Employing SNOMED CT and LOINC to make EHR data sensible and interoperable for clinical research

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Implementation Showcase

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Disclosure

We receive no financial support from any interests vending electronic health records or vocabulary services





Agenda

- Interoperability for research and public health; framework of ONC
- Clinical research data networks: PCORI
- Tooling and communication protocols for big data research; i2b2
- Greater Plains Cooperative and deployment of data standards
- Integrating SNOMED CT and LOINC observables
- Expectations of LOINC-SNOMED CT harmonization





Meaningful Use Vocabulary Requirements

- Demographics (80% stage 2): HL7/OMB code set
- Smoking status: SNOMED CT
- Problem list/encounter diagnoses: SNOMED CT, ICD*
- Structured lab results (55% stage 2): Lab LOINC
- Physical findings: LOINC, SNOMED CT observables
- E-prescribing (50% formulary check stage 2): RxNORM
- Medications: RxNORM
- Orders: LOINC, RxNORM
- Immunizations (Immunization registries): CVX, MVX
- Procedures: CPT, HCPCS
- Documents: LOINC





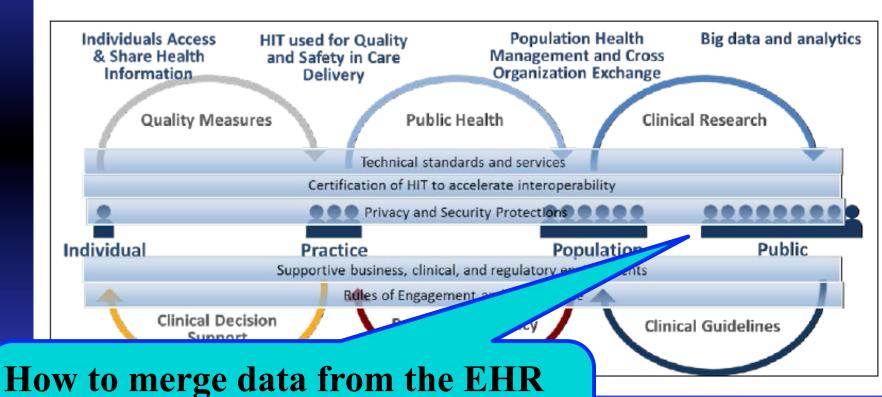
ONC HIT: Objectives of Interoperability

- Facilitate transitions of care
- Promote free flow of results data
- Engage patients and families in managing their EHR
- Support Public Health
- Contribute to research within Learning Healthcare Environment





Interoperable Learning Health Ecosystem



How to merge data from the EHF into integrated, interoperable research datasets?



PCORnet: the National Patient-Centered Clinical Research Network



The <u>goal</u> of PCORI's National Patient-Centered Clinical Research Network Program is to improve the nation's capacity to conduct CER efficiently, by creating a large, highly representative, national patient-centered clinical research network for conducting clinical outcomes research.

The <u>vision</u> is to support a learning US healthcare system, which will allow for large-scale research to be conducted with enhanced accuracy and efficiency.

PCORnet will function through <u>a single</u>, interoperable data research network, the PCORnet DRN.







What is Patient Centered Outcome Research Institute(PCORI)?

- Funded by trust established Affordable Care act (2010);
 \$650M per year through 20
- Supports both Clinical Data Networks (CDRN) and Patie Research networks (PPRN)

PCORI Funding Awards



PCORI has approved 279 awards totaling more than \$464.4 million to fund patient-centered comparative clinical effectiveness research projects to date.

