



ACM-BCB 2016

A Novel Temporal Similarity Measure for Patients Based on Irregularly Measured Data in Electronic Health Records

Ying Sha, Janani Venugopalan, May D. Wang
Georgia Institute of Technology
Oct. 3th, 2016





Outline

- Introduction and Motivation
- Temporal Similarity Measure
- Experiment Design and Results
- Discussion and Future Work



Outline

- **Introduction and Motivation**
- Temporal Similarity Measure
- Experiment Design and Results
- Discussion and Future Work





Background

- With increasing adoption of electronic health record (EHR) systems, millions of patients have their medical histories digitized and archived in a structured form
- The immense amount of EHR data serves as unique resources for clinical decision support (CDS)
- Finding similar patients to a target patient
 - To derive diagnostic and prognostic information for guiding the treatment of the target patient
- Personalized medicine



Motivation

- Medical history as a sequence of time-stamped events
- Inpatients are monitored based on their health status ^[1]
 - The choice of specific measurements
 - The order of specific measurements
 - The frequency of measurements e.g. patients are monitored more intensively when their health is deteriorating
- Most existing patient-similarity measures did not utilize all the aforementioned temporal information ^[2-5]



**Rich information
hidden in
measurement patterns**



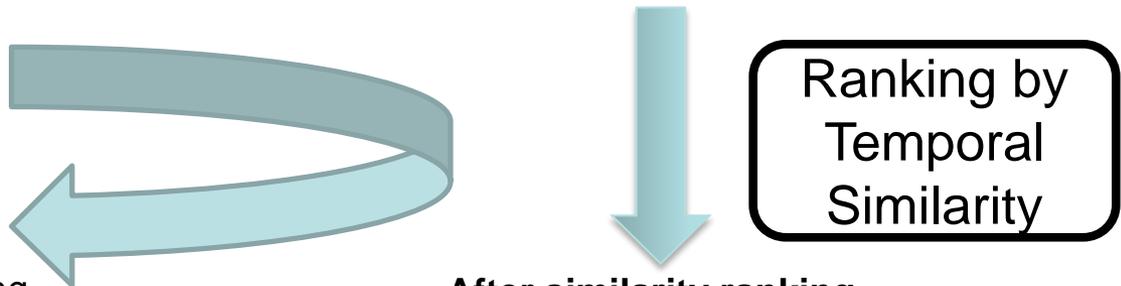
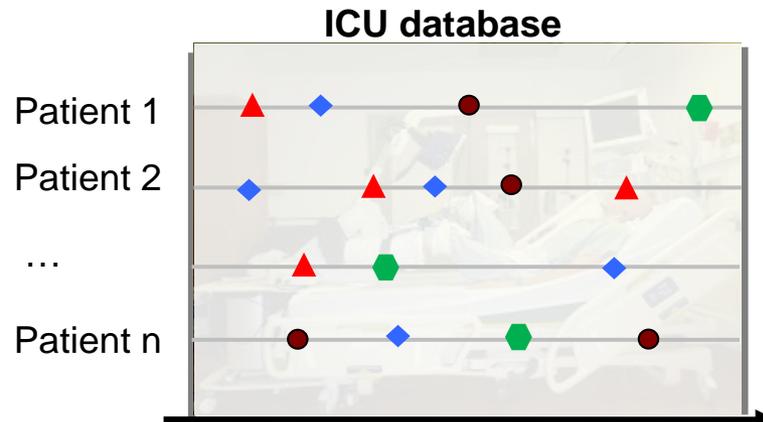
Outline

- Introduction and Motivation
- **Temporal Similarity Measure**
- Experiment Design and Results
- Discussion and Future Work

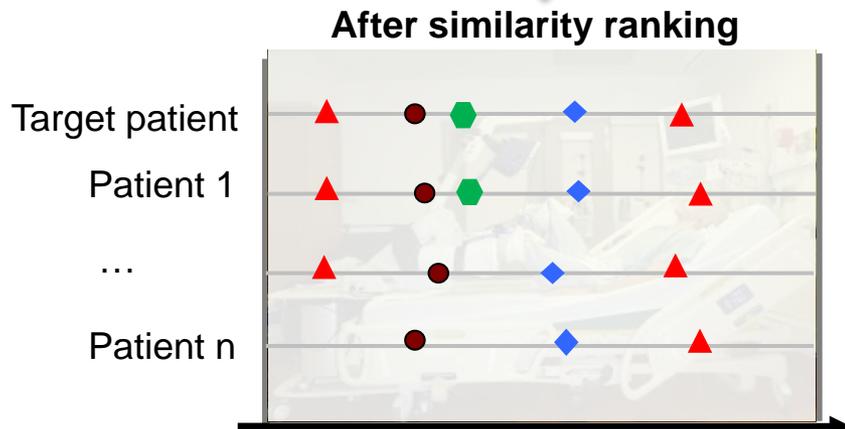


Decision Support for Case-based Reasoning

A target patient

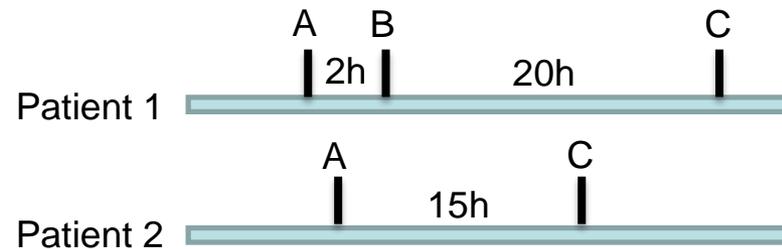


Facilitate clinicians' decision making



Concept

- Modification of Smith-Waterman Algorithm [7]
 - Dynamic programming
 - Determining similar regions between two strings
 - Tolerant of missing or extra events



