

Kaiser Permanente Convergent Medical Terminology (CMT)

Using Oxford RDFox and SNOMED for Quality Measures



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About Kaiser Permanente

- Largest health maintenance organization in the US.
- Operates in 7 different regions (states + D.C)
 - Ncal/Scal
 - Hawaii
 - Georgia
 - Colorado
 - Mid Atlantic
 - Pacific North-West
- Organize as an “entity structure composed of;
 - Kaiser HealthPlan
 - Kaiser Hospitals
 - Permanente Medical Group

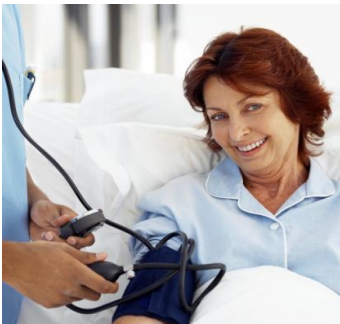
About Kaiser Permanente

- Over 10 M member
- 38 medical centers
- 620 medical offices
 - Over 17k physicians
 - Over 50k nurses
 - Over 177 k employees
- KP HealthConnect; largest civilian electronic health record system in the US

Kaiser Permanente's Mission

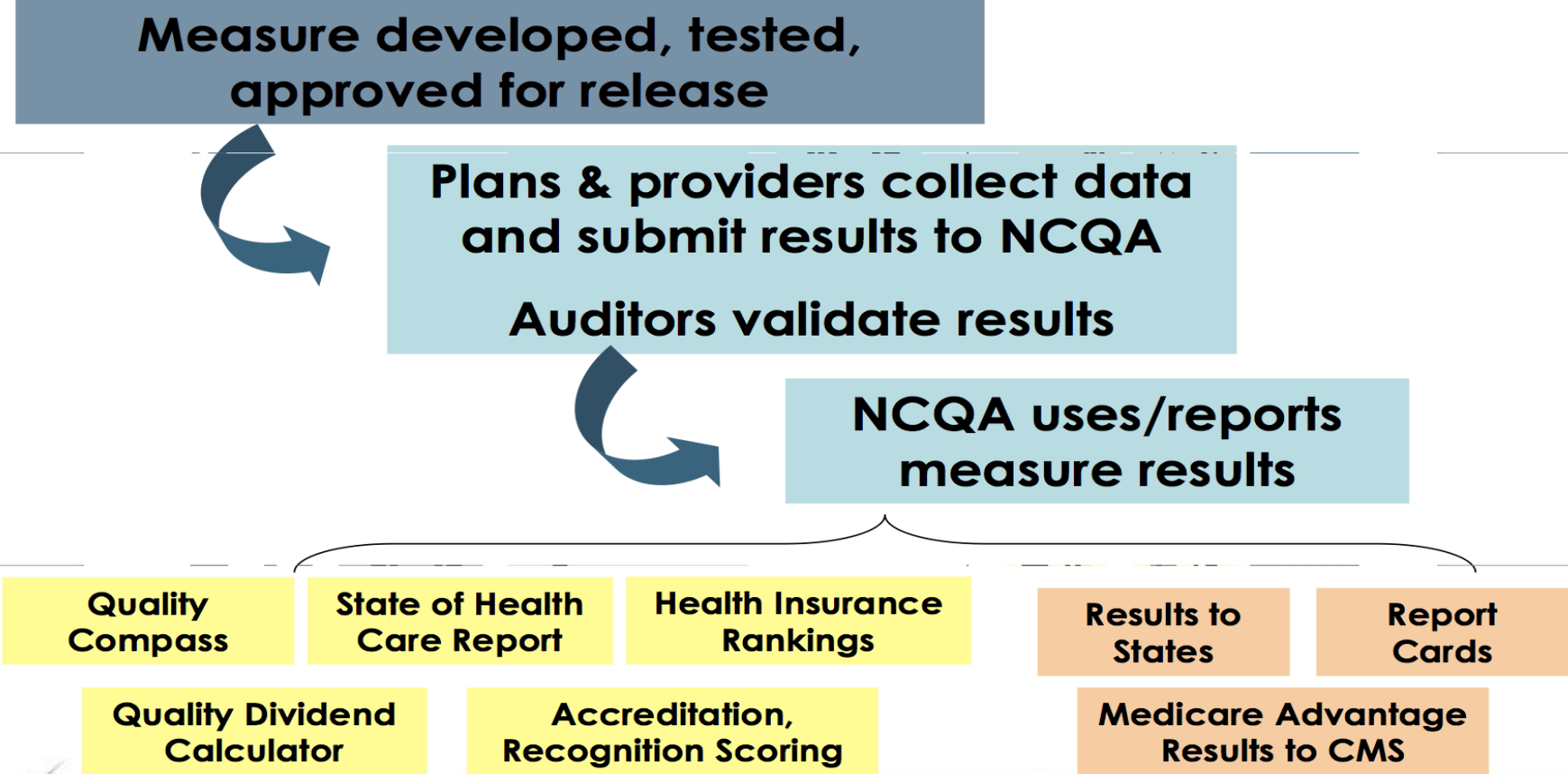


To provide affordable, high-quality health care services and to improve the health of our members and the communities we serve.



NCQA, the National Committee for Quality Assurance, is a private, not-for-profit organization dedicated to improving health care quality. **NCQA** develops quality standards and performance measures for a broad range of health care entities.

Performance Measures: Cornerstone of NCQA Work



SNOMED and OWL

Comprehensive Diabetes Care

Comprehensive Diabetes Care (CDC)

SPECIFIC GUIDANCE

Metplace organizations report only HbA1c Testing, HbA1c Control <8, Eye Exam and Medical Attention Nephropathy indicators.

Population

Percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing.
 - Eye exam (retinal) performed.
- HbA1c control (<8.0%).
 - Medical attention for nephropathy.

Eligible Population

Product lines Commercial, Medicaid, Medicare, Marketplace (report each product line separately).

Age 18–75 years as of December 31 of the measurement year.

Continuous enrollment The measurement year.

Enrollment gap No more than one gap in enrollment of up to 45 days during the measurement year.

Measurement date December 31 of the measurement year.

