

State of the Program, State of the Field

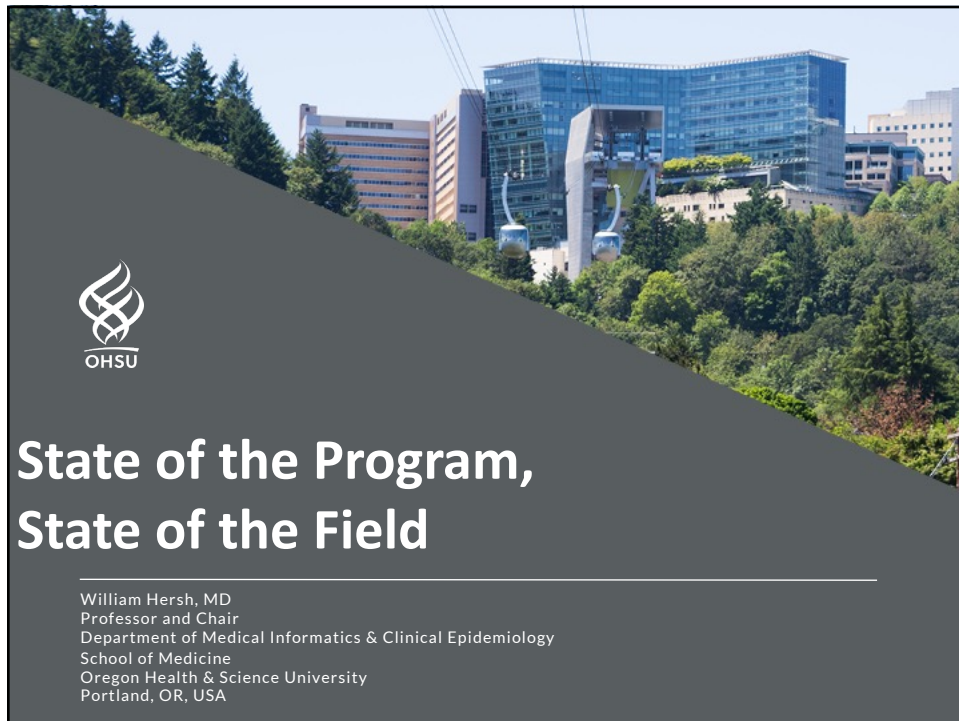
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References

- Ayers, J.W., Chu, B., Zhu, Z., Leas, E.C., Smith, D.M., Dredze, M., Broniatowski, D.A., 2021. Spread of Misinformation About Face Masks and COVID-19 by Automated Software on Facebook. *JAMA Intern Med* 181, 1251–1253. <https://doi.org/10.1001/jamainternmed.2021.2498>
- Brat, G.A., Weber, G.M., Gehlenborg, N., Avillach, P., Palmer, N.P., Chiovato, L., Cimino, J., Waitman, L.R., Omenn, G.S., Malovini, A., Moore, J.H., Beaulieu-Jones, B.K., Tibollo, V., Murphy, S.N., Yi, S.L., Keller, M.S., Bellazzi, R., Hanauer, D.A., Serret-Larmande, A., Gutierrez-Sacristan, A., Holmes, J.J., Bell, D.S., Mandl, K.D., Follett, R.W., Klann, J.G., Murad, D.A., Scudeller, L., Bucalo, M., Kirchoff, K., Craig, J., Obeid, J., Jouhet, V., Griffier, R., Cossin, S., Moal, B., Patel, L.P., Bellasi, A., Prokosch, H.U., Kraska, D., Sliz, P., Tan, A.L.M., Ngiam, K.Y., Zambelli, A., Mowery, D.L., Schiver, E., Devkota, B., Bradford, R.L., Daniar, M., Daniel, C., Benoit, V., Bey, R., Paris, N., Serre, P., Orlova, N., Dubiel, J., Hilka, M., Jannot, A.S., Breant, S., Leblanc, J., Griffon, N., Burgun, A., Bernaux, M., Sandrin, A., Salamanca, E., Cormont, S., Ganslandt, T., Gradinger, T., Champ, J., Boeker, M., Martel, P., Esteve, L., Gramfort, A., Grisel, O., Leprovost, D., Moreau, T., Varoquaux, G., Vie, J.-J., Wassermann, D., Mensch, A., Caucheteux, C., Haverkamp, C., Lemaitre, G., Bosari, S., Krantz, I.D., South, A., Cai, T., Kohane, I.S., 2020. International electronic health record-derived COVID-19 clinical course profiles: the 4CE consortium. *npj Digital Medicine* 3, 1–9. <https://doi.org/10.1038/s41746-020-00308-0>
- Coiera, E., Tong, H.L., 2021. Replication studies in the clinical decision support literature-frequency, fidelity, and impact. *J Am Med Inform Assoc* 28, 1815–1825. <https://doi.org/10.1093/jamia/ocab049>
- Embi, P.J., 2021. Algorithmovigilance-Advancing Methods to Analyze and Monitor Artificial Intelligence-Driven Health Care for Effectiveness and Equity. *JAMA Netw Open* 4, e214622. <https://doi.org/10.1001/jamanetworkopen.2021.4622>
- Escobar, G.J., Liu, V.X., Schuler, A., Lawson, B., Greene, J.D., Kipnis, P., 2020. Automated Identification of Adults at Risk for In-Hospital Clinical Deterioration. *N Engl J Med* 383, 1951–1960. <https://doi.org/10.1056/NEJMsa2001090>

