Is i2b2 for you? Monitoring and Evaluation of Urban Health Outcomes using Open-source Population Health Software

William G. Adams, MD

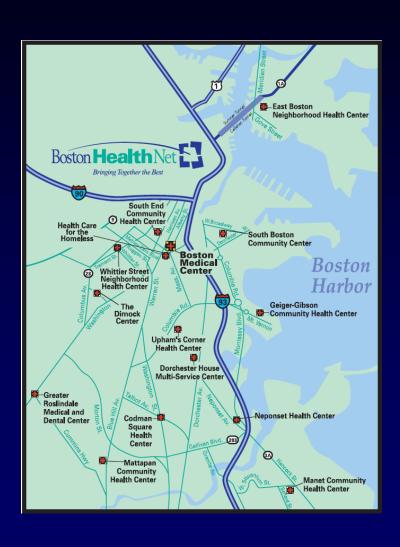
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The "EcoSystem"



- BMC is largest safety net provider in New England
- Nearly all CHCs are FQHCs
- EHR-based care
 - BMC since 1999
 - CHCs since 2003

A Vision

- Data is open privacy is protected
- Researchers focus on the question not the query
- Researchers ask complex clinical research questions themselves
- Data is standardized so the same question can be asked at multiple sites
- 10 hypotheses -> 1 great question

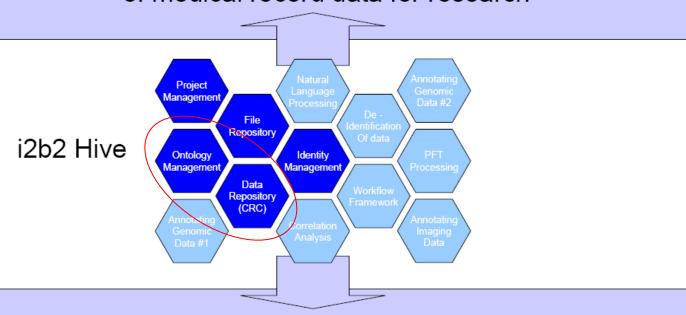
i2b2

- "Informatics for Integrating Biology with the Bedside"
- Open-source software based on the MGH Research Patient Data Repository (RPDR)
- Collection of modules or "cells" constitute the i2b2 "hive"
 - De-identified clinical data repository
 - Data linked to standardized vocabularies
 - Query and analytic tools
 - Two applications: web-client and Workbench (java)

i2b2 Key Concepts

- Data integration and mapping
 - Disparate data mapped to common format
- Master Patient Index (MPI)
 - Data for individuals linked
- De-identification
- Patient sets
 - Outcomes measured via nested queries that identify populations

Enterprise-wide repurposing and distribution of medical record data for research



Use of medical record data in clinical studies focused upon genomics and pharmacology

i2b2 Core Data Elements

- Patients
- Observations (Facts)
- Concept Libraries (Ontologies)

Massachusetts Health Disparities Repository (MHDR)

Clinical Data

Data:

- Demographic
- Insurances
- Services
- Medications
- Problems
- Labs
- Clinical Observations

Sites:

- Boston Medical Center
- Dorchester House MSC
- Codman Square HC
- Healthcare for the Homeless
- Greater Roslindale MDC
- Whittier Street HC
- Mattapan CHC
- South End CHC
- South Boston CHC
- Uphams Corner CHC

Staging Area

Functions:

- •MPI linkage
- Data cleaning
- •Standardization (LOINC, CPT, RxNorm, ICD9,SNOMED CT)

BMC-i2b2

- BMC only
- Web accessible
- Aggregate data
- No additional IRB

i2b2

Database

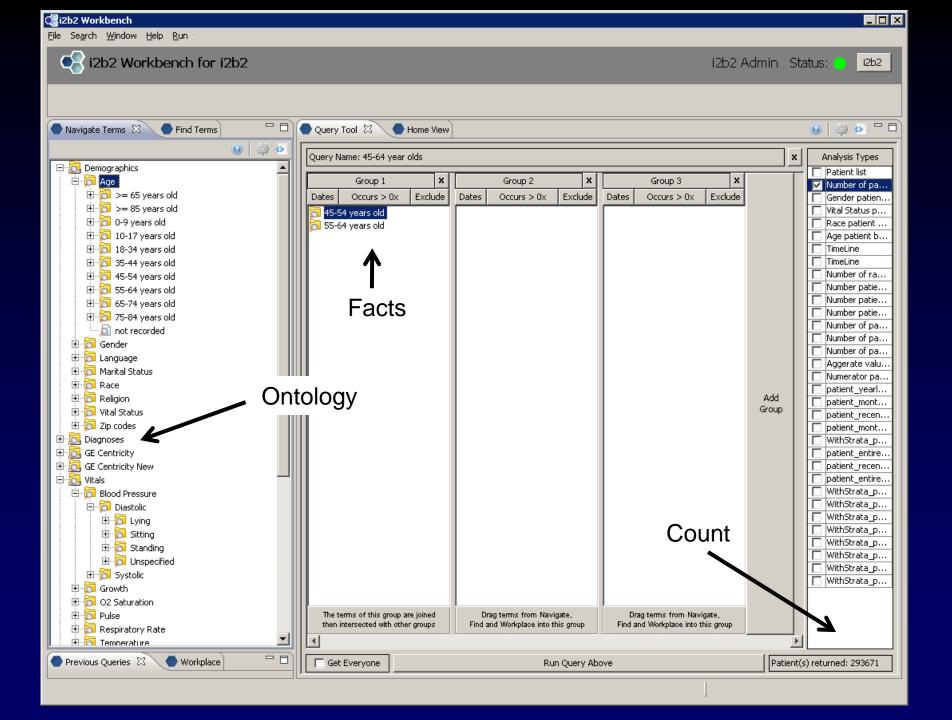
- People (1.4+ mil)
- Facts (1+ billion)
- Concepts

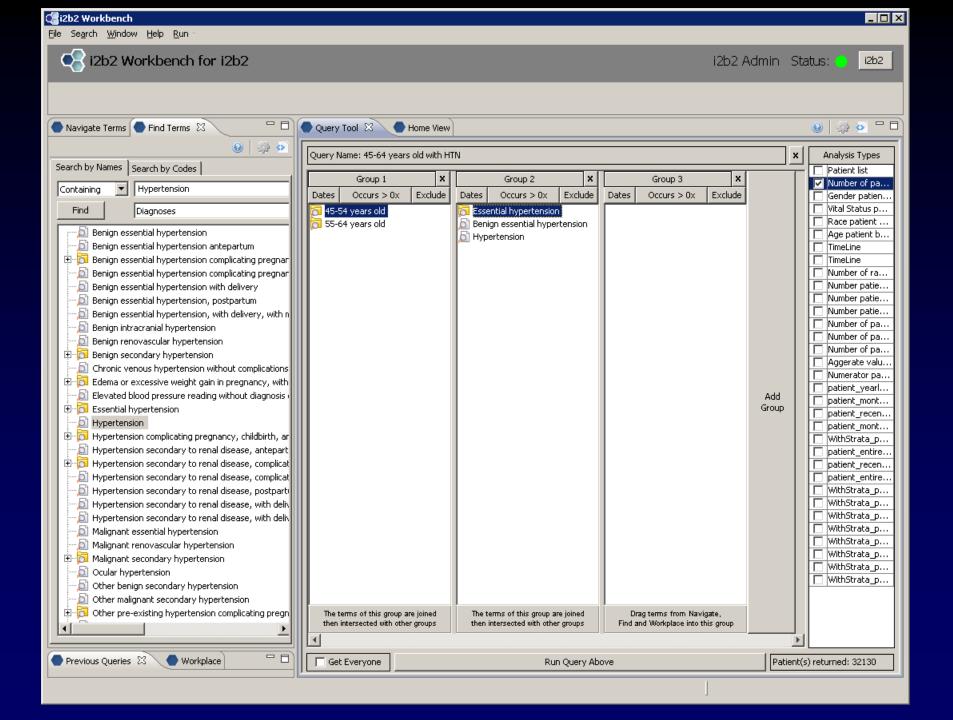
Tools

- Query Cell
- HOME Cell

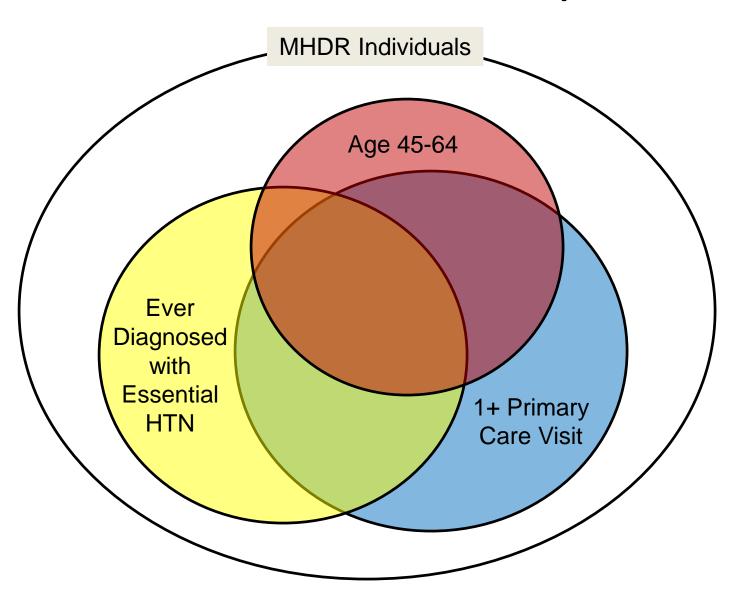
MHDR

- BMC + CHCs
- RDP access (with SAS, STATA)
- HOMF Cell and data extracts
- IRB approval required





