

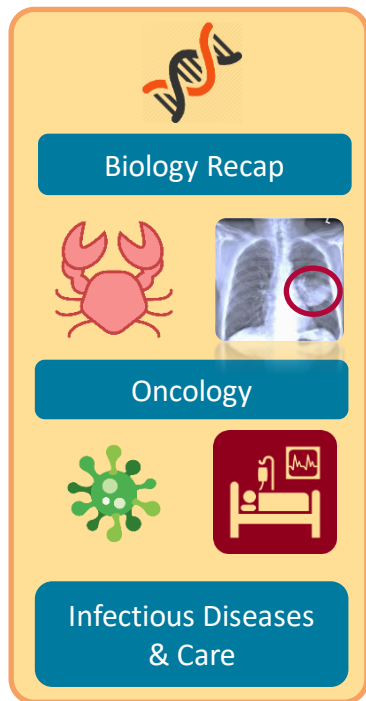
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Borchert, Konak, Dr. Schapranow
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Winter 2020

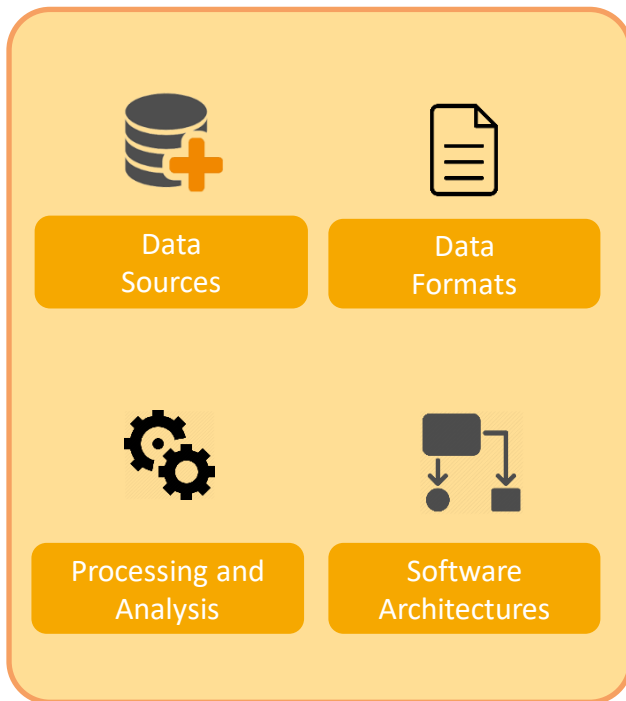
Agenda

Pillars of the Lecture

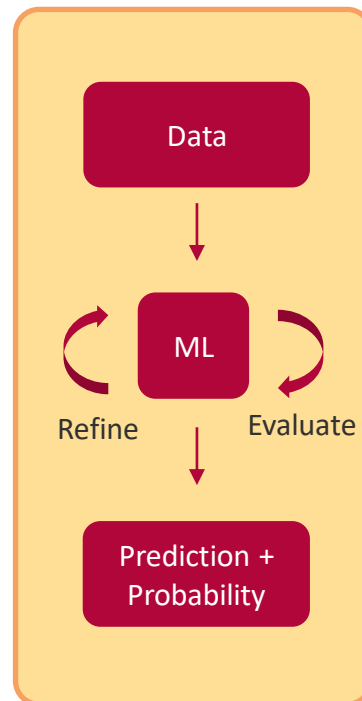
Medical Use Cases



Technology Foundation



Machine Learning



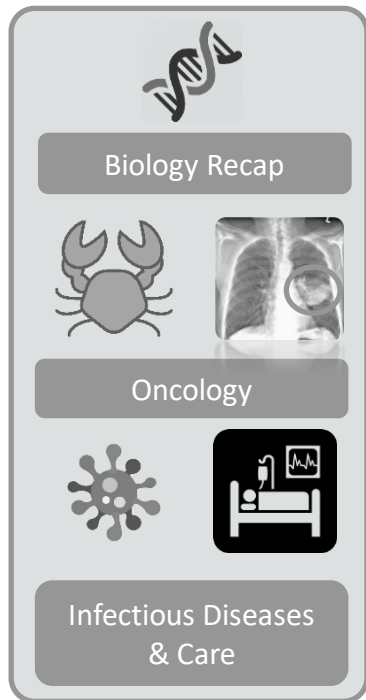
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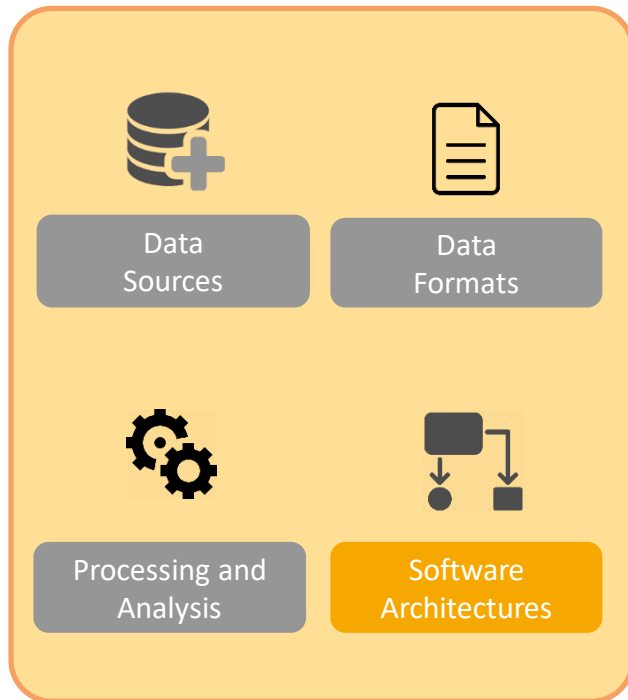
Agenda

Pillars of the Lecture

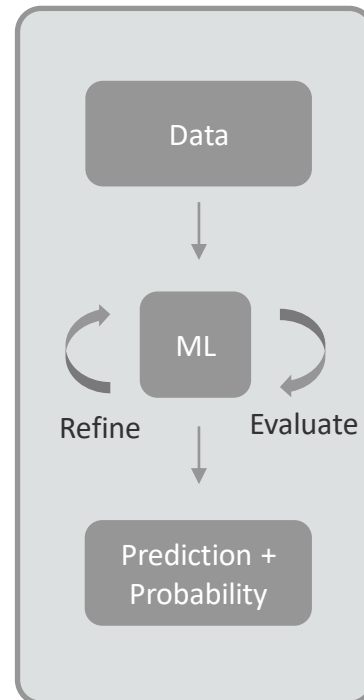
Medical Use Cases



Technology Foundation



Machine Learning



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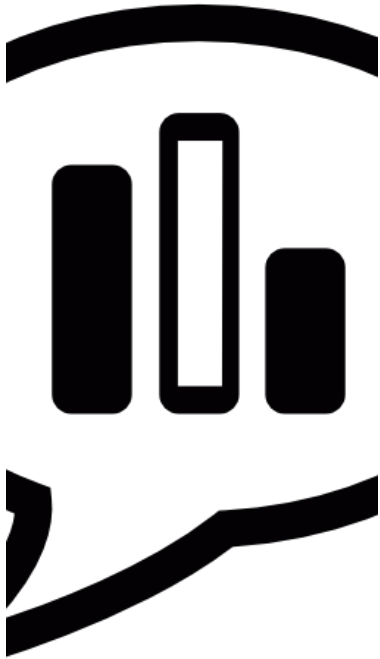
Agenda

- Electronic Medical Records vs. Electronic Health Records
- Hospital Enterprise Functions
- Software Tools in a Hospital
- Standards and Data Formats



What are you studying?

<< QUIZ >>



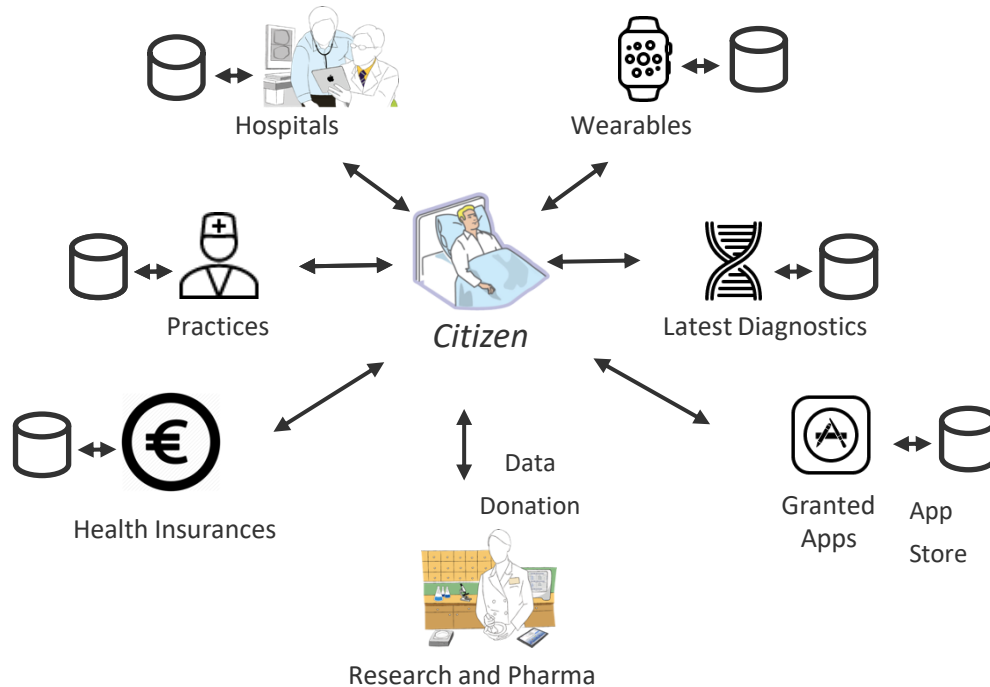
- A. Digital Health
- B. Data Engineering
- C. IT-Systems Engineering
- D. Other



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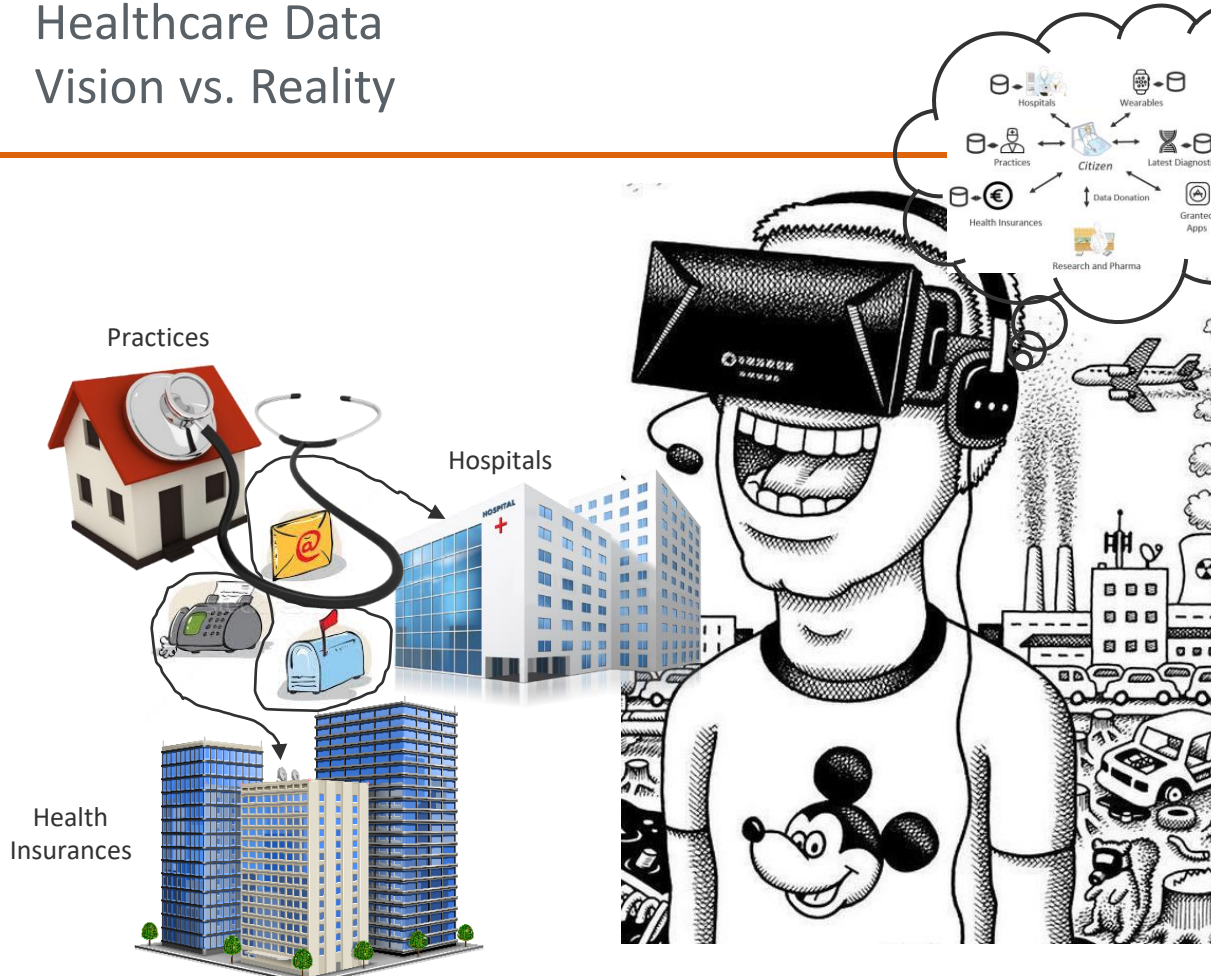
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Healthcare Data Recap



