Using machine learning and clinical Al to improve patient care

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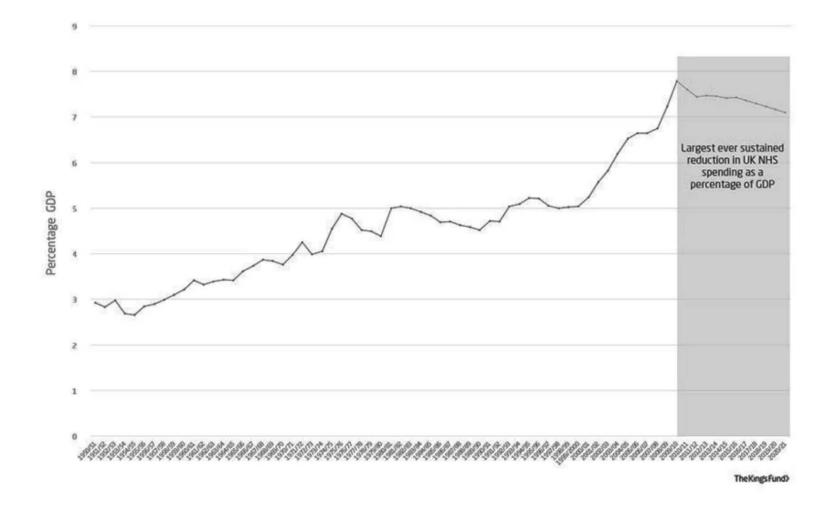
UNIVERSITY OF OXFORD





Suzhou, China

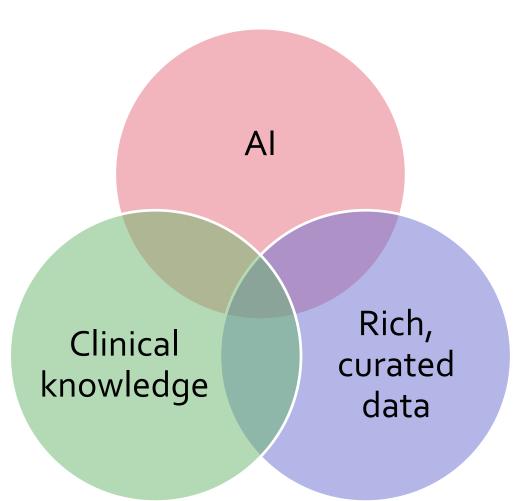
Oxford, UK



Source: Kings Fund. – The grey area starts in 2010 and shows forecasts for 2020.





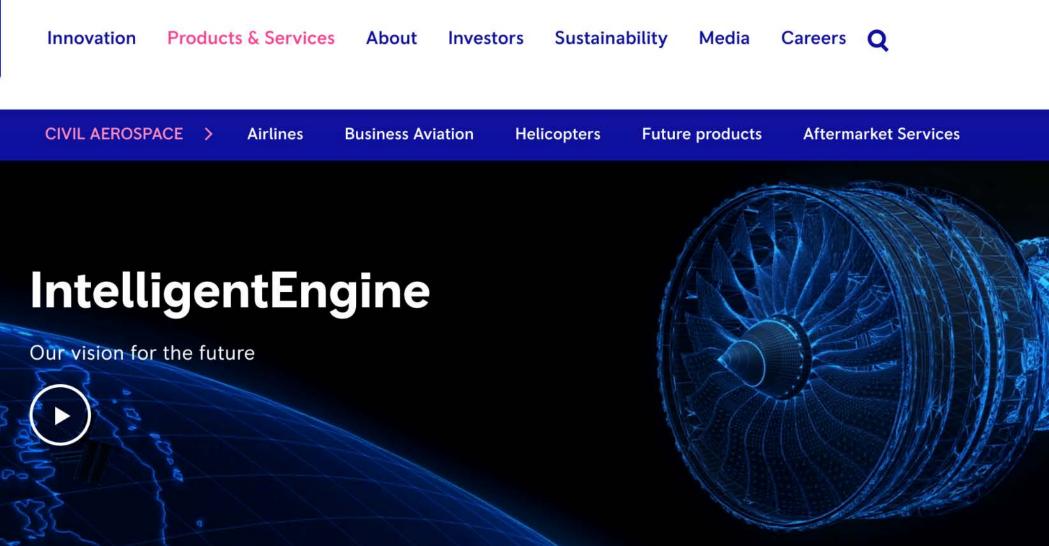






Clinical AI – Barriers to Entry





Pioneering the IntelligentEngine



A healthcare technology company accelerating medical research and improving patient care