Patient Sets Example



Staging Area (PHI containing data)

Billing Data – Site 2							
MRN	Visit_date	Location	Dx1	Dx2	CPT1	CPT2	PrimIns
ABCD	2/15/2010	PediPulm	123.4	125.8	90214	90213	Uninsured
ABCD	2/15/2010	MCV		70			

Link Table					
ID	MRN	Site			
12	1234	Site1			
12	ABCD	Site2			



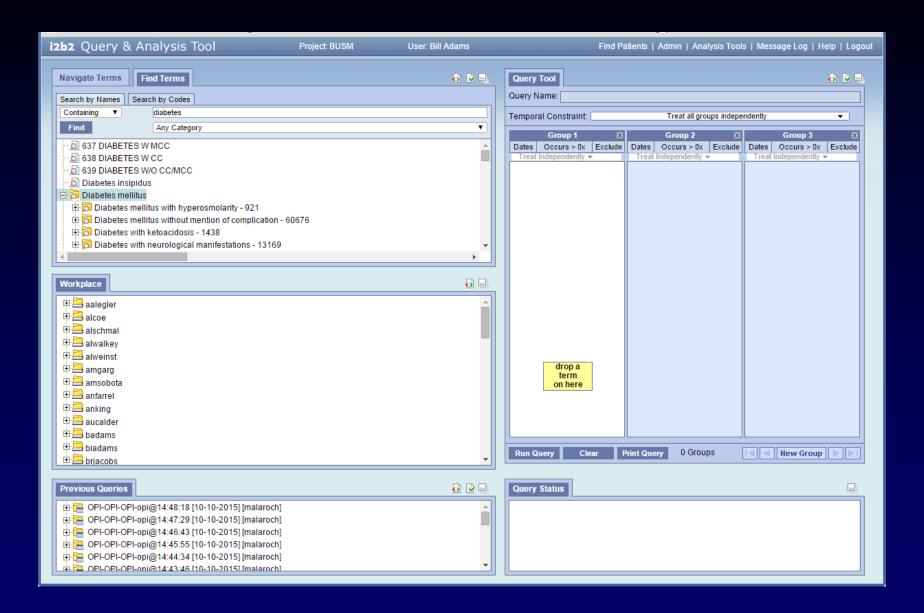
i2b2 Repository (de-identified data)

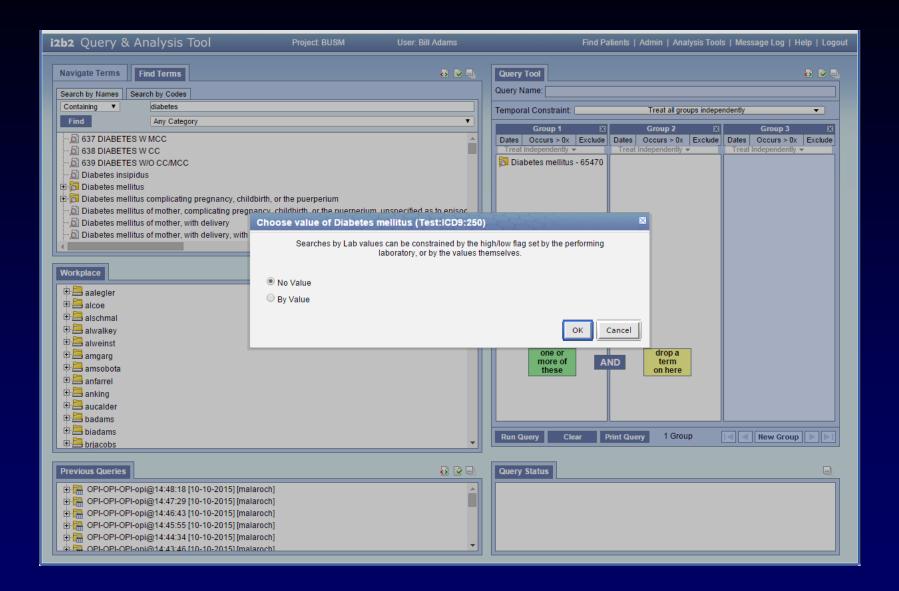
Patients						
ID	Birth_Date	Sex_Cd	Race_Cd			
12	11/07/2000	M	В			

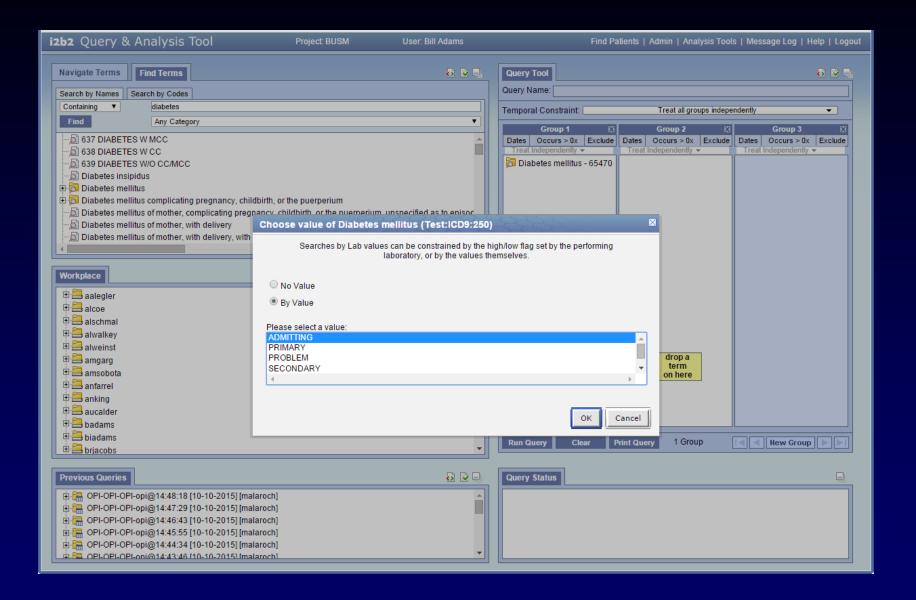
Observation_facts							
ID	Concept_Cd	Start_Date	Value	Location_Cd	End_Date		
12	PrimCareVis	1/22/2010	Site1	Site1			
12	Dx	1/22/2010	123.4	Site1			
12	Dx	1/22/2010	125.8	Site1			
12	Proc	1/22/2010	90124	Site1			
12	Proc	1/22/2010	90254	Site1			
12	Ins	1/22/2010	Medicaid	Site1			
12	PediPulm	2/22/2010	Site2-PediPulm	Site2			
12	Dx	2/22/2010	123.4	Site2			
12	Hct	2/22/2010	11.1	Site2			
12	MCV	2/22/2010	70	Site2			

Value considerations

- i2b2 uses standard coding systems (ontologies) like ICD9, ICD10, LOINC, RxNorm, SNOMED-CT
- Observations have five main components: Pt ID, start/end dates, concept ID, and value
- Concepts with the same code can mean different things







i2b2 Compatible Data

- Demographics
- Problems/Diagnoses
- Medications
- Clinical Observations
- Procedures
- Laboratory Data
- Genomic Data
- Much more...

i2b2 and Health Services Research

- i2b2 excels at cohort identification
- Lacked functionality to describe clinical processes and outcomes over time
- Outcomes research possible with:
 - New ontologies
 - New data (GIS, services, insurance, etc)
 - Temporal modeling of facts as exposures and outcomes

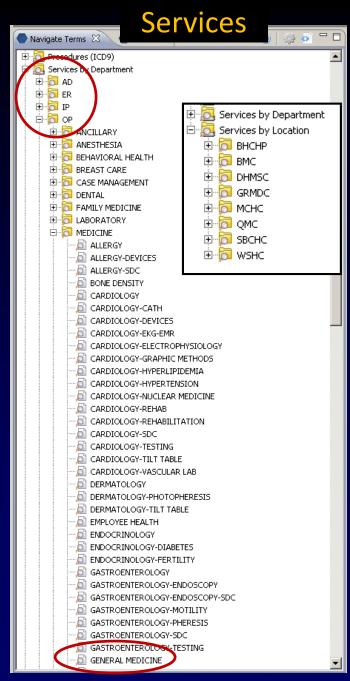
New MHDR Ontologies

Administrative:

- Clinical Services (e.g. GIM, Pediatrics)
 - By location and specialty
 - Coding: custom ontology
- Insurance (e.g. BCBS, Medicaid)
 - By payer type (e.g. Commercial, Medicaid)
 - Coding: Custom

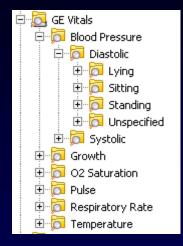
Clinical:

- Vital Signs (e.g. Blood Pressure, Growth)
 - Coding: SNOMED-CT



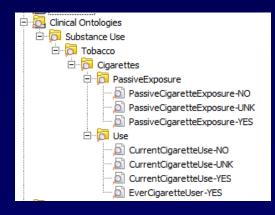
New Ontologies

Vital Signs



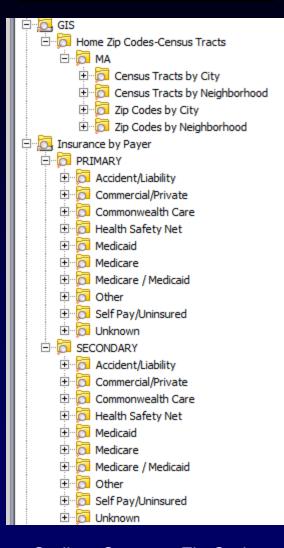
Coding: SNOMED-CT

Substance Use



Coding: Custom

GIS and Insurance



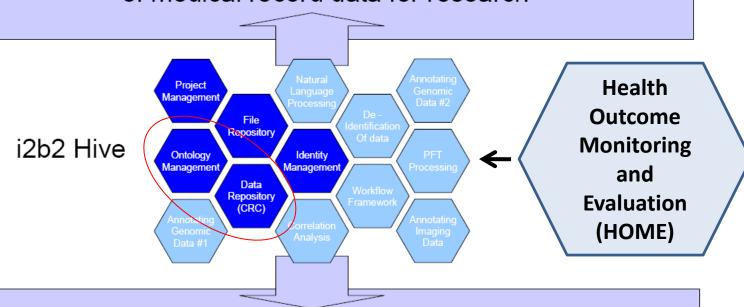
Coding: Census - Zip Code - Custom

The HOME Cell

A new i2b2 Health Outcome Monitoring and Evaluation (HOME) Cell to model and assess relationships between:

