**10 Questions from the Audience**

What are the significant risk factors you identified which may lead to HF from this case study?

Answer: Age, Ejection\_fraction, Serum\_creatinine, Serum\_sodium, CPK

How is your model accuracy defined and is it reliable enough?

Answer: Its an imbalanced dataset so accuracy alone is not reliable hence F1 score is derived and the output looks quite decent.

What is the timeline for implementation?

Answer: 8 to 12 weeks from discovery to Model build, 1-2 Weeks for Governance review, 1-2 Weeks for production deployment

How are you plan to govern and calibrate the model to ensure the model is working as intended?

Answer: Governance reports on model output from every day execution and flag if the false +ves/ false -ves reaches to threshold. Periodic Calibration of the model based on the data availability.

Are there any additional checks or due diligence expected by consumers of these model in case of false negatives?

Answer: This model is not intended to replace doctors/diagnostics but only be used as supplemental.

Should we be concerned that the model could potentially adversely impact certain demographic groups?

Answer: No but depends on data used for training, there could be variations on results for ethnicity.

What do you suggest to make the model better?

Answer: Train the model with good, reliable clinical data with diverse ethnicity. Also induce time interval between checkups as feature. Monitor and train the model periodically.

What is your plan to get buy in from medical professionals to use this model?

Answer: This model is not intend to replace doctors so building on that and providing demo of the model would help.

Are there similar solutions in the market?

Answer: None that I am aware of.

What is your plan to explain AI/ML to patients and gain confidence in using this model?

Answer: By making them aware on the capabilities - detecting early stage, self service once the blood work is done.