

# Academic Medicine improving patients' lives

# Singhealth-Duke Health Services Research Data Science Core

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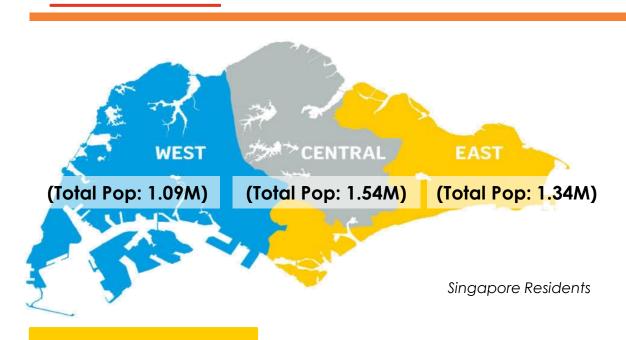


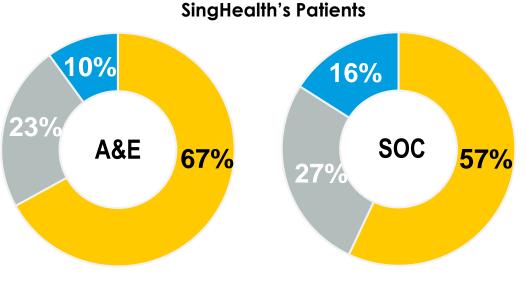






# Where are our Patients coming from





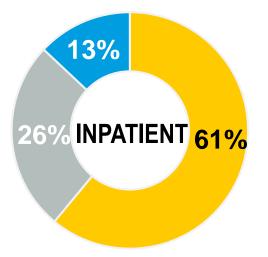
### SINGHEALTH GROUP

210,590 **SGH & CGH A&E ATTENDANCES** 

376,191 SGH & CGH SOC ATTENDANCES

**SGH/NHCS & CGH INPATIENT ADMISSIONS** 

103,549

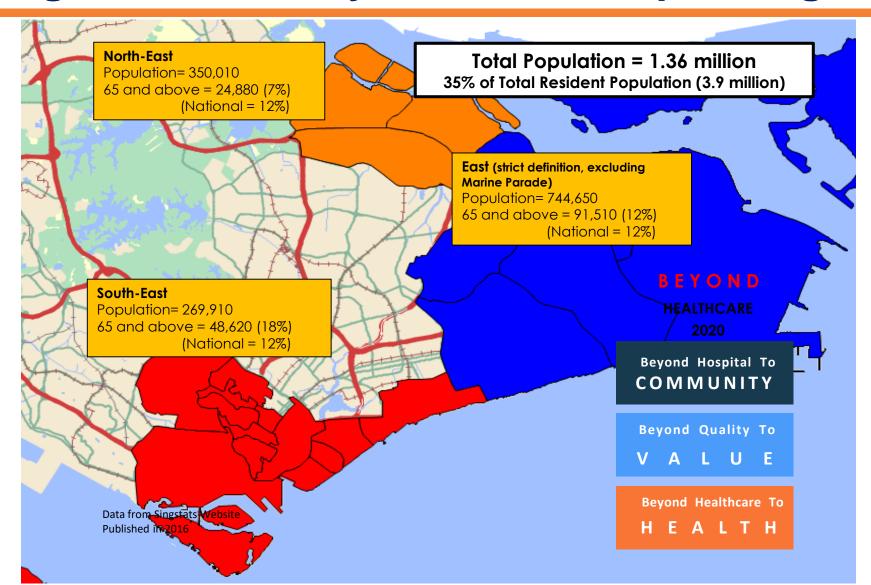




- CENTRAL
- WEST



# One Regional Health System, Three Operating Sites

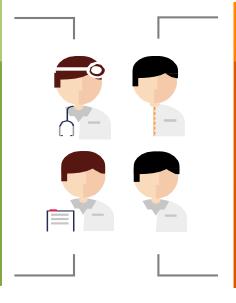




# Transforming Healthcare with our Dual Roles

#### National Role

Cutting Edge
Tertiary &
Quaternary
Care



### Regional Role

Community & Population Health

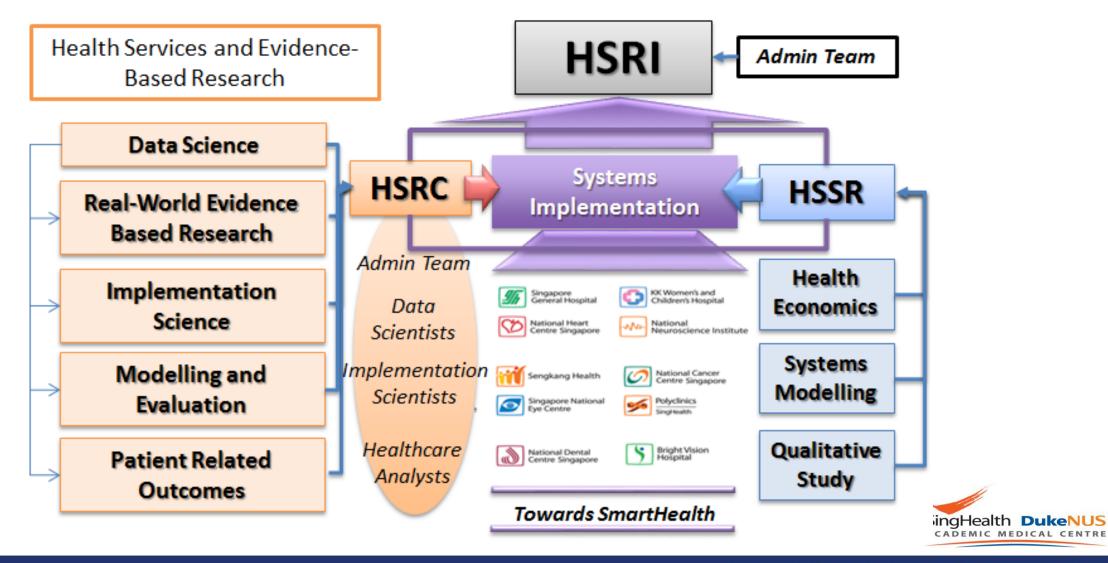
# Leverage Research & Innovation to transform healthcare and deliver new models of care

Strengthen
Regional Health System