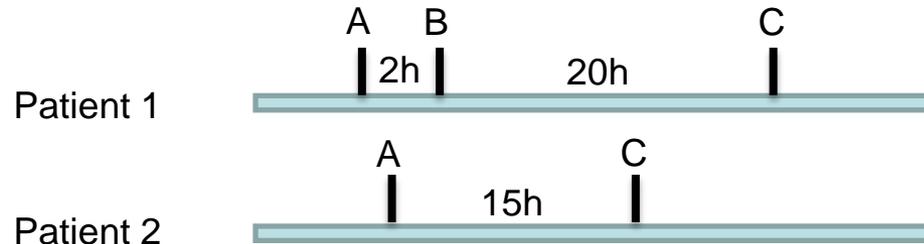
Output:

Patient 1 = A 2h B 20h C

Patient 2 = A - - 15h C



Matrix Representation



	—	A	2h	B	20h	C
—	0	0	0	0	0	0
A	0	5	4	3	2	1
15h	0	4	6.75	5.75	6.75	5.75
C	0	3	3.75	4.75	5.75	11.75

	—	A	2h	B	20h	C
—	0	0	0	0	0	0
A	0	↖	←	←	←	←
15h	0	↑	↖	←	↖	←
C	0	↑	↑	↑	↑	↖

Match : $+5 - 0.25 \cdot \Delta t$

Mismatch: -3

Gap: $-1 - 0.25 \cdot \Delta t$

Output:

Patient 1 = A 2h B 20h C

Patient 2 = A - - 15h C



Outline

- Introduction and Motivation
- Temporal Similarity Measure
- **Experiment Design and Results**
- Discussion and Future Work



Patient Data Extraction

Table 1 Top 10 most frequent Laboratory Items in MIMIC-II

Laboratory Item	Identifier in MIMIC-II	# of Records		
		Total	Normal	Abnormal
Hematocrit	50,383	596,604	73,402	523,202
Potassium	50,149	561,178	494,082	67,096
Sodium	50,159	528,229	444,852	83,377
Creatinine	50,090	526,270	315,795	210,475
Platelets	50,428	526,190	338,222	187,968
Urea nitrogen	50,177	522,118	228,110	294,008
Chloride	50,083	517,904	378,534	139,370
Bicarbonate	50,172	516,225	370,295	145,930
Anion gap	50,068	507,265	474,916	32,349
Leukocytes	50,468	506,625	293,538	213,087
Total	502,177	5,308,608	3,411,746	1,896,862

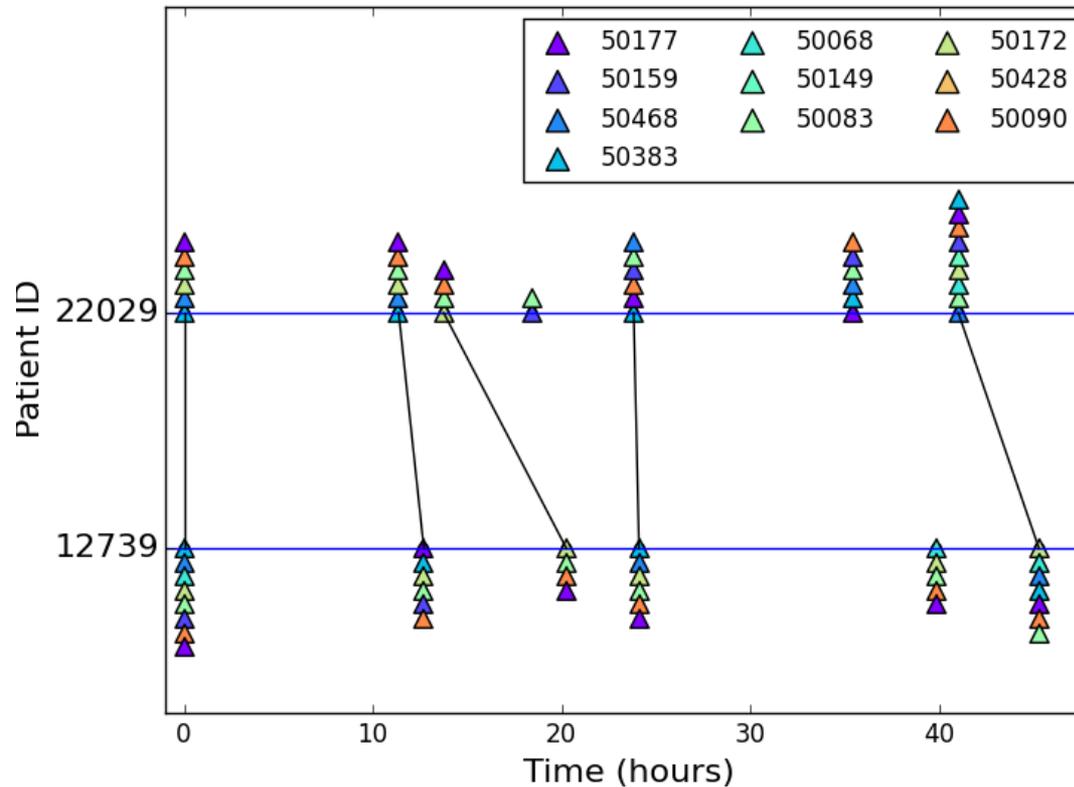
Table 2 Top 10 most frequent Laboratory Items in the CHOA dataset

