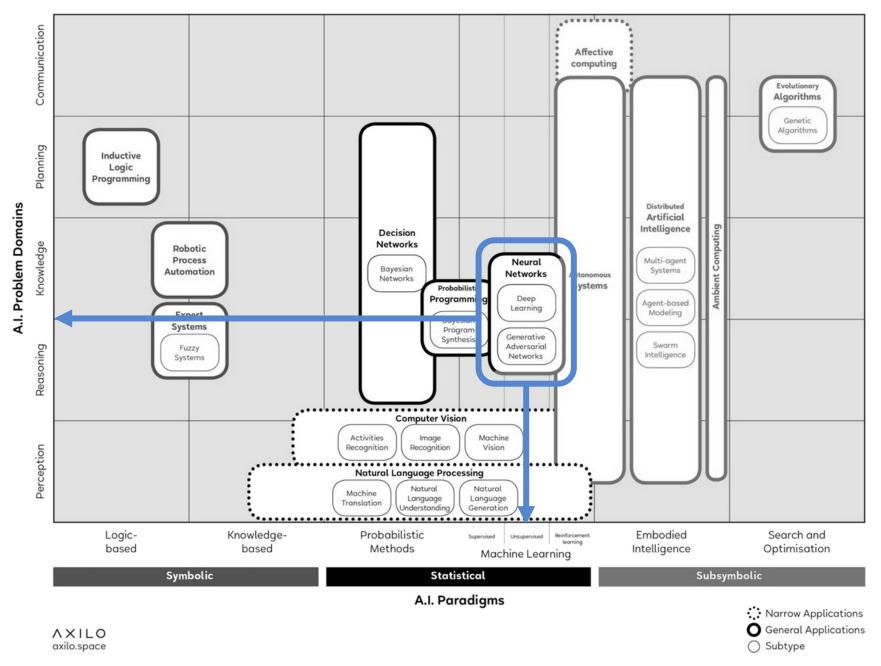


1. Al & Deep Learning

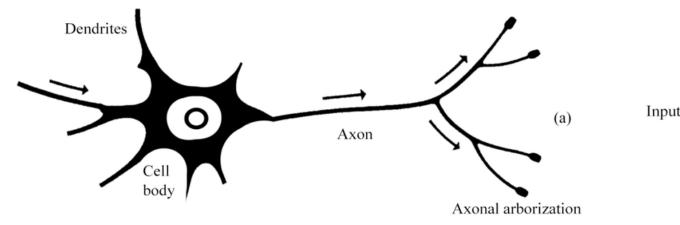
2. Role of EHRs & SNOMED CT

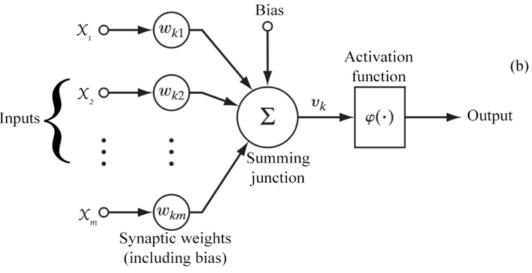
3. Challenges & Opportunities

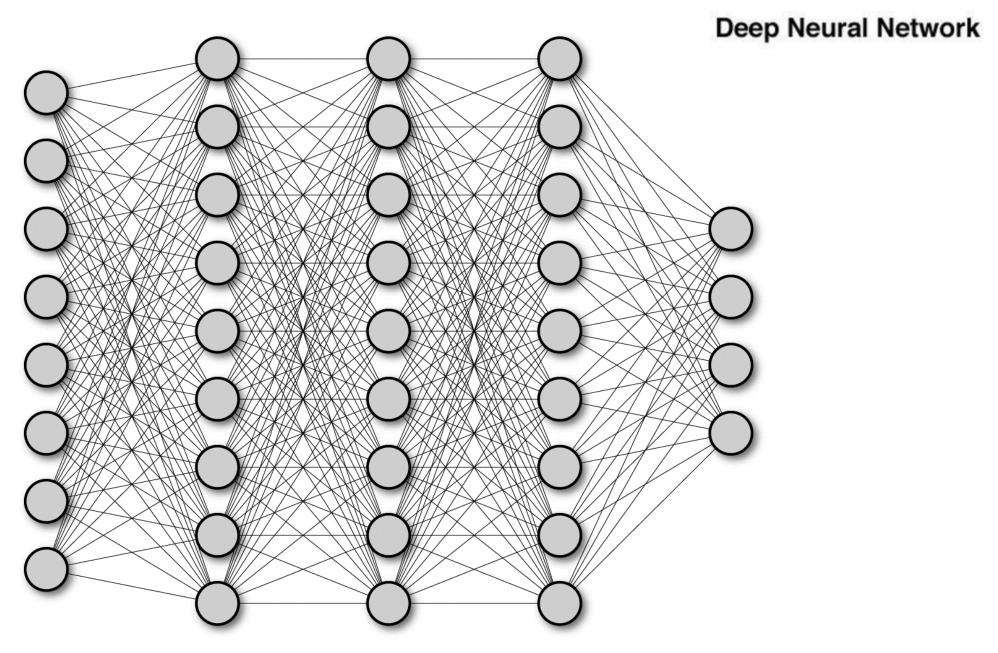
"For the present purpose, the artificial intelligence problem is taken to be that of making a machine behave in ways that would be called **intelligent if a human were so behaving**."



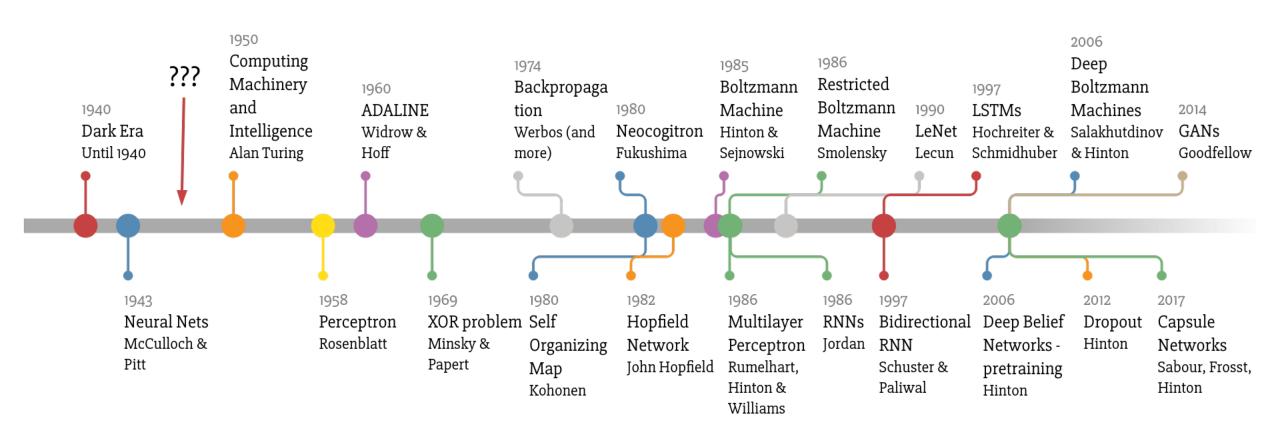
Biological Neuron versus Artificial Neural Network

