

Future Challenges in Medical Informatics

- Ubiquitous Healthcare IT and Omics-based Medicine-

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Challenges in Medical Informatics?

- **Target disciplines** we should tackle in coming age to extend and deepen our medical informatics field?
- Medical Informatics, Medical IT
 - ◆ **It started** with hospital-based technology primarily to implement clinical system.
 - ◆ **Now**, new paradigms of medicine are to be considered with deep relations to “information”, such as, genomic medicine, standardization of medicine, ubiquitous healthcare IT and so on.
- Various Challenges are there, but we should think about them in relation to questions of what will be the key concept of future medicine.
 - ◆ Key paradigm of 21th cent. Medicine

Paradigm of Medicine Current Medical IT Targets

Current Major Concepts in Medical IT

Interoperable EHR, CPG-based Diagnosis/Therapy



“Standardized” Medicine

Objective criteria to attain and share
“quality of medical care”
to have equal opportunity to
receive best medical practice

Evidence-based
Medicine



Next Generation Concepts for Medical IT

Evidence-based Medicine, Clinical Practice Guideline

Standardized Medicine



Individualized Medicine

Genome-based Medicine,
Genetic Polymorphism

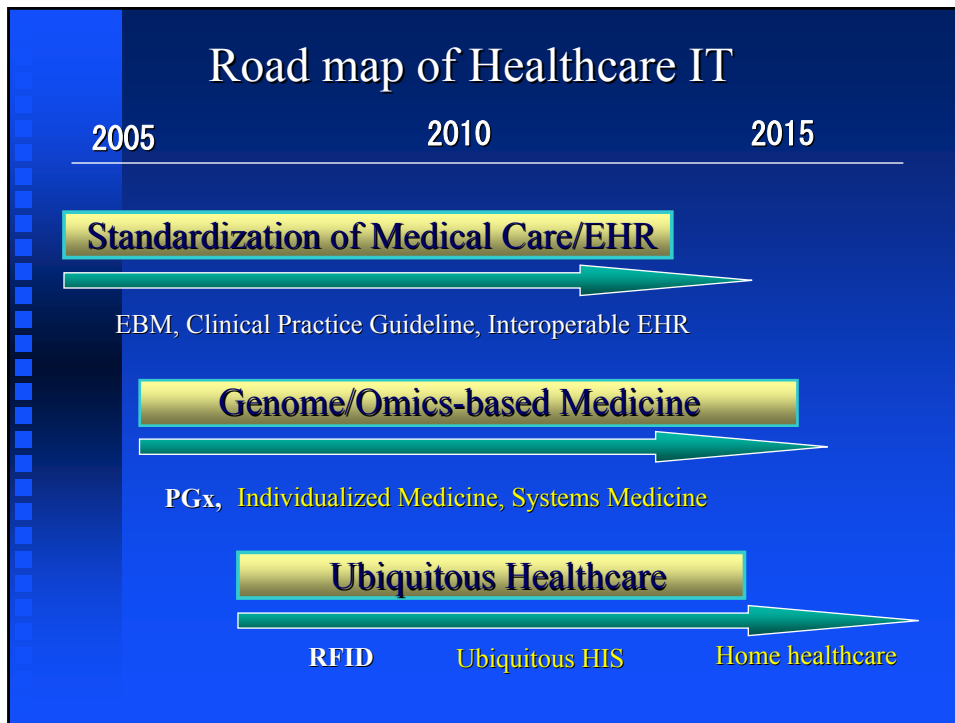
“Deeper”



“Broader”

Ubiquitous HealthCare

Medical care and Preventive health
Integration



Medical Informatics in Genome/Omics based medicine

“Genome medical informatics”

A new discipline of Medical informatics
supports the clinical realization of

Genomic Medicine

“Genomic Medicine”?

Medical Practice,
prevention, diagnosis, therapy and prognosis
based on **Genomic information**

Genomic Medicine and Informatics

New!

Genomic Medicine

Vast amount of
**Genomic/
Molecular data**

Clinical-Patho
physiological
ordinary data

Should be supported

Genome Medical Informatics
(Clinical bioinformatics)

What kind of new possibility does genomic information bring about to clinical medicine?

well-known, most important contribution of genomic medicine

Medical Care can be Individualized Tailor-made (individualized) medicine

■ Genomic Polymorphism

Human genome contains individual difference

SNP

Single Nucleotide Polymorphism
One for 1000 bases, 0.1% , 3M to 10M bp

Other types Micro-satellites, VNTR

■ Individualized Medicine

Disease susceptibility

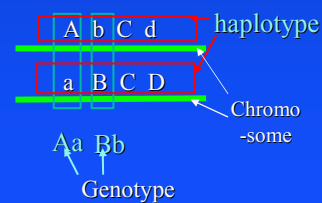
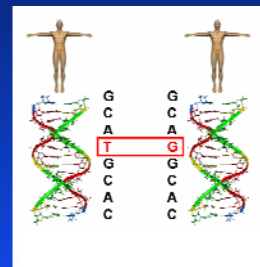
Personalized genomic typing

Drug responsibility

Pharmacogenetics/genomics

Hapmap project

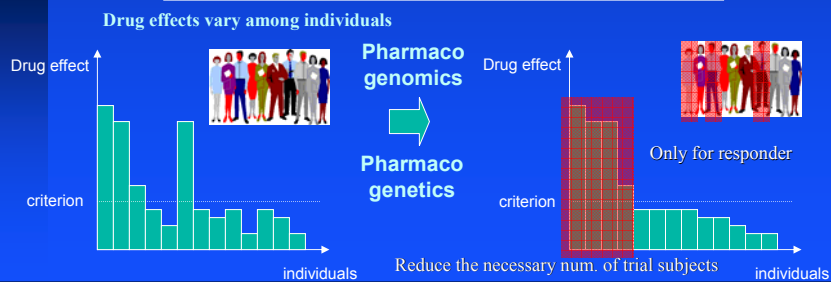
Haplotype DB project



Drug will be administered depending on the individual genotyping

- Pharmacogenetics/genomics
 - ◆ Individual difference in drug response sometime causes serious side-effects
 - Irressa for lung cancer
 - ◆ Avoid useless drug administration (side-effect)
- DNA pre-diagnostic test for drug responsibility
 - ◆ FDA guidance recommends
 - ◆ Drug metabolism enzyme CYP450 60kinds
 - ◆ Herceptin for HER2 receptor for breast cancer