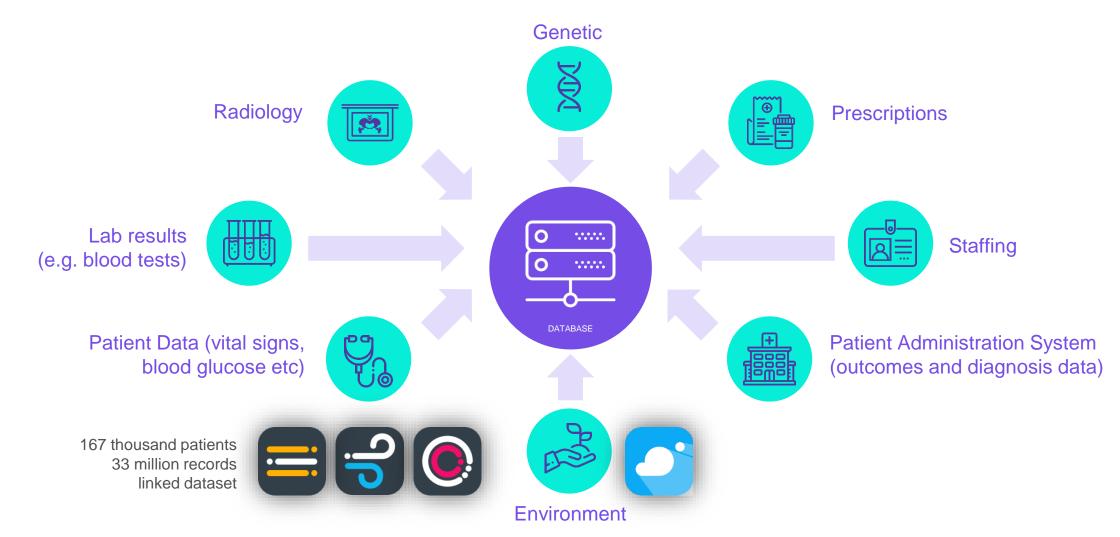
Designed by clinicians, focused on patients, powered by AI.







