

# Making AI work in healthcare

How GPU-accelerated AI can help us predict chronic disease amongst billions

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Data Rich  
Insight Starved  
Resource Strapped

∴

Care Poor



Mary, Age: 67  
BMI: 27.82  
with

**> 530 data points**

**12+ Conditions**

angioedema, benign paroxysmal positional vertigo, depression, diabetes type 2, dyslipoproteinemia, fungal infection nails, hypercholesterolemia, hyperglycemia, hypertension, hypokalemia, hypotension, intertrigo, LV hypertrophy, major depressive disorder, mitral regurgitation, mitral valve prolapse, orthostatic hypotension, peripheral vascular disease, ...

**26 Labs**

**4 Meds**

**28 Visits**

**1 Admissions**

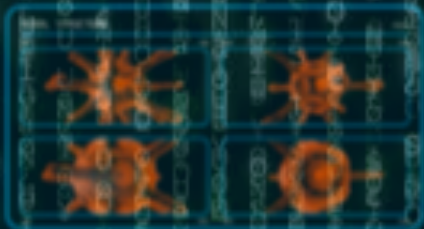
**1 30 day readmit**

**\$10K+ Paid Out**



Imagine a world where health data is put to work

everyday, every-minute, everywhere





**Imagine a world of perfect health risk awareness**

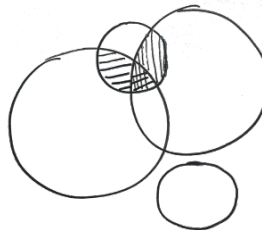
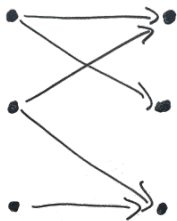
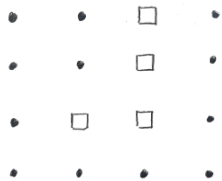
Forestall and avoid preventable disease. Save billions of dollars. Ensure longer, happier lives.

**But our health is complex:  
37+ trillion cells & counting**

With labs, procedures, meds, diagnoses,  
time and more, there are millions of  
different variables per person.



# Data Challenge 1 | Health Data is Dirty, Incomplete and Fuzzy



## Missing Data

No Lab Units or  
Ranges

## N-M Mappings

N ICD 9  $\rightarrow$  M ICD 10

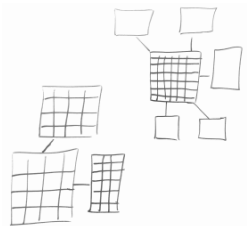
## Fuzzy & Overlapping Classifications

NDC  $\rightarrow$  RX

## Inconsistent Data

Clinical Notes  
= Unstructured

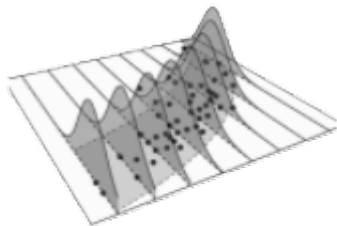
## Data Challenge 2 | It's Sparse and Fragmented



### Fragmented Records

Average of 3.5 different data sources for same patient

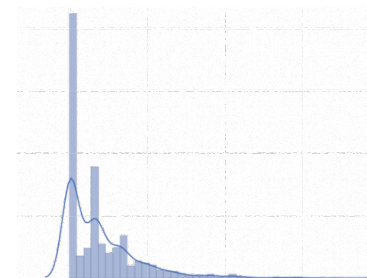
Many times PCP knows about less than 30% of patient data



### Infrequent & Stochastic Sampling

Labs and other variables are not checked each time

No medical info when patient is well



### Missing Key Data & 3 Year Churn

> 20% of patients appear to be submarine

## Data Challenge 3 | And Has Super High Dimensionality

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**1.1M**

Condition  
Features

**600k**

Procedure  
Features

**4.5M**

Medication  
Features

**2.5M**

Lab/Imaging  
Features

**200K**

Provider  
Features

**2.5M**

Unstructured/  
Other Features

With labs, procedures, meds, diagnoses, and more combined with temporal patterns, there are millions of different potential variables per person



# Healthcare Data's Huge Opportunity is Unrealized

## + Data

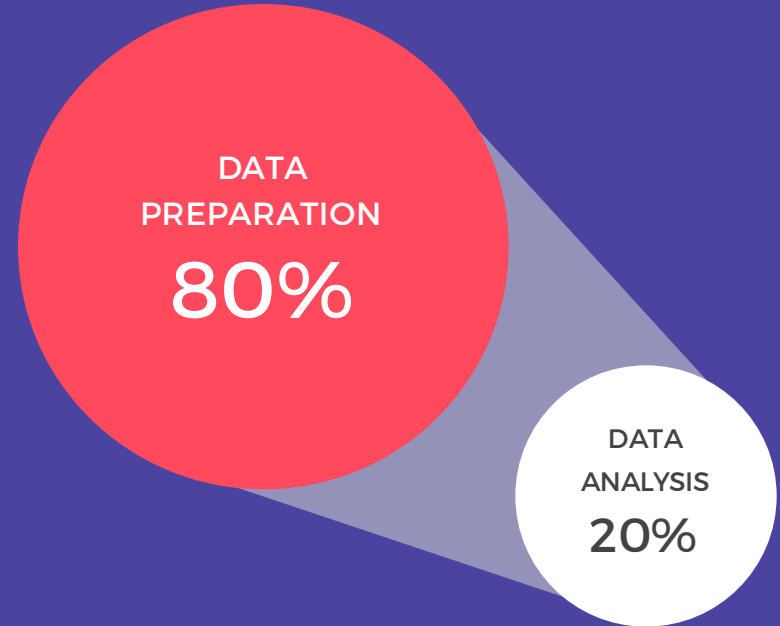
Messy, incomplete, and fuzzy  
Sparse, fragmented, and difficult to combine  
Super high dimensionality

## + Insight

Low precision

## + Engagement

Weak clinical reasoning for follow-up  
Sub-optimal chase lists with very low ROI





**To prevent and forestall  
chronic disease,**

**we need innovations to  
manage the complexity of  
health data so we can make  
the most of it.**

## So why Healthcare AI now? GPUs make it computationally tractable.

- Speed: 100x speed up makes iteration and experimentation feasible
- Precision: healthcare needs high precision and Deep Learning enables a significant boost in performance in high dimensional spaces
- Transparency: Deep Learning models that interpret Deep Learning Models requires 10x+ the computation
- Prescriptive & Predictive: optimization simulations on top of predictions require 10x+ the computation