- any exposure fact(s)
- any outcome fact(s)
- many temporal relationships
- stratified by any i2b2 query population
- during discrete reference intervals

Enterprise-wide repurposing and distribution of medical record data for research



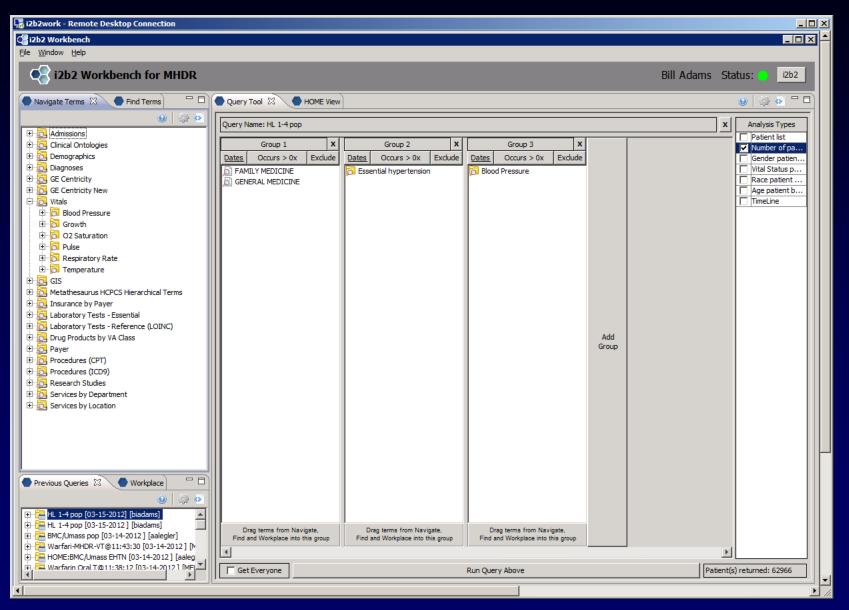
Use of medical record data in clinical studies focused upon genomics and pharmacology

HOME Cell Components

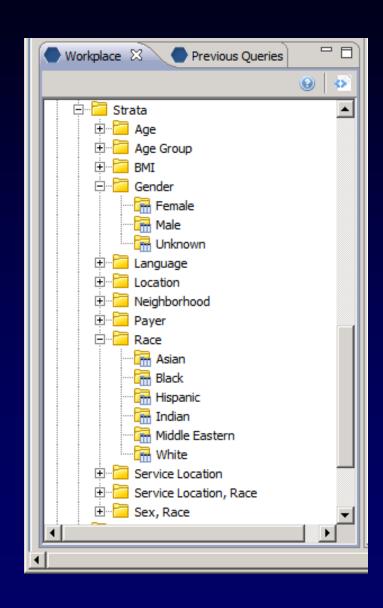
- Baseline query from i2b2 Query Cell
- Constraints:
 - Occurrence: temporal relationships between facts
 - Value: extends occurrence constraint to specify numeric values/ranges
 - Age: models subject's age at time of fact
- Strata: i2b2 queries define sub-populations
- Reference interval: period (month, year, date interval) to optionally further constrain data

