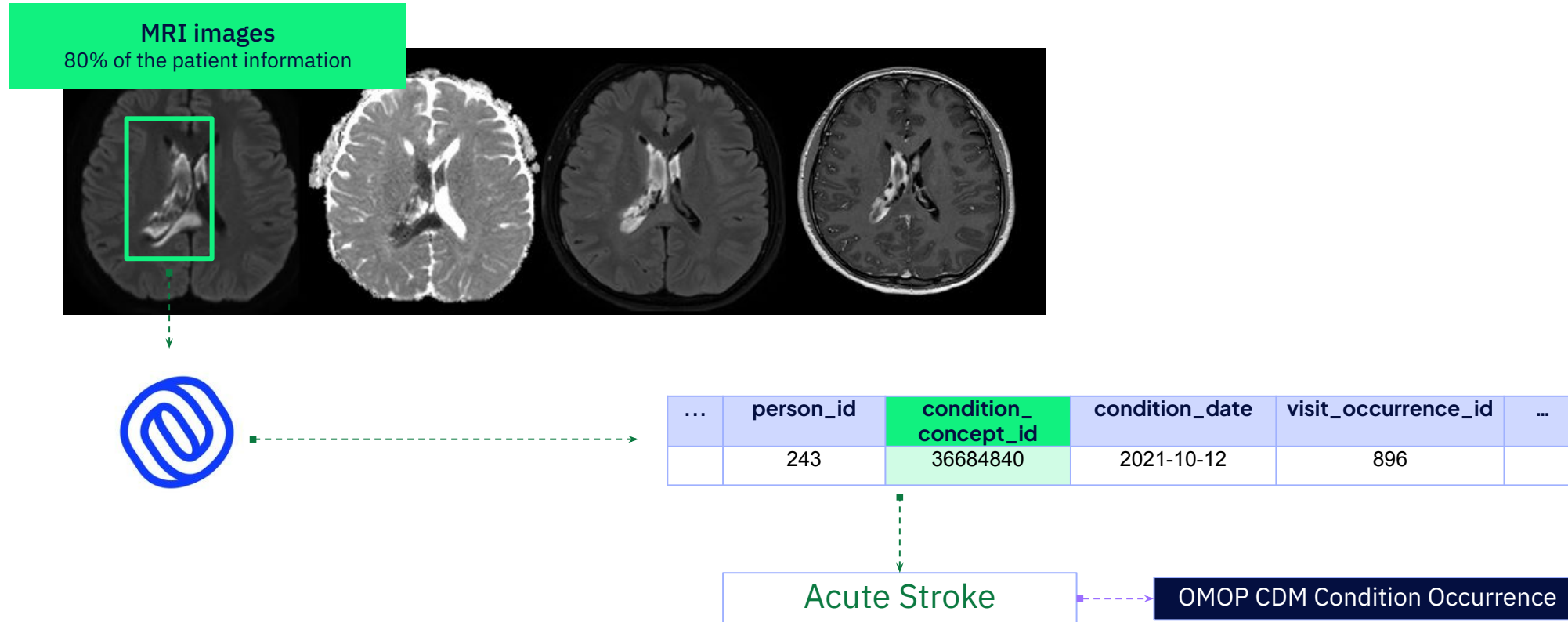
4329041

4283159

PAIN IN LEFT ARM

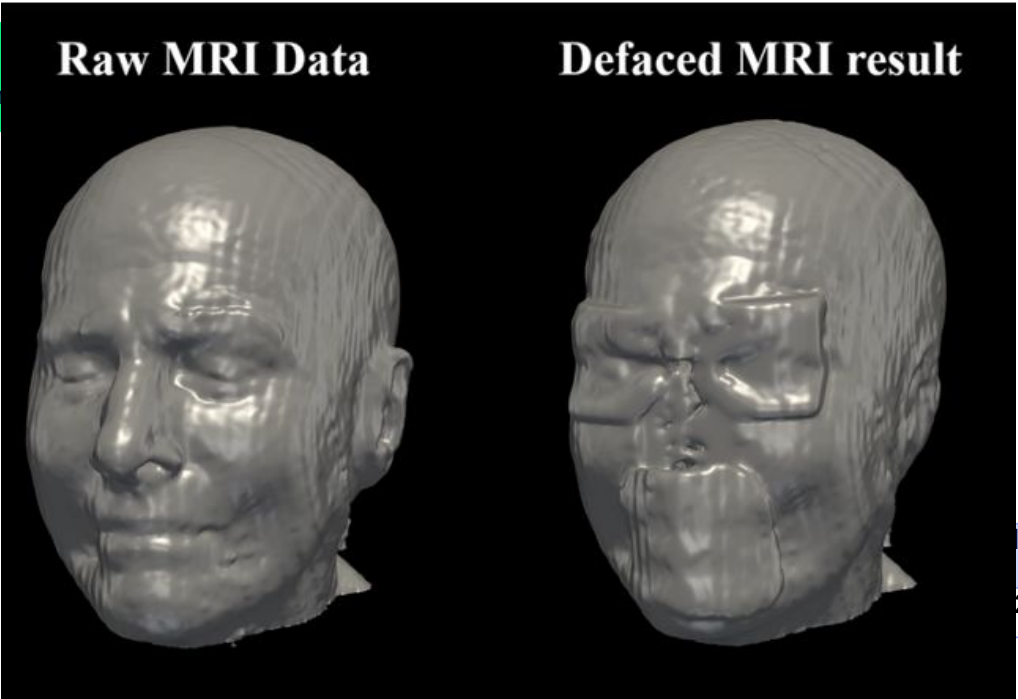
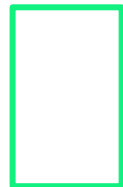
Domain ID	Condition
Concept Class ID	Clinical Finding
Vocabulary ID	SNOMED ?
Concept ID	4115169
Concept code	287045000
Validity	Valid
Concept	Standard
Synonyms	Pain in left arm (finding) Pain in left upper limb
Valid start	31-Jan-2002
Valid end	31-Dec-2099

→ [03] Computer Vision



→ [03] Computer Vision

MRI images
80% of the patient information



Acute Stroke



OMOP CDM Condition Occurrence

condition_date	visit_occurrence_id	...
21-10-12	896	

→ [03]Quality Assurance

Quality Assurance is a key factor in ensuring the accuracy, reliability, and performance of our technology. The quality of this technology is directly related to the quality of the data we deliver through the Data Solutions in our offering.

Data Verification

Expert annotators



We have expert physicians who compared the results extracted by our technology against the original source of data to obtain quality metrics.

Data Validation

Clinical Tests



We test the consistency and coherence of extracted data with statistical methods. Clinical and statistical evaluation of data is also performed by experts.

→ [03]Quality Assurance

Data Verification Expert annotators



We have expert physicians who compared the results extracted by our technology against the original source of data to obtain quality metrics.

True Positives (TP)

Patients identified by our algorithms and corroborated by a human annotator.

False Positives (FP)

