Precision Medicine: Building a Large U.S. Research Cohort

Workshop Planning Team: Electronic Health Records and Informatics

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Current Landscape

• Electronic Health Records (EHRs) offer the promise of supporting both discovery science and improved healthcare process and outcome

• Strengths
  – Longitudinal (increasingly, lifelong) observations
  – Document each individual as ‘an experiment of Nature’ (and experiment of personal choices, environment, health decisions and interventions)
  – Now past the ‘tipping point’ in adoption: ~100% of hospitals; 85+% outpatient practices
  – Federal certification process for EHRs includes incentives for interoperability
Challenges and Opportunities

1. Human and business factors: Individual and institutional motivation to participate, and integrated consent management systems

2. Technical issues in integrating and analyzing data from heterogeneous systems

3. Putting patients in control: Enhancing “Blue Button” functionality for research

4. Industry engagement

5. Cybersecurity
Challenge: Human and Business Factors

Creating and Articulating a Compelling Value Proposition for participation by Organizations and Individuals

• Three pathways for access to clinical data:
  – Union of existing NIH-sponsored cohorts
  – New organizational relationships with healthcare entities
  – Direct submission by individuals in the cohort

• Alignment of Incentives
  – Financial incentives small per participant due to cohort size
  – Quid pro quo models that recognize value of returned research information to participating organizations and individuals should be considered

• Federated vs. centralized models of operation affect willingness to participate

• Electronic systems infrastructure for interactive, fine-grained consent is feasible
Challenge: Integrating and Analyzing Data from Heterogeneous Systems

• “Research grade” phenotypes can be extracted from routine clinical data in EHR systems
• Requires both structured data (billing codes, lab values, medications) and analysis of unstructured text (H&P, procedure and discharge summaries, progress notes, etc.)
• Depends critically upon linking data to the correct individual
• Data is rich in features that support re-identification of individuals: no technology-only solution to ensuring privacy
• Required expertise in Natural Language Processing of clinical text is a scarce resource currently
Opportunity: enhancing “Blue Button” functionality for Research

• HIPAA/HITECH gives individuals rights to electronic copies of their EHR data.
• ONC “Blue Button” campaign to encourage individuals to exercise this right, and EHR system builders to implement it.
• Currently there are technical specifications for clinical summaries and insurance benefits.
• Vision: a “Synch for Science” (S4S) button that enables an individual to download their clinical data and transmit it to a research data center.
• Getting there: work with ONC to add additional data types and formats to Blue Button, and with EHR vendors to implement.
Challenge: Industry Engagement

• A national scale cohort will depend upon engagement and support from commercial EHR vendors
• To date, research has not been a prominent ‘use case’ for EHRs
• Industry engagement needs to be based on:
  – Practical, specific, and certifiable functionality
  – Leveraging existing government-supported EHR requirements
  – Create transparent, objective measures of success
  – Technology-agnostic approaches that do not favor one vendor over another
• Industry goals include customer “delighters”, not just $$
Challenge: Cybersecurity

- Data for research will arise in part as Protected Health Information (PHI) from HIPAA covered entities: highly sensitive
- A national cohort will depend critically upon digital telecommunications via Internet, smartphones, and other network-connected devices
- Cyberattacks on healthcare data are increasing and will remain a persistent threat
- No novel project-specific data and communications security technologies likely to be needed, but maintenance of state-of-the-art cybersecurity will be essential