HOME Cell Example: Hypertension Control 45-64 Years Old

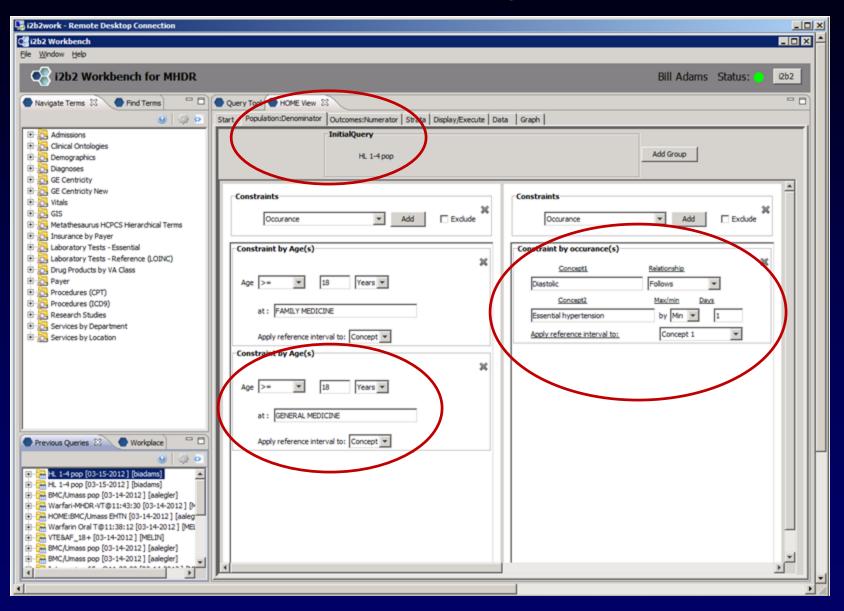
Initial Query



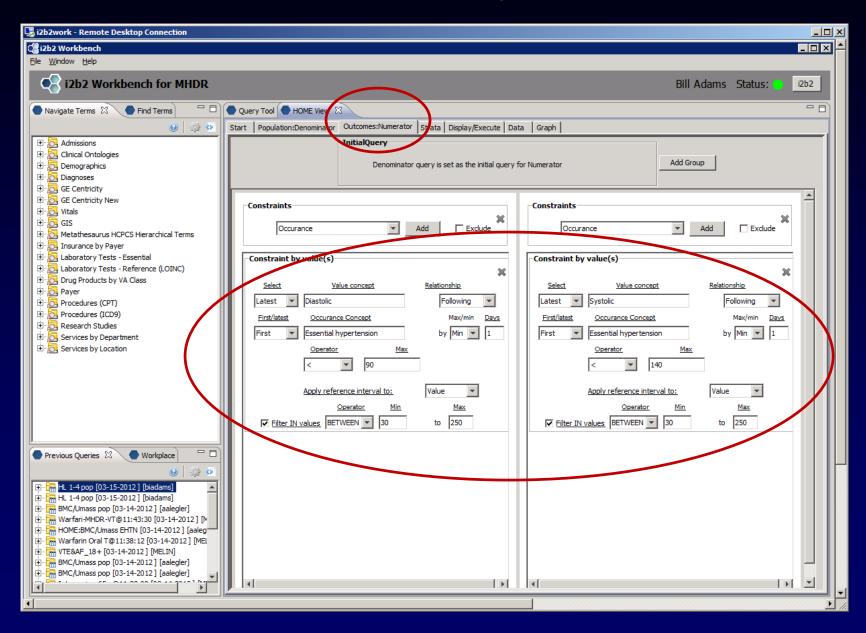
Strata Queries



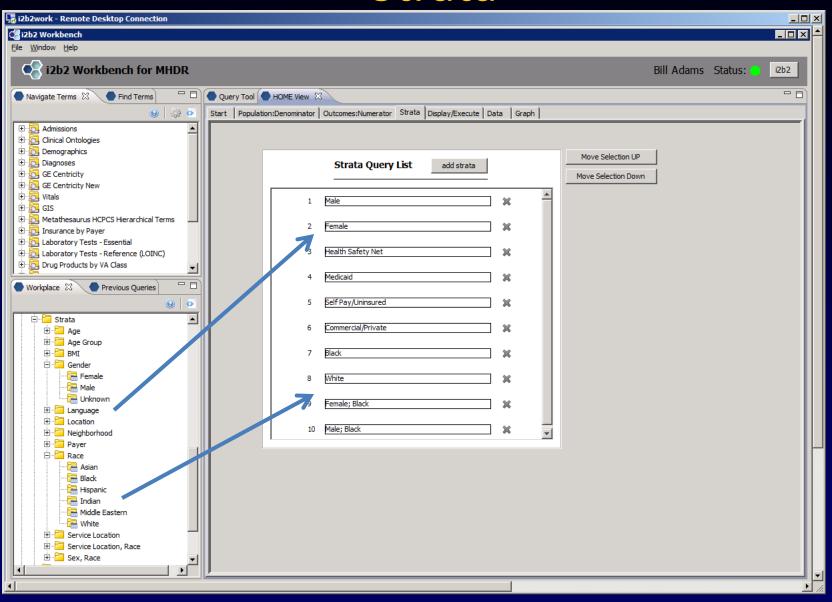
Denominator Population



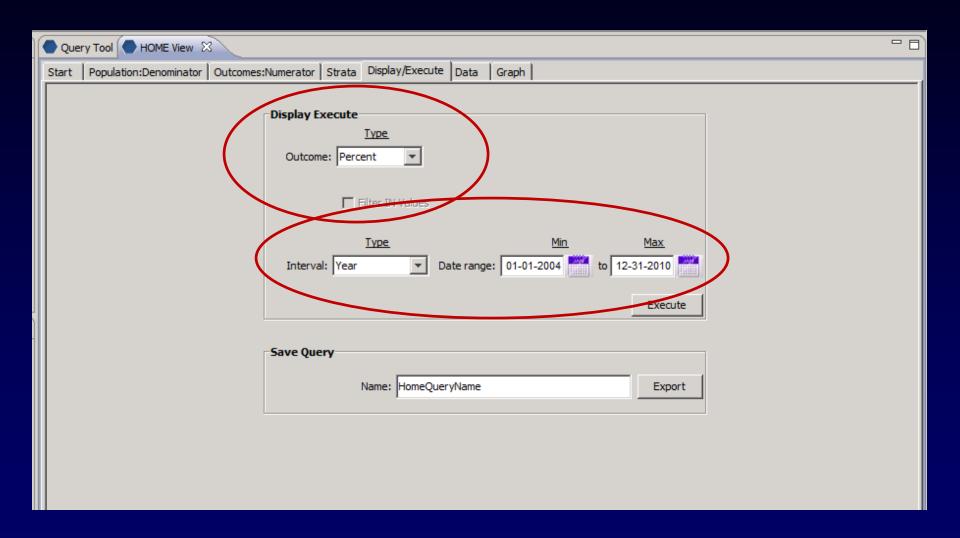
Numerator Population



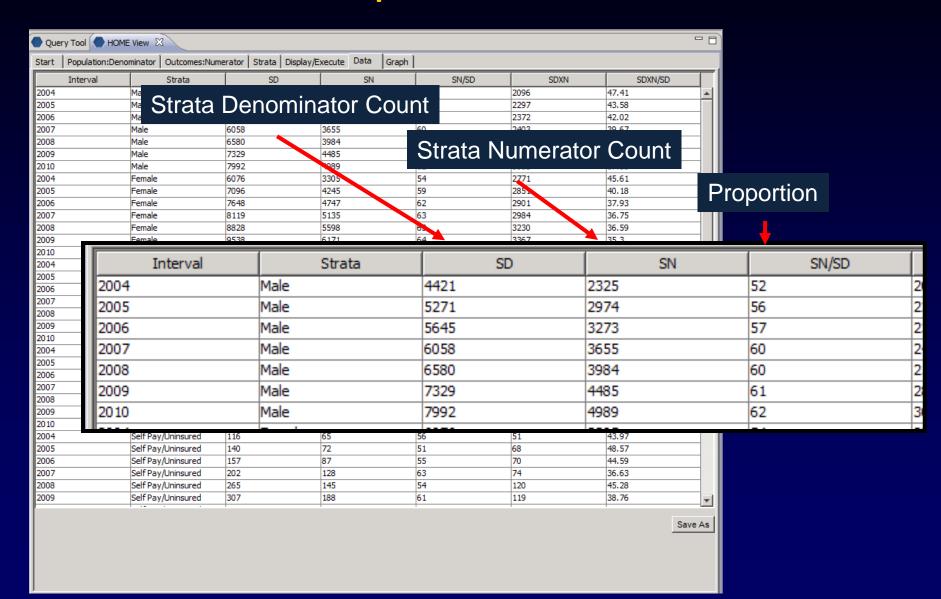
Strata

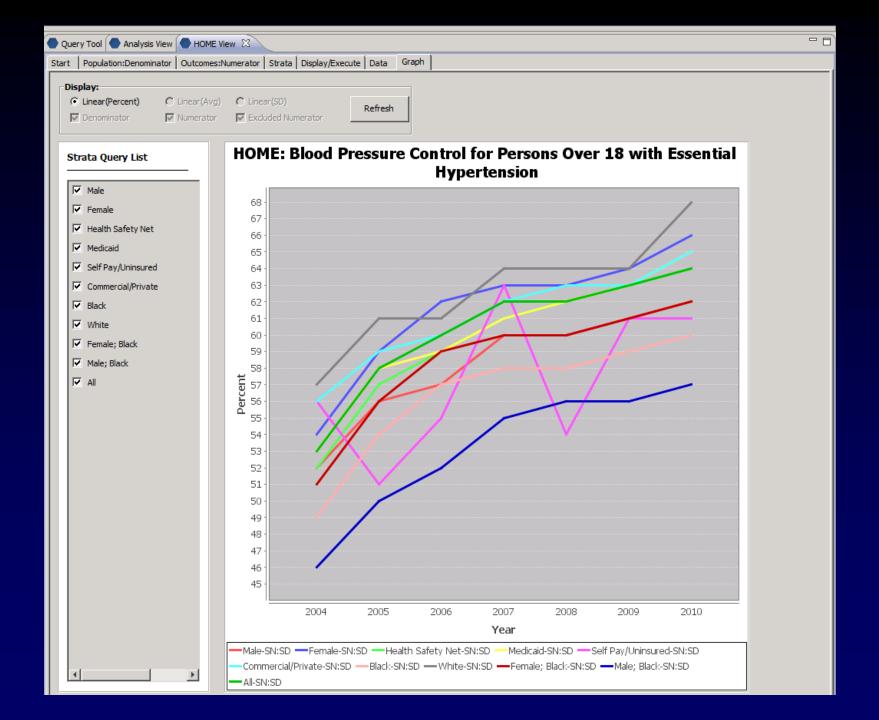


Display/Execute: Percent



Sample Result Set



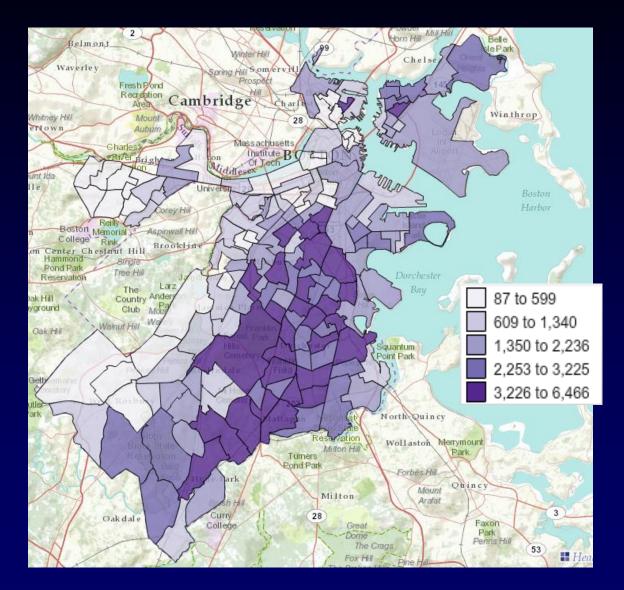


12b2 + HOME?



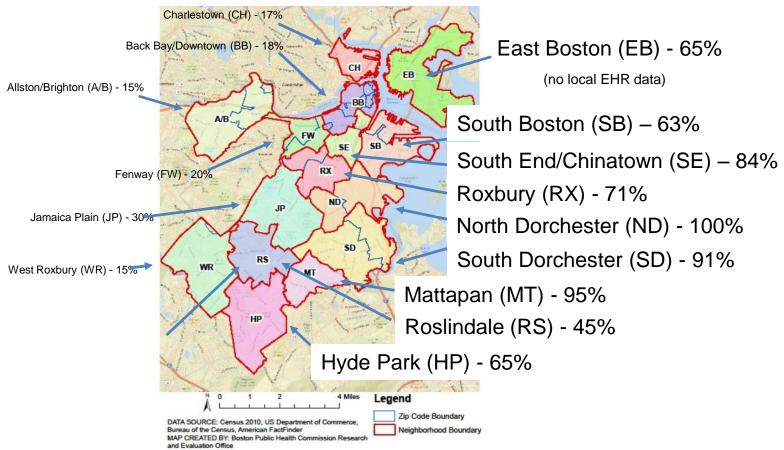


Catchment Area for the MHDR, 2005-2011



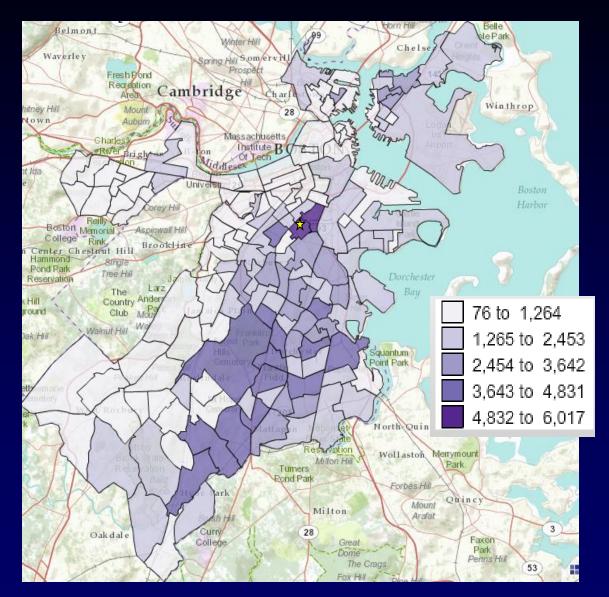
Note: This map shows the number of people, by census tract of residence (2008-2011), who had at least one visit to an MHDR clinical center from 2005-11. Census tracts with fewer than 20 patients are not included.

Percent of patients with any BHN Contact during 2011-2014 by Zip Code of residence 2011-2014*



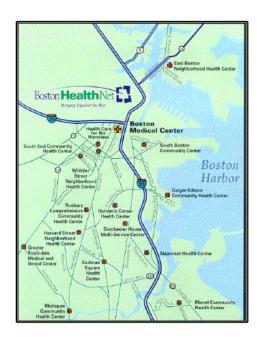
^{* %} of patients with address zip code noted at least once 2011-2014 divided by 2010 US Census count for that area

Catchment Area for Boston Medical Center



Note: Number of people, by census tract of residence (2008-2011), who had at least one visit to the clinical center from 2005-11.