 Recent funding cycle concluded 2013 with 11 CDRNs and 18 PPRNS





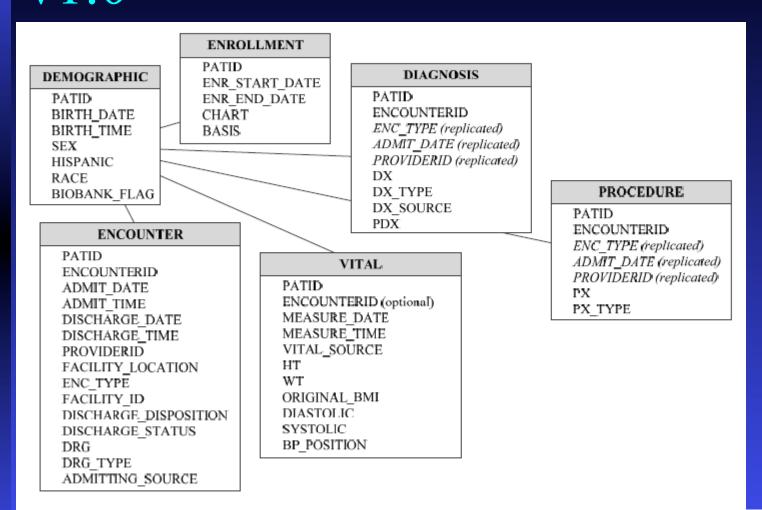
Clinical Data Research Network

- Collaboration of (mostly) academic medical centers supported by network funding from PCORI
- Expected to standardize research data access across sites, establish query communication function and share data access across the CDRN and PCORNET
- Research interoperability = Reference information model + (Content standards) + Popmednet network query tools





PCORnet Common Data Model v1.0





'Smorgasbord' of reference content published with CDM v1 Following the lead of the Mini-Sentinel Common Data Model



Tooling for 'Big Data'

i2b2

A National Center for Biomedical Computing

Informatics for Integrating Biology & the Bedside

i2b2: Informatics for Integrating Biology & the Bedside - A National Center for Biomedical Computing

About Us | Driving Biology Projects | Software | Resources | Events | Training | News | Collaborations | Publications



MISSION

i2b2 (Informatics for Integrating Biology and the Bedside) is an NIH-funded National Center for Biomedical Computing based at Partners HealthCare System. The i2b2 Center is developing a scalable informatics framework that will enable clinical researchers to use existing clinical data for discovery research and, when combined with IRB-approved genomic data, facilitate the design of targeted therapies for individual patients with diseases having genetic origins. This platform currently enjoys wide international adoption by the CTSA network, academic health centers, and industry. i2b2 is funded as a cooperative agreement with the National Institutes of Health.

DRIVING BIOLOGY PROJECTS

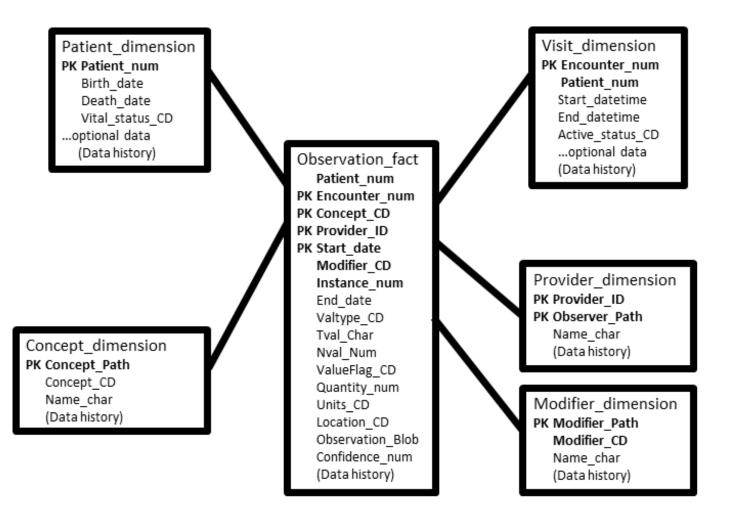
- " Overview
- Current DBPs
- Autoimmune/CV Diseases
- Diabetes/CV Diseases
- Past DBPs
- Airways Diseases
- # Hypertension
- Type 2 Diabetes Mellitus
- Huntington's Disease
- Major Depressive Disorder
- Rheumatoid Arthritis
- Obesity