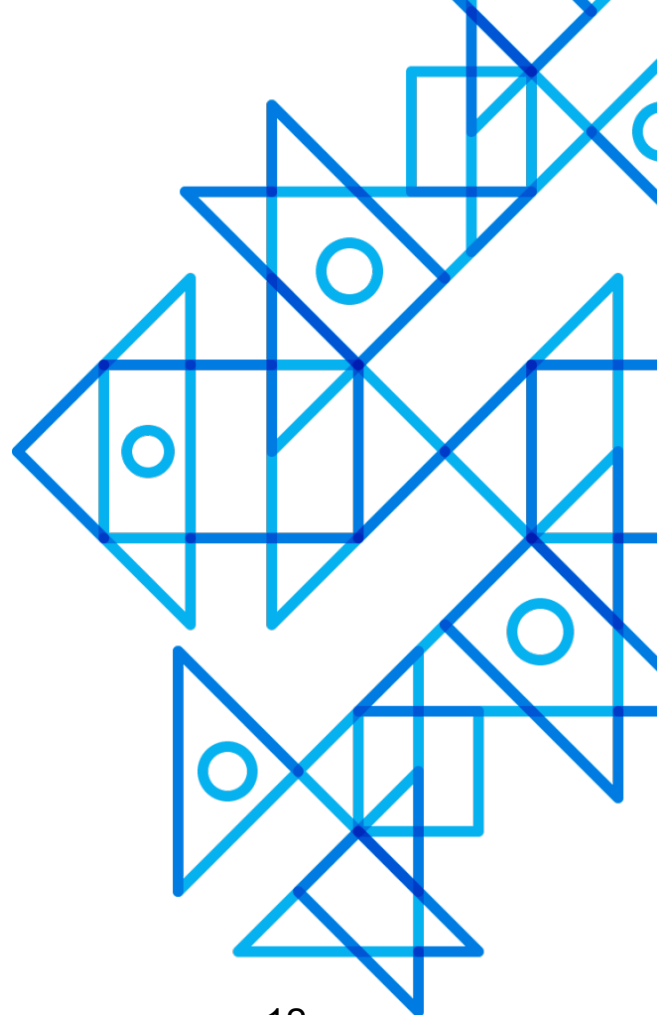
		Desktop CPU				Server CPU						GPU		
		1	2	4	8	1	2	4	8	16	32	G.980	G.1080	T.K80
ResNet	Caffe	7.810	5.312	<b>4.056</b>	5.876	6.150	5.390	4.314	<b>4.124</b>	4.500	5.034	-	<b>0.208</b>	0.353
	CNTK	-	-	-	-	-	-	-	-	-	-	0.289	<b>0.261</b>	0.468
	TF	21.63	12.19	7.655	<b>6.340</b>	20.49	14.340	7.703	4.600	<b>2.890</b>	3.937	0.226	<b>0.085</b>	0.392
	Torch	12.10	7.147	-	-	10.16	6.928	4.856	3.757	<b>3.524</b>	4.165	0.216	<b>0.181</b>	0.412
LSTM-32	CNTK	0.579	0.391	<b>0.306</b>	1.153	0.591	0.418	0.353	0.338	<b>0.342</b>	0.442	0.433	<b>0.366</b>	0.602
	TF	9.305	3.432	<b>2.020</b>	1.722	6.453	3.782	2.167	1.228	<b>0.769</b>	0.706	0.086	<b>0.083</b>	0.122
	Torch	4.872	2.680	<b>2.366</b>	3.645	4.704	2.971	2.067	1.706	<b>1.763</b>	2.900	0.124	<b>0.098</b>	0.204
LSTM-64	CNTK	1.026	0.690	<b>0.535</b>	1.860	1.043	0.756	0.622	0.585	<b>0.648</b>	0.790	0.779	<b>0.649</b>	1.052
	TF	11.69	7.292	3.515	<b>3.476</b>	12.76	7.823	4.402	2.524	1.590	<b>1.469</b>	0.178	<b>0.173</b>	0.233
	Torch	9.622	5.323	<b>4.980</b>	6.975	9.364	5.613	4.054	<b>3.252</b>	3.357	5.815	0.247	<b>0.194</b>	0.406



