



### Search? Analytics? Big Data? Which to Use? So Many Choices!

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Wednesday, March 14, 2012 Session Number: 10674



## **The Next Grand Challenge**





101210 510100

## Enterprise content: your organization's DNA How will you unlock its potential?

Like DNA strands that contain genetic code, enterprise content holds the key to enhanced business insight, agility and performance

#### **Enterprise content management**

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#### Data, Data, and More Data



#### To achieve competitive edge Organizations need to be smarter, faster

- 77% of CEOs say they do not have realtime information to make key business decisions
- 1 in 3 business leaders frequently make business decisions based on information they don't have, or don't trust
- 1 in 2 business leaders say they don't have access to the information they need to do their jobs

Companies that invest in business insight outperform their peers, showing 33% higher revenue growth, 12 times more profit growth, and 32% higher return on invested capital.





#### To enhance customer intimacy and employee collaboration **Business is becoming more social**

- 69% of executives report gaining measurable business benefits from social technologies
- 52% of organizations plan to increase investment in social media and collaboration tools in 2010

"Social media has shifted control of the corporate message away from the organization and towards consumers and other stakeholders, and running away and hiding is no longer the safe option."





# Social business drives an unprecedented need for insight from natural language conversations



annually made about products and services \*\*

#### 770 million people

worldwide visited a social networking site \*



44x information growth by 2020 \*\*\*

# Public Social Media Image: Conversations about quality, experience, price, value, service ...

- Forums and Newsgroups
- Wikis, Blogs and Microblogs
- Social Networks
- Social Media News Aggregators



#### **Corporate** Social Business

*Conversations about strategy, projects, issues, risks, outcomes ...* 





*In addition to conversations about quality, experience, price, value, service ...* 

- Wikis, RSS and Forums
- Email and Collaborative Content
- Call Center Notes and Recordings
- Customer and Employee Surveys
- Reports, Minutes and Research



Sources: \* comScore, Social Networking Phenomenon \*\* Empowered, a book by Josh Bernoff / Ted Schadler \*\*\* IDC Digital Universe Study, May 2010

# Separate the signal from the noise

Leveraging content requires the ability to search, assess and analyze large volumes of text in order to understand and determine relevant insight quickly ... from multiple information sources inside and outside the firewall.





# Truly understanding natural language is the next great computing challenge

- Over 80% of information today is unstructured and based on natural language
   The impact of Systems of
- The impact of Systems of Engagement both inside and outside the firewall is dramatic ... such masses of information not easily understandable by humans
- Legacy approaches have all failed; "searching" not the right approach
- A new approach is needed, leveraging content analysis and natural language processing





## **The Next Grand Challenge**





## Real language is real hard



#### Chess

- A finite, mathematically well-defined search space
- Limited number of moves and states
- Grounded in explicit, unambiguous mathematical rules

#### Human Language

- Ambiguous, contextual and implicit
- Contains slang, riddles, idioms, abbreviations, acronyms and more
- Grounded only in human cognition
- Seemingly infinite number of ways to express the same concepts and meaning





# The hard part: understanding natural languages with confidence and accuracy

• Where was Einstein born?

Unstructured

One day, from among his city views of Ulm, Otto chose a watercolor to send to Albert Einstein as a remembrance of Einstein's birthplace.

• Welch ran this?

*If leadership is an art then surely Jack Welch has proved himself a master painter during his tenure at GE.* 



| Person   | Organization |  |  |  |  |
|----------|--------------|--|--|--|--|
| J. Welch | GE           |  |  |  |  |



#### The Jeopardy! Challenge **5 key dimensions to drive the technology**

Broad/open domain

**Complex language** 

**High precision** 

Accurate confidence

**High speed** 

\$200 If you're standing, it's the direction you should look to check out the wainscoting

\$800

In cell division, mitosis splits the nucleus & cytokinesis splits this liquid *cushioning* the nucleus

#### \$1000

Of the 4 countries in the world that the U.S. does not have diplomatic relations with, the one that's farthest north



**ARE** in Atlanta

2012

#### The Big Idea: Evidence-Based Reasoning over Natural Language Content

- **Deep Analysis** of clues / questions and stored knowledge (content)
  - Search for many possible answers based on different interpretations of question
  - Possible answers depend on stored and available knowledge (content)
- Find, Analyze and Score Evidence from many different sources (not just one document)
  - For each possible answer using many advanced NLP and reasoning algorithms
- Combine Evidence and compute a confidence value for each possibility using statistical machine learning
  - Ranks possible answers based on confidence
  - If confidence is above the threshold then buzz in to answer