Laboratory Item	# of Records		
	Total	Normal	Abnormal
POC glucose	58,639	19,711	38,928
Oxygen Saturation	49,260	21,487	27,773
Arterial POC pH	49,256	21,620	27,636
Arterial POC pCO2	49,246	26,477	22,769
Arterial POC Po2	49,246	5,617	43,629
Sodium	43,603	33,872	9,731
POC ionized calcium	43,194	28,614	14,580
Potassium	42,985	28,139	14,846
Calcium	42,727	29,555	13,172
Glucose	42,629	26,712	15,917
Total	470,785	241,804	228,981





Visualization of an Alignment of Patients' History



Predictive power of the similarity measure

- Hypothesis: Patients sharing similar lab-test trajectories in the past tend to share similar lab-test trajectories in the future
- Reasoning: Patients with higher similarity scores (by our approach) of past lab-test trajectories have higher similarity scores of future lab-test trajectories
- Given a target patient, we can construct a simple linear regression models:

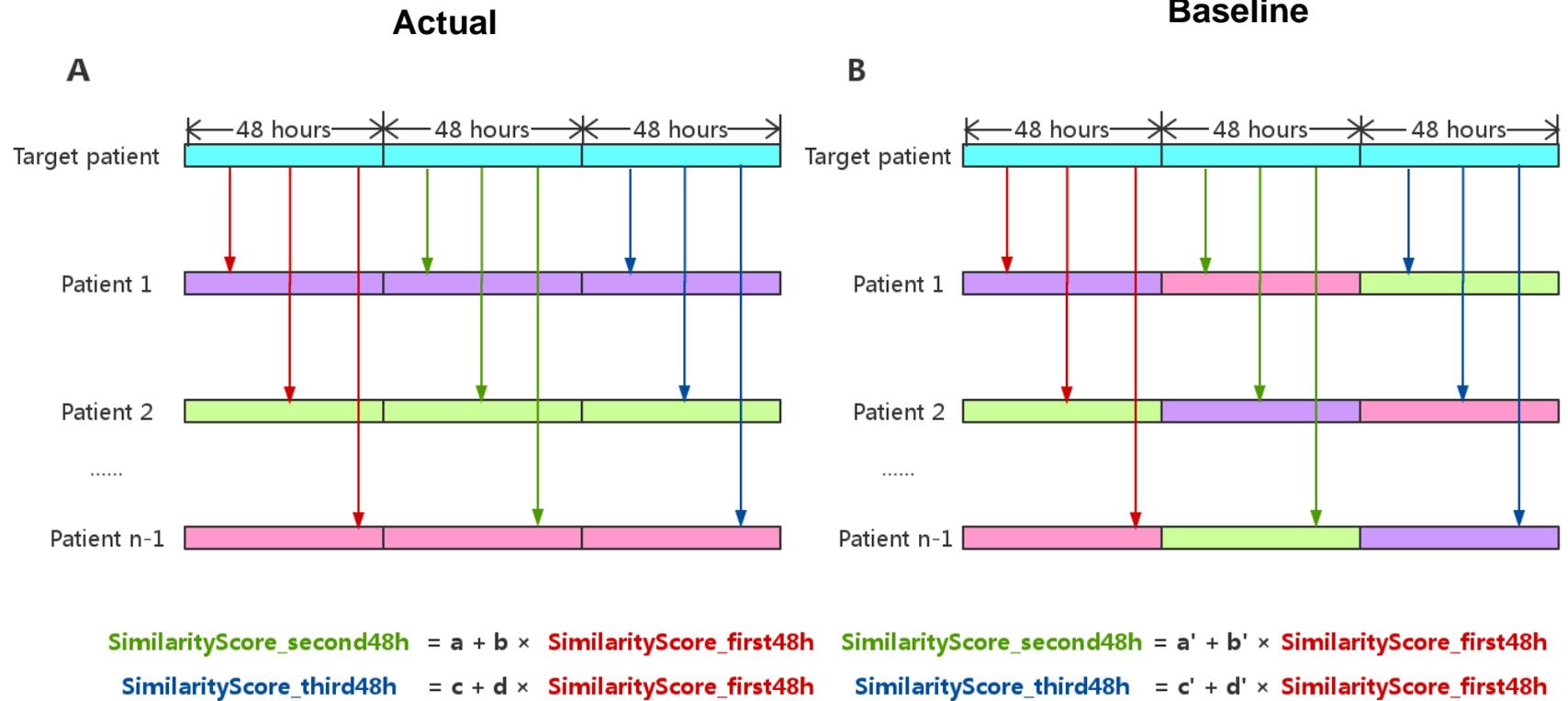
$$\text{SimilarityScore}_{\text{future}} = a + b \times \text{SimilarityScore}_{\text{past}}$$