- From citizens'/patients' perspective different actors involved
- All actors collect individual data
- Actors communicate with each other
- But: That is all still up in the air

Healthcare Data Vision vs. Reality



- Reality looks different
- Actors mostly still communicate in an old-fashioned way via mail, fax, ...
- It is a long way to go, but there is **hope**

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- **Electronic Medical Records and Electronic Health Records**

- Understand the basics of digital health transformation

- **Hospital Enterprise Functions**

- **Software Tools in a Hospital**

- **Standardization**



A “Computerless” Hospital?

Creative Commons, The German Hospital, Dalston (Wellcome Library, London,)



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A “Paperless” Hospital?

Lab100, at Mount Sinai in New York City



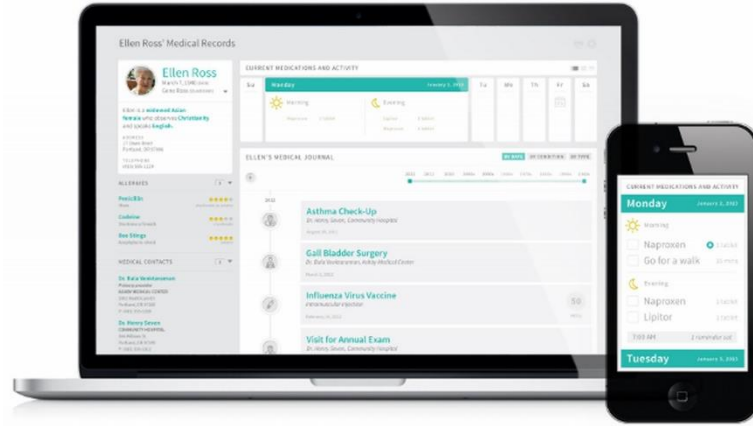
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Electronic Medical Record vs. Electronic Health Record?

- **Electronic Medical Record (EMR)**
- Digital versions of traditional paperwork
- Includes amongst others medical history, diagnoses, medications, immunization dates, allergies
- Transferring data out of the practice from EMRs is not convenient
- Patient records have to be printed or mailed for consultations



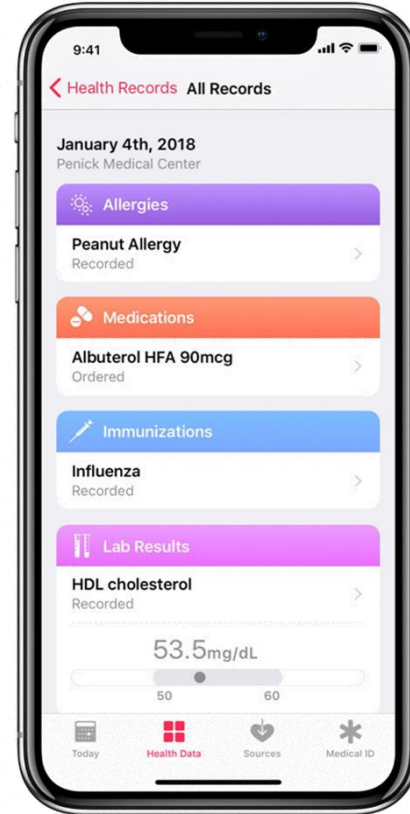
<https://www.theverge.com/2013/1/28/3925734/is-nightingale-the-future-of-user-friendly-medical-records>

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Electronic Medical Record vs. Electronic Health Record?

- **Electronic Health Record (EHR)**
- Focuses on a patient's overall health
- Broader view of care including overall past medical history, EMR data, lab data, imaging reports
- Relevant information such as insurance information, demographics, wellness devices.
- Facilitates data sharing outside the practice with other health care providers such as laboratories and specialists



<https://www.apple.com/healthcare/health-records/>

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12. April 2018, 19:28 Uhr Elektronische Gesundheitskarte

14 Jahre, zwei Milliarden Euro - und technische Probleme

WIRTSCHAFT

728 Mill

Veröffentlicht



Ärzte sollen künftig Patientendaten untereinander austauschen können, um die Versorgung zu verbessern.
(Foto: Bernd Thissen/dpa)

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Elektronische Patientenakte (ePA) Gesundheitskarte

- Obligatory for public health insurance
- Support data exchange in German health care
- Expensive: 14 years and 2bi EUR
- Stores name, birth, address and insurance details
- (Future) applications: emergency infos and electronic medication plan



Source: Barmer

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Elektronische Patientenakte (ePA) Gesundheitskarte

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Source: Barmer

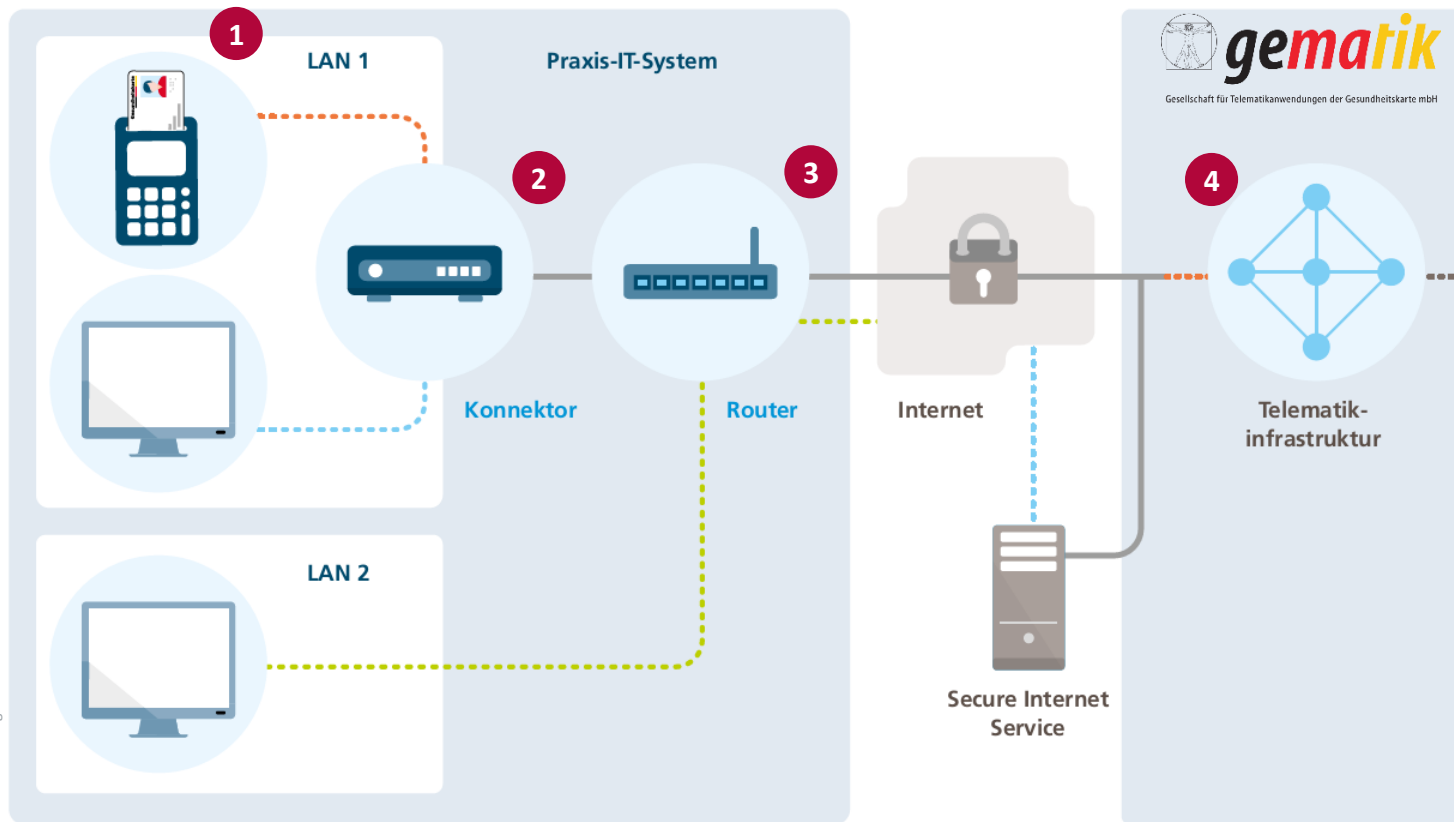
Question: Have you heard of it?

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Elektronische Patientenakte (ePA) Gesundheitskarte – Telematikinfrastruktur



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Elektronische Gesundheitsakte (ELGA) Austria

- ELGA is an interoperable document exchange platform for patients based on international standards, which is filled by physicians and other healthcare providers, but can be managed by patients
- Currently includes discharge letters, laboratory and radiology findings and medication data
- e-card serves as technical access key for patients
- All Austrian citizens are automatically part of the system
- Registered doctors and hospitals are obliged to participate in ELGA



Meine elektronische
Gesundheitsakte.
Meine Entscheidung!

