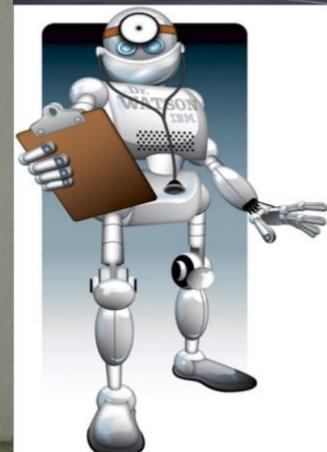
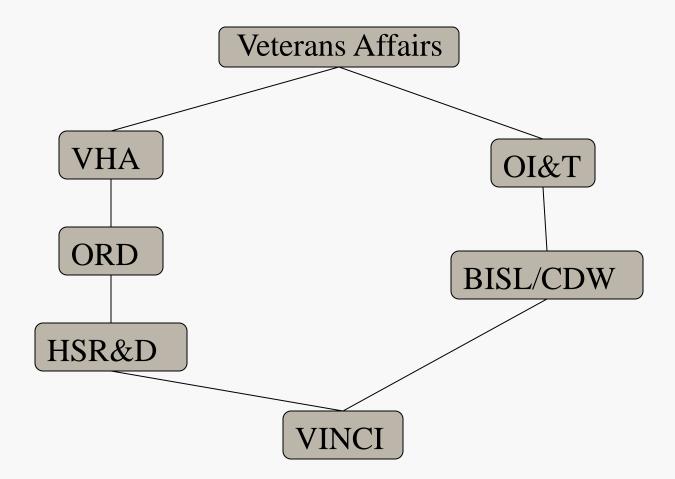
VINCI and the Center for Computational Intelligence at University of Maryland





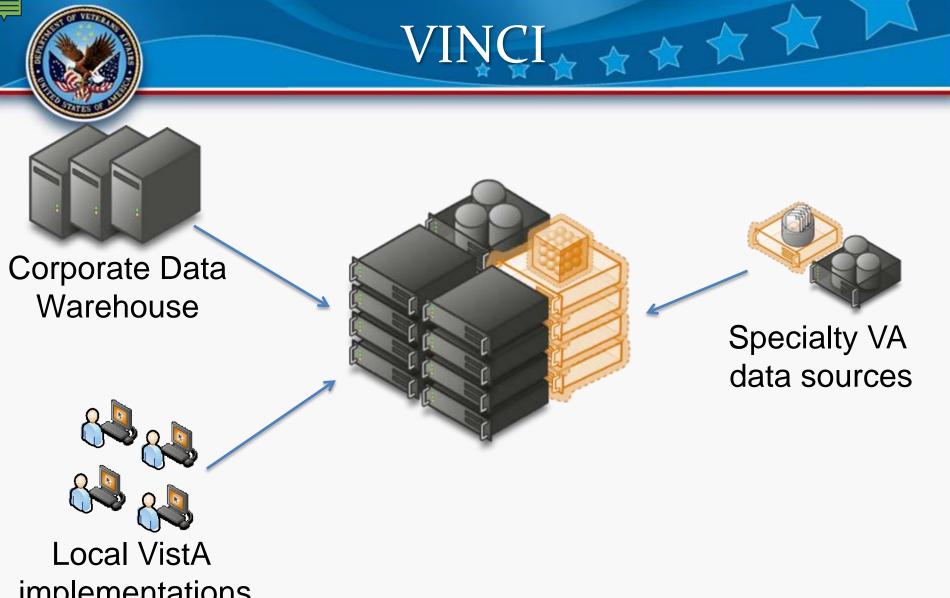
#### VA Informatics and Computing Infrastructure VINCI Organization





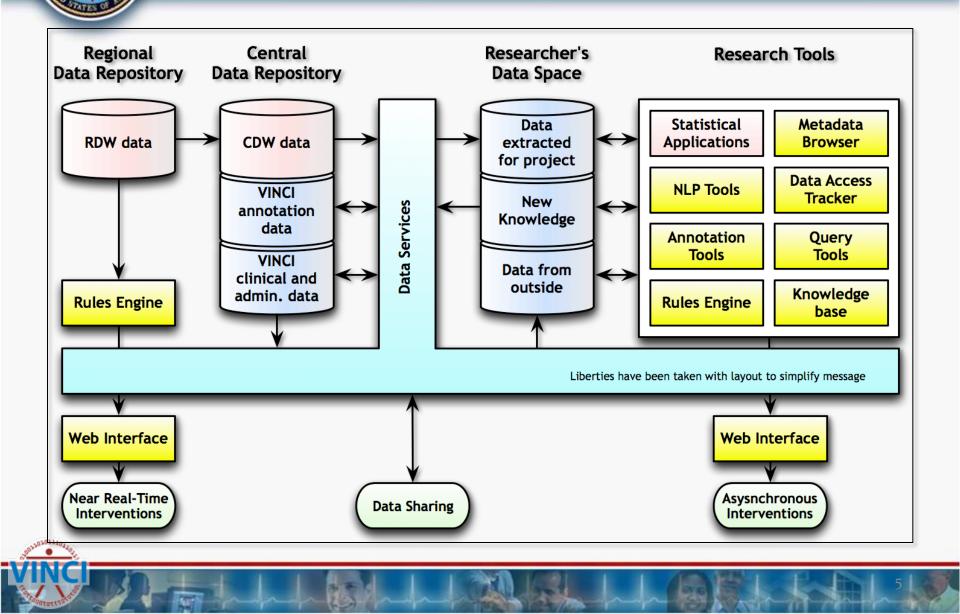
# A Research / IT Partnership

- Establish a National Research Infrastructure
- Develop New Data Privacy & Security Capabilities
- Develop Remote Analysis Capability
- Prepare for Future Data Capabilities
- Partner With Other VA and Non-VA Entities



