

Speaker



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Comparability and Consistency of Clinical Data: The ICD11 initiative

Christopher G. Chute, MD DrPH

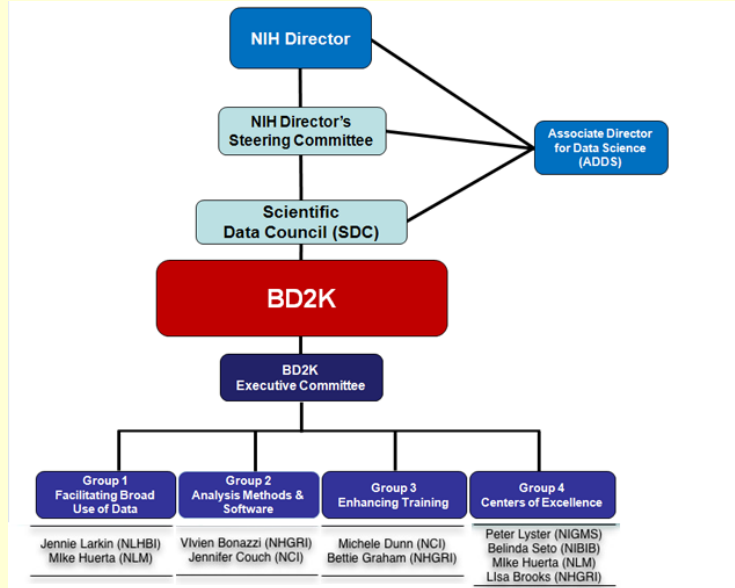
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Former Chair, ISO TC215 Health Informatics

ISPOR

Singapore, 5 Sept 2016

Big Data to Knowledge: BD2K



NIH Precision Medicine Initiative



The NEW ENGLAND JOURNAL of MEDICINE

Perspective
FEBRUARY 26, 2015



A New Initiative on Precision Medicine

Francis S. Collins, M.D., Ph.D., and Harold Varmus, M.D.

“Tonight, I’m launching a new Precision Medicine Initiative to bring us closer to curing diseases like cancer and diabetes — and to give all of us access to the personalized information we need to keep ourselves and our families healthier.”

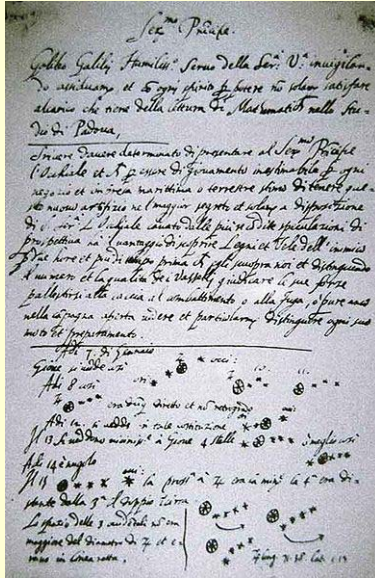
— President Barack Obama, State of the Union Address, January 20, 2015

Create a research cohort of **> 1 million American volunteers** who will share genetic data, biological samples, and diet/lifestyle information, all linked to their electronic health records if they choose.

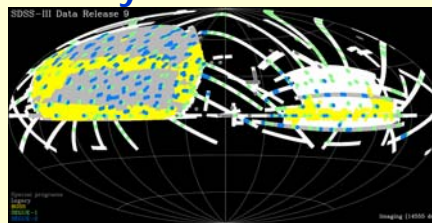
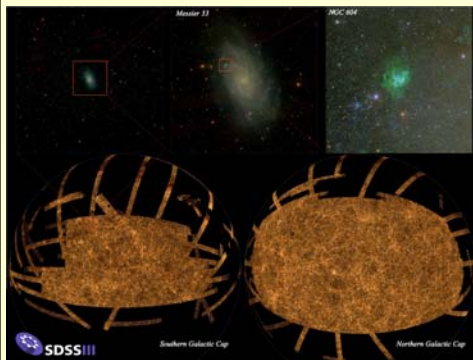


Pioneer a **new model for doing science** that emphasizes **engaged participants, responsible data sharing, and privacy protection.**