<https://www.elga.gv.at/elga-die-elektronische-gesundheitsakte/informationsunterlagen/>

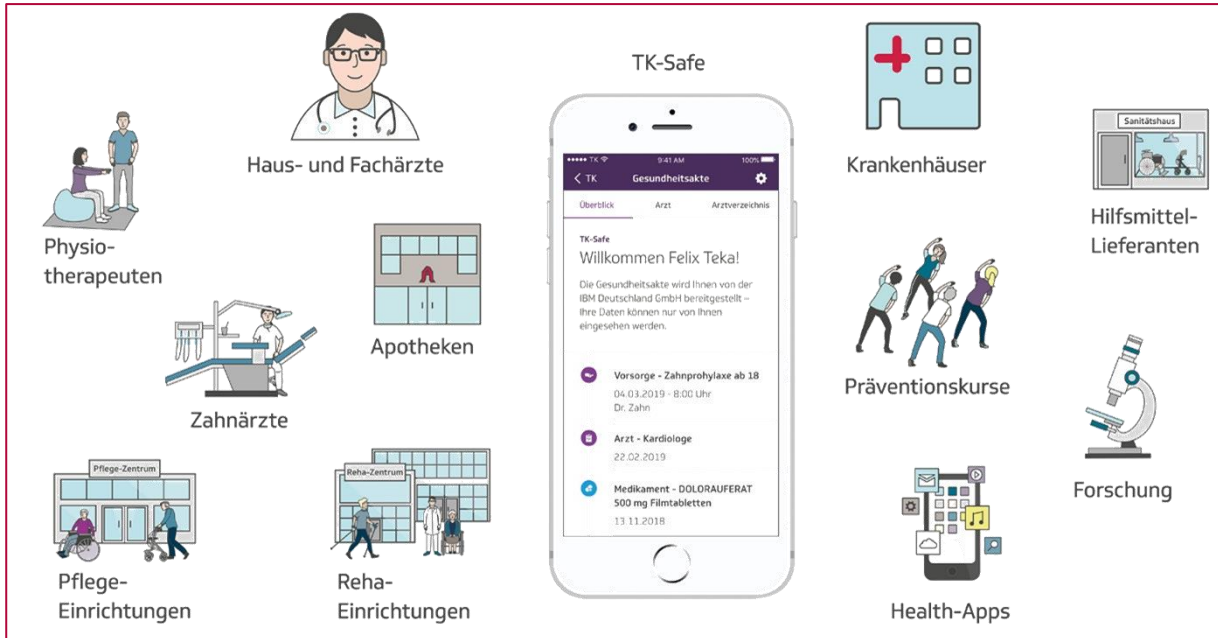
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Elektronische Gesundheitsakte (eGA) German Patient Apps

- German equivalent to EHR
- Example apps: TK-Safe, Vivy-App



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- One of the first and most foundational aspects of digital health, the EHR / EMR has been established in many settings for several years
- This important digital health field continues to evolve
- We will see continued improvements in interoperability to optimize the exchange of vital healthcare information across a variety of platforms and providers to ensure that patients get the best care possible
- It also helps to
 - Reduce costs
 - Integrate healthcare systems

Questions?

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Agenda

- Electronic Medical Records and Electronic Health Records
- **Hospital Enterprise Functions**
 - Let's zoom into one major actor "The Hospital"
- Software Tools in a Hospital
- Standardization



Main Hospital Enterprise Functions

What does a Hospital do?



Foto: Berliner Zeitung/Volkmar Otto

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Question

- What do you think does a hospital do?
- Hint: There is more to it than you might think (not only patient care)
- Please write your thoughts in the “Shared Notes” section



Main Hospital Enterprise Functions

What does a Hospital do?



Foto: Berliner Zeitung/Volkmar Otto





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Main Hospital Enterprise Functions

Data Processed in Hospitals: Patient Care

Entity type	Description
 Patient	is a person being subject of care; information about a patient includes the patient identification number (PIN)
 Case	hospital stay from patient admission to patient discharge or several ambulatory treatments related to one disease; information about a case includes the case identification number (CIN)
 Order	is a request for a diagnostic, therapeutic or drug service, e.g. a laboratory order or a radiological order
 Diagnosis	is the identified cause or nature of a disease or medical condition

Typical entity types representing certain object classes and data related to the patient and his or her histories:

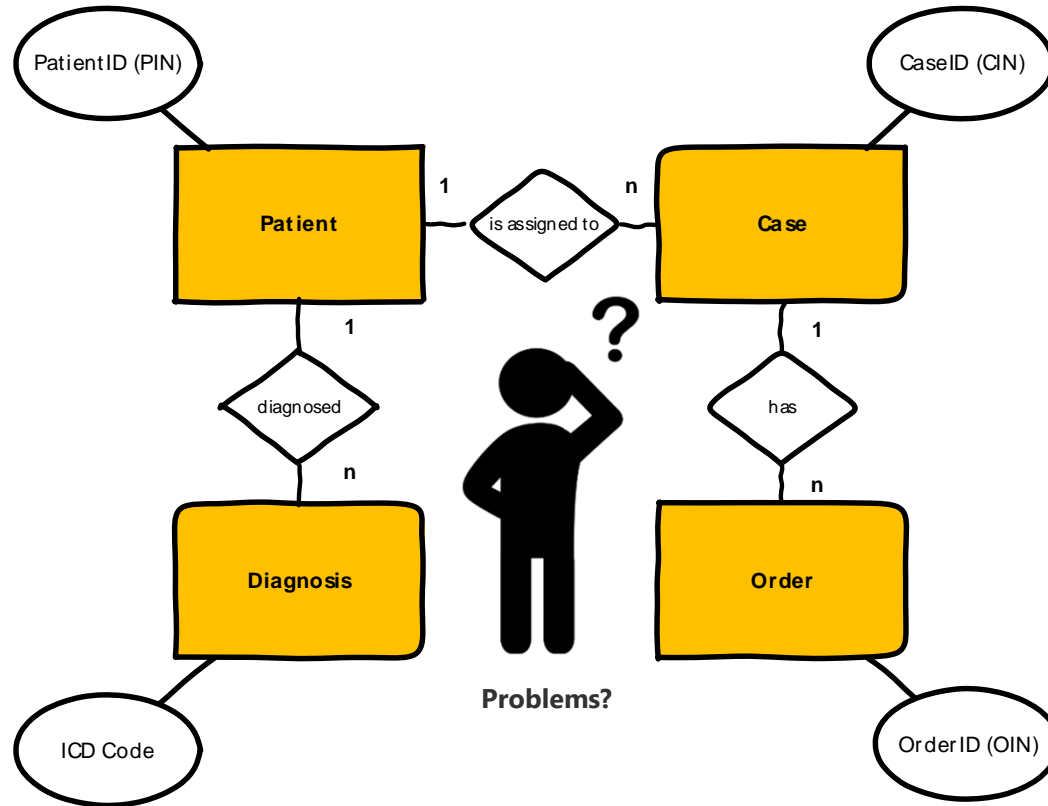
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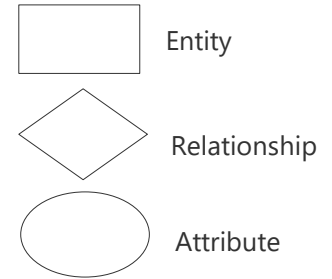
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Main Hospital Enterprise Functions

Data Processed in Hospitals: Patient Care

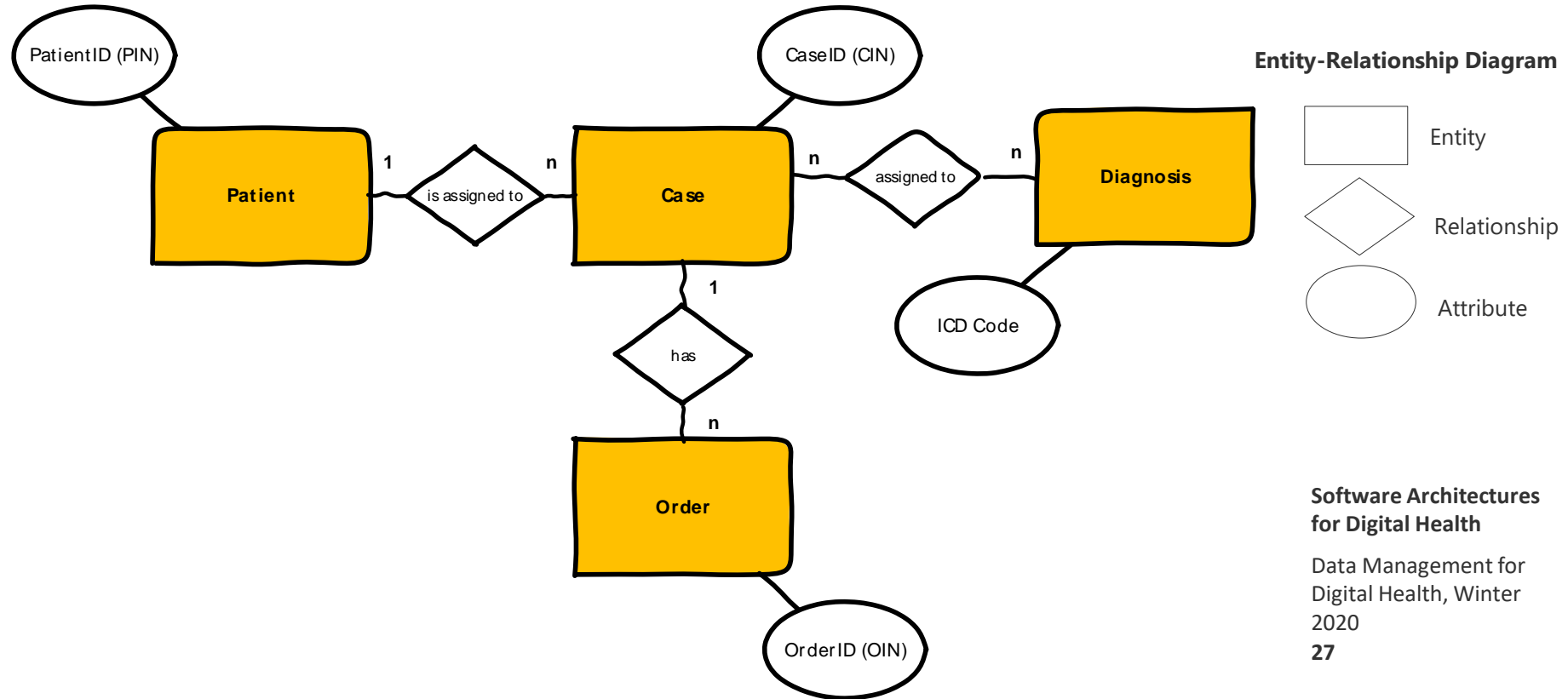


Entity-Relationship Diagram




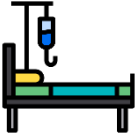


Main Hospital Enterprise Functions

Data Processed in Hospitals: Patient Care



Main Hospital Enterprise Functions

Processed Data in Hospitals: Resources

Entity type	Description
 Appointment	determines what persons have to be at a certain place at a given time.
 Bed	must be managed according to its occupation.
 Health care professional	treats patients according to his or her specialization (e. g. nephrology or pediatrics) with certain diagnoses.
 Drug	is a substance administered to a patient for treatment, diagnosis or prevention

A hospital must guarantee that all resources needed for patient care are available continuously. The following resources are necessary:


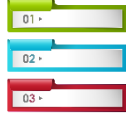


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Main Hospital Enterprise Functions

Processed Data in Hospitals: Administration

Entity type	Description
 Patient record archive	describes how and where the electronic or paper-based patient record can be found.
 Classification	consists of a set of classes summarizing concepts not to be distinguished during analysis.
 Classification of diagnoses	e. g. the International Classification of Diseases (ICD).
 Cost unit	information about a person or an institution responsible for bearing the costs or a part of the costs for the services to be provided

Besides information about resources, hospital administration needs the following entity type:

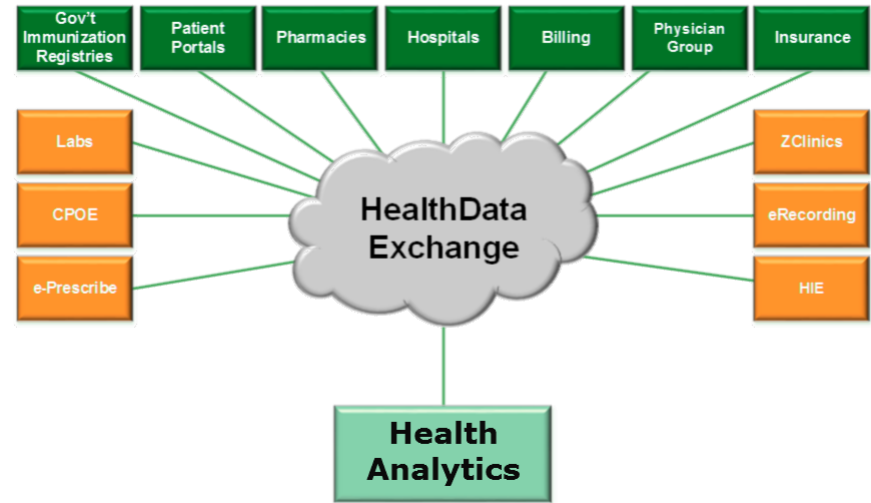
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Main Hospital Enterprise Functions Summary

- A hospital has many functions
- Each function generates and exchanges data with other systems
- Most medical information is still written and stored on paper- in filing cabinets at several medical office, or in folders and boxes in patient's home
- Electronic healthcare data exchange helps nurses, doctors, pharmacists and other healthcare providers and patients to access and share important medical information of patient
- This enhances the speed, safety, quality, and cost of patient care



<https://healthtech.doodlekit.com/blog/entry/3989159/do-you-have-idea-about-healthcare-data-exchange->

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Questions?