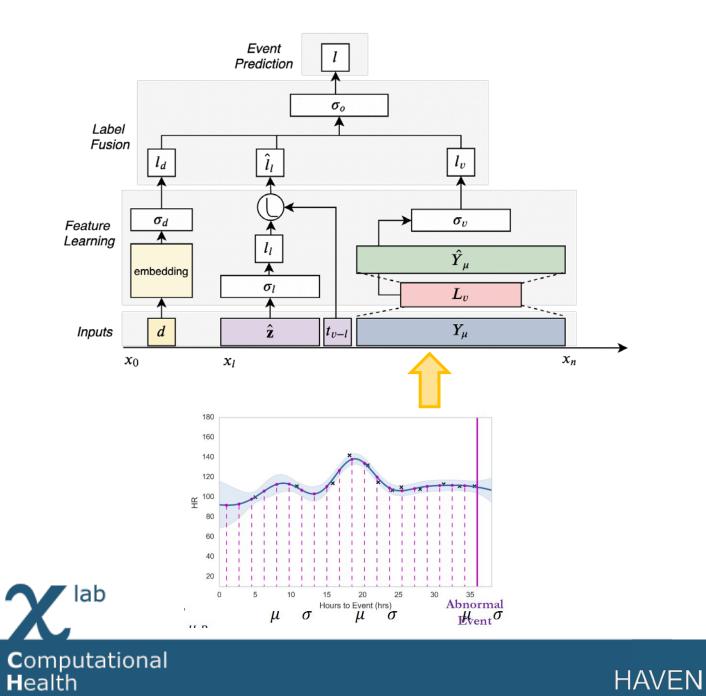




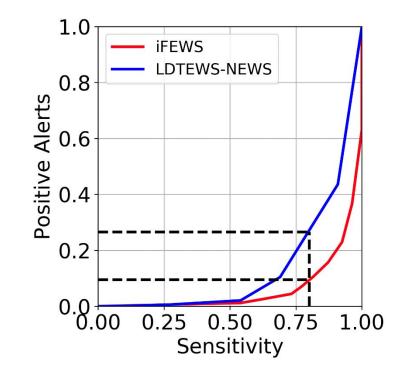








Informatics



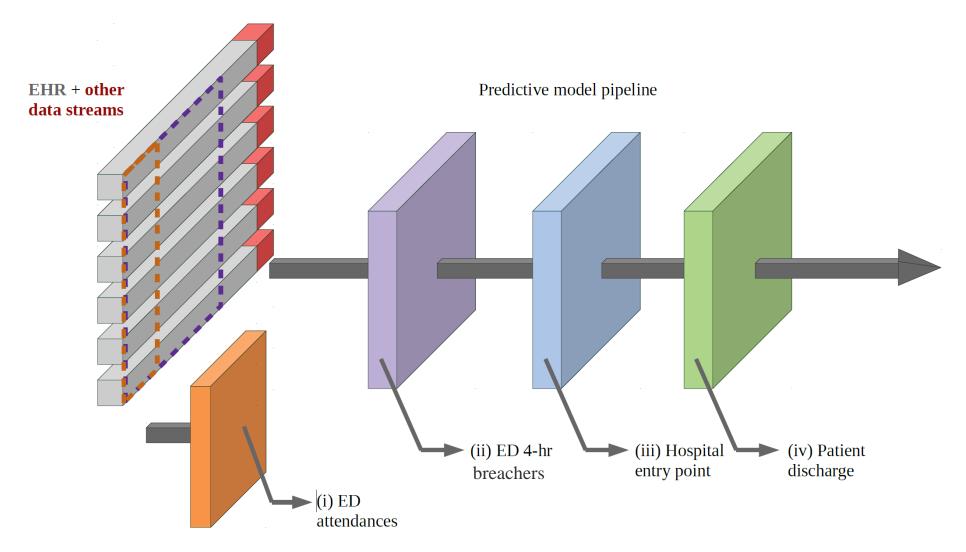




Farah Shamout

Dr. Tingting Zhu

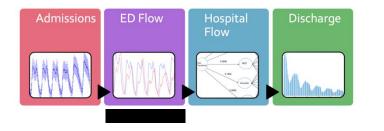






PatientFlow – AI Tools for Hospital Optimisation





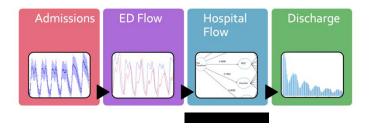


Dr. Hamza Javed

- Approx. 19% of OUH ED patients not seen within 4 hrs (2016-2017)
- Our analysis shows 1 in 5 of breaches potentially avoidable (i.e., discharged home)
- Using ML, we can predict who will be one of these "avoidable breachers" with > 85% accuracy







- There are (very) many wards in the OUH
- Hospital managers define 7 main ward types
- Can we predict to which ward a patient will be moved after ED?
- The goal is pre-emptive allocation of beds...



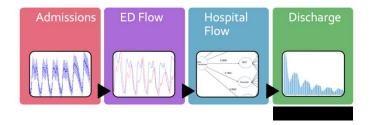
Rasheed El-Bouri

Test Data	Model			
	SVM	ff-NN	CL	CL-MAB
Avg. Acc.	0.14	0.39	0.46	0.52
AUC0	0.50	0.67	0.67	0.67
AUC1	0.55	0.78	0.78	0.78
AUC2	0.56	0.51	0.56	0.60
AUC3	0.66	0.75	0.75	0.75
AUC4	0.65	0.71	0.71	0.71
AUC5	0.50	0.59	0.63	0.63
AUC6	0.54	0.64	0.66	0.68