Origins of Big Science Astronomy



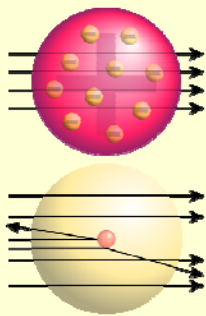
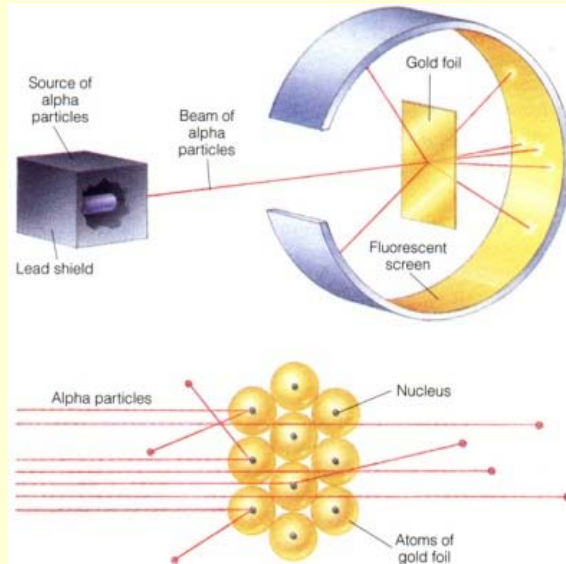
Sloan Digital Sky Survey III – DR9



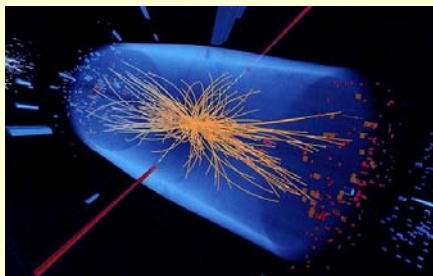
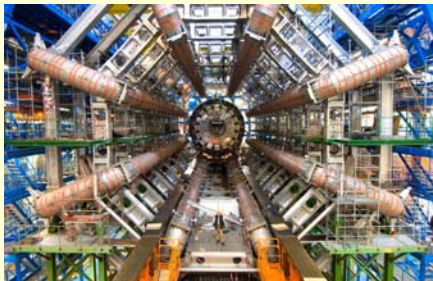
- Images
- Spectra
- Object catalog
- Metadata

Total area of imaging	31,637 square degrees
Image field size	1361x2048 pixels
Number fields	938,046 (excluding supernovae runs)
Catalog objects	1,231,051,050
Number of <u>unique, primary</u> sources	
Total	469,053,874
Stars	260,562,744
Galaxies	208,478,448
Unknown	12,682

Rutherford "Table-top" Experiment



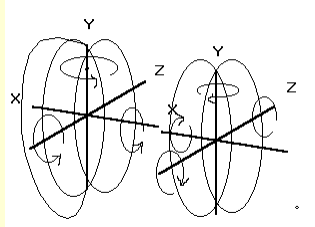
That Higgs Boson



- 600 institutions
 - 10,000 scientists
 - 2 Nobel prizes
 - 800 trillion collisions
 - 200PB of data =
 - 2×10^{17} bytes of data
- Boarding on an astronomical number in its own right!
- $\$13.25 \cdot 10^9$ USD

Dimensionality of Higgs "Big Data"

- Mass/Energy
- Direction
- Charge



- Medicine is more complicated than that

Dimensionality of Big Data

- Broad
 - Small amounts of data; Huge number observations
 - National Claims data
- Deep
 - Large amounts of data; Few observation
 - NGS Complete Genome
- Rich
 - Broad and Deep
 - Clinical Phenotyping data (EMRs)
 - Labs, Vitals, Exam, Waveform, Images, Omics, ...
 - Social, environmental, diet,

Will Big Data Save Us?