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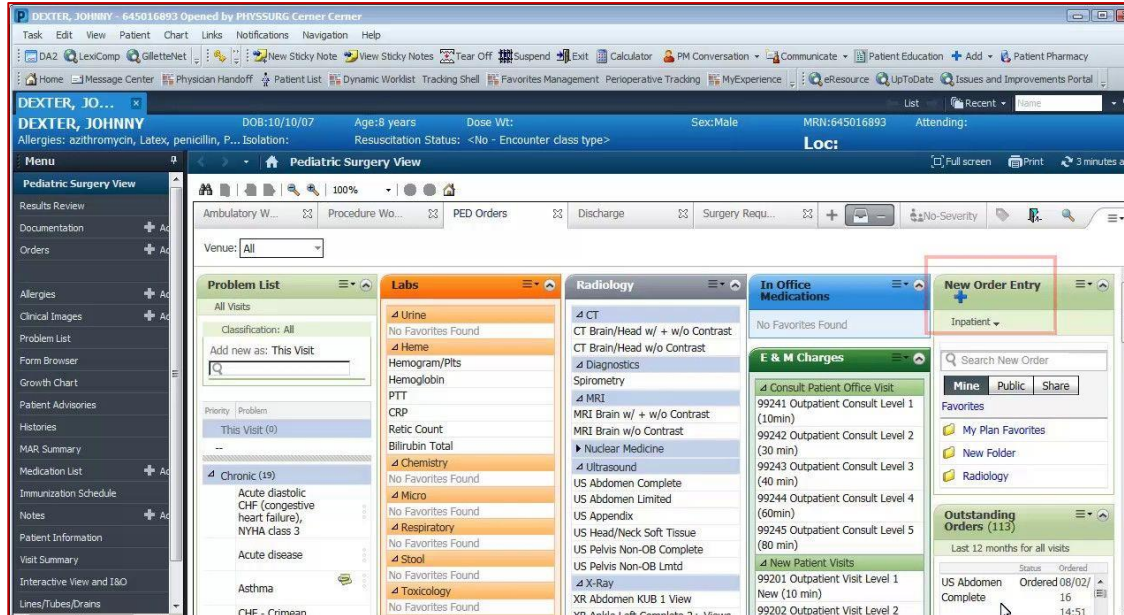
- Electronic Medical Records and Electronic Health Records
- Hospital Enterprise Functions
- **Software Tools in a Hospital**
 - What software is used in hospitals?
- Standardization



Different Terms for Software Tools

- **Hospital Information Systems** := enables administrative functions around patient billing
- **Clinical Information Systems** := enables patient management (e.g. documentation, scheduling)
- **Clinical Decision Support Systems** := supports medical experts on therapy decisions

Cerner Overview Patient Chart



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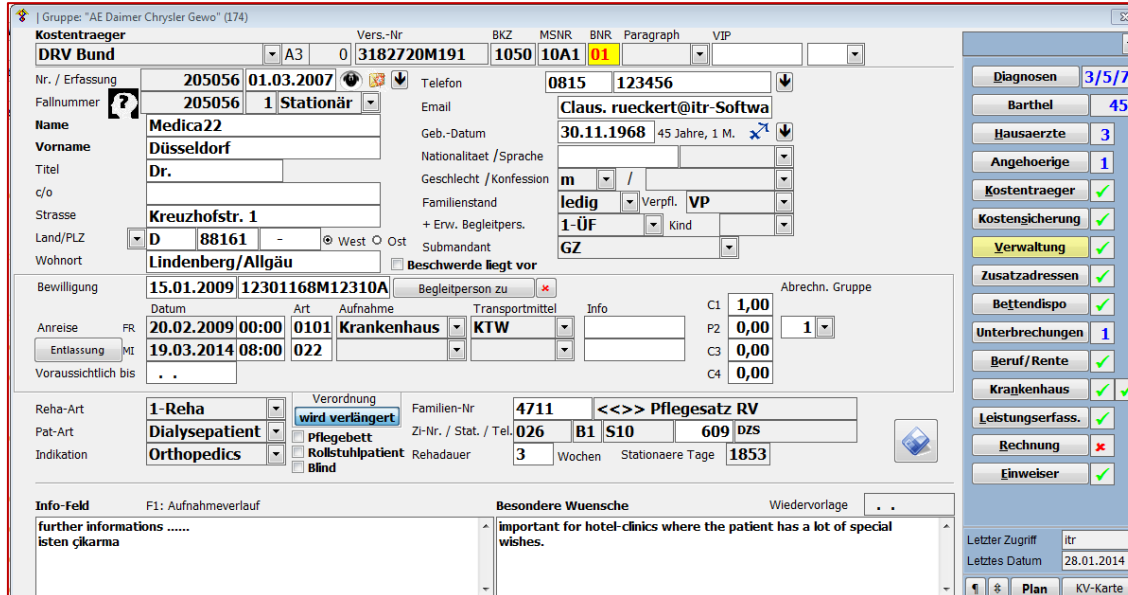
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Application Components: Patient Administration System

- Especially used for patient admission, discharge and billing
- It must provide correct, complete and up-to-date administrative patient data
- Application components must be able to transmit relevant administrative patient data

Copyright: 2019© ITR Software GmbH



The screenshot displays a complex patient administration form. The top section includes patient identification details such as 'Kostenträger' (DRV Bund), 'Vers.-Nr.' (3182720M191), and 'BKZ' (1050). Below this, personal information like 'Name' (Medica22), 'Vorname' (Düsseldorf), and 'Geb.-Datum' (30.11.1968) is entered. The form also captures medical history, including 'Reha-Art' (1-Reha) and 'Pat-Art' (Dialysepatient). A right-hand sidebar provides a summary of key data points, such as 'Diagnosen' (3/5/7), 'Hausarzt' (45), and 'Krankenhaus' (1853). The bottom section features an 'Info-feld' for additional notes and a 'Besondere Wünsche' field for special requirements.

Field	Value
Kostenträger	DRV Bund
Vers.-Nr.	3182720M191
BKZ	1050
MSNR	10A1
BNR	01
Paraph	
VJP	
Nr. / Erfassung	205056 01.03.2007
Fallnummer	205056 1 Stationär
Name	Medica22
Vorname	Düsseldorf
Titel	Dr.
c/o	
Strasse	Kreuzhofstr. 1
Land/PLZ	D 88161
Wohnort	Lindenberg/Allgäu
Telefon	0815 123456
Email	Claus.rueckert@itr-Softwa
Geb.-Datum	30.11.1968
Nationalität / Sprache	
Geschlecht / Konfession	m /
Familienstand	ledig
+ Erw. Begleitpers.	1-ÜF
Kind	
Submandant	GZ
Beschwerde liegt vor	
Bewilligung	15.01.2009 12301168M12310A
Anreise	20.02.2009 00:00 0101 Krankenhaus KTW
Entlassung	19.03.2014 08:00 022
Voraussichtlich bis	
Reha-Art	1-Reha
Pat-Art	Dialysepatient
Indikation	Orthopedics
Verordnung	wird verlängert
Familien-Nr.	4711
Zi-Nr. / Stat. / Tel.	026 B1 S10 609 dzs
Rehadauer	3 Wochen
Stationäre Tage	1853
Info-feld	F1: Aufnahmeverlauf
Besondere Wünsche	important for hotel-clinics where the patient has a lot of special wishes.
Wiedervorlage	
Letzter Zugriff	itr
Letztes Datum	28.01.2014
Plan	KV-Karte

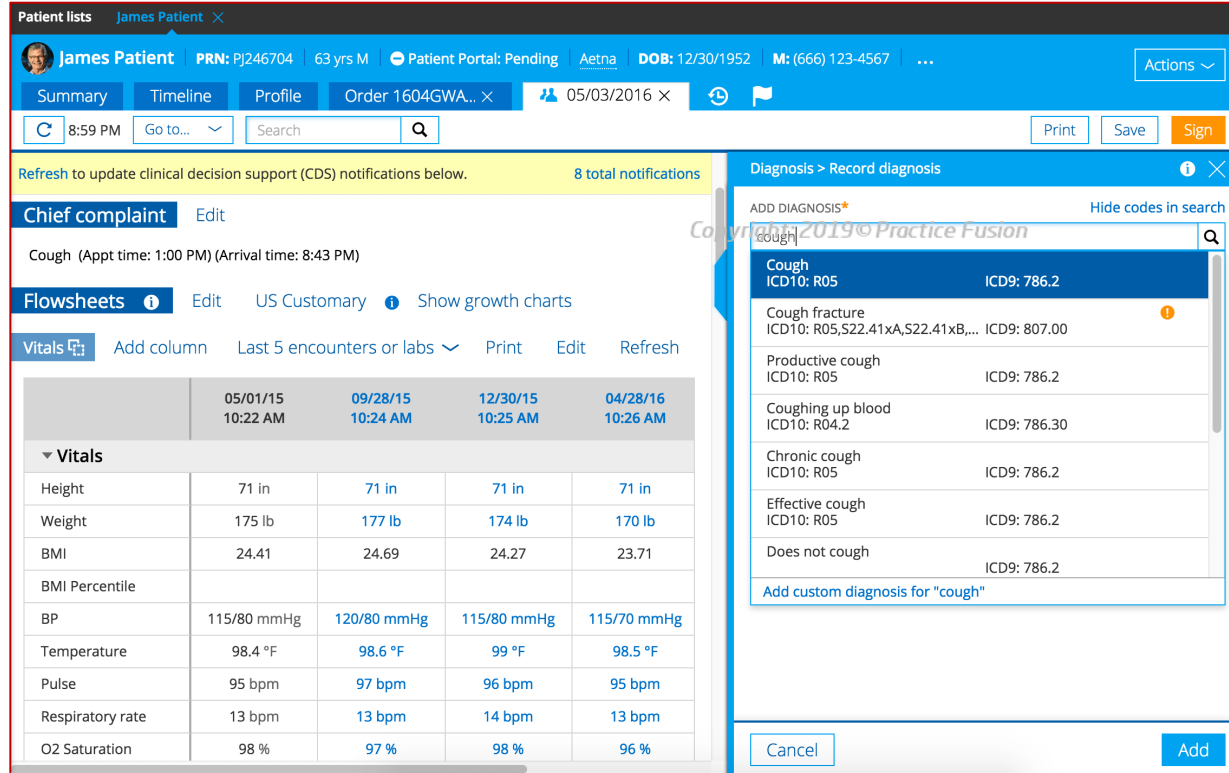
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Application Components: Medical Documentation System

- Supports specific documentation tasks with modules for different medical fields
- Provides functions like speech-to-text, reuse of already documented data
- Coding of diagnoses and procedures, must provide an easy search system
- Basis for decision making and planning



Patient lists James Patient X

James Patient PRN: PJ246704 63 yrs M Patient Portal: Pending Aetna DOB: 12/30/1952 M: (666) 123-4567 ...