- Finlayson, S.G., Subbaswamy, A., Singh, K., Bowers, J., Kupke, A., Zittrain, J., Kohane, I.S., Saria, S., 2021. The Clinician and Dataset Shift in Artificial Intelligence. *N Engl J Med* 385, 283–286. <https://doi.org/10.1056/NEJMc2104626>
- Fraser, N., Brierley, L., Dey, G., Polka, J.K., Pálffy, M., Nanni, F., Coates, J.A., 2021. The evolving role of preprints in the dissemination of COVID-19 research and their impact on the science communication landscape. *PLoS Biol* 19, e3000959. <https://doi.org/10.1371/journal.pbio.3000959>
- Freeman, K., Geppert, J., Stinton, C., Todkill, D., Johnson, S., Clarke, A., Taylor-Phillips, S., 2021. Use of artificial intelligence for image analysis in breast cancer screening programmes: systematic review of test accuracy. *BMJ* 374, n1872. <https://doi.org/10.1136/bmj.n1872>
- Gideon, M.-K., 2021. Is Ivermectin for Covid-19 Based on Fraudulent Research? Medium. URL <https://gidmk.medium.com/is-ivermectin-for-covid-19-based-on-fraudulent-research-5cc079278602> (accessed 9.28.21).
- Gottlieb, S., 2021a. The Need for a US National Clinical Trial Infrastructure in a Public Health Crisis. *JAMA Health Forum* 2, e213223. <https://doi.org/10.1001/jamahealthforum.2021.3223>
- Gottlieb, S., 2021b. Uncontrolled Spread: Why COVID-19 Crushed Us and How We Can Defeat the Next Pandemic. Harper.
- Haendel, M.A., Chute, C.G., Bennett, T.D., Eichmann, D.A., Guinney, J., Kibbe, W.A., Payne, P.R.O., Pfaff, E.R., Robinson, P.N., Saltz, J.H., Spratt, H., Suver, C., Wilbanks, J., Wilcox, A.B., Williams, A.E., Wu, C., Blacketer, C., Bradford, R.L., Cimino, J.J., Clark, M., Colmenares, E.W., Francis, P.A., Gabriel, D., Graves, A., Hemadri, R., Hong, S.S., Hripscak, G., Jiao, D., Klann, J.G., Kostka, K., Lee, A.M., Lehmann, H.P., Lingrey, L., Miller, R.T., Morris, M., Murphy, S.N., Natarajan, K., Palchuk, M.B., Sheikh, U., Solbrig, H., Visweswaran, S., Walden, A., Walters, K.M., Weber, G.M., Zhang, X.T., Zhu, R.L., Amor, B., Girvin, A.T., Manna, A., Qureshi, N., Kurilla, M.G., Michael, S.G., Portilla, L.M., Rutter, J.L., Austin, C.P., Gersing, K.R., N3C Consortium, 2021. The National COVID Cohort Collaborative (N3C): Rationale, design, infrastructure, and deployment. *J Am Med Inform Assoc* 28, 427–443. <https://doi.org/10.1093/jamia/ocaa196>
- Hersh, W., 2021. Translational Artificial Intelligence: A Grand Challenge for AI. Informatics Professor. URL <https://informaticsprofessor.blogspot.com/2021/07/translational-artificial-intelligence.html> (accessed 9.28.21).
- Hotez, P.J., 2021a. Anti-science kills: From Soviet embrace of pseudoscience to accelerated attacks on US biomedicine. *PLoS Biol* 19, e3001068. <https://doi.org/10.1371/journal.pbio.3001068>
- Hotez, P.J., 2021b. Mounting antiscience aggression in the United States. *PLoS Biol* 19, e3001369. <https://doi.org/10.1371/journal.pbio.3001369>
- Lawrence, J.M., Meyerowitz-Katz, G., Heathers, J.A.J., Brown, N.J.L., Sheldrick, K.A., 2021. The lesson of ivermectin: meta-analyses based on summary data alone are inherently unreliable. *Nat Med*. <https://doi.org/10.1038/s41591-021-01535-y>
- Leonhardt, D., 2021. Red Covid. *The New York Times*.
- Maani, N., Galea, S., 2020. COVID-19 and Underinvestment in the Public Health Infrastructure of the United States. *Milbank Q* 98, 250–259. <https://doi.org/10.1111/1468-0009.12463>
- Miller, A., 2021. A Canadian COVID-19 study that turned out to be wrong has spread like wildfire among anti-vaxxers | CBC News. CBC. URL