Patients identified by our algorithms but discarded by a human annotator.

False Negatives (FN)

Patients discarded by our algorithms but identified by a human annotator.

True Negatives (FN)

Patients discarded by our algorithms and discarded as well by a human annotator.

Paciente varón de 56 años originario de Málaga. Diagnosticado de adenocarcinoma de próstata oligometastásica con M1 ilíaca derecha irradiada en curso de bloqueo hormonal. Anatomía patológica gleason 8 con afectación perineural. En radioterapia paliativa antiálgica en columna lumbar iniciada el 03.21. Acude para valoración y seguimiento. Inicio Eligard mensual marzo 2021, se pasó a semestral el 29/08/2021 + Bicalutamida continuo. Actualmente solo con eligard por intolerancia a la bicalutamida.

Actualmente, FUD 3-4h, FUN 2 veces, urgencia miccional +, incontinencia (actualmente no, refiere que en su país llegó a padecer incontinencia), chorro medio y entrecortado, goteo terminal +, sensación de vaciado incompleto. No ITUs de repetición, no hematuria.

EF: BEG, abdomen blando y depresible no doloroso a la palpación, no se palpa globo vesical. PPL negativa. Pene sin lesiones, prepucio retráctil. Testes en bolsa escrotal anodulares no dolorosos. TR: no doloroso, próstata G I, simétrica de consistencia fibroelástica de bordes bien delimitados sin palpase nódulos.

→ [03]Quality Assurance

Data Verification Expert annotators



We have expert physicians who compared the results extracted by our technology against the original source of data to obtain quality metrics.

True Positives (TP)

Patients identified by our algorithms and corroborated by a human annotator.