Summary Timeline Profile Order 1604GWA... X 05/03/2016 X

8:59 PM Go to... Search

Print Save Sign

Refresh to update clinical decision support (CDS) notifications below. 8 total notifications

Chief complaint Edit

Cough (Appt time: 1:00 PM) (Arrival time: 8:43 PM)

Flowsheets Edit US Customary Show growth charts

Vitals Add column Last 5 encounters or labs Print Edit Refresh

	05/01/15 10:22 AM	09/28/15 10:24 AM	12/30/15 10:25 AM	04/28/16 10:26 AM
▼ Vitals				
Height	71 in	71 in	71 in	71 in
Weight	175 lb	177 lb	174 lb	170 lb
BMI	24.41	24.69	24.27	23.71
BMI Percentile				
BP	115/80 mmHg	120/80 mmHg	115/80 mmHg	115/70 mmHg
Temperature	98.4 °F	98.6 °F	99 °F	98.5 °F
Pulse	95 bpm	97 bpm	96 bpm	95 bpm
Respiratory rate	13 bpm	13 bpm	14 bpm	13 bpm
O2 Saturation	98 %	97 %	98 %	96 %

Diagnosis > Record diagnosis

ADD DIAGNOSIS* Hide codes in search

Cough

ICD10: R05	ICD9: 786.2
Cough fracture	ICD9: 807.00
Productive cough	ICD9: 786.2
Coughing up blood	ICD9: 786.30
Chronic cough	ICD9: 786.2
Effective cough	ICD9: 786.2
Does not cough	ICD9: 786.2

Add custom diagnosis for "cough"

Cancel Add

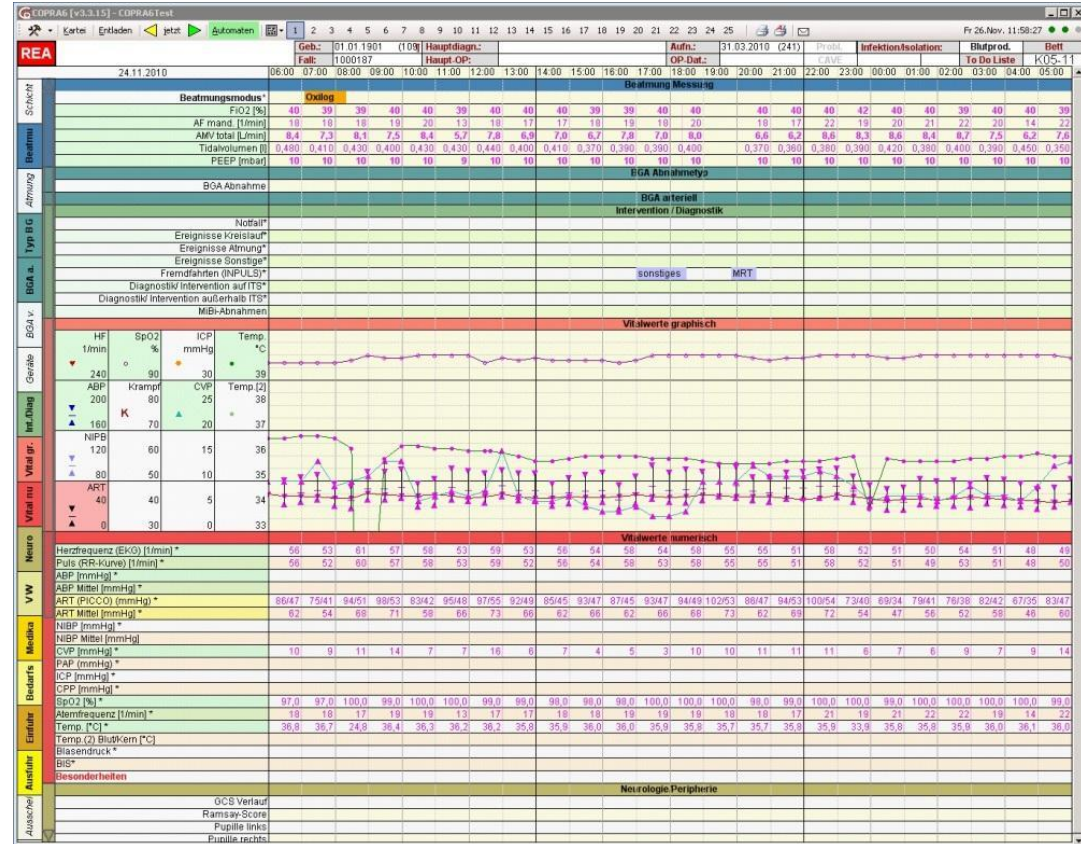
Application Components

Patient Data Management System (PDMS)

- Monitors, stores, and clearly presents a vast amount of patient-related clinical data in Intensive Care Units (ICU)
- May offer features for real-time decision-support and statistical analyses
- Provide means for patient discharge and transfer to other wards or institutions, e.g. a short summary of the therapy on the ICU

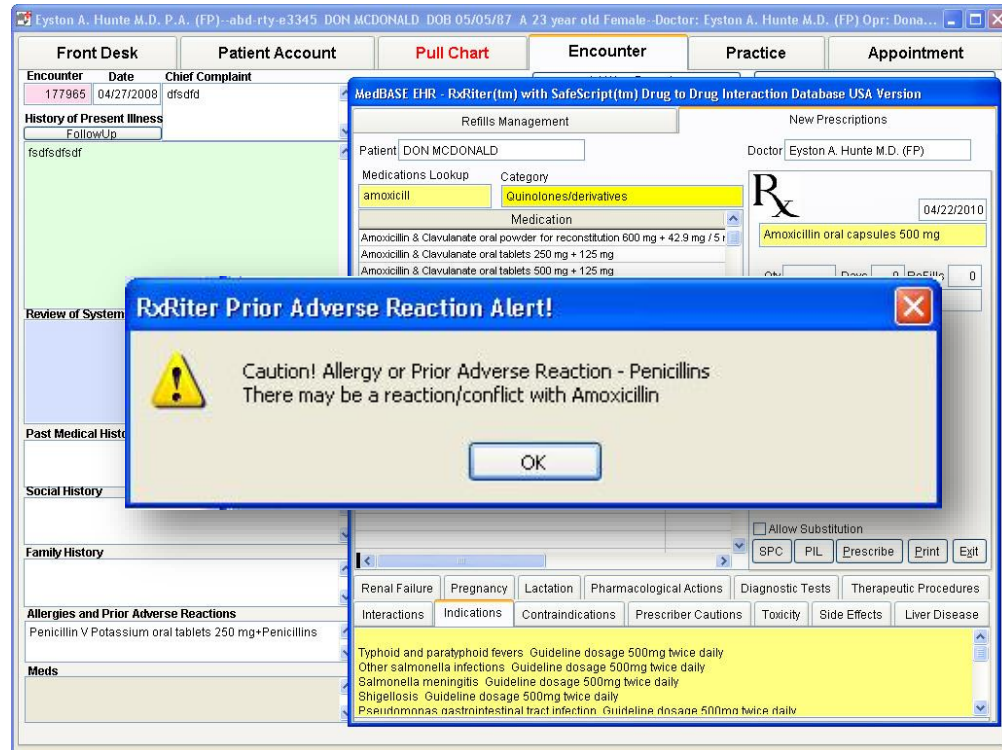
Screenshot of a patient data management system showing a patient's vital parameters and given drugs during a day

COPRA, <https://docplayer.org/60370571-Christian-schade-lobeck.html>



Application Components: Clinical Decision Support Systems (CDSS)

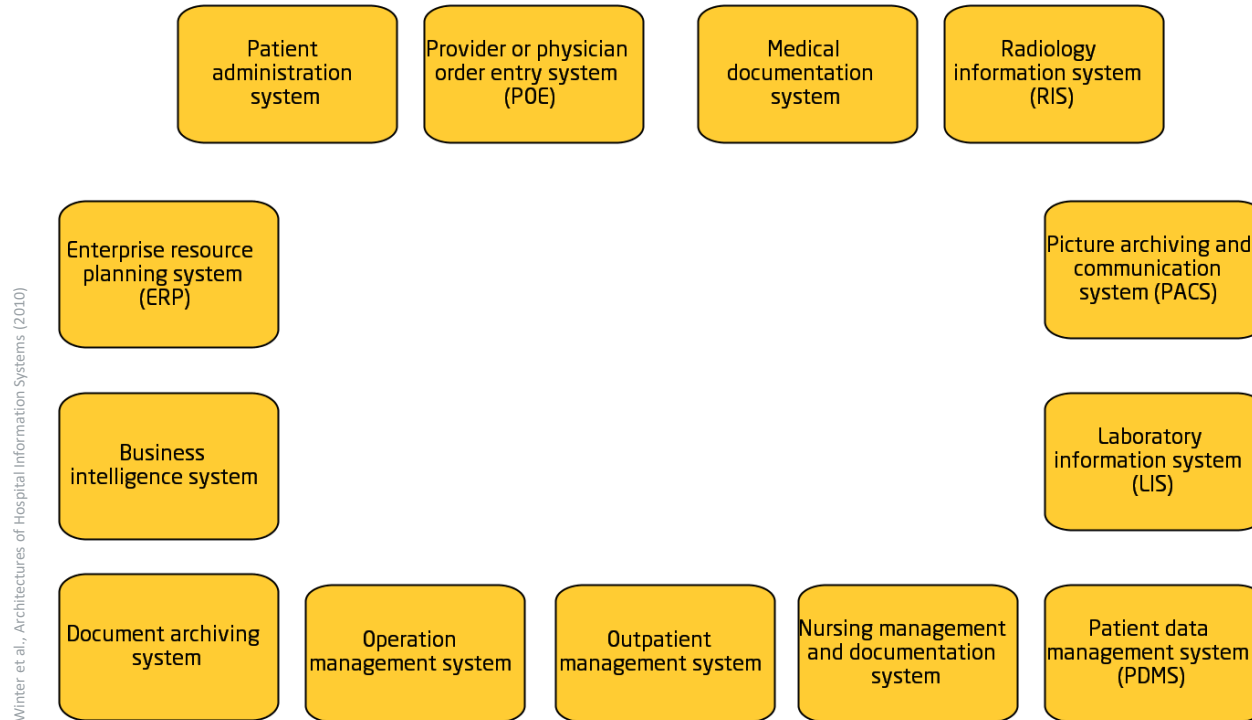
- CDSS directly assist clinical professionals in data interpretation and decision-making
- CDSS can use the information stored to:
 - Monitor patients and issue alerts
 - Make diagnostics suggestions
 - Provide limited therapeutic advice
 - Provide information on medication costs



The screenshot displays a clinical decision support system (CDSS) interface. The main window shows a patient account for DON MCDONALD, DOB 05/05/87, a 23-year-old female. The interface includes tabs for Front Desk, Patient Account, Pull Chart, Encounter, Practice, and Appointment. The Encounter tab is active, showing a list of medications. A dialog box titled "RxRiter Prior Adverse Reaction Alert!" is overlaid on the medication list, displaying a warning icon and the text: "Caution! Allergy or Prior Adverse Reaction - Penicillins. There may be a reaction/conflict with Amoxicillin". The dialog box has an "OK" button. The background window shows a list of medications, including Amoxicillin and Amoxicillin & Clavulanate oral tablets. The bottom of the window shows a list of conditions and their guideline dosages, including Typhoid and paratyphoid fevers, Other salmonella infections, Salmonella meningitis, Shigellosis, and Pseudomonas gastrointestinal tract infection.