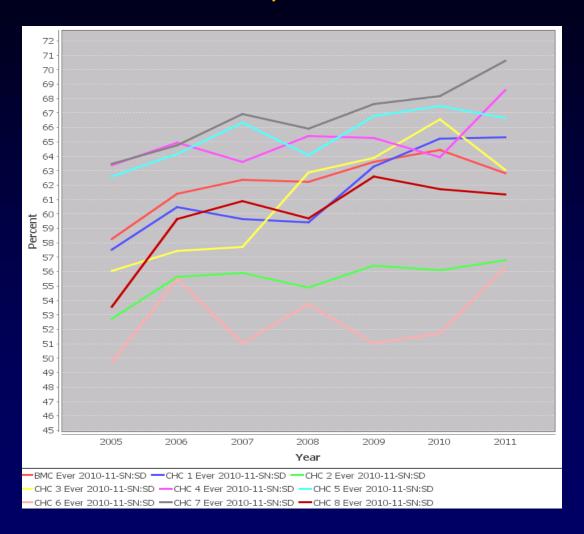
Cardiovascular Health and Disparities: Boston, 2005-2011



Preliminary findings prepared by William G. Adams, MD^{1,2}, Nancy Kressin, PhD^{3,4}, Cathryn Byrne-Dugan, MD/MPH¹, and Aaron Legler, MPH⁴.

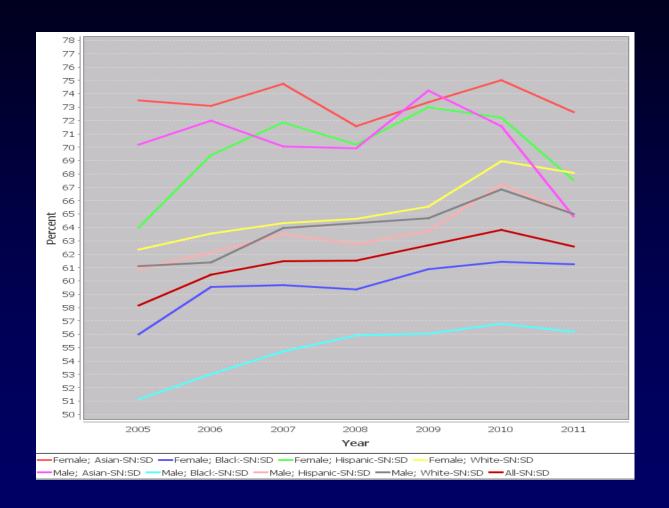
¹Department of Pediatrics, ²BU-Clinical and Translational Sciences Institute, ³Department of Medicine, ⁴Health Disparities Research Program, Boston University School of Medicine/Boston Medical Center

Adult Blood Pressure Control by Center Boston, 2005-11



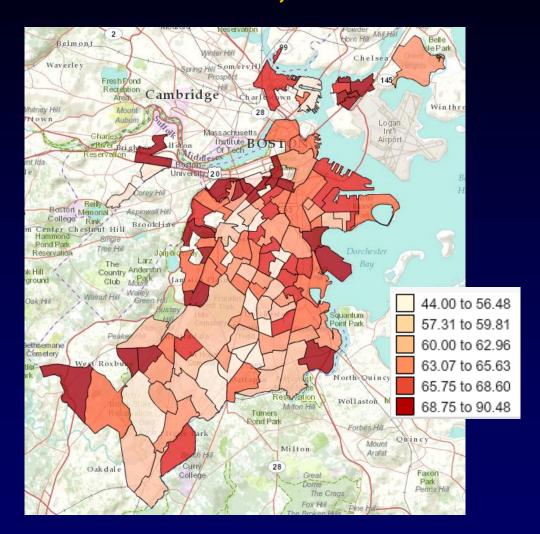
Note: Percent of patients with essential HTN whose latest systolic BP was < 140 and diastolic BP was < 90 during each year for each center.

Blood Pressure Control by Sex-Race Boston, 2005-2011



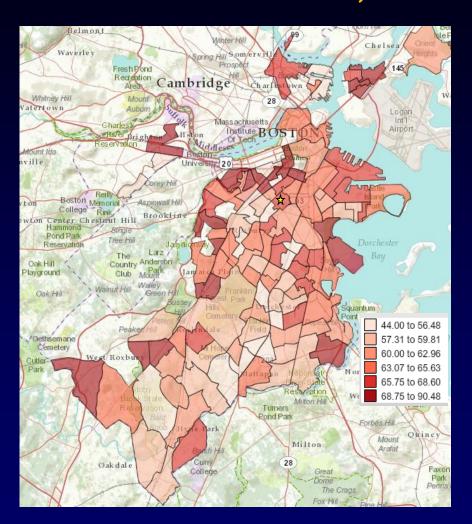
Note: Percent of patients with essential HTN whose latest systolic BP was < 140 and diastolic BP was < 90 during each year for patients of differing race and/or sex

Blood Pressure Control by Census Tract Boston, 2011



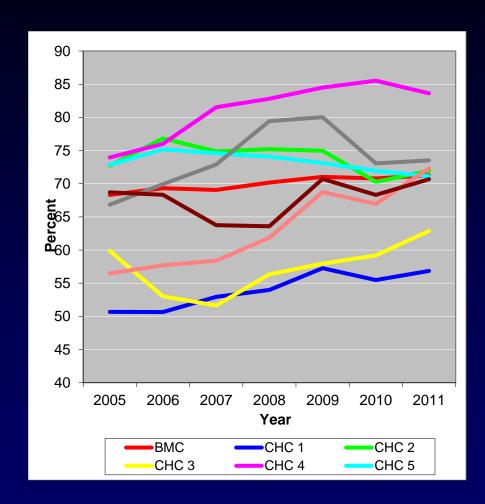
Note: Percent of primary care patients with essential HTN whose latest systolic BP was < 140 and diastolic BP was < 90 by census tract. Patients were assigned to a tract if they had at least one address listed in the tract during 2008-2011.

Blood Pressure Control Rates by Census Tract Boston Medical Center, 2010-11



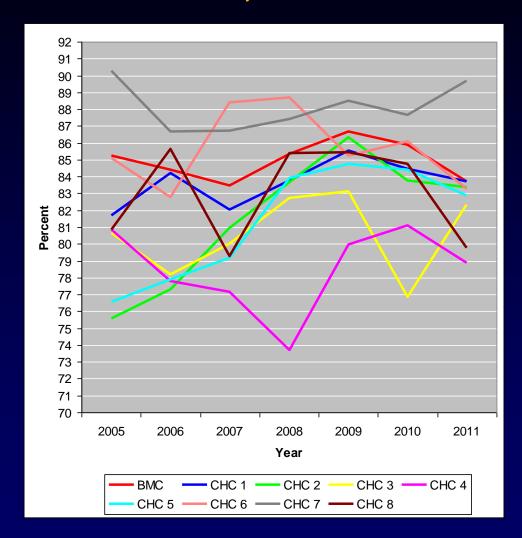
Note: Percent of primary care patients with essential HTN whose latest systolic BP was < 140 and diastolic BP was < 90 by census tract. Patients were assigned to a tract if they had at least one address listed in the tract during 2008-2011

Lipid Screening by Center Boston, 2005-2011



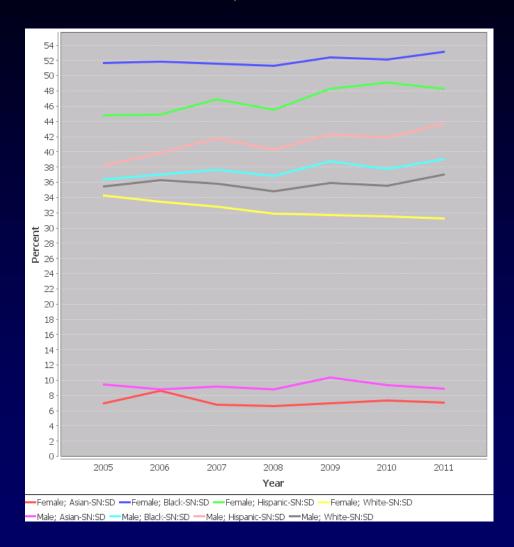
Note: Percent of patients (male \geq 35 years old or female \geq 45 years old) with a primary care visit during the year and at least one lipid screening test (HDL, LDL, or Total Cholesterol) within 2 years preceding or 60 days following the visit for each Center.

Lipid Control for High Risk CVD Patients by Center Boston, 2005-2011



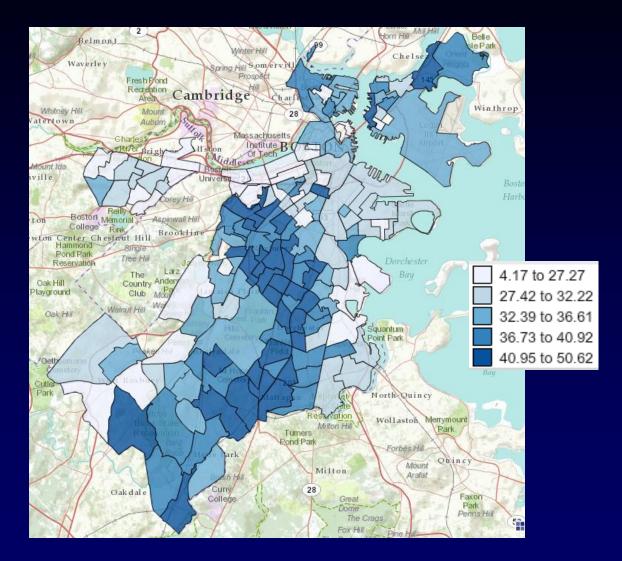
Note: Percentage of high risk CVD patients (≥ 20 years old) with a primary care visit during the reference year who had controlled lipid levels (HDL >50 in females, HDL >40 in males, or Total Cholesterol <200) stratified by CHC..