False Positives (FP)

Patients identified by our algorithms but discarded by a human annotator.

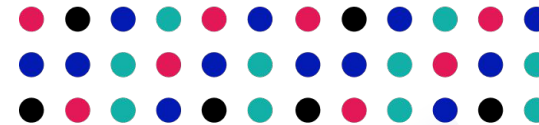
False Negatives (FN)

Patients discarded by our algorithms but identified by a human annotator.

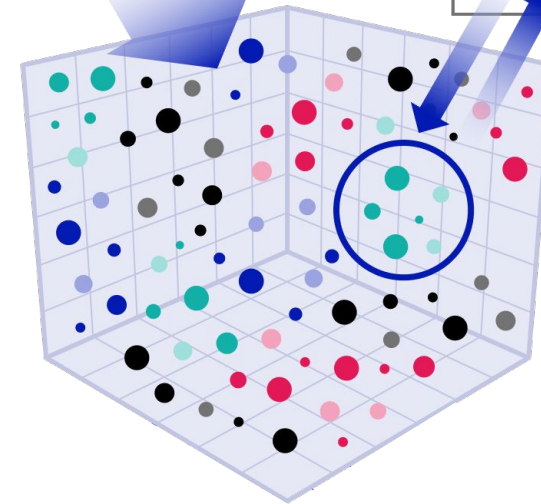
True Negatives (TN)

Patients discarded by our algorithms and discarded as well by a human annotator.

Correct cases



Potentially missed cases



[1]: Quijada, M., Vivó, M., Abella-Bascarán, Á., Chocrón, P., Maeztu, G.d. (2022). A Framework for False Negative Detection in NER/NEL. Natural Language Processing and Information Systems. NLDB 2022
https://doi.org/10.1007/978-3-031-08473-7_30

→ [03]Quality Assurance

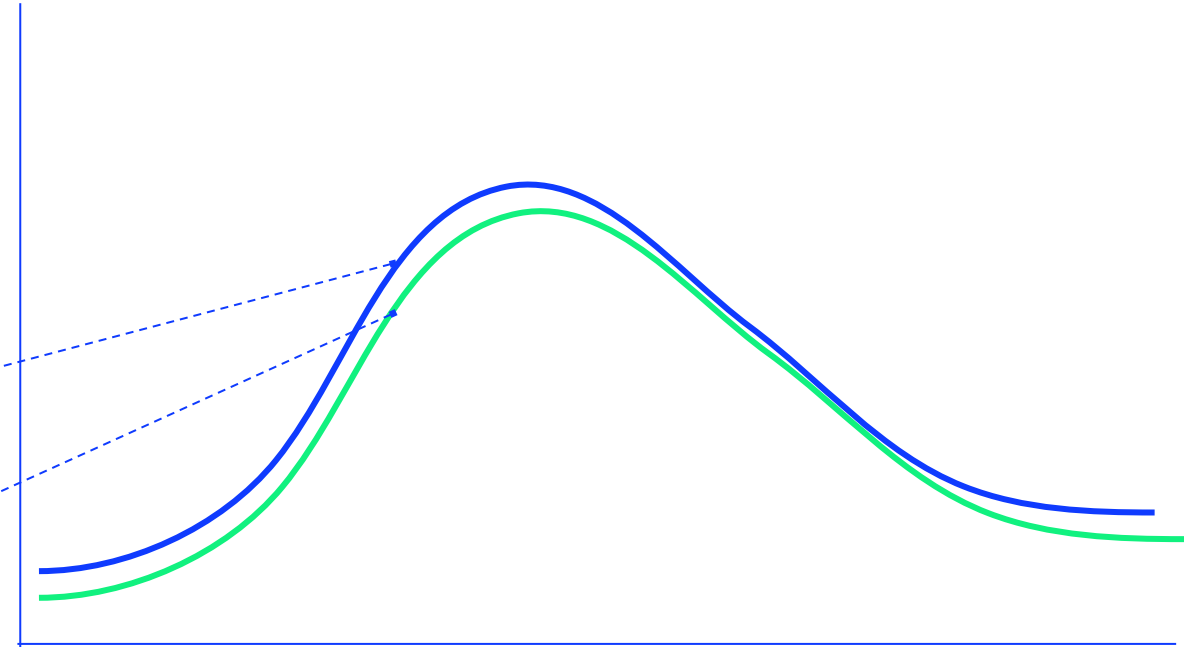
Data Validation Clinical tests



We test the consistency and coherence of extracted data with statistical methods. Clinical and statistical evaluation of data is also performed by experts.