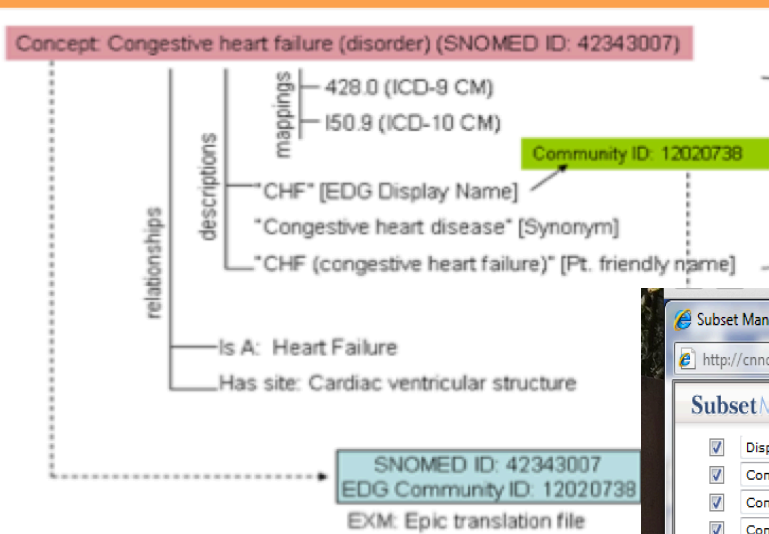
Benefit Medical.

Identification There are two ways to identify members with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a member only needs to be identified by one method to be included in

Table CDC-A: Prescriptions to Identify

Description	
Alpha-glucosidase inhibitors	• Acarbose
Amylin analogs	• Pramlintide
Antidiabetic combinations	<ul style="list-style-type: none"> • Alogliptin-metformin • Alogliptin-pioglitazone • Glimepiride-pioglitazone • Glimepiride-rosiglitazone • Glipizide-metformin
Insulin	<ul style="list-style-type: none"> • Insulin aspart • Insulin aspart-insulin aspart protamine • Insulin detemir • Insulin glargine • Insulin glulisine
Meglitinides	• Nateglinide
Glucagon-like peptide-1 (GLP1) agonists	• Exenatide
Sodium glucose cotransporter 2 (SGLT2) inhibitor	• Canagliflozin
Sulfonylureas	<ul style="list-style-type: none"> • Chlorpropamide • Glimepiride
Thiazolidinediones	• Pioglitazone
Dipeptidyl peptidase-4 (DDP-4) inhibitors	<ul style="list-style-type: none"> • Alogliptin • Linagliptin

SNOMED and OWL- Current State



SUBSETS ←

Subset Management - Windows Internet Explorer
 http://cnndcpcctw001.nndc.kp.org/QueryModel/App_Web/Main.aspx

SubsetManagement Modeler

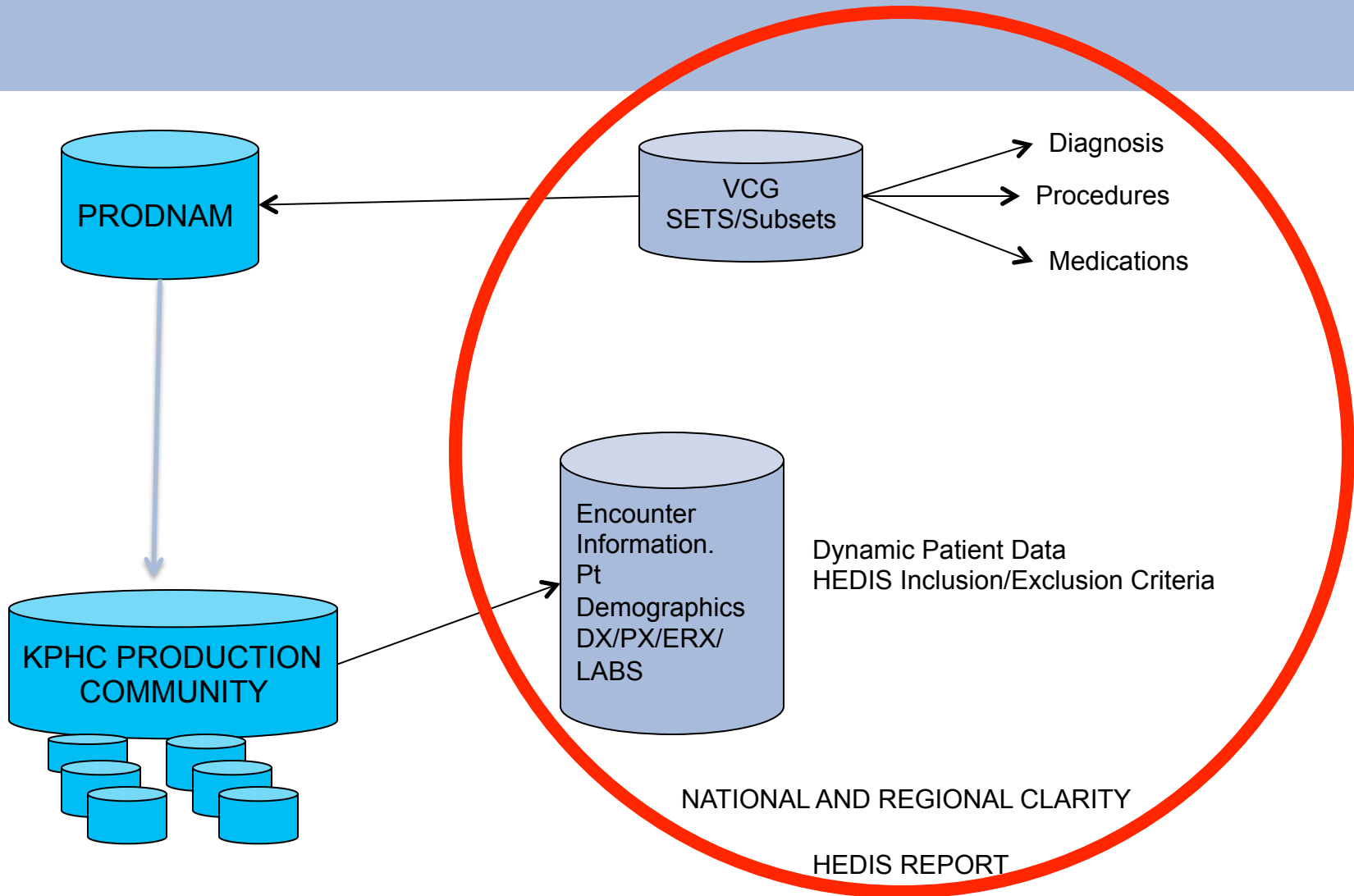
Query Builder Repository Admin Activities Bulk Import