Walt Whitma

#### The technology behind IBM Watson How it Really Works with Content





#### The technology behind IBM Watson How it Really Works with Content





## Isn't this just like search?

**Question:** What happens if my shoelaces become untied?

Search only results:

• Results prove it didn't

• Can include profanity



I notice if my laces are corded then they will come untied over and over. .... This could also



#### Watson and IBM ECM Today

- Natural Language Processing (NLP) is the cornerstone to translate interactions between computers and human (natural) languages
  - Watson uses IBM Content Analytics to perform critical NLP functions
- Unstructured Information Management Architecture (UIMA) is an open framework for processing text and building analytic solutions
  - Several IBM ECM products leverage UIMA text analytics processing:
    - IBM Content Analytics
    - OmniFind Enterprise Edition
    - IBM Classification Module
    - IBM eDiscovery Analyzer





#### The Challenge: Bring Together a Large Volume and Variety of Data to Find New Insights









Detect life-threatening conditions at hospitals in time to intervene



Predict weather patterns to plan optimal wind turbine usage, and optimize capital expenditure on asset placement



Make risk decisions based on real-time transactional data



Identify criminals and threats from disparate video, audio, and data feeds



#### The Big Data Opportunity

Extracting insight from an immense volume, variety and velocity of data, in context, beyond what was previously possible.



Variety: Manage the complexity of multiple relational and nonrelational data types and schemas

Velocity: Streaming data and large volume data movement

Volume: Scale from terabytes to zettabytes

#### **Big Data Shouldn't Be a Silo** Must be an integrated part of your enterprise information architecture





#### The Solution – IBM's Big Data Platform Bring together any data source, at any velocity, to generate insight





SHARE Technology - Connections - Results

RISK

#### **Big Data and Watson**



Big Data technology is used to build Watson's knowledge base

Watson uses the Apache Hadoop open framework to distribute the workload for loading information into memory.



Watson can consume insights from Big Data for advanced analysis



### **Some Current Products**



- InfoSphere Streams
- InfoSphere BigInsights
- IBM Netezza
- Cognos Consumer Insights (CCI)
- IBM SPSS
- IBM Content Analytics (ICA)
- IBM Content and Predictive Analytics (ICPA)



# **IBM Content Analytics** is a platform to derive rapid insight

- Transform raw information into business insight quickly without building models or deploying complex systems.
- Derive insight in hours or days ... not weeks or months.
- Easy to use for all knowledge workers to search and explore content.
- Flexible and extensible for deeper insights.





••• 2012

## Enabling the power of rapid insight





- Find relevant enterprise content quickly and securely
- Assess enterprise content to decommission the unnecessary and govern the content that matters
- Customize rapid insight to industry and customer specific needs
- Enable deeper insights through integration to other systems and solutions



#### **ICPA**







#### ICPA Text Miner Facet /Document View

#### • Deploy NLP Model and index the documents and surface the NLP concepts as Text Miner facets for more efficient documents filtering for visual validation