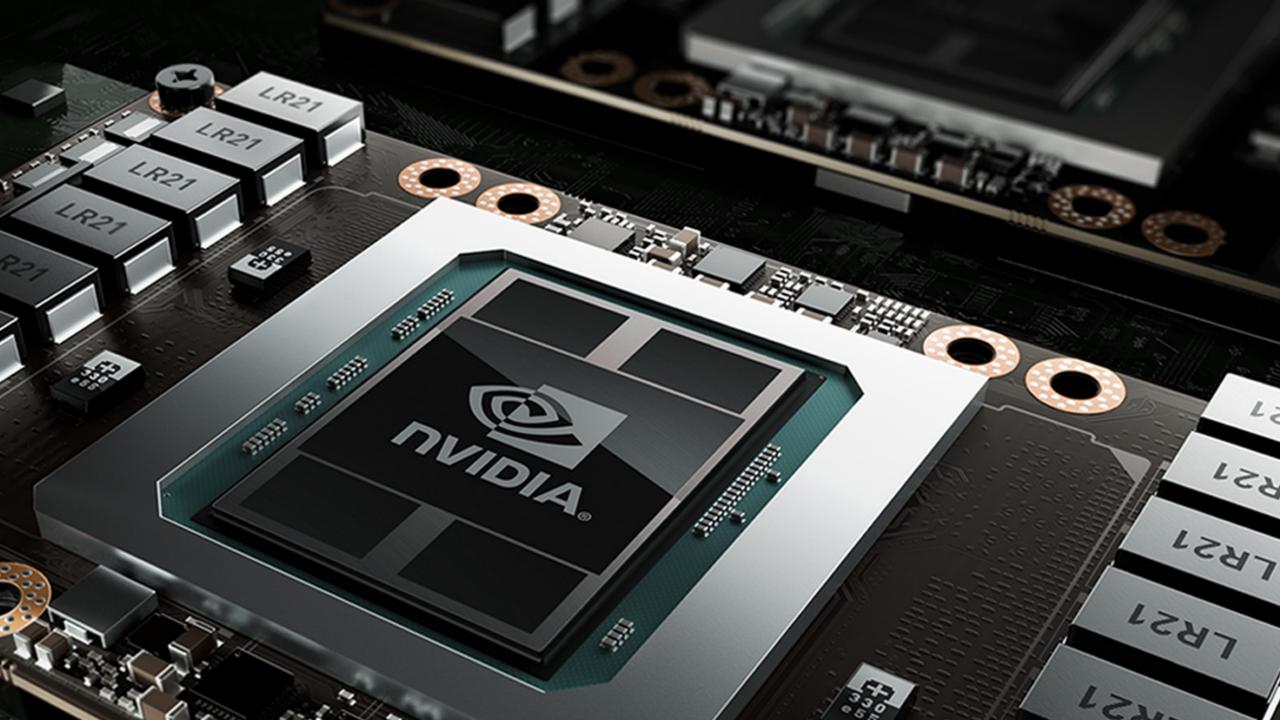






Deep Learning Timeline

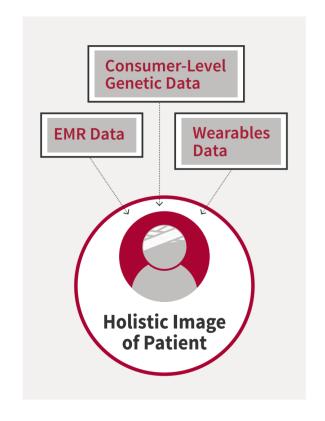


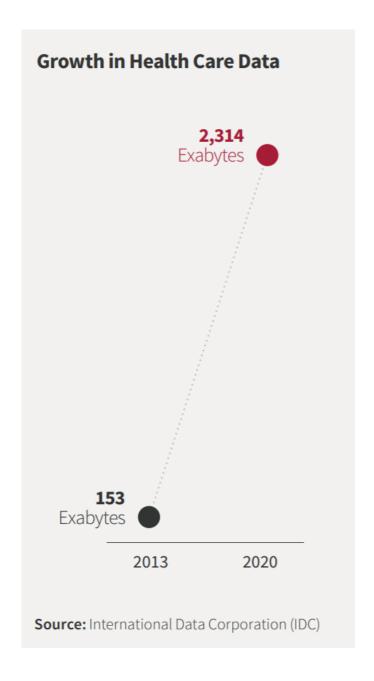


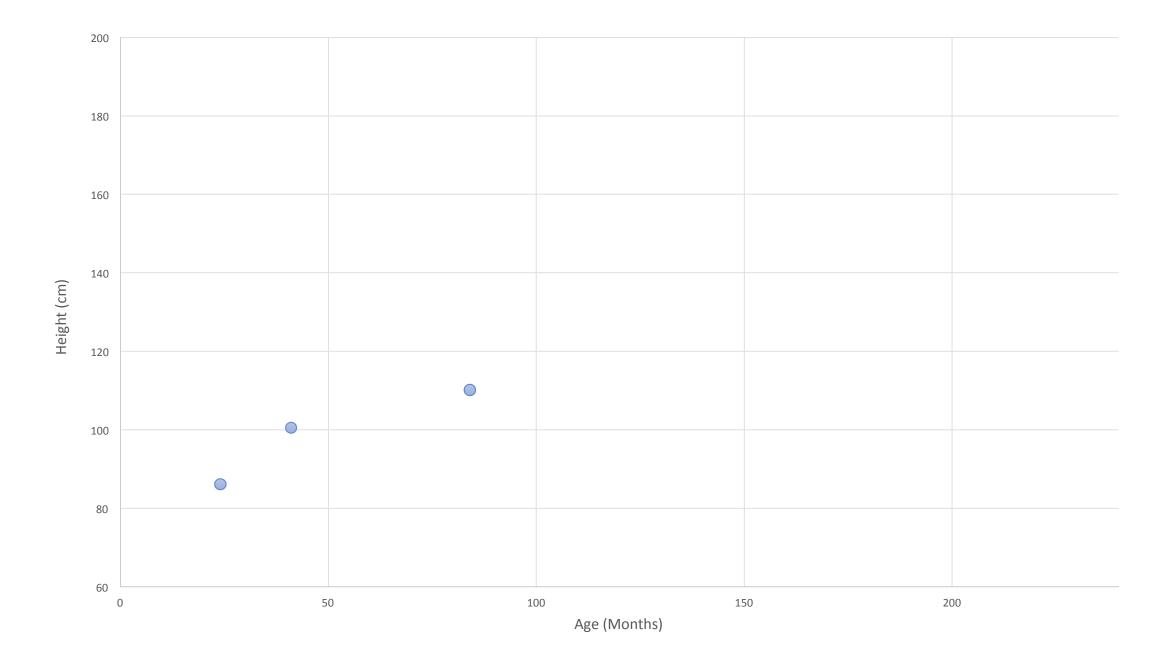


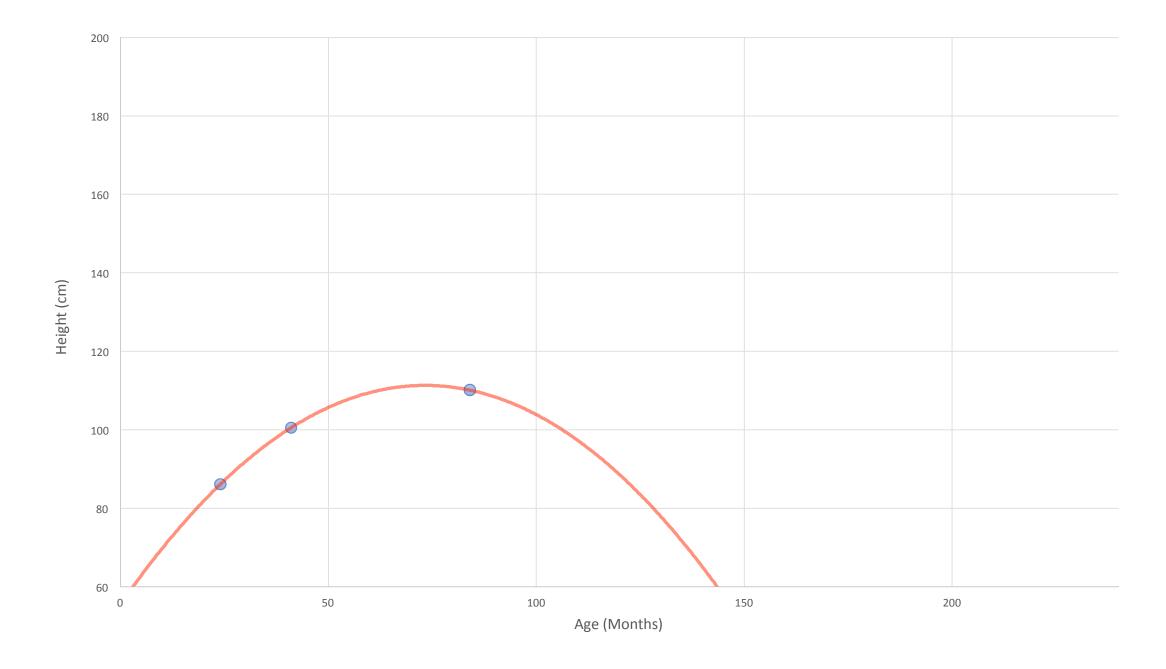
2,314 exabytes will be produced in 2020 translating to an overall rate of increase at least 48 percent annually.8