Tailor-made Drug Administration



What to do to support the genomic medicine Genome Medical Informatics

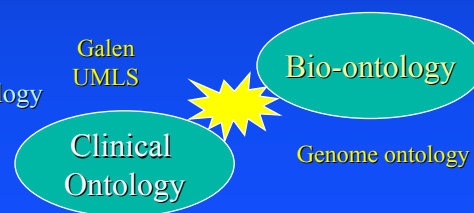
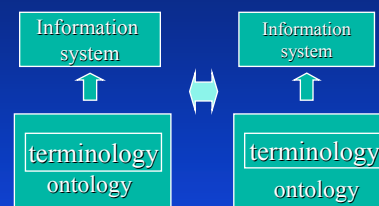
To adapt **clinical information system** to **genomic medicine**

- ◆ to organize clinico-genomic patient information
 - clinico-genomic ontology, genomic EMR
- ◆ to develop genomic healthcare information system
 - genomic preventive medical care

An example of Challenges in Genome Medical Informatics -Clinico-genomic ontology-

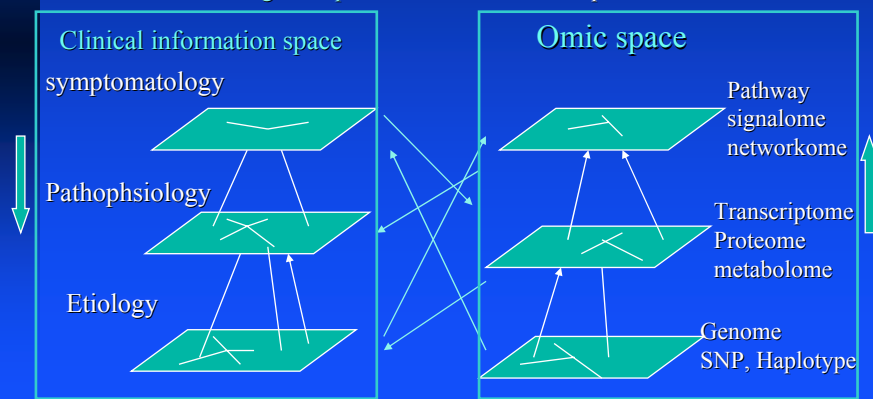
Ontology mismatch between Clinical thinking and Omics

- Ontology
 - ◆ System of Controlled vocabulary
 - ◆ Concepts and relations which support genomic medicine
- Excellent ontologies separately developed in both fields
- Mismatch
 - ◆ Between Clinical ontology and Bio-ontology



Clinical thinking and “Omic space”

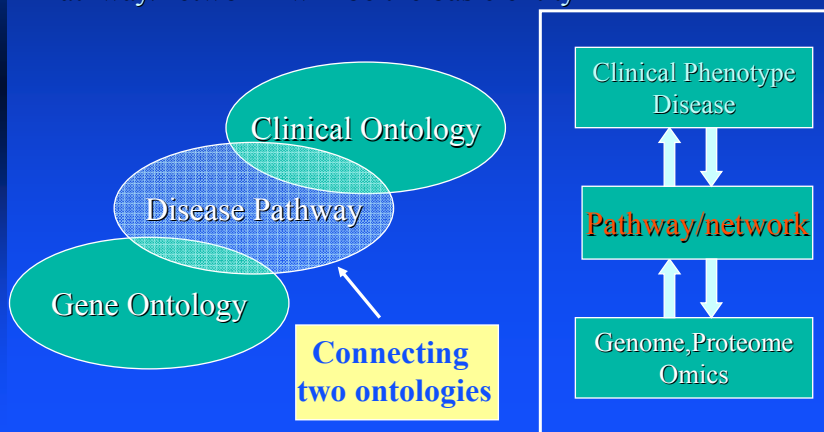
- **Clinical thinking (Top down)**
 - ◆ Organs and diseases are units of concepts
 - ◆ Traditionally disease is defined on pathological, morphological base
 - ◆ Relations are causal, attributable, consequential
- **Omic world (Bottom up)**
 - ◆ Molecular function and their functional relation to other molecules
 - ◆ Products of gene expression are units of concepts



Integrated clinico-genomic ontology

Comprehensive framework to join these two paradigms is requiredd

“Pathway/network” will be the basic entity



So far we are concerned with current state of GMI, But

Genomic Medicine is now revolutionarily changing Omics-based medicine

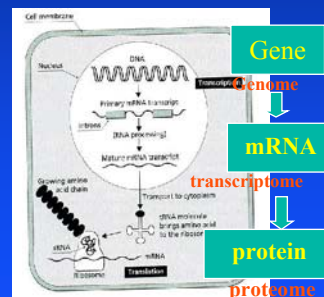
Genomic Medicine, Now extended to call
Omics-based Medicine

Omics-based Medicine Genome/Omics Medicine

Omics data

- Genome/ics:**
whole genetic information
- Transcriptome/ics:**
whole mRNA
- Proteome/ics:**
whole functioning proteins
- Metabolome/ics:**
whole metabolites

→ -omics



Then, what kind of new possibility
does **omics information** bring about
to clinical medicine?

Other than the individualization information

Omics information provides

Detailed and Comprehensive molecular
information about current diseased states

Omics are provided by high-throughput equipments

DNA chip/microarray (transcriptome),

TOF-MS (proteome) etc.

■ **Detailed Information**

for subtypes/detailed structures of disease

Unobservable from conventional clinico-pathological
tests

Detailed Diagnosis and Accurate Prognosis,

Early detection of disease

■ **Comprehensive Information**

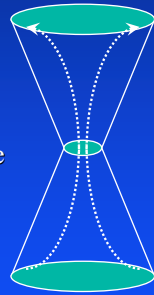
Wholistic understanding of disease

Leads to Systems pathology

For example

Omics data provides clinically and pathologically unobservable information

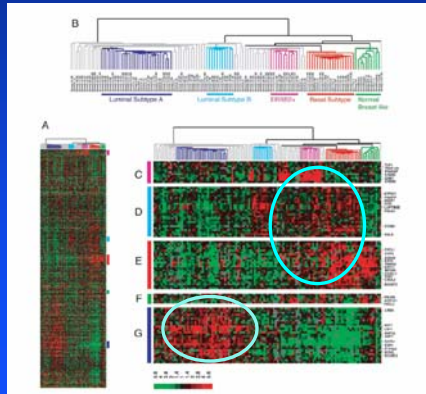
Differences of Prognosis,
Disease Course