W Text Miner Application for IBM Content Anal... +

|   |   |   |   | IBM Content Analytic  | cs  |      |                          | Collect | ion: Collection4H | (change)    | Logged in as: Not logged in      | Preferences   My Profile   He | elp   About |
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|   |   |   |   | Part of Speech <sup>2</sup>   |   | _    | tobacco abuse            | 1310    |                   | 1.0         |                                  |                               |             |
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| Filter:   | Windows file system   | 11/10/11  | MRN.FIN.Facility.Do   | Parental Diabetes   |   | -    |                          | 401     |                   | 1.0         |                                  |                               |             |
| Clear   | "Facility" "FIN" "MRN" "Docume  | nt" "Text"  |   | Parental Hypertension   |   |      | continues to smoke       | 340     |                   | 1.0         |                                  |                               |             |
| ▶ Part of Speech <sup>2</sup>                     | -<br>⊟Windows file system   | 11/10/11  | 999970.720312174  | Smoking Status  |   |      | He quit smoking          | 317     | -                 | 1.0         |                                  |                               |             |
| ▶ Phrase Constituent <sup>2</sup>                 | "SMCA" 720312174.00 999970  |   | 1198 SETON MEDICAL CENTE  | SmokingStatus Smoker  |   |      | denies any tobacco       | 283     |                   | 1.0         | THE R. LEWIS CO., LANSING, MICH. |                               |             |
| Named entity <sup>2</sup>                         | NAME: WARREN, GARY L MED  | ICAL RECORD #: 99997  | 0 PATIENT STATUS: I ROOM: 0   | SmokingStatus Nonsmoker<br>SmokingStatus Evidence   |   |      | patient does not smoke   | 272     | -                 | 1.0         |                                  |                               |             |
| My Keywords                                       | 06/29/2011 DATE OF PROCED<br>History of polyps. Patient is a ca   | andidate for left ventricul   | ar assist device or heart transp  |   | _   |      | denies smoking           | 272     |                   | 1.0         |                                  |                               |             |
| LVEF  | care because of patient's class<br>perianal exam was normal. Dio  |   |   | Search type:<br>Facet search  | -   |      | Denies smoking           | 204     | -                 | 1.0         |                                  |                               |             |
| Familial Cancer                                   | The prep was rated as 5/5. Find   | dings were as follows: M  | oderate sigmoid di  | Facet Path:   | _   |      | SOCIAL HISTORY: Quit sma | 204     | -                 | 1.0         |                                  |                               |             |
| familial Diabetes                                 | Windows file system   | 11/10/11  | 999970.720312174  | \$.SmokingStatusEvidence<br>Keyword:  |   |      | patient quit smoking     | 202     |                   | 1.0         |                                  |                               |             |
| Familial Stroke                                   |   |   |   |   |   |      | patient denies tobacco   | 202     |                   | 1.0         |                                  |                               |             |
| General Family History                            | "SMCA" 720312174.00 999970<br>TEXAS PATIENT NAME: WARRE   | EN, GARY L MEDICAL RE   | ECORD #: 999970 PATIENT ST/   | O New search  | -   |      | No history of tobacco    | 195     |                   | 1.0         |                                  |                               |             |
| Parental Diabetes                                 | ADMISSION: 06/29/2011 HISTO<br>VAD/transplant. The patient's ca   |   |   | e experienced weight loss, severe fa  | tique and                                 |      |                          |         |                   |             |                                  |                               |             |
| Parental Hypertension                             |   |   |   | ed with Adriamycin, bleomycin, vincri<br>d by significant bleeding. The patien  |   |      |                          |         |                   |             |                                  |                               |             |
| Smoking Status<br>SmokingStatus Smoker            | that he required multiple blood   |   |   | o by significant bieconig. The patien   | n states                                  |      |                          |         |                   |             |                                  |                               |             |
| SmokingStatus Nonsmoker                           |   |   | 000070 700240474 0  |   |   |      |                          |         |                   |             |                                  |                               |             |
| SmokingStatus Evidence                            | Windows file system   | 11/10/11  | -   | MCA.DischargeSummary.tx   | -   |      |                          |         |                   |             |                                  |                               |             |
| Search type:<br>Facet search Facet Path: Keyword: | TEXASPATIENT NAME: WARRE<br>ADMISSION: 06/29/2011 DATE (<br>Carol Ziebert, MD, pulmonology<br>surgery.The patient is followed | N, GARY LMEDICAL RE<br>OF DISCHARGE: 07/04/2<br>y.2. Dr. Pham, gastroente<br>at Seton Heart Failure C<br>ricular tachycardia with h | CORD #: 999970 PATIENT STATU<br>1011ADMITTING PHYSICIAN:Mary<br>prology.3. Dr. Zagrodzky, electroph<br>linic.DISCHARGE DIAGNOSES:1<br>istory of ICD fire and antitachycar | TER DISCHARGE SUMMARYAUSTIN<br>IS: IROOM: 0362 DOB: 11/12/1948D<br>/ Beth Cishek, MD.CONSULTING PH<br>ysiology.4. Dr. Kerendi, cardiothorac<br>Severe nonischemic cardiomyopat<br>dia pacingthis admission.3. Central | ATE OF<br>YSICIAN:1.<br>ic<br>thy with an |      |                          |         |                   |             |                                  | <b>RE</b> in Atla             | nta         |
| New search  | Windows file system   | 11/10/11  | 999970.720312174.5  | MCA.ConsultationNote.bd   |   |      |                          |         |                   |             | **** 2                           | 2012                          |             |
|   |   |   |   |   |   |      |                          |         |                   |             |                                  |                               |             |