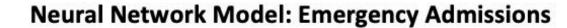
Hospital flow

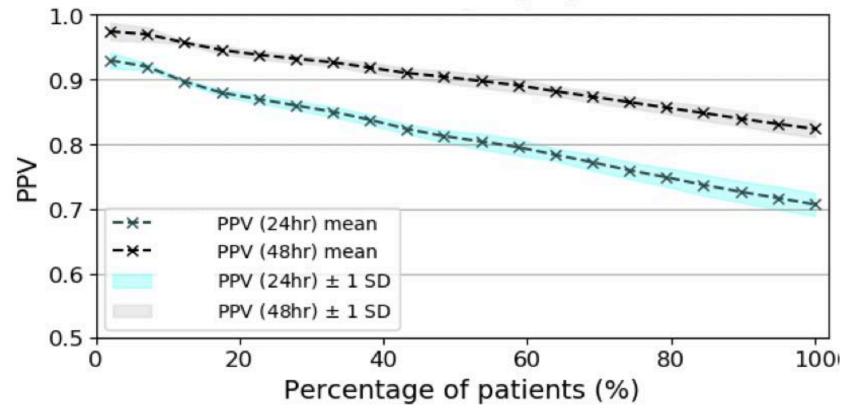






Jennifer Bishop

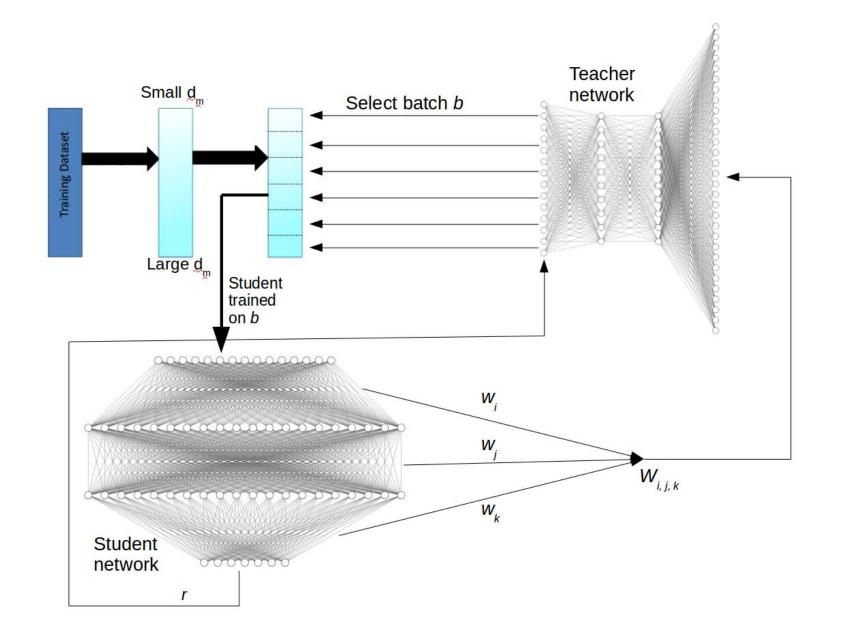






Predicting discharge

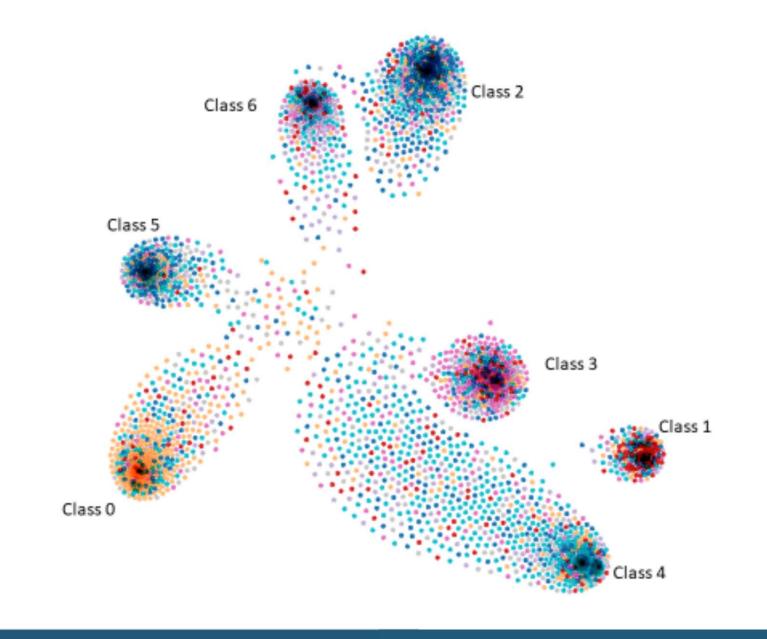






Teaching networks using Reinforcement Learning

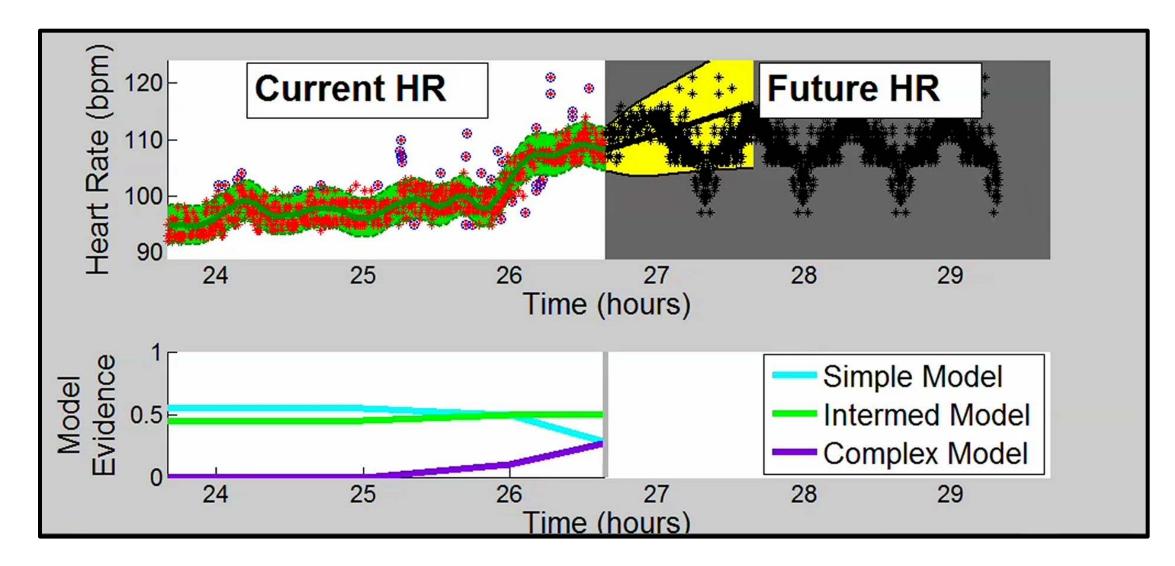








Visualisation







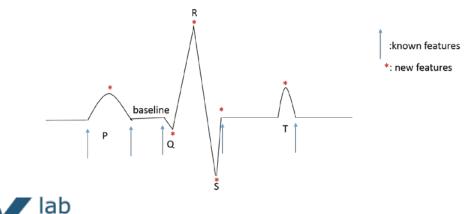
- 500,000 adults, from 10 regions across China:
- 6m health records (in Chinese)
- + genetic data
- + pollution data

Computational

Informatics

Health

 Machine learning is being used to estimate risk of cardiovascular and respiratory disease