RESOURCES

- Overview
- Computational Tools
- De-Identification Demo
- Software
- NLP Research Data Sets
- **** NLP Shared Tasks**
- # Academic Users' Group
- Publication Data

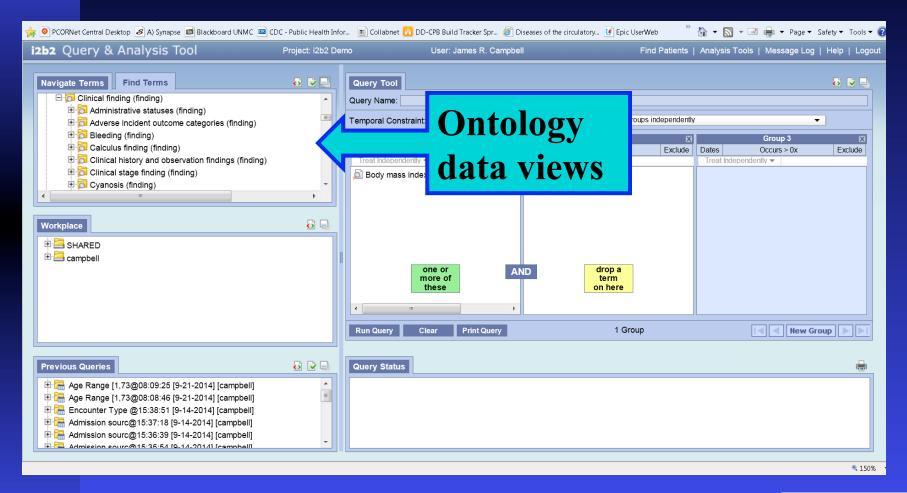


i2b2 'Out of the box'





