

Impact of COVID-19 on Digital Health and Health Informatics

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Agenda

- Informatics and digital health
 - Before COVID-19
 - During COVID-19
 - Health systems responses
 - Data collection
 - Telemedicine and telehealth
 - Other digital health applications
 - Pandemic science
 - Informatics workforce
 - After COVID-19



Informatics before COVID-19

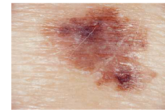
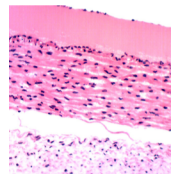
- “Hot” areas included
 - Machine learning and artificial intelligence
 - Data standards and interoperability
 - Open science

3



Machine learning and artificial intelligence (AI)

- Most success in imaging (Liu, 2019), but others as well
- Predicting length of stay, mortality, readmission, and diagnosis at two large medical centers (Rajkomar, 2018)
- Aid pathologist exclude 65–75% of slides viewed while retaining 100% sensitivity (Campanella, 2019)
- Automated capture of physician-patient dialogue in exam room (Rajmoker, 2019)
 - Get keyboard (not computer) out of exam room?

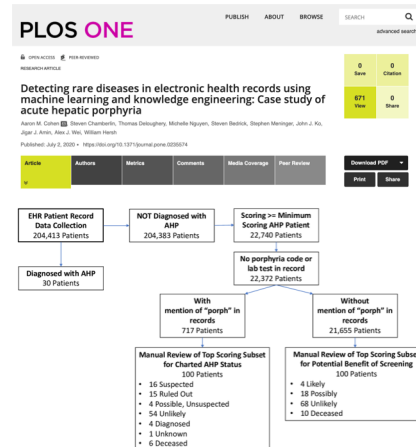


4



Many other uses for ML/AI

- Detection of rare diseases – often underdiagnosed
- Acute hepatic porphyria
 - Incidence 1/100,000
 - Typical 8-12 years to diagnosis
 - Defect in ALAS1 gene
 - Existing treatments available but RNAi drug givosiran more efficacious (Balwani, 2020)
- Applied ML to extract of 200K patients from OHSU (Cohen, 2020)
 - Identified 22 possible patients without diagnosis to explain symptoms
- Currently undertaking clinical investigation



5



Data standards and interoperability – 21st Century Cures Rule

- <https://www.healthit.gov/curesrule>
- SMART on FHIR standard – substitutable apps based on common data store (Mandel, 2016)
- Prohibits “information blocking”



6



Open science: good and bad

- Internet facilitates open science (National Academies, 2018), e.g.,
 - Open-access publishing
 - Preprint servers
 - Access to data for reproducibility and further analysis
- Facilitated sequencing and vaccine development for SARS-CoV-2 (Tufekci, 2020; Wu, 2020)
- With some complications
 - Predatory publishing (Beall, 2018)

7



Health system responses to COVID-19

- UC San Diego (Reeves, 2020)
- University of Washington (Grange, 2020)
- Medical University of South Carolina (Ford, 2020)
- Washington University (Kannampallil, 2020)
- NewYork-Presbyterian Hospital/Weill Cornell Medical Center (Hsu, 2020)

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Informatics lessons learned (Hsu, 2020)

- Hospital leaders can use clinical informatics to
 - Aid clinical decision-making
 - Virtualize medical care
 - Coordinate communication
 - Defining workflow and compliance
- Recommendations
 - Create flexible order sets that adapt to evolving guidelines and meet needs across specialties
 - Enhance and support telemedicine
 - Electronically enable novel workflows quickly
 - Suspend non-critical administrative or billing functions in EHR
 - Use communication platforms based on tiered urgency that do not compromise security and privacy

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Countries that have done well

- Taiwan (Wang, 2020)
- New Zealand (Baker, 2020; Jeffries, 2020)
- Thailand (Bello, 2020)
- Vietnam (Dabla-Morris, 2020)
- Japan (Nishimura, 2020)

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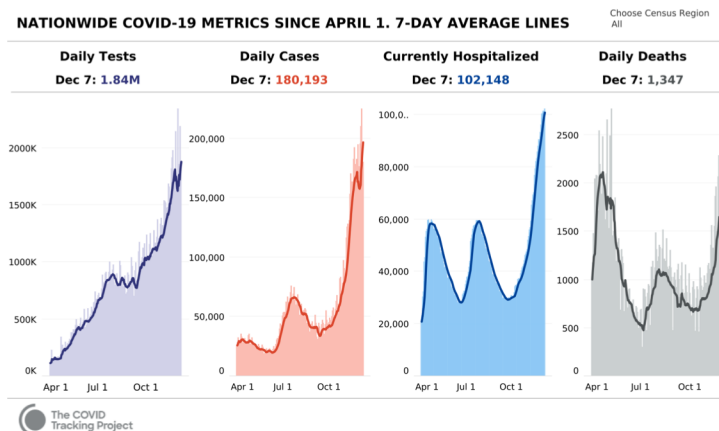
Taiwan (Wang, 2020)