China Kadoorie Biobank



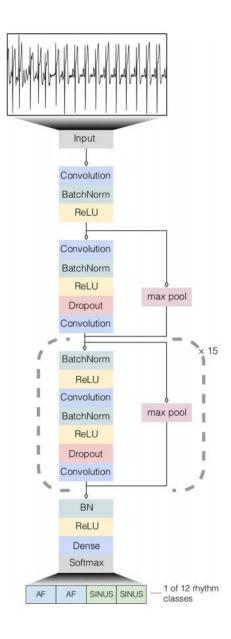


Yanting Shen



Dr. Tingting Zhu

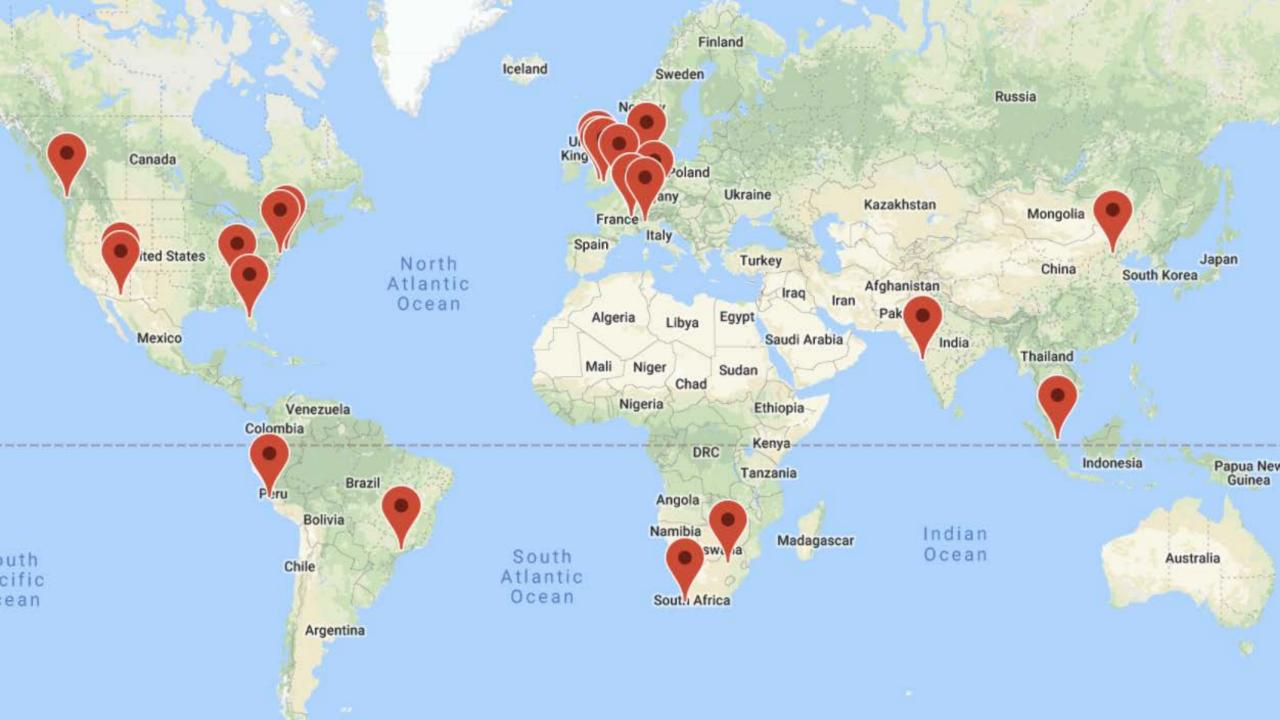
Class	Proposed model	Andreotti et al. ²⁶
Normal	$0.76 {\pm} 0.02$	$0.69 {\pm} 0.04$
AF	$0.82{\pm}0.01$	$0.81 {\pm} 0.04$
I-AVB	$0.80 {\pm} 0.01$	$0.79 {\pm} 0.03$
LBBB	$0.76 {\pm} 0.06$	$0.80{\pm}0.04$
RBBB	$0.87 {\pm} 0.01$	$0.85 {\pm} 0.02$
PAC	0.52 ± 0.04	$0.41 {\pm} 0.01$
PVC	$0.75 {\pm} 0.03$	$0.69 {\pm} 0.06$
STD	$0.74{\pm}0.02$	$0.69 {\pm} 0.06$
STE	$0.44{\pm}0.05$	$0.42{\pm}0.06$
overall	$0.72{\pm}0.01$	$0.68 {\pm} 0.05$