Observed descriptive data for the main outcomes.

Expected descriptive according to the scientific literature.

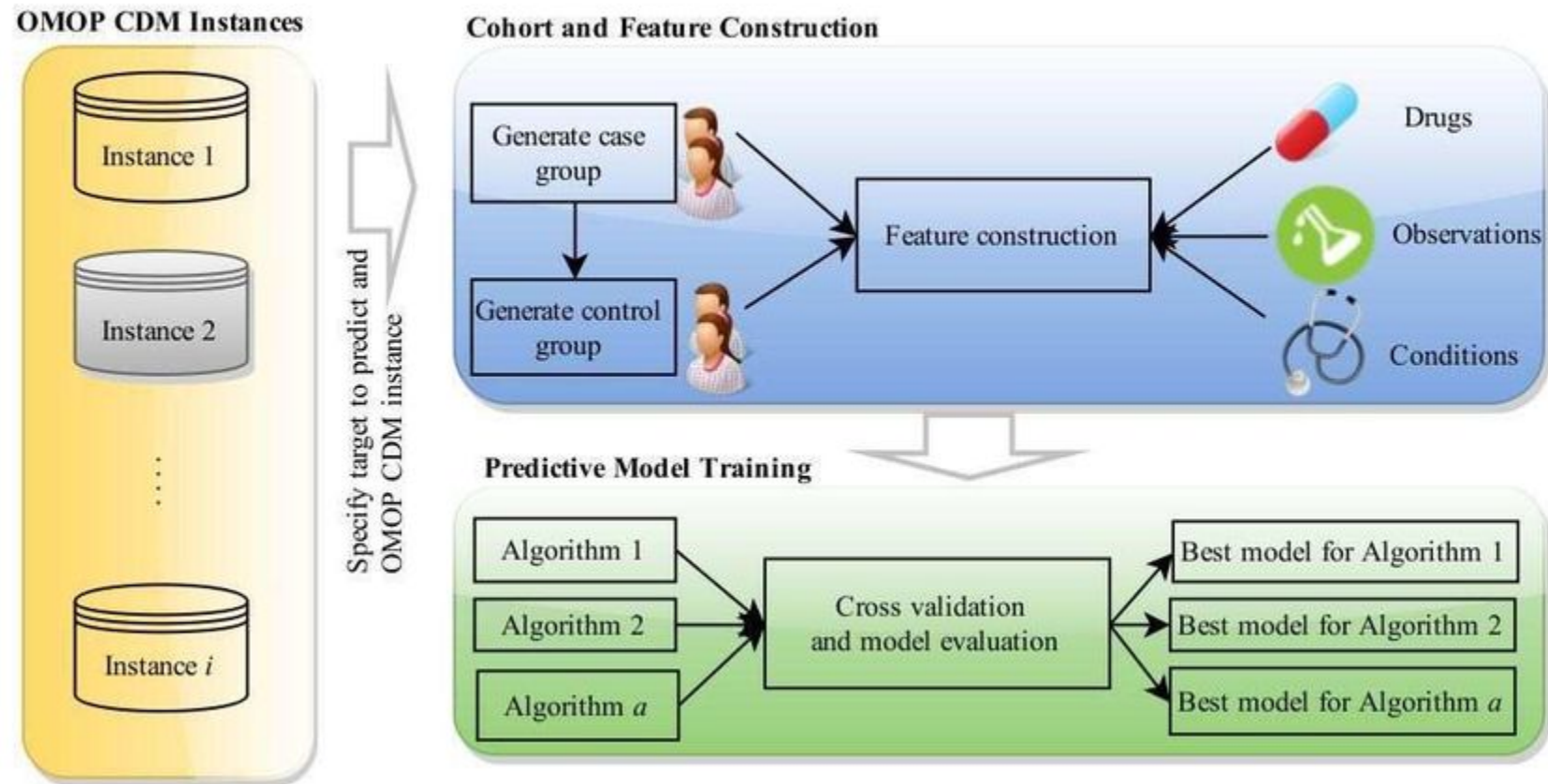


→ Usos de la IA

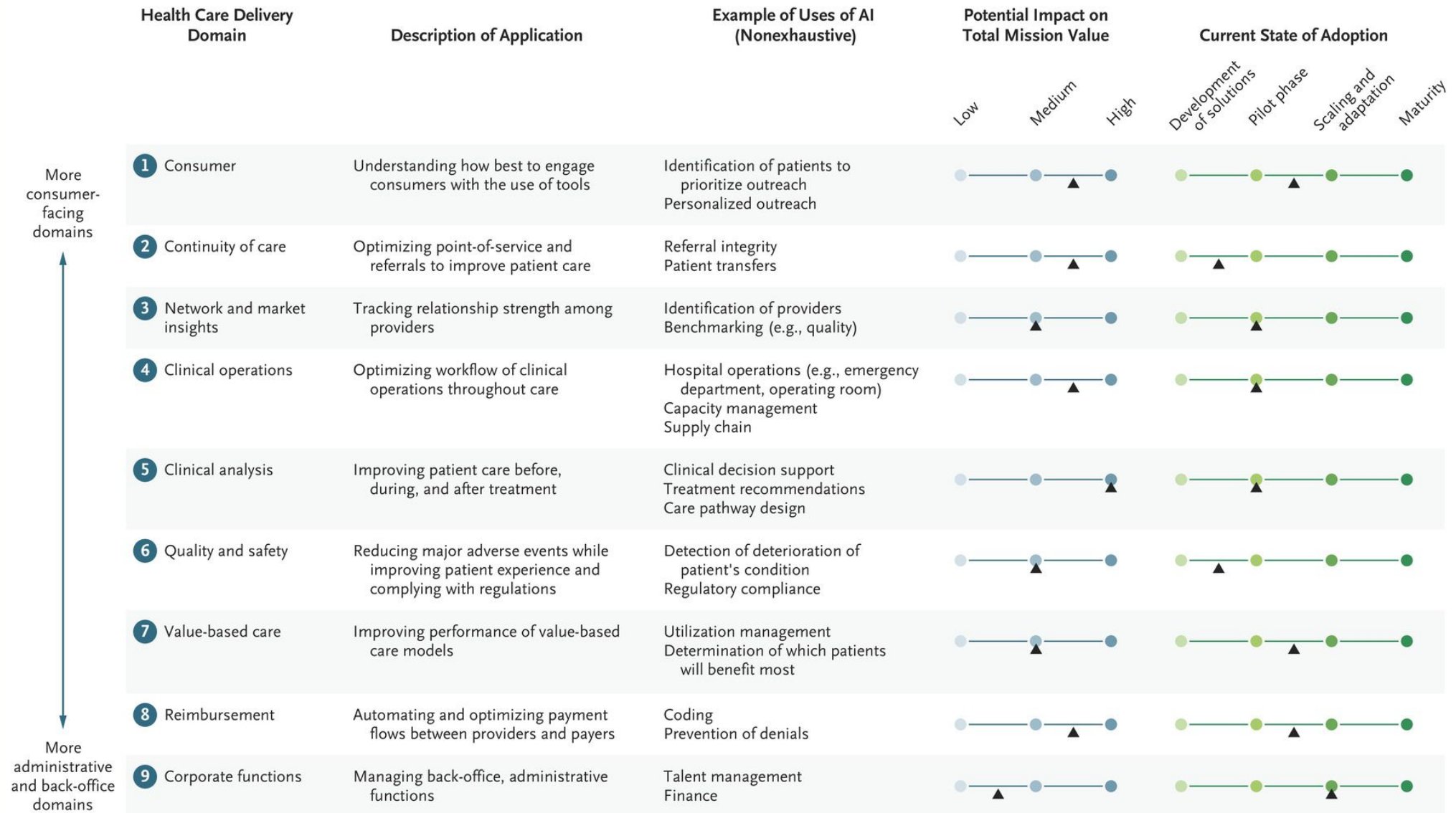
☰ **Análisis** de los datos

- El objetivo principal es **aterizar un caso de uso** sobre los datos del centro a gran escala.
- Esto permite mejorar:
 - Conclusiones sobre las cohortes
 - Integrar análisis avanzados de forma sistemática
 - Una mejor gestión de procesos en el centro