Criteria
 1 2 3 4 5 6 7 8 9 10 ... Total Results = 1078

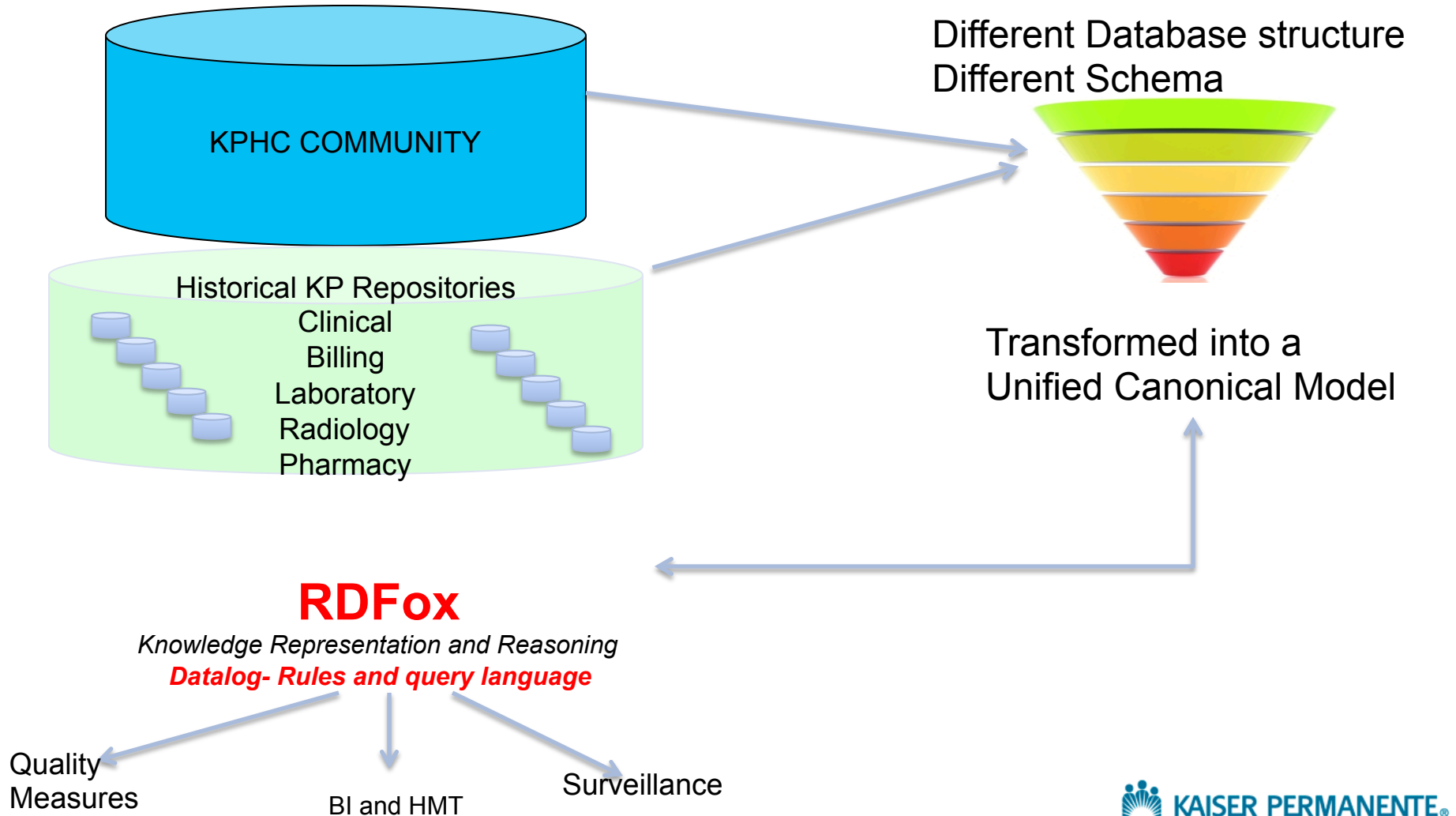
Exclude	CSM ID	Display Name	.1	CID	Item 40	Historical ICD-9	ICD-9
<input type="checkbox"/>	18330	MONONEUROPATHY DUE TO DM.	2378	1202378	355.9C	355.9	
<input type="checkbox"/>	18633	DM 2, ON INSULIN.	2687	1202687	510382	250.00	250.00
<input type="checkbox"/>	18637	DM W EYE MANIFESTATIO.	2691	1202691	510383	250.50	250.50
<input type="checkbox"/>	18641	DM 2 W HYPOGLYCEMIA.	2695	1202695	510384	250.80	250.80
<input type="checkbox"/>	19971	Pharmacy care plan for diabetes	4050	1204050	510709	V68.89	V68.89
<input type="checkbox"/>	29794	DM 2 w hyperosmolar coma	13879	12013879	510784	250.20	250.20
<input type="checkbox"/>	29795	DM 1 w hyperosmolar coma	13880	12013880	510785	250.21	250.21
<input type="checkbox"/>	29796	DM 2, CONTROLLED, W DIABETIC PERIPHERAL NEUROPATHY.	13881	12013881	500592		250.60/35
<input type="checkbox"/>	29797	DM 2, UNCONTROLLED, W DIABETIC	13882	12013882	500597		250.62/35

Delta Legend:
 - Items that no longer meet criteria but still exist on CQML File.
 - Items that met criteria but not on the CQML File.
 - Items has changed between criteria search and CQML File.