- Recognition
 - Activation of National Health Command Center (NHCC)
- Management
 - Border control from air and sea
 - Case identification – using new data and technology
 - Quarantine of suspicious cases
 - Proactive case finding
 - Resource allocation – assessing and managing capacity
 - Reassurance and education of the public while fighting misinformation
 - Negotiation with other countries and regions
 - Formulation of policies toward schools and childcare
 - Relief to businesses
- Communications
 - When and where to wear a mask
 - Importance of handwashing
 - Danger of hoarding masks to prevent them from becoming unavailable to frontline health workers
- (Article supplement details all steps)

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Meanwhile in the US



<https://covidtracking.com/data/charts/us-all-key-metrics>

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Some key sources of data

- Johns Hopkins University Center for Systems Science and Engineering
 - <https://coronavirus.jhu.edu/map.html>
- University of Washington Institute for Health Metrics and Evaluation
 - <https://covid19.healthdata.org/>
- COVID Tracking Project
 - <https://covidtracking.com/>
- Our World in Data
 - <https://ourworldindata.org/coronavirus>
- Outbreak.info
 - <https://outbreak.info/>
- 91-DIVOC visualization
 - <https://91-divoc.com/>
- COVID Exit Strategy
 - <https://www.covidexitstrategy.org/>
- Oregon Health Authority
 - [https://public.tableau.com/profile/oregon.health.authority.covid.19#1/](https://public.tableau.com/profile/oregon.health.authority.covid.19#/)
- COVID-19 Trial Finder (from ClinicalTrials.gov)
 - <https://covidtrialx.dhmi.columbia.edu/dquest-flask/>

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Some key information resources

- US Government
 - <https://www.coronavirus.gov/>
 - <https://www.nih.gov/coronavirus/>
 - <https://www.ncbi.nlm.nih.gov/sars-cov-2/>
- American College of Physicians
 - <https://www.acponline.org/clinical-information/clinical-resources-products/coronavirus-disease-2019-covid-19-information-for-internists>
- American Medical Association
 - <https://www.ama-assn.org/delivering-care/public-health/covid-19-2019-novel-coronavirus-resource-center-physicians>
- Harvard Medical Student Curriculum
 - <https://curriculum.covidstudentresponse.org/>

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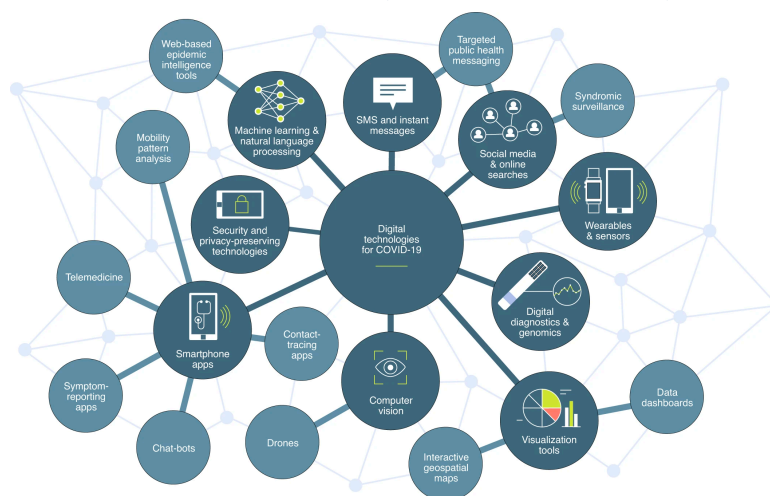
Sources of evidence

- Prevent Epidemics Weekly Science Review
 - <https://preventepidemics.org/covid19/science/weekly-science-review/>
- McMaster Key Evidence Sources
 - <https://www.mcmasterforum.org/networks/covid-end/resources-to-support-decision-makers/guide-to-key-covid-19-evidence-sources>
- VA Evidence Synthesis Program
 - <https://www.covid19reviews.org/>
- World Health Organization
 - <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

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Many roles for “digital health” in COVID-19 (Budd, 2020)