Software Components

Hospital Information Systems (Reference Architecture)



Multiple software components within one facility

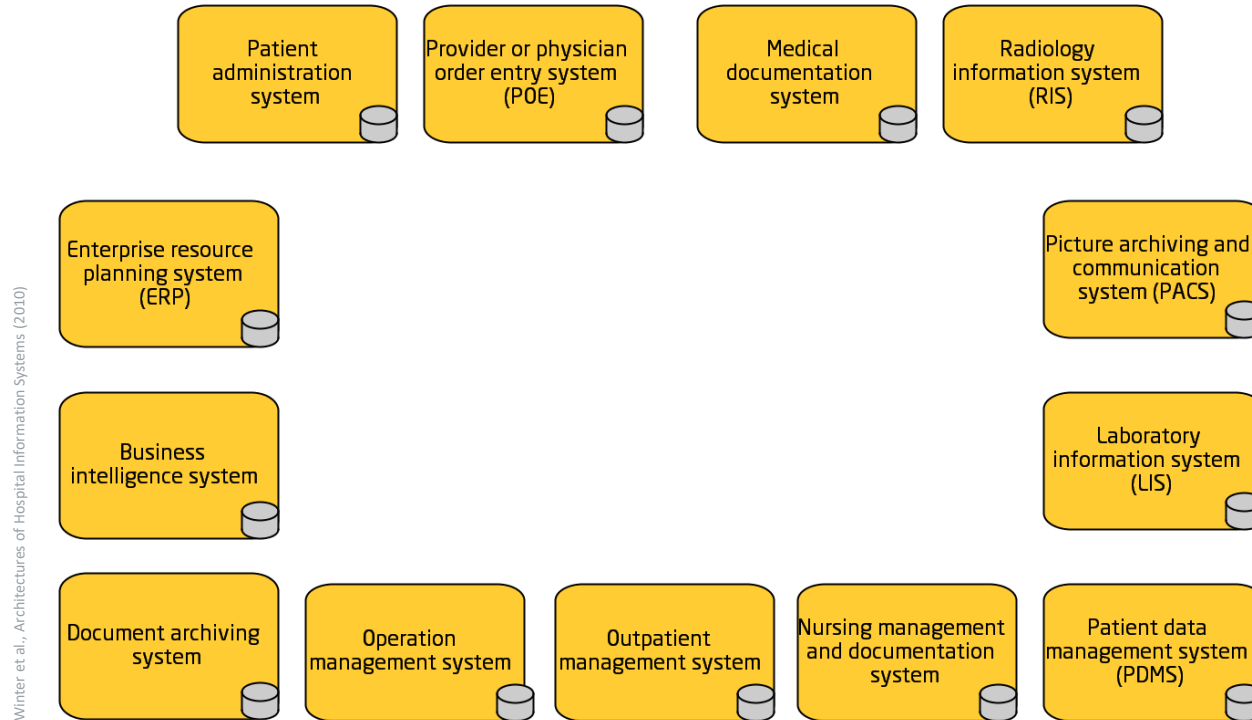
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Software Components

Hospital Information Systems (Reference Architecture)



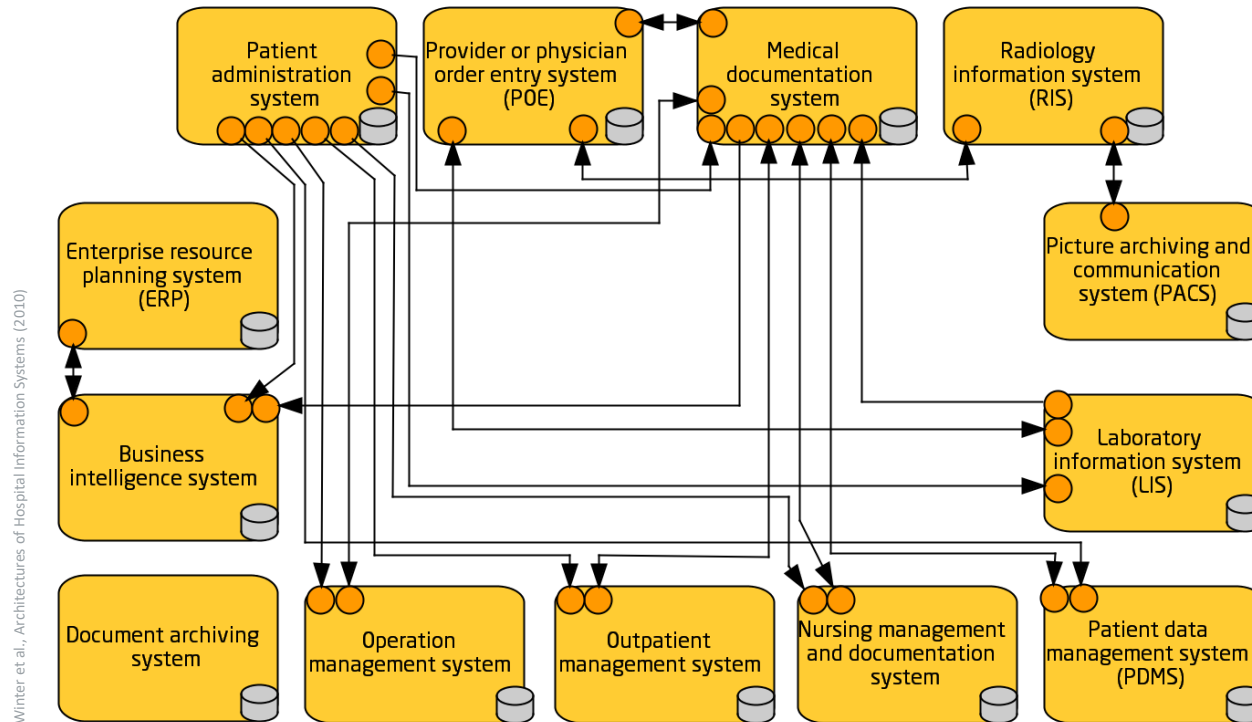
Each software component carries appendant data → could cause data redundancy

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Software Components

Hospital Information Systems (Reference Architecture)



Spaghetti-styled communication pattern (direct connection) lead to an increasing number of bidirectional communication interfaces

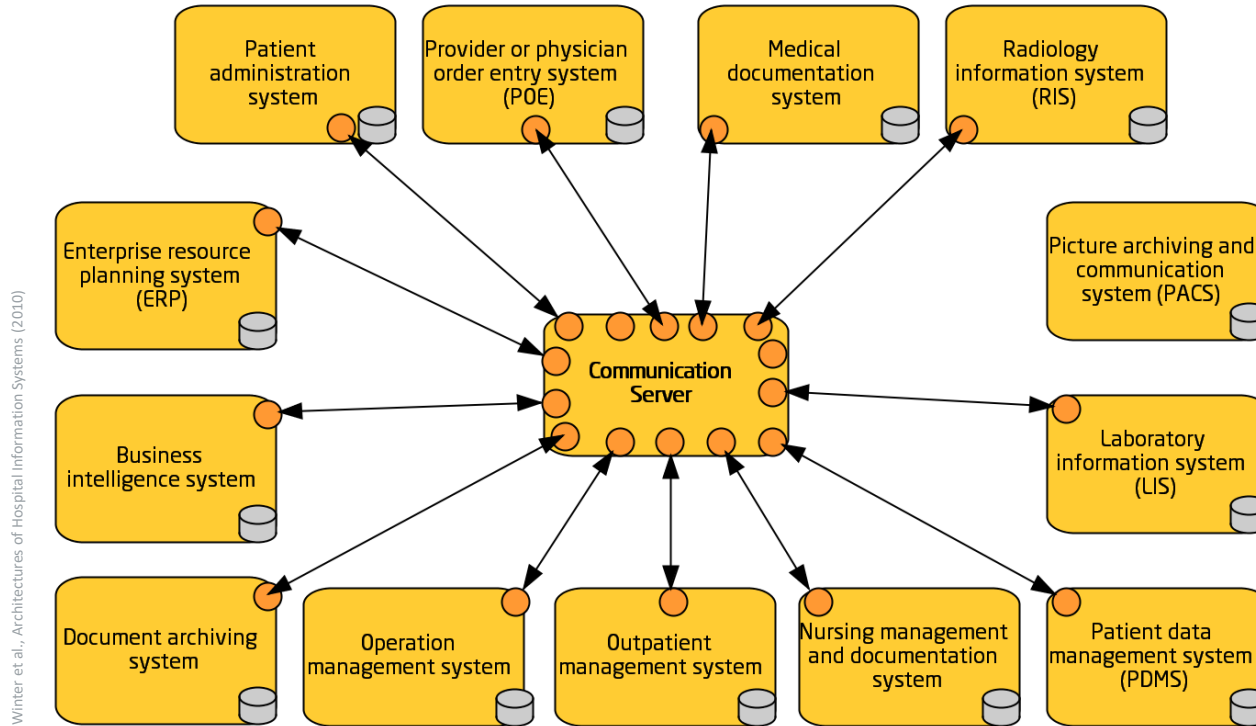
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Software Components

Hospital Information Systems (Reference Architecture)

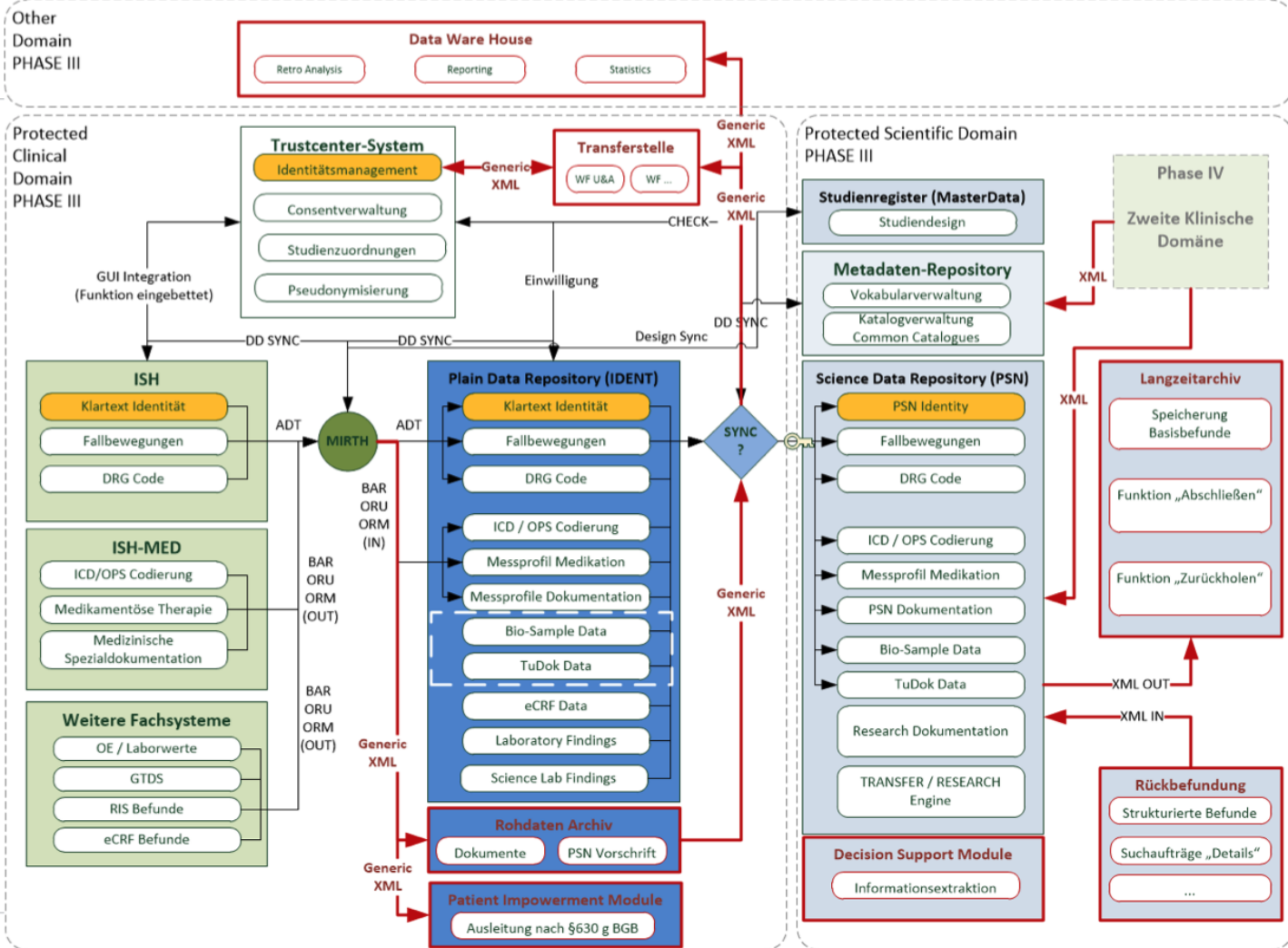


Star-styled
communication
pattern is smarter and
reduces the large
number of interfaces

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... and that's reality

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- Different software components can be found within one hospital; often with its own
 - Database
 - Application components
 - Software products and vendors
 - Patterns of communication

Questions?