- <https://www.cbc.ca/news/health/covid-19-vaccine-study-error-anti-vaxxers-1.6188806> (accessed 9.28.21).
- Piller, C., 2021. Many scientists citing two scandalous COVID-19 papers ignore their retractions. Science News. URL <https://www.science.org/content/article/many-scientists-citing-two-scandalous-covid-19-papers-ignore-their-retractions> (accessed 9.28.21).
- Reardon, S., 2021. Flawed ivermectin preprint highlights challenges of COVID drug studies. Nature 596, 173–174. <https://doi.org/10.1038/d41586-021-02081-w>
- Ross, C., 2021. Epic’s sepsis algorithm struggles in the real world. Its variables may be why. STAT. URL <https://www.statnews.com/2021/09/27/epic-sepsis-algorithm-antibiotics-model/> (accessed 9.28.21).
- Tarabichi, Y., Cheng, A., Bar-Shain, D., McCrate, B.M., Reese, L.H., Emerman, C., Siff, J., Wang, C., Kaelber, D.C., Watts, B., Hecker, M.T., 2021. Improving Timeliness of Antibiotic Administration Using a Provider and Pharmacist Facing Sepsis Early Warning System in the Emergency Department Setting: A Randomized Controlled Quality Improvement Initiative. Crit Care Med. <https://doi.org/10.1097/CCM.0000000000005267>
- The Disinformation Dozen [WWW Document], 2021. . Center for Countering Digital Hate. URL <https://www.counterhate.com/disinformationdozen> (accessed 9.28.21).
- Urban, M.C., Merow, C., Wegrzyn, J.L., Maitner, B.S., Corcoran, D., 2021. How to Publish at Pandemic Speed. BioScience. <https://doi.org/10.1093/biosci/biab084>
- Williamson, E.J., Walker, A.J., Bhaskaran, K., Bacon, S., Bates, C., Morton, C.E., Curtis, H.J., Mehrkar, A., Evans, D., Inglesby, P., Cockburn, J., McDonald, H.I., MacKenna, B., Tomlinson, L., Douglas, I.J., Rentsch, C.T., Mathur, R., Wong, A.Y.S., Grieve, R., Harrison, D., Forbes, H., Schultze, A., Croker, R., Parry, J., Hester, F., Harper, S., Perera, R., Evans, S.J.W., Smeeth, L., Goldacre, B., 2020. Factors associated with COVID-19-related death using OpenSAFELY. Nature 584, 430–436. <https://doi.org/10.1038/s41586-020-2521-4>