**Genetics
inMedicine** | REVIEW

Genet Med 15: 802-809;
© American College of Medical Genetics and Genomics

Oct, 2013

Some experiences and opportunities for big data in translational research

Christopher G. Chute, MD, DrPH¹, Mollie Ullman-Cullere, MS, MSE², Grant M. Wood, BS³, Simon M. Lin, MD⁴, Min He, PhD⁴ and Jyotishman Pathak, PhD¹

Health care has become increasingly information intensive. The advent of genomic data, integrated into patient care, significantly accelerates the complexity and amount of clinical data. Translational research in the present day increasingly embraces new biomedical discovery in this data-intensive world, thus entering the domain of "big data." The Electronic Medical Records and Genomics consortium has taught us many lessons, while simultaneously advances in commodity computing methods enable the academic community to affordably manage and process big data. Although great promise can emerge from the adoption of big data methods and philosophy, the heterogeneity and complexity of clinical data, in particular, pose additional challenges

for big data inferencing and clinical application. However, the ultimate comparability and consistency of heterogeneous clinical information sources can be enhanced by existing and emerging data standards, which promise to bring order to clinical data chaos. Meaningful Use data standards in particular have already simplified the task of identifying clinical phenotyping patterns in electronic health records.

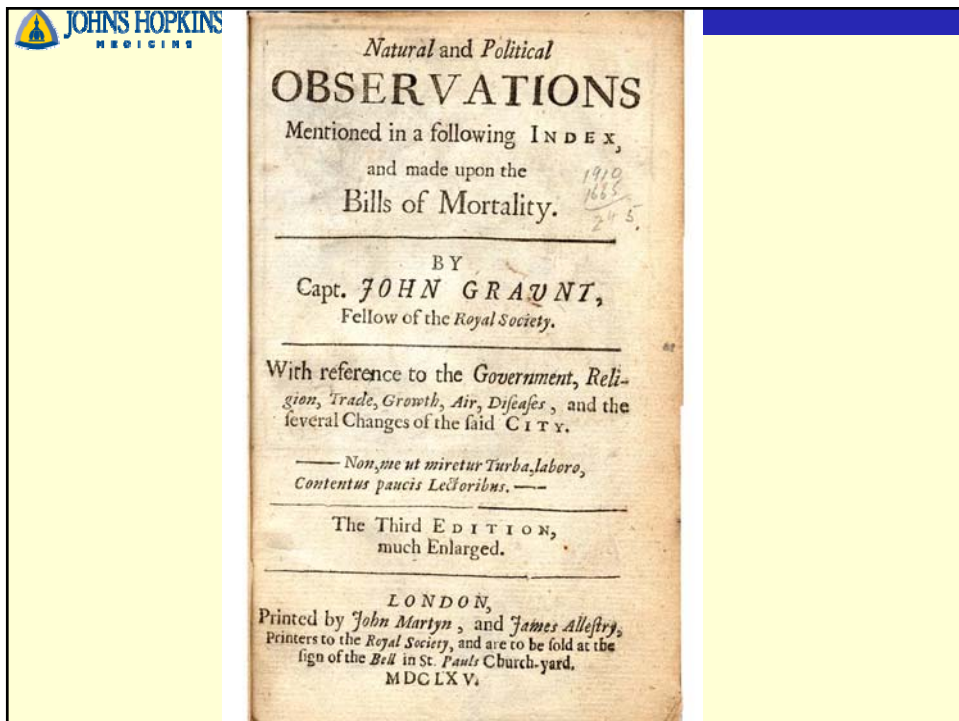
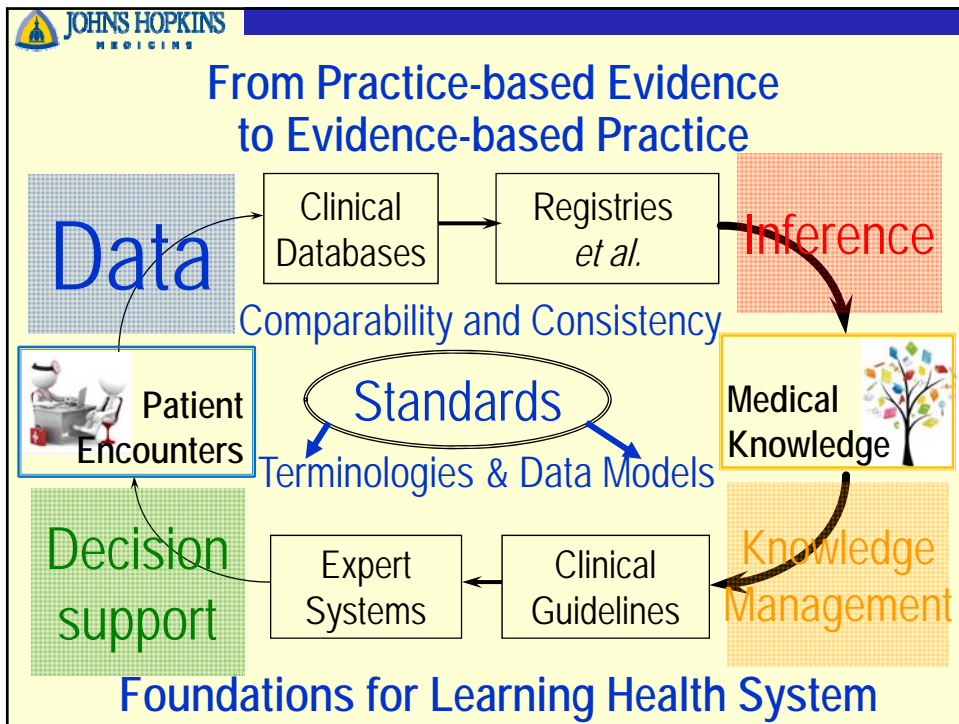
Genet Med advance online publication 5 September 2013