Pathology, Tissue
Same looking

Abnormality in Molecular Network

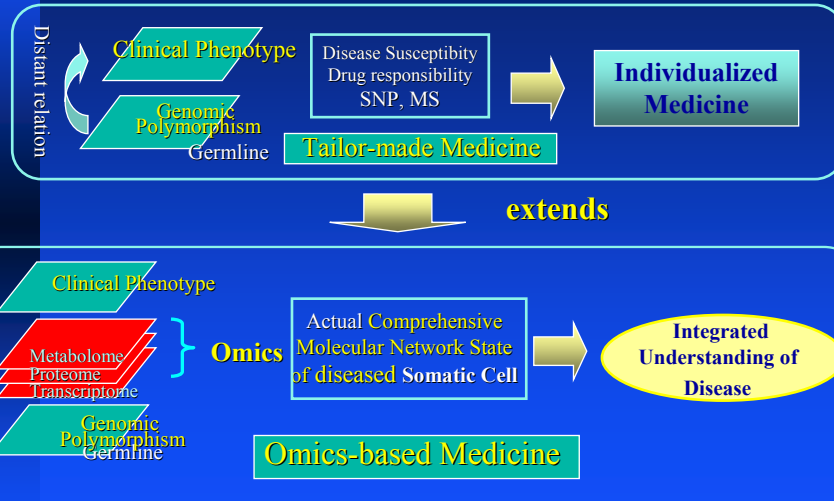
Same in pathology and clinical symptom
But different in Prognosis



Breast cancer

What is difference of **Omics-based
Medicine** from
Conventional Genomic medicine, or
“Tailor-made Medicine”

Omics-based Medicine



Omics-base medicine Includes but extends. Empahsis on comprehesiveness

What kind of approach is necessary to fully utilize the Omics data for clinical diagnosis/therapy?

I propose.....

“Systems pathology”

Comprehensiveness of Omics data makes possible to understand a disease as an integrated whole
 Try to find disease mechanism behind the omics data

- System theory of disease
- Disease: systems failure of bio-process

Systems Pathology

Understand disease as disturbed systems

Normal pathway to Disease Pathway

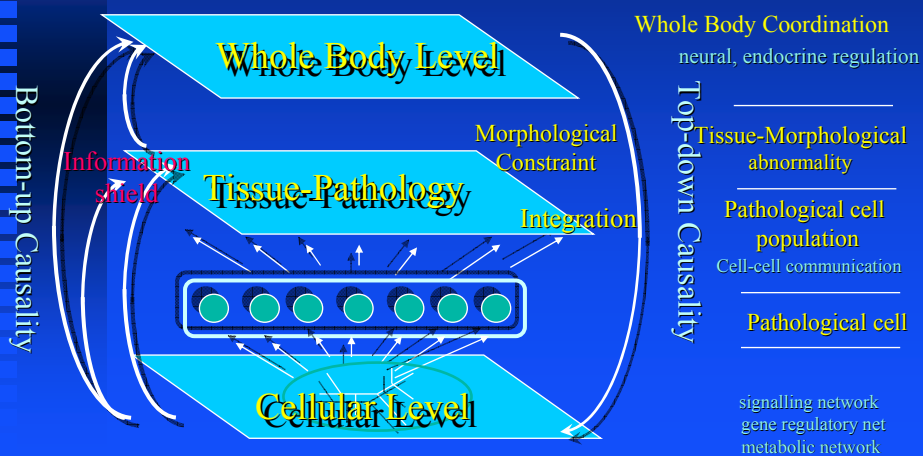
Disease organizes itself



Formation of Disease pathway

The first key concept of systems pathology
 Disease is hierarchically organized integrated system

Clinical Level



Example: Hypertension

- Blood pressure raises by some abnormal supporting mechanism **at early stage**
 - ◆ Neural regulation
 - ◆ Hormonal regulation
- But **after several months**, if this condition is sustained, the genetic activity begins to start capillary vascular remodeling to sustain hypertension (adaptation by gene expression)

What does Omics-based Medicine bring about to clinical medicine

Individualization of Healthcare

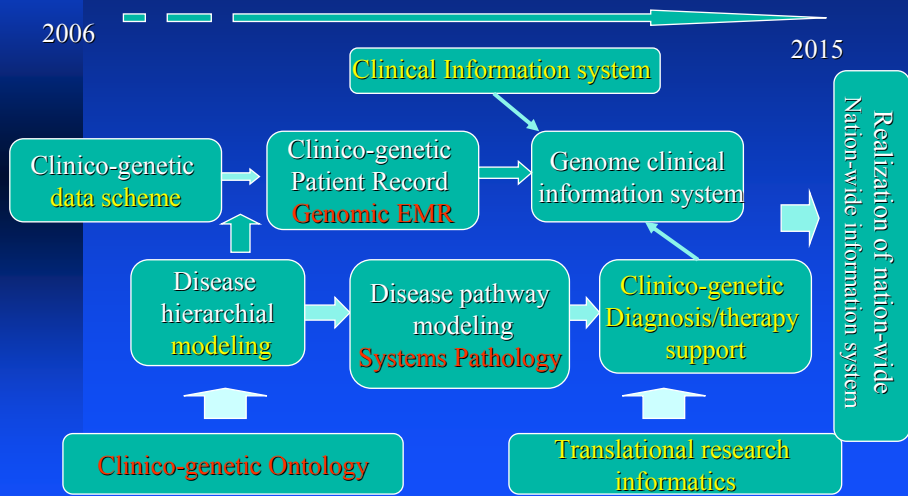
Specially drug administration

Comprehensive (system) understanding of disease

With omics data and systems approach

Road map of Genome Medical Informatics

Road map of Information system for genomic medical informatics



Ubiquitous Healthcare IT

Ubiquitous Healthcare IT

Healthcare IT Environment

where **Anyone** can receive Best Medical Care
“Anywhere, & Anytime”

Extension of Healthcare IT

From **Conventional HIT**

build on the **wired network information system**

To **open/distributed environmental HIT**

build on the **wireless/open ad-hoc network**

Concept of

Ubiquitous Computing & Network

From Medieval Theological Concept "God exist anywhere"
(Xerox MarkWeiser1986)

Computer chips and networks are embedded in the daily environment so that users utilize them without any consciousness where they are.