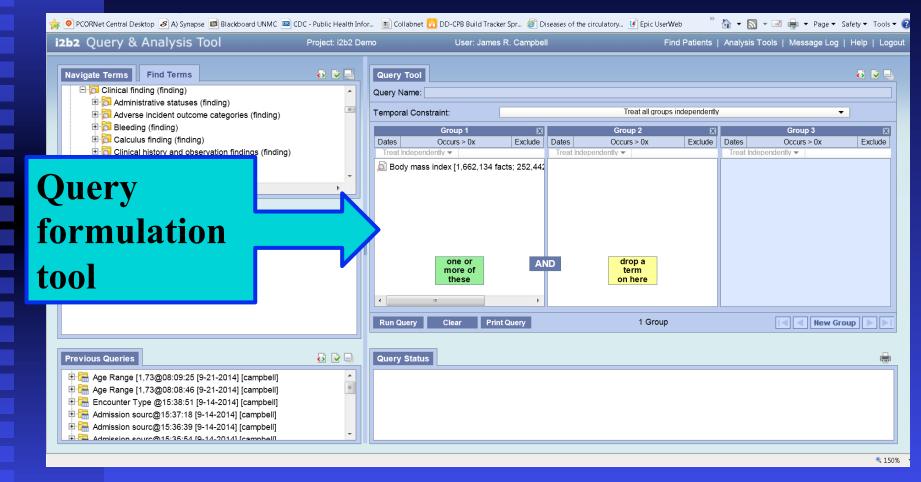
I2b2 workbench







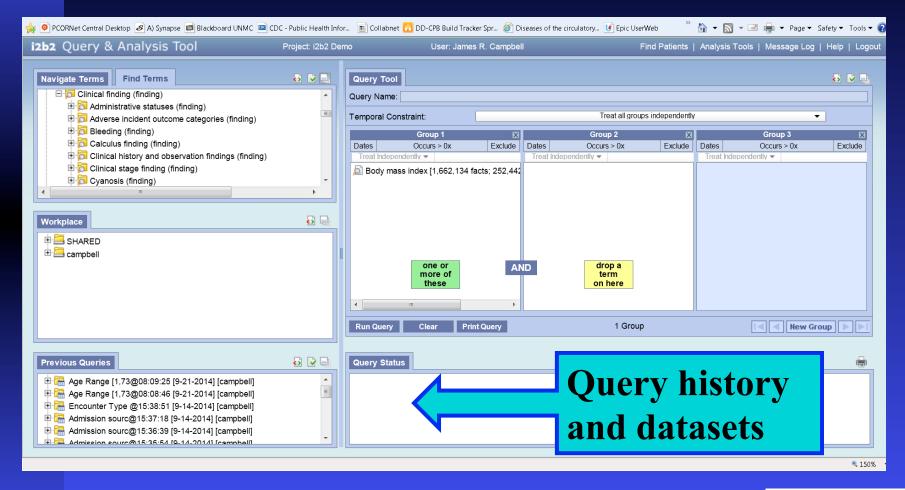
i2b2 workbench







i2b2 workbench







CDRN 4: Greater Plains Collaborative

- University of Kansas
 University of Iowa
- U Wisconsin Madison
 University of
- Medical College Wisconsin
- Childrens Mercy (KC)
- Marshfield Clinic

- Minnesota
- University of Nebraska
- U Texas Southwestern
- U Texas San Antonio





GPC Architecture for Research Interoperation

- Research data integration and query management tooling: i2b2
- Information model: Star schema
- Domain ontology/code sets:
 - Demographics, Clinical findings/biometrics, Lab findings, Radiology findings, Diagnoses, Allergies, Procedures, Orders/ procedure/medications, Medications/pharmaceuticals administered, Registry data
- Value sets for coded data





(Some) Research Data Warehouse Requirements

- Organization, presentation and query data access understandable to the clinical researcher
- Data aggregation queries easy to do; relevant to research questions; standards driven but <u>not requiring</u> <u>knowledge of the standard</u>
- Query of quantitative results and conversion of data units must be supported for heterogeneous data sources
- Interoperability standards inherent to design but not obtrusive or confusing





Research (QA) Data Warehouse: Query use cases

- How many diabetics have had a glycosylated hemoglobin test?
- How many hypertensive patients have a recent blood pressure below 140/90?
- Which patients with ALS have a drooling score >5?
- What fraction of children who had BMI %ile >95 at any time are obese at age 30?





GPC: i2b2 Reference Ontologies

Top level ontology		Concept dimension code sets	
Reference standard ontologies			
i2b2\Demographics	LOINC(clinical)	Age 30525-0	
	SNOMED CT (observables)	Religion SNOMED CT:160538000	
i2b2\Diagnoses	ICD9CM	Billing; encounter diagnoses	
	SNOMEDCT (clinical findings, events, situations)	Problem list; PMH	
	ICD10CM	Billing; encounter diagnoses	
\Lab measurements	LOINC (Lab)	All labs	
\Clinical Measurements	LOINC (Clinical)	Vital signs, physical findings	
	SNOMED CT (Observables)	Physical findings and symptoms	
\Procedures	HCPCS level 1: CPT4	Professional services	
	HCPCS level 2: ICD9CM	Hospital procedures and services	
	HCPCS level 3	Administrative procedures	
	SNOMEDCT (Procedures)	Surgical history	
\Medications	NDF-RT; RxNORM	Medication orders, administered	
	NDC	Medications dispensed	
UNMC Enterprise data			
\UNMC Demographics		LOINC(Clinical); SNOMEDCT	
\UNMC Common labs\	\Hematology \Chemistry \Microbiology	LOINC(Laboratory)	
UNMC Diagnoses\Problem list		SNOMED CT(Clinical findings, events,	