Key Words: clinical data representation; big data; genomics; health information technology standards

Comparable and Consistent Semantics as Crucial Requirement


Without Terminology/Ontology Standards...

- Health Data is *non-comparable*
- Health Systems *cannot* Interchange "Data"
- Secondary Uses (Research) are *not* practical
- Big Data methodologies cannot leverage epidemiologic principles for observational data
 - Adjustment for confounding
 - Stratification
 - Multivariate models
 - Machine learning features



The Table of CASUALTIES.


The Years of our Lord	1647	1648	1649	1650	1651	1652	1653	1654	1655	1656	1657	1658	1659	1660	1661	1662	1663	1664
Abortive and Stil-born	335	329	327	351	389	381	384	433	483	419	463	467	421	544	499	439	410	410
Aged	916	835	889	696	780	834	864	974	743	892	869	1176	909	1095	579	712	661	661
Ague and Fever	1260	881	751	870	1038	1212	282	1371	689	875	999	1800	2303	2148	956	1091	1115	1115
Apoplex and Suddenly	68	74	64	74	106	111	118	86	92	102	113	138	91	67	22	36		
Bleach			1	3	7	2					1							
Blaited	4	1			6	6			4		5	5	3	8	13	8	10	
Bleeding	3	2	5	1	3	4	3	2	7	3	5	4	7	2	5	2	5	
Bloody Flux, Scouring and Flux	155	176	802	289	833	762	200	386	168	368	362	253	346	251	449	438	352	
Burnt and Scalded	3	6	10	5	11	8	5	7	10	5	7	4	6	6	3	10	7	
Calenture	1			1	2	1	1				3							
Cancer, Gangrene and Fistula	26	29	31	19	31	53	36	37	73	31	24	35	63	52	20	14	23	
Wolf				8														
Canker, Sore-mouth and Thrush	66	28	54	42	68	51	53	72	44	81	19	27	73	68	6	4	4	
Child-bed	161	106	114	117	206	213	158	192	177	201	236	225	226	194	150	157	113	
Chrims and Infants	1369	1254	1065	990	1237	1280	1050	1343	1089	1393	1162	1144	858	1123	2596	2378	2035	22
Colick and Wind	105	71	85	82	76	102	80	101	85	120	113	179	116	167	48	57		
Cold and Cough							41	36	21	58	30	31	33	24	10	58	51	
Consumption and Cough	2423	2200	2388	1988	2550	2410	2286	2868	2606	3184	2757	3610	2982	3414	1827	1910	1713	17
Convulsion	684	491	530	493	569	655	600	828	702	1027	807	841	742	1031	52	87	18	4
Cramp			1															
Cut of the Stone				3		1	1	2	4	1	3	5	6	4				
Droptic and Tympany	185	434	421	508	444	556	617	704	660	700	631	911	646	872	235	252	279	2
Drowned	47	40	50	27	49	50	53	30	43	49	63	60	57	48	43	33	29	
Excessive drinking			2															
Executed	8	17	29	43	24	12	19	21	19	22	20	18	7	18	19	13	12	
Fainted in a Bath					1													
Falling-Sickness	5	2	2	3		3	4	1	4	3	1		4	5	3	10	7	
Flox and small Pox	139	400	150	184	525	1279	139	812	1294	823	835	109	1523	354	71	40	58	
Found dead in the Streets	6	6	9	8	7	9	15	4	3	4	9	11	2	6	18	33	20	
French-Pox	18	29	15	18	21	20	20	20	29	23	25	53	51	31	17	12	12	
Frighted	4																	

 **Johns Hopkins Medicine**

Weights and Measures William Farr

"The nomenclature is of as much importance in this department of inquiry, as weights and measures in the physical sciences, and should be settled without delay."