SNOMED and OWL- Current State



SNOMED and OWL- Future State



SNOMED and OWL

- The logical model of SNOMED is based on one flavor of Web Ontology Language (OWL)
- The flavor of OWL-2 which SNOMED follows is called EL +
- Another flavor of OWL-2 is called RL
- Oxford University Department of Computer Science (Ian Horrocks's group) has developed a powerful scalable OWL-2 RL reasoning platform called RDFox (RDF Oxford)

SNOMED and RDFox

- SNOMED and its OWL EL+ does a good job of representing procedures, diagnoses, findings, organisms, anatomic structures etc.
- SNOMED does not represent patient data. It does not represent MRN, Name, Age for example.
- It does not represent “who did what?” and “when and where did that happen?”
- Clinical data requires both a terminology of the “what” such as SNOMED, and also the “who, where, why, and when” that SNOMED does not cover

SNOMED and RDFox

- Oxford's RDFox can cover massive amounts of clinical data (who, what, when, where, why) and store it in RDF (Resource Definition Framework) format.
- SNOMED can be used (with subsumption searches) to create “value sets”. For example, what are all the SNOMED codes that indicate Diabetes?

SNOMED and RDFox

- Given a Value Set (vs) created with SNOMED subsumption, and given RDFox, any clinical data can be analyzed for complex queries on a massive scale.
- For our example we are demonstrating how this can be done for a Diabetes quality measure
- A brief explanation follows:

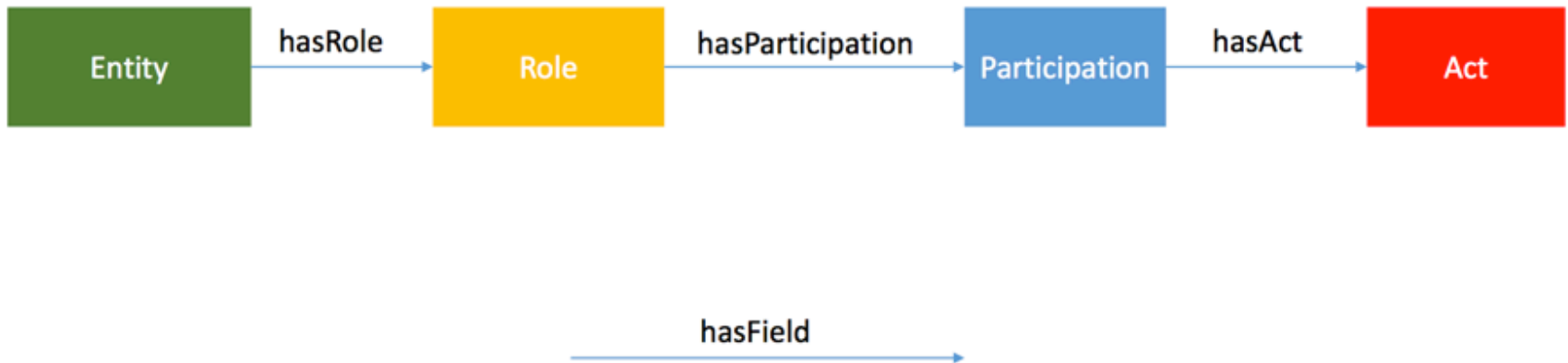
What is RDFox

- RDFox is developed by Oxford Department of Computer Science
- It is a massively scalable, parallel threaded logic engine that can make logical inferences
- It is based on OWL-RL and the Datalog language

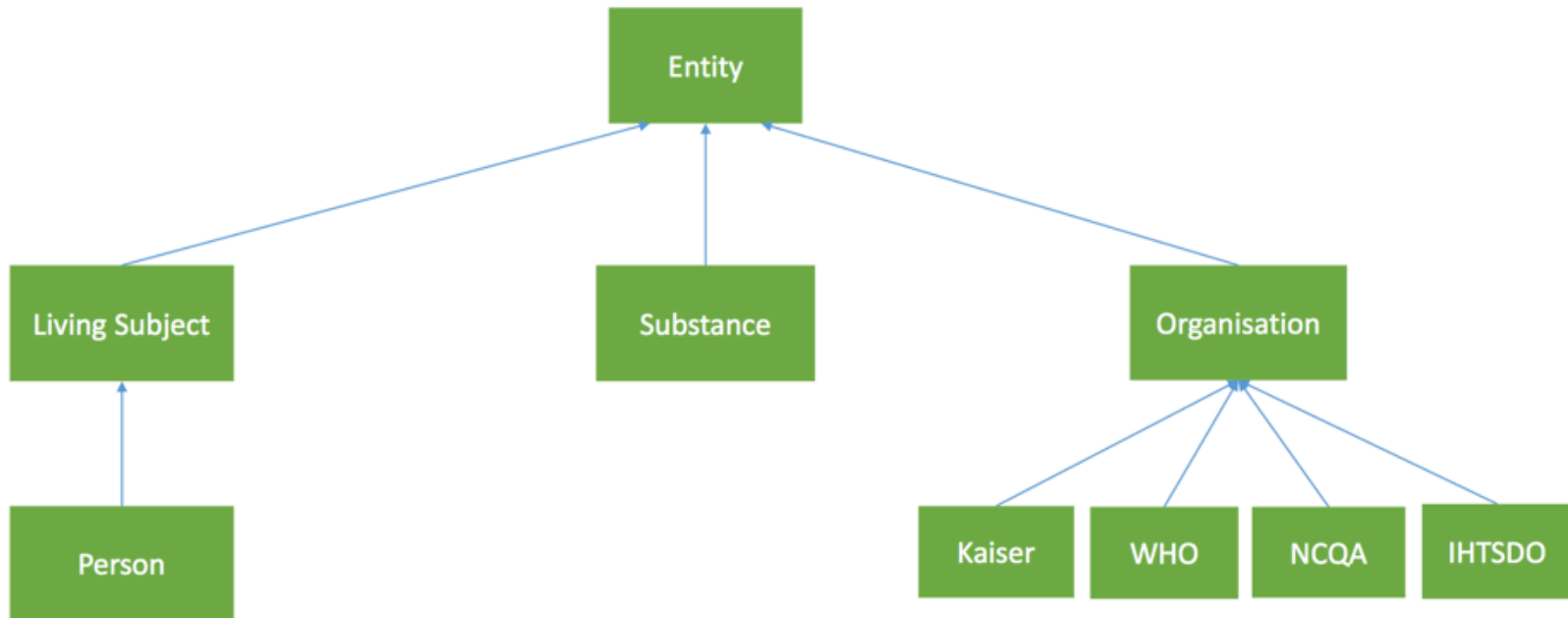
Translate E.H.R. to RDF Triples

- First clinical data from the E.H.R. is translated into an Ontology. A model based on relationships.
- All clinical information, can be expressed by an Ontology that is based on Entities In Roles that Participate in Acts, and Acts related to other Acts.