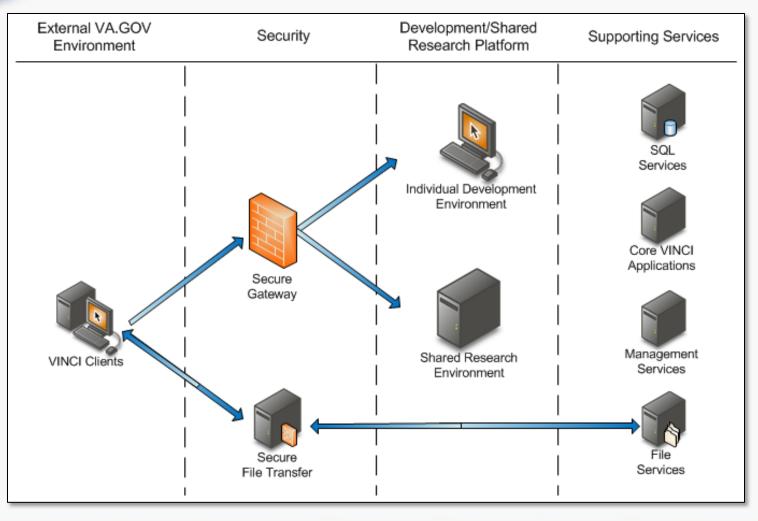
implementations

### A Research / IT Partnership





#### VINCI Architecture



#### Data Extraction

- Research Study Team uploads cohort to a secure site or VINCI creates cohort per requirements
- Research Study Team completes the Data Selection Forms on correspondence site
- NDS approved data domains are extracted and provided
- Analysis performed by research project team staff



- Research Study Team may upload other data for analysis into project database or workspace
- Secure data upload process
- Optional direct database upload
- VINCI data managers work on behalf of research team to upload data from other data providers

## Data Processing/Analysis tools

- SQL Server as primary data store
- Multiple high performance servers
- Most data queries performed in SQL Server
- Accessible by all analysis software
- SSIS, SSRS, SSAS (SQL server integration, reporting, and analysis)
- High speed intra-server network will allow distributed queries

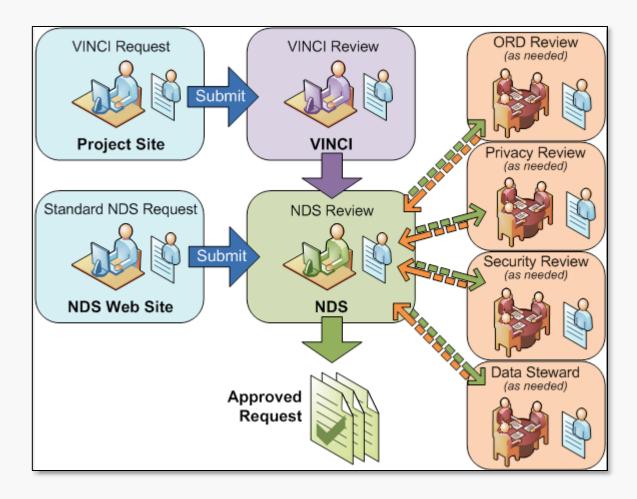


- 2 TB of RAM, 64 cores, 2 TB SSD
- Launch grid jobs
- SAS grid very large data analysis work
  - 10 high performance servers
  - Most advanced SAS implementation in VA

SAS

- Dedicated SAN
- Additional SAS modules
- SAS knowledge base SharePoint site
- Dedicated SAS administrator

## Data Approvals



## Data Access & Security

- Access groups created based on IRB and NDS approved research team
- Only research team members have access to the data
- Data stored on secure VINCI servers
- Regular data backup and archiving
- Workspace vs. collaboration site
- Project work can be performed in VINCI
- Export final result & publication