UNMC: i2b2 Clinical Ontologies

Medical Center

UNMC Enterprise data					
\UNMC Demographics			LOINC(Clinical); SNOMEDCT		
\UNMC Common labs\	\Hematology \Chemistry \Microbiology 		LOINC(Laboratory)		
UNMC Diagnoses\Problem list			SNOMED CT(Clinical findings, events,		
UNMC Diagnoses\Encounter diagnoses			ICD-9-CM; ICD-10-CM		
\UNMC Radiology			Clinical LOINC; SNOMED CT; CPT		
\UNMC Procedures			CPT; HCPCS; SNOMED CT		
\Medications administered			NDF-RT; RxNORM; NDC		
\Medications dispensed			(NDF-RT+ RxNORM); NDC		
\Immunizations administered			CVX; MVX		
UNMC Orders\Procedure orders			CPT; HCPCS; SNOMED CT; LOINC		
UNMC Orders\Medication Orders			NDF-RT; RxNORM; NDC		
UNMC Orders\Prescriptions			NDF-RT; RxNORM		
UNMC\Allergies&Sensitivities\Reaction type			Allergens(SNOMED CT); Reaction(SNOMED CT); Severity(SNOMED CT)		
PCORI metadata					
\i2b2\PCORI\					
\i2b2\PCORI\Demographics\	Demographics				
\i2b2\PCORI\Demographics\Patient identifier\	Patient identifier	LOINC:56794-1			
\i2b2\PCORI\Demographics\Biobank flag\	Biobank flag	LOINC:75520-7			
\i2b2\PCORI\Demographics\Gender\	Gender	LOINC:72143-1			
\i2b2\PCORI\Demographics\Birth date\ UNIVERSITY OF	Birth date	LOINC:21112-8		1.55	
Nebraska					.)

GPC: PCORI CDM Mapped Ontology

DCORI metadata

PCORI metadata			
\i2b2\PCORI\Demographics\Patient identifier\	Patient identifier	LOINC:56794-1	
\i2b2\PCORI\Demographics\Biobank flag\	Biobank flag	LOINC:75520-7	
\i2b2\PCORI\Demographics\Gender\	Gender	LOINC:72143-1	
\i2b2\PCORI\Demographics\Birth date\	Birth date	LOINC:21112-8	
\i2b2\PCORI\Demographics\Birth time\	Birth time	LOINC:57715-5	
\i2b2\PCORI\Demographics\Race\	Race	LOINC:72826-1	
\i2b2\PCORI\Demographics\Hispanic\	Hispanic	LOINC:69490-1	
\i2b2\PCORI\Vitals\Vitals source\	Source of vitals data	LOINC:75521-5	
\i2b2\PCORI\Vitals\Blood pressure\	Blood pressure		
\i2b2\PCORI\Vitals\Blood pressure\Raw data\			
\i2b2\PCORI\Vitals\Blood pressure\Systolic pressure\	Systolic blood pressure	LOINC:8480-6	
\i2b2\PCORI\Vitals\Blood pressure\Diastolic pressure\	Diastolic blood pressure	LOINC:8462-4	
\i2b2\PCORI\Vitals\Blood pressure\BP_position\	BP Position	LOINC: 8361-8	
\i2b2\PCORI\Vitals\BMI\	BMI	LOINC:39156-5	
\i2b2\PCORI\Vitals\BMI percentile\	BMI percentile	LOINC:59574-4	
\i2b2\PCORI\Vitals\Height\		LOINC:8302-2	
\i2b2\PCORI\Vitals\Weight\		LOINC:3141-9	
\i2b2\PCORI\Diagnosis\(ICD9CM/Encounter)		ICD-9-CM/Encounter or	Billing diagnoses
\i2b2\PCORI\Procedure\(CPT4; ICD9CM)		HCPCS(CPT4, ICD-9-CM)	
\i2b2\PCORI\Encounters\Encounter identifier\	Admission date	LOINC:75519-9	
\i2b2\PCORI\Encounters\Admit date\	Admission date	LOINC:52455-3	
\i2b2\PCORI\Encounters\Admit time\	Admission time	LOINC:75522-3	

