

Deep EHR: A Survey of Recent Advances in Deep Learning Techniques for EHR Analysis 2018

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@ <https://qdata.github.io/deep2Read/>

Roadmap

1. Background

2. Motivation

3. Survey of Recent Advances in “Deep EHR”

4. Future Directions

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Background - Electronic Health Records (EHRs)

- Huge increases in the numbers of EHRs in the US in the last 10 years
- Heterogeneous data

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- Heterogeneous data
- Hospital admission and discharge data (datetime objects)
- Lab tests/results
- Radiological images
- Genomic data
- ICD codes
- Clinical notes (free text)

EHRs

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- Secondary uses:
 - Medical concept extraction
 - Patient trajectory modeling
 - Disease inference
 - Clinical decision support systems
 - Deidentification
 - Phenotyping

EHR Analysis

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- Recent: MLP, Autoencoder, RBM, Deep Belief Nets, CNN, RNN, GRU, and LSTM
- Most “Deep EHR” papers published in last 3 years
 - Several hundred total

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Motivation

- Catalog advances
- High-level overview of what's been going on in EHR analysis in the last few years
- Future directions

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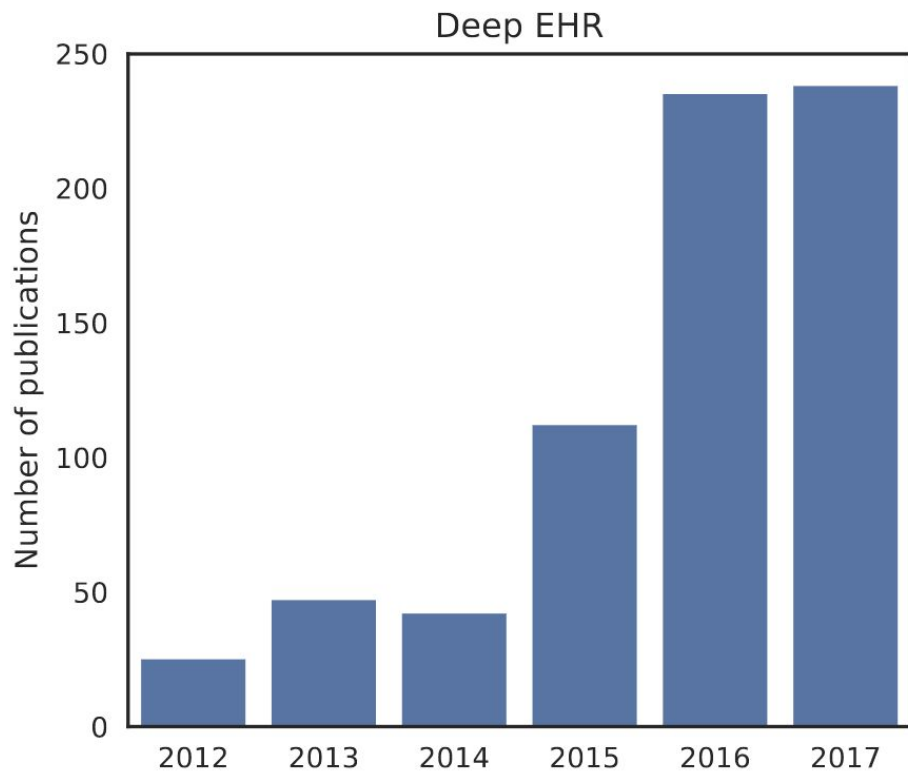
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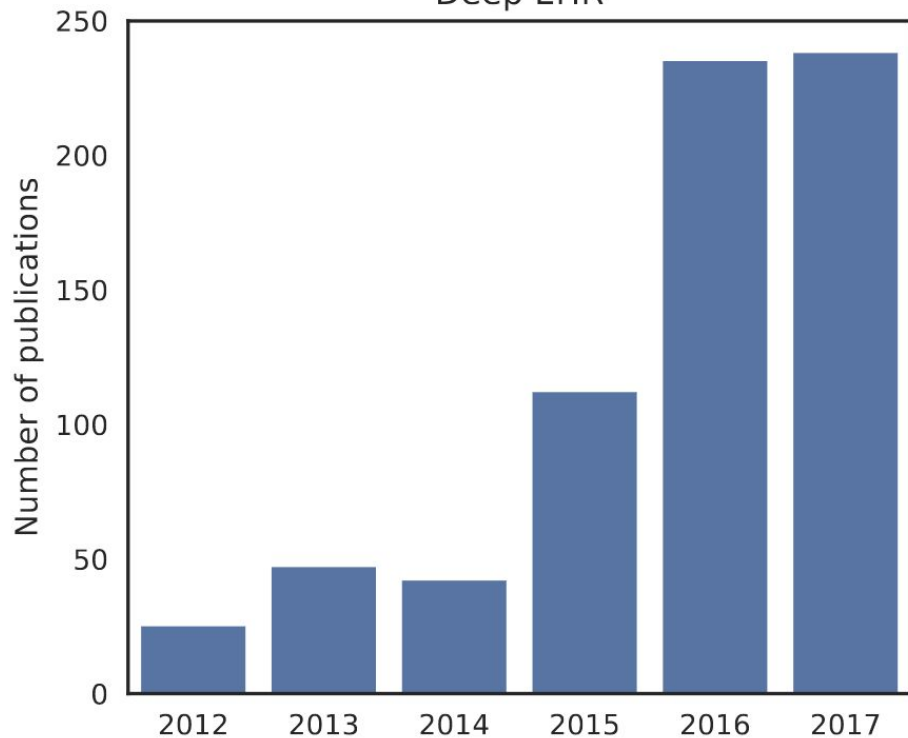
4. Future Directions