→ Entrenamiento de modelos

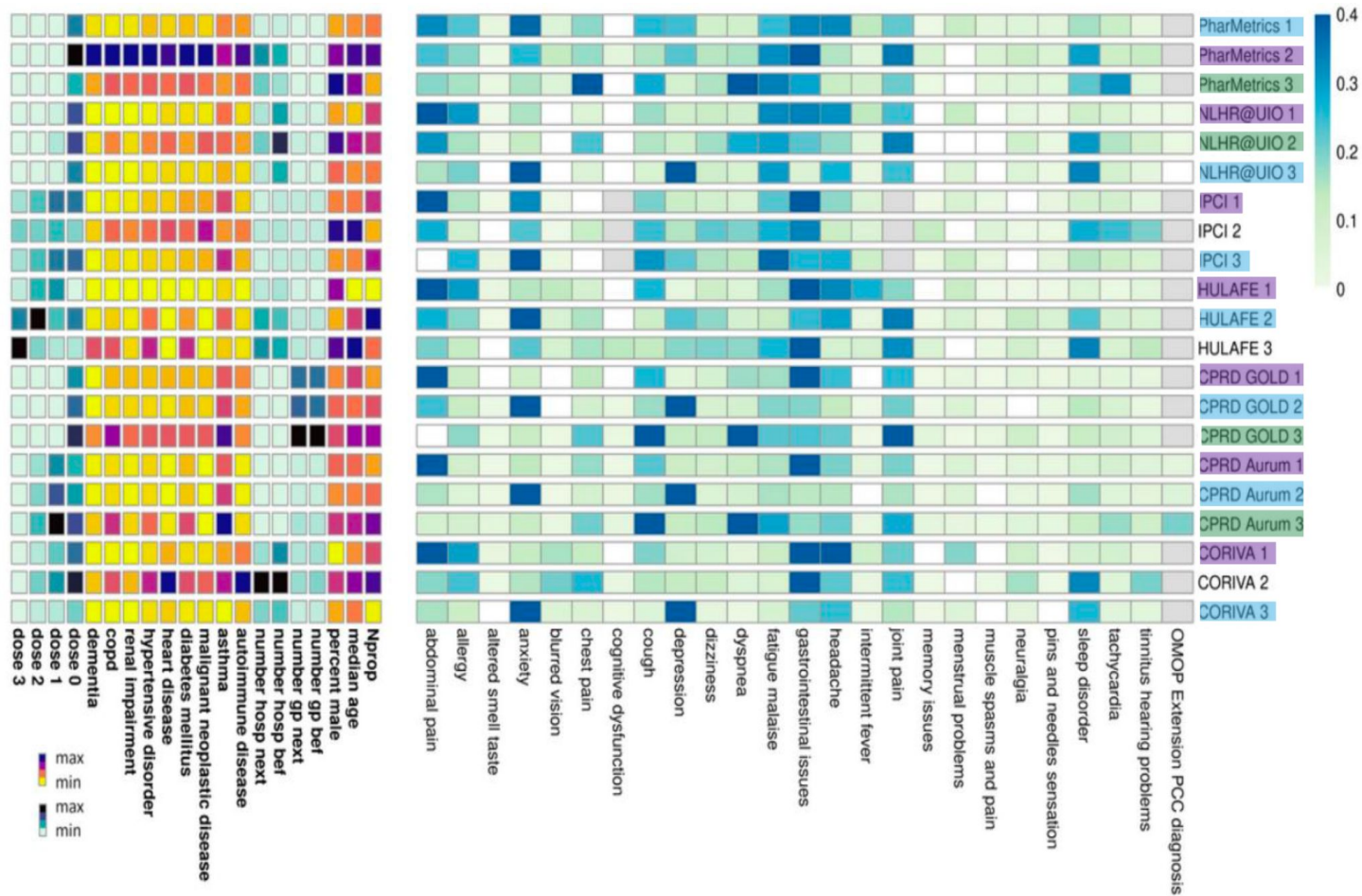


→ Entrenamiento de modelos



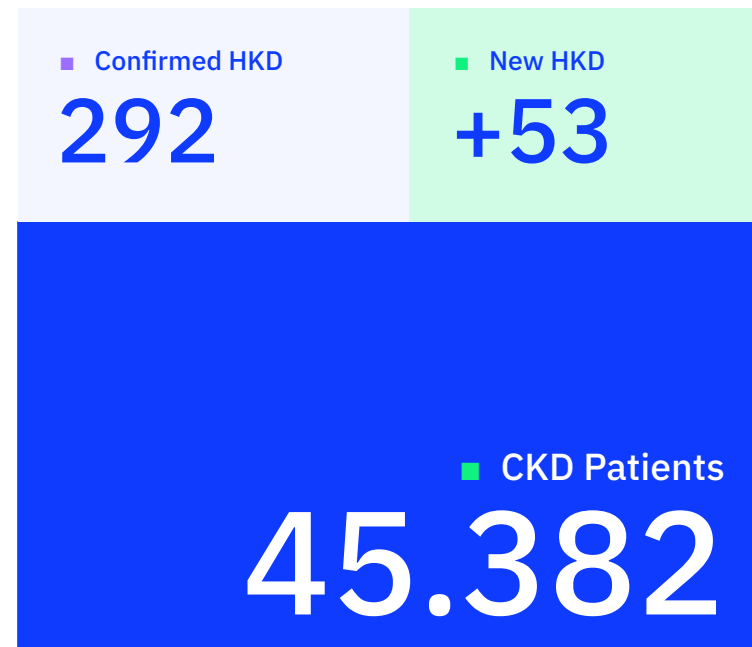
→ Clusterización de sintomatología

- Aprovechar los datos ya disponibles en el OMOP para poder hacer análisis más avanzados



→ Alport Syndrome

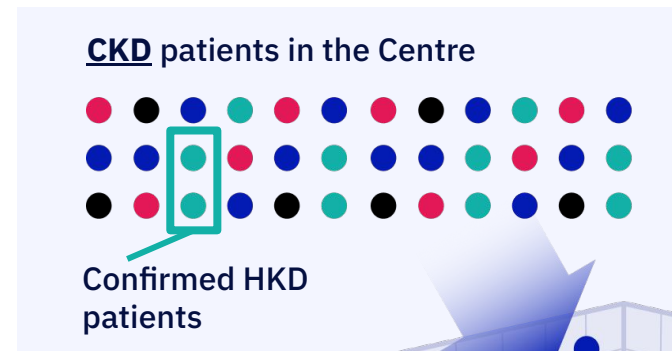
Many patients with Chronic Kidney Disease (CKD) do not have a confirmed diagnosis of Hereditary Kidney Disease (HKD) such as Alport Syndrome. **We assist physicians