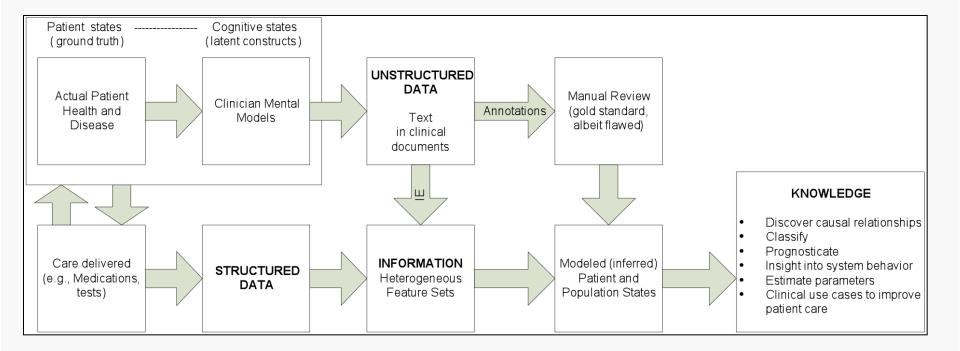


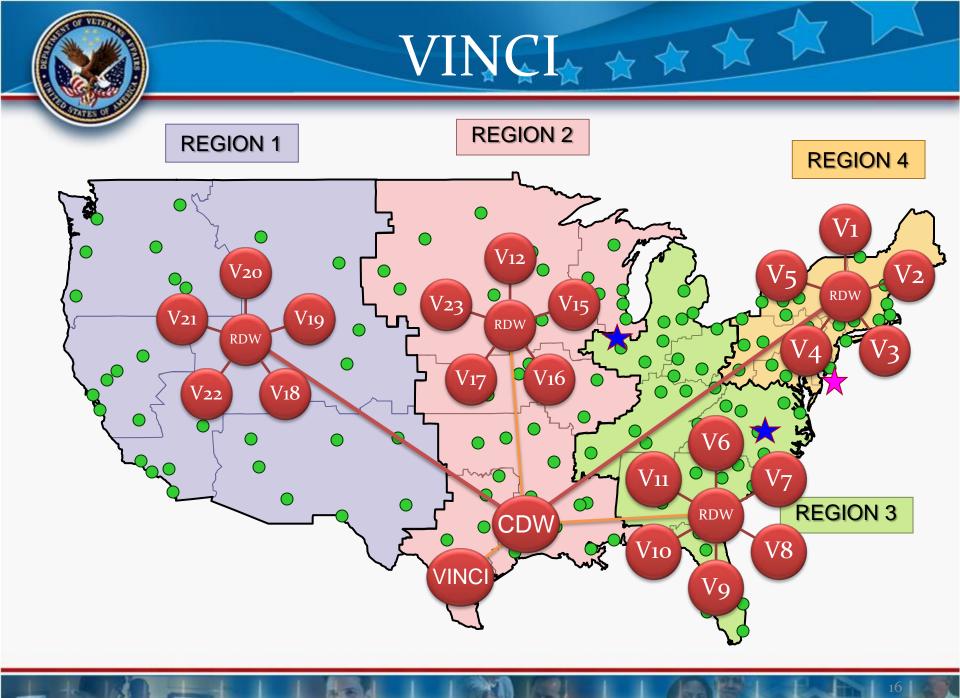
- Patient demographic information
- Vital signs
- Diagnoses and procedures from patient encounters
- Outpatient pharmacy data
- Laboratory values
- Immunizations
- Microbiology reports
- Text notes (including progress notes, discharge summaries, radiology reports)

\*\*\*

- VA Decision Support System (DSS) in database tables linked with other VINCI data or as the original SAS files
- VHA Medical SAS datasets

#### Using All You Have





#### Data Standardization

MODERATE STAPHYLOCOCCUS AUREUS E. COLI > 100 CFU STAPHYLOCOCCUS AUREUS 16 COLONIES SERRATIA SP

GRAM NEG ORGANISM ANAEROBIC GRAM NEGATIVE RODS GRAM NEG BACILLI

ENTEROCOCCUS FAECALIS - VANCOMYCIN RESISTANT ENTEROCOCCUS FAECIUM ENTEROCOCCUS SPP.







INFLIXIMAB 100MG/VIL (PF) INJ INFLIXIMAB 100MG/VIL PF INJ **INFLIXIMAB 100MG INJ INFLIXIMAB 100MG VIAL INFLIXIMAB 100MG** INFLIXIMAB 100MG/20ML INJ INFLIXIMAB 100MG/VIAL INJ INFLIXIMAB 100MG/20ML VIAL **INFLIXIMAB 100MG IV** ZZINFLIXIMAB 100MG INJ ZZINFLIXIMAB 100MG/20ML