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Agenda for this talk

- State of the Program
 - Department
 - Research
 - Education
 - Faculty
- State of the Field
 - COVID-19 impact
 - Beyond the pandemic
- Open Discussion: Where Next?



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Department of Medical Informatics & Clinical Epidemiology (DMICE)

- Academic department in School of Medicine that provides leadership, discovery and dissemination of knowledge in
 - Bioinformatics and computational biomedicine
 - Clinical epidemiology
 - Health and clinical informatics
- Mission fulfilled through programs of research, education, and service
- Programs, faculty, and students recognized internationally for accomplishment and innovation
- Web – <https://www.ohsu.edu/informatics>
- Blog – <https://blogs.ohsu.edu/health-data>

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A challenging year and a half for DMICE

- Transition to remote work
 - Last 18 months have shown that DMICE can function as a virtual organization
 - Return to office plans squelched by Delta
- Informatics is a “people” field
 - Fortunately have tools to keep connected, including social media
- Department finances strong
 - FY 20 and 21 budget targets met

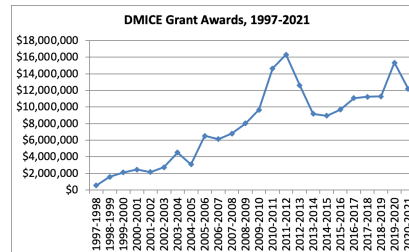
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DMICE research productivity 1997-2021

- Total external funding 1997-2021: **\$189M**
- Publications 2014-2020
 - 2014-2015 – 88
 - 2015-2016 – 109
 - 2016-2017 – 101
 - 2017-2018 – 101
 - 2018-2019 – 110
 - 2019-2020 – 92
 - 2020-2021 – 117
- Publications in top journals 2020-2021
 - JAMIA: 5
 - Journal of General Internal Medicine: 4
 - PLoS ONE: 2
 - Annals of Internal Medicine: 16
 - JAMA: 5
 - BMJ: 3



DMICE Grant Proposals and Funding Rate

Year	Proposals	Funded
2016-2017	48	21 (47%)
2017-2018	42	29 (66%)
2018-2019	47	31 (66%)
2019-2020	57	32 (56%)
2020-2021	50	26/40 (65%)

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Educational programs continue to be robust

- NIH (NLM) training grant funded continuously since 1992
 - Largest and second-longest training grant at OHSU
 - Hosted 2020 NLM Trainees meeting – first ever in virtual format
- Graduate program since 1996
 - Master's since 1996, PhD since 2003
- Use of online learning since 1999
- AMIA 10x10 ("ten by ten") program since 2005
 - Adaptation of BMI 510 introductory course, completed by almost 2900 people
- Educational grants – ONC 2011-2015, BD2K 2014-2017
 - New grant recently funded as part of NIH Harnessing Data Science for Health Discovery and Innovation in Africa (DS-I) initiative in collaboration with University of Cape Town
- Clinical informatics for medical students since 2013
- ACGME-accredited Clinical Informatics Fellowship since 2015
 - 5-6 other fellowship programs also using OHSU online courses
- Annual update in Clinical Informatics continuing education
 - Completed second year and planning for third year

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Wide reach and many distinguished alumni



International students from (among others):
Singapore, Thailand, Argentina, Egypt, Israel,
Saudi Arabia, Zimbabwe, China, and more