- Invisible
- Embedded discernibly in the environment

Distribution of Computing into the Environment

Innovative Concept of Ubiquitous IT in the human commitment to his environment

Conventionally

Human → World



Full Information knowledge

recognition → act



Intelligentize Environment

Ubiquitous

Environment World

Human

Environment World

Sharing of Responsibility

Sharing of Information/knowledge

Key Concepts of Ubiquitous IT

- Autonomous
 - ◆ Unconscious, no need for human operation
- Context Awareness
 - ◆ Works depending on the situation

Sharing of the information and responsibility
with environmental computing and monitoring

Symbiosis between human and
machine intelligence

Conscious-free
Safe and Secure life

Ubiquitous Healthcare IT

Application of Ubiquitous IT To Healthcare

“Ubiquitous Hospital IS”

Total IT-ization, Prevention of Medical Error

Emergency, Disaster IT

Ad-hoc distributed ubiquitous network

Ubiquitous Home Healthcare

IT-zation of Home Healthcare

“Ubiquitous HIS” is
the 4th generation of HIS

Ubiquitous Hospital Information System

- Excess-responsibility of Medical personnel
 - ◆ Should be liberated from Myth of Infallibility
- “To err is human” (IOM report)
 - ◆ Deaths from medical error: 44000 to 98000 (The 6th cause of death in US)
 - ◆ Cannot prevent by human efforts such as repetitive confirmation or checklist

Intelligentize Total Hospital Space
Automatically support the prevention of medical
error by environment intelligentization



Ubiquitous IT-ization of Hospital

Total IT-ization of Hospital

IT-ized Gap still remains
in conventional HIS/EMR

Prevention of Medical Error

Intelligentization of medical practise
environment

Generations of Hospital Information Systems

The 1st generation Departmental Systems

~75 Accounting, Financial system
Laboratory, pharmacy

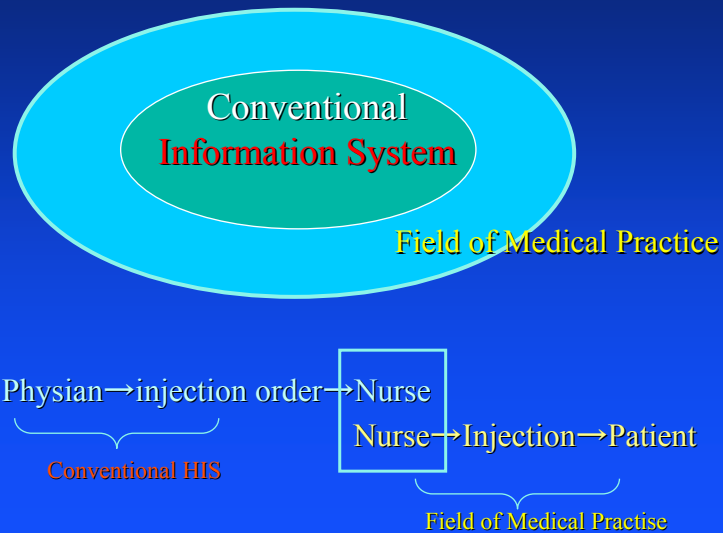
The 2nd generation Order-entry systems

~85 Labo test order
Drug administration order

The 3rd generation EMR(Electronic Medical Record)

~95 Clinical Findings
image, schema, critical path

Limitation of Conventional HIS/EMR-S



Next generation HIS

Extend the **information system** to span the **IT-net** to cover the **field of medical practice**



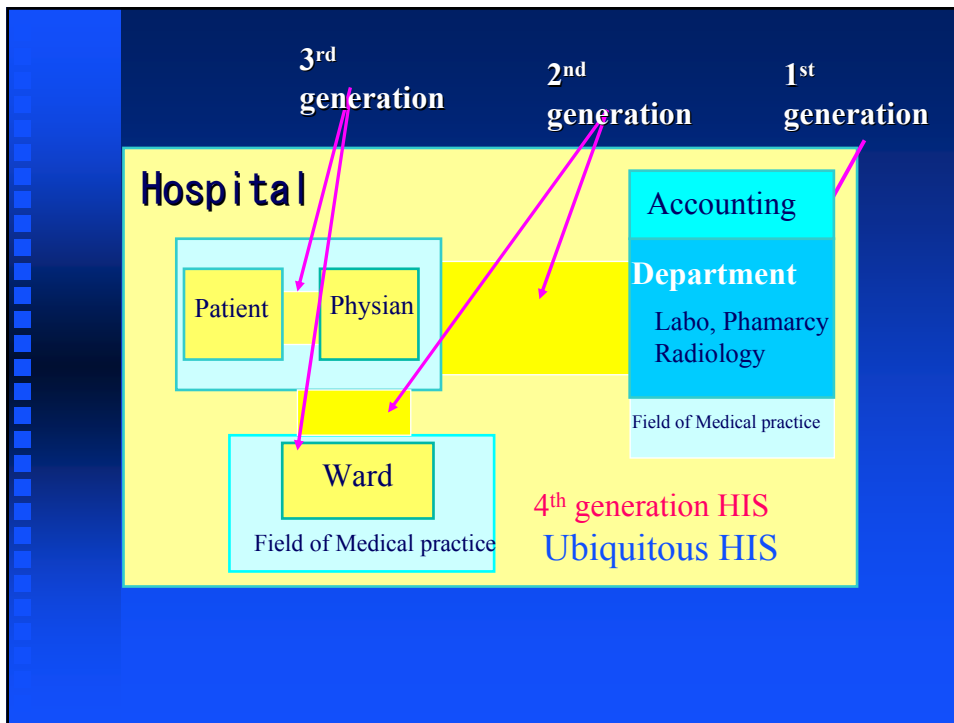
Initial trial

Recording of Execution by Bar-codes
Nurse – Injection – Drug – Patient Wrist Band
(International Medical Center of Japan POAS)

But Barcode: not autonomous and without multiple recognition

→ Expectation for IC-tag, RF-ID







4th generation HIS Ubiquitous Hospital Information System

- EMR + Barcode-based recording
- EMR + RFID-based recording
- EMR + RFID + Ubiquitous Intelligentization

EMR + Hospital Ubiquitous IT

Ubiquitous IT-zation

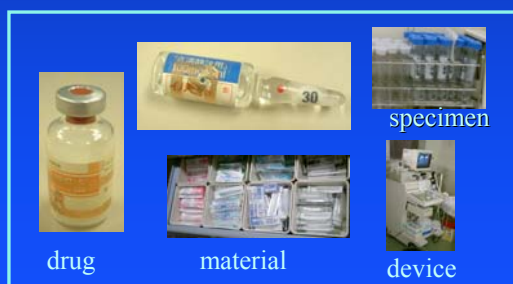
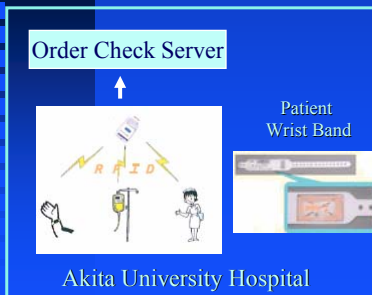
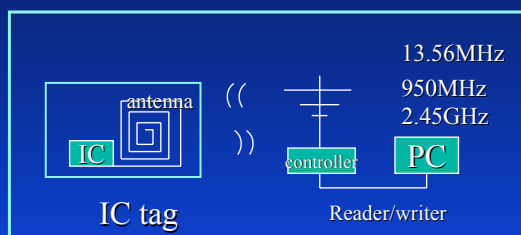



