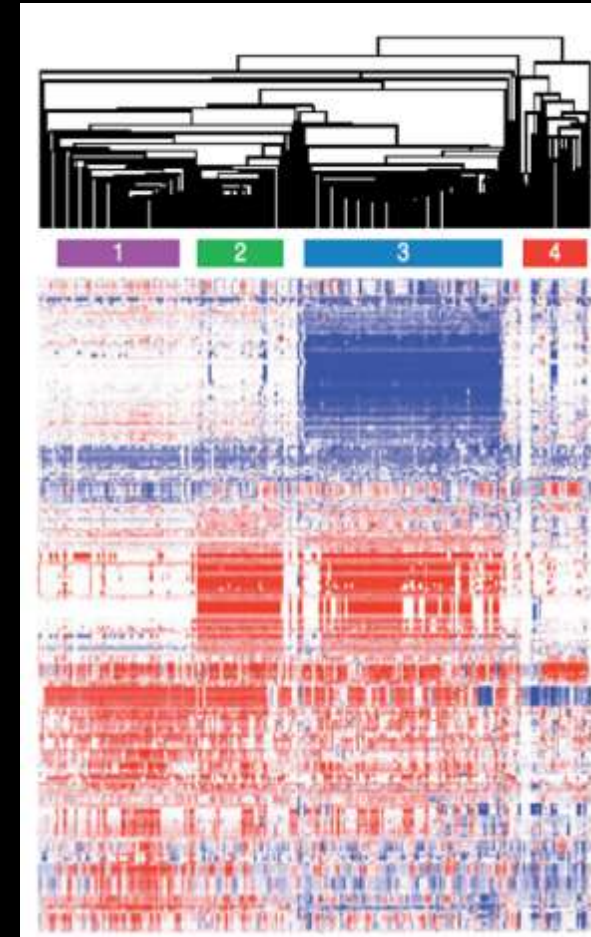
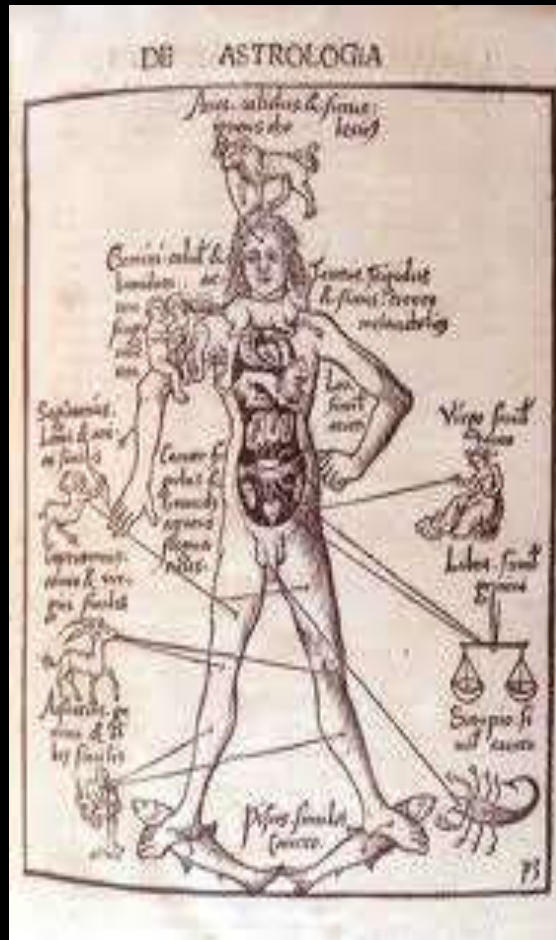


# Big Data and the Evolution of Precision Medicine

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**Michigan Institute for Data Science (MIDAS)**  
**Ann Arbor, MI**  
**October 6, 2015**

# Medical Progress: From Superstitions to Symptoms to Signatures



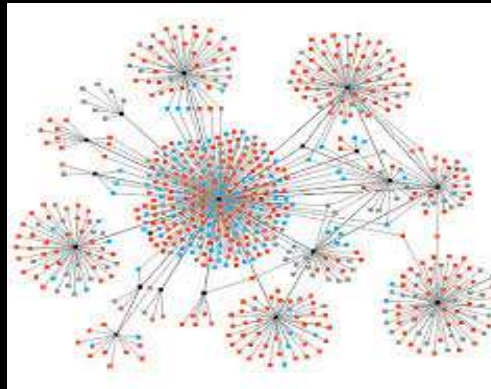
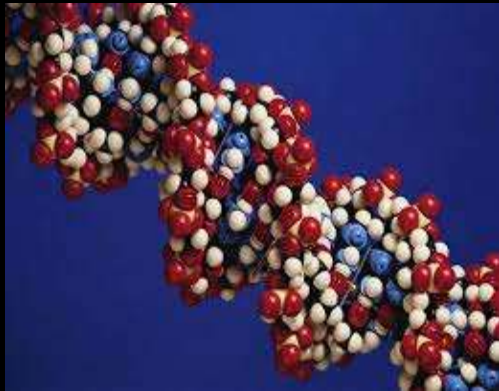
# Precision Medicine: Understanding the Organization of Complex Molecular Networks in the Health-Disease Continuum

