



Use of Artificial Intelligence in Digital Health Technologies

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November 23, 2024





“I think the biggest innovations of the 21st Century will be at the intersection of biology and technology.”

Steve Jobs

Disclosure

- No conflict of interest

Objectives



TO BRIEFLY DEFINE
ARTIFICIAL
INTELLIGENCE

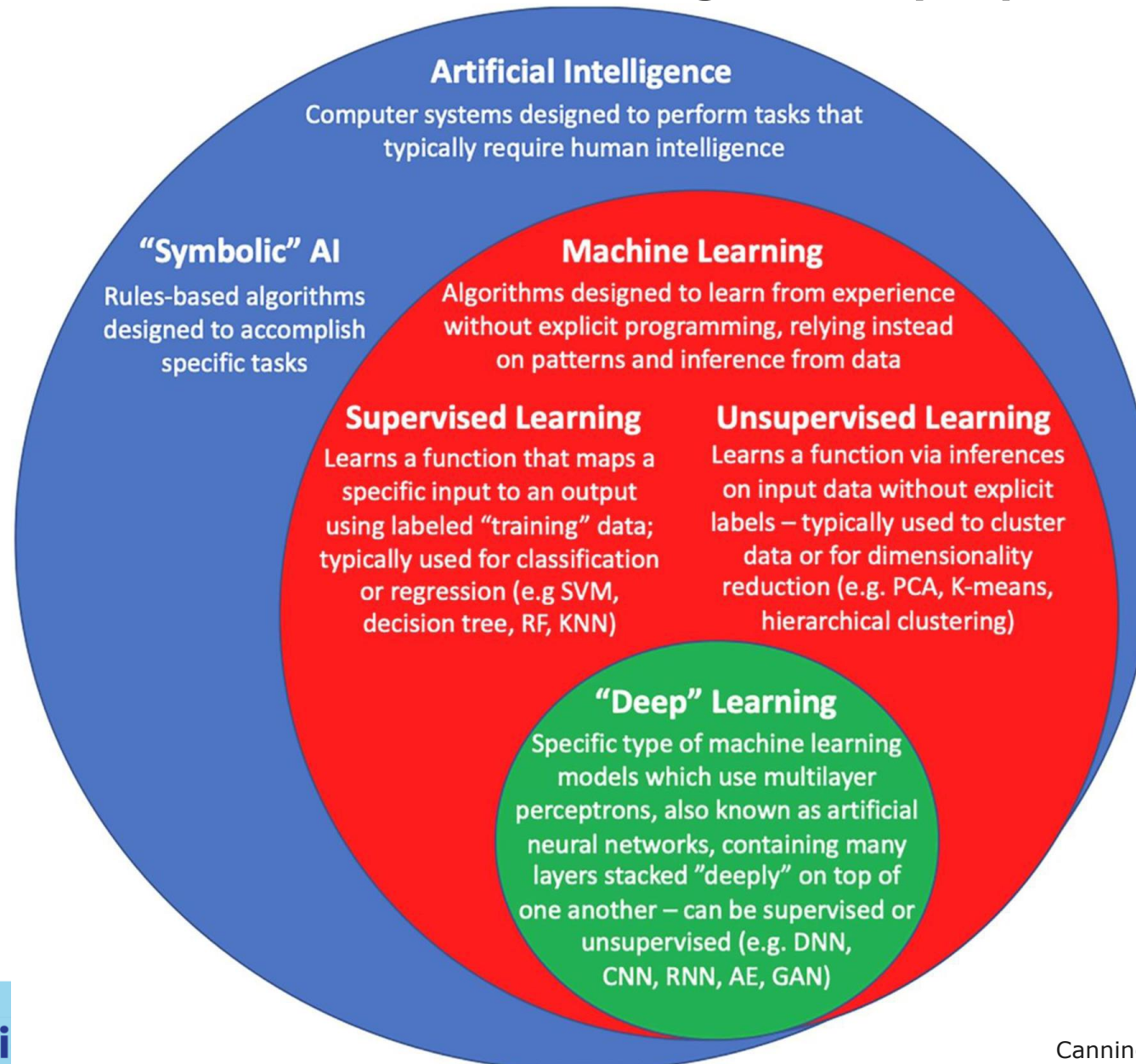


TO DISCUSS DIGITAL
HEALTH TECHNOLOGY AND
ITS CLINICAL
APPLICATIONS



TO CITE INNOVATIVE USE
OF AI IN NON-INVASIVE
CARDIOLOGY

What is artificial intelligence (AI)?



What is digital health?

It is the application of information and communications technology to provide digital health interventions to prevent disease and improve quality of life.