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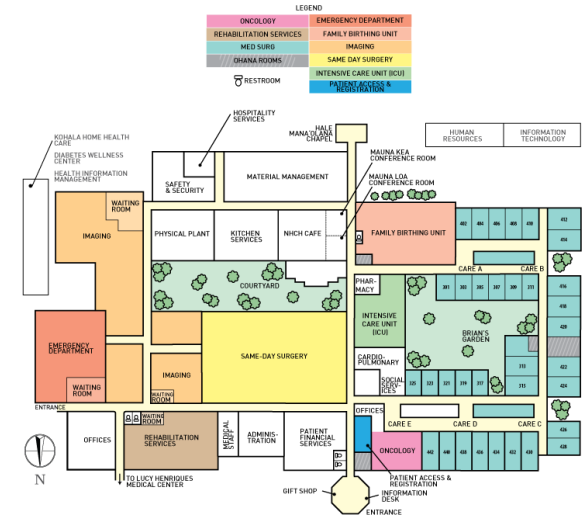
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- Electronic Medical Records and Electronic Health Records
- Hospital Enterprise Functions
- Software Tools in a Hospital
- **Standardization**
 - How does communication work between the different software components?



Standardization

- So far, we have seen that a hospital
 - is staffed by a wide variety of healthcare professionals,
 - contains one or more departments/wards and has
 - various tasks, data, software
- There is some **crossover** between departments
- For example, physiotherapists often work in different departments and doctors often do the same, working on a general medical ward as well as an intensive or coronary care unit
- But how does communication and data exchange work?



<https://www.hiclipart.com/free-transparent-background-png-clipart-onemh>

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Data Harmonization through Coding Systems

Diagnoses and Procedures

- Imagine you would be in different breakout rooms and each group would have the task to discuss the condition of the same patient, but from different perspectives:
 - Different profession
 - Different ward, ...
- How would you ensure data exchange and interoperability?
- Please write your thoughts in the “Shared Notes” section



<https://www.hiclipart.com/free-transparent-background-png-clipart-iibeb>

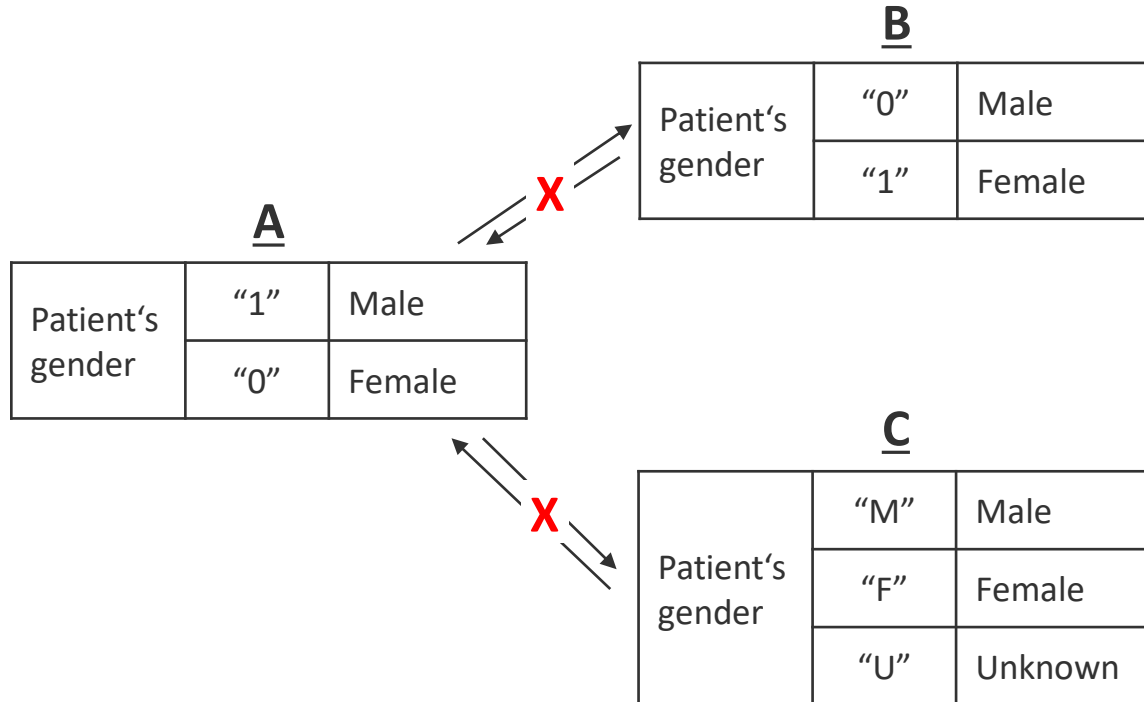
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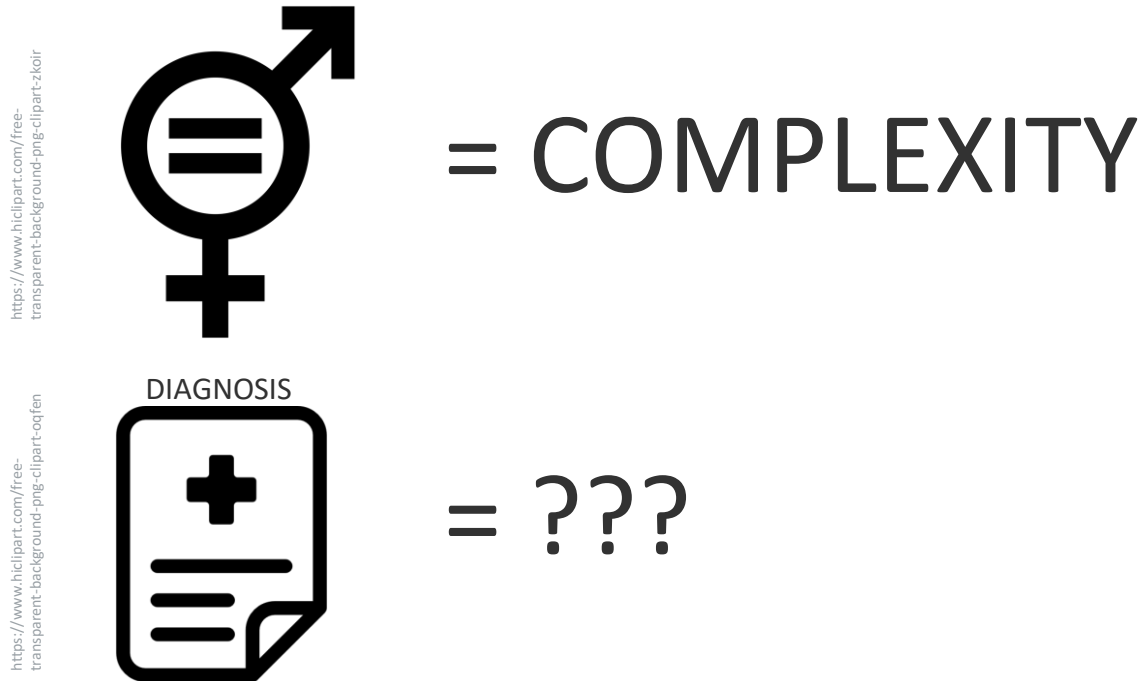
Interoperability

Data Format Standards vs. Data Exchange Standards

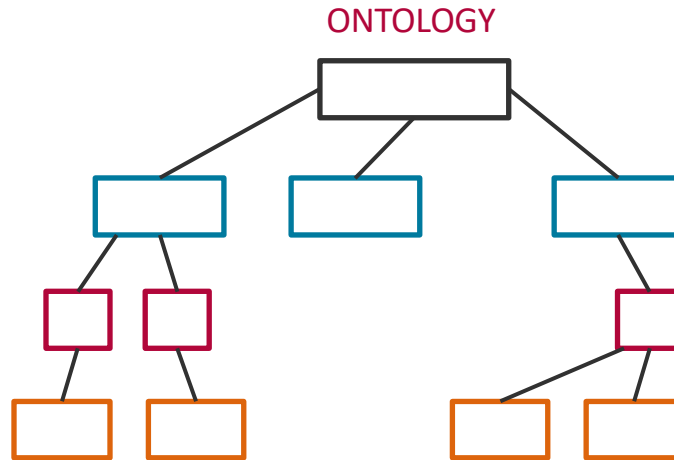
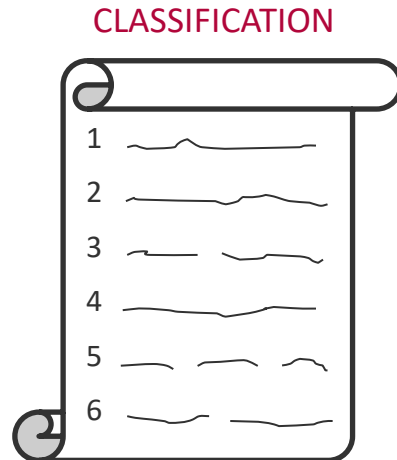


- A and B differ syntactically and cannot interoperate without translation
- A and C differ semantically
- A cannot represent the concept "Unknown"

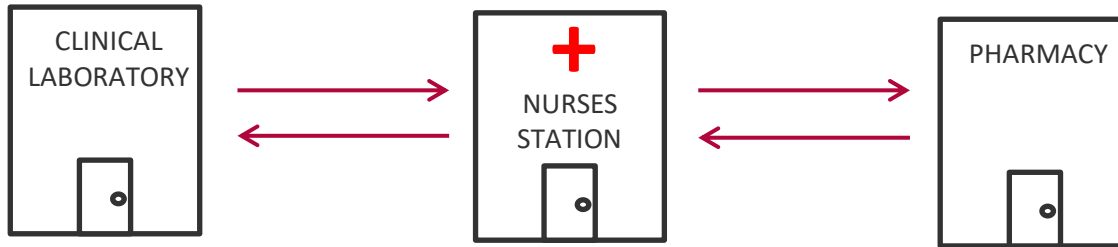
- If this simple example can already lead to such complexity!? Just imagine concepts as diagnosis → That's why we need data standards



- Early data standards were lists, such as medical diagnosis, lab tests or medications
- **Classification** := A systematic arrangement of similar objects, concepts, and other entities on the basis of certain differing characteristics
- **Ontology** := A formal specification of how to represent relationships among objects, concepts, and other entities belonging to a particular area of human experience or knowledge



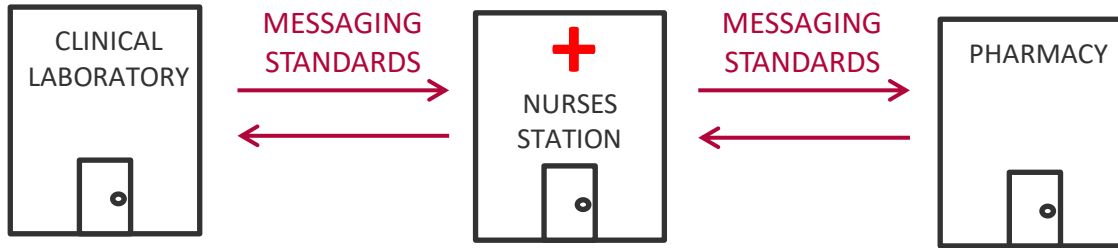
- Precomputing, all early standards were for data
- Physicians would use International Code of Disease (ICD) → Classification