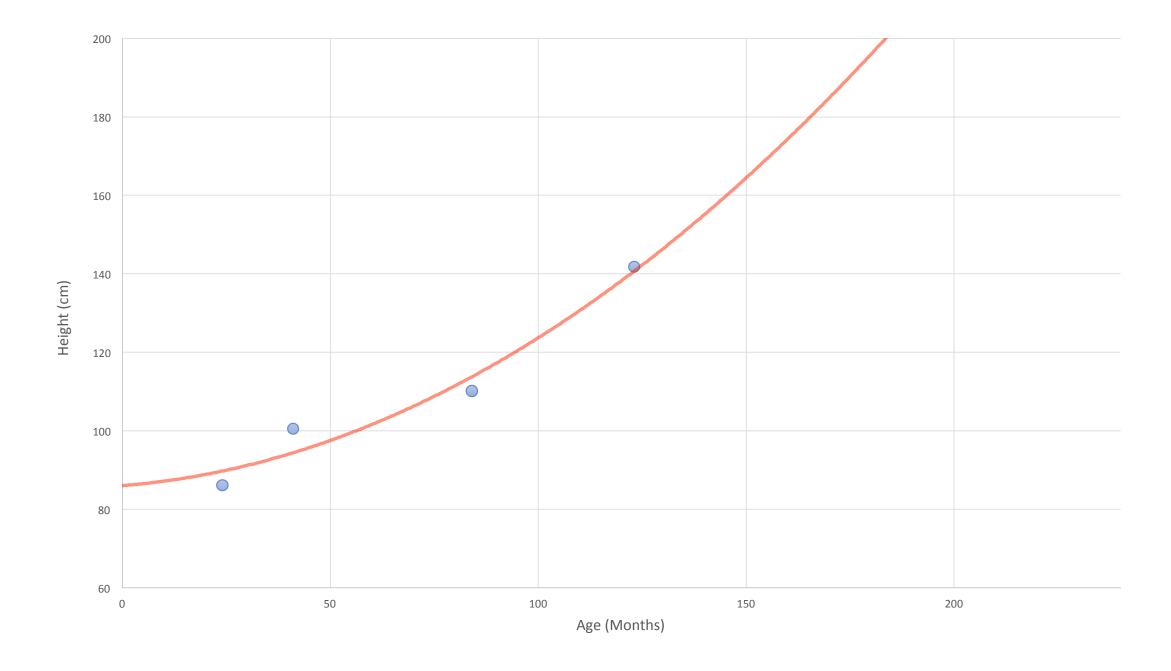
Data's Impact on Health Care

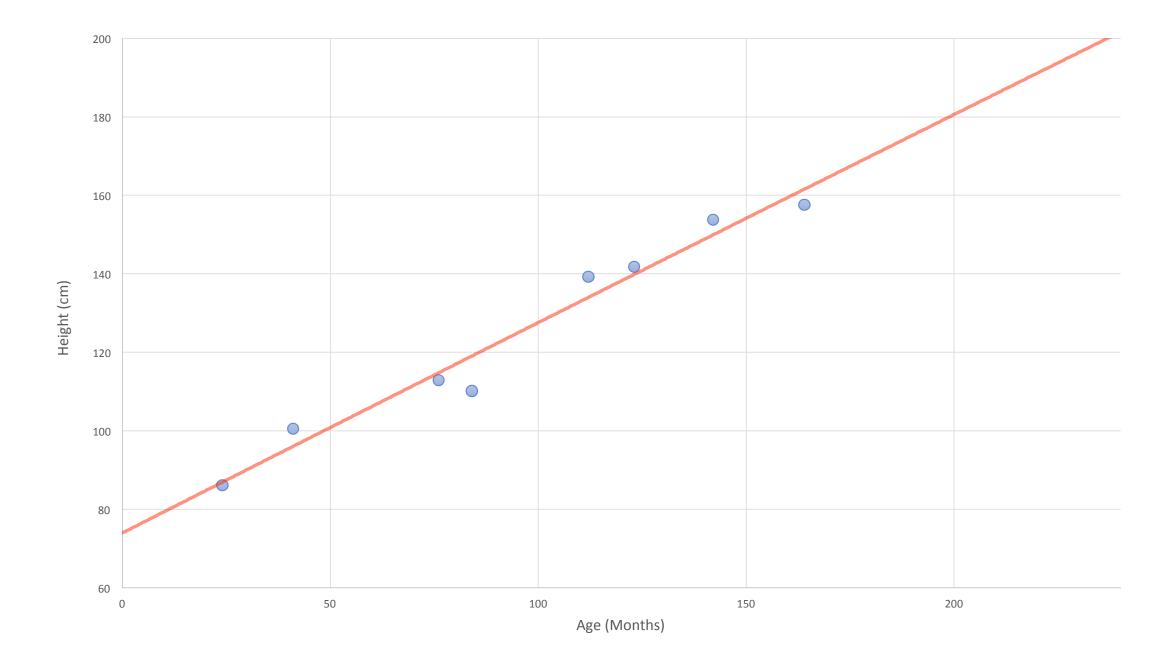


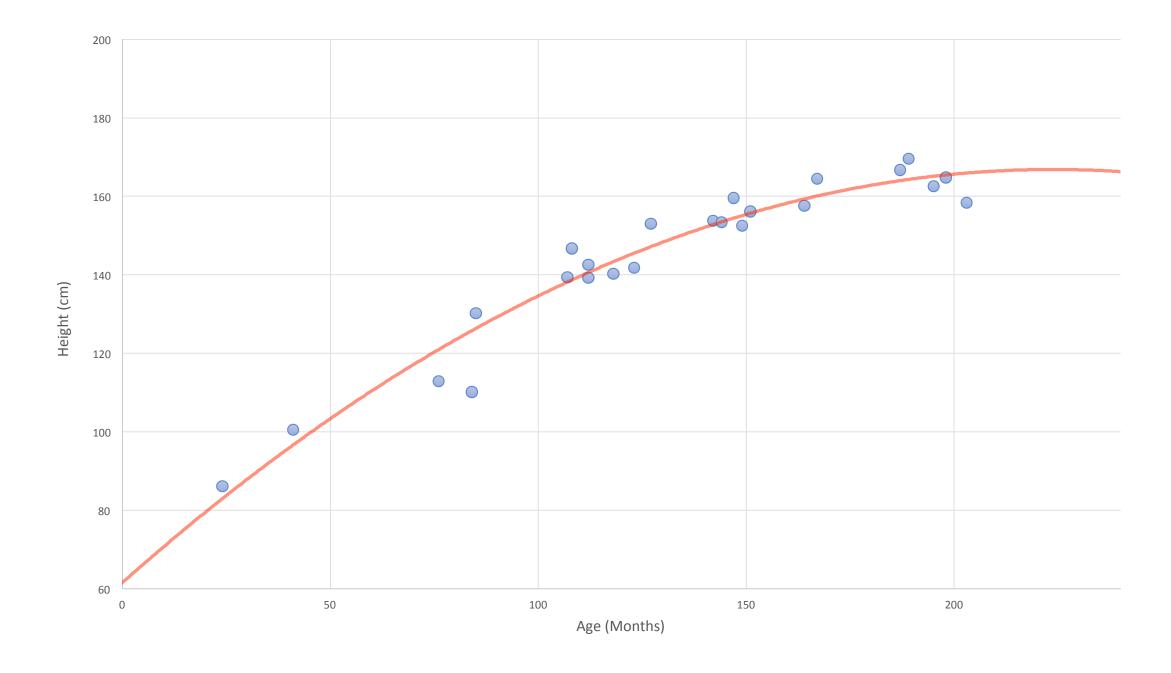