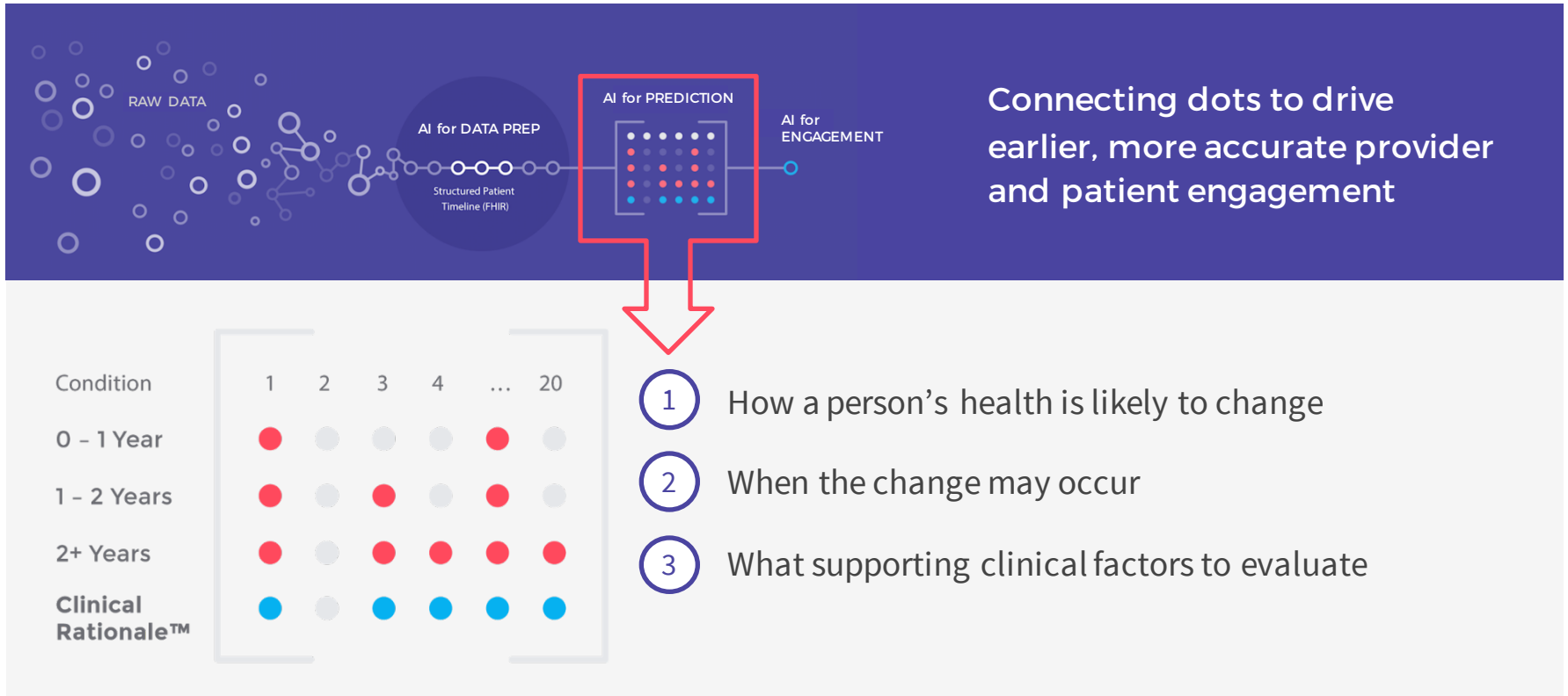
lumiata

## Powering Artificial Intelligence for Healthcare through GPUs

- Increased processing speed
- Reduced infrastructure complexity
- Increased model accuracy
- More precise predictions on individual health



# LUMIATA AI | The Intersection of AI and the Prediction of Chronic Disease



## A Health “Brain” Getting Smarter Everyday With Deep Learning + Medical Science

We’ve been busy training that brain in very specific ways – sending it to MD, MBA, and Actuarial school, if you will...

**175M+**

Patient record years

**40M+**

Connections between medical concepts

**39K+**

Physician curation hours

**3TB+**

Unstructured data

**50M+**

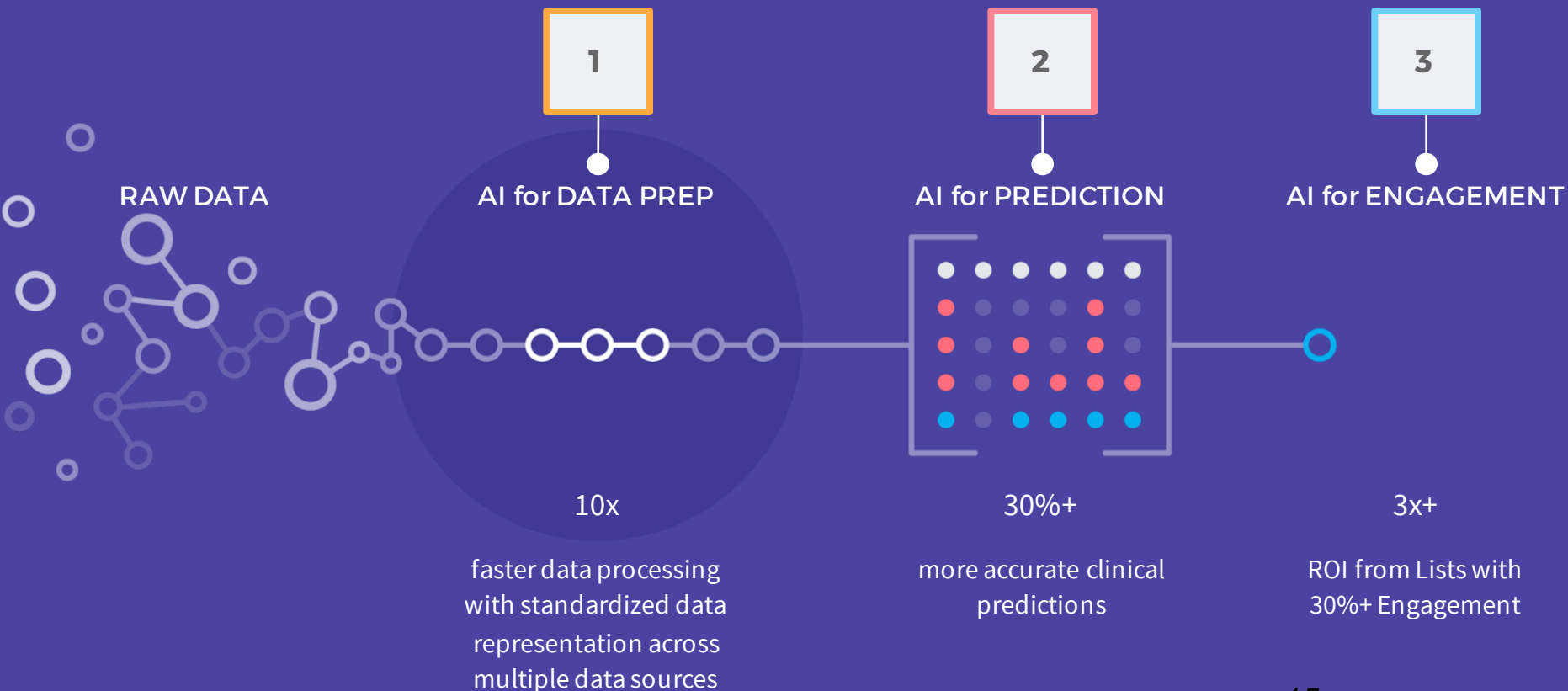
Articles mined from PubMed

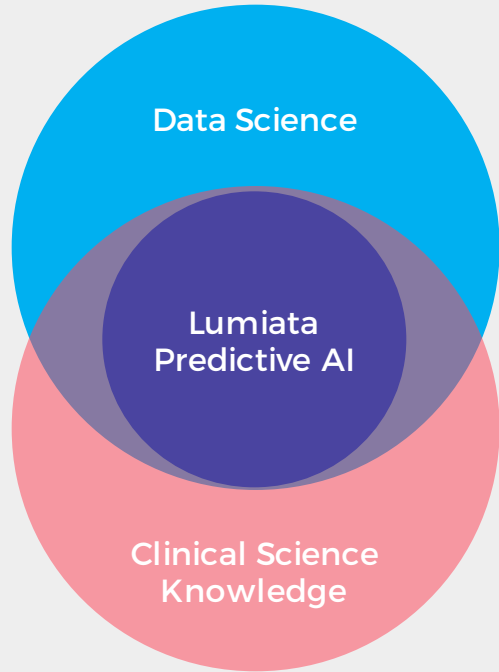
**60M+**

Patients

**Built on Massive Foundational Data Sets and Sources**

# LUMIATA AI | Powered By a Deep-Learning-Based AI Stack Focused on Healthcare





Introducing the

## Lumiata Matrix Suite™

1

Data-as-a-Service Predictive AI for Healthcare Payers & Providers

2

Uses High-Precision, Deep Learning Models With Clinical Rationale

3

Delivers Transparency and Confidence Key to Triggering User Action



## PRODUCT | Operationalized By Transforming Day-to-Day Engagement “Chase Lists”

**BETTER** Improved predictive accuracy delivered with associated clinical rationale

**FASTER** Reduced (or eliminated) data latency with improved time-to-intervention

**MORE EFFICIENT** Decreased (or eliminated) chart-pulls, audits, associated labor-intensive tasks

Transform Provider and Patient Outreach to...		Delivered Via...
<b>Increase Risk Reimbursement</b>	Automate chase lists, utilization trends and diagnosis capture	API, CSV, JSON, UI
<b>Prioritize Care Management</b>	Identify the most urgent care opportunities through risk stratification	
<b>Improve Provider Engagement</b>	Align predictions with clinical stakeholders	
<b>Optimize Quality Measures</b>	Improve reporting capabilities that impact your top-line	