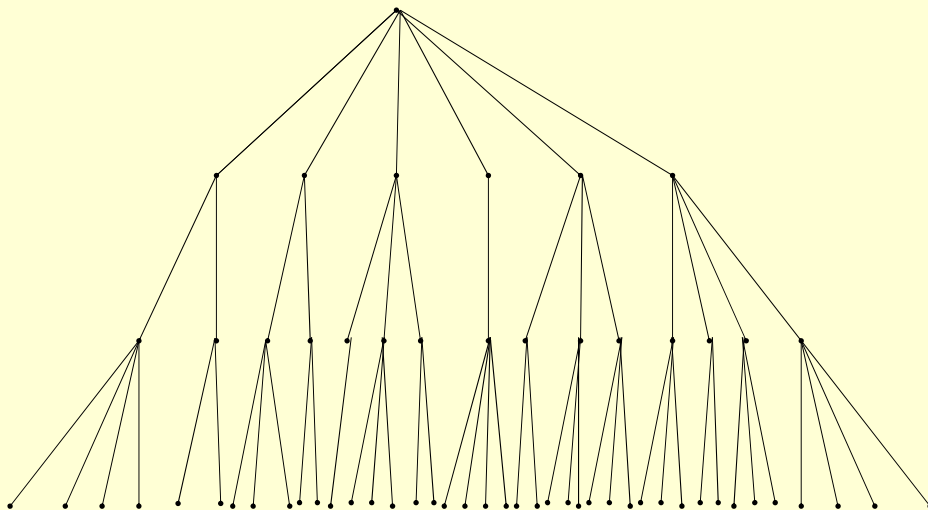
- First Annual Report of the Registrar-General of Births, Deaths, and Marriages in England. London: 1839 p. 99.