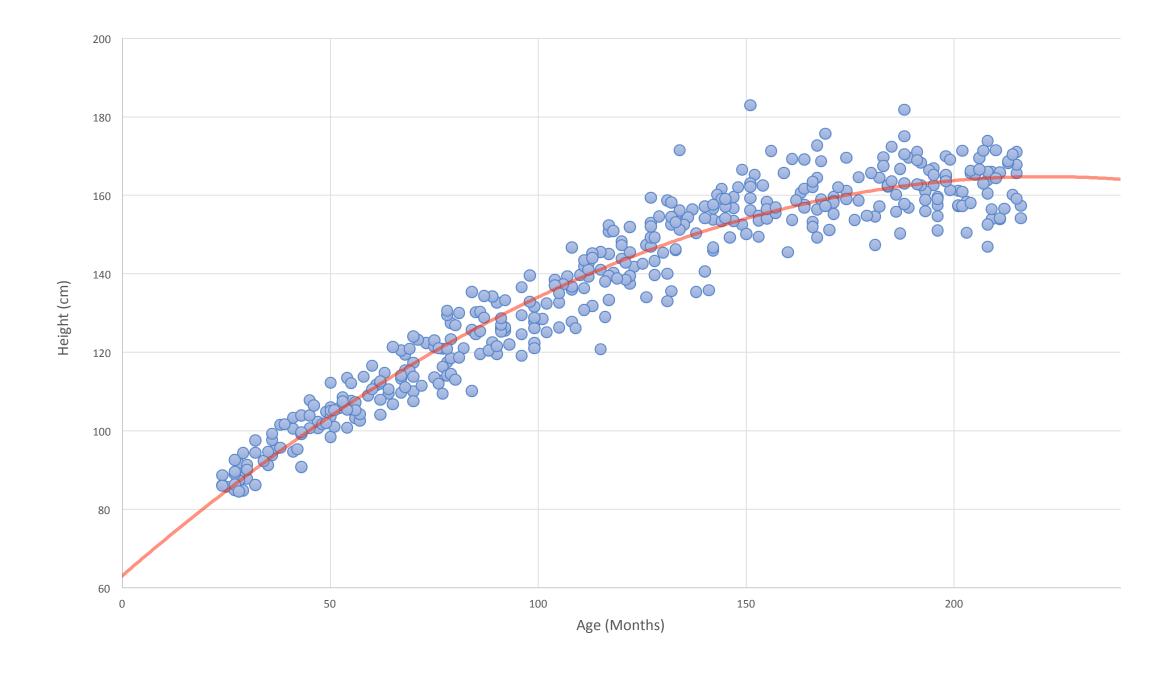
















https://doi.org/10.1038/s41551-018-0195-0

Prediction of cardiovascular risk factors from retinal fundus photographs via deep learning