to deliver integrated care and promote population health



### Roles of HSRI and HSRC

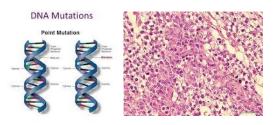


#### Data is the New Oil of Healthcare and Biomedicine

#### **Data Generation**



#### **Harnessing and Using the Data**



Disease and Biological Insights



Improve Hospital Efficiencies and Processes



New Tools for Healthcare



Improve Patient Outcomes and Experiences

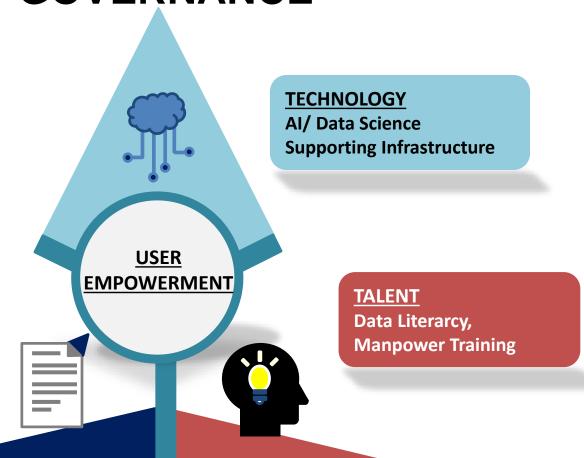


**Lower Healthcare Costs** 



# Towards an Empowered Data Science Ecosystem

# TECHNOLOGY; TALENT; GOVERNANCE



Data Quality
Al/ Data Governance

**GOVERNANCE** 

Policies and Processes PDPA, HBRA

# Data Science (not just) Data Analytics

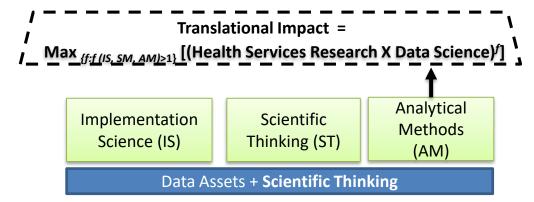
- Data Analytics can produce operational insights, but
- Data Analytics ≠ Data Science!
- Data Science requires rigorous scientific thought processes
  - "Data-driven Science"
  - "Evidence-based"
  - "Statistical Science"
  - "Statistics" Jeff Wu of Michigan U
  - Etc...