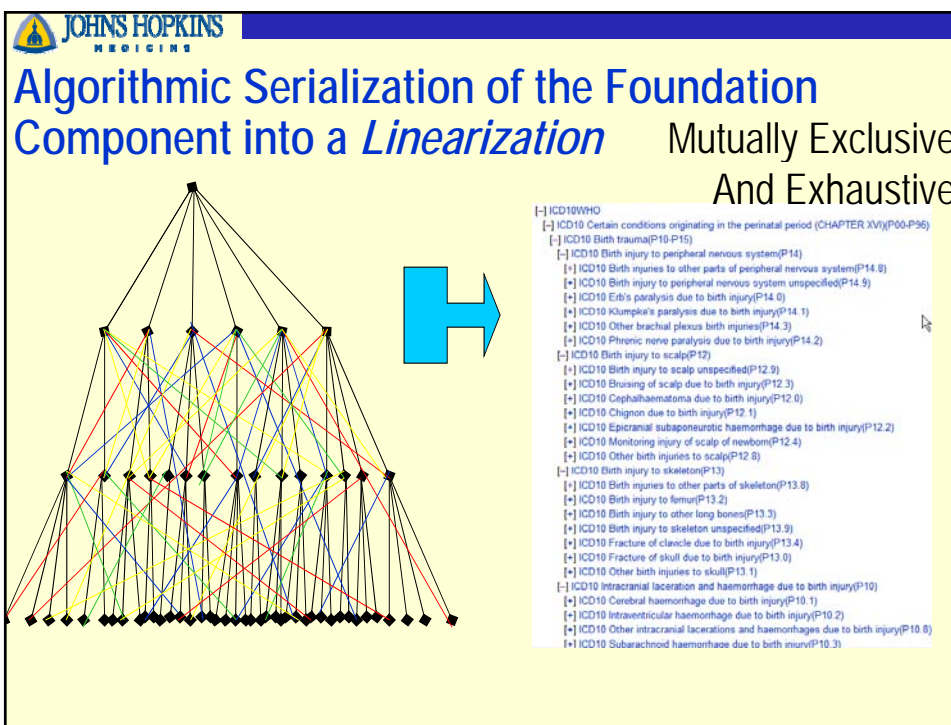
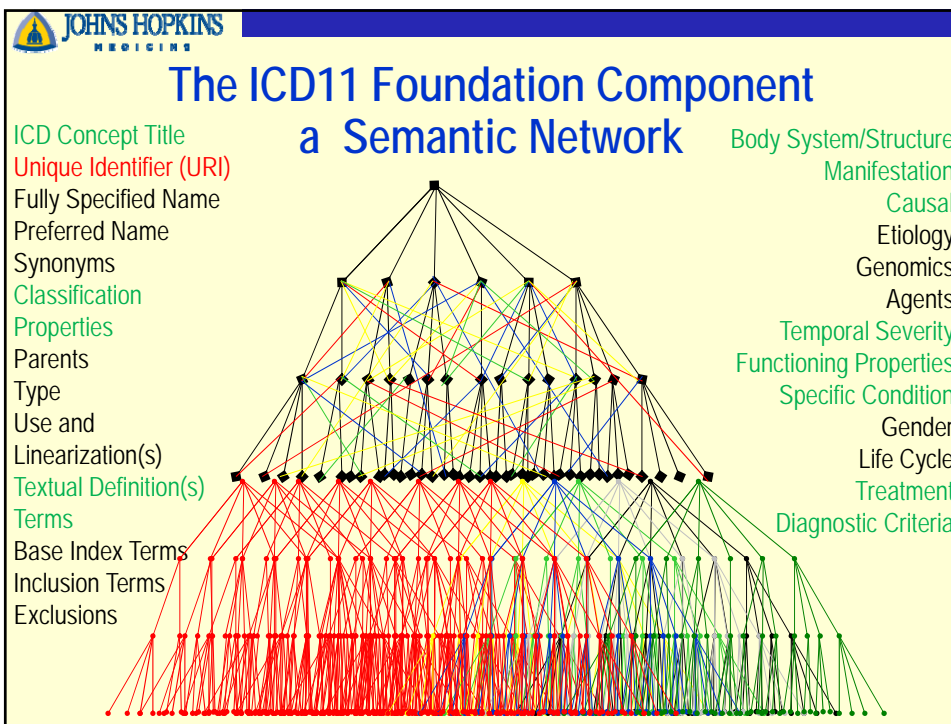


International Classification of Disease ICD11 Use Cases

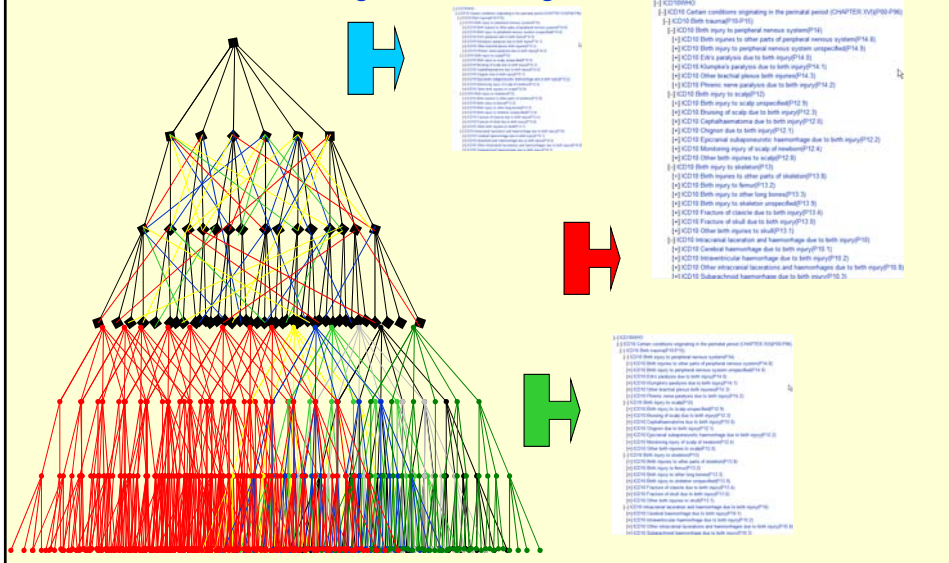
- Scientific consensus of *clinical phenotype*
- Public Health Surveillance
 - Mortality
 - Public Health Morbidity
- Clinical data aggregation
 - Metrics of clinical activity
 - Quality management
 - Patient Safety
 - Financial administration
 - Case mix
 - Resource allocation