Towards Holistic &
Comprehensive Cardiac Care

Digital health technologies

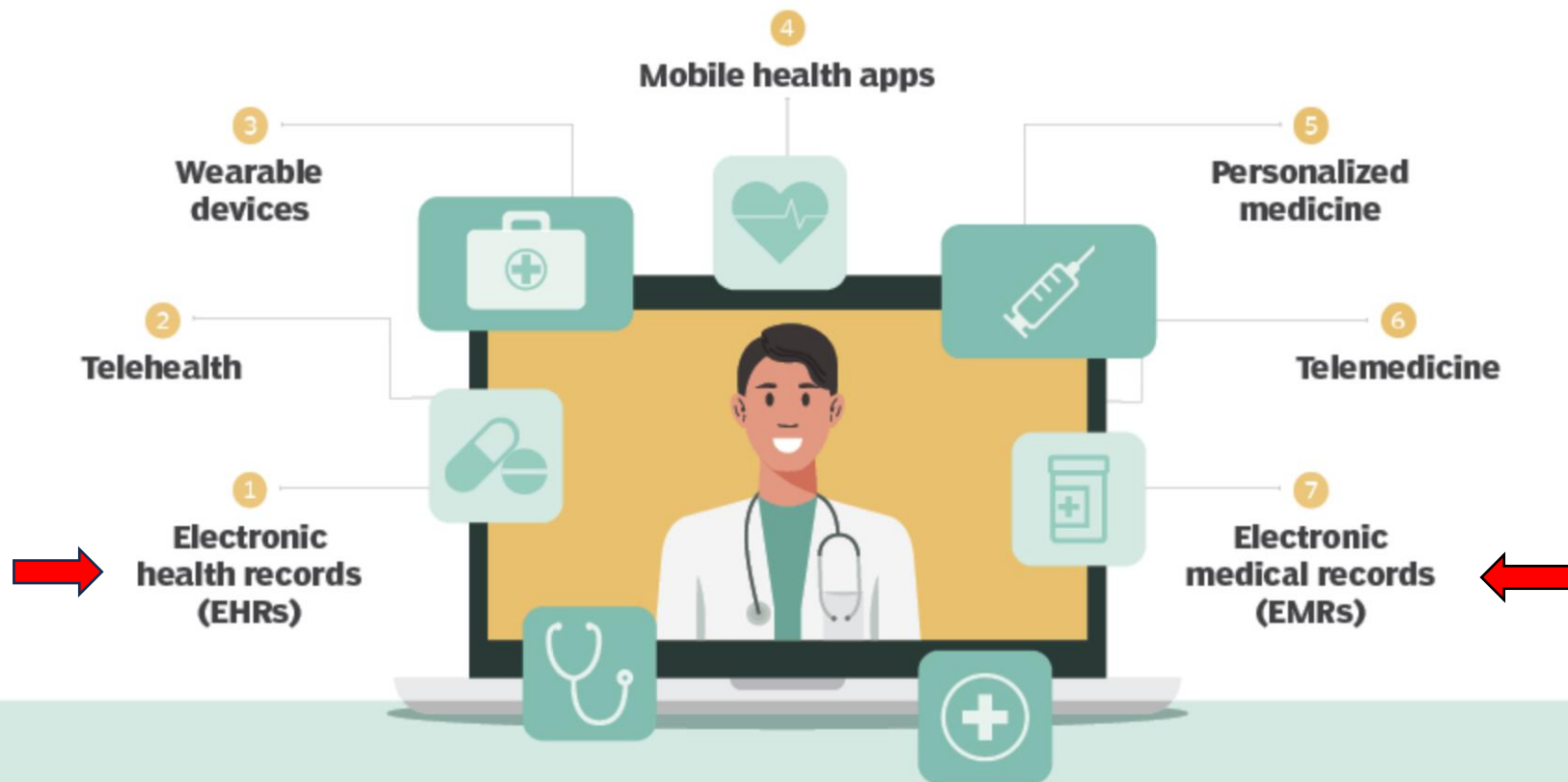


ILLUSTRATION: START/ADOBE STOCK

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What is the difference between EHR vs EMR?

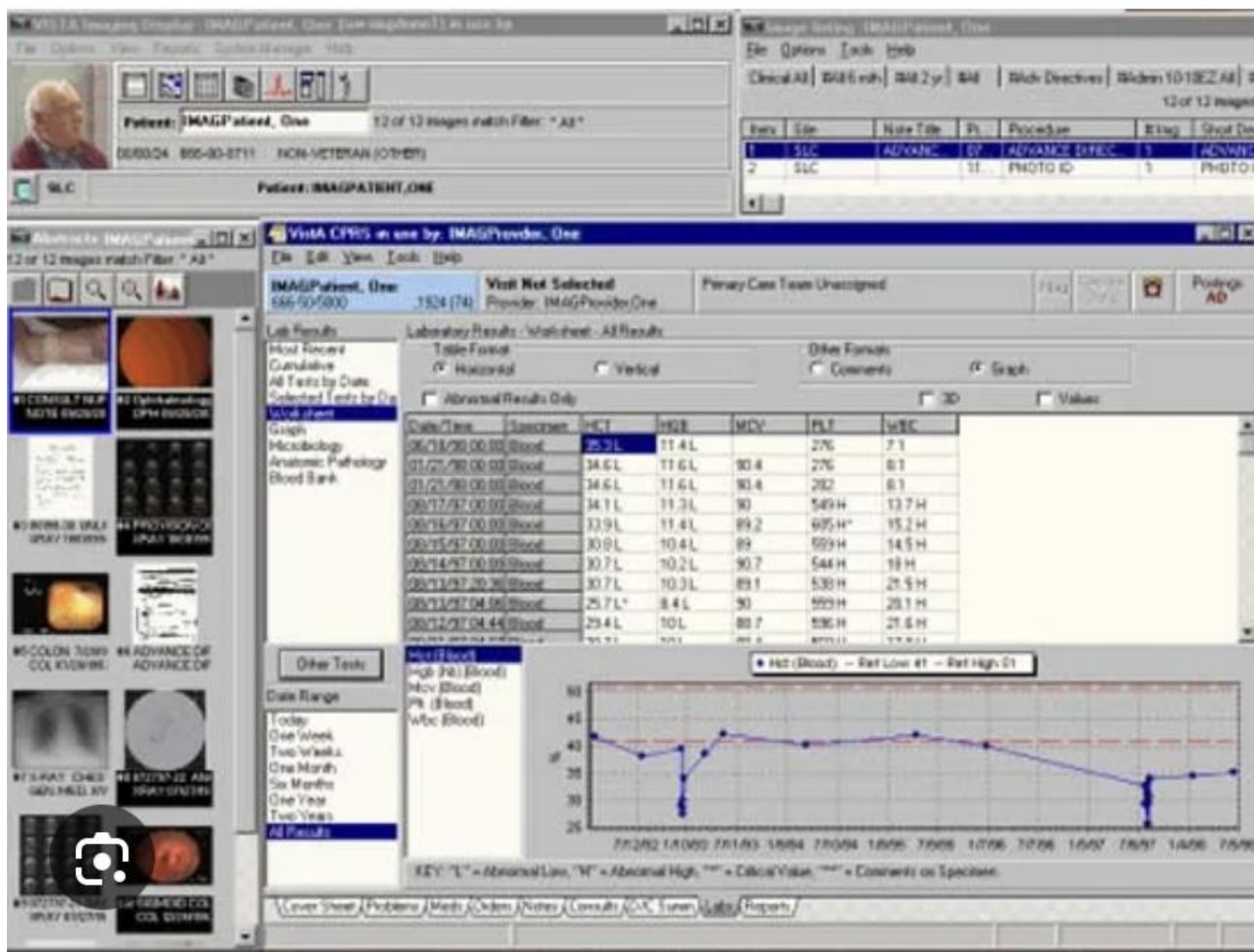


Electronic Health Record (EHR)

- An EHR is a digital version of a patient's paper chart. It includes a *more comprehensive* view of a patient's medical profile.
- Advantages of EHR
 - Improved patient care
 - Increase patient participation
 - Improved care coordination
 - Improved diagnostics and patient outcomes
 - Practice efficiencies and cost savings



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EHR enhances quality of care

- EHRs can reduce medication errors by up to 80%.¹
- EHRs can improve patient care coordination.²
- EHRs can improve patient safety.³

1. JAMA Internal Medicine, 2023
2. Health Affairs, 2023
3. The Lancet, 2023

Electronic Medical Record (EMR)

- An EMR is the digital version of the paper charts in a clinician's office. It contains the patient's medical and treatment in *one practice*.
- Advantages of EMR
 - Track data over time
 - Easily identify which patients are due for preventive screenings or checkups
 - Check how patients are doing on certain parameters, ex. BP readings or vaccinations
 - Monitor and improve overall quality of care within the practice



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NEW PATIENT
Hide Menu

Patient: **John Doe (1)**
DOB: 1980-01-01 Age: 32

Encounter History
Selected Encounter: **2012-11-15 (43)**

Home | Manual | Logout
Kevin Ye

Calendar Doe, John Fee Sheet

Encounter Summary Administrative Clinical

Fee Sheet

New Patient
Office Visit

Established Patient

Search Results (0 items)

Review Add Copay Search ICD9 CPT4 HCPCS DSMIV for Search

Prior Encounters Issues Common Diagnoses

Diagnosis

Type	Code	Description
☒	430	Subarachnoid hemorrhage
☒	272.0	Pure hypercholesterolemia
☐	401.1	Benign essential hypertension
☐	493.00	Extrinsic asthma unspecified
☐	642.00	Benign essential hypertension complicating pregnancy childbirth and the puerperium unspecified as to episode of care
☐	200.00	Reticulosarcoma, unspecified site, extranodal and solid organ sites
☐	153.9	Malignant neoplasm of colon, unspecified site
☐	250.01	Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled

Add Codes Cancel

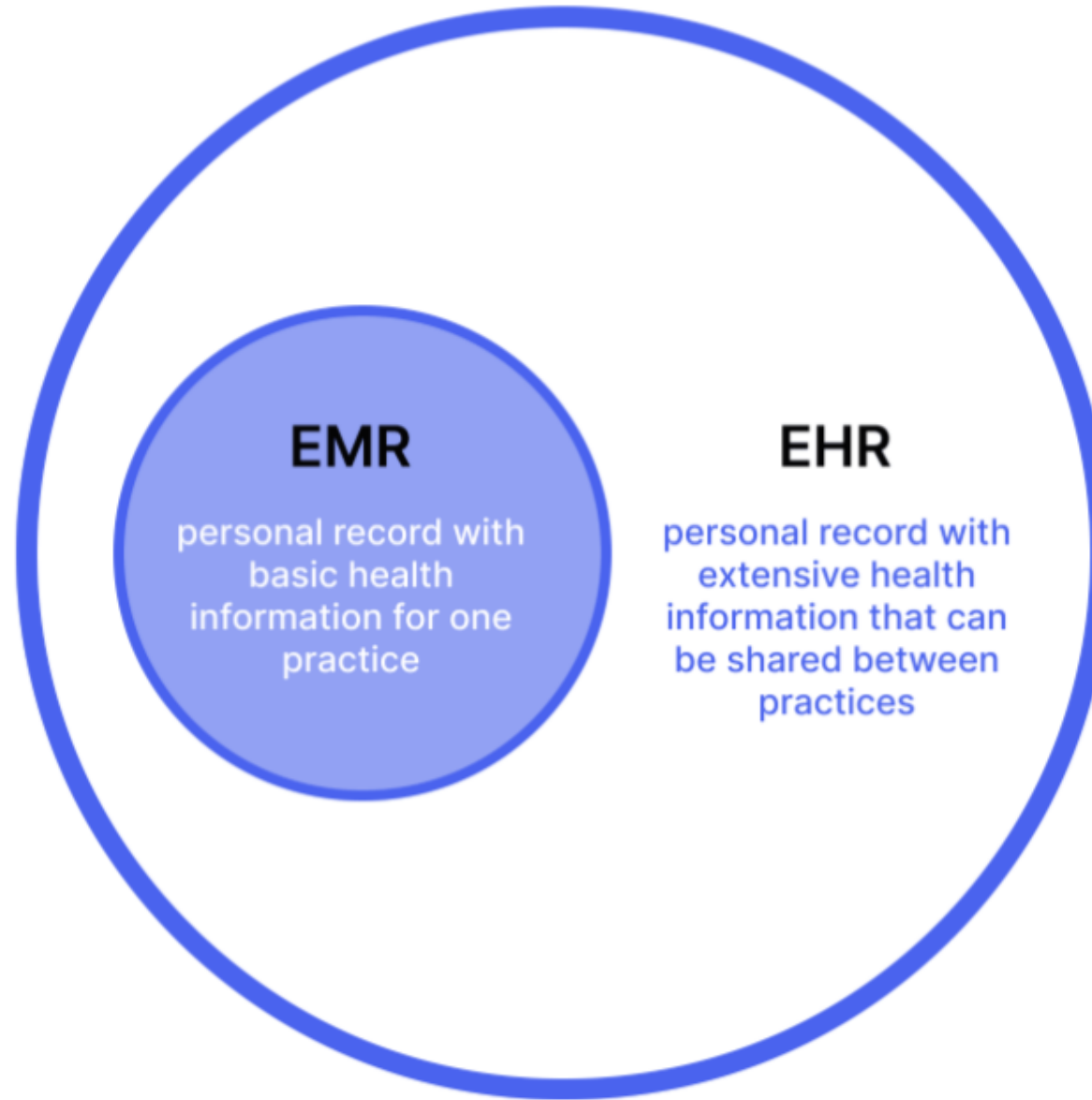
Popups

Find:

by: Name ID
SSN DOB
Any Filter



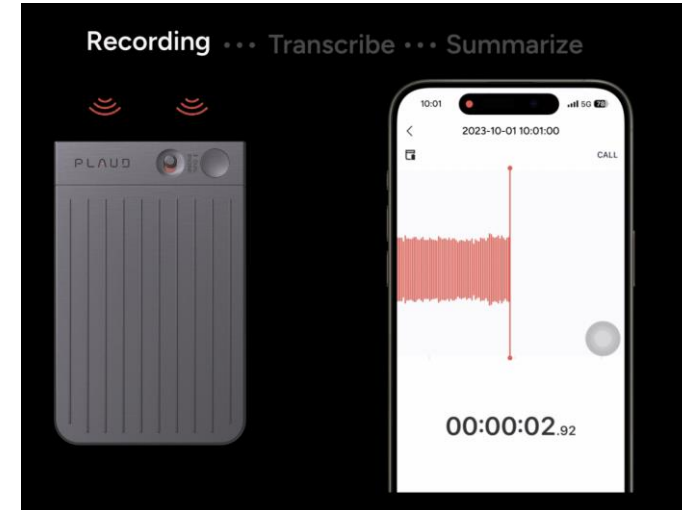
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Electronic Medical Records

PLAUD

- AI voice recorder
- transcribes conversation into notes, then into EMR
- enables a physician to listen intently to a patient's concerns instead of jotting down notes
- powered by ChatGPT