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Informatics considerations

- Reiterate need for national health IT infrastructure (Sittig, 2020; Keesara, 2020)
- Balancing
 - Privacy vs. access (Lenert, 2020)
 - Speed vs. need for evidence (Schünemann, 2020)
- Role of AI?
 - Small so far with limited data and experience (Andoni, 2020, Lowe, 2020; Benaich, 2020)

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Coding systems need updating

- Existing coding systems (e.g., ICD-10-CM) of limited value in a new disease (Crabb, 2020)
- Emergency use ICD codes for COVID-19 disease outbreak
 - <https://www.who.int/classifications/icd/covid19/en/>
 - U07.1 COVID-19, virus identified
 - U07.2 COVID-19, virus not identified
- New CPT-4 codes
 - <https://www.ama-assn.org/press-center/press-releases/ama-announces-new-cpt-codes-covid-19-advancements-expand>
 - 99072 – Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease
 - 86413 – Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative

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Telemedicine and telehealth

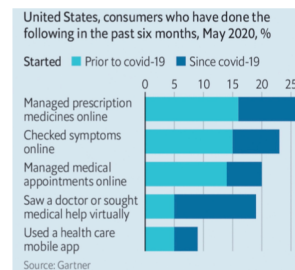
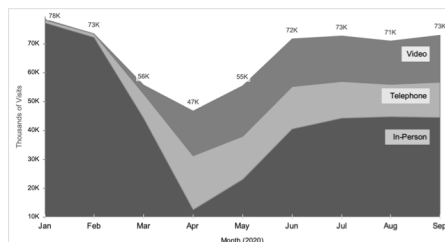
- Prior to COVID-19, moderate availability and niche use
 - Evidence base prior to COVID-19 (Totten, 2020)
- In 2018, accounted for 2.4% of all healthcare claims (encounters) (Rae, 2020)
- Hospitals use (Jain, 2020)
 - Any use – 47.6%
 - Intensive care unit – 26.8%
- Physician use (Kane, 2018)
 - Physician-to-patient – 15.4% overall, highest among radiology, psychiatry, pathology
 - Physician-to-physician – 11.2% overall, highest in pathology, emergency medicine, radiology

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Telemedicine and COVID-19

- CMS allowed telemedicine for all Medicare visits; other insurers followed (Verma, 2020)
- Leading to rapid uptake
 - Massive increase, especially for non-urgent care (Mann, 2020; Bosworth, 2020)
 - 48% of physicians now using (Merritt Hawkins, 2020)
 - Including at OHSU



Source: Gartner

The Economist



More telemedicine

- 11-fold increase in use in nursing homes (Alexander, 2020)
- Reduced assessment of blood pressure and lipid measurements in primary care (Alexander, 2020)
- Unreadiness for telemedicine more prevalent in patients who were older, male, Black or Hispanic, rural, and had lower education, income, and self-reported health (Lam, 2020)
- From the popular press
 - Communication with patients (Rosenthal, 2020)
 - A benefit to and beyond the pandemic (Brody, 2020)

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US federal response

- CMS – Section 1135 Waiver expands telehealth services to allow (and will continue during public health emergency)
 - Service to Medicare beneficiaries regardless of patient location — including at the patient's home
 - Consultation via telephone without the requirement of video conferencing
 - Service to patients with whom the provider does not have a pre-existing relationship
 - Treatment by a physician or health care professional in another state so long as they have an equivalent license from another state and subject to any state law requirements that may apply
 - Application to any service without regard to the treatment or diagnosis of the patient, not just for COVID-19
- HIPAA – Covered health care providers may provide telehealth services by utilizing popular video chat applications including Apple FaceTime, Facebook Messenger video chat, Zoom, or Skype to provide telehealth services

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Other applications of digital health

- Cough recordings for diagnosis – 98% sensitivity, 94% specificity (Laguarta, 2020)
- Pre-symptomatic detection from highly elevated heart rate from smartwatch data (Mishra, 2020)
- Diagnosis via smartwatch and activity tracker data with self-reported symptoms (Quer, 2020)
- Frequent, rapid, and low-cost testing (Mina, 2020; Larremore, 2020)
- SARS-CoV-2 detection with CRISPR-Cas13a and mobile phone (Fozouni, 2020)