Ryan Poplin^{1,4}, Avinash V. Varadarajan^{1,4}, Katy Blumer¹, Yun Liu¹, Michael V. McConnell^{2,3}, Greg S. Corrado¹, Lily Peng^{1,4*} and Dale R. Webster^{1,4}

Traditionally, medical discoveries are made by observing associations, making hypotheses from them and then designing and running experiments to test the hypotheses. However, with medical images, observing and quantifying associations can often be difficult because of the wide variety of features, patterns, colours, values and shapes that are present in real data. Here, we show that deep learning can extract new knowledge from retinal fundus images. Using deep-learning models trained on data from 284,335 patients and validated on two independent datasets of 12,026 and 999 patients, we predicted cardiovascular risk factors not previously thought to be present or quantifiable in retinal images, such as age (mean absolute error within 3.26 years), gender (area under the receiver operating characteristic curve (AUC) = 0.97), smoking status (AUC = 0.71), systolic blood pressure (mean absolute error within 11.23 mmHg) and major adverse cardiac events (AUC = 0.70). We also show that the trained deep-learning models used anatomical features, such as the optic disc or blood vessels, to generate each prediction.



The Telegraph

3 SEPTEMBER 2019 • 7:45PM

Scientists can predict risk of heart attack with 90 per cent accuracy

cientists have found a way to predict the risk of heart attack with 90 per cent accuracy - almost a decade in advance.

The breakthrough by Oxford University uses artificial intelligence to look "beneath the surface" of routine CT scans and spot biomarkers which can give early red flags.

Currently, patients experiencing chest pains are sent for CT scans.

In around one quarter of cases, these show blockages which can be treated with surgery.

DEEP MEDICINE

HOW ARTIFICIAL

INTELLIGENCE

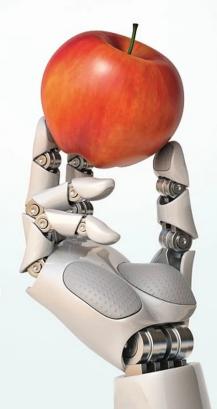
CAN MAKE

HEALTHCARE

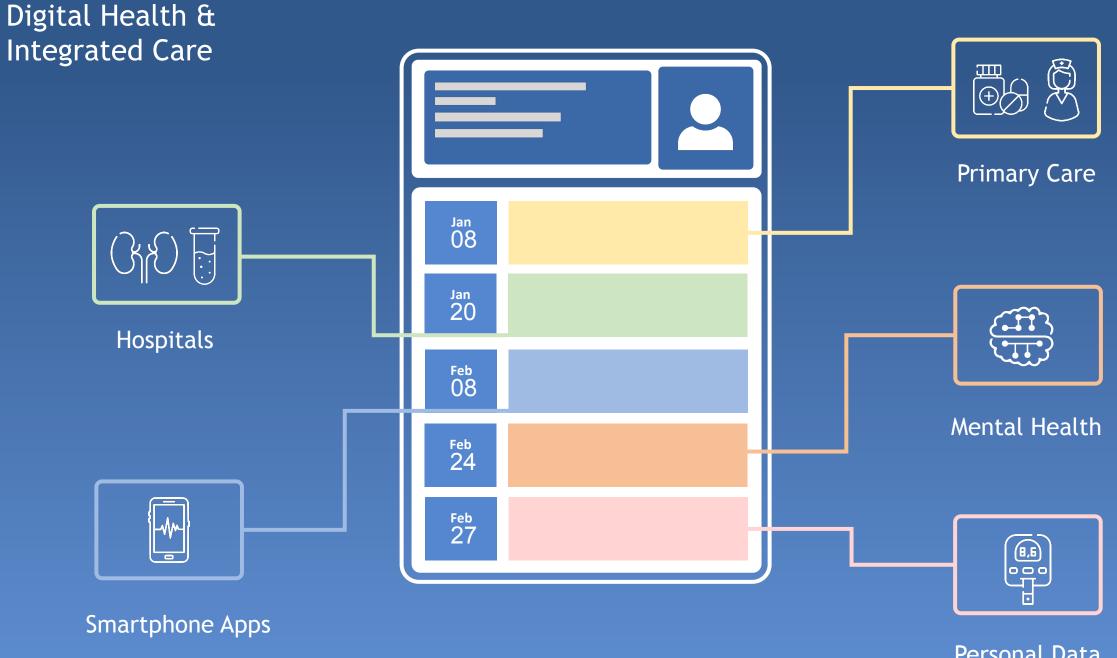
HUMAN AGAIN

ERIC TOPOL, MD

With a foreword by
ABRAHAM VERGHESE,
author of Cutting for Stone



"To help bring this point home, for every one hundred Medicare recipients age sixty-five or older, each year there are more than 50 CT scans, fifty ultrasounds, fifteen MRIs, and ten PET scans. It's estimated that 30 to 50 percent of the 80 million CT scans in the United States are unnecessary".