Stages of Ubiquitous IT-ization

- Elemental stage: Automatic Identification
 - ◆ Automatic Identification of Objects
 - Drug and Medical material, Patient by RFID
- Advanced stage: Environment Intelligentization
 - ◆ Ubiquitous Monitoring of
 - Patient Pathophysiological State (Vital sign etc)
 - Patient Physical/Behavioral State (Location Movement etc)
 - Medical Staffs' Medical Practice (Location, Acts)
 - ◆ Sensor-attached IC-tag for monitoring patient/staff information
 - ◆ Intelligentization of Hospital Environment
 - Administration of hospital space

Elemental Stage: Identification

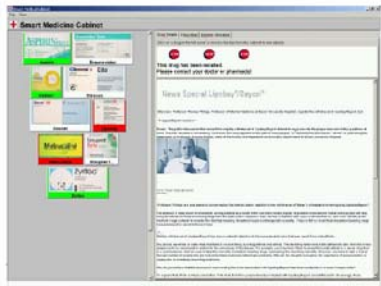
1. Efficient SCM
2. Prevention of Medical Error



Smart Medicine Cabinet



Monitors the medicine that is placed in or taken out by a patient or pharmacist and displays information about prescriptions, incompatibilities or recalled drugs.



Department of Computer Science
Institute for Pervasive Computing,
Swiss Federal Institute of Technology Zurich

Smart Surgical Kit

The usage of bandages and swabs during a surgical operation is monitored and the usage status is displayed to avoid leaving any operation tools in the patient.

Department of Computer Science
Institute for Pervasive Computing,
Swiss Federal Institute of Technology Zurich



	Surgical Kit	Waste Bin	In Use
Tefloning No.1	3		
Tefloning No.4	3		1
Tefloning No.8	3		1
Tefloning 10x10cm	2		
Tefloning 20x20cm		1	1

Intelligentization of Total Hospital Space

Total IT-ization of Hospital =

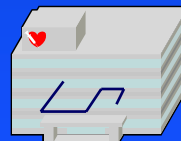
Conventional HIS/EMR +

Intelligentization of Hospital Space

Ubiquitous Monitoring of
Patient Pathphysiological /Behavioral State
Medical Staffs' Pratisie

Ubiquitous Position Sensing

- Location-sensor
- Ubiquitous Motion Monitoring
 - ◆ Efficient administration of staffs in ER • ICU
 - ◆ Administration of clean area and infectious space
 - ◆ Space recognition and Tag-based identification



IntraHospital Location Tag

Monitor



Active Tags

Monitoring Patient Vital sign

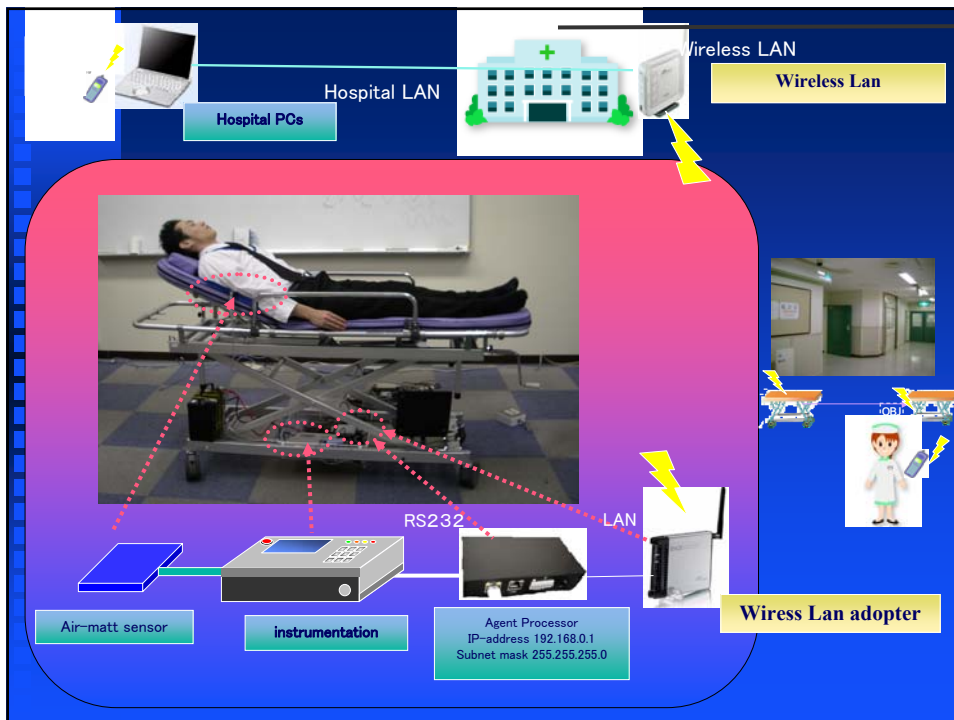
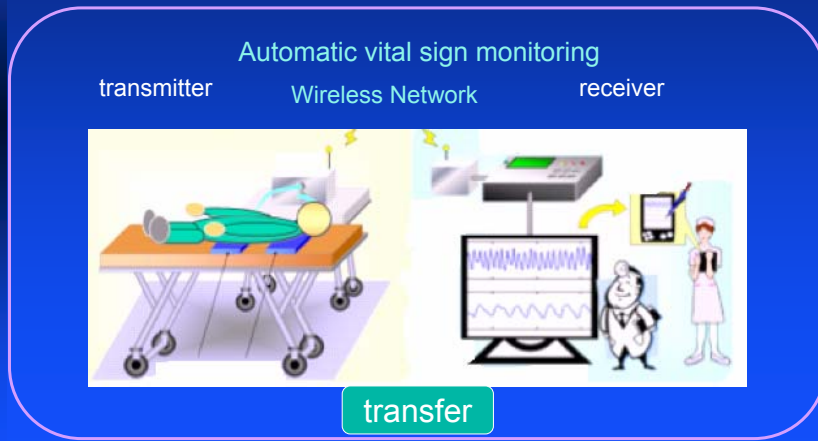


Temperature sensor
Respiration sensor
ECG sensor
pCO₂, pO₂ sensor
Other Vital sign sensor