Ho: $b=0$ Ha: $b \neq 0$

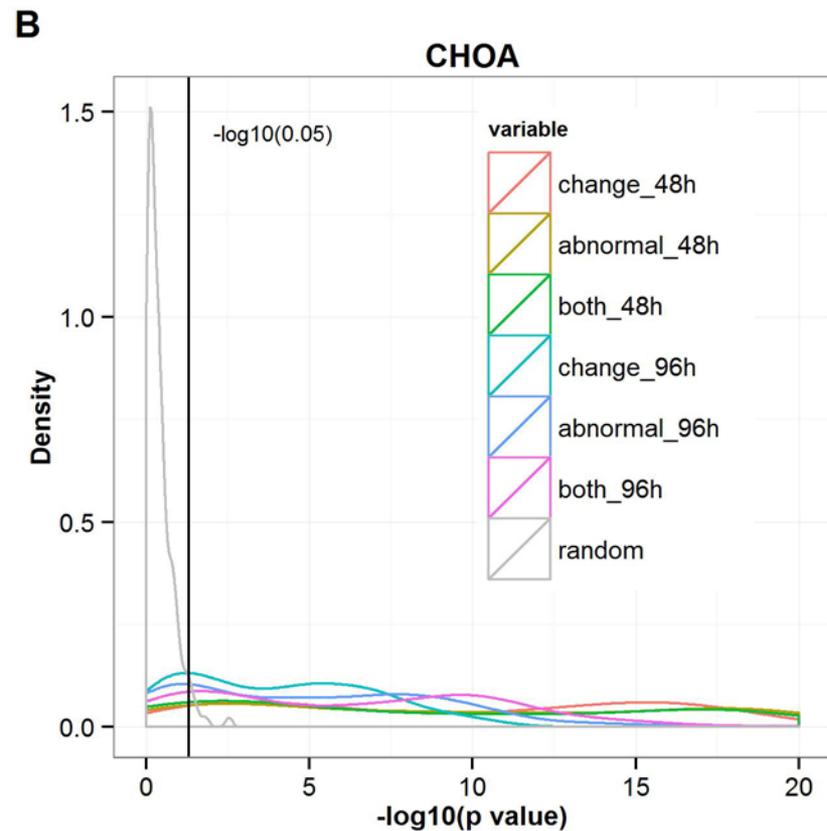
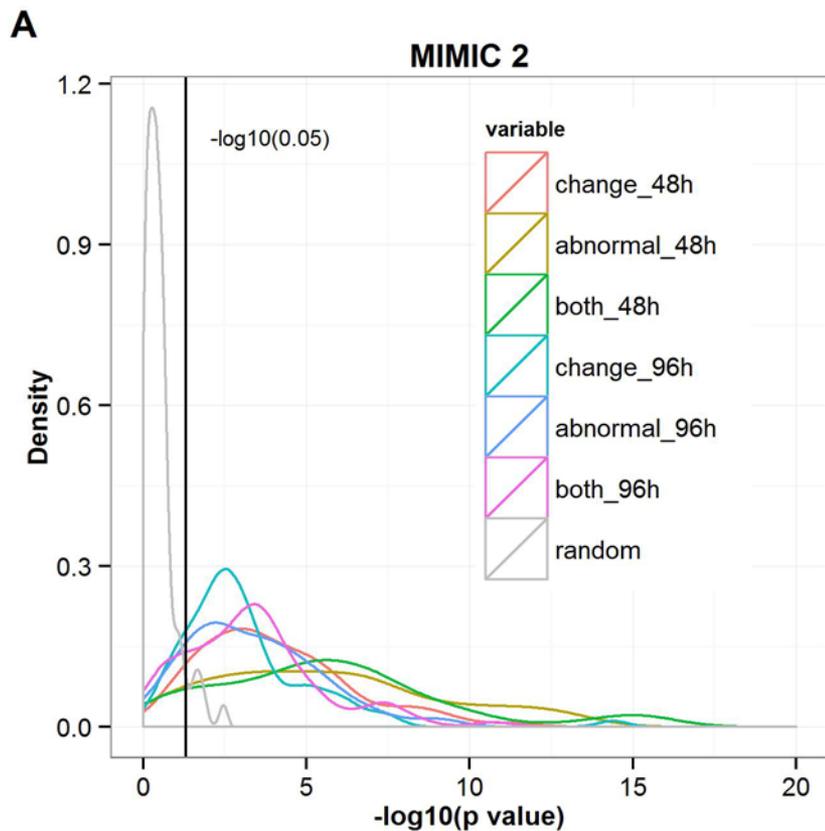
p-value < 0.05 ?



Proving the predictive power



Predictive Power of Our Novel Similarity Measure



Case study: Lab testing vs 48-hr Mortality

Lab tests are informative for a diagnosis of AKI



A target patient diagnosed with acute kidney injury (AKI)

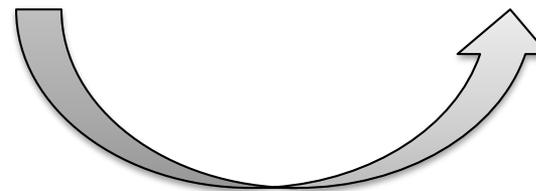
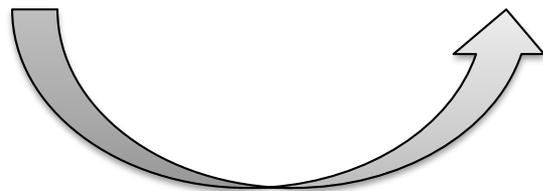


K most similar AKI patients to the target patients based on 48-hr-lab-test trajectories