Traditional Hierarchical System ICD-10 and family



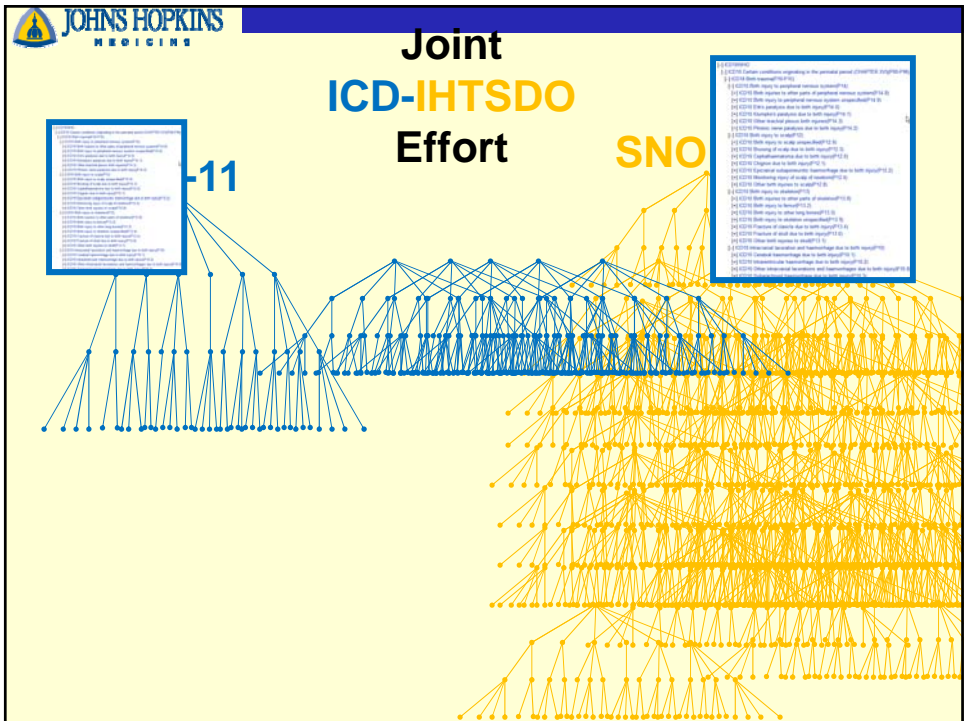
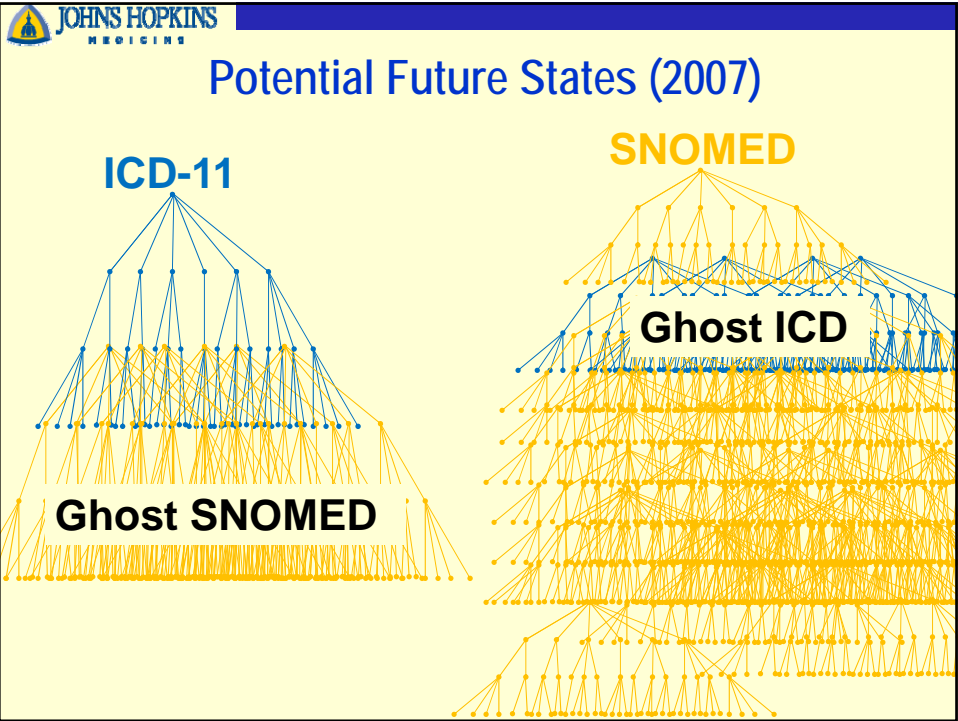