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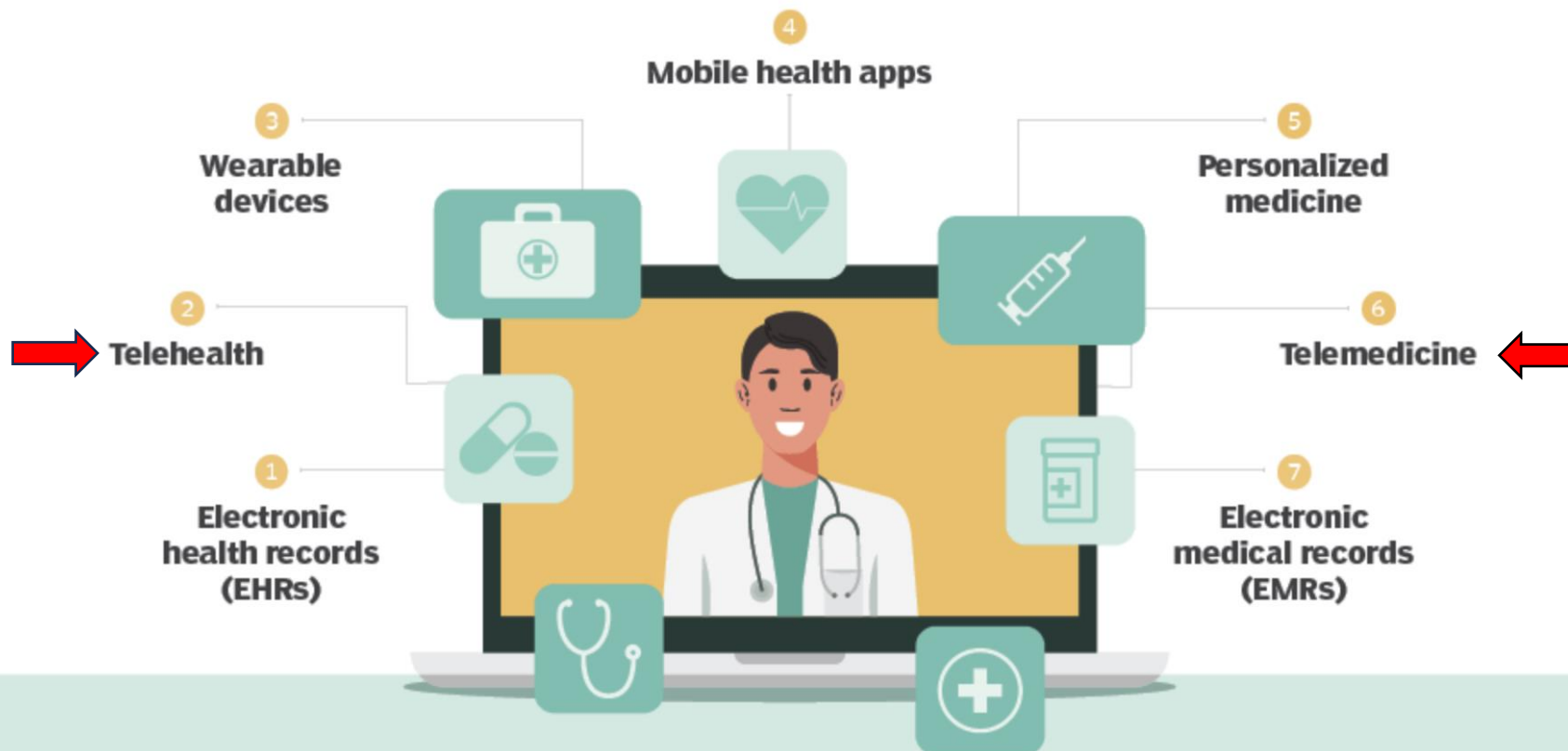


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Telehealth

- Use of communications technologies to provide health care at a distance
 - remote monitoring of BP, HR, and other measurements obtained by a device worn by the patient and electronically sent to medical personnel
- Telehealth services may include telemedicine consultations and remote patient monitoring.



Telemedicine



- “Remote Healthcare”
- Teleconferencing provide patients with access to medical services, ex. consultations, diagnoses, prescriptions, and prescription fulfillment
- Also called
 - Telecare
 - e-health
 - Teleconsultation
 - Telehealth
 - Tele-radiology

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Taking charge of your health and identifying illnesses early are key to keeping your health in check. No matter where you are in the Philippines, our doctor is only a video call away if you require medical guidance.

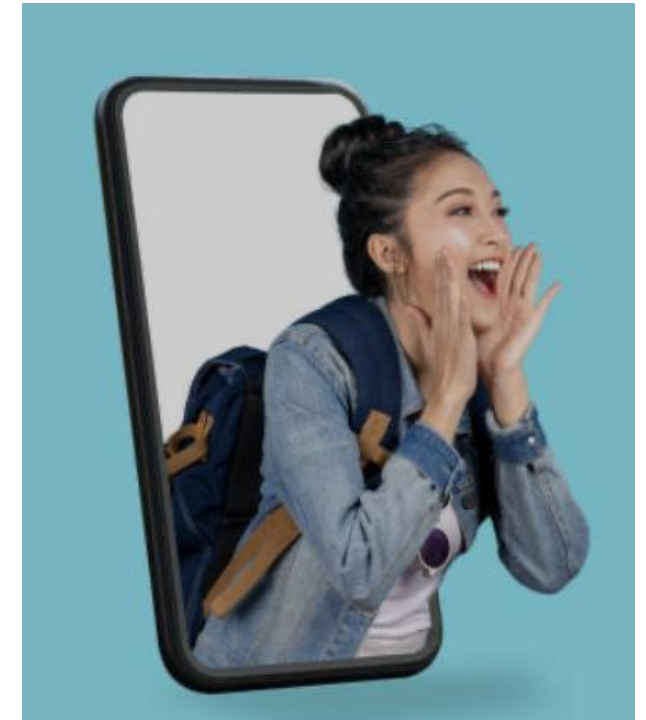
Download the Doctor Anywhere app and sign up today.

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- **Consultation hours:** 24/7
- **Consultation hotline:** askus.php@doctoranywhere.com

Challenges in telemedicine

- Limitations on physical examination and emphasizes the reliance on diagnostics
- Increased dependency on good internet and network service connections to ensure smooth teleconsultations
- Lack of respect for the physician's personal boundaries and work-life balance