### Lumiata Matrix Suite™: Predicting Chronic Disease Amongst Millions



#### Risk Matrix

Risk Adjustment Management



#### Care Matrix

Pop Health/Disease Management



#### Utilization Matrix

Utilization Management



#### Quality Matrix

Quality Management

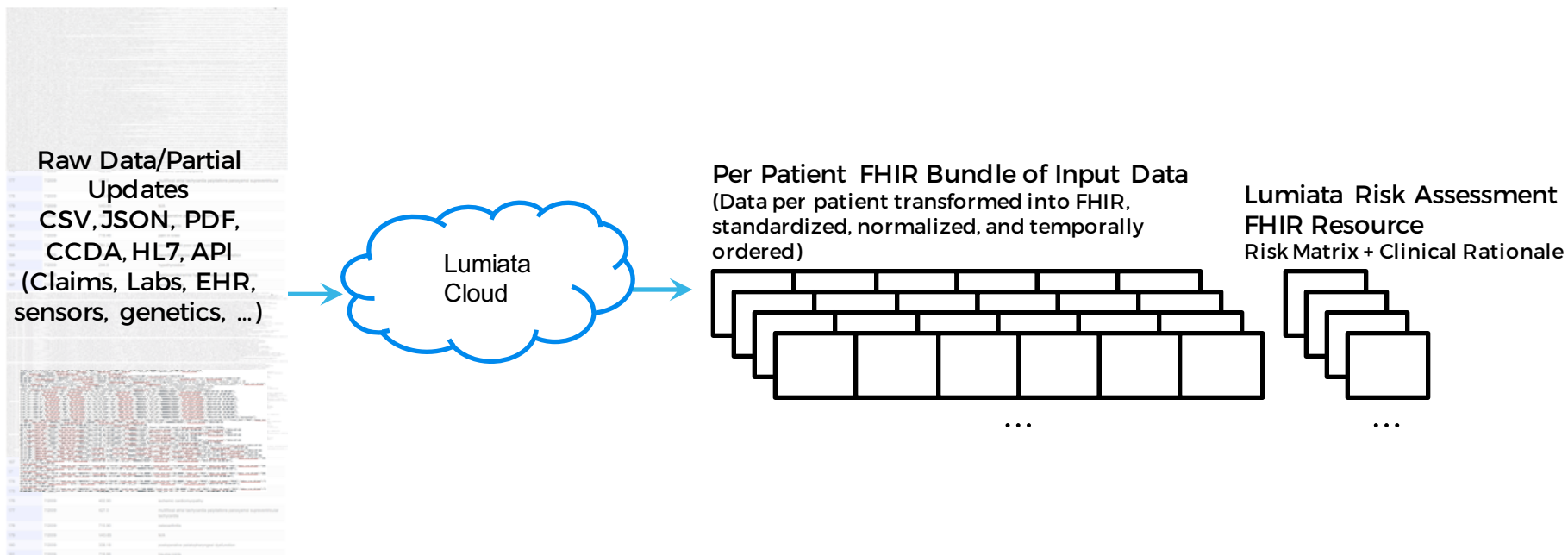
**Matrix API**  
ENGAGEMENT

1) AI for DATA

2) AI for PREDICTION

3) AI for

# PRODUCT | @ 100K Feet View



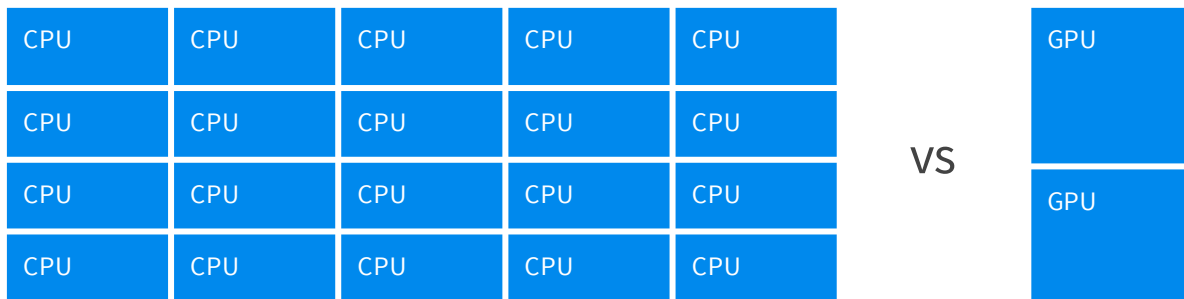
[developer.lumiata.com](https://developer.lumiata.com)

**GPUs accelerate our ability to build a high-performing, clinically-relevant AI that works in real-world healthcare settings.**



GPUs allow us to reduce our cluster size by 10x by combining Spark with Keras/TensorFlow Serving.

- CPUs - is a general purpose processor
- GPUs - is a special purpose processor, optimized for calculations commonly (and repeatedly) required for Computer Graphics, particularly SIMD operations such as Deep Learning.