Adult Obesity by Sex-Race Boston, 2005-2011



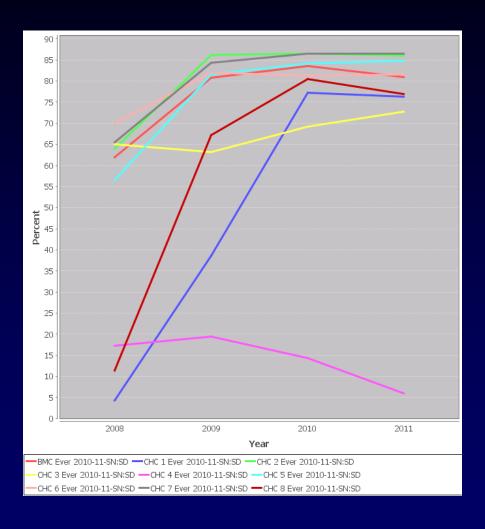
Note: Percent of patients with a primary care visit at 18-65 years old during the reference year who had a BMI ≥30 by race and gender

Adult Obesity in Boston, 2010-2011



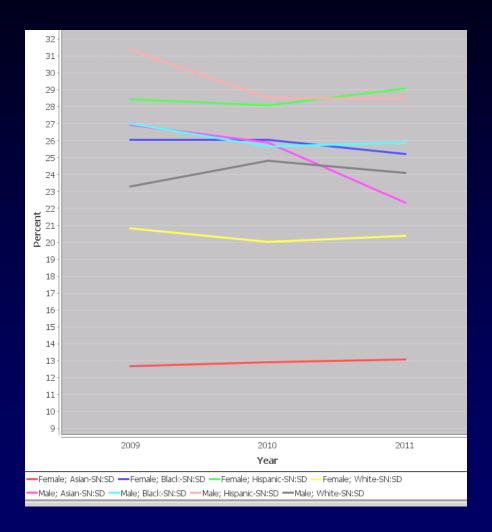
Note: Percent of patients with essential HTN whose latest systolic BP was < 140 and diastolic BP was < 90 during each year for patients of differing race and/or sex.

Childhood Obesity Screening by Center Boston, 2005-2011



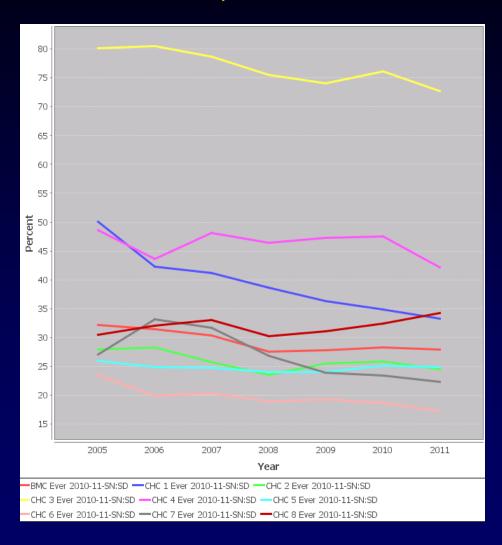
Note: For patients who were seen at each Center during 2010-2011, percent of patients with a primary care visit at 3-18 years old during the reference year who had a recorded BMI %'ile by Center.

Childhood Obesity by Sex-Race Boston, 2009-2011



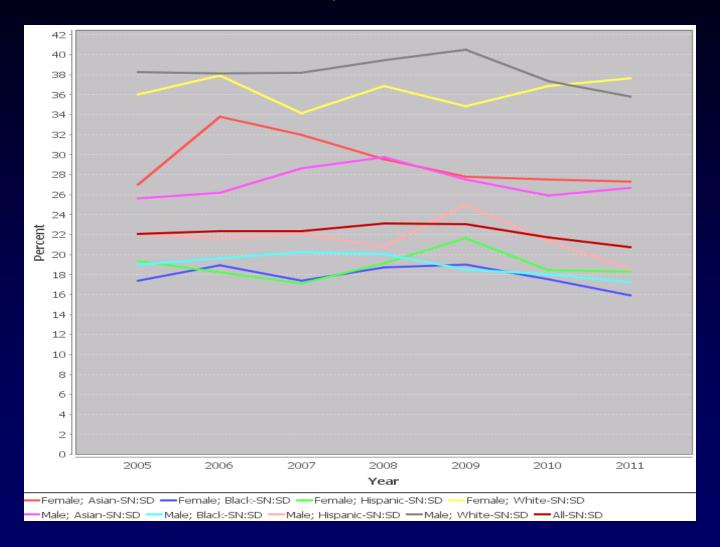
Note: Percent of children with a primary care visit at 3-18 years old during the reference year who had a BMI Percentile ≥ 95%'ile by race and/or sex.

Cigarette smoking in Adults by Center Boston, 2005-2011



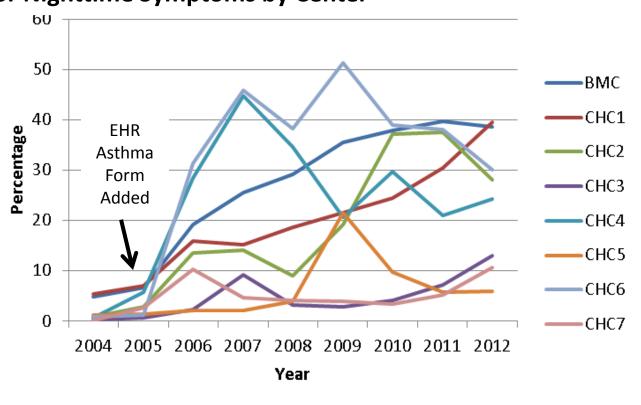
Note: Patients with a primary care visit during the reference year who were ≥18 years old at the time of the visit, were screened for cigarette use, and reported being a smoker by CHC

Passive Cigarette Exposure in Children by Sex-Race Boston, 2005-2011



Note: Children with a primary care visit during the reference year who were 0-12 years old at the time of the visit, screened for passive exposure, and reported smoking in the home by race and/or sex.

Percent of Asthma Patients with Assessment of Daytime or Nighttime Symptoms by Center*



Distributed HOME Project

- 5 Collaborating i2b2-enabled CTSAs
- Comparative effectiveness evaluation of medications for hypertension, hypercholesterolemia, childhood asthma, diabetes



- Boston University
- Univ. of Massachusetts
- Univ. of Cincinnati
- Univ. of Alabama at Birmingham
- Univ. of Washington

www.dhome-project.net

Research Objectives

- Describe variation in cardiovascular outcomes (hypertension, dyslipidemia, diabetes) over time in 5 CTSA i2b2 instances distributed across U.S.
- Assess within medication class outcome differences (comparative effectiveness) for commonly used medications (anti-hyper tensives, statins, oral hypo-glycemics)

Approach

- Bi-monthly web-based teleconferences
- Shared ontology development (BP, BMI, medications)
- Technical collaborations between sites and from Recombinant/Deloitte
- Shared query development
- Distributed query execution with centralized aggregate data sharing

Definitions – BP control

Denominator:

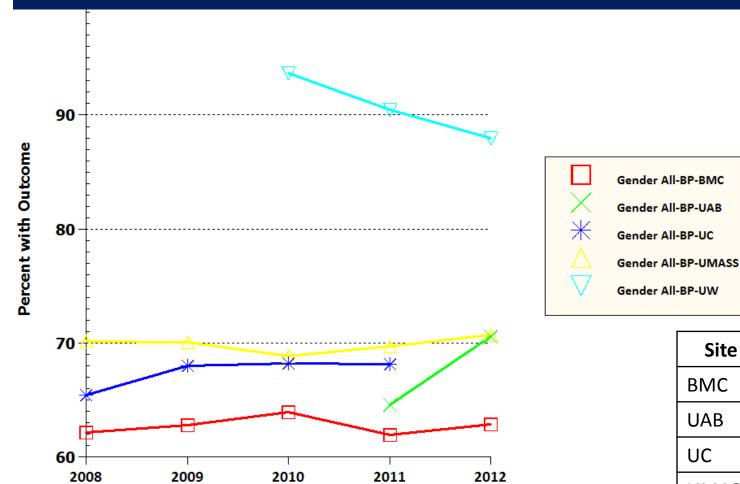
- At least one primary care visit in reference year
- At least one systolic and diastolic BP that followed a diagnosis of essential hypertension during year
- Separate HOME Cell queries for all combinations of BMI (< 30, 30+) and Age (< 65, Age 65+) during reference year

Numerator

- Most recent systolic BP during year < 140
- Most recent diastolic BP during year < 90

Strata: Race, Gender

Percent of Patients with Essential Hypertension and Controlled BP*

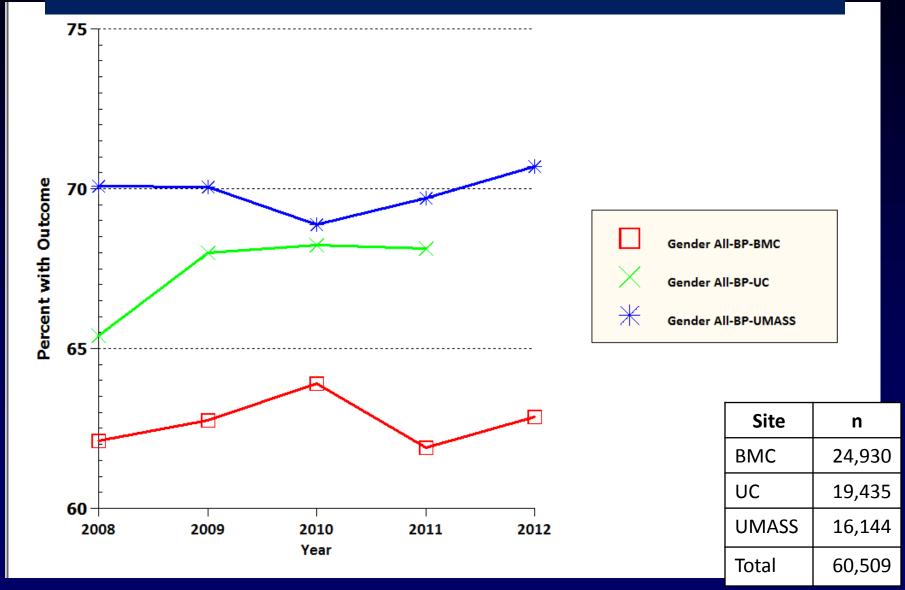


		••		
	вмс	24,930		
	UAB	15,393		
	UC	19,435		
	UMASS	16,144		
	UW	8,913		
	Total	84,815		