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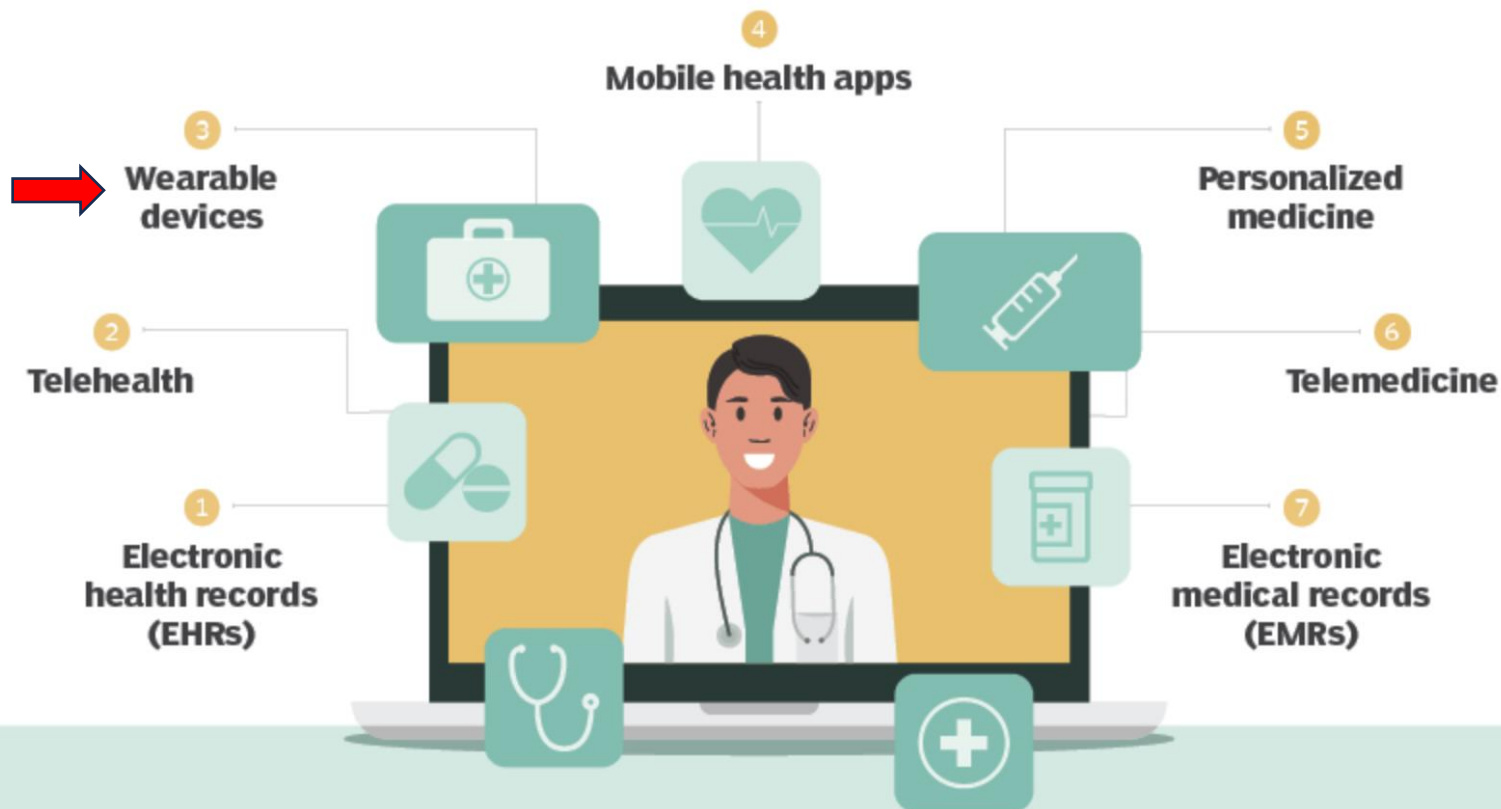
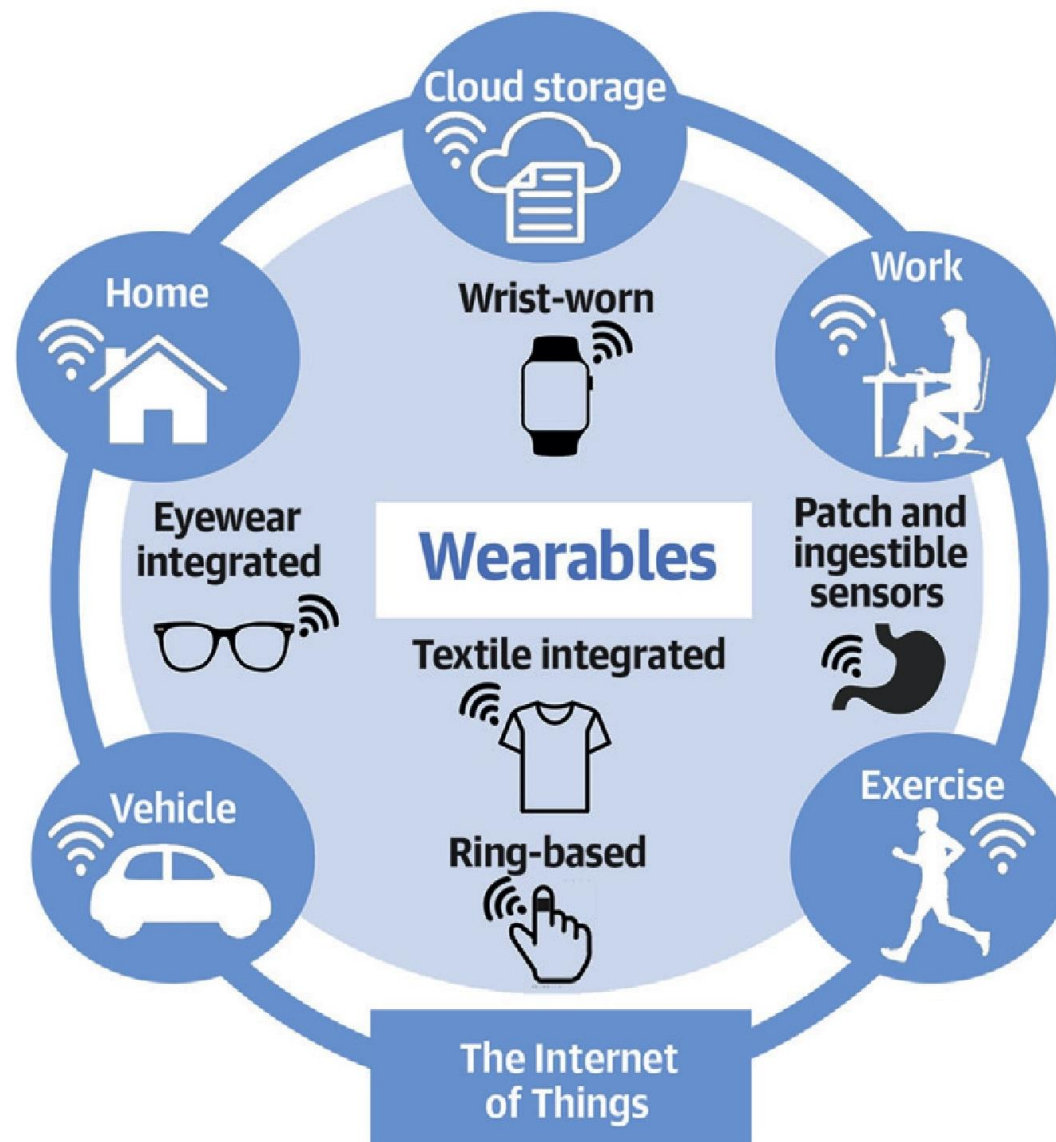


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Varma N, et al. J Am Coll Cardiol.
2024;83(5):611-631

Wearable devices

- Smartphones- first wearable device
 - FitBit, Apple Watch, implanted devices
- Measure heart rate, blood glucose, sleep patterns, and other health indicators to provide medical professionals with data not available at a clinical visit.



Accuracy of wearable technology and smart watches

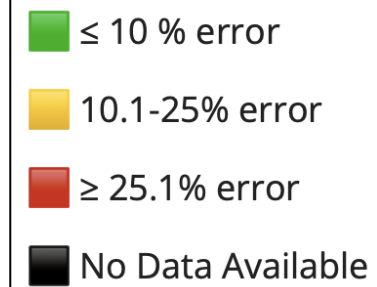


KEY TAKEAWAYS:

- **44%** of people use wearable fitness devices to measure heart rate.
- **42%** of people use wearable fitness devices to measure caloric expenditure (calories burned).
- On average, wearable fitness devices have a slight tendency to **underestimate heart rate**.
- On average, there is a tendency for wearable fitness devices to **underestimate caloric expenditure**.
- Exercise intensity, motion of extremities during exercise, wrist position, interference between skin and sensors (sweat or dirt on the skin), and skin pigmentation have been shown to **decrease the accuracy** of wearable devices.
- **60%** of people use wearable fitness devices to track step count.
- On average, wearable fitness devices **underestimate step count by 9%**.