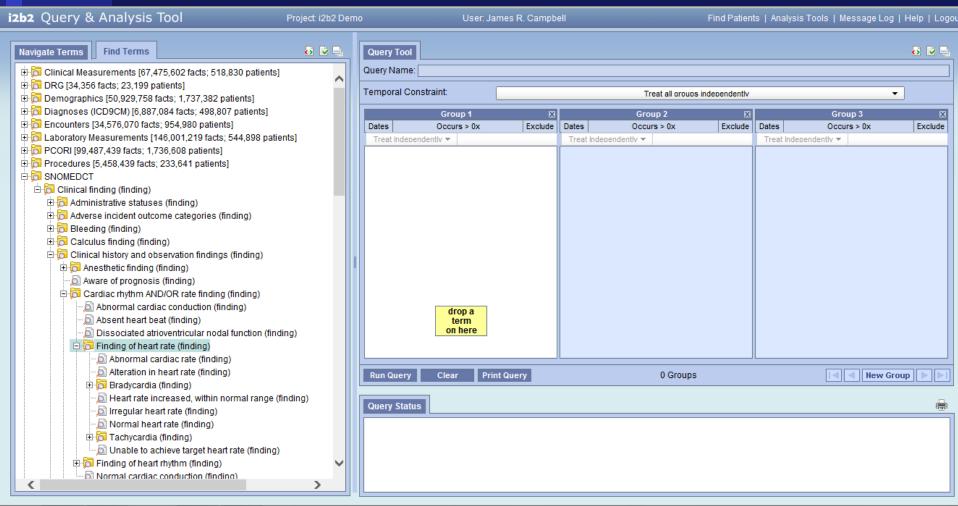
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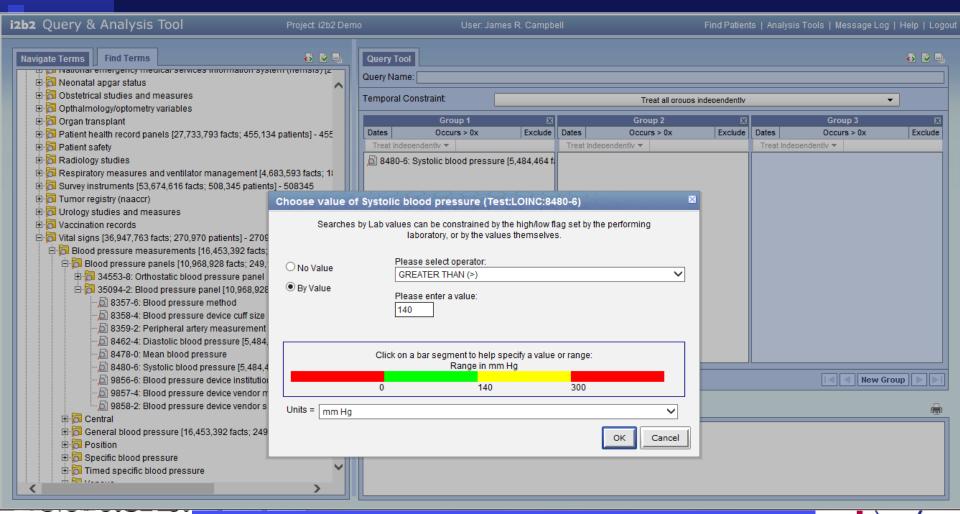




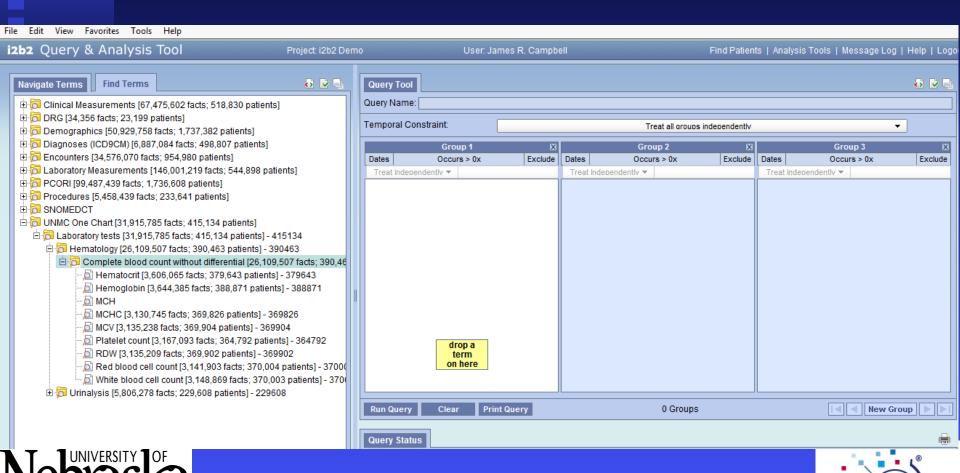
Task: Deploy Reference Ontologies for Validation and Aggregation