50,000,000+

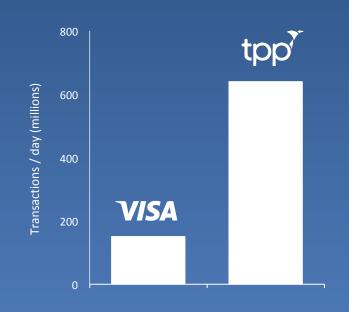
Electronic Patient Records

7,000+

NHS Organisations

200,000+

Doctors & Nurses



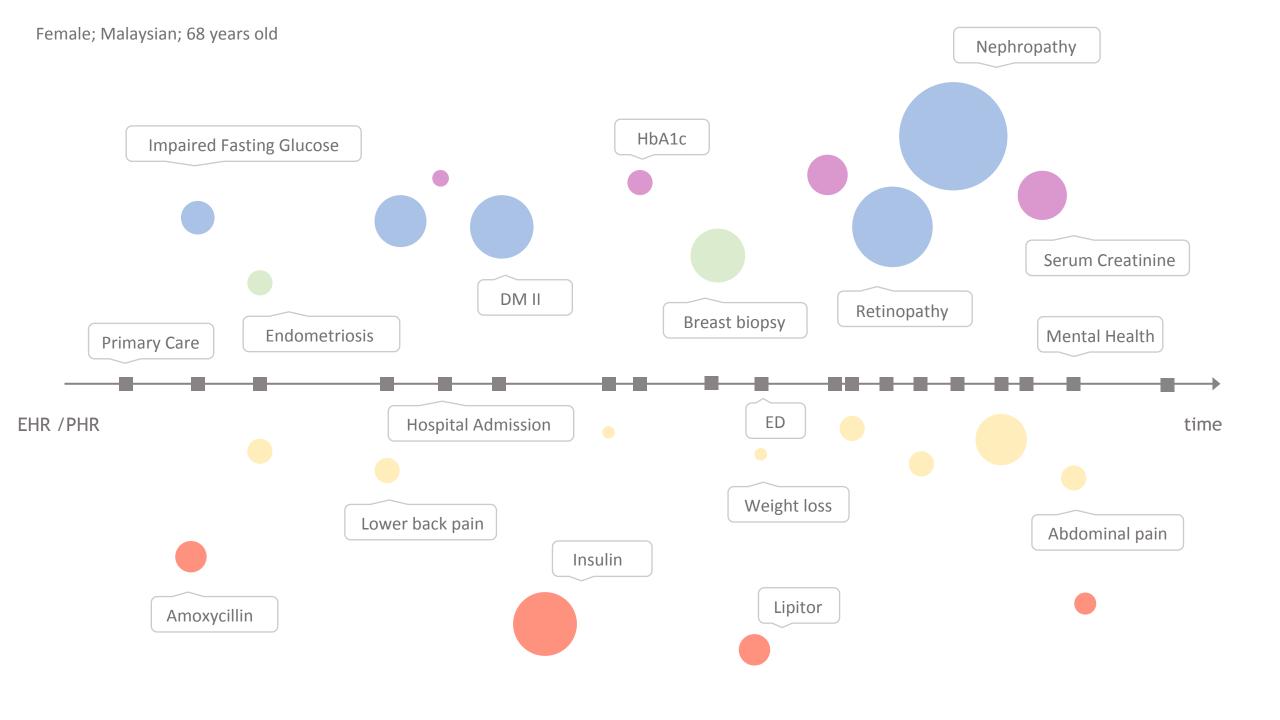
10,000 functions / second

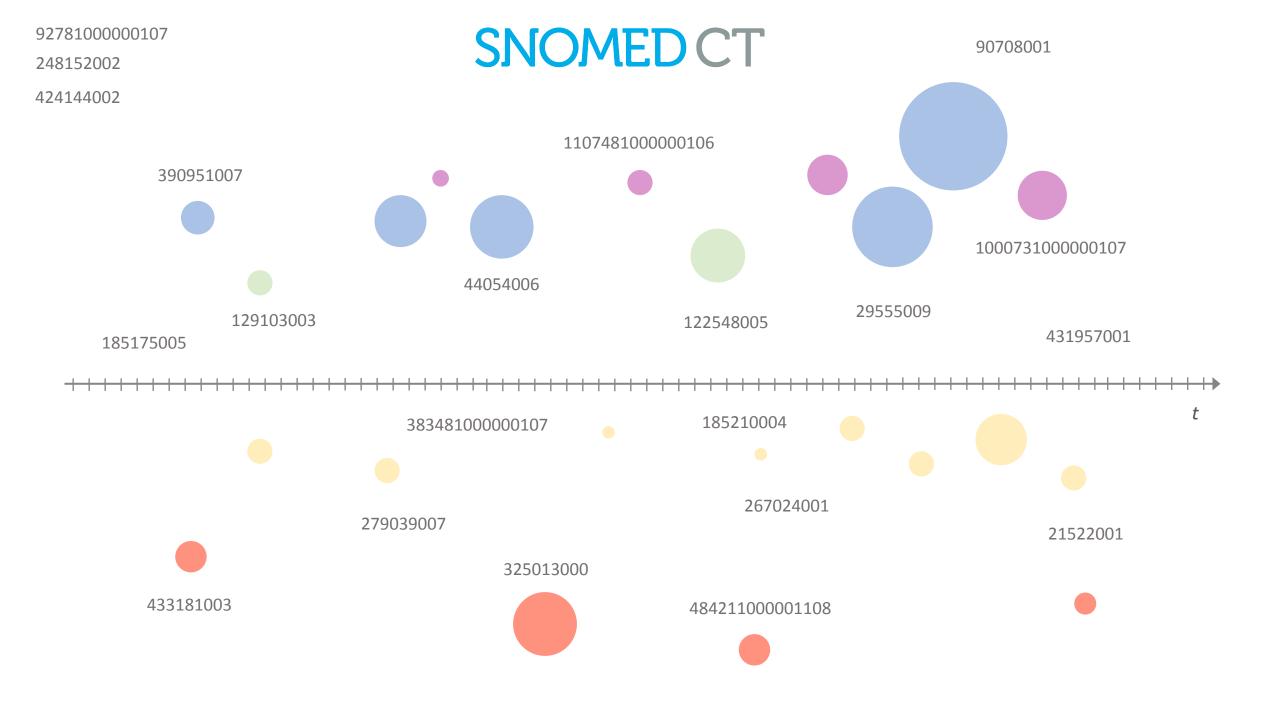
114,000,00

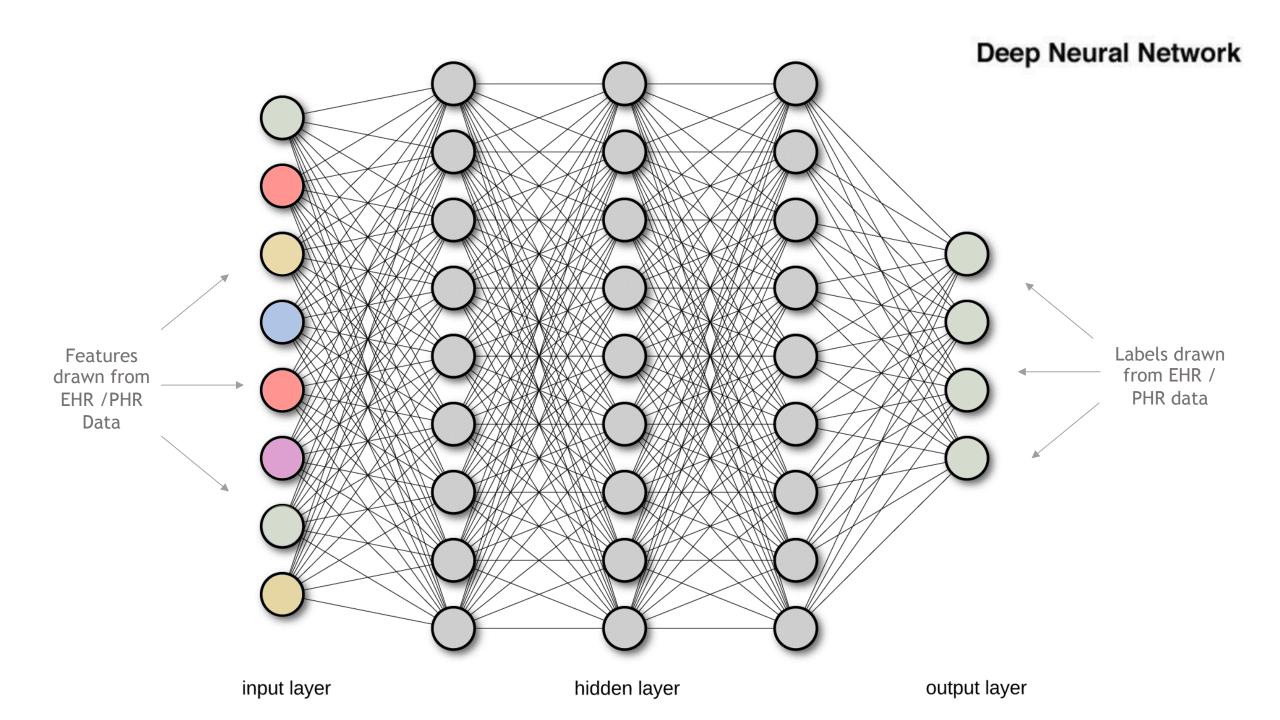
16,600,000,0 00^{Total Coded Entries}

SNOMED CT









DNNs: Early cancer detection

23% of all cancer diagnosis are made in urgent care settings

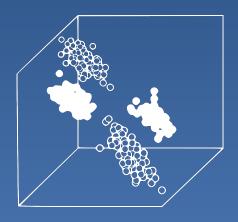
of ovarian cancer diagnoses at stage III or IV



Clinical assistance / Safety-netting

50% Detection before GP





Clusters of patients, based on HbA1c history & co-morbidities

Different odd-ratios for complications in each cluster

Personalised targets & care plans



Improving Elderly Care



Electronic Frailty Index

An algorithm to detect frailty in elderly individuals based on comprehensive electronic health record data



UNIVERSITY^{OF} BIRMINGHAM



NICE National Institute for Health and Care Excellence

70%

Frail elderly citizens with a targeted medication review

Geriatric assessment based on eFI screening programme



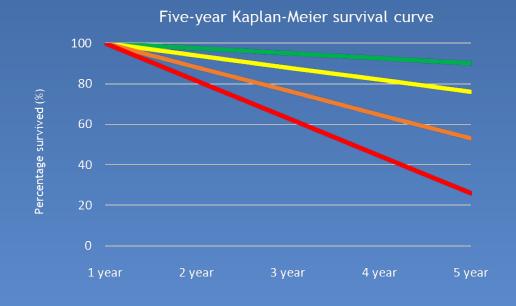
Population Health

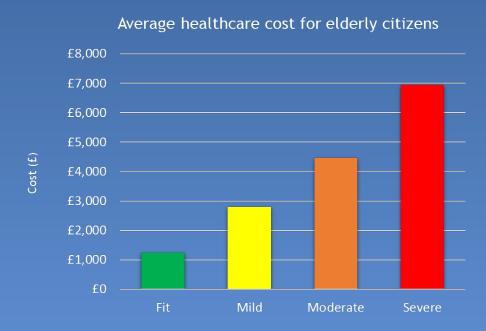