## What are Companies Doing?



- Engineering: Analyzing such things as wind data, radiation, heat
- Business: Analyzing such things as social media likes and dislikes, customer activity, spending habits
- Healthcare: Analyzing streams of data from medical devices (such as in neonatal units) or looking at hospital discharges and predicting re-admittance



# Optimize capital investments based on **6 Petabytes** of information

- Model the weather to optimize placement of turbines, maximizing power generation and longevity
- Build models to cover forecasting and real-time operation of power generation units
- Incorporate 6 PB of structured and semi-structured information flows



#### Applying Watson to the Real World **Continuous Evidence-Based Diagnostic Analysis**

**Diagnosis** 





#### Family Symptoms Findings Meds patient Confidence **Models Renal Failure** UTI Diabetes Influenza Hypokalemia **Esophogitis Most Confident Diagnosis: UTI** Considers and synthesizes a broad range of evidence improving quality, reducing cost **SHARE IN Atlanta** 2012

should be avoided if possible"

# Inconsistent quality and increasing costs require healthcare transformation in key areas





#### Medical Transcription Discharge Summary Sample # 2:

DATE OF ADMISSION: MM/DD/YYYY

DATE OF DISCHARGE: MM/DD/YYYY

ADMITTING DIAGNOSIS: Syncope.

#### HISTORY OF Unstructured data is messy b CHIEF COMP years ago,

weaknes

Doe

a.h.s

since one Echocardiogram Sample Report: months.

appetite.

#### DATE OF STUDY: MM/DD/YYYY

#### PROCEDI DATE OF INTERPRETATION OF STUDY:

syncope. Overall, the study was subop

thickenir pattern.

CONSULT

Echocardiogram was obtained for assessment of left ventricular function. The patient has been admitt

#### FINDINGS: PAST ME hyperten 1. Aortic root appears normal. 2. Left atrium is mildly dilated. No gros recognized, although subtle abnormali FAMILY H atrium is of normal dimension. 3. There is echo dropout of the interat SOCIAL H could not be excluded. 4. Right and left ventricles are normal ventricular systolic function appears to ALLERGIE fraction is around 55%. Again, due to p abnormalities in the distribution of late excluded. REVIEW hemorrh 5. Aortic valve is sclerotic with normal and feet. Doppler study demonstrates trace aort 6. Mitral valve leaflets are also scleroti flow imaging and Doppler study demor PHYSICA mitral regurgitation. Appeara 7. Tricuspid valve is delicate and open masses. clearly seen. No evidence of pericardia rhythm. smooth r within nd CONCLUSIONS: 1. Poor quality study. LABORA1 2. Eyeball ejection fraction is 55%. neutroph 3. Trace to mild degree of mitral regur 1.6, PTT 4. Trace aortic regurgitation.

The patient had a chest x-ray, which showed cardiomeg effusion, a left costophrenic angle which has not change head CT, which showed atrophy with old ischemic change