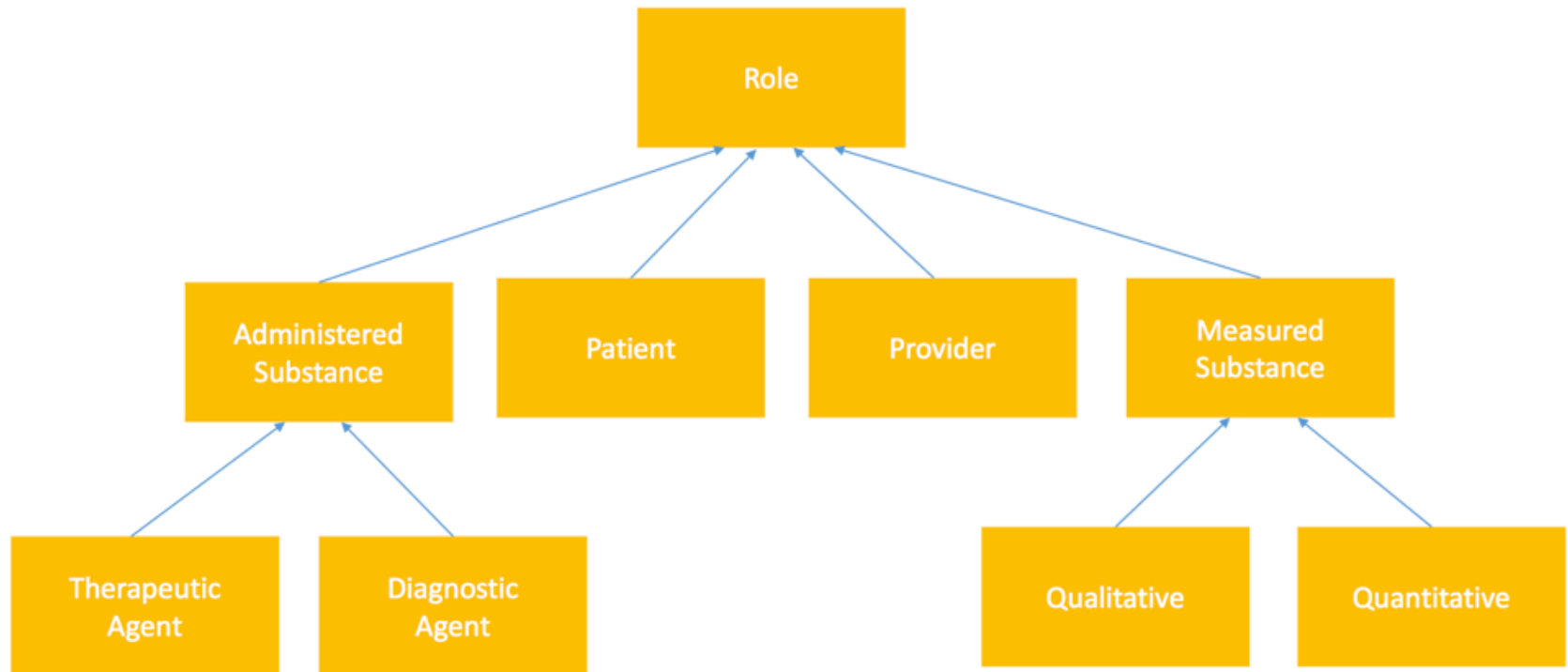
Top-Level Classes and Roles



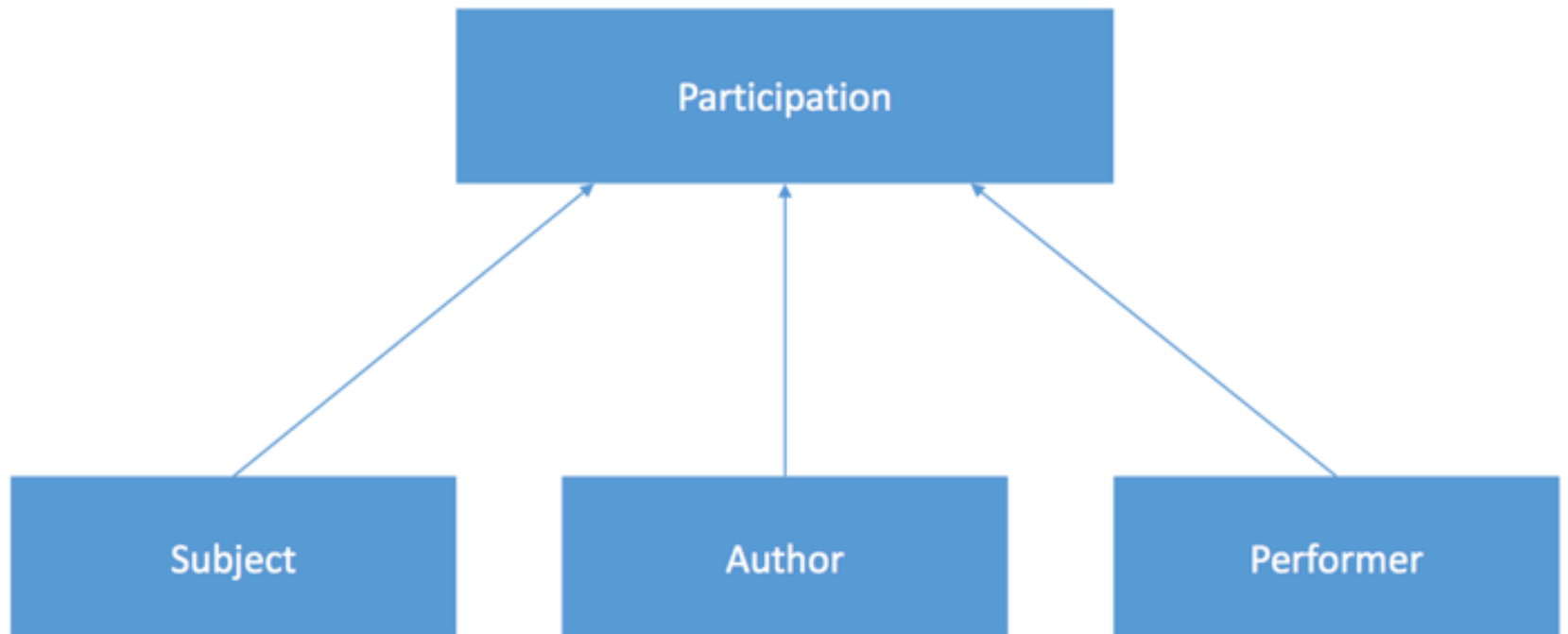
Entity Objects (UML Diagram)