Surgery



Oncology







Rare Diseases

Ataxia Paget's Rett
Telangiectasia Disease Syndrome

0.002% 0.31% 0.007%

All Rare Diseases

10%

Unsupervised learning approaches to case identification



Process & Optimisation

Appointment non-attendance

Appointment length

Delayed discharges

Intelligent triage

Medication errors



Challenges / Opportunities

SNOMED CT

Bias



Overfitting



latrogenic risk



High dimensionality



Local epidemiology



Validation



User interface / Context



Data sets / Validation

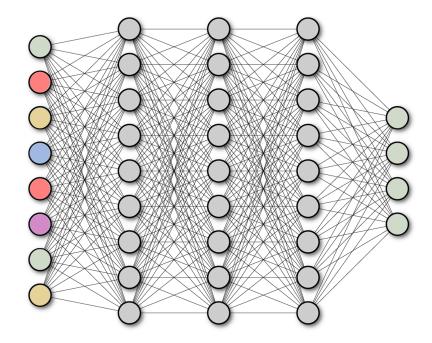


Example: Kawasaki's Disease



Associated morphology \rightarrow Maculopapular rash Finding site \rightarrow Skin structure

Associated morphology \rightarrow Cutaneous eruption Finding site \rightarrow Skin structure



Acute febrile mucocutaneous lymph node syndrome (disorder)



SCTID: 75053002

75053002 | Acute febrile mucocutaneous lymph node syndrome (disorder) |

Acute febrile mucocutaneous lymph node syndrome MCLS

Kawasaki's disease

Kawasaki disease

Mucocutaneous lymph node syndrome

MLNS

Kawasaki's syndrome

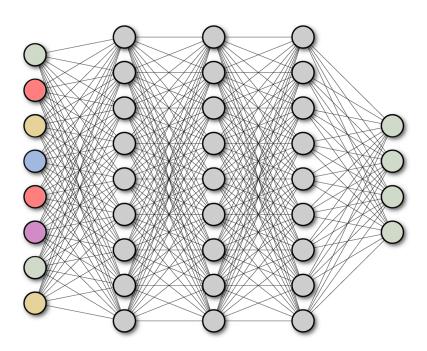
Acute febrile mucocutaneous lymph node syndrome (disorder)