Korem E et al. Feb 2024

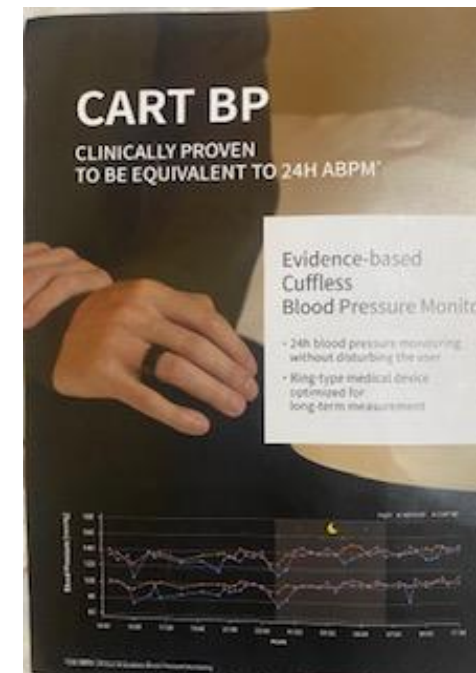
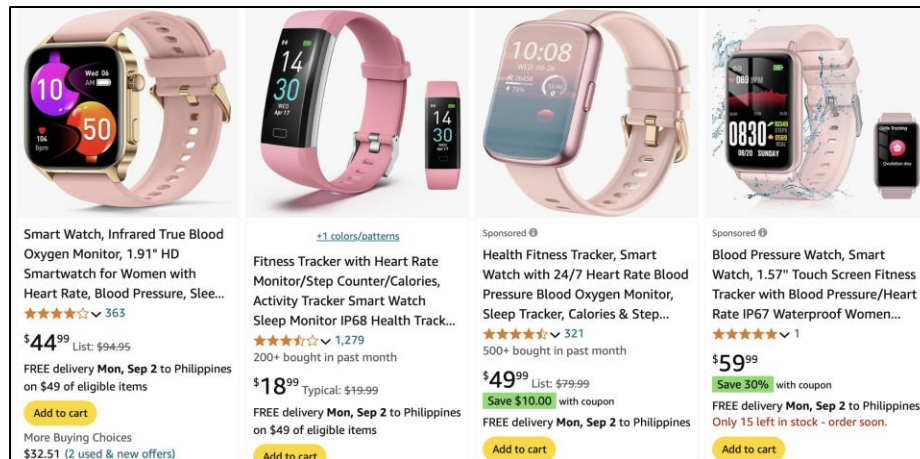
Error comparison



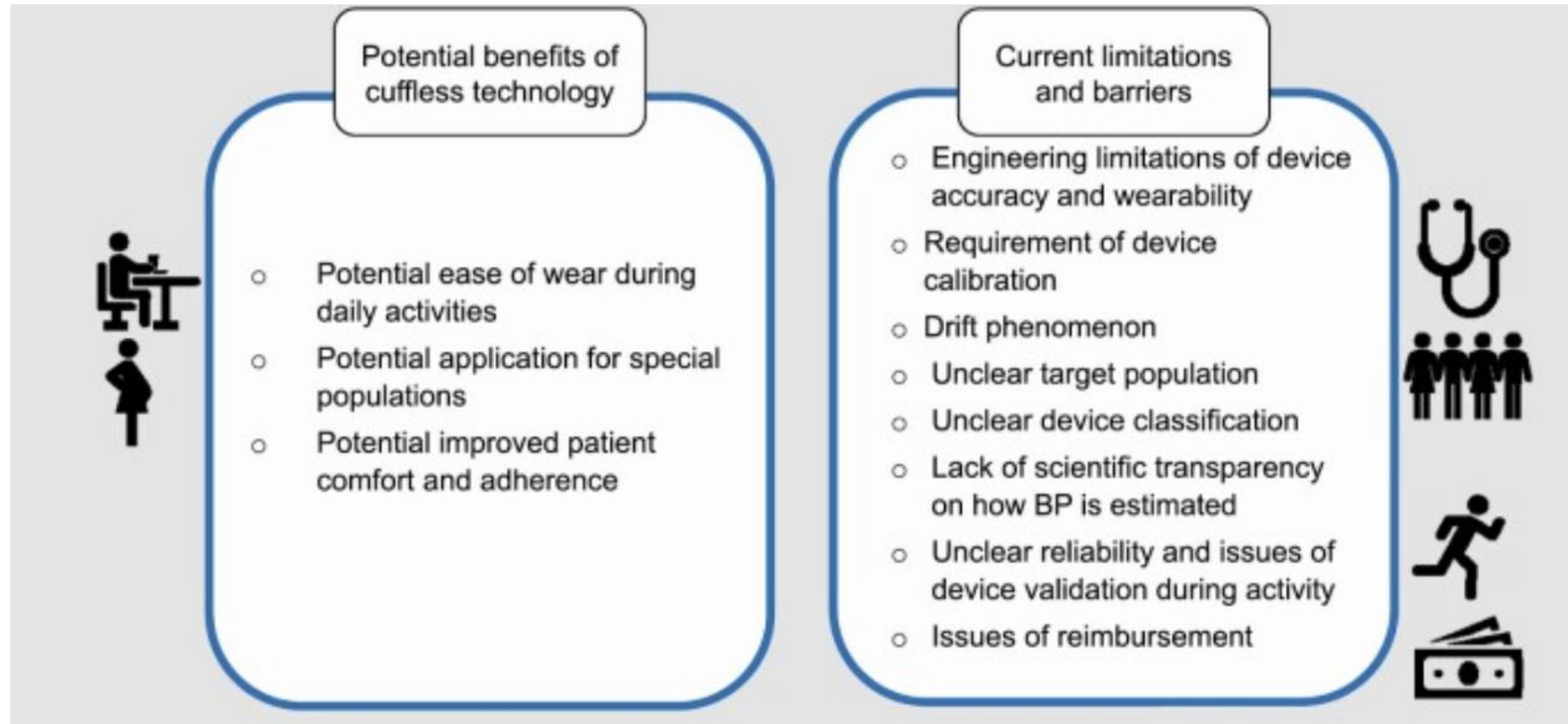
	Caloric Expenditure	Heart Rate	Steps	Sleep
Apple Watch	115%	.91%	3.4%	3%
Oura Ring	13%	3%	4.8%	6%
Whoop		0.3%		10%
Garmin	42.9%	1.39%	23.7%	2%
Fitbit	14.8%		21.9%	13%
Samsung	20.8%	1.1%	6.3%	
Polar	16.7%	2.2%		8%
Withings	98%	11%	58.3%	6%

Cuffless BP measuring technologies

- No intrusive presence and function of the cuff
- Can obtain numerous BP readings in all settings and activities



Cuffless BP devices



Bradley CK et al. Am J Hypertens.2022 May;35(5):380-387

“Of the commercially available oscillometric BP measurement devices, as few as 6% have been adequately tested.”





JOINT INITIATIVE WITH

 **European Society of Hypertension**

 **International Society of Hypertension**

 **World Hypertension League**

About us

BP Monitors

Training

Literature

EN

ES

ZH

FR





STRIDE BP is an international scientific non-profit organization founded by hypertension experts with the mission of improving the diagnosis and management of hypertension.