# The key word in "Data Science" is not Data, it is Science

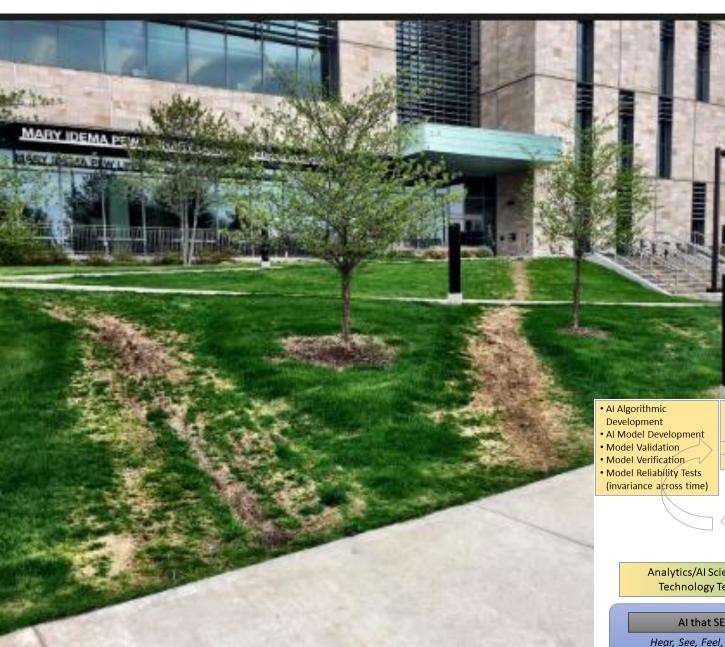
▲ Jeff Leek # 2013/12/12

One of my colleagues was just at a conference where they saw a presentation about using data to solve a problem where data had previously not been abundant. The speaker claimed the data were "big data" and a question from the audience was: "Well, that isn't really big data is it, it is only X Gigabytes".

While that exact question would elicit groans from most people who work with data, I think it highlights one of the key problems with the thinking around data science. Most people hyping data science have focused on the first word: data. They care about volume and velocity and whatever other buzzwords describe data that is too big for you to analyze in Excel. This hype about the size (relative or absolute) of the data being collected fed into the second category of hype - hype about tools. People threw around EC2, Hadoop, Pig, and had huge debates about Python versus R.







#### **Design for** Implementation!

From "Data Science" to "Implementation Science"

- Implementation Study Design of Implementation
- Stakeholder Engagement

Strategy

- Study Design (e.g., Qualitative Studies, Pragmatic Trials, Step-wedge Cluster RCT)
  - Outcome Measurement • Clinical; Operational, etc
  - Stakeholder Engagement
  - Health Economics Evaluation (e.g., Cost Effectiveness/ Cost Utility/ Cost Benefit)
  - Risk Analysis

- Enterprise Deployment (e.g., Institutional, Cluster-wide)
- Model Maintenance, Governance, Auditability, Risk Management
- Stakeholder Engagement
- Enterprise Deployment
- Scale-up Nationally
- Model Maintenance, Governance and Auditability, Risk Management
- Stakeholder Engagement

Analytics/AI Scientists/ Technology Teams

Health Services Research and Healthcare Institutions

IT Infrastructural Team and System Integrators

AI that SENSE

Hear, See, Feel, Speak

AI that THINK

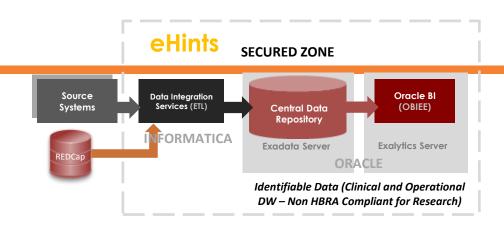
Understand, Perceive, Assist, Plan

AI that ACT

Physical, Cognitive, Creative, Reactive



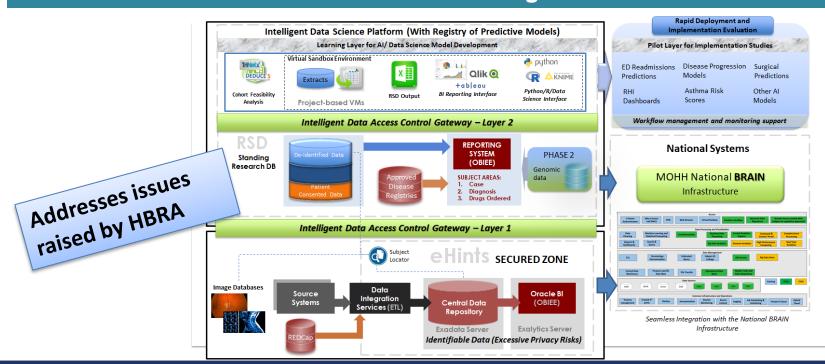
#### Clinical Data Warehouse (DW) at SingHealth