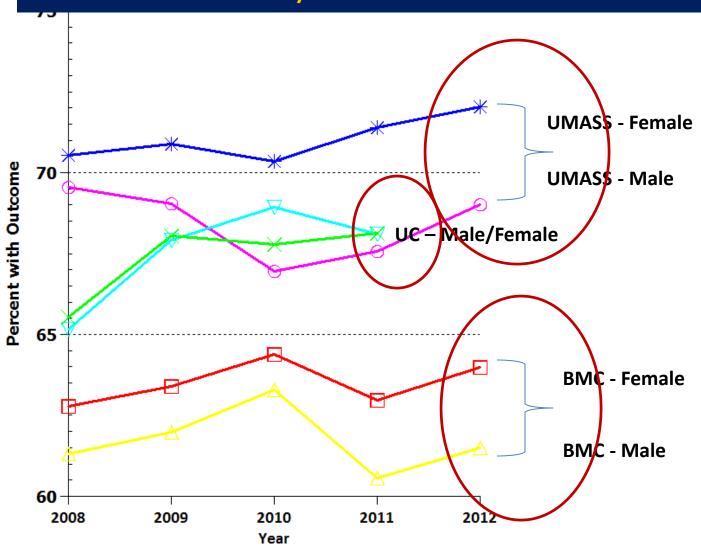
* n = number of patients for most recent year

Year

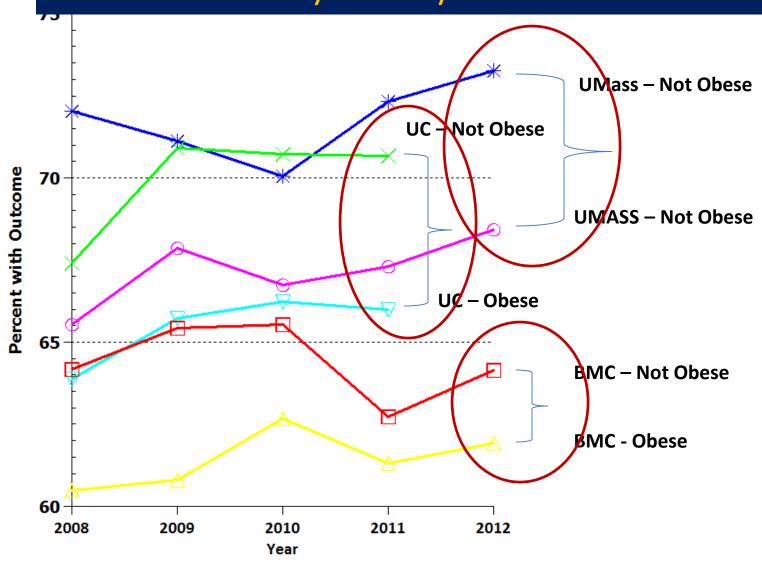
Percent of Patients with Essential Hypertension and Controlled BP on Most Recent Test



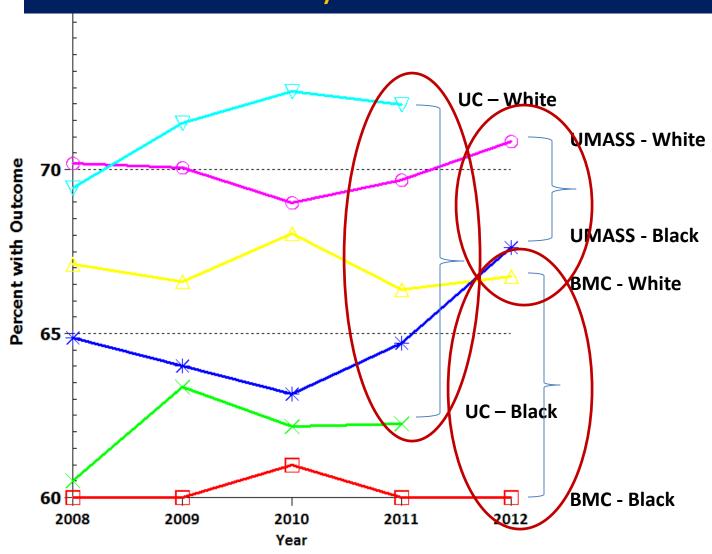
BP Control for Patients with Essential Hypertension by Gender and Site



BP Control for Patients with Essential Hypertension by Obesity and Site



BP Control for Patients with Essential Hypertension by Race and Site

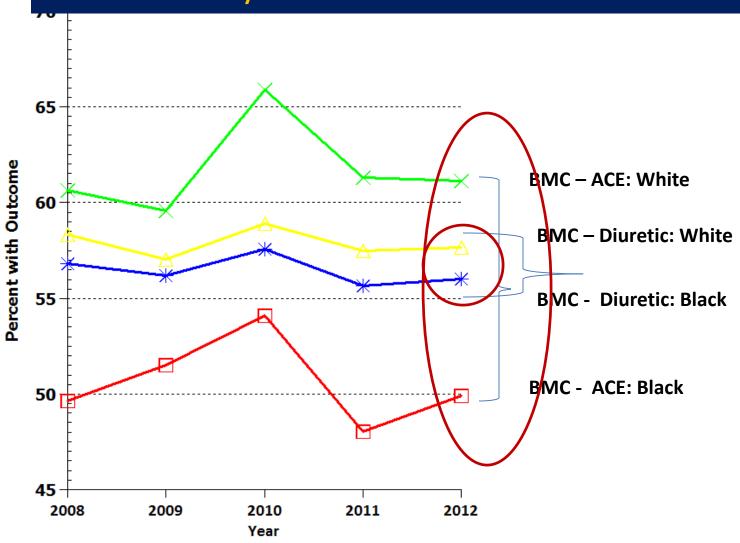


Logistic Regression Models for BP Control 2006-2012*

#				P:			
	BMC			UCinn		UMass (48679 controlled, 20770 not controlled)	
		(90481 controlled, 53869 not controlled)		(39434 controlled, 18880 not controlled)			
8		Controlled		Controlledy		Genti ened)	
5		Odds ratio (95% CI)	p-value	Odds ratio (95% CI)	p-value	Odds ratio (95% CI)	p-value
80	Year overall		0.0001		< 0.0001		< 0.0001
	2007 vs. 2006	1.01 (0.96, 1.05)	0.81	0.79 (0.62, 1.01)	0.06	0.98 (0.84, 1.15)	0.81
	2008 vs. 2006	0.99 (0.94, 1.03)	0.50	0.93 (0.74, 1.17)	0.51	0.87 (0.75, 0.99)	0.049
	2009 vs. 2006	1.01 (0.97, 1.06)	0.53	1.03 (0.82, 1.30)	0.79	0.87 (0.76, 0.99)	0.04
	2010 vs. 2006	1.07 (1.03, 1.12)	0.002	1.03 (0.82, 1.29)	0.80	0.82 (0.72, 0.94)	0.004
3	2011 vs. 2006	0.98 (0.94, 1.02)	0.28	1.02 (0.81, 1.28)	0.89	0.88 (0.77, 1.01)	0.06
3	2012 vs. 2006	1.01 (0.97, 1.02)	0.56	NA		0.92 (0.81, 1.06)	0.25
	Asian vs.	1.12 (1.04, 1.19)	0.002	0.99 (0.83, 1.20)	0.97	1.07 (0.95, 1.20)	0.25
85	White						
	Black vs.	0.70 (0.68, 0.72)	< 0.0001	0.65 (0.63, 0.68)	<0.0001	0.79 (0.73, 0.86)	<0.0001
30	White			8			8 - 50
- 1	Hispanie vs.	0.99 (0.96, 1.03)	0.80	0.72 (0.52, 0.99)	0.046	1.10 (0.99, 1.23)	0.06
80 0	White	21 (22 15)		() () () () () () () () () ()		15- 1 C - 1 S - 1	
	Obese vs. Not	0.84 (0.83, 0.86)	< 0.0001	0.83 (0.80, 0.86)	<0.0001	0.82 (0.79, 0.85)	<0.0001
	Female < 65	1.53 (1.47, 1.58)	<0.0001	1.07 (1.01, 1.14)	0.02	1.26 (1.19, 1.34)	<0.0001
	vs. Male 65+					, , , , , , , , , , , , , , , , , , , ,	
	Male < 65 vs.	1.18 (1.14, 1.22)	<0.0001	0.93 (0.88, 0.99)	0.02	1.00 (0.94, 1.06)	0.99
5	Male 65+	e		44			
	Female, 65+ vs. Male 65+	0.90 (0.87, 0.94)	<0.0001	0.91 (0.86, 0.97)	0.005	0.84 (0.79, 0.90)	<0.0001