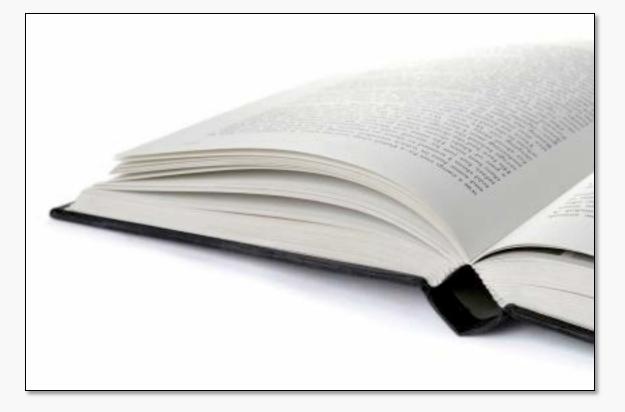


Understand the Target Study Population

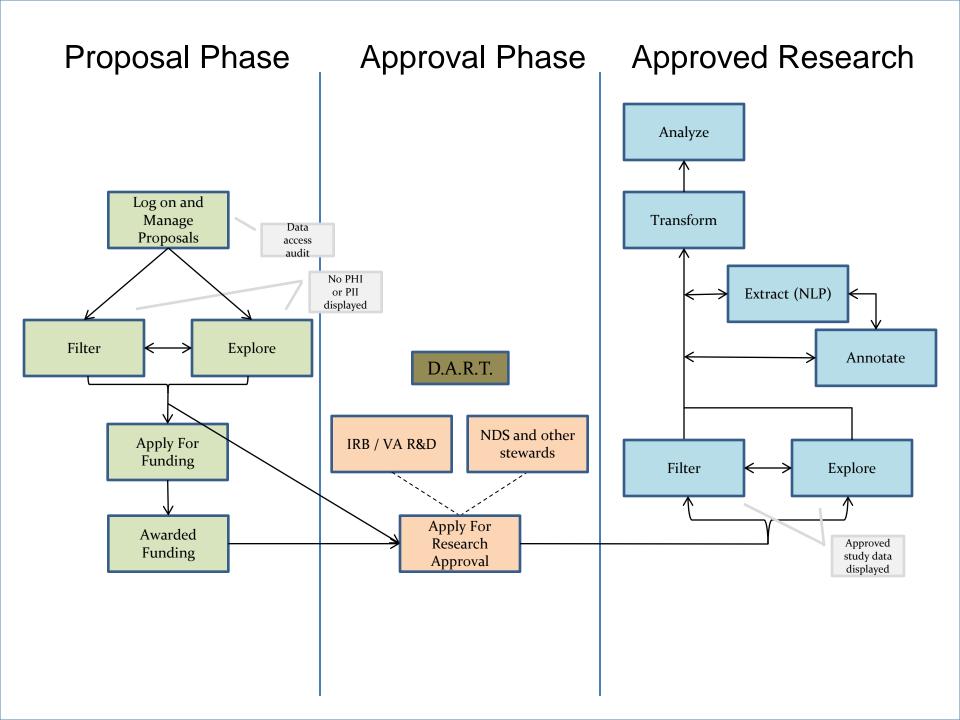
> Understand the Care Workflow

#### Understand the Underlying Data





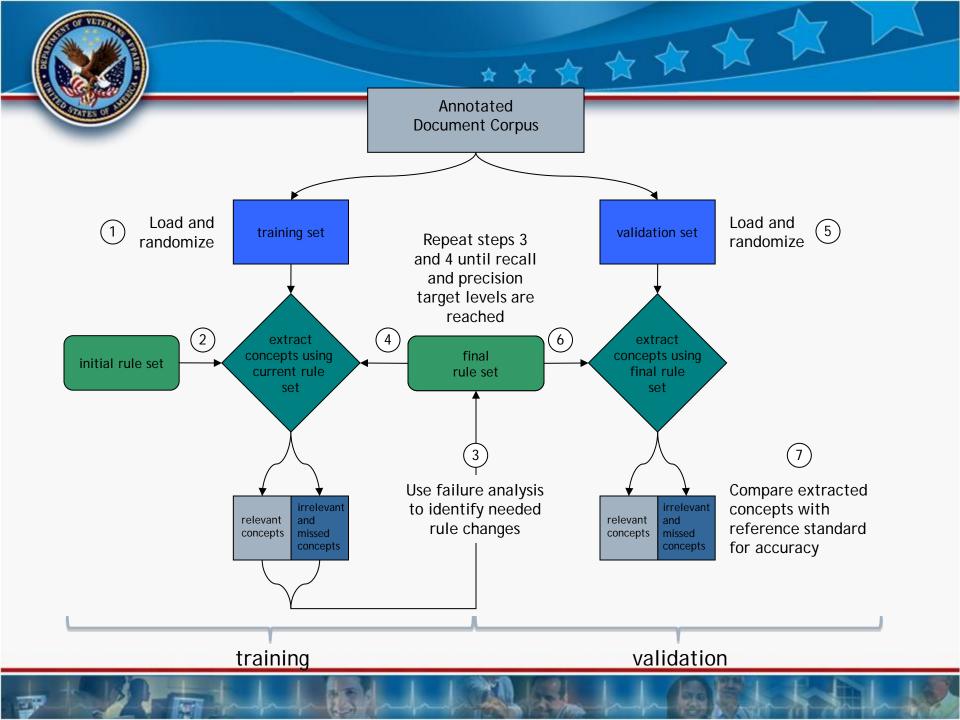


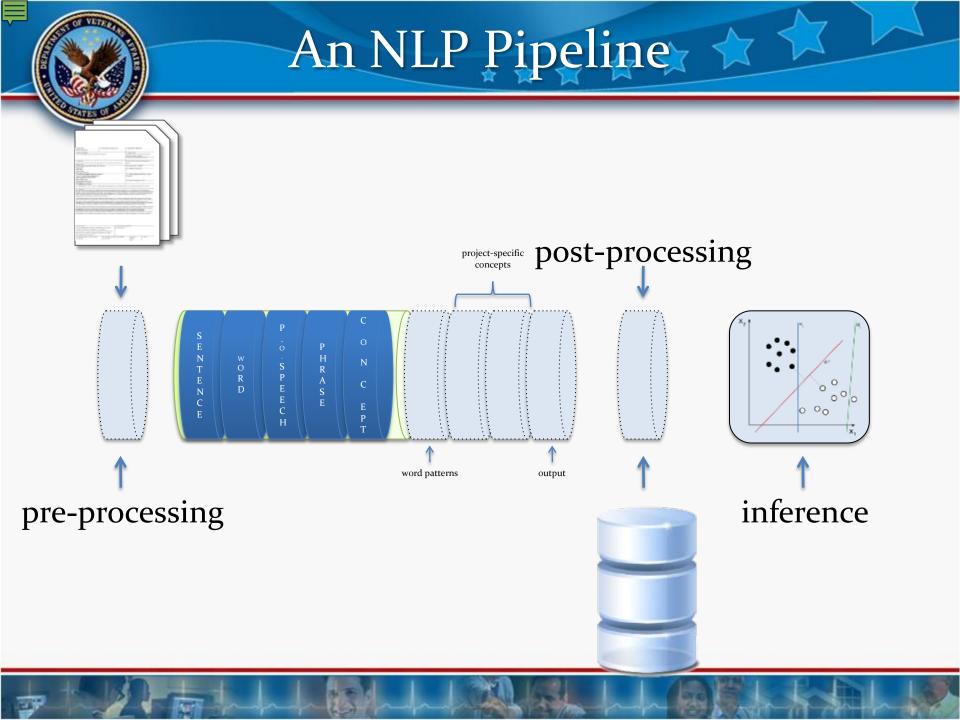




- Increasing demands for more detailed clinical data
  - Quality Measures
  - Evidence-based medicine
  - Phenotyping for genomic-related analysis
  - Biosurveillance