e intracranial findings. **Cardiology Consultation Transcribed Medical Transcription Sample Reports** DATE OF CONSULTATION: MM/DD/YYYY REFERRING PHYSICIAN: John Doe, MD CONSULTING PHYSICIAN: Jane REASON FOR CONSULTATION: Medications, diseases, HISTORY OF PRESENT ILLNESS disease. She underwent previous she has been relatively stable with exertional dyspnea with chest pair symptoms, non-symptoms, with a cardiac catheterization. The artery; this was a proximal lesion. ventricular function was mildly red hypokinesis. In view of these find lab measurements, social PAST MEDICAL HISTORY: 1. Coronary artery disease as des Dyslipidemia. Hypertension history, family history and Status post breast lumpectomy ALLERGIES: None. MEDICATIONS: Aspirin 81 mg d much more SOCIAL HISTORY: She guit smc year history. She does not abuse FAMILY MEDICAL HISTORY: MO REVIEW OF SYMPTOMS: There is no history of any CVAs, TIAs or seizures. No chronic headaches. No asthma, TB, hemoptysis or productive cough. There is no congenital heart abnormality or rheumatic fever history. She has no palpitations. She notes no nausea, vomiting, constipation, diarrhea, but immediately prior to admission, she did develop some diffuse abdominal discomfort. She says that since then, this has resolved. No diabetes or thyroid problem. There is no depression or psychiatric problems. There is no musculoskeletal disorders or history of gout. There are no hematologic problems or blood dyscrasias. No bleeding tendencies. Again, she had a history of breast cancer and underwent lumpectomy procedures for this with followup radiation therapy. She has been followed in the past 10 years and mammography shows no evidence of any recurrent problems. There is no recent fevers, malaise, changes in appetite or changes in weight PHYSICAL EXAMINATION: Her blood pressure is 120/70, pulse is 80. She is in a sinus rhythm on the EKG monitor. Respirations are 18 and unlabored. Temperature is 98.2 degrees Fahrenheit. She weighs 160 pounds, she is 5 feet 4 inches. In general, this was an elderly-appearing, pleasant female who currently is not in acute distress. Skin color and turgor are good. Pupils were equal and reactive to light. Conjunctivae clear. Throat is benign. Mucosa was moist and noncyanotic. Neck veins not distended at 90 degrees. Carotids had 2+ upstrokes bilaterally without bruits. No lymphadenopathy was appreciated. Chest had a normal AP diameter. The lungs were clear in the apices and bases, no wheezing or egophony appreciated. The heart had a normal S1, S2. No murmurs, clicks or gallops. The abdomen was soft nontender, nondistended. Good bowel sounds present. No hepatosplenomegaly was appreciated. No pulsatile masses were felt. No abdominal bruits were heard. Her pulses are 2+ and equal bilaterally in the upper and lower extremities. No

sclerotic heart disease, pleural

red to prior examination, COPD

clubbing is appreciated. She is oriented x3. Demonstrated a good amount of strength in the upper and lower extremities. Face was symmetrical. She had a normal gait. IMPRESSION: This is a (XX)-year-old female with significant multivessel coronary artery disease. The patient also has a

left main lesion. She has undergone several PTCA and stenting procedures within the last year to year and a half. At this point, in order to reduce the risk of any possible ischemia in the future, surgical myocardial revascularization is recommended.

PLAN: We will plan to proceed with surgical myocardial revascularization. The risks and benefits of this procedure were explained to the patient. All questions pertaining to this procedure were answered

**Cardiology Consultation Transcribed Medical Transcription Sample Reports** REFERRING PHYSICIAN: John Doe, MD

CONSULTING PHYSICIAN: Jane Doe, MD

HISTORY OF PRESENT ILLNESS: This (XX)-year-old lady is seen in consultation for Dr. John Doe. She has been under consideration for ventral hernia repair and has a background of aortic valve replacement and known coronary artery disease. The patient was admitted with complaints of abdominal pain, anorexia, and vomiting. She underwent a CT scan of the abdomen and pelvis and this showed the ventral hernia involving the transverse colon, but without strangulation. There an atrophic right kichey. She had bilateral renal cysts. The hepatic flexure wall was thickened. d diverticulosis without diverticulitis. It has been recommended to her that she

ntral hernia. For this reason, cardiology consult is obtained to assess d from the cardiac standpoint.

HISTORY: Bypass surgery. She underwent echocardiography and cardiac catheterization prior to the operation. Echocardiography showed an ejection fraction of 50%. There eft ventricular hypertrophy with septal wall 1.60 cm and posterior wall 1.55 cm. howed 90% stenosis in the anterior descending artery, situated distally he left ventricle. Only mild to moderate narrowing was seen elsewhere in

CORONARY RISK FACTORS: Her father had an irregular heartbeat and her brother had a fatal heart attack. She herself has had high blood pressure for 20 years. She has elevated cholesterol and takes Lipitor. She has had diabetes for 20 years. She is not a cigarette smoker. She does little physical exercise.