Degree	Total	BCB	HCIN
BCRT	473	0	473
MS	398	64	334
PHD	34	14	20
Total	905	78	827



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Some recent accomplishments of program alumni in academia

- Peter Embi, MD (Postdoc and MS, 2002)
 - Just appointed Chair of Department of Biomedical Informatics at Vanderbilt U
 - Formerly President and CEO, Regeneron Institute
- Adam Wright, PhD (PhD [first], 2007)
 - Just award AMIA Lindberg Award for Innovation in Informatics
 - Professor, Department of Biomedical Informatics at Vanderbilt U
- Jayashree Kalpathy-Cramer, PhD, MS (Postdoc and MS, 2009)
 - Associate Professor of Radiology at Harvard Medical School
- Surendra Dasari, PhD (PhD, 2008)
 - Associate Professor of Biomedical Informatics at Mayo Clinic
- Adam Rule, PhD (Postdoc, 2021)
 - Assistant Professor, Information School, University of Wisconsin



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More accomplishments: alumni now members of our faculty

- Paul Gorman, MD (Postdoc, 1992)
- Joan Ash, PhD, MBA, MLS; Professor (NLM Individual Fellowship, 1994)
- Aaron Cohen, MD, MS; Professor DMICE (Postdoc and MS, 2005)
- Eilis Boudreau, MD, PhD; Professor (Postdoc, 2006)
- Vishnu Mohan, MD, MS; Associate Professor (MS, 2009)
- Steven Bedrick, PhD; Associate Professor (PhD, 2010)
- Michael Mooney, PhD; Assistant Professor (PhD, 2011)
- Lisa Karstens, PhD, MS; Assistant Professor (Postdoc and MS, 2012)
- Michelle Hribar, PhD; Assistant Professor (Postdoc, 2015)
- James Jacobs, MD; Assistant Professor (Postdoc, 2017)
- Dana Womack, PhD; Assistant Professor (PhD, 2018)
- Ben Orwoll, MD, MS; Assistant Professor (CI and MS, 2018)



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Current enrollment

Degree/ Certificate	Major	Bioinformatics & Computational Biomedicine (BCB)	Health & Clinical Informatics (HCIN)	Total
PhD		7	8	15
MS Thesis		7	1	8
MS Non-Thesis		8	31	39
Graduate Certificate		N/A	36	36
Total		22	76	98



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Faculty

- Among the most accomplished informatics faculty anywhere in the country or world
- These slides have a *sampling*; see Web site for complete list
 - <https://www.ohsu.edu/school-of-medicine/medical-informatics-and-clinical-epidemiology/faculty-and-trainees>

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Faculty in institutional and national leadership roles

- David Dorr – Chief Research Information Officer, OHSU
- Karen Eden – Past President, Faculty Senate, OHSU
- Paul Gorman – Assistant Dean, Rural Medical Education, OHSU
- Shannon McWeeney – Director, Computational Biomedicine, Knight Cancer Institute
- Vishnu Mohan – Program Director, OHSU Clinical Informatics Fellowship
- Cynthia Morris – Co-PI, OCTRI; Co-PI BUILD EXITO

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DMICE is a team

- Faculty
 - Broad array of interests and accomplishments
 - Hopefully will present at this conference this year
- Staff
 - Department – Anne, Meaghan, Alicia, Kathryn, Monica
 - Edu – Andrea, Diane, Lauren, Lynne, Virginia, Kate
 - Others who support individual faculty and projects
- Students and fellows
 - Presenting and defending their work at this conference, NLM trainees meeting, and in other venues
 - Making valuable contributions to research, teaching, and other activities of department
- Communications
 - Follow us on Twitter: @OHSUInformatics
 - Post in our blog: <https://blogs.ohsu.edu/health-data/>

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State of the field

- Informatics lessons from the pandemic
- Rest of field has not stood still
 - Machine learning (ML) and artificial intelligence (AI)
 - Improving the electronic health record (EHR)
 - Data interoperability and 21st Century Cures Rule
 - Certification of informatics professionals