Mortality rate : 27%



Mortality prediction



Case study: Lab testing vs 48-hr Mortality

Lab tests are informative for a diagnosis of sepsis



A target patient diagnosed with sepsis and severe sepsis

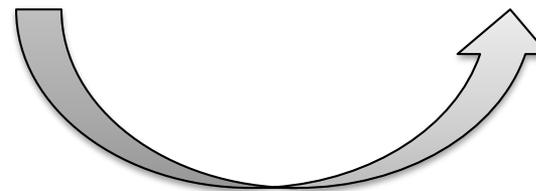
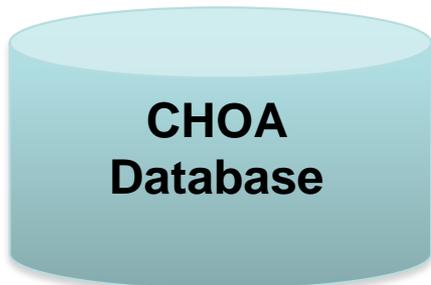
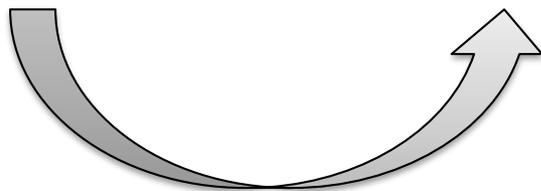


K most similar sepsis patients to the target patients based on 48-hr-lab-test trajectories

Mortality rate : 16%



Mortality prediction



Case study: Lab testing vs 48-hr Mortality

- Compare to two non-temporal similarity measures
 - The Jaccard Index ^[9] :

$$J(A, B) = \frac{|A \cap B|}{|A \cup B|}$$

Presence or absence of specific abnormal lab-test results

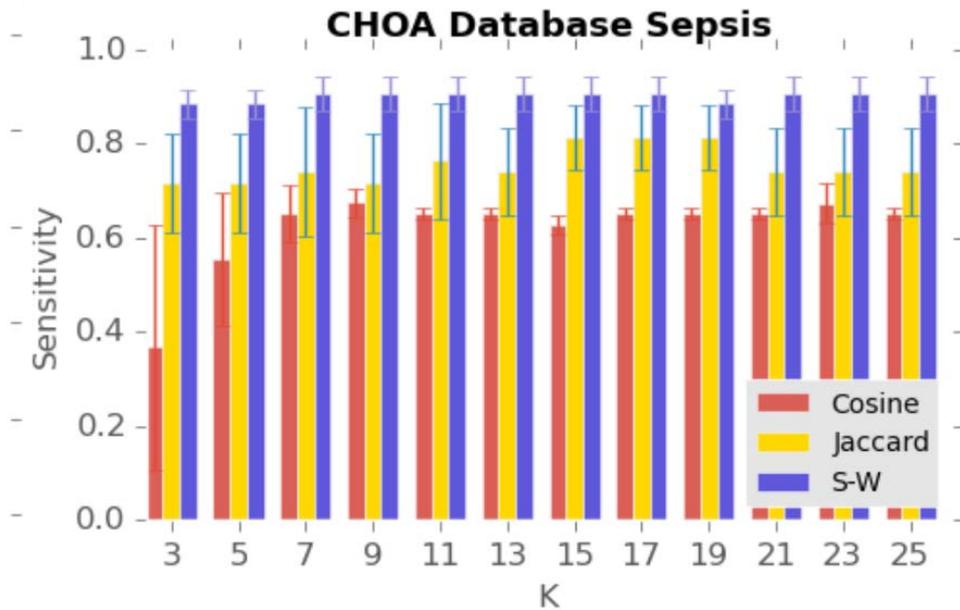
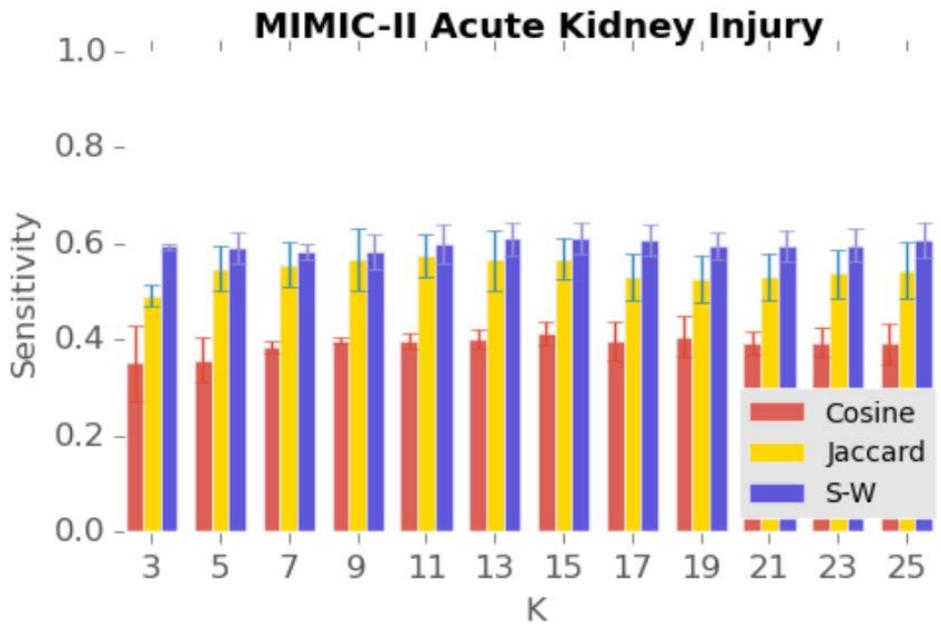
- Cosine ^[10] :