REVIEW OF SYMPTOMS: CARDIOVASCULAR AND RESPIRATORY: She has no chest pain. She sometimes becomes short of breath if she walks too far. No cough, She has occasional swelling of her feet. Occasionally, she gets mildly lightheaded. Has not lost consciousness. She tends to be aware of her heartbeat when she is tired. She has no history of heart murmur or rheumatic fever. GASTROINTESTINAL: Recent GI symptoms as noted above, but she does not usually have such problems. She has had no hematemesis. She has no history of ulcer or jaundice. She sometimes

tion and no blood in the stool. GENITOURINARY: She tends to have up once at night to pass urine. No dysuria, incontinence. She has had to stones noted, NEUROLOGIC: She has occasional headaches, No on, hearing, or speech. No limb weakness. MUSCULOSKELETAL: She ins and has a history of gout. HEMATOLOGIC: No anemia, s blood transfusion. GYNECOLOGIC: No gynecologic or breast

She has had shoulder and hand injuries and has had carpal tunnel

- tic and has been on insulin. She has chronic renal insufficiency with
- d hypothyroidism. She has had morbid obesity. She has chronic
- BiPAP. She has had hysterectomy and oophorectomy in the past.

spital, she was taking glipizide XL 2.5 mg daily, metoprolol 50 mg torvastatin 40 mg daily, Synthroid 75 mcg daily, aspirin 81 mg daily, ly, she is taking Lipitor 40 mg daily, Lantus 10 units at bedtime, oproiol 50 mg b.i.d., and Zosyn 2.25 grams q.6h. s not drink alcohol.

is not currently dyspneic, in no distress. She is alert, oriented, and

d react normally. No icterus. Mucous membranes well colored. nopathy. Jugular venous pressure not elevated. Carotids equal. per minute and regular and the blood pressure 132/78. The cardiac There is a grade 3/6 ejection systolic murmur heard medial to the with well heard radiation to the neck vessels. cussion and auscultation. Normal respiratory effort. der. The presence of a large ventral hernia is noted. dema. Posterior tibial pulses were felt bilaterally, but I did not feel the

#### lesions are noted.

**IOSTIC DATA:** Electrolytes are normal. BUN and creatinine 18/2.2. it is 7.6, hemoglobin 11.7 with hematocrit 34.9, platelets 187.000. in A1c 7.7. TSH 1.82. Troponin I was normal on three occasions. ged heart with postoperative changes, but no evidence of acute ble left atrial enlargement. Low voltage QRS, probable inferior wall terior wall infarction, age undetermined.

with bioprosthetic valve. Residual systolic murmur.

ase with severe stenosis in anterior descending artery, but this is s only a small mass of myocardium.

cular systolic function. The EKG appearance of previous myocardial indicating multiple other medical problems as listed above the chart

It appears that she does not wish to proceed with the if such surgery is not

surgery at this time, an

### •What Really Causes Readmissions at Seton Key Findings





#### The Data We Thought Would Be Useful ... Wasn't

- 113 candidate predictors from structured and unstructured data sources
- Structured data was less reliable then unstructured data increased the reliance on unstructured data

#### New Unexpected Indicators Emerged ... Highly Predictive Model

• 18 accurate indicators or predictors

|  | Predictor Analysis       | % Encounters<br>Structured Data | % Encounters<br>Unstructured Data |
|--|--------------------------|---------------------------------|-----------------------------------|
| 100  | Ejection Fraction (LVEF) | 2%                              | 74%                               |
| •97% at 80 <sup>th</sup> percentile                    |                          |                                 |                                   |
| <sup>60</sup><br>40•49% at 20 <sup>th</sup> percentile | Living Arrangements      | <1%                             | 73%<br>(100% Accurate)            |
| 20   |                          |                                 |                                   |
|  | Assisted Living          | 0%                              | 13%                               |
|  |                          |                                 |                                   |



## Working together



IBM Content and Predictive Analytics for Healthcare and IBM Watson for Healthcare

#### IBM Content and Predictive Analytics for Healthcare

Past, present and future analysis compliments Watson – with focus on customer data for **clinical** and **operational** outcomes



#### **Evidence Based Learned Knowledge**



Books, clinical guidelines, web resources, journals and other healthcare authoritative resources



#### IBM Watson for Healthcare



RE in Atlanta

Leverage learned knowledge with QA-style interactions for clinical applications such as diagnosis

September 12, 2011

## Imagine the Possibilities ...in a World with No Limits



## Information from Everywhere



- Data & content
- Apps, web & sensors
- At rest & in motion
- Integrated & federated

Radical Flexibility



- Virtualization at every level
- Automated administration
- Easy-to-use analytics

Extreme Scalability



- "Big data" analytics
- Real-time stream processing
- Efficient parallelism
- Workload-optimized









2012



## Thank you