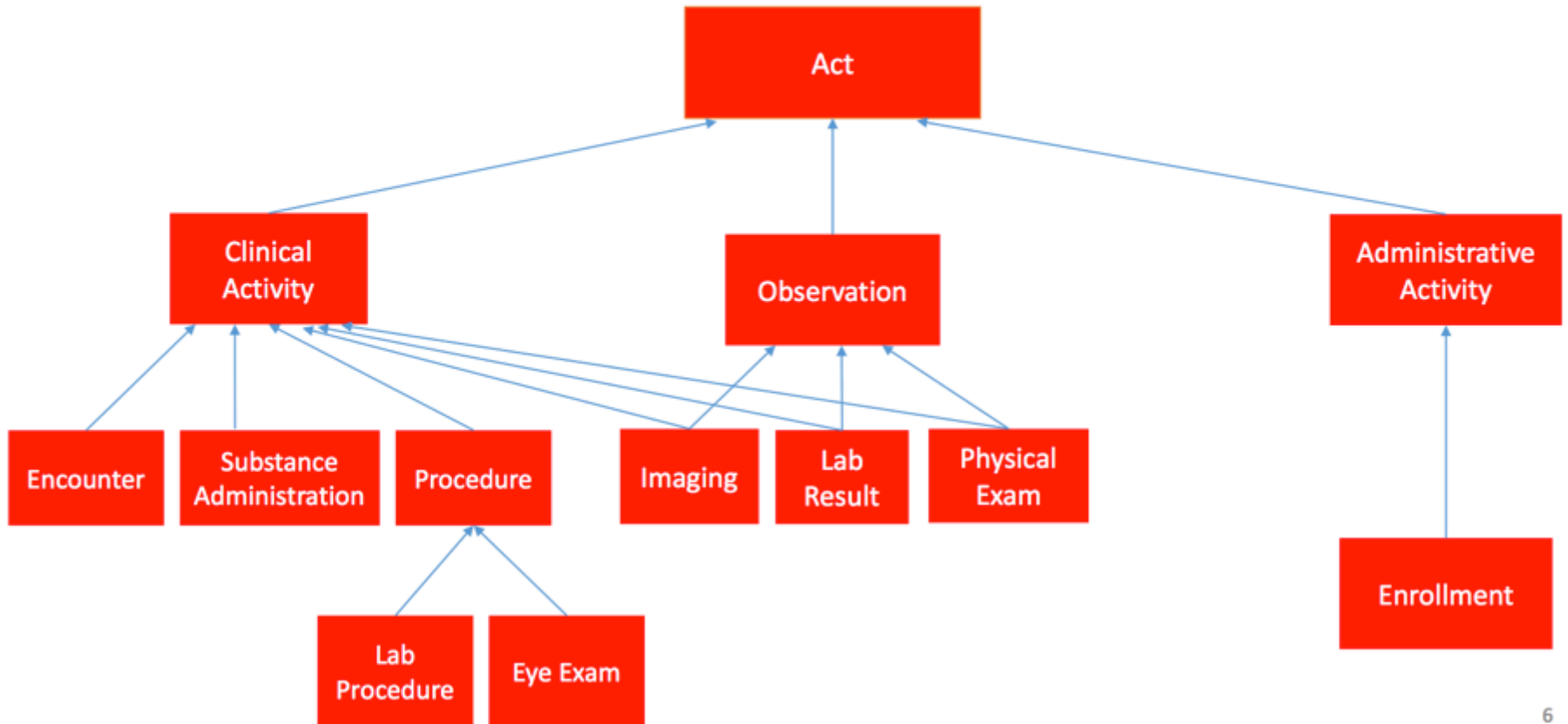
Role Objects (UML Diagram)



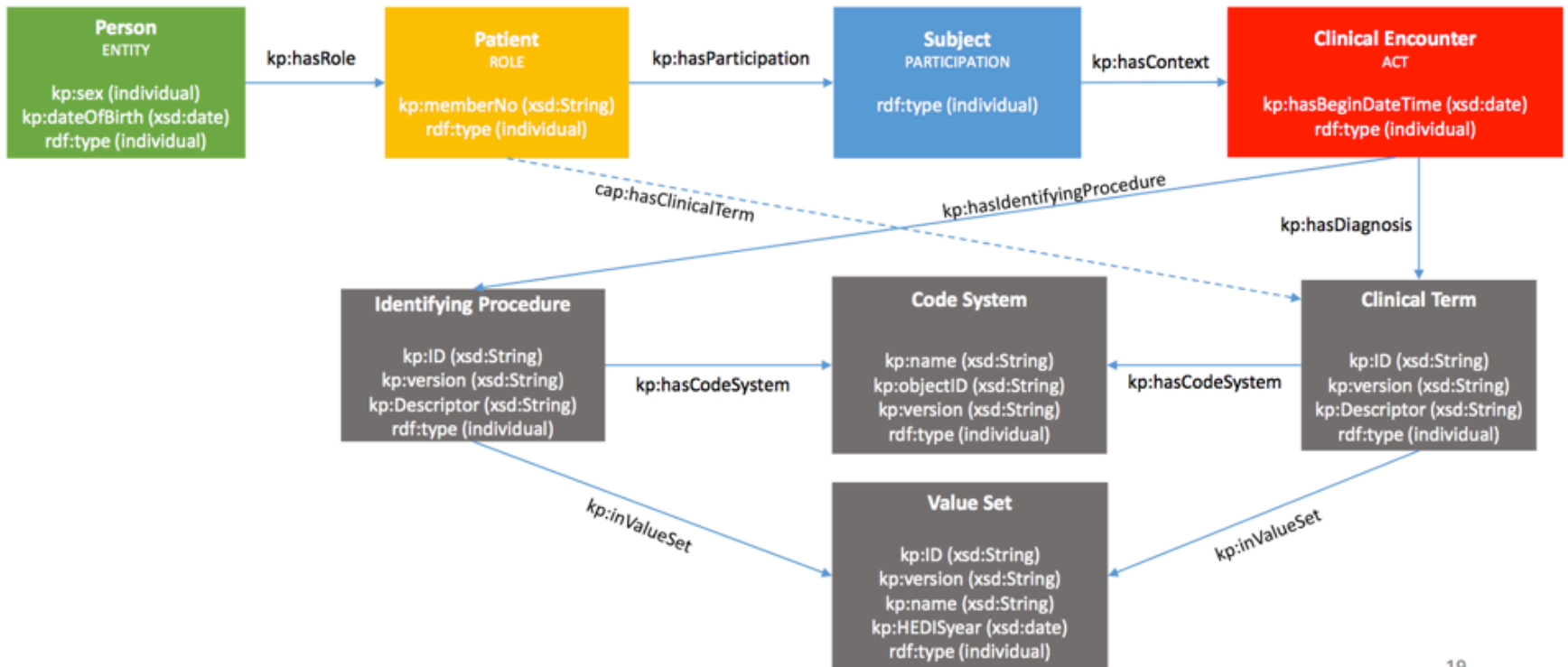
Participation Objects (UML Diagram)