$$\cos(\theta) = \frac{A \cdot B}{\|A\| \|B\|}$$

Number of occurrences of specific abnormal lab-test results

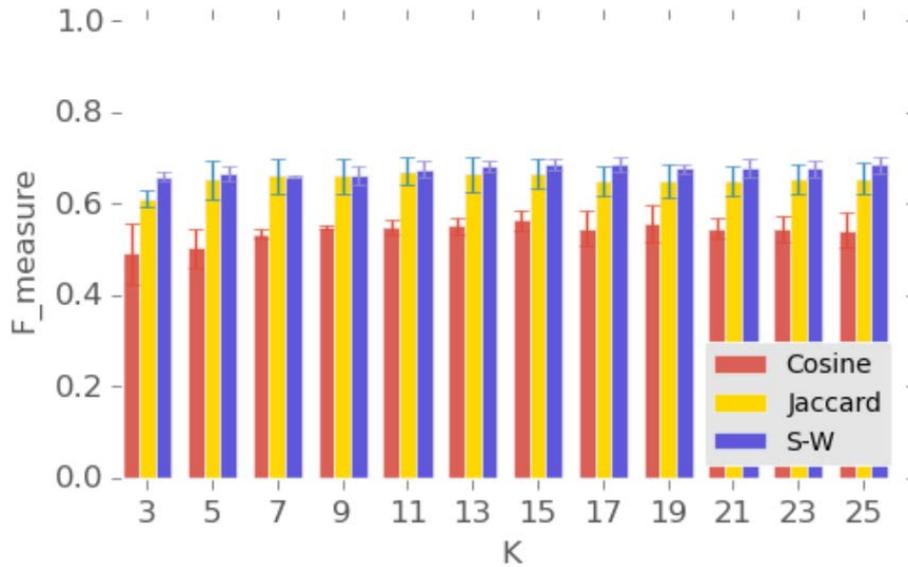


Result – Sensitivity Varying K of KNN

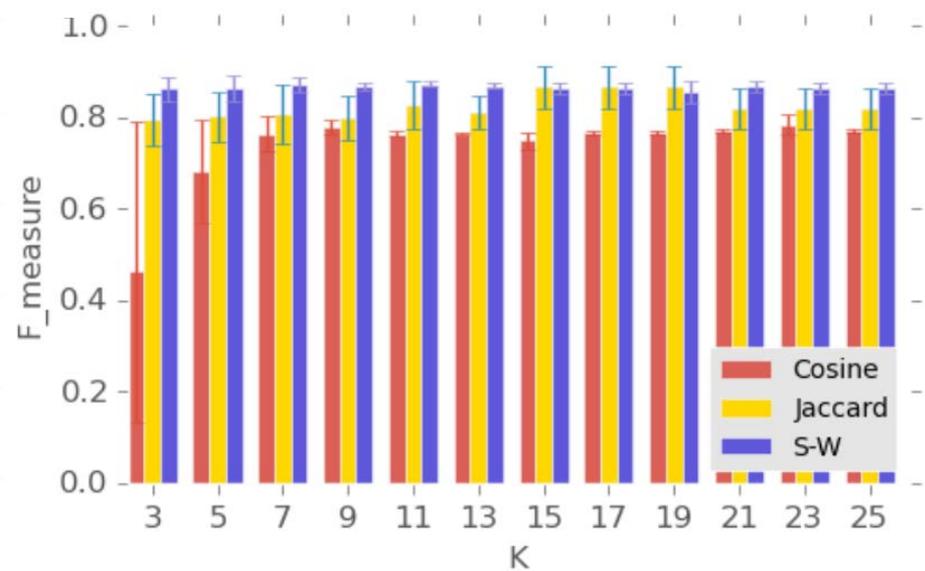


Result – F-measure Varying K of KNN

MIMICII Acute Kidney Injury

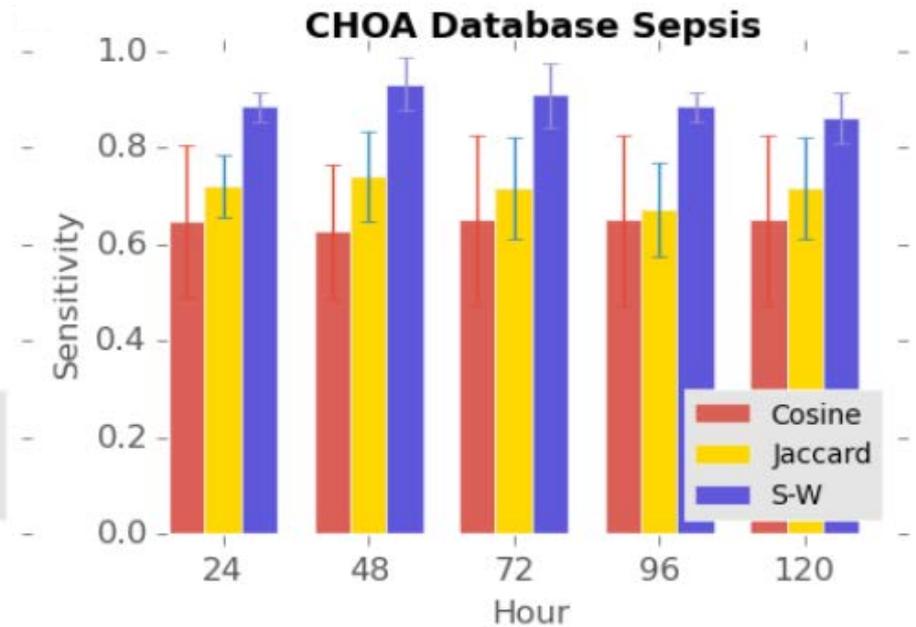
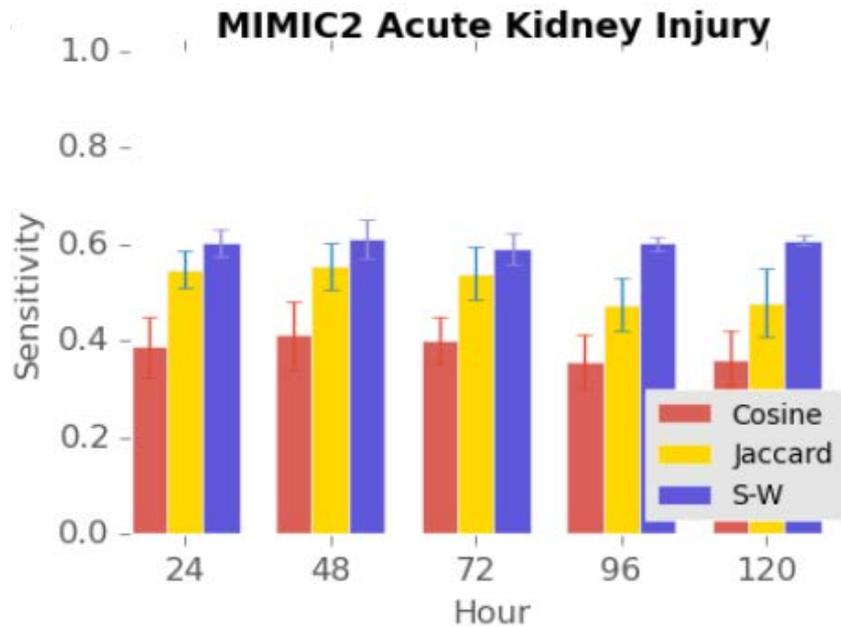