The majority of EMR data is free text







## Pipeline Issues

Base modules have trouble with:

- Templates
- Incomplete Sentences
- Jargon





#### Pipeline Issues

Project-specific modules are:

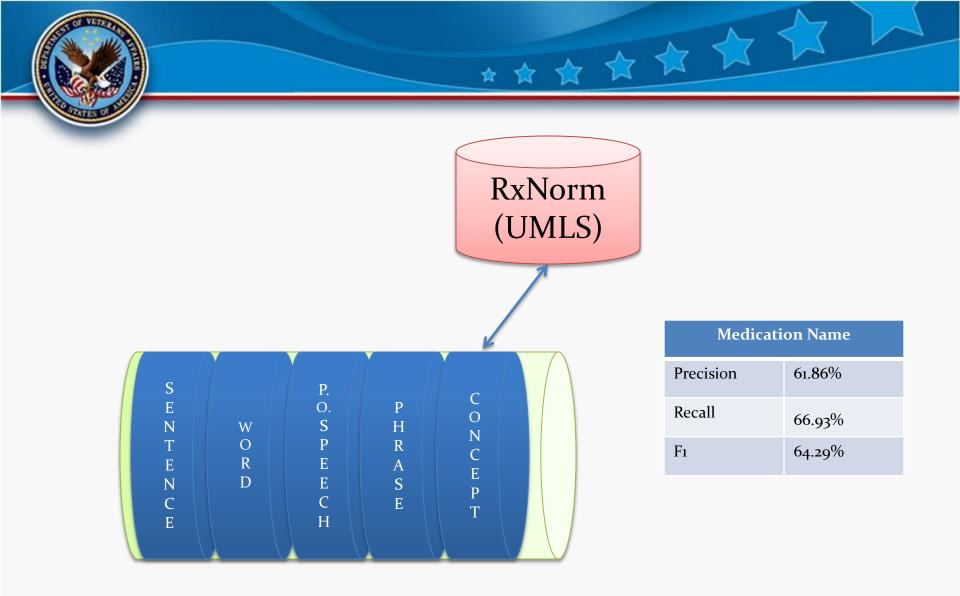
- Limited by base module output
- Affected by propagation of errors from previous modules

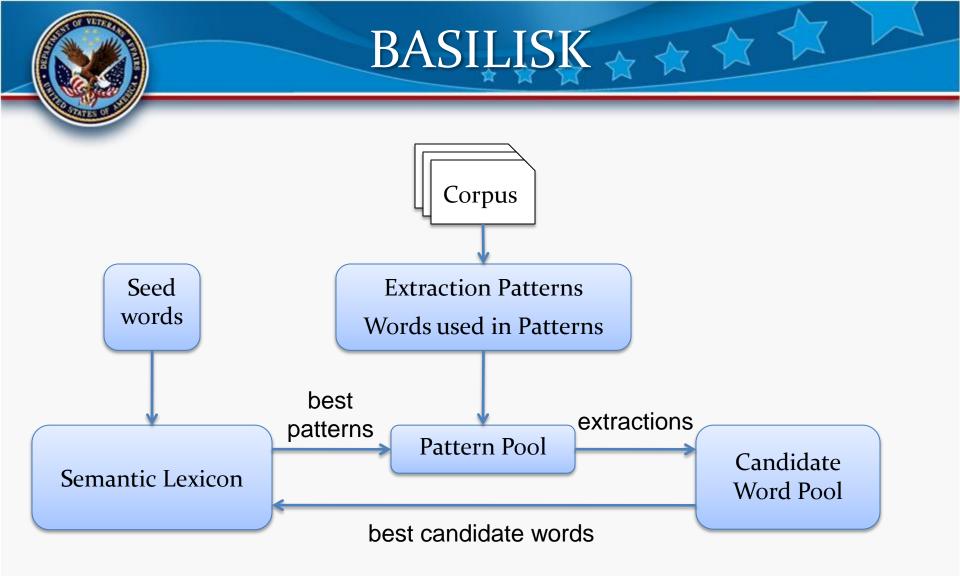




- Target does not exist in database Semantic bootstrapping
- Lookup method insufficient to find target
   <u>Structural cues</u>