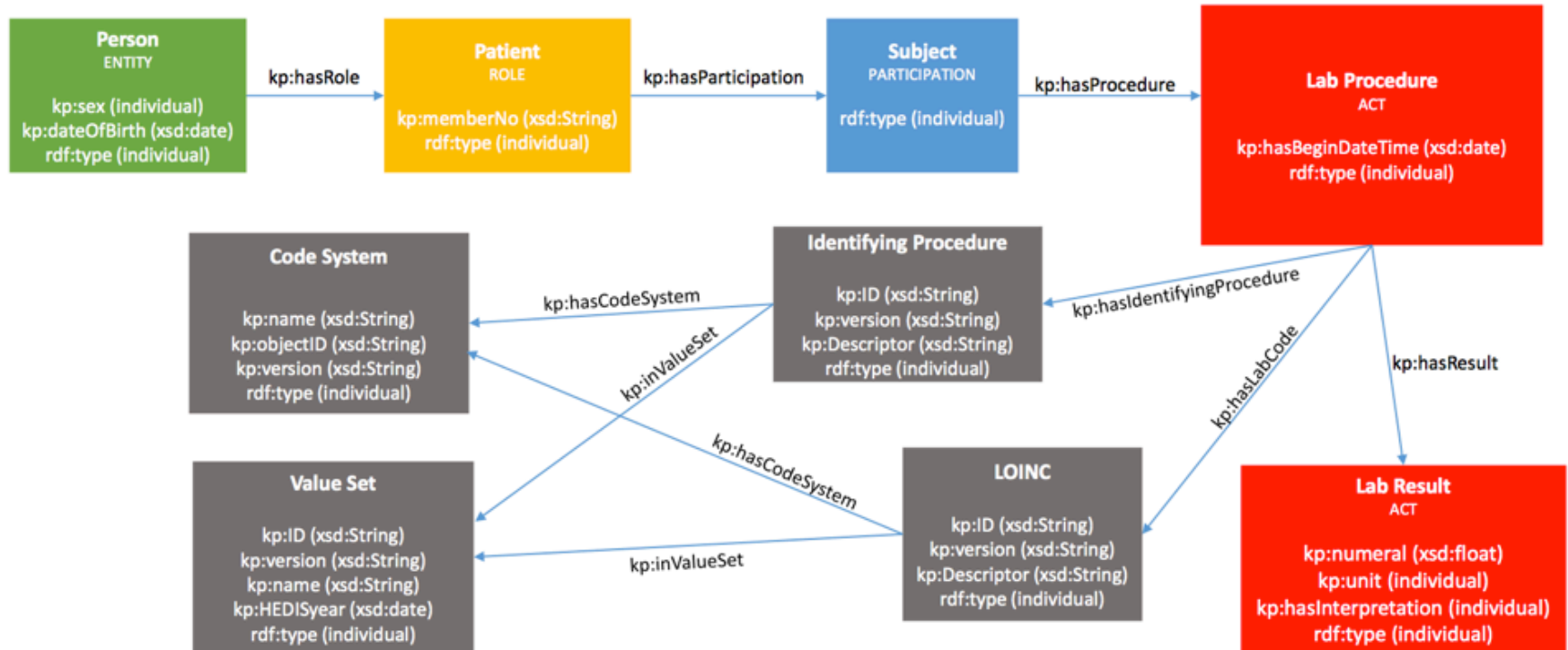
Act Objects (UML Diagram)



Clinical Encounter



Lab Results and Procedures



snomed_find_diabetes_patients.png

QueryBrowser - [~/IdeaProjects/QueryBrowser] - [QueryBrowser] - ~/IdeaProjects/QueryBrowser/src/org/kp/rdfx/store/Store.scala - IntelliJ IDEA 14.1.4

File Edit View Navigate Code Analyze Refactor Build Run Tools VCS Window Help

QueryBrowser > src > org > kp > rdfx > store > Store.scala

Project: QueryBrowser (~/IdeaProjects/QueryB...)