Read more →

www.stridebp.org, www.validatebp.org



McEvoy JW et al. 2024 ECG guideline on the Mx of elevated BP and hypertension



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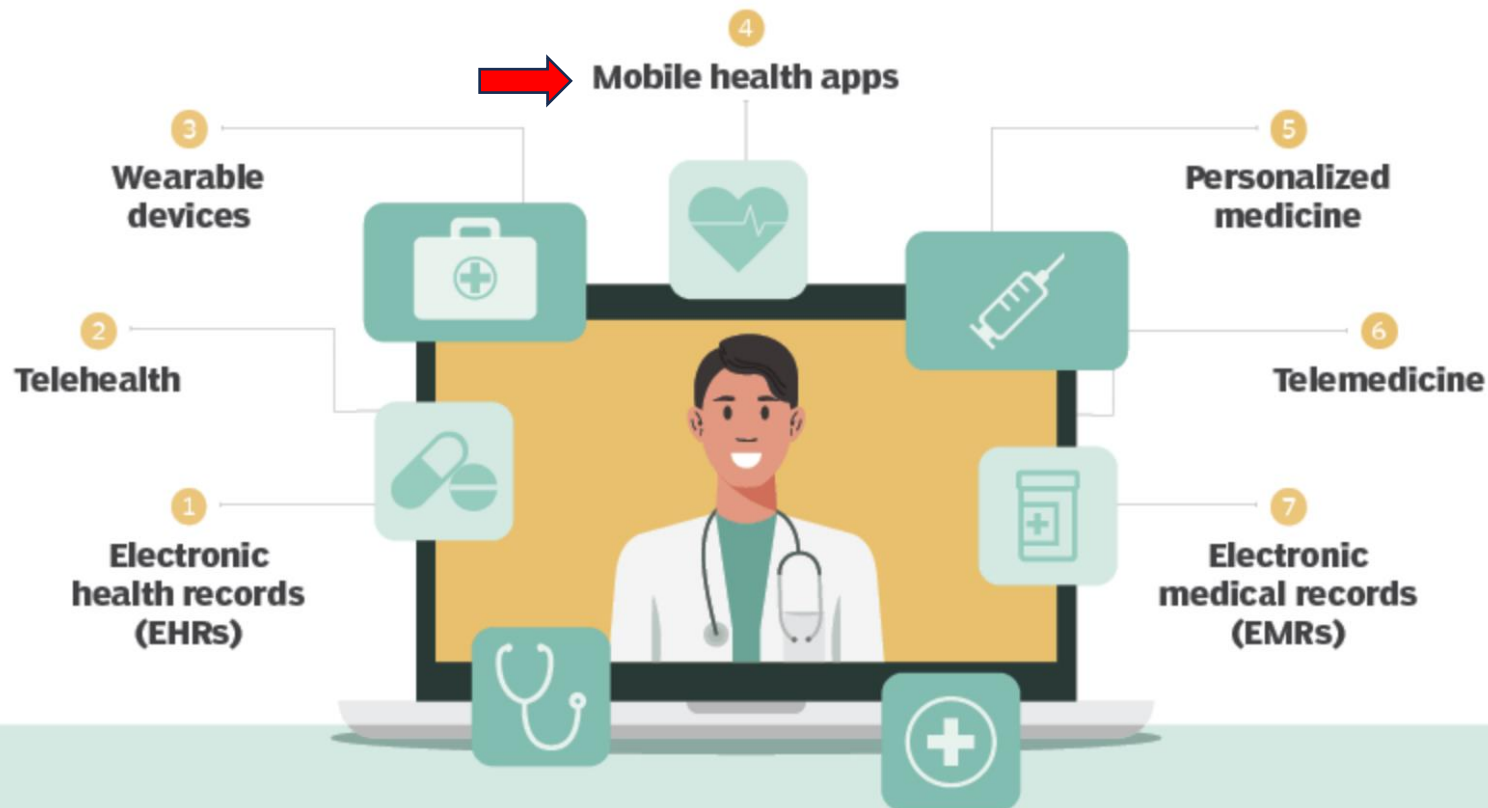
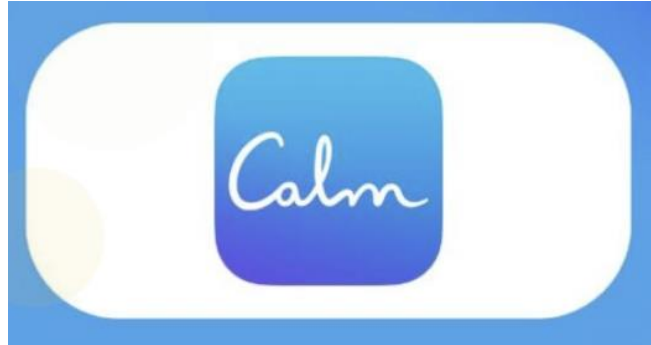


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Mobile health applications for *patients*



Mobile applications for *healthcare professionals*



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Information Management	
Evernote	Note-taking and organization
Notability	Note-taking and organization
iAnnotate	PDF viewer
GoodReader	PDF viewer
Box	Cloud storage and file sharing
Dropbox	Cloud storage and file sharing
Google Drive	Cloud storage and file sharing
Communication and Consulting	
Doximity	Social networking site for MDs
Reference and Information Gathering	
Epocrates	Drug and medical reference
Dynamed	Drug and medical reference
Skyscape/Omnio	Drug and medical reference
Micromedex	Drug reference
Dynamed	Medical reference
UpToDate	Medical reference
Medscape	Medical reference

Patient Management and Monitoring	
Diagnosaurus	Differential diagnosis
Pocket Lab Values	Laboratory reference
Lab Pro Values	Laboratory reference
Archimedes	Medical calculator
MedCalc	Medical calculator
Mediquations	Medical calculator
Calculate	Medical calculator
AHRQ ePSS	Screening and prevention tool
Medical Education and Training	
MedPage Today	Continuing medical education
QuantiaMD	Continuing medical education