CHOA Database Sepsis



Result – Sensitivity

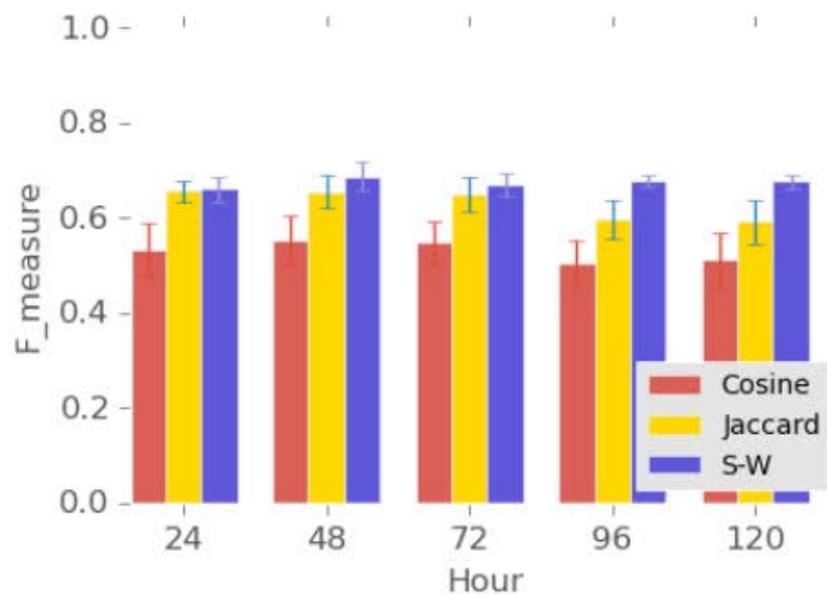
Varying Prediction window



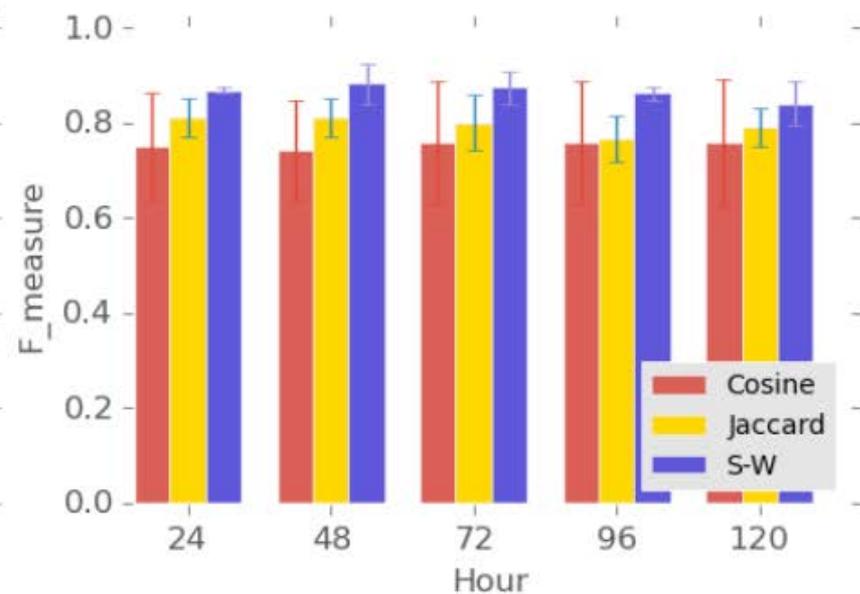
Result – F-measure

Varying Prediction Window

MIMICII Acute Kidney Injury



CHOA Database Sepsis



Outline

- Introduction and Motivation
- Temporal Similarity Measure
 - Concept and Visualization
- Experiment Design and Results
- **Discussion and Future Work**