Linearizations for multiple use-cases Morbidity, Mortality, Quality, ...



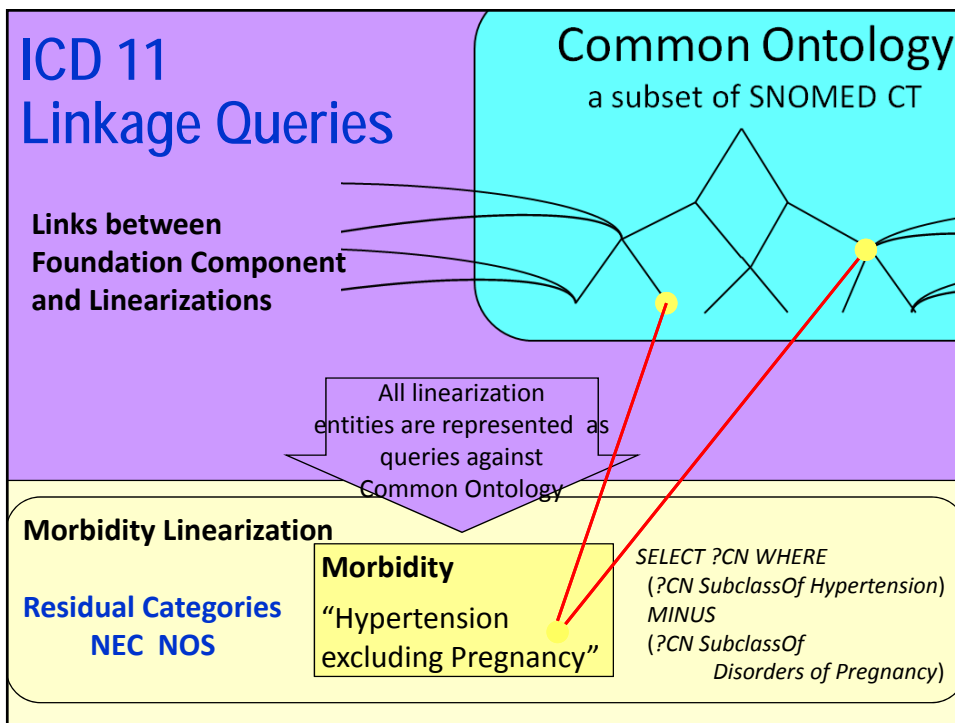
Relationship with IHTSDO SNOMED content

- IHT (SNOMED) will require high-level nodes that aggregate more granular data
 - Use-cases include mutually exclusive, exhaustive, ...
 - Sounds a lot like ICD
- ICD-11 will require lower level terminology for value sets which populate content model
 - Detailed terminological underpinning
 - Sounds a lot like SNOMED
- Memorandum of Agreement – July 2010!
 - WHO right to use for authoring and interpretation



Common Ontology

- Joint effort between WHO and IHTSDO
- A subset of SNOMED CT
- Provides semantic anchoring of ICD11 Foundation Component
 - Semantic backbone
- All ICD11 Foundation Component elements will be defined by "query expressions" against the Common Ontology



Where is This Going?

- Biomedical practice and research are data, information, and knowledge intensive
- **Comparable and consistent** data representation are pre-requisite for efficient clinical analytics
- Data standards are needed to support comparable and consistent information
- ICD-11 promises to become a multi-use standard for the 21st century