Standardization

Physician Notes

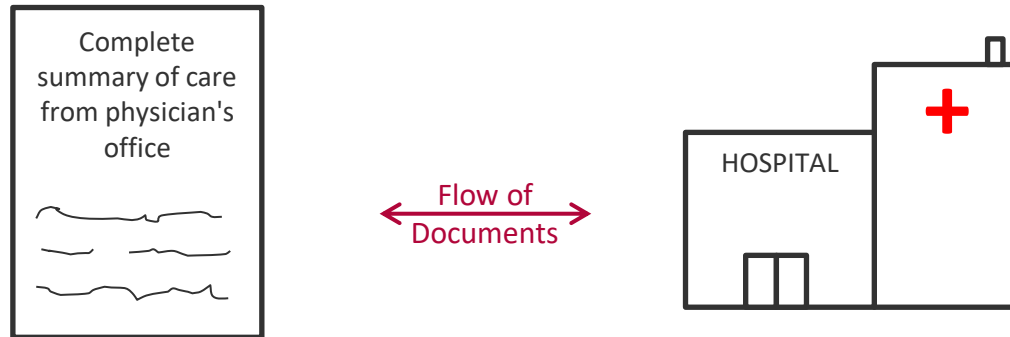
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Standardization

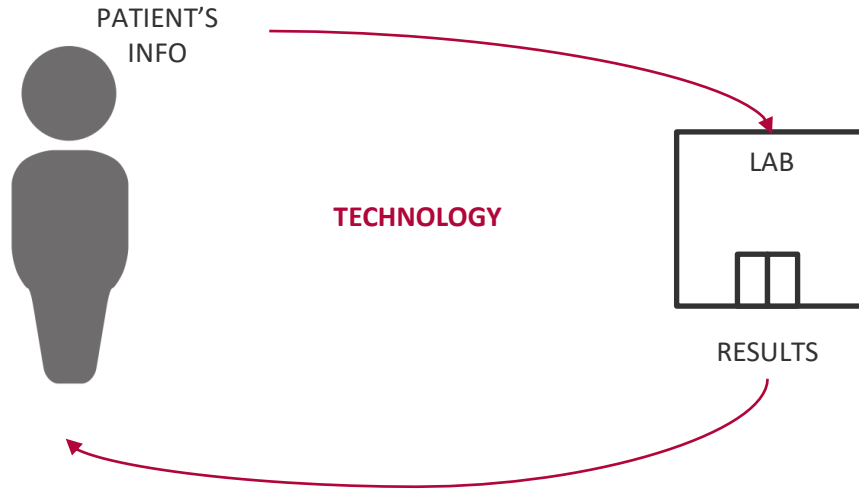
Next Evolution

- Next evolution was standards for clinical documents → Document standards



- As computers have become more powerful, standards have been evolving to represent clinical workflows and processes

- Data exchange standards: electronic messages are constructed out of fields using data standards
- Must be understood by the receiver's systems

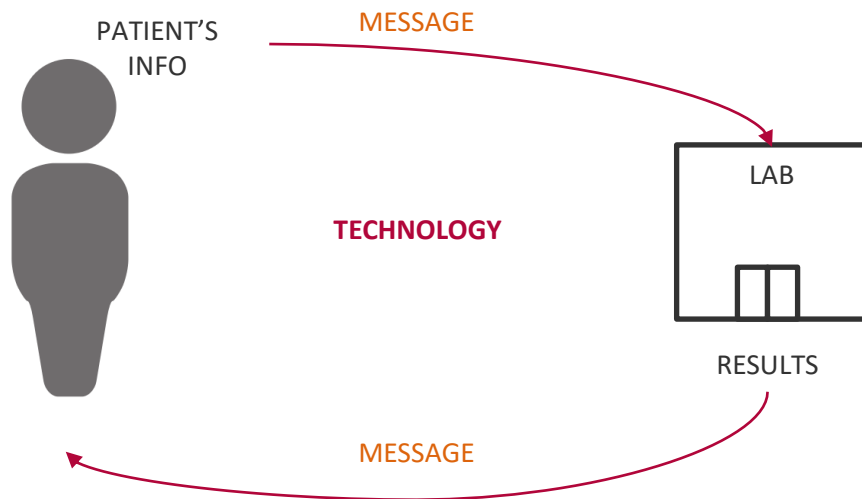


Example Data Standards

- International Classification of Diseases (**ICD**) – Diagnosis
- Logical Observation Identifiers Names and Codes (**LOINC**) – Lab tests & observations
- Systematized Nomenclature for Medicine (**SNOMED**) – Medicine

↓
Ontology

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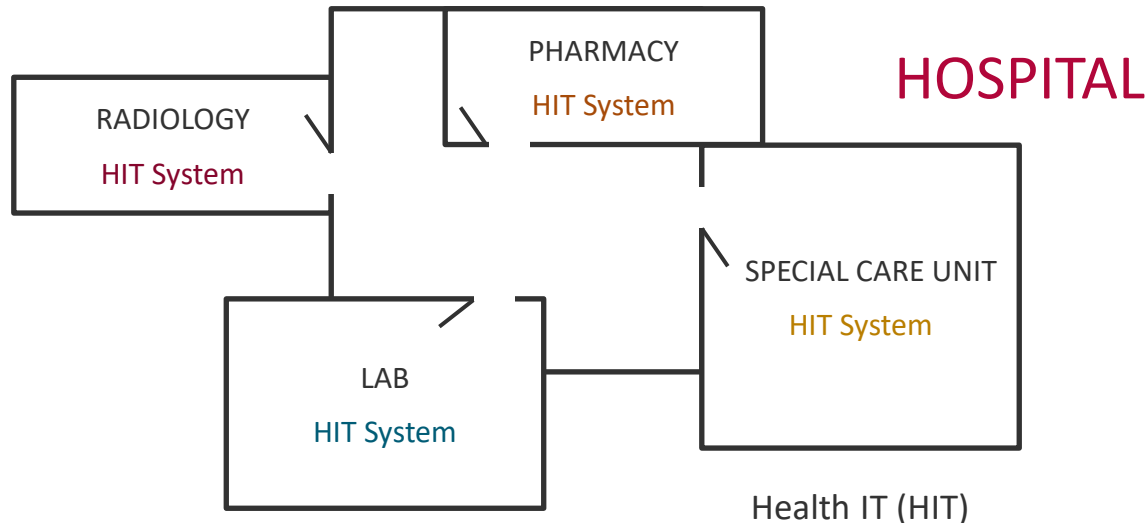


Example Data Standards

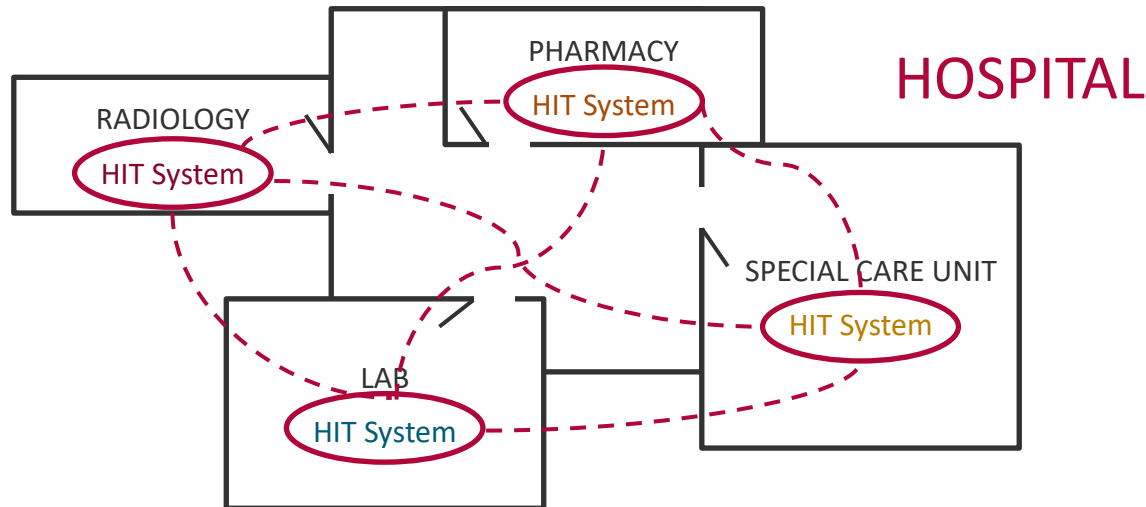
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↓
Ontology

- To be maximally useful in care coordination, the standardized data, typically along with other non-standardized data such as free-text notes, must be packaged into standard clinical documents and sent using standard message formats



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Medical Data Formats

Standards for Data Exchange

- Health Level 7 – **HL7**
- Fast Healthcare Interoperable Resources – **FHIR**
- Digital Imaging and Communications in Medicine – **DICOM**
- ISO/IEEE 11073
- Integrating the Healthcare Enterprise – **IHE**
- Clinical Document Architecture – **CDA**
- ...



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Health Level 7 (HL7)

- Describes message and event types exchanged between application components
- Event-driven communication
- Example messages:
 - Admission Discharge Transfer (ADT)
 - Order entry message (ORM)



Health Level 7 (HL7)

■ 51 different types of ADT messages

MSH|^~\&|AcmeHIS|StJohn|ADT|StJohn|20050518073622||ADT^A01|MSGID
20050518073622|P|2.3

EVN|A01

PID|||12001||Jones^John^^^Mr.||19670822|M|||123 West
St.^Denver^CO^80020^USA|| (850) 555-0809||||99345|460-99-2928

PID – Patient Info

PV1||I|Main^802^1||||^Quacker^John||IP|||||||1|||||||
|||||||20050518073622

PV1 – Visit Info

IN1|1|EPO|80|AETNA US HEALTHCARE|PO BOX 981114^""^EL
PASO^TX^79998^""||1500004000001|AETNA SERVICES INC|19|AETNA US
HEALTHCARE|""|""||2|SOUTAR^RENEE^D|3|19700722|13324 WHITE
CEMETERY
RD^""^HANNIBAL^NY^130740000^""|||124705454|||1|
F|225 GREENFIELD PARKWAY^^LIVERPOOL^NY^13088|185428
IN2|1||124705454||461-1200|||

IN1 & IN2
Insurance Info



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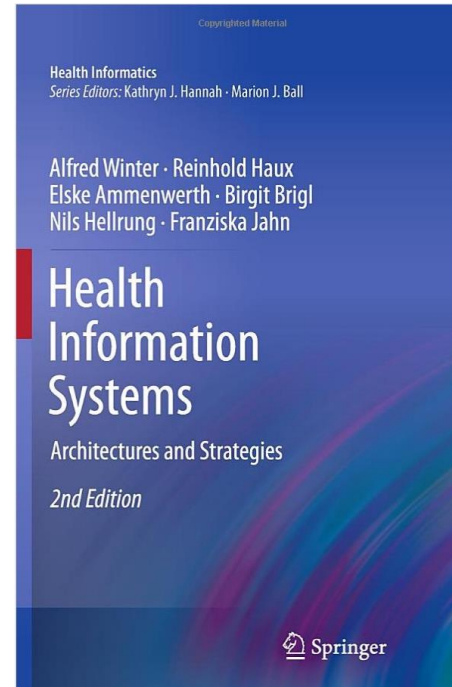
Standardization Summary

- By adopting data standards, the healthcare industry could:
 - Improve patient safety
 - Raise quality
 - Eliminate waste
 - Reduce costs
 - Increase accuracy
 - Reduce unnecessary testing and hospital stays

Winter, A., Haux, R., Ammenwerth, E., Brigl, B., Hellrung, N., & Jahn, F. (2010). Health information systems. In *Health Information Systems* (pp. 33-42). Springer, London.

Architecture of Hospital Information Systems

Chapter 6



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What to Take Home?

- Medical informatics is a broad field with many different standards, terminologies and applications
- There is an abundance of data and software tools in hospitals
- You know about the challenges faced by health data interoperability

Questions?