**(Epi)Genome**

**Cell- and Organ-  
Specific Molecular  
Information Networks**

**The Phenotype and  
Individual Variation**

**Health**



**Disease**



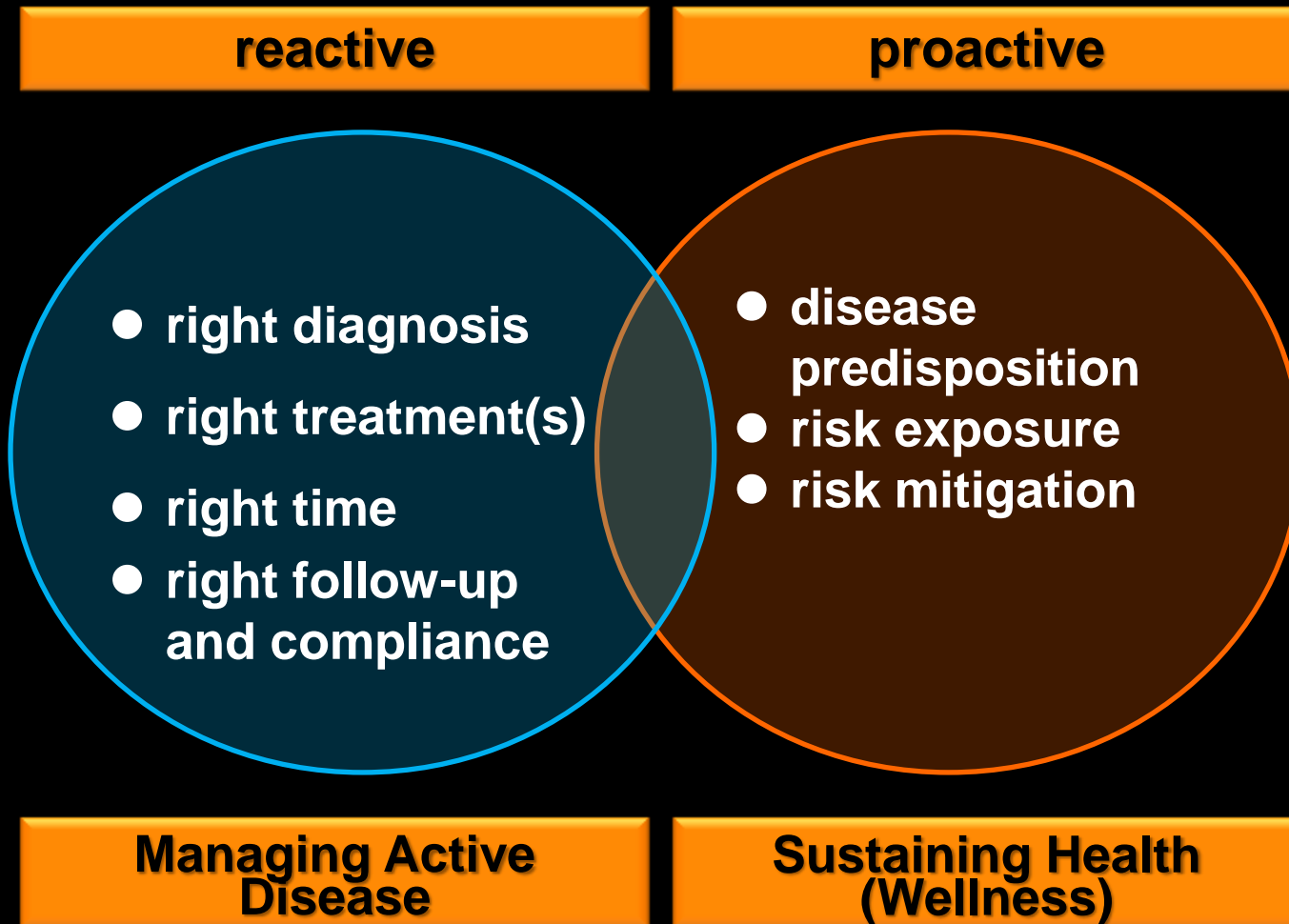
**Instructional Code**

**Disease-Induced  
Network Changes**

**panOmic Individual  
Profiling and Optimum  
Care Decisions**



# Precision Medicine: Managing Individual Health Risk



# **Precision Medicine: The Complexity of Genotype-Phenotype Relationships**

**The Need for Deep Phenotyping**

**Genome Sequencing Alone Will Not Suffice**

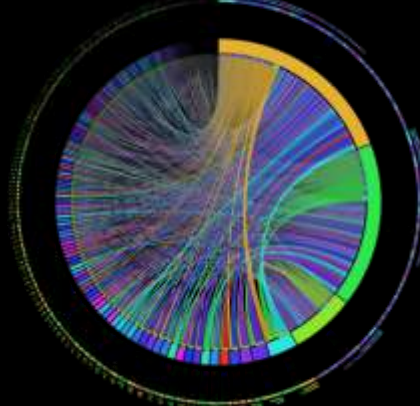
**Understanding the Complex Interplay Between  
PanOmics, Environment and Lifestyle**