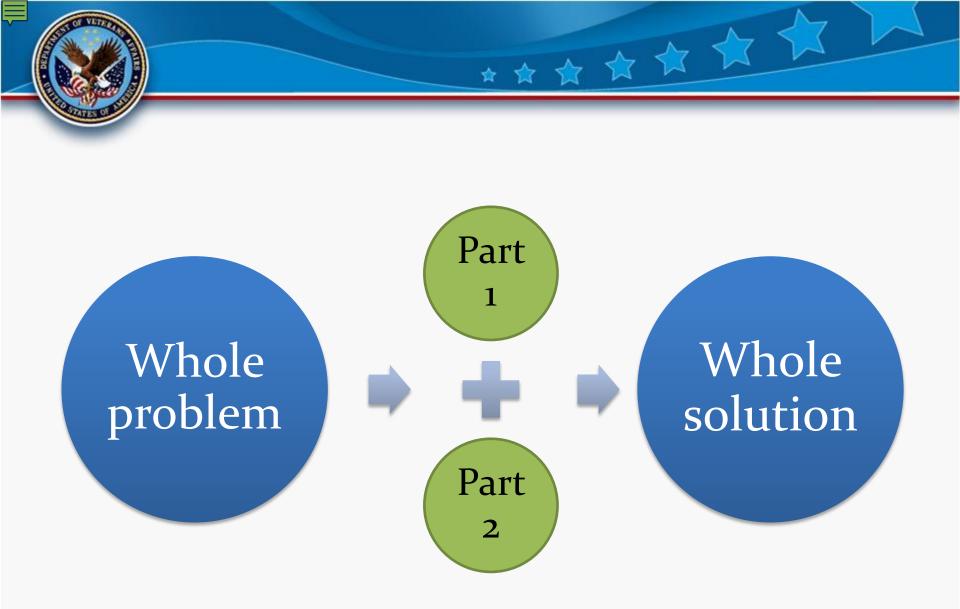






		* * *					
RxNorm (UMLS) Basilisk word pool							
		RxNorm only	RxNorm + Basilisk	1-pass Filtering			
	Precision	61.86%	66.74%	71.95%			
	Recall	66.93%	82.80%	82.80%			
	F1	64.29%	73.91%	77.00%			

611\*





• Craft *very specific* rules to handle specific situations

- Craft *highly precise* rules to determine which rules to apply in which situations
- Have general rules to apply elsewhere



Accession: VA 123 Collection sample: WOUND Provider: Dr. General Hawk Specimen: SWAB Received: Oct 12, 2009 Collection date: Oct 12, 2009

CULTURE RESULTS: 1. MODERATE STAPHYLOCOCCUS AUREUS Comment: CIPROFLOXACIN = S ERYTHROMICIN = S 2. E. COLI Comment: GENTAMICIN 500 synergy screen → RESISTANT

Confirmed sensitive to Penicillin

ANTIBIOTIC SUSCEPTIBILITY TESTS RESULTS:

S

S

- 1. STAPHYLOCOCCUS AUREUS
  - 2. ESCHERICHIA COLI
- AMPICLN PENICLN



Accession: VA 123 Collection sample: WOUND Provider: Dr. General Hawk Specimen: SWAB Received: Oct 12, 2009 Collection date: Oct 12, 2009

CULTURE RESULTS: 1. MODERATE STAPHYLOCOCCUS AUREUS Comment: CIPROFLOXACIN = S ERYTHROMICIN = S 2. E. COLI Comment: GENTAMICIN 500 synergy screen → RESISTANT Confirmed sensitive to Penicillin

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- AMPICLN PENICLN



----MICROBIOLOGY----

Accession: VA 123 Collection sample: WOUND Provider: Dr. General Hawk Specimen: SWAB

Received: Oct 12, 2009 Collection date: Oct 12, 2009

CULTURE RESULTS: 1. MODERATE STAPHYLOCOCCUS AUREUS			
Comment:	CIPROFLOXACIN = S		
	ERYTHROMICIN = S		
	2. E. COLI		
Comment:	GENTAMICIN 500 synergy screen $ ightarrow$ RESISTANT		
	Confirmed sensitive to Penicillin		

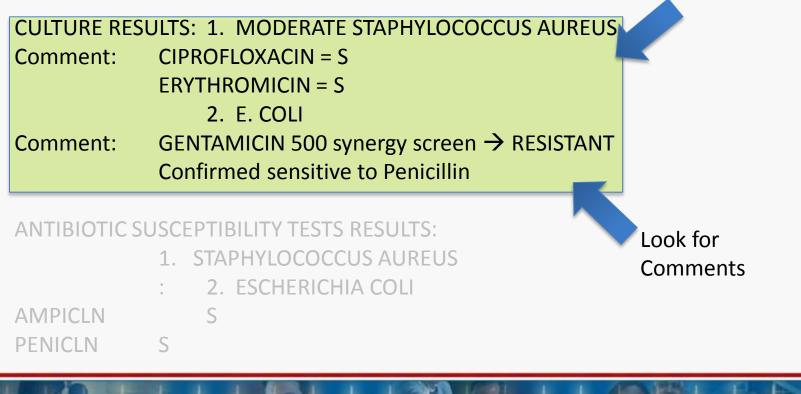
ANTIBIOTIC SUSCEPTIBILITY TESTS RESULTS:				
1.	STAPHYLOCOCCUS AUREUS			
:	2. ESCHERICHIA COLI			
	S			
S				
	1.			

#### ----MICROBIOLOGY----

Accession: VA 123 Collection sample: WOUND Provider: Dr. General Hawk Specimen: SWAB Received: Oct 12, 2009 Collection date: Oct 12, 2009

\*\*\*

Get numbered list of organisms



# 

Accession: VA 123 Collection sample: WOUND Provider: Dr. General Hawk Specimen: SWAB Received: Oct 12, 2009 Collection date: Oct 12, 2009

**XLOCOCCUS AUREUS** 

Pull out susceptibility formatted like DRUG = SUSCEPT.

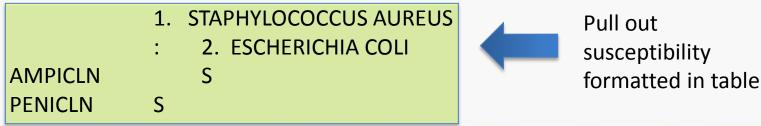
CULTURE RESULTS: 1. MODERATE ST

Comment: CIPROFLOXACIN = S ERYTHROMICIN = S

2. E. COLI

Comment: GENTAMICIN 500 synergy screen → RESISTANT Confirmed sensitive to Penicillin