Deep EHR Overview

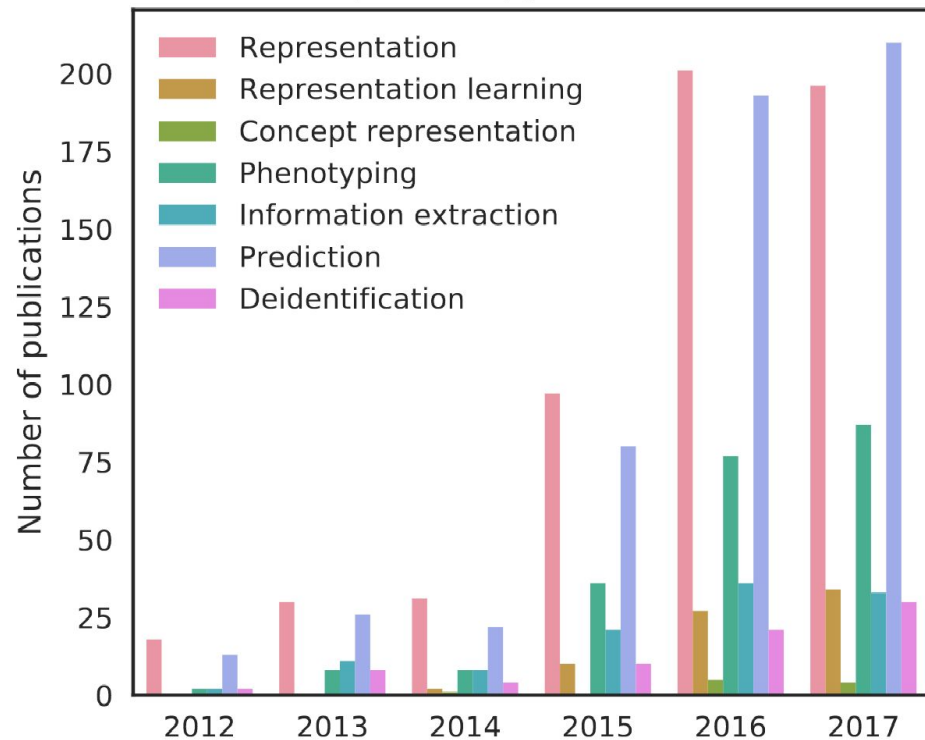


Deep EHR Overview

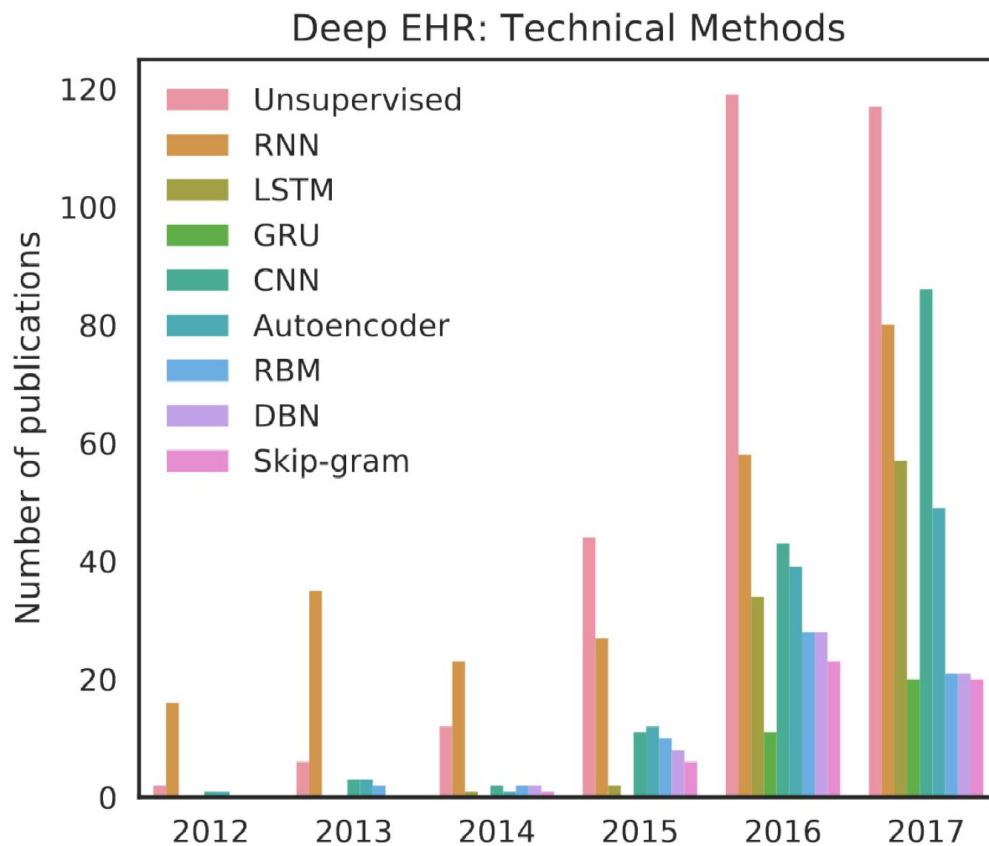
Deep EHR



Deep EHR: Application Areas



Deep EHR Overview



Deep EHR Overview

| Task | Subtasks | Input Data | Models |
|-------------------------|---|-------------------|--|
| Information Extraction | (1) Single Concept Extraction (2) Temporal Event Extraction (3) Relation Extraction (4) Abbreviation Expansion | Clinical Notes | LSTM, Bi-LSTM, GRU, CNN RNN + Word Embedding AE Custom Word Embedding |
| Representation Learning | (1) Concept Representation (2) Patient Representation | Medical Codes | RBM, Skip-gram, AE, LSTM RBM, Skip-gram, GRU, CNN, AE |
| Outcome Prediction | (1) Static Prediction (2) Temporal Prediction | Mixed | AE, LSTM, RBM, DBN LSTM |
| Phenotyping | (1) New Phenotype Discovery (2) Improving Existing Definitions | Mixed | AE, LSTM, RBM, DBN LSTM |
| De-identification | Clinical text de-identification | Clinical Notes | Bi-LSTM, RNN + Word Embedding |

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- Representations in light large amount of heterogeneity
- Heavy focus on clinical codes
- Many things are not incorporated into representations/embeddings
- Clinical text is under-utilized
- “Holy grail”: unified representation



Future Directions: Benchmarks

- Lack of universal benchmarks
- Difficult reproducibility
- Everyone claims “state-of-the-art performance”
- Proprietary data sets
- Hyperparameters can make or break an algorithm

Future Directions: Interpretability

- Models need to be transparent and trustworthy
- Explored so far: maximum activation, clustering illustrations, word clouds, heat maps, “Mimic learning”