#### **eHINTS - SingHealth Data Warehouse**

- Sample Data Sources ingested:
  - LAB, OAS, OPEC; SAPISH; MAXCARE; SCM-ED; OTMS; RIS; REDCap
- Structured DW that facilitates logical data consumption from disparate data sources

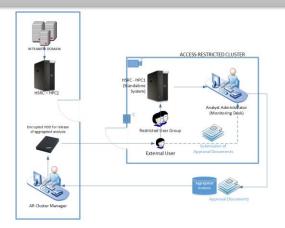
#### **Research Standing Database**



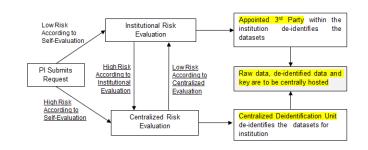


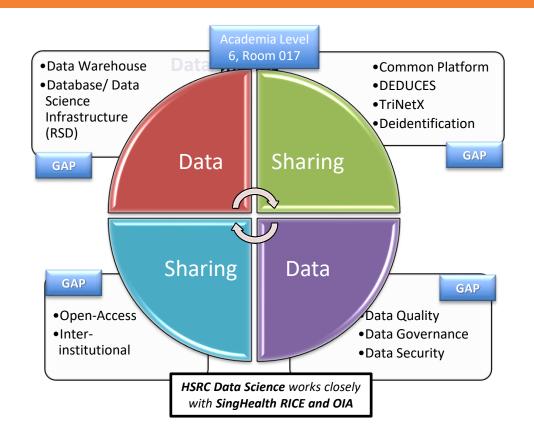
## **DATA SHARING AND RESEARCH**

# Access Restricted Cluster (External Collaborations)



# **Cluster Deidentification Process and Training**





#### Within GOVERNANCE:

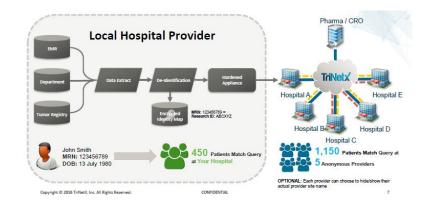
Training – Systems – Policies and Processes



#### DATA SCIENCE INFRASTRUCTURE for RESEARCH

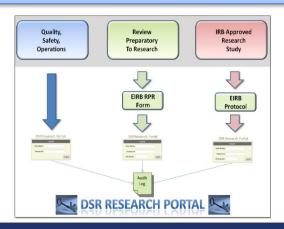
#### TriNetX - 46.2M patients with 10.4B clinical facts in TriNetX network

- SingHealth joined the TriNetX Consortium in 2017
- HSRC currently hosts the internal TriNetX hardware servers and software
- Pending feasibility studies and IT Security clearance for full pilot
- Only aggregate results can be obtained by Pharma / CRO
- **Collaborative research** is also possible between hospitals
- Hospitals' data always remains within the internal system



#### **DEDUCES – Collaboration between SingHealth – Duke NUS – Duke Health**









### DATA GOVERNANCE INFRASTRUCTURE

#### **Privacy Preserving System (IT Evaluation)**

- Technology in Privacy Preserving Systems is available and rapidly evolving
- NHS recently called for a tender to develop a Data Services Platform (DSP)
  - DSP includes various components, including De-ID services
  - Key objectives:
    - Enhance safety and security
    - Improve timeliness and utility
    - Remove duplication and drive efficiency
    - Etc ...

A comprehensive tender should be called to provide a rigorous evaluation of privacy-preserving software and technologies with conformance to detailed requirements.