## LUMIATA + GPUs | Increased speed of training, architecture selection & application

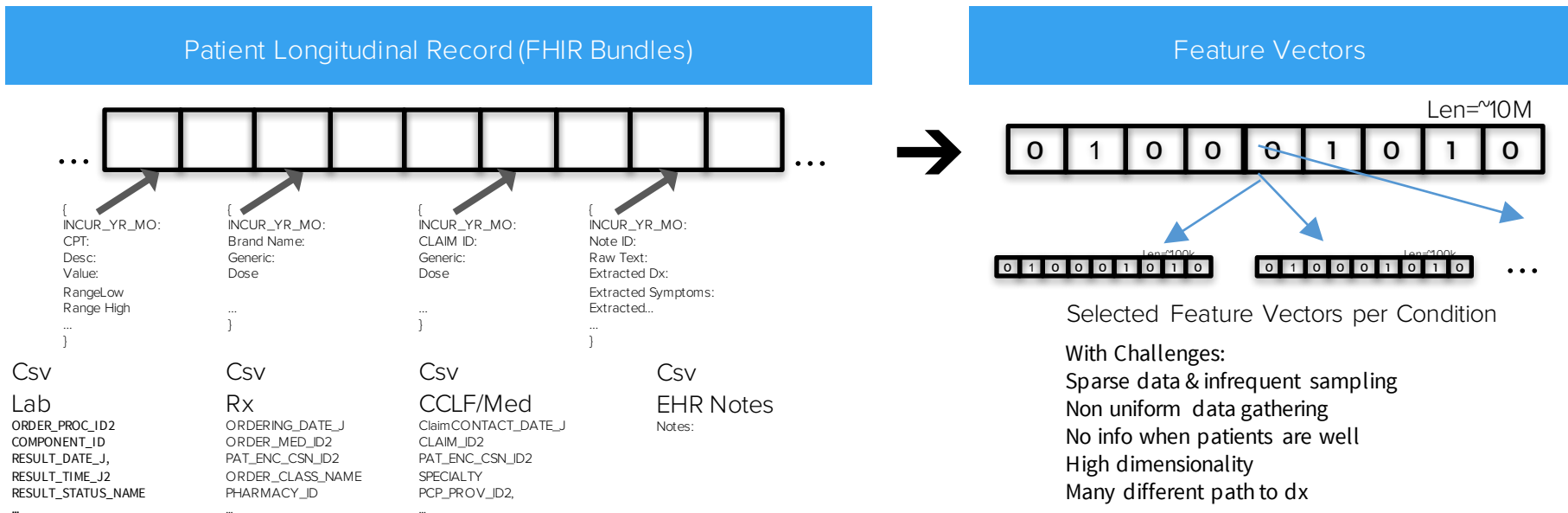
Speed of iteration, experimentation, introspection and simulation in hours and minutes **for millions of patients with 100GBs of data** is one of the key rate-limiting steps to making Healthcare AI @ scale a reality.

		Desktop CPU				Server CPU						GPU		
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<https://www.nextplatform.com/2016/09/01/cpu-gpu-put-deep-learning-framework-test/>

# LUMIATA + GPUs | Ability to use complex deep nets with large input vectors/tensors

Healthcare data has very high dimensionality and a large potential feature universe. Combined with patient records can be really long and contain 10's of thousands of unique data. Doing all these calculations w/o using GPUs is not really practical.



- One Model, Multiple GPU training is still in its infancy.
- Using multiple GPUs to train 1 model in parallel or data-parallel, requires doing optimization updates that have to be synced b/w multiple GPUs (like waiting for the gradient calculation from each GPU, averaging them and then making an update).
- Especially in healthcare, precision with sparse stochastic data is hard to achieve. Thus any error if can be avoided is preferable.



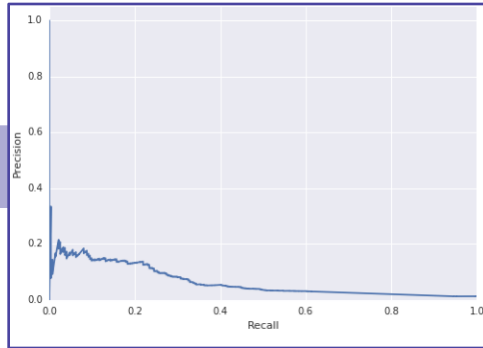
# The impact of our GPU-accelerated tech stack.

Addressing chronic disease management at scale

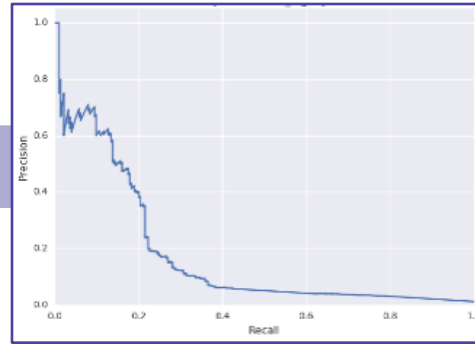


# LUMIATA AI | Proven To Show Clear Meaningful Gains vs Current Methods

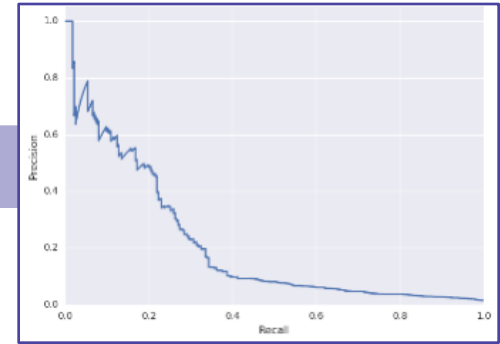
Standard Regression



Regression + Lumiata AI for Data



Lumiata AI for Data & Deep Learning

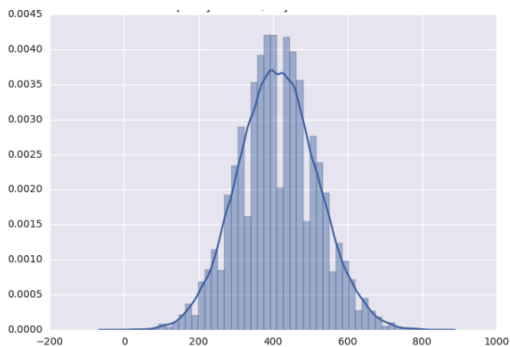


All Predictive Models have a ROC AUC > 85%

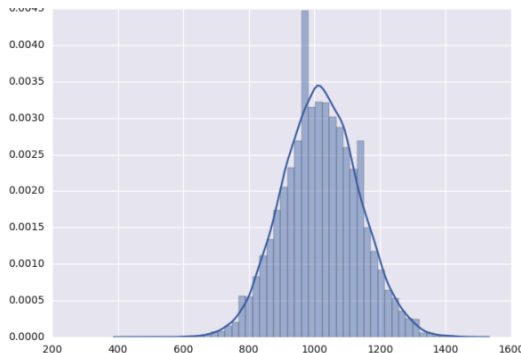
Example Conditions: CKD, CHF, DM2, CAD, Primary Hypertension, COPD, Atherosclerosis, Myocardial Infarction, Atrial Fibrillation, Breast Cancer, Melanoma, Colon Cancer, Multiple Myeloma, Prostate Cancer, Obstructive Sleep Apnea, Alzheimer's Disease, Inflammatory Bowel Disease, Alcohol / Drug / Substance Abuse, Mood Disorders (Depression), Rheumatoid Arthritis