Discussion

- Our novel similarity measure has predictive power, better than that of other non-temporal measures
- The assumption that patients are monitored more intensively when their health is deteriorating, should be experimentally validated or consulted with clinicians
- Clinical protocols may vary hospital by hospital
- Penalize a match between two time intervals according to their absolute difference
 - May hinder the application of this method to measurements spanning over multiple time scales: days for ICU care and years for outpatients



Future work

- Combine non-temporal features, i.e., demographics, with temporal features, e.g., lab tests, medication, diagnosis, I/O events
- Feature selection before similarity analysis
- Solve more real-world clinical problems

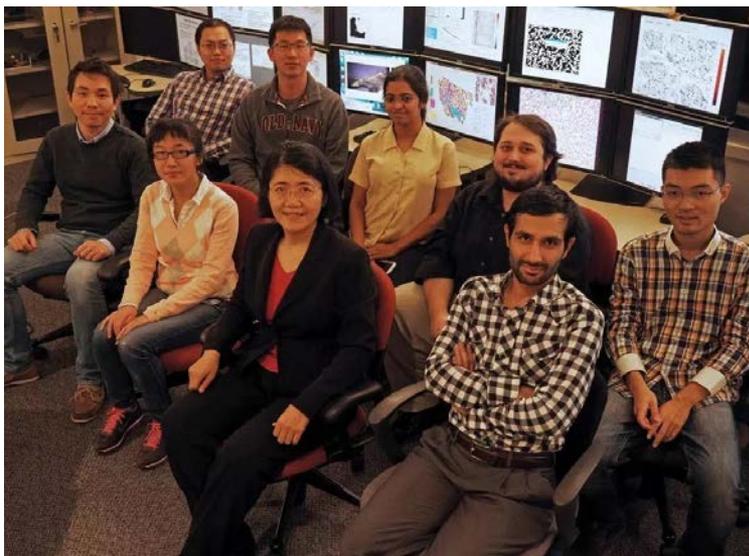


Reference

1. R. Pivovarov, D. J. Albers, J. L. Sepulveda, and N. Elhadad, "Identifying and mitigating biases in EHR laboratory tests," *Journal of biomedical informatics*, vol. 51, pp. 24-34, 2014.
2. G. Hripcsak, D. J. Albers, and A. Perotte, "Parameterizing time in electronic health record studies," *Journal of the American Medical Informatics Association*, vol. 22, p. 797-804, 2015.
3. J. Lee, D. M. Maslove, and J. A. Dubin, "Personalized Mortality Prediction Driven by Electronic Medical Data and a Patient Similarity Metric," *Plos One*, vol. 10, p. e0127428, 2015.
4. A. Gottlieb, G. Y. Stein, E. Ruppin, R. B. Altman, and R. Sharan, "A method for inferring medical diagnoses from patient similarities," *BMC medicine*, vol. 11, p. 194, 2013.
5. J. Sun, F. Wang, J. Hu, and S. Edabollahi, "Supervised patient similarity measure of heterogeneous patient records," *ACM SIGKDD Explorations Newsletter*, vol. 14, pp. 16-24, 2012.
6. K. Ng, J. Sun, J. Hu, and F. Wang, "Personalized predictive modeling and risk factor identification using patient similarity," *AMIA Summits on Translational Science Proceedings*, vol. 2015, p. 132, 2015.
7. M. Saeed, M. Villarroel, A. T. Reisner, G. Clifford, L.-W. Lehman, G. Moody, *et al.*, "Multiparameter Intelligent Monitoring in Intensive Care II (MIMIC-II): a public-access intensive care unit database," *Critical care medicine*, vol. 39, p. 952, 2011.
8. T. F. Smith and M. S. Waterman, "Identification of common molecular subsequences," *Journal of molecular biology*, vol. 147, pp. 195-197, 1981.
9. P. Jaccard, *Nouvelles recherches sur la distribution florale*, 1908.
10. R. Baeza-Yates and B. Ribeiro-Neto, *Modern information retrieval* vol. 463: ACM press New York, 1999.
11. M. Rahman, F. Shad, and M. C. Smith, "Acute kidney injury: a guide to diagnosis and management," *American family physician*, vol. 86, pp. 631-639, 2012.
12. R. Bellomo, J. A. Kellum, and C. Ronco, "Acute kidney injury," *The Lancet*, vol. 380, pp. 756-766, 2012.
13. B. Goldstein, B. Giroir, and A. Randolph, "International pediatric sepsis consensus conference: Definitions for sepsis and organ dysfunction in pediatrics*," *Pediatric critical care medicine*, vol. 6, pp. 2-8, 2005.
14. R. S. Watson, J. A. Carcillo, W. T. Linde-Zwirble, G. Clermont, J. Lidicker, and D. C. Angus, "The epidemiology of severe sepsis in children in the United States," *American journal of respiratory and critical care medicine*, vol. 167, pp. 695-701, 2003.

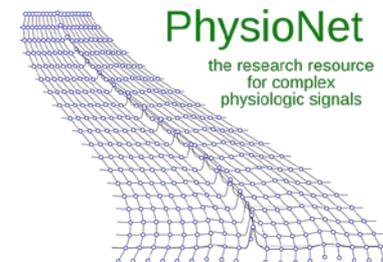


Acknowledgements



Bio-MIBLab

<http://www.miblab.gatech.edu/>



*Emory - Georgia Tech Cancer Center
for Nanotechnology Excellence*



Institute for People and Technology (IPaT), Georgia Tech

BIO-MIBLAB