PRIVITAR PUBLISHER

# TALENT DEVELOPMENT (CURRENT)



NUS Joint HSR and Data Science Training Programs

- Deep Learning for Image Processing
- Health Systems Modeling Using Systems Dynamics
- Advanced REDCap User Training
- Tableau Training
- De-identification Training
- Practical Data Science
   Primer



Data Science Internships

Identifying Talents that can contribute to our journey to becoming a datadriven LHS

Interns (OIA / HSRC)





Citizen Data Science Training

Empowering
SingHealth users to
be equipped with
advanced data
literacy and data
analytical skills

In collaboration with:



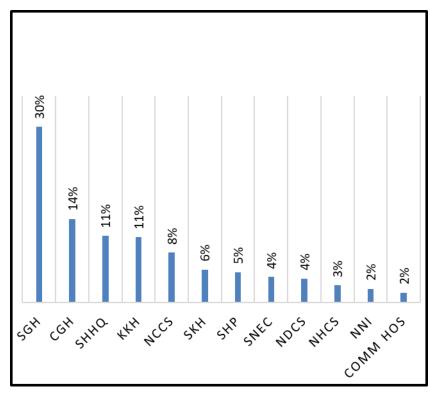


### TALENT DEVELOPMENT

 Survey was conducted by HSRC and OIA in Nov 2018 to evaluate the Data Science Needs of the Cluster

List of Important Data Science Modules:

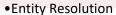
- Data Visualization And Story Telling
- Design Thinking And Agile Methodology
- 3. Predictive Modelling And Deep Learning
- Capstone Project: Developing A Data Analytics Model
- Optimization And Simulation Modelling (Prescriptive Modelling)
- 6. Data Preprocessing Using R Or Python





# **Artificial Intelligence in Medicine**

#### Data



- Relationship and Feature
   Extraction and Transformation
- Annotation and Tokenization
- •Internal (e.g., EMR, Disease Registries) and external data sources



#### **Descriptive**

- Query, Filter, Drill-down
- •Report Generation
- Exploratory Data Analysis
- DashboardDevelopment



#### **Predictive**

- Machine Learning, Association Studies, Causality
- Forecasting and risk scoring models
- Anomaly detection and alerts
- Deep Learning

#### **Prescriptive**

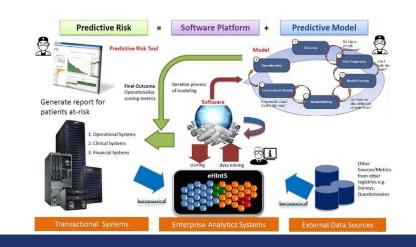
- Optimization under uncertainty and ambiguity
- Optimization, decision complexity and computational efficiency
- •Reinforcement Learning

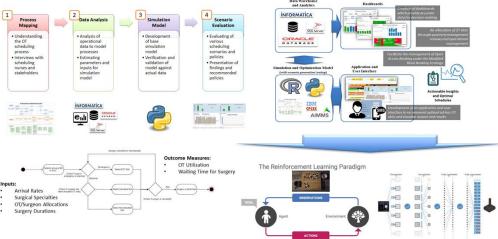
#### Cognitive

- Adaptive analysis

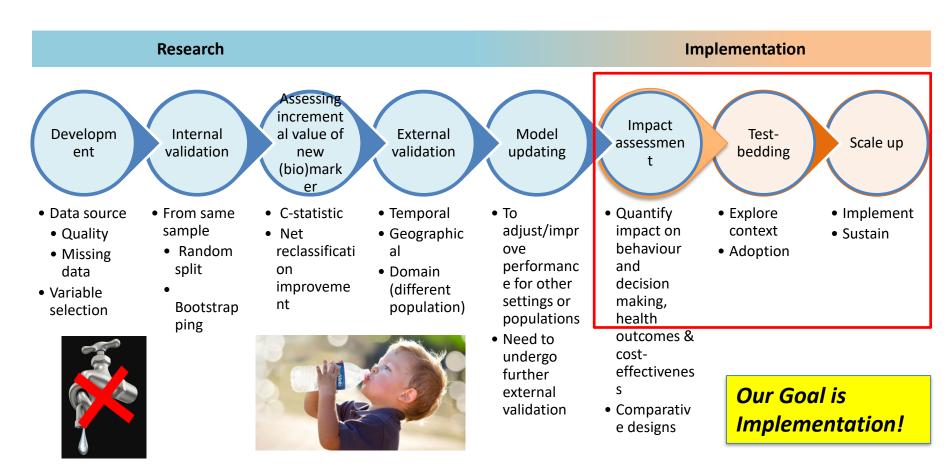
   responding to
- •Continual learning Learning Healthcare System, responding to dynamic changes and feedback







# Al/ Data Science models need to go beyond validation to IMPLEMENTATION



- 1. Moons et al. Heart. 2012;98(9):691-698
- . Moons et al. Heart. 2012;98(9):683-690
- 3. Amarasingham et al. Health affairs 2014;33(7):1148-54

Data Rich with INformation and Knowledge (DRINK!)



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