# CASE STUDY | Risk Adjustment: Diabetes : 3X+ ROI MA Above the Dropped Dx Baseline

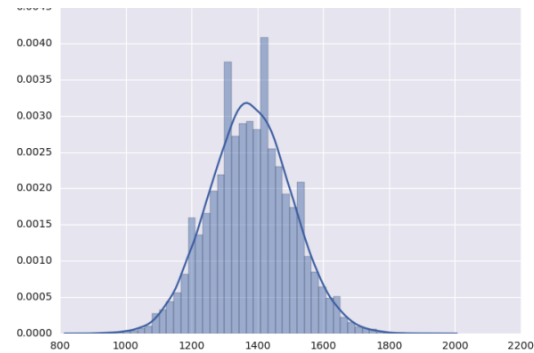
## Standard Regression



## Regression + Lumiata AI for Data



## Lumiata AI for Data & Deep Learning



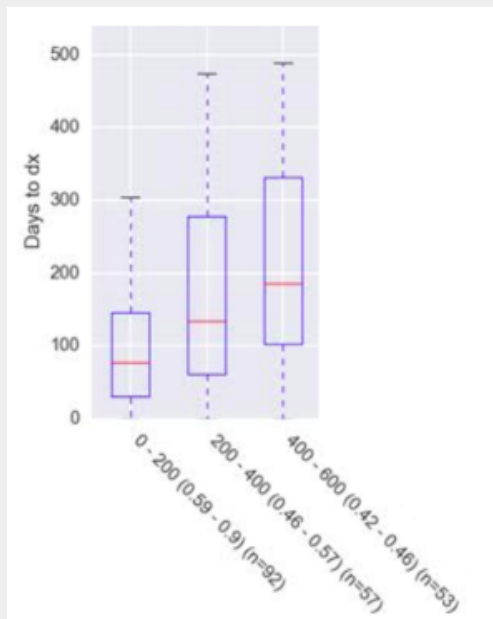
1K	\$540K	\$1.5M	\$1.5M
5k	\$1.35M	\$3M	\$3.6M
10K	\$1.2M	\$3.3M	<b>\$3.9M</b>
50K	-\$6.9M	-\$3.8M	-\$750K
100K	-\$20M	-\$17.1	-\$11.2M

Capacity e.g. Median Payout for a DM2 Chase List for Medicare Advantage **10:1 Ratio** on a 100K population where cost=\$300 and benefit=\$3000

## Lumiata AI for Engagement

Chase List Size	Precision
100	90.0
500	81.2
1000	57.0
2500	36.0
5000	23.8
7500	19.3
10000	16.7

## Time-banded Insight



## Clinical Rationale for Each Prediction

### Supporting Evidence for CKD

#### Patient 110

##### Past Medical History (Name, Code) (Last date reported)

- Essential hypertension (disorder) (59621000)http://inomed.info/act - 12/31/2013
- Weight decreased (finding) (26228001)http://inomed.info/act - 01/23/2014
- Anemia (disorder) (271737000)http://inomed.info/act - 01/23/2014
- Urinary tract infectious disease (disorder) (98566000)http://inomed.info/act - 01/14/2014
- Pleural effusion (disorder) (80046000)http://inomed.info/act - 01/03/2014
- Abdominal pain (finding) (21522001)http://inomed.info/act - 01/03/2014
- Systemic inflammatory response syndrome (disorder) (238149007)http://inomed.info/act -
- Septic shock (disorder) (76571007)http://inomed.info/act -
- Jaundice (finding) (18166001)http://inomed.info/act -
- Renal failure syndrome (disorder) (42399002)http://inomed.info/act -
- Acidosis (disorder) (51387000)http://inomed.info/act -
- Kidney stone (disorder) (95570007)http://inomed.info/act -
- Iron deficiency anemia (disorder) (87522002)http://inomed.info/act -
- Pulmonary congestion and hypotaisis (disorder) (196115007)http://inomed.info/act -
- Hypothyroidism (disorder) (40930008)http://inomed.info/act -
- Dyspnea (finding) (267036007)http://inomed.info/act -
- Systemic infection (disorder) (91302008)http://inomed.info/act -
- Deficiency anemia (disorder) (267513007)http://inomed.info/act -

##### Abnormal Lab Results (Name, Code) (Last date reported)

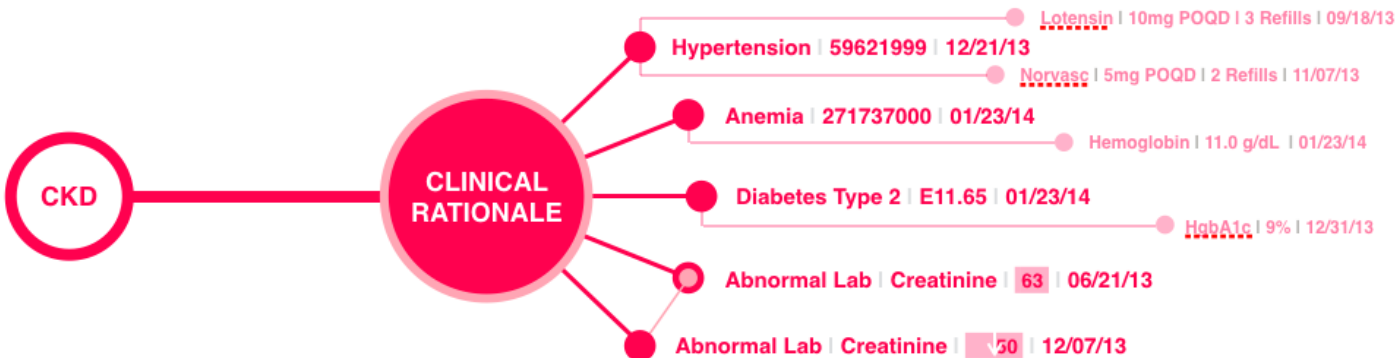
- Bilirubin total (Mass/volume) in Serum or Plasma (1975-2)http://loinc.org - 01/01/1900
- Creatinine (Mass/volume) in Serum or Plasma (2160-0)http://loinc.org - 01/01/1900
- Thyrotropin [Units/volume] in Serum or Plasma (3016-3)http://loinc.org - 01/01/1900
- Hemoglobin (Mass/volume) in Blood (718-7)http://loinc.org - 01/01/1900
- Iron (Mass/volume) in Serum or Plasma (2498-4)http://loinc.org - 01/01/1900
- Globulin (Mass/volume) in Serum (2336-6)http://loinc.org - 01/01/1900
- Albumin/Globulin (Mass Ratio) in Serum or Plasma (1759-0)http://loinc.org - 01/01/1900
- Albumin (Mass/volume) in Serum or Plasma (1751-7)http://loinc.org - 01/01/1900
- C reactive protein (Mass/volume) in Serum or Plasma (1988-5)http://loinc.org - 01/01/1900
- Ferritin (Mass/volume) in Serum or Plasma (2276-4)http://loinc.org - 01/01/1900
- Erythropoietin (EPO) [Units/volume] in Serum or Plasma (15061-5)http://loinc.org - 01/01/1900