#### ANTIBIOTIC SUSCEPTIBILITY TESTS RESULTS:

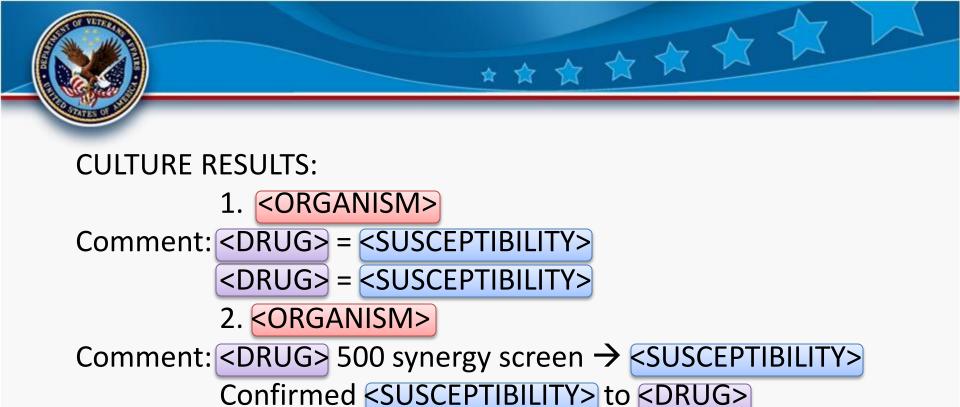


#### CULTURE RESULTS:

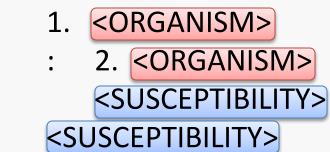
1. MODERATE STAPHYLOCOCCUS AUREUS

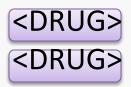
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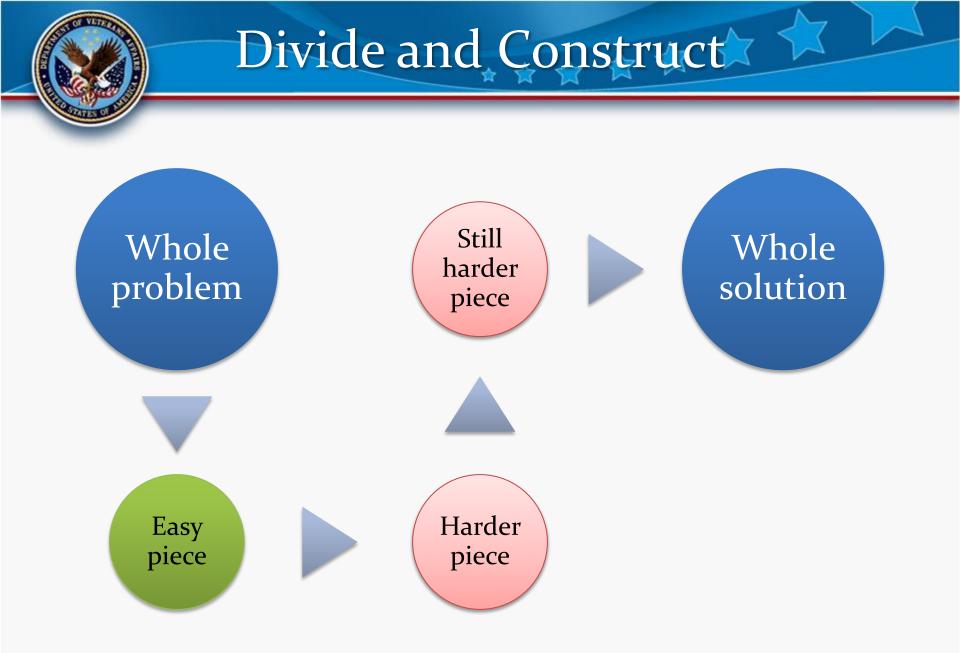
- Comment: CIPROFLOXACIN = S
  - ERYTHROMICIN = S
  - 2. E. COLI
- Comment: GENTAMICIN 500 synergy screen → RESISTANT Confirmed sensitive to Penicillin
- ANTIBIOTIC SUSCEPTIBILITY TESTS RESULTS:
  - 1. STAPHYLOCOCCUS AUREUS
  - : 2. ESCHERICHIA COLI
- AMPICLN S



#### ANTIBIOTIC SUSCEPTIBILITY TESTS RESULTS:









- Break the problem down into pieces
- Determine which pieces are easiest to solve
- Use what you know about the pieces to find solutions
- Use solution from easier pieces to help solve harder pieces