Kawasaki syndrome

Kawasakis mucocutaneous lymph node syndrome

Example: Kawasaki's Disease







Challenges / Opportunities

SNOMED CT

Bias



Overfitting



latrogenic risk



High dimensionality



Local epidemiology



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User interface / Context



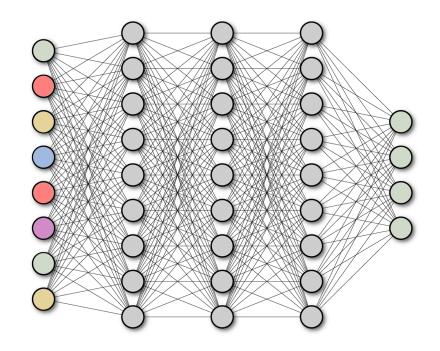
Data sets / Validation



Dimensionality

SNOMED CT

35,645 - findings



SNOMED CT

75,991 disorders

Challenges / Opportunities

SNOMED CT

Bias



Overfitting



latrogenic risk



High dimensionality



Local epidemiology



Validation



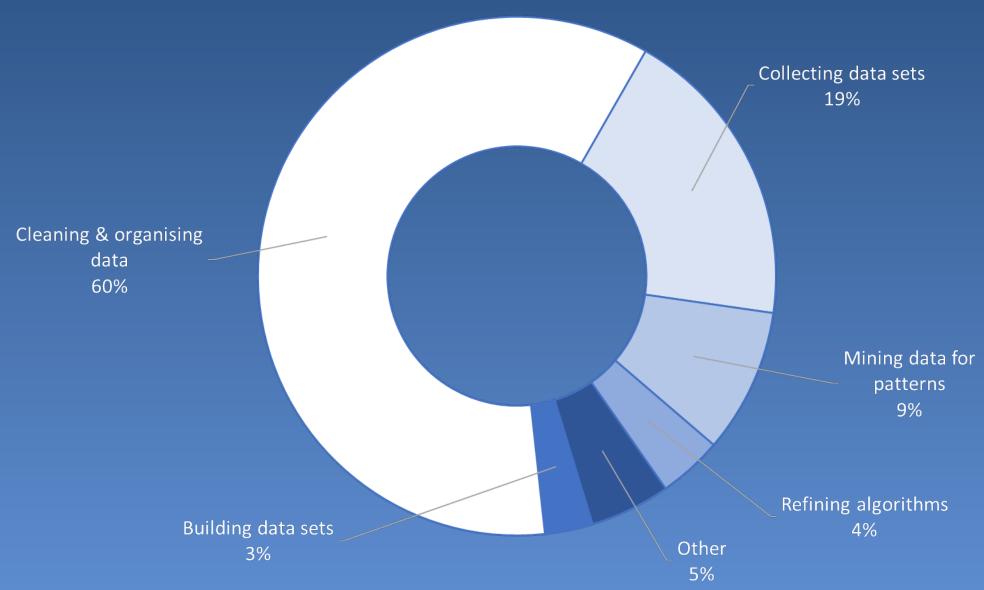
User interface / Context



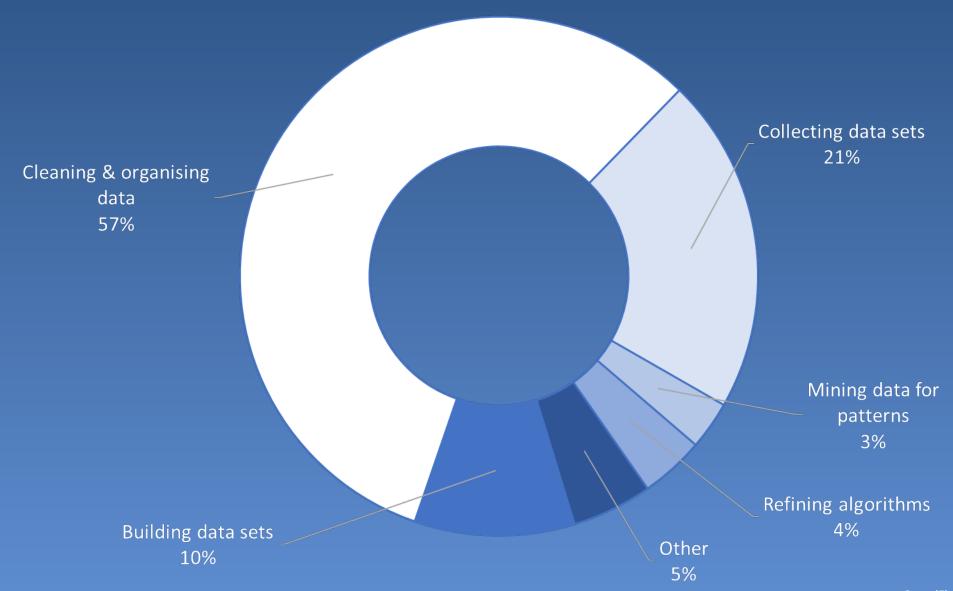
Data sets / Validation



What data scientists spend the most time doing



What's the least enjoyable part of data science?



Challenges / Opportunities



Bias



Overfitting



latrogenic risk



High dimensionality



Local epidemiology



Validation



User interface / Context



Data sets

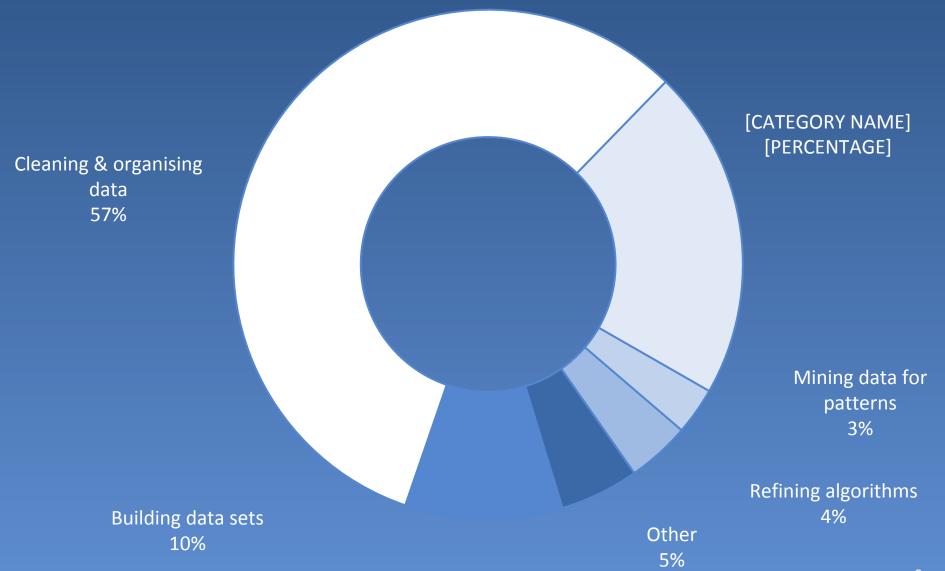


Thank you

Thank you

Thank you

What's the least enjoyable part of data science?



What data scientists spend the most time doing