## In healthcare, interpretable predictions are key to driving targeted action.

“I don’t need to know exactly why Netflix recommends certain movies to me — if it looks like a fit, I’m happy to take their recommendation. On the other hand, if your AI tells me that I should undergo an invasive medical treatment because a deep neural network (DNN) recommends it — well, I’m going to want to understand why before I take your recommendation.” - [Jillian Schwiep](#)

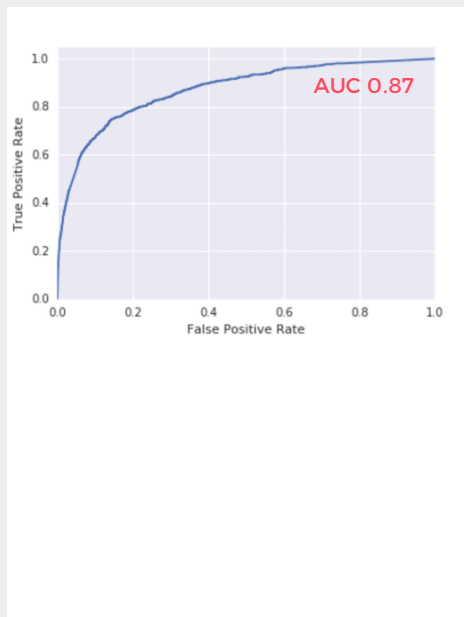
@blueyard **The Prediction**

**The Proof**

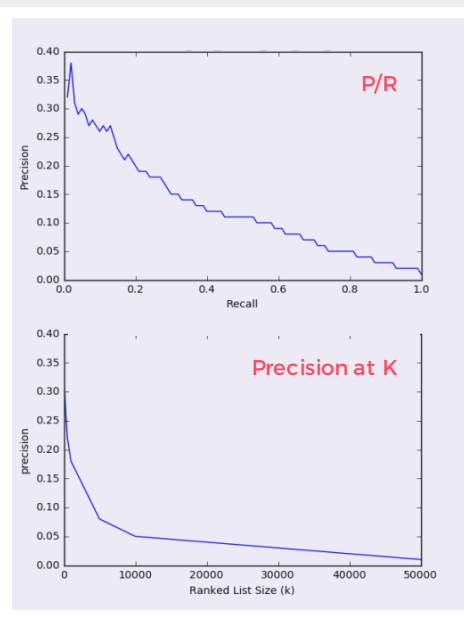


## The Science (e.g., model for **CKD**) : Ensuring real world performance is exactly as predicted

### + ROC



### + PR Curve



### + Clinical Rationale

#### Supporting Evidence for CKD

**Patient 110**

Past Medical History (Name, Code) (Last date reported)	Abnormal Lab Results (Name, Code) (Last date reported)
1. Essential hypertension (disorder) (59821000)( <a href="http://inomed.info/ict">http://inomed.info/ict</a> ) - 12/31/2013	1. Bilirubin total (Mass/volume) in Serum or Plasma (1975-2)( <a href="http://loinc.org">http://loinc.org</a> ) - 01/01/1900
2. Weight decreased (finding) (26228001)( <a href="http://inomed.info/ict">http://inomed.info/ict</a> ) - 01/23/2014	2. Creatinine (Mass/volume) in Serum or Plasma (2160-0)( <a href="http://loinc.org">http://loinc.org</a> ) - 01/01/1900
3. Anemia (disorder) (2711737003)( <a href="http://inomed.info/ict">http://inomed.info/ict</a> ) - 01/23/2014	3. Thyroglobin [Units/volume] in Serum or Plasma (3016-3)( <a href="http://loinc.org">http://loinc.org</a> ) - 01/01/1900
4. Urinary tract infectious disease (disorder) (88566002)( <a href="http://inomed.info/ict">http://inomed.info/ict</a> ) - 01/14/2014	4. Hemoglobin (Mass/volume) in Blood (718-7)( <a href="http://loinc.org">http://loinc.org</a> ) - 01/01/1900
5. Pleural effusion (disorder) (80046008)( <a href="http://inomed.info/ict">http://inomed.info/ict</a> ) - 01/03/2014	5. Iron (Mass/volume) in Serum or Plasma (2498-4)( <a href="http://loinc.org">http://loinc.org</a> ) - 01/01/1900
6. Abdominal pain (finding) (21522001)( <a href="http://inomed.info/ict">http://inomed.info/ict</a> ) - 01/03/2014	6. Globulin (Mass/volume) in Serum (2306-6)( <a href="http://loinc.org">http://loinc.org</a> ) - 01/01/1900
7. Systemic inflammatory response syndrome (disorder) (238149007)( <a href="http://inomed.info/ict">http://inomed.info/ict</a> ) -	7. Albumin/Globulin (Mass Ratio) in Serum or Plasma (1759-0)( <a href="http://loinc.org">http://loinc.org</a> ) - 01/01/1900
8. Septic shock (disorder) (78571007)( <a href="http://inomed.info/ict">http://inomed.info/ict</a> ) -	8. Albumin (Mass/volume) in Serum or Plasma (1751-7)( <a href="http://loinc.org">http://loinc.org</a> ) - 01/01/1900
9. Jaundice (finding) (18165001)( <a href="http://inomed.info/ict">http://inomed.info/ict</a> ) -	9. C reactive protein (Mass/volume) in Serum or Plasma (1988-5)( <a href="http://loinc.org">http://loinc.org</a> ) - 01/01/1900
10. Renal failure syndrome (disorder) (42399002)( <a href="http://inomed.info/ict">http://inomed.info/ict</a> ) -	10. Ferritin (Mass/volume) in Serum or Plasma (2276-4)( <a href="http://loinc.org">http://loinc.org</a> ) - 01/01/1900
11. Acidosis (disorder) (51387008)( <a href="http://inomed.info/ict">http://inomed.info/ict</a> ) -	11. Erythropoietin (EPO) [Units/volume] in Serum or Plasma (15061-5)( <a href="http://loinc.org">http://loinc.org</a> ) - 01/01/1900
12. Kidney stone (disorder) (95570007)( <a href="http://inomed.info/ict">http://inomed.info/ict</a> ) -	
13. Iron deficiency anemia (disorder) (87522002)( <a href="http://inomed.info/ict">http://inomed.info/ict</a> ) -	
14. Pulmonary congestion and hypotaesia (disorder) (196115007)( <a href="http://inomed.info/ict">http://inomed.info/ict</a> ) -	
15. Hypothyroidism (disorder) (40930008)( <a href="http://inomed.info/ict">http://inomed.info/ict</a> ) -	
16. Dyspnea (finding) (267036007)( <a href="http://inomed.info/ict">http://inomed.info/ict</a> ) -	
17. Systemic infection (disorder) (91302008)( <a href="http://inomed.info/ict">http://inomed.info/ict</a> ) -	
18. Deficiency anaemias (disorder) (267513007)( <a href="http://inomed.info/ict">http://inomed.info/ict</a> ) -	