Store.scala x QueryGui.scala x AutoQuery.scala x QueryBody.scala x QueryBrowser.scala x IRI.scala x Query.scala x

Query Panel <2>

Triple	?RoleBN	p: kp:	memberNo>	?memNo	1 <input type="checkbox"/> +BNs (+0)	
Triple	?RoleBN	p: kp:	hasParticipation>	?PartBN	1 <input type="checkbox"/> +BNs (+0)	add row
Triple	?PartBN	p: kp:	hasContext>	?CEbn	1 <input type="checkbox"/> +BNs (+0)	evaluate
Triple	?CEbn	p: kp:	hasDiagnosis>	?CTbn	1 <input type="checkbox"/> +BNs (+0)	60
Triple	?CTbn	p: kp:	inValueSet>	?VSbn	1 <input type="checkbox"/> +BNs (+0)	CEbn
Triple	?VSbn	p: kp:	name>		1 <input type="checkbox"/> +BNs (+0)	CTbn
						PartBN
						RoleBN
						VSbn
						memNo
						new query
	?RoleBN	p: rdf:	type	o: aux:	KP_diabetes_denominator	get rule
						trpls out

0 +BNs (+?) 0 +BNs (+?)

```

RuleHead->UncontrolledTF.getLogicBlocks: type
RuleHead->UncontrolledTF.getLogicBlocks: KP_diabetes_denominator
[?RoleBN, rdf:type, aux:KP_diabetes_denominator] :- [?RoleBN, kp:memberNo, ?memNo], [?RoleBN, kp:hasParticipation, ?PartBN], [?PartBN, kp:hasContext, ?CEbn], [?CEbn, kp:hasDiagr
org.kp.rdfx.store.Store: Number of triples before 37722 and after update: 37782(+60)
  
```

4: Run 5: TODO Terminal Version Control Event Log

All files are up-to-date (5 minutes ago)

43:1 LF: UTF-8: Git: master 02:55

QueryBrowser - [~/IdeaProjects/QueryBrowser] - [QueryBrowser] - ~/IdeaProjects/QueryBrowser/src/org/kp/rdfox/store/Store.scala - IntelliJ IDEA 14.1.4

File Edit View Navigate Code Analyze Refactor Build Run Tools VCS Window Help

QueryBrowser > src > org > kp > rdfox > store > Store.scala > QueryPanel

Query Panel <3>

Triple ?RoleBN p: rdf: type> o: aux: KP_diabetes_denominator> 1 +BNs (+0) 1 +BNs (+0)

Triple ?RoleBN p: kp: hasParticipation> ?PartBN 1 +BNs (+0) add row evaluate

Triple ?PartBN p: kp: hasProcedure> ?LabProcBN 1 +BNs (+0) 7 LabCodeBN LabProcBN LabResult PartBN RoleBN

Triple ?LabProcBN p: kp: hasLabCode> ?LabCodeBN 1 +BNs (+0)

Triple ?LabCodeBN p: kp: ID> o: "4548-4" 1 +BNs (+0) 1 +BNs (+0) new query

Triple ?LabProcBN p: kp: hasResult> ?LabResult 1 +BNs (+0)

?RoleBN p: aux: hasHbA1cLab ?LabResult 0 +BNs (+?) get rule trpls out

RuleHead->UncontrolledTF.getLogicBlocks: hasHbA1cLab
 [?RoleBN, aux:hasHbA1cLab, ?LabResult] :- [?RoleBN, rdf:type, aux:KP_diabetes_denominator], [?RoleBN, kp:hasParticipation, ?PartBN], [?PartBN, kp:hasProcedure, ?LabProcBN], [?LabProcBN, kp:hasLabCode, ?LabCodeBN], [?LabCodeBN, kp:ID, "4548-4"], [?LabProcBN, kp:hasResult, ?LabResult].
 org.kp.rdfox.store.Store: Number of triples before 49984 and after update: 49991(+7)

4: Run 5: Debug Terminal 5: TODO 9: Version Control Event Log

All files are up-to-date (24 minutes ago) 46:21 LF: UTF-8: Git: master

Project Structure

- Project
- EmptyTerm
- FILTER
- FILTERNOTEXISTS
- InvalidTerm
- IRI
- Literal
- Prefix
- Query
- Rule.scala
- Traits.scala
- Triple

```
package org.kp.rdfcx.store

import java.io.File

import org.kp.rdfcx.logic.Rule
import uk.ac.ox.cs.JRDFox.JRDFStoreException
import uk.ac.ox.cs.JRDFox.model.GroundTerm
import uk.ac.ox.cs.JRDFox.store.{DataStore, TupleIterator}

import scala.collection.mutable.ArrayBuffer

/**
 * Created by work on 4/24/15.
 */
```

Query Panel

Triple	?RoleBN	p: aux:	hasHbA1cLab>	?LabResultBN	add row
			1 <input type="checkbox"/> +BNs (+0)		evaluate
Triple	?LabResultBN	p: kp:	numeral>	?value	
			1 <input type="checkbox"/> +BNs (+0)		
Filter	FILTER	?value >= "7.0"^^xsd:float			
?RoleBN	p: aux:	hasPoorControl	?value	get rule	
			0 <input type="checkbox"/> +BNs (+?)		trpls out

[?RoleBN, aux:hasPoorControl, ?value] :- [?RoleBN, aux:hasHbA1cLab, ?LabResultBN], [?LabResultBN, kp:numeral, ?value], FILTER(?value >= "7.0"^^xsd:float) .
org.kp.rdfcx.store.Store: Number of triples before 49991 and after update: 49994(+3)

Results Diabetes Test Run. Data From One Region

- Members in total

```
SELECT DISTINCT ?memno WHERE { ?role  
  kp:memberNo ?memno }
```

=> 465774

The number of members which are according to your definition (KP Diabetes Denominator)

```
SELECT DISTINCT ?role WHERE { ?role rdf:type  
  aux:KP_diabetes_denominator }
```

=> 51359

Results Diabetes Test Run. Data From One Region

The number of diabetic members which had a Lab Result associated with a Lab Procedure code "4548-4"

```
SELECT DISTINCT ?role WHERE { ?role  
aux:hasHbA1cLab ?labResult }
```

=> 38497 (75% of diabetic members)

(For 38497 were 163828 Lab Procedures registered; on average every diabetic member was 4.26x tested)

Diabetes Patients with a Specific Lab Result

- The number of diabetic members with poor HbA1c control ($\geq 7\%$)

```
SELECT DISTINCT ?role WHERE { ?role  
  aux:hasPoorControl ?value }
```

=> 18181 (47% of those tested diabetic members)

This is at any time including at time of Dx

SNOMED and RDFox

- Further RDFox queries showed that of all the patients who ever had a level of HgbA1c over 7, 100% of them were below 7 “at the last measurement”, and so were successfully managed.
- The definition of Diabetes in this test run, was a value set for terms subsumed by SNOMED Diabetes.

SNOMED and RDFox Conclusion

- The combination of the SNOMED subsumption logic and the RDFox logic allowed us to determine a quality measure for an entire region, including programming and running, in a few hours.

SNOMED and RDFS Conclusion

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