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Informatics lessons from the pandemic

- Our public health information infrastructure not up to the task (Maani, 2020; Gottlieb, 2021)
 - Additional limitations of clinical trials infrastructure (Gottlieb, 2021)
- Our professional and general information channels are easily abused (next slide)
- Data and algorithm inadequacies exacerbate health disparities and impede racial justice (later)

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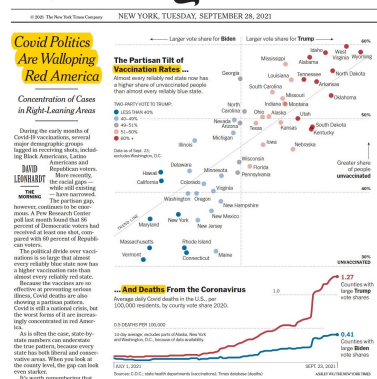


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Professional and general information channels abused

- Disinformation spread widely by small number of people (Disinformation Dozen, 2021)
- Spread by automated means on social media, e.g., Facebook (Ayers, 2021)
- Ideology-driven anti-science encourages violence and kills (Hotez, 2021; Hotez, 2021)

The New York Times



(Leonhardt, 2021; via @EricTopol)

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Information channels abused (cont.)

- System overwhelmed with publications (Urban, 2021)
- Retracted papers still cited (Piller, 2021)
- Published but retracted and low-quality studies make it into systematic reviews (Lawrence, 2021)
- Preprints speed dissemination of information – good and bad (Fraser, 2021)
 - Largest clinical trial of ivermectin riddled with errors and other problems, withdrawn from preprint server (Gideon, 2021; Reardon, 2021)
 - Simple dominator error on vaccine adverse effects quickly weaponized by anti-vaxx groups (Miller, 2021)

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But there is a better way: recent experience

- Germany and Austria
- Proof of vaccination to enter country and most tourist and indoor venues
- Contact-tracing widely used
- Luca app stores vaccine information and performs contact-tracing
- Easily available rapid testing



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ML and AI successes and challenges

- Continued success with well-curated data sets but need translation (Hersh, 2021)
 - Recent example – in screening mammography, studies mostly poorly designed and retrospective; inferior to radiologists (Freeman, 2021)
- Other concerns
 - Widely used algorithms in Epic EHR a case study in limitations of proprietary algorithms (Ross, 2021) – despite some successes (Tarabichi, 2021)
 - Need “algorithmovigilance” (Embi, 2021)
 - Dataset “shifts” due to changes in technology, population and setting, and clinician or patient behavior (Finlayson, 2021)
 - There are ways to study algorithms properly, e.g., clinical deterioration risk in a prospective cohort study (Escobar, 2020)
 - CDS studies rarely (0.3%) replicated (Coiera, 2021)

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A bright spot is growing sources of quality data

- 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/>

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Example of N3C use



Pulmonary Non-tuberculous *Mycobacterium* Infection (PNTMI) and COVID-19: Characterization of the National COVID Collaborative Cohort (N3C)

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¹ Medical College of Wisconsin, Milwaukee, WI; ² Oregon Health & Science University, Portland, OR
ID Week 2021 Poster #1409



Background

Establishing whether a low-prevalence clinical condition is a risk factor for COVID-19 infection, or serious adverse outcomes, is difficult due to a limited number of patients, and lack of access to patient's data by researchers. The National COVID Collaborative Cohort (N3C), a centralized national data resource to study COVID-19, provides access to structured clinical data derived from electronic health records. As of June 2021, N3C contains data on 6,193,738 patients (2,060,138 with COVID-19, 33.7%) from 50 participating sites (Figure 1). We describe the characteristics of patients with PNTMI based on COVID-19 infection status.