# IMPACT | Actionable Analytics that Lead to Better Engagement and Results

## Potential High Risk Conditions

Our analysis takes into account *83% of data which you did not have access to* and indicates he may have or has a high risk for *metabolic syndrome*.

### Metabolic Syndrome [ICD9 277.7][ICD10 E88.81]

documented supporting evidence

- *unknown* <sup>(?)</sup> diabetes mellitus type 2
- *unknown* <sup>(?)</sup> elevated serum triglyceri...
- *unknown* <sup>(?)</sup> hyperlipidemia
- *unknown* <sup>(?)</sup> dyslipoproteinemia
- *unknown* <sup>(?)</sup> hypertriglyceridemia
- *unknown* <sup>(?)</sup> hypercholesterolemia
- *unknown* <sup>(?)</sup> high cholesterol

documented abnormal labs (range per lab center)

feedback / actions

- confirm dx
- will test for dx
- ask screening questions
- defer
- disagree with dx

example testing:

## Potential High Risk Conditions (Retrospective)

*no gaps found*

## Patient Applicable Guidelines

monitoring tasks (not done according to available data)

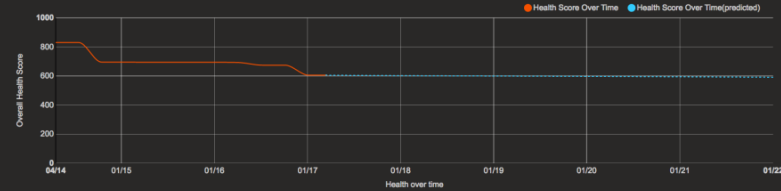
- 10 yr cvd risk
- ekg
- blood pressure monitoring
- body mass index
- fasting lipid panel
- liver function tests
- serum tsh

potential therapy options to consider

- saturated fat intake <7% total calories
- resistance training
- monitor carbohydrate intake
- fibrate

## Health Trajectory

The Health Trajectory is a visualization of how an individual's health score changes over time from the past, to present, to the future. The Lumiata Health Score is a measure from 0 to 1000 that is used to quantify the current state and cumulative health risk of a patient by examining the patient's current state, and calculating the probability of getting over 300 chronic conditions. Lumiata also factors in the downstream long term acute and chronic complications of these conditions to create a cumulative risk score. It is important to note that the health score is normalized to age and gender.



## Risk Progression Analysis



Moving the conversation from an administrative one to a clinical one, where action is taken on data insights up to 60 – 70 percent of the time because each opportunity is backed by a clear clinical rationale.

## MATRIX SUITE | The Numbers

The Lumiata Matrix Suite™ predicts individual and cohort health trajectories for risk-bearing entities at scale, in near-real time, driving workflow automation, reducing revenue leakage, and improving time-to-intervention metrics. The results?

### Top Line

- + Nearly 50% increase in revenue with Lumiata Matrix Suite (approximately \$600 in revenue identified per patient)

### Bottom Line

- + Identify up to 20% of potential complications as much as 12 months earlier (versus current manual processes)

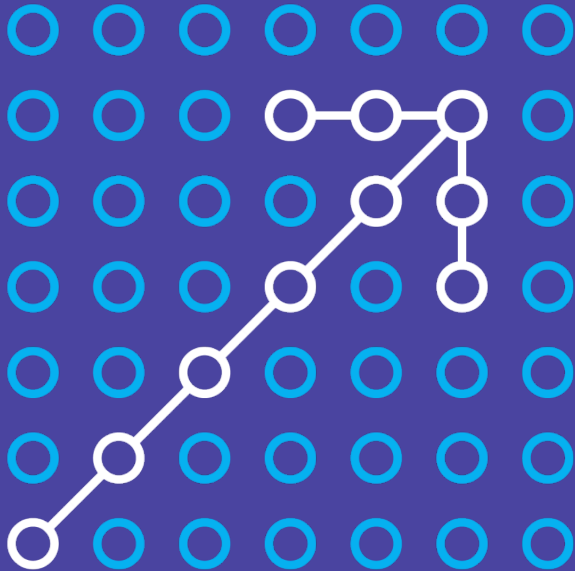
30% Better Prediction

1000's Of Providers

1M+ Patients



# The Opportunity

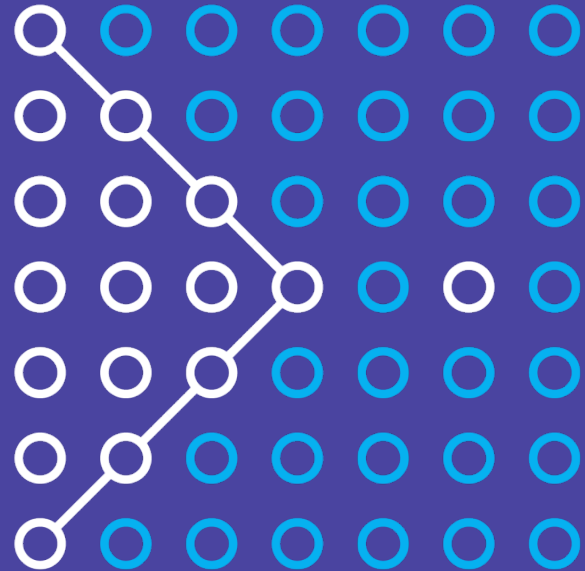


- GPU accelerated computing can power more effective, precise disease management.
- Lessons learned & opportunities for the industry

# #PredictiveAI: Putting AI To Work in Healthcare With GPU Acceleration

AI to optimize and improve critical data analytics functions:

- + AI for Data preparation
- + AI for Predictions
- + AI for Engagement





Thank you.  
Any questions?

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