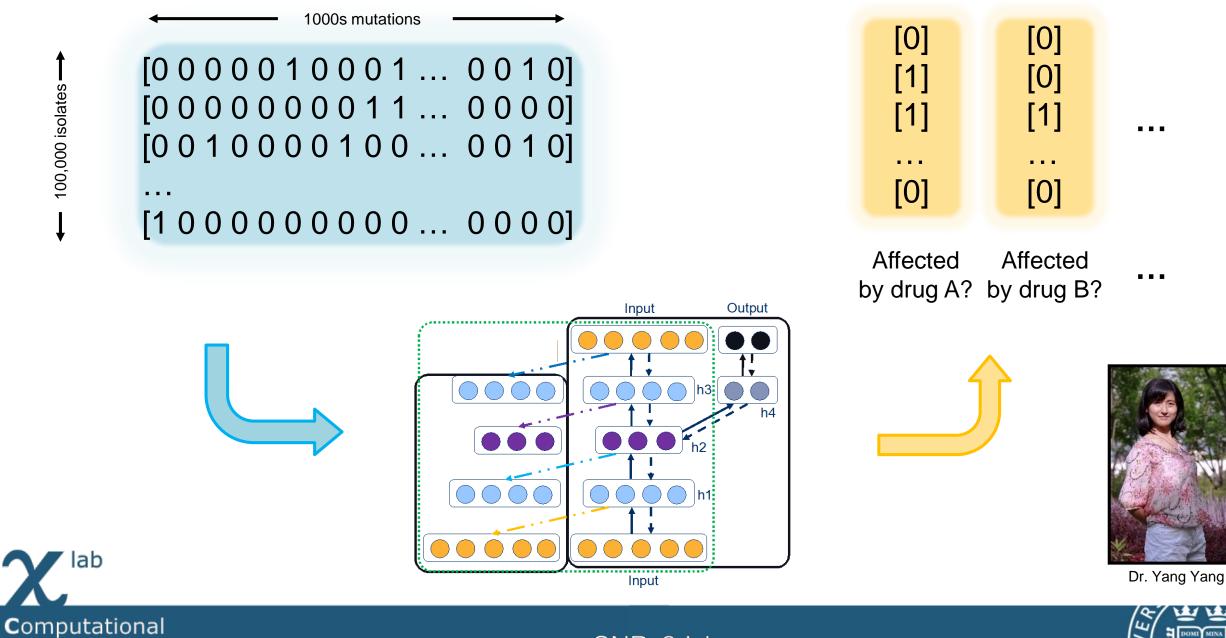




Self-Constructing Networks for "Cardiologist-level accuracy"





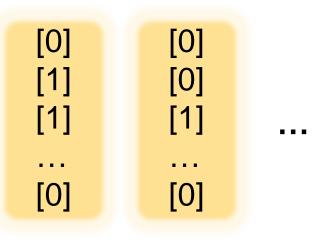


Health

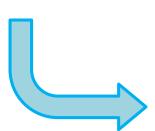
Informatics

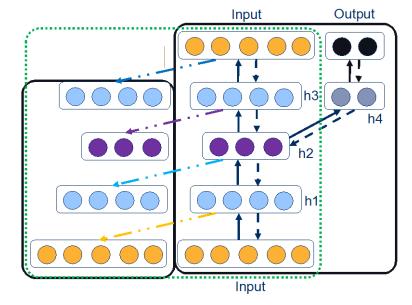
SNPs2risk

CTGCATCGAGTGGTCGGCGGTGTGGGCCTCA 120 ATCCGATCGCATGAGCCGGGAAGGCTATGAA 191 CGTCCAGACGCAGCAGGACCTCGGGTCCGCC 131 AGGCGGGCCGTCAGGCATGGTATTTCAACTC 91 GTCAGAAAAAATGTCGTACTGGCCCACGATA 152 ATGCGCAGAAACGCCGAGCGCCAGTTCGCGG 162 AGCGTTCCAAGATTGGCGAGAAGTCTATGGG 156 ACTTGCAGATCGGGCTGTTCGGCGGCAATCT 145 AGCCCGGCGGCGATATTTCCAATCCCCTGGC 127



Affected Affected by drug A? by drug B?









Alexander Lachapelle

XFORC





kmer2risk



Dr. Tingting Zhu



Yang





Manandhar



Farajidavar





Kouchaki

Dr. Hamza Javed



Mauro

Santos

Farah

Shamout





Dr. Huiqi

Lu

Farah

Colchester



Glen

Wright Colopy



Thomas



Mertes



Qi



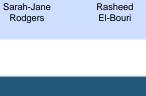
Heloise Greeff

Peter Gyring





Lachapelle





David Morelli

Drew

Birrenkott

Kumeren Govender











Shen

Matthew

Chun



Prince