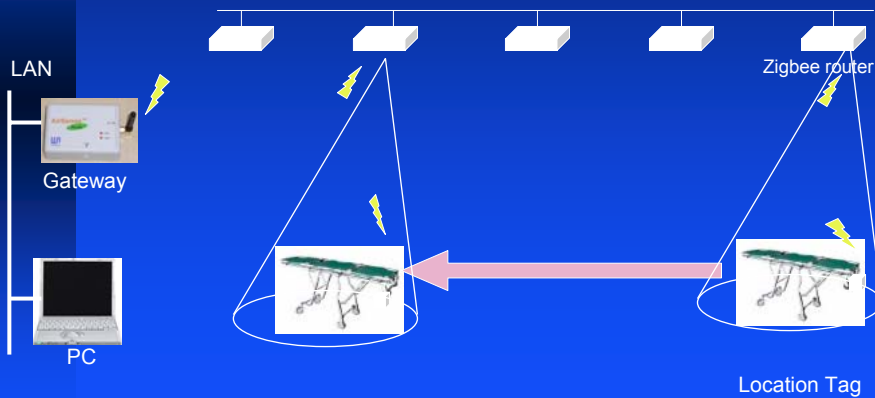
RFID
Active,
passive

Smart stretcher

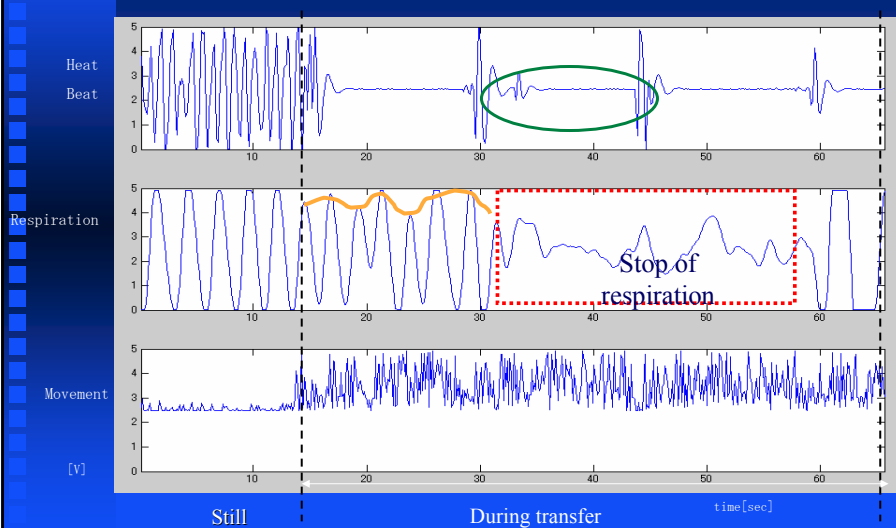
Continuous monitoring of vital signs



Zigbee Network for Position Detection



Time series signal of vital sign



Alert systems

The screenshot displays a software interface for patient management. At the top, the title bar reads "患者移動管理" (Patient Movement Management). Below it, the system name "システム(S)" and "表示(V)" are visible. The current time is shown as "現在時刻 2006/01/30 11:45:17".

患者ID	患者名	年齢	性別	呼吸	心拍	状態	検知時刻	ストレッチャーID
A01001	東京太郎	42	男	0	0	無呼吸	11:45:11	S0001
A03005	神奈川花子	21	女	30	48	正常	11:44:25	S0002
A04002	千葉次郎	58	男	28	52	正常	11:44:25	S0003

An "Alert" dialog box is open, showing patient information for A01001 (東京太郎) and input fields for respiratory rate (呼吸数) and heart rate (心拍数), both set to 0. The status is "無呼吸" (No breathing) and the detection time is 11:45:11. A yellow box labeled "Alert" is overlaid on the dialog.

A "センサーモニター" (Sensor Monitor) window is also open, displaying a table of sensor data for patient A01001:

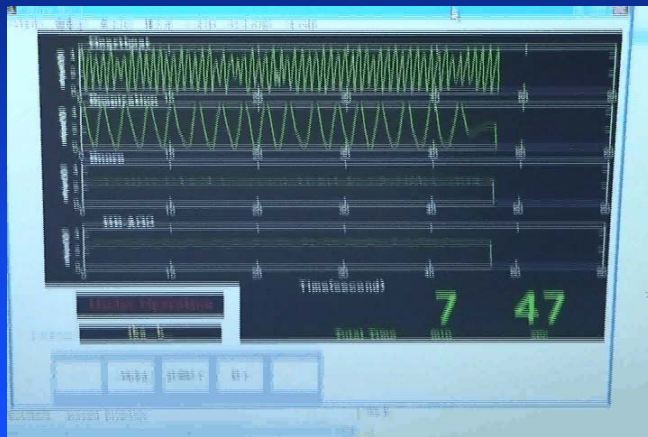
検知時刻	患者ID	患者名	呼吸	心拍	状態
11:44:31	A01001	東京太郎	31	71	正常
11:44:36	A01001	東京太郎	33	73	正常
11:44:41	A01001	東京太郎	35	75	正常
11:44:46	A01001	東京太郎	37	77	正常
11:44:51	A01001	東京太郎	39	79	正常
11:44:56	A01001	東京太郎	0	0	無呼吸
11:45:01	A01001	東京太郎	0	0	無呼吸
11:45:06	A01001	東京太郎	0	0	無呼吸
11:45:11	A01001	東京太郎	0	0	無呼吸

A yellow box labeled "All Stretches information" is overlaid on the sensor monitor window. At the bottom right, there are buttons for "クリア" (Clear) and "保存" (Save).