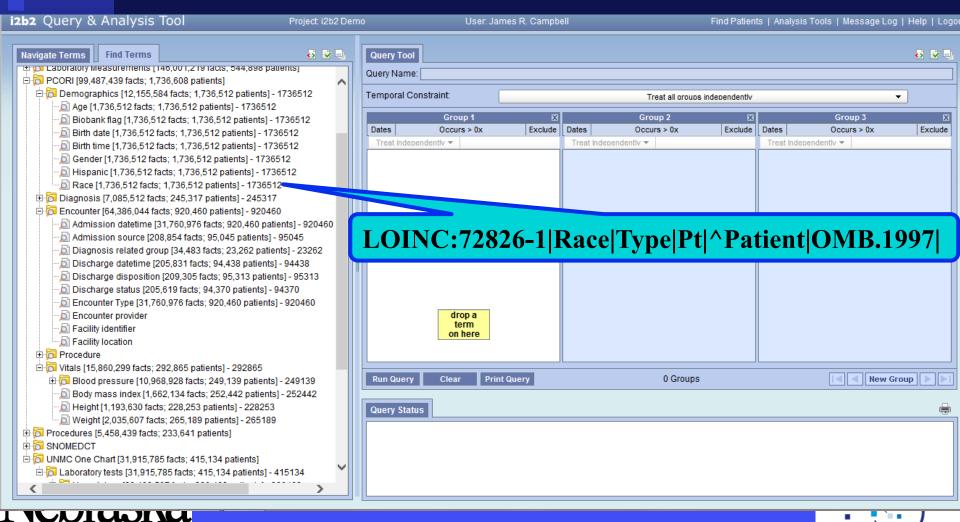
Metadataxml required for units conversion and numeric queries



Local taxonomies for research user: labor intensive for LOINC



Task: Map Research Data Model to Reference Ontologies





Problems with deploying Observables

- Release data sets from IHTSDO and Regenstrief clumsy to deploy and not harmonized; user requirements of aggregation for i2b2 better served with transitive closure tables
- Organizing infrastructure with NRC for maintenance release cycles TBD
- Metadatasets required to manage datatype, units conversion and normals range must be developed





Research Data Requirements of LOINC - SNOMED CT Harmonization

- Make sure the world hears about this!!! This is a clandestine op as far as the informatics community is concerned!
- Publish as a fully classified expression dataset that will support local ontology deployment
- Agreement between principles and publication of uniform identifier for ALL expression elements
- Grouper concepts to support aggregation by lab department, subdepartment and panel code; clinical observables organized by findings class
- Coordination of release datasets with NRCs to assure useful datasets (transitive closure tables) and software for deployment





Questions? Comments?





Observation fact: Race of patient

Patient_dimension

PK Patient_num

Birth date

Death date

Vital_status_CD

Concept_dimension

PK '\LOINC\CLIN\'

LOINC:72826-1

'Race'

Observation_fact

Patient_num

PK Encounter_num

PK LOINC:72826-1

PK Provider_ID

PK Start_date

Modifier= NULL

Instance_num='0'

End_date

Valtype_CD='T'

Tval Char='A'

Nval_Num=NULL

ValueFlag_CD='@'

Location_CD

Visit dimension

PK Encounter_num

Patient_num

Start_datetime

End_datetime

Provider_dimension

PK Provider_ID

PK 'Provider\Nurse'