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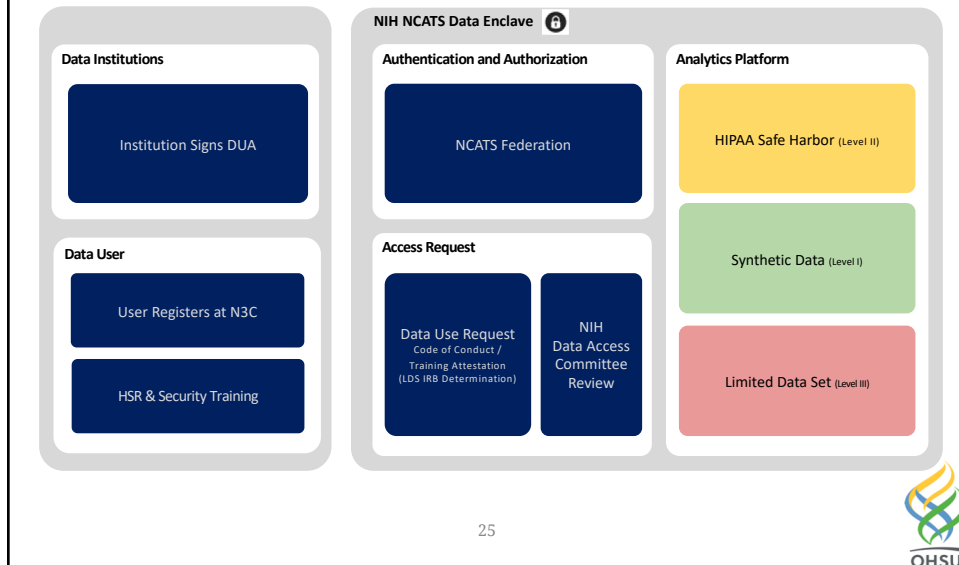
Research data collections

- US-based – National COVID Cohort Collaborative (N3C; Haendel, 2020)
 - <https://covid.cd2h.org/>
 - <https://ncats.nih.gov/n3c>
- International
 - Consortium for Clinical Characterization of COVID-19 by EHR (4CE; Brat, 2020)
 - <https://covidclinical.net/>
 - OpenSAFELY – UK-based collection of 24M primary care patient records from National Health Service (Williamson, 2020)
 - <https://opensafely.org/>
- COVID-19 Data Index
 - <https://www.covid19dataindex.org/>

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National COVID Cohort Collaborative (N3C)



Challenges for science in a pandemic

- Modern communications have led to
 - “Toxic legacy of poor-quality research, media hype, lax regulatory oversight, and vicious partisanship” (Lenzer, 2020)
 - Proliferation of pseudoscience (Caulfield, 2020) and conspiracy theories (Allen, 2020; Neil, 2020)
 - Misuse of real-world data (Dolgin, 2020)
 - One-third of media mentions of misinformation associated with President (Evanega, 2020)
- Exacerbated by some advances in open science, such as preprints (Majumder, 2020; Fraser, 2020; Flanagan, 2020)
- Growing list of retracted papers (Retraction Watch, 2020; Bramstedt, 2020)
- Variable information quality of Web sites
 - Few meeting known quality indicators (Cuan-Baltazar, 2020)
 - Better for .org and .edu than .com sites (Joshi, 2020)

Solutions for science in a pandemic

- Eliminate “waste and duplication” (Glasziou, 2020) in studies of drugs
- Preserve clinical trial integrity (McDermott, 2020)
- Rapidly progress from observational studies to RCTs (Califf, 2020)
- Beware of biases in the data – lower revenues of hospitals serving the underserved (Kakani, 2020)
- From WHO: data-driven decision-making and coordination in use (Azzopardi-Muscat, 2020)

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Informatics after COVID-19

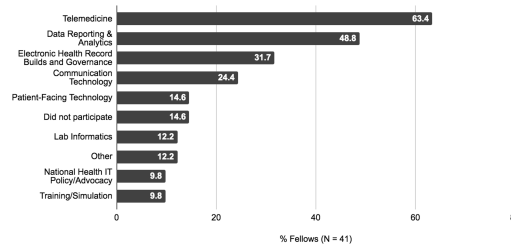
- Back to the “hot” areas?
 - Machine learning – determine implementation and efficacy in real-world settings
 - Data standards – achieving the vision of SMART on FHIR and Allofus
 - <https://allofus.nih.gov/>
 - <https://www.researchallofus.org/>
 - Better science and use of data – reckoning with misinformation, especially on social media, and attention to biases in data

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Including the important role for clinical informatics subspecialists

- Many roles played in response to COVID-19 (Subash, 2020)



- Including opportunities at OHSU
 - <http://www.ohsu.edu/informatics>

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Thank You!

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