Smart stretcher



Respiration Wireless Monitor



Menu

PDA

Monitoring

メニュー

患者名 東京太郎

患者情報 オーダー

バイタル 観察

患者情報				
患者ID	患者名	年齢	性別	位置情報
A01001	東京太郎	42	男	4A病棟

センサーモニター			
検知時刻	呼吸	心拍	状態
11:40:10	31	71	正常
11:40:25	33	73	正常
11:40:40	35	75	正常
11:40:55	37	77	正常
11:41:10	39	79	正常
11:41:25	0	0	異常
11:41:40	0	0	異常
11:41:55	0	0	異常

警告解除 緊急対応 クラス 電子カルテ 戻る

State report

患者名 東京太郎

現在状況

ストレッチャーにて移送中

Patient Information

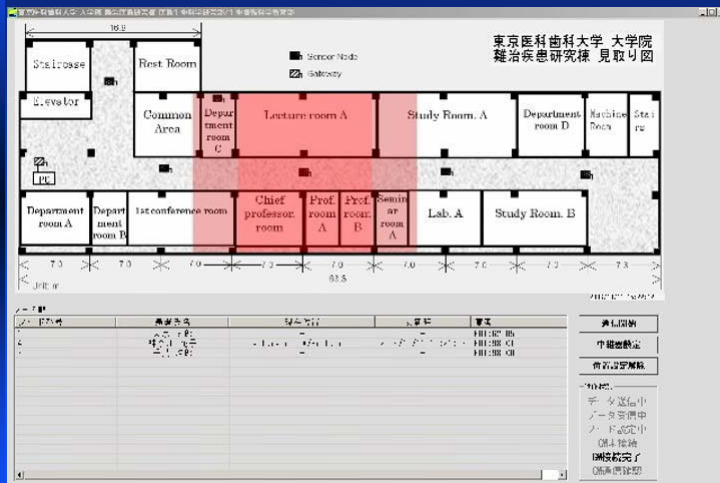
患者情報			
患者ID	A01001		
フリガナ	トウキョウ タロウ		
氏名	東京 太郎		
生年月日	1963/9/20	年齢	42歳
性別	男	血液型	A(+)
病棟	4A病棟	病室	405
ベット	2	入院日	2006/8/1

Zaurus SL-B500

OS: Linux(R) (Embedix(TM))

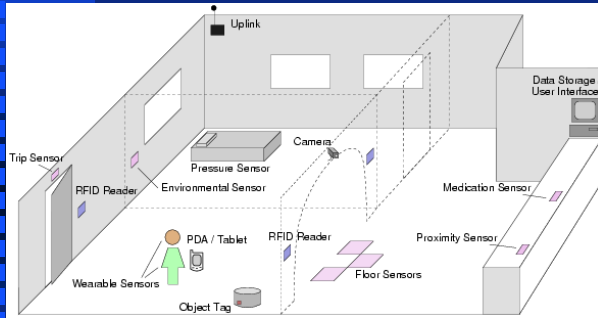
Graphs

Continuous Location monitor of smart stretcher (Monitor Image)



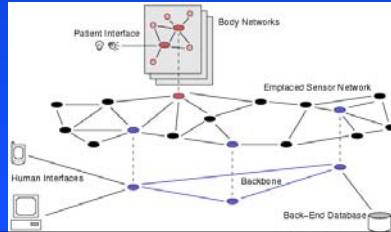
Home Healthcare IT

Home Healthcare IT

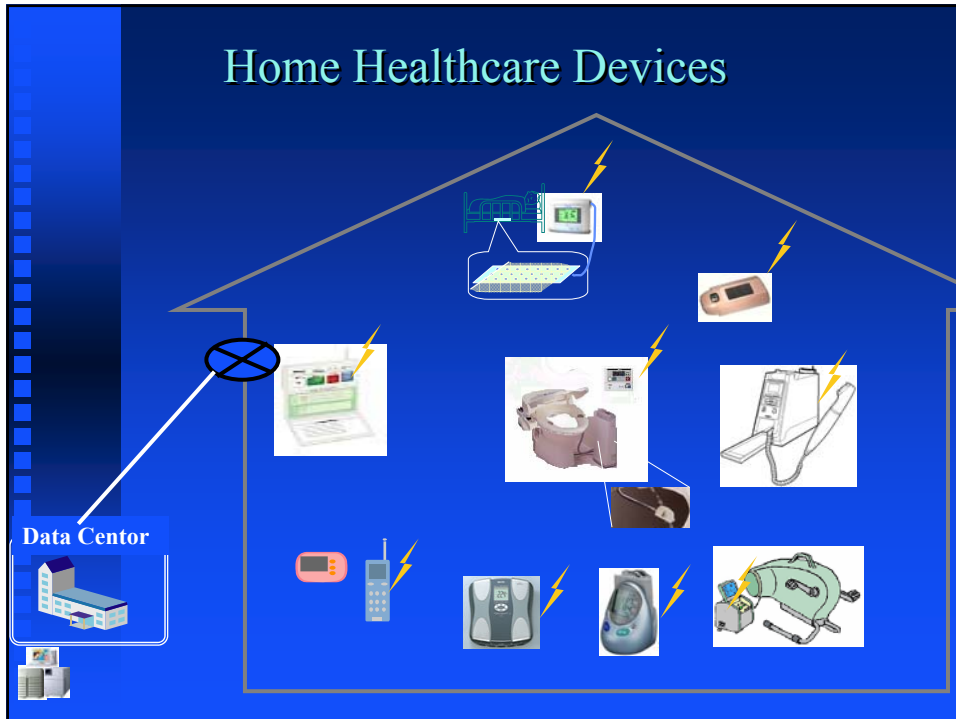


Virginia University

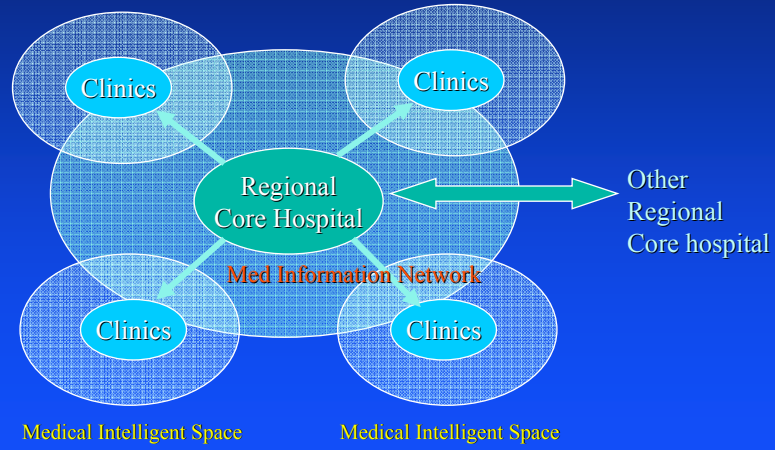
WWBAN: Wearable wireless body area network (Mayo)