^{*} Limited to comparisons with significant findings

BP Control for Patients with Essential Hypertension by Medication Class at BMC

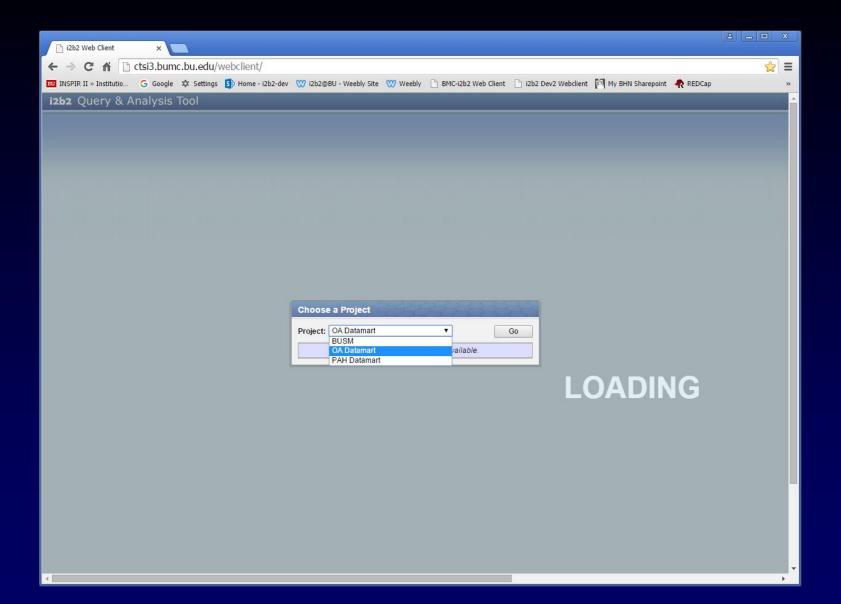


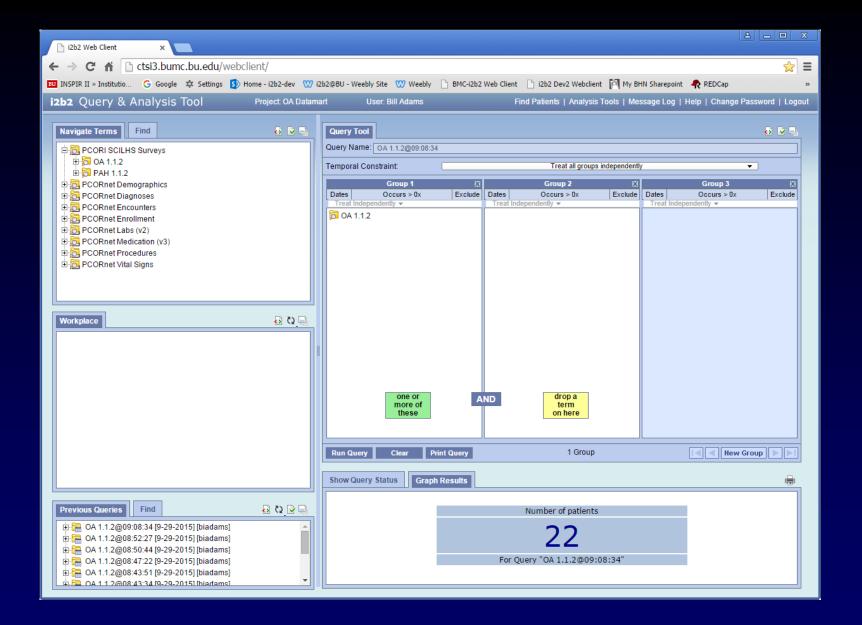
MySCILHS Telephony

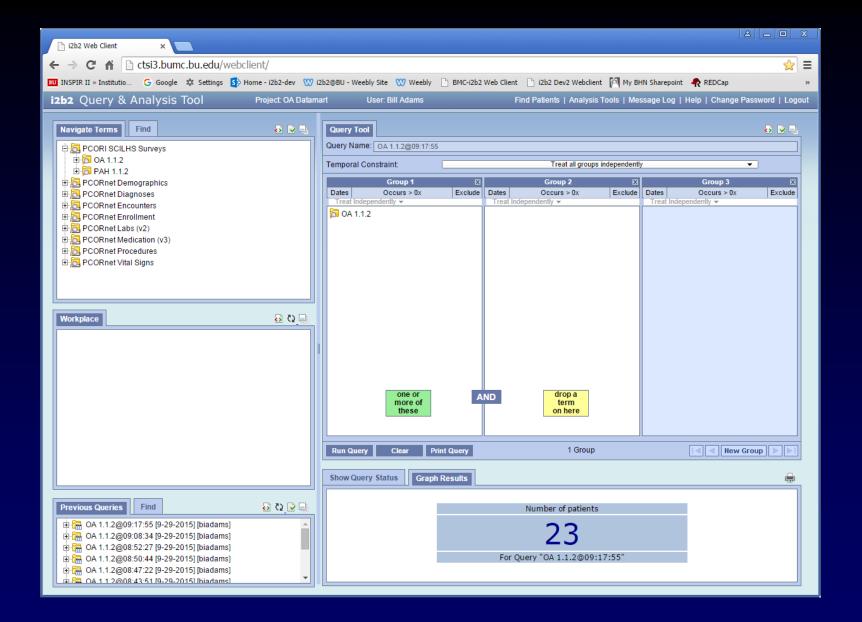
- Leverage experience with data-driven telephony to support IVR REDCAP
 - "self-service questionnaires"
 - Local and cloud-based options
 - TTS (Susan) and ASR
 - Staff make contact and obtain consent
- Majority of call via IVR
 - Scalable
 - IRB- and patient-friendly

IVR Strengths

- Conversational
 - Bidirectional
 - Speech-based
- Accessible
 - Ubiquitous technology
 - Available everywhere
 - Lower literacy requirements
- Adaptive







Conclusions

- Powerful tool for exploratory analyses
- "Rapid", distributed queries are feasible and informative
- The outcomes evaluated are not improving nor are racial gaps narrowing
- Multi-variate approach particularly promising/important (strata enhancement work ongoing)

Word of caution...

 Numerous opportunities for "epidemiologic malpractice"



- Lots of cheese
- Plenty of holes...

- New ways of thinking and data management required (not always easy)
- Lots of work to do with Epic

A Novel Approach

- Data is open privacy is protected
- Focus is on measurement not SQL
- Researchers can ask complex questions themselves - quickly
- CER, HSR, and QI supported by a common framework
- Analytic software is interoperable
- Logic is transparent and portable

Additional projects/activities

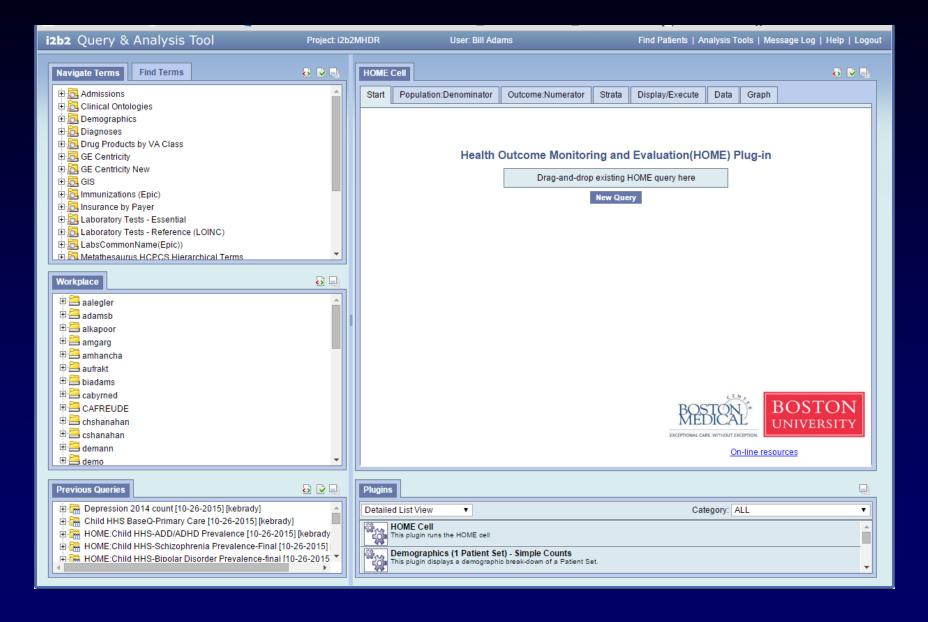
- BMC Cancer Registry Integration
- BP Normalization and Care
- VVV in BP, lipid, and Hgb1C
- Sickle Cell QI (children and adults)
- Sickle Cell BH
- Community-based smoking cessation
- Pneumonia rates in PCV vaccine era
- HPV vaccination
- Algorithms for Personalized Decision
 Making

- ePROS psychotropic medication use in kids
- ePROS on- off-label safety
- PCORI-CDRN (SCILHS)
- Tele-REDCAP
- Insurance switching
- Vital Village geographic health effects

Future Plans

- Spread i2b2 web-client access to BUMC research community
- Expand functionality of Strata tab and query code to support multivariate, aggregate data generation
- Provide a web-based version of the HOME Cell

Coming soon...



Massachusetts Health Disparities Repository (MHDR)

Clinical Data

Data:

- Demographic
- Insurances
- Services
- Medications
- Problems
- Labs
- Clinical Observations

Sites:

- Boston Medical Center
- Dorchester House MSC
- Codman Square HC
- Healthcare for the Homeless
- Greater Roslindale MDC
- Whittier Street HC
- Mattapan CHC
- South End CHC
- South Boston CHC
- Uphams Corner CHC

Staging Area

Functions:

- •MPI linkage
- Data cleaning
- •Standardization (LOINC, CPT, RxNorm, ICD9,SNOMED CT)

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BMC-i2b2

- BMC only
- Web accessible
- Aggregate data
- No additional IRB

i2b2

Database

- People (1.4+ mil)
- Facts (1+ billion)
- Concepts

Tools

- Query Cell
- HOME Cell

MHDR

- BMC + CHCs
- RDP access (with SAS, STATA)
- HOME Cell and data extracts
- IRB approval required