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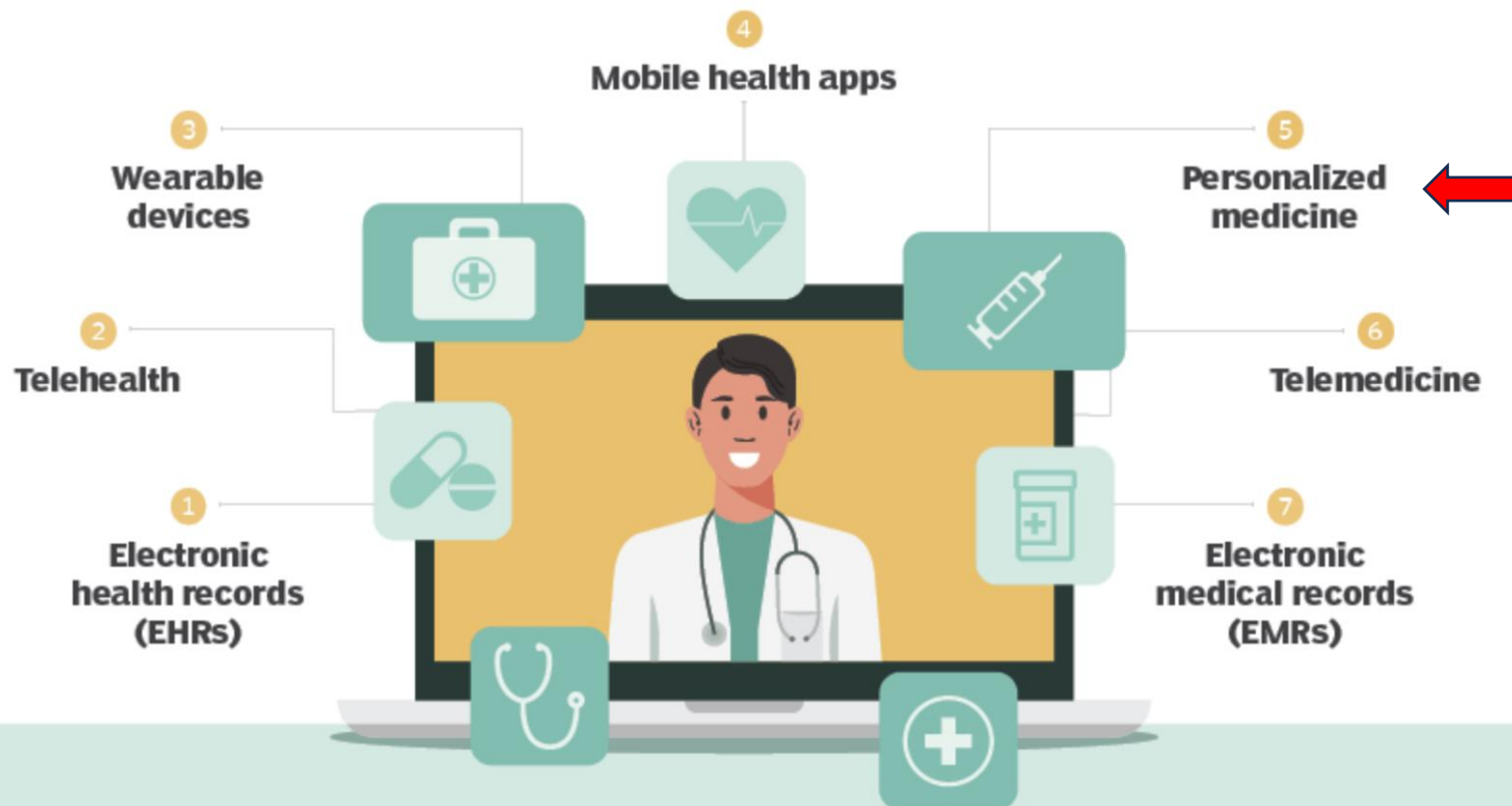


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Personalized Medicine

- Uses novel digital measurement and analytical techniques taking into account the deviation of one particular patient from the population
- Deviates from the *one-size-fits-all* paradigm
- Personalized medicine may tailor treatment approaches to each patient's genetic and molecular data, improving their efficacy and effectiveness.

Digital Health (DH) + Artificial Intelligence (AI) ➡ **Precision Medicine**



Patient Targeting

AI can identify patients who are least likely to churn and most likely to deliver high lifetime value.

From a clinical perspective

- target the patients who are most likely to respond well to the treatment over the long term



From a sales and marketing perspective

- focus the effort and funding of patient recruitment on those who are most likely to remain on the therapy for its intended duration

Kal Patel "The Power (And Peril) Of AI In Digital Health". Forbes Technology Council COUNCIL POST. Mar 8, 2024

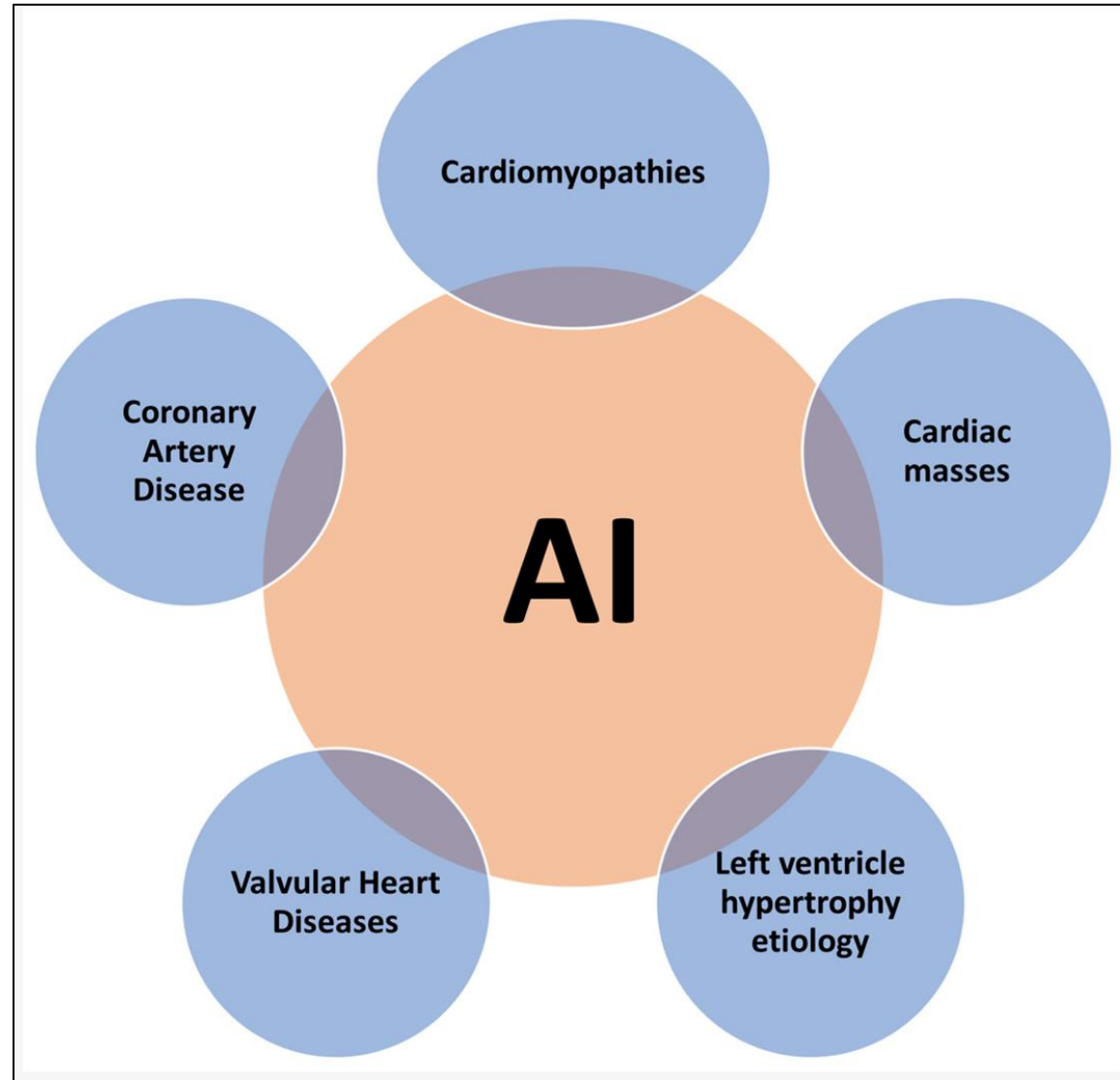
Digital Health: Imaging and diagnostics

- Technical solutions produce better medical imaging and better diagnostics.

Clinical applications of AI in **echocardiography**