in identifying patients with a not filiated HKD** and supports the diagnostic confirmation process.



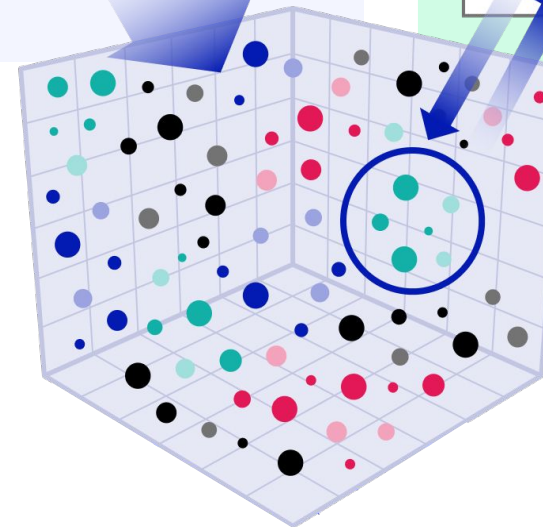
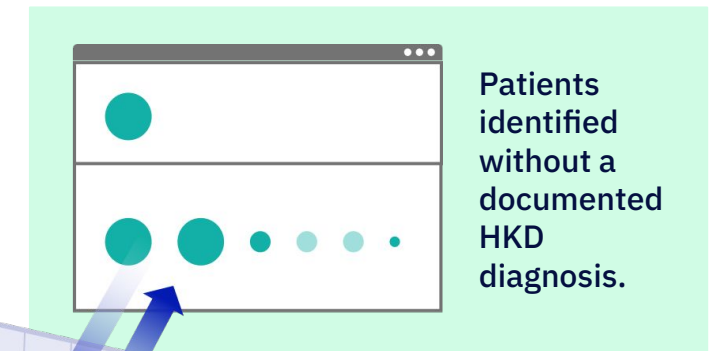
Patients with Chronic Kidney Disease (CKD) and a Hereditary Kidney Disease (HKD)

Hospital Fundació Puigvert (total patients=920K)

AI Training



AI Search





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Pabellón de La Mercè,
08025 — Barcelona**

info@iomed.health

<https://iomed.health> 