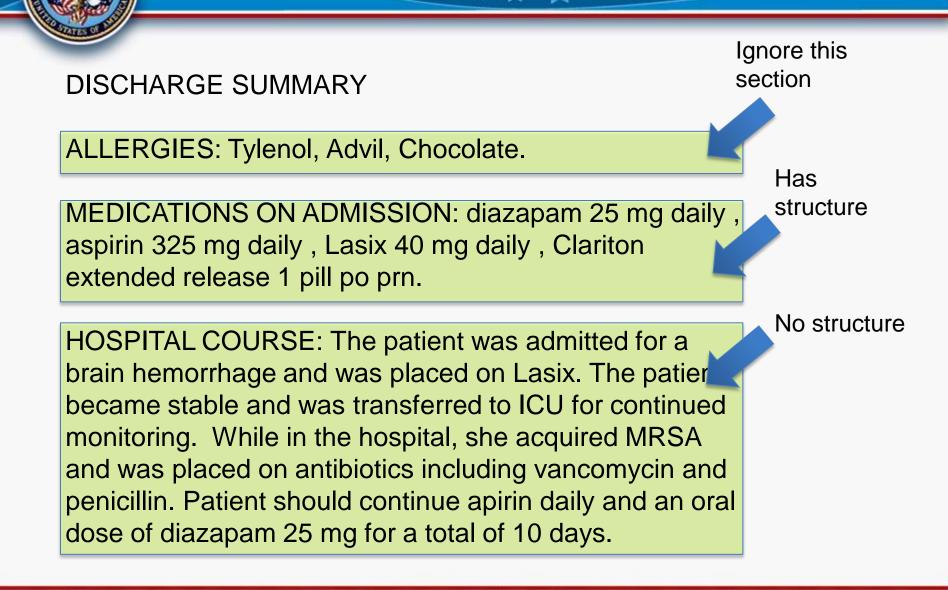


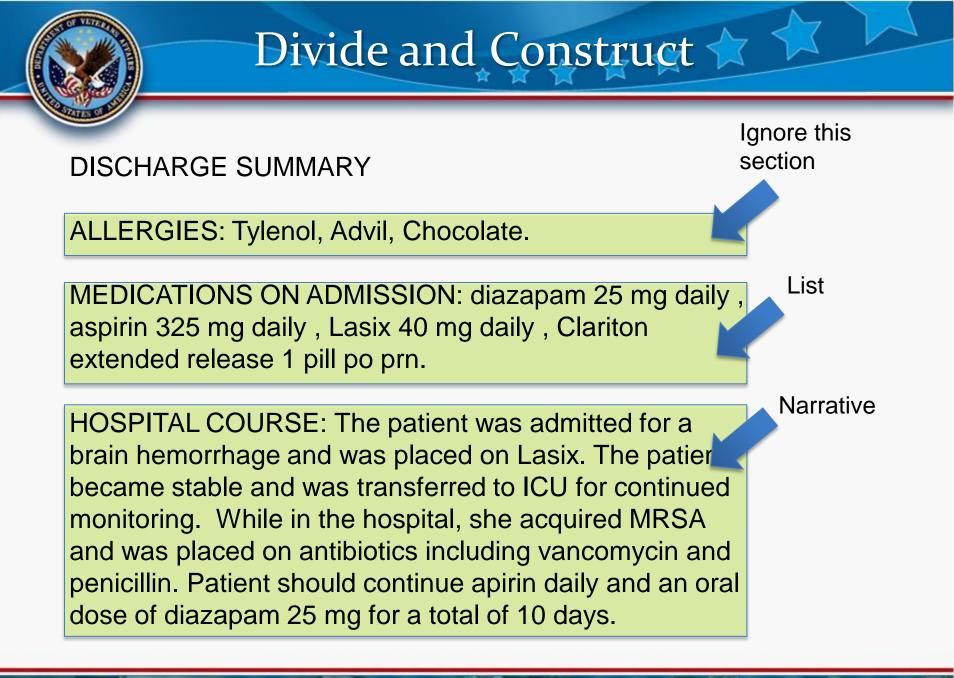
#### DISCHARGE SUMMARY

ALLERGIES: Tylenol, Advil, Chocolate.

MEDICATIONS ON ADMISSION: diazapam 25 mg daily, aspirin 325 mg daily, Lasix 40 mg daily, Clariton extended release 1 pill po prn.

HOSPITAL COURSE: The patient was admitted for a brain hemorrhage and was placed on Lasix. The patient became stable and was transferred to ICU for continued monitoring. While in the hospital, she acquired MRSA and was placed on antibiotics including vancomycin and penicillin. Patient should continue apirin daily and an oral dose of diazapam 25 mg for a total of 10 days.







What type

of list?

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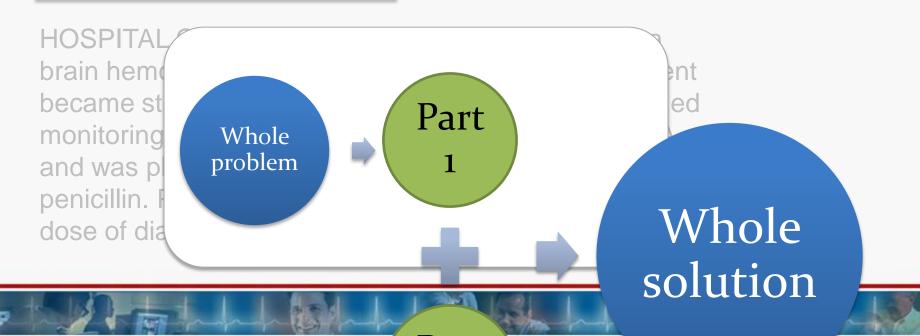


List pieces

#### DISCHARGE SUMMARY

ALLERGIES: Tylenol, Advil, Chocolate.

MEDICATIONS ON ADMISSION: diazapam 25 mg daily, aspirin 325 mg daily, Lasix 40 mg daily, Clariton extended release 1 pill po prn.





• Some pieces must be easy

- The easy pieces have to be identified
- The easy pieces can aid in solving harder pieces



# Conclusion 🙀 😭

- NBS involved from the start and would love to re-engage NIST
- Opportunities include:
  - Help in creating bridging architecture to next generation system including migration from M origins to a more modern architecture with ability to provide support from a whole new generation of developers using modern Web technology



# Opportunities 🖌 🔶

- Incredible opportunity to study and create laboratory for usability and safety
- Great opportunity to study healthcare security
- Excellent opportunity to evaluate and test standards

 Can evaluate and text logic used for business and clinical analytics and then test and release clinical software

 Superb opportunity to utilize VA's VINCI and other data as sandbox to evaluate big data using the 3.2 billion records available in the VINCI system and have access to not only data but also patient images





## Acknowledgements

### Dr. Robert Kolodner - VISTA Dr. Scott DuVall – VISTA and VINCI