Characteristic	COVID-19	Non-COVID-19
Age (mean)	61.4	61.4
Sex (male)	50.1%	50.1%
Race (white)	80.5%	80.5%
Hispanic	5.4%	5.4%
Site (mean)	1.0	1.0
Site (max)	1.0	1.0
Site (min)	1.0	1.0
Site (std)	1.0	1.0
Site (var)	1.0	1.0
Site (cov)	1.0	1.0
Site (corr)	1.0	1.0
Site (diag)	1.0	1.0
Site (proc)	1.0	1.0
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Site (msg)	1.0	1.0
Site (err)	1.0	1.0
Site (warn)	1.0	1.0
Site (note)	1.0	1.0
Site (hint)	1.0	1.0
Site (help)	1.0	1.0
Site (about)	1.0	1.0
Site (faq)	1.0	1.0
Site (terms)	1.0	1.0
Site (privacy)	1.0	1.0
Site (policy)	1.0	1.0
Site (legal)	1.0	1.0
Site (disclaimer)	1.0	1.0
Site (copyright)	1.0	1.0
Site (trademark)	1.0	1.0
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Figure 1: N3C Basic Demographic Data

Methods

COVID-19 is defined by positive lab result (PCR, antigen, or antibody) or COVID-19 coding diagnosis as defined by N3C PNTMI phenotype via built with N3C Data Enclave concept set tool and ATLAS (<https://atlas.ohsu.org/>). We limited analysis to adults (18 years old or older). We used de-identified data sets stripped of protected health information (PHI). We used N3C Data Enclave analytical tools for exploratory data analysis, and descriptive statistics.

- We identified five hundred and eighty six individuals from 19 sites fulfilling the PNTMI phenotype (Prevalence: 9.46 cases per 100,000 people)
- 555 individuals 18 years old and older were included for analysis (Figure 2)
- 340 were females (61.3%)
- 447 of white race (80.5%)
- 30 were Hispanic (5.4%)
- The most common concept were "Non-tuberculous mycobacterial pneumonia", and "Pulmonary *Mycobacterium avium* complex infection"
- Four sites accounted for more than 50% of identified patients (Figure 3)
- We identified 24 individuals with COVID-19 (4.32%), and 44 deaths in this cohort (7.9%)
- Deaths were unrelated to COVID-19 event.

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Table 1: Baseline Characteristics of Pulmonary non-tuberculous *Mycobacterium* infection cohort

Results

N3C Pulmonary NTMI infection Basic Demographic Data

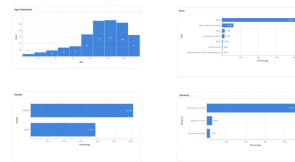


Figure 2: Basic demographic data of pulmonary non-tuberculous Mycobacterium infection phenotype in N3C

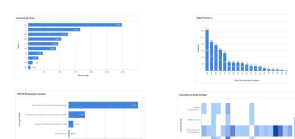


Figure 3: Concepts and data sources of pulmonary non-tuberculous Mycobacterium infection phenotype in N3C

Conclusions

In N3C, the PNTMI cohort has a lower proportion of COVID-19 infection than the general population, and it was not a cause of mortality. Further analysis to study impact of comorbidities, and differences in race and geographical location are warranted. N3C is a powerful research platform to study the impact of COVID-19 in special populations with low prevalence, and it can be used to study other populations of interest.

Acknowledgement

The analysis described in this poster presentation was conducted with data of N3C, a centralized national data resource to study COVID-19, which is a public-private partnership between the National Institutes of Health (NIH) and the Oregon Health & Science University (OHSU). The data is de-identified and the information is included within the data and the organizations' privacy policies. The data is de-identified and the information is included within the data and the organizations' privacy policies. The data is de-identified and the information is included within the data and the organizations' privacy policies.