Home Healthcare Devices



Structure of Medical Information Sphere



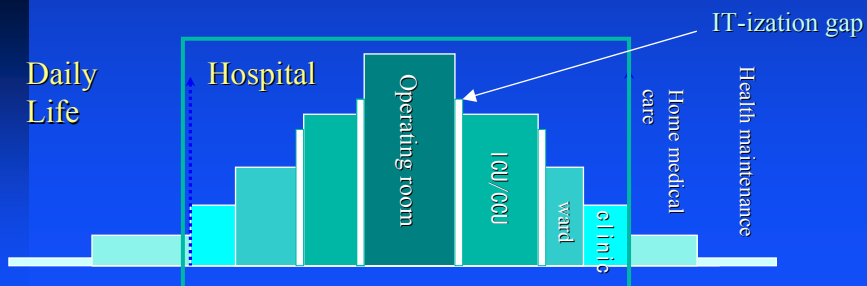
Medical Intelligent Space

Medical Intelligent Space

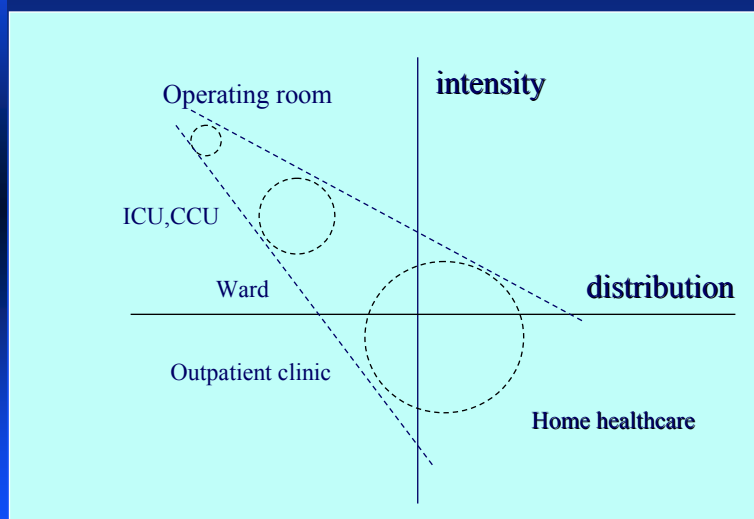
HTTH: Hospital to the Home

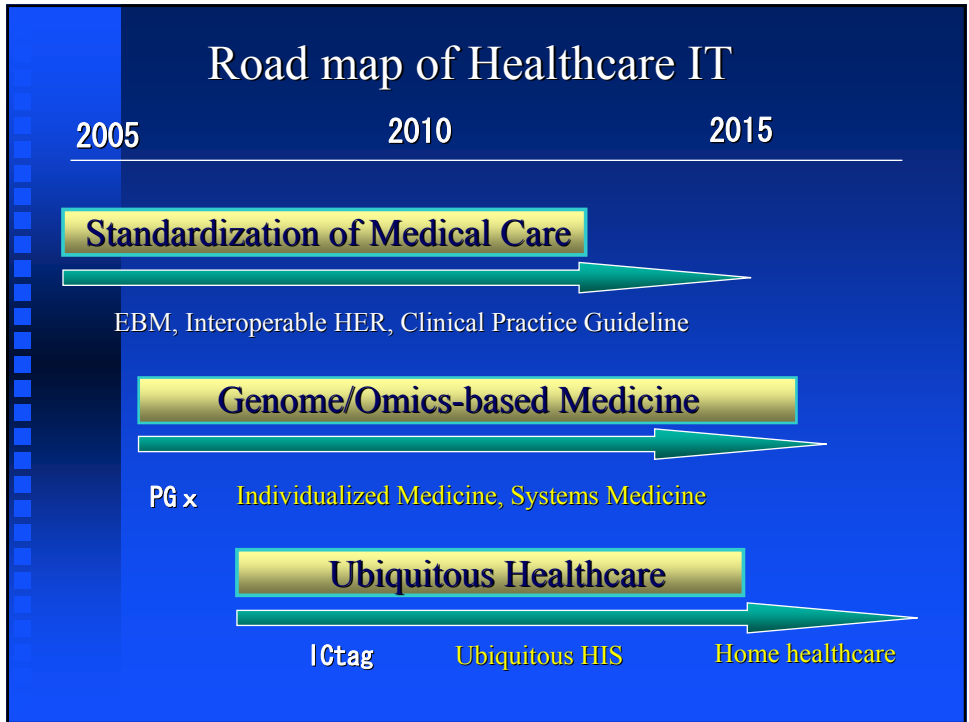
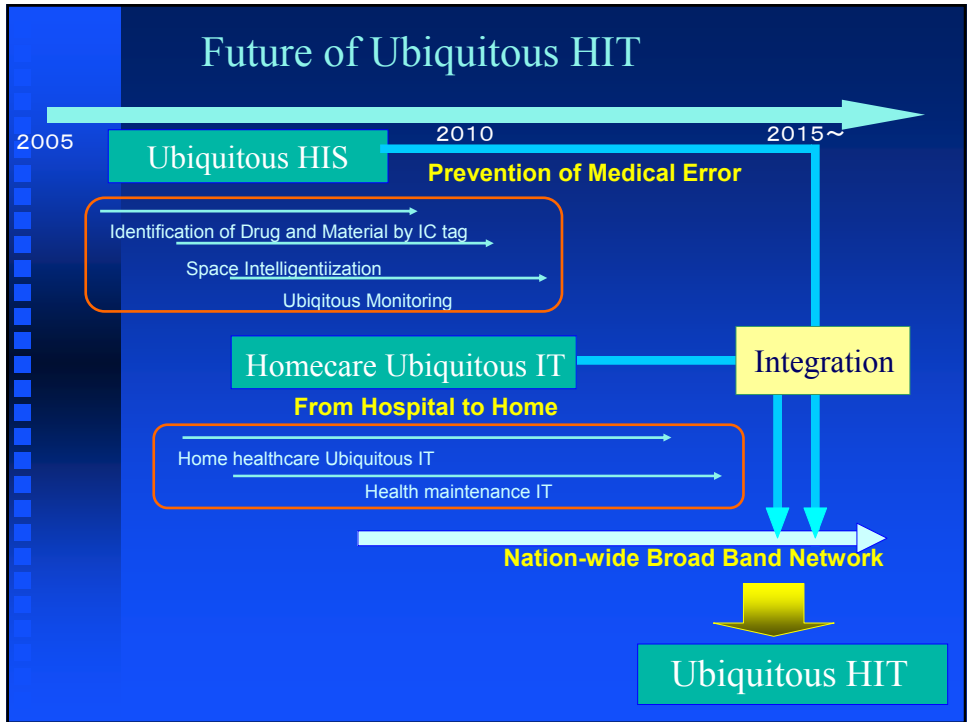
■ Intensity and distribution of MI

- ◆ Operating room: Most dense MI-Space
- ◆ ICU, CCU, Ward, Outpatient clinic, Home care



Intensity and Distribution of Medical Information







Thank you for attention