# Establishment of Causal Relationships Between Alterations in Molecular Networks and Disease Risk, Disease Progression and Intervention Outcomes

**Large Scale  
Population  
Profiling**



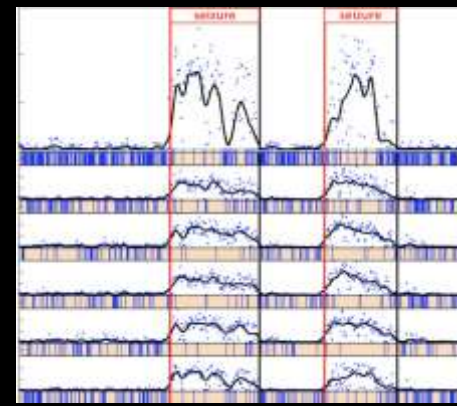
**Integrated  
Molecular, Clinical,  
Environmental and  
Lifestyle Data**



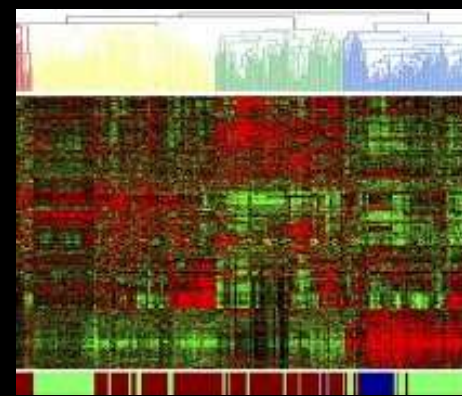
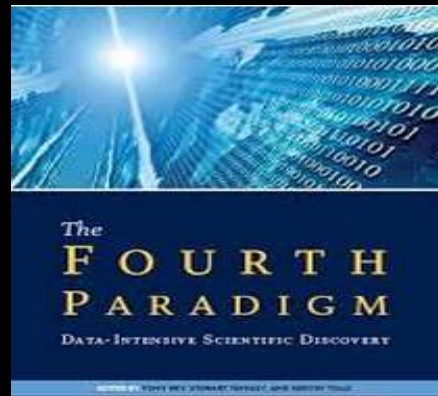
**Pattern Analysis  
of the  
Health-Disease  
Continuum**



**Multi-parameter  
Individual  
Risk Profile**



**M**  
**University of Michigan  
Health System**



**Population Health  
Management**

**Big Data and  
Data Science**

**The Molecular  
Taxonomy of  
Health and Disease**

**Optimized Individual  
Care and Health  
Risk Reduction**



# The Evolution of a Data-Driven Health Ecosystem: Systematic Integration of Diverse Data Sets for Population Health Analytics

## Continuity of Care Record: From Womb to Tomb



**Behavior**

**Environment**

# **AORTA (Always On Real Time Access): Continuous Monitoring of Health Status**

- **majority of events affecting an individual's health occur outside of healthcare facilities**
- **new technologies and real-time, remote monitoring of health status and treatment compliance**
  - **wearables, sensors, social media**
- **new patterns of consumer/patient interaction with the healthcare system and healthcare professionals (“expanded touch points”)**
- **progressive evolution of a seamless blend of online and physical services for clinical care and individual health risk management**



# m.Health



**Real Time  
Remote  
Health  
Monitoring  
and  
Chronic  
Disease  
Management**



**Lifestyle  
and  
Fitness**



**Information  
for  
Proactive  
Health  
Awareness  
(Wellness)**

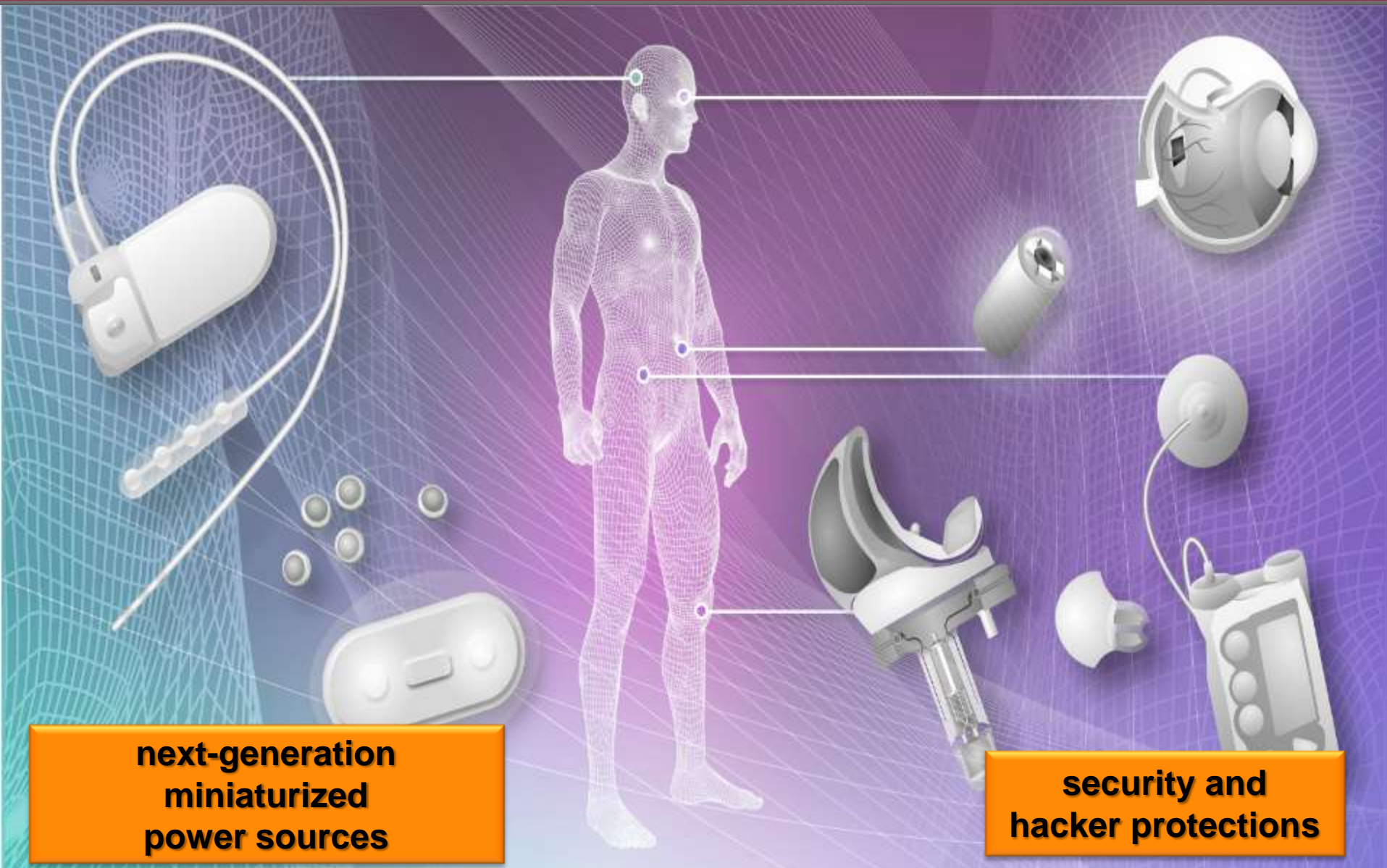


# Telemedicine: Diagnostics, Robotics, and Remote Monitoring of Health





# Implantable Devices and Wireless Monitoring (and Modulation)





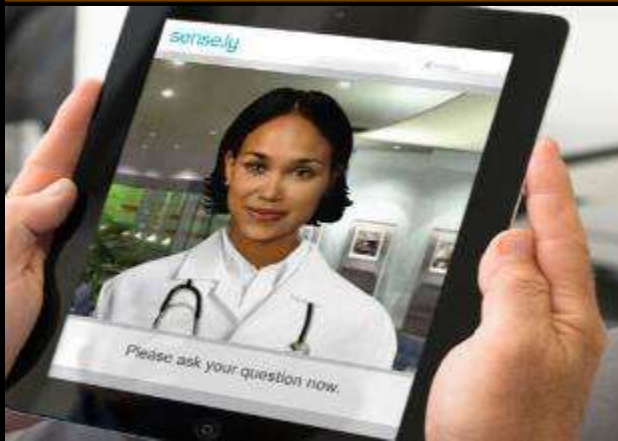
# Gray Technologies and Aging in Place: Independent But Monitored Living for Aging Populations



**Rx compliance**



**cognitive  
stimulation**



**in home support and  
reduced readmissions**



**reduced office visits**

# Mobile Apps, Wearables, Sensors and Continuous Monitoring

- who sets the standards?
- who integrates and interprets the data?
- who pays?
- who consents?
- who owns the data?

# **Social Spaces and Individual Behavior Become Quantifiable**

- **who knows why people do what they do?**
  - **the fact is that they do!**
- **these actions can now be traced and measured with unprecedented precision**
- **with sufficient data, the numbers reveal increasingly predictable behavior and individual risk patterns**
- **rapid growth in new business opportunities in multiple sectors including healthcare**
- **new ethical and legal issues**
  - **consent and data ownership**
  - **privacy, surveillance, security**



# **Population Health Research and Precision Medicine: Blurring the Boundaries Between Research and Clinical Care**

- **every individual is a data node**
- **every encounter (clinical and non-clinical)  
is a data point**
- **every individual becomes a research asset**



“Do you solemnly swear to have no involvement in your own care?”

# The Rise of Consumerism in Healthcare

**Provider Performance, Pricing Transparency Plus Choice**



**UX: User Experience**

- **“liquid expectations”**
  - **positive consumer experience in one domain generates expectations of similar convenience/value in other domains**



# The Principal Forces Shaping Biomedical R&D and Healthcare Delivery

## engineering and device-based medicine

- wearables
- sensors
- smart implants

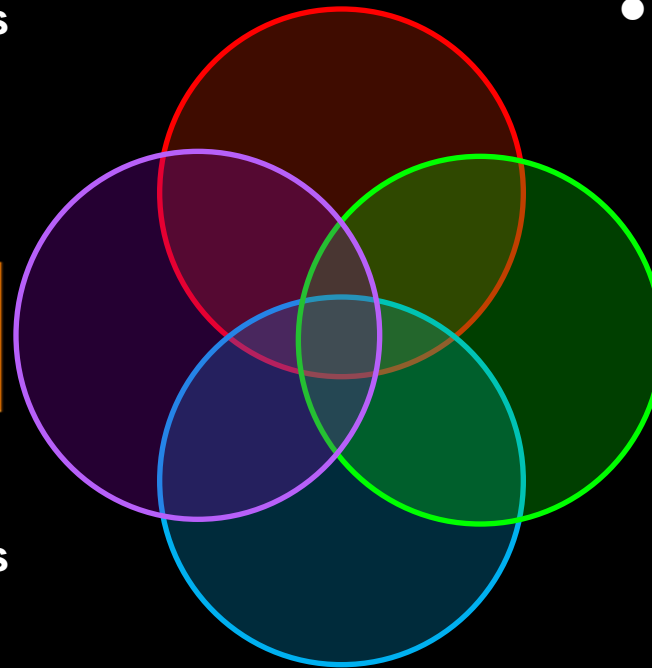
- remote health monitoring
- telemedicine
- robotics

## molecular (precision) medicine

- panOmics profiling
- analysis of disruption in biological networks in disease

## information-based healthcare

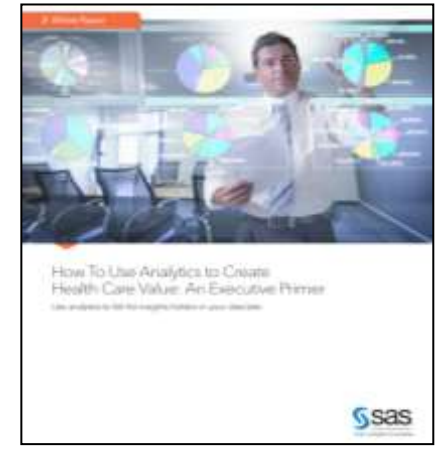
- m.health/e.health
- data- and evidence-based decisions and Rx selection



## BIG DATA

outcomes-based healthcare and sustainable health

new value propositions, new business models and services



# **The Worst Supply Chain in Our Society is the Health Information Supply Chain**

- **no area of the economy (15-20% GDP) generates as much information as the health sector yet uses it so poorly**
- **fragmented, disconnected data (data tombs)**
- **incompatible data formats as barriers to data integration**
- **incomplete and inaccurate data**



# **The Worst Supply Chain in Our Society in the Health Information Supply Chain**

- **slow transition from paper to electronic systems**
- **inadequate information on behavioral and environmental influences**
- **poor data protection at rest and in transit**
- **legislative barriers to data transfer based on well intentioned privacy protections**
- **EMR vendor barriers to facile data exchange**

# The Painful Evolution of Electronic Medical Records (EMRs)

## Scheduling and Billing



## Compliance



## Real Time Data and Decisions



# The Pending Zettabyte Era

1,000,000,000,000,000,000,000,000






**The V5 Big Data Challenge:  
Volume, Variety, Velocity, Veracity and Value**

**Managing Big Data in Biomedicine is Not a Simple  
Extrapolation from Current Practices**

**Current Institutional Structures and Competencies  
Are Ill-Prepared for Pending Disruptive Change**

# **Big Data 2025: Astronomical or Genomical?**

**(Z. D. Stephens et al. (2015) PLOS Biology 1002195)**

- **human genome sequencing data doubling every 7 months**
- **projected 1 exabase/year within 5 years**
- **projected 100 million to 2 billion human genomes sequenced by 2025**
- **data storage needs of 2 to 40 exabytes (@30x coverage)**
-  **1-2 exabytes for video storage**
-  **1-17 petabytes/year**
-  **Square Kilometre Array 1 exabyte/year**





# **“Digital Darwinism”: Stark Selection Pressures Will Create Haves and Have Nots**

- **growing imbalance between different end user populations and their ability to embrace large data scale and complex analytics**
- **institutions unable to access and analyze large data sets will suffer ‘cognitive starvation’ and relegation to competitive irrelevance**
- **understanding the structure of information and its productive application/customization will emerge as a critical institutional competency**
  - **“intelligence at ingestion”**

# **The Big 'N' Challenge in Making Precision Medicine a Reality: Building the 'Data Commons'**

- **development of a robust molecular taxonomy for the health-disease continuum will require comprehensive data capture and pattern analysis of multiple features**
  - **panOmics, clinical, risk exposure, life style**
  - **longitudinal continuity**
- **required scale will transcend the population cohort(s) available in all but the largest healthcare providers/payors**
- **new models for open data sharing and meta-analysis**

# **The Big 'N' Challenge in Making Precision Medicine a Reality: Building the 'Data Commons'**

- **urgent need for new policies and incentives for data sharing and open infrastructure (international?)**
- **how to integrate proprietary databases into an open infrastructure**
- **privacy and security: is individual de-identification illusory?**



# Computational- and Data-Enabled Science

**Bigger Data and Better Questions**

**Data Science: Thinking More Deeply About Data  
and Knowledge Generation**

**Big Data and Data Science Will Generate  
Destabilizing and Disruptive Knowledge**

# The Pending Era of Machine Intelligence and Cognitive Systems: Overcoming the “Bandwidth” Limits of Humans



- limits to individual expertise
- limits to our multi-dimensionality
- limits to our sensory systems
- limits to our experiences and perceptions
- limits to our objective decision-making

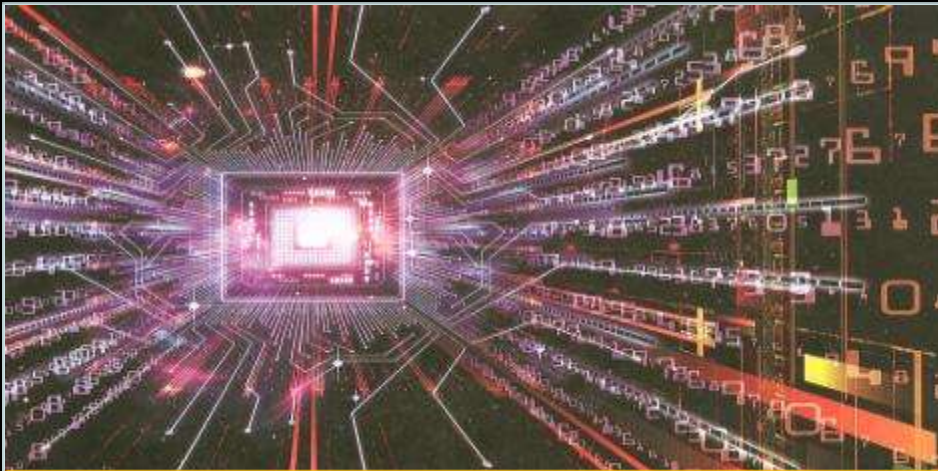
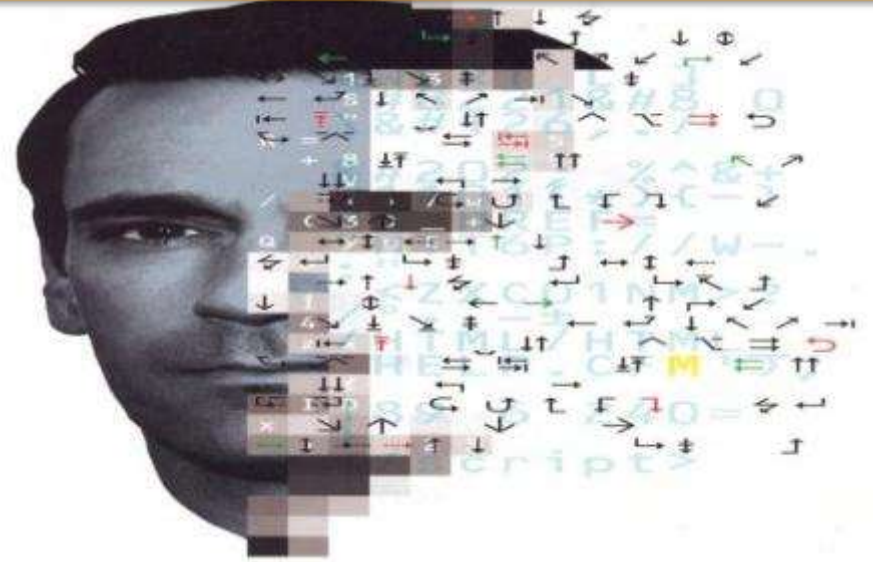
**“helping the slow brain  
catch up with the fast  
machine”**

# Technology Acceleration and Convergence: The Escalating Challenge for Professional Competency, Decision-Support and Future Medical Education Curricula

**Data Deluge**



**Cognitive Bandwidth Limits**



**Automated Analytics and Decision Support**



**Facile Formats for Actionable Decisions**



# **Living in a World Where the Data Analytics and Interpretation Algorithms Are Obscure to the End User**

- **ceding decision authority to computerized support systems**
- **resistance and push back in a MD-centric culture**
- **culturally alien to professionals in their expertise domains while they accept machine-based decision-support in many other aspects of their lives**
- **who will have the responsibility for validation and oversight of critical assumptions used in decision tree analytics for big data?**
  - **regulatory agencies and professional societies (humans)?**
  - **machines?**



# **Big Data: Changing the Intellectual Framework for Discovery and Knowledge Acquisition**

**hypothesis  
driven  
research**

**multi-disciplinary:  
team-based,  
systems-focus,  
big data sets**

**unbiased  
datasets  
and  
new analytics  
for  
pattern  
mining**

**reductionist:  
Individual  
investigator-  
centric,  
single discipline  
datasets**

**Defining An Optimum Balance**

# Data Science, Machine Intelligence and Decision Science

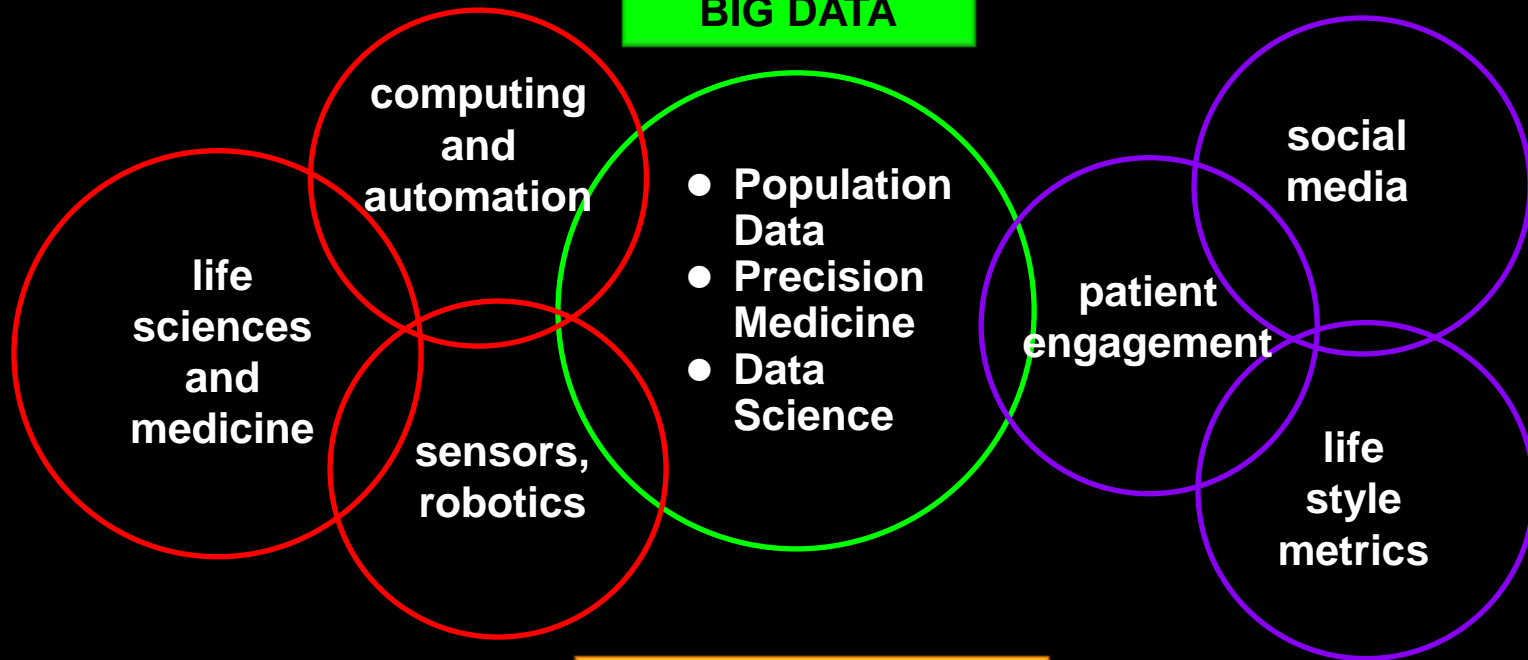
- **changing the nature of discovery**
  - hypothesis-driven versus unbiased analytics of large datasets (patterns, rules)
- **changing the cultural process of knowledge acquisition**
  - large scale collaboration networks, open systems versus individual investigators and siloed data
- **changing knowledge content**
  - increased quantification and complexity
  - integration of diverse data streams
- **changing the cognitive and intellectual competencies for knowledge-intensive competitiveness in multiple domains**
- **changing education, training and research**

# The Evolving Data-Intensive Healthcare Ecosystem

**technology convergence**

**connectivity, continuity  
and consumerism**

**BIG DATA**



**services  
integration  
(systems)**

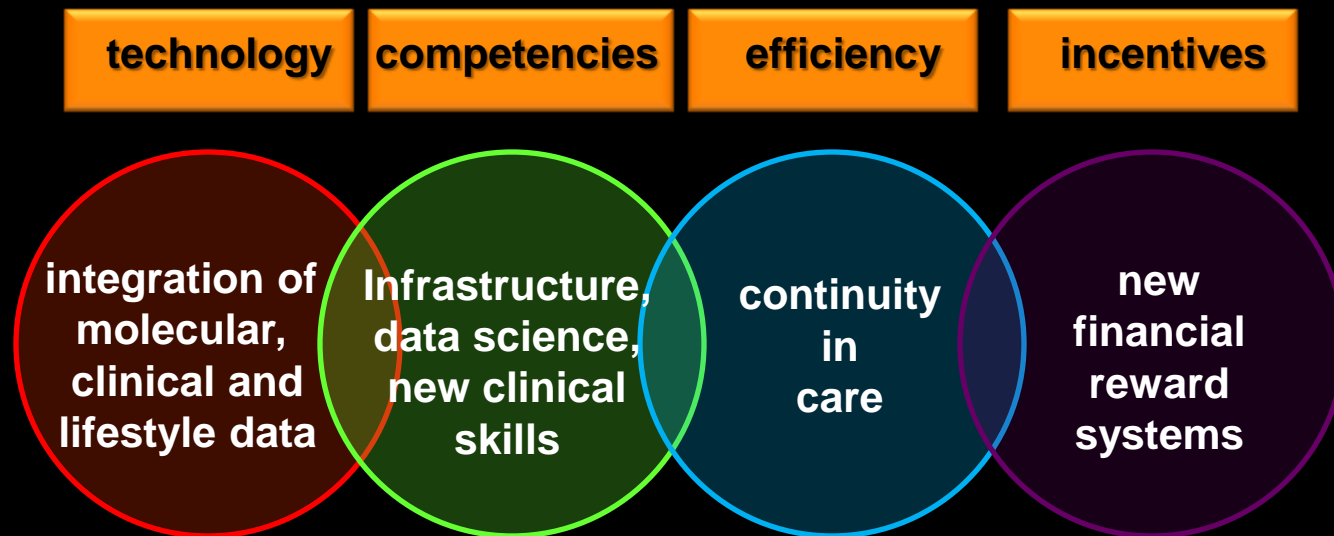
**analytics for  
actionable  
Information  
and improved  
outcomes  
(value)**

**the expanded  
care space  
(individuals)**





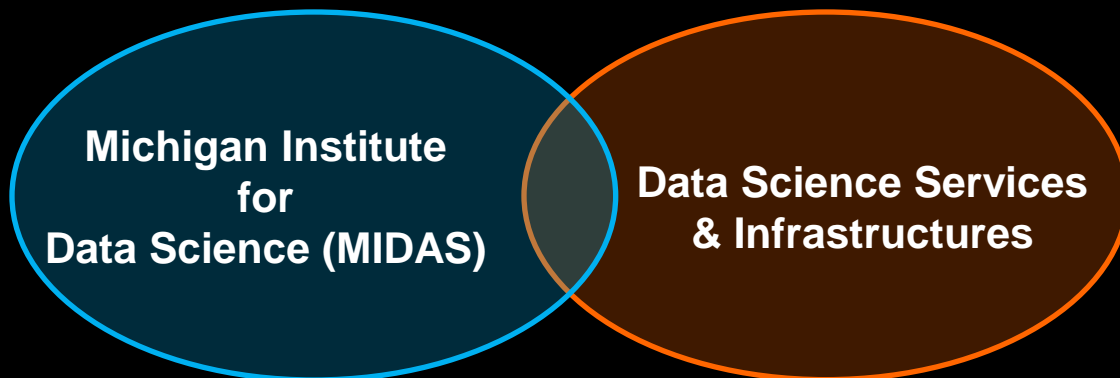
# Leveraging the Potential of Precision Medicine Will Require **PROFOUND CHANGES** in the Organization and Proficiency of Healthcare Services



- seamless integration of complex, diverse and dynamic data for real-time monitoring of health status and risk management
- shift from reactive episodic care encounters to increasingly proactive risk mitigation
- progressive shift from management of overt disease to sustained wellness and continuity in care



# Data Science at the University of Michigan



Health System  
Data and Analytics  
Integration

Department of  
Computational Medicine  
and Bioinformatics

UMHS-IT

UMMS Disruptive  
Care at Home Program

Michigan Center  
for Critical Care

Michigan Metabolomics  
and Obesity Center

Institute for Health  
Policy and Innovation

UMMS Dept.  
Learning Health Systems

SNRE Geospatial  
Health Informatics Center

School of Public Health  
FUSION Project

MIDAS:  
Transportation Science, Social Media,  
Personalized Health, Personalized Education

Michigan Health  
Communication Center

**Slides available @ <http://casi.asu.edu/>**