References

1. Chen H, Zhang D, Wilson J, et al. A National Cohort of Patients With Tuberculosis in China. *N Engl J Med*. 2020;382(12):1111-1121.
2. U.S. Department of Health and Human Services. *2019-2020 National COVID-19 Clinical Data Standard*. Washington, DC: U.S. Department of Health and Human Services; 2020.
3. U.S. Department of Health and Human Services. *2019-2020 National COVID-19 Clinical Data Standard*. Washington, DC: U.S. Department of Health and Human Services; 2020.
4. U.S. Department of Health and Human Services. *2019-2020 National COVID-19 Clinical Data Standard*. Washington, DC: U.S. Department of Health and Human Services; 2020.
5. U.S. Department of Health and Human Services. *2019-2020 National COVID-19 Clinical Data Standard*. Washington, DC: U.S. Department of Health and Human Services; 2020.

Data standards: Cures Act Final Rule

- <https://www.healthit.gov/curesrule/>
- FHIR-based access to all data elements
 - Release 4 – <https://hl7.org/FHIR/>
- Open APIs – based on SMART
- Easy export of data for single patients and EHR systems
- No gag clauses or information blocking

Allergies and Intolerances <ul style="list-style-type: none"> • Tests • Substance (Drug Class) • Reaction 	Laboratory <ul style="list-style-type: none"> • Tests • Values/Results 	Smoking Status <ul style="list-style-type: none"> • Smoking Status
Assessment and Plan of Treatment <ul style="list-style-type: none"> • Assessment and Plan of Treatment 	Medications <ul style="list-style-type: none"> • Medications 	Unique Device Identifier(s) for a Patient's Implantable Device(s) <ul style="list-style-type: none"> • Unique Device Identifier(s) for a Patient's Implantable Device(s)
Care Team Members <ul style="list-style-type: none"> • Care Team Members 	Patient Demographics <ul style="list-style-type: none"> • First Name • Last Name • Previous Name • Middle Name (including Middle Initial) • Suffix • Birth Sex • Date of Birth • Race • Ethnicity • Preferred Language • Current Address • Previous Address • Phone Number • Phone Number Type • Email Address 	Vital Signs <ul style="list-style-type: none"> • Diastolic Blood Pressure • Systolic Blood Pressure • Body Height • Body Weight • Heart Rate • Respiratory Rate • Body Temperature • Pulse Oximetry • Inhaled Oxygen Concentration • BMI Percentile (2 - 20 Years) • Weight for length Percentile (Birth - 36 Months) • Head Occipital-Frontal Circumference Percentile (Birth - 36 Months)
Clinical Notes <ul style="list-style-type: none"> • Consultation Note • Discharge Summary Note • History & Physical • Imaging Narrative • Laboratory Report • Narrative • Pathology Report • Procedure Note • Progress Note 	Problems <ul style="list-style-type: none"> • Problems 	
Goals <ul style="list-style-type: none"> • Patient Goals 	Procedures <ul style="list-style-type: none"> • Procedures 	
Health Concerns <ul style="list-style-type: none"> • Health Concerns 	Provenance <ul style="list-style-type: none"> • Author Time Stamp • Author Organization 	
Immunizations <ul style="list-style-type: none"> • Immunizations 		



Improving the EHR

- Continued burden of clinician time and contribution to burnout
- Will Big Tech succeed where others have failed?
- Can we reduce documentation burden by 75% in 5 years?
 - <https://www.dbmi.columbia.edu/25x5/>



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Certification of informatics professionals

- Certification is credential that recognizes and verifies a superior level of education, experience and expert knowledge
- Clinical Informatics Subspecialty (CIS) for physicians who are board-certified in one of the 24 American Board of Medical Specialties (ABMS) disciplines
 - Administered by American Board of Preventive Medicine (ABPM) and American Board of Pathology (ABP)
 - <https://amia.org/careers-certifications/clinical-informatics-subspecialty>
- AMIA Health Informatics Certification (AHIC) for clinicians who are nurses, pharmacists, dentists, nutritionists, public health and non-ABMS board certified physicians
 - Administered by AMIA Health Informatics Certification Commission
 - <https://amia.org/careers-certifications/amia-health-informatics-certification-ahic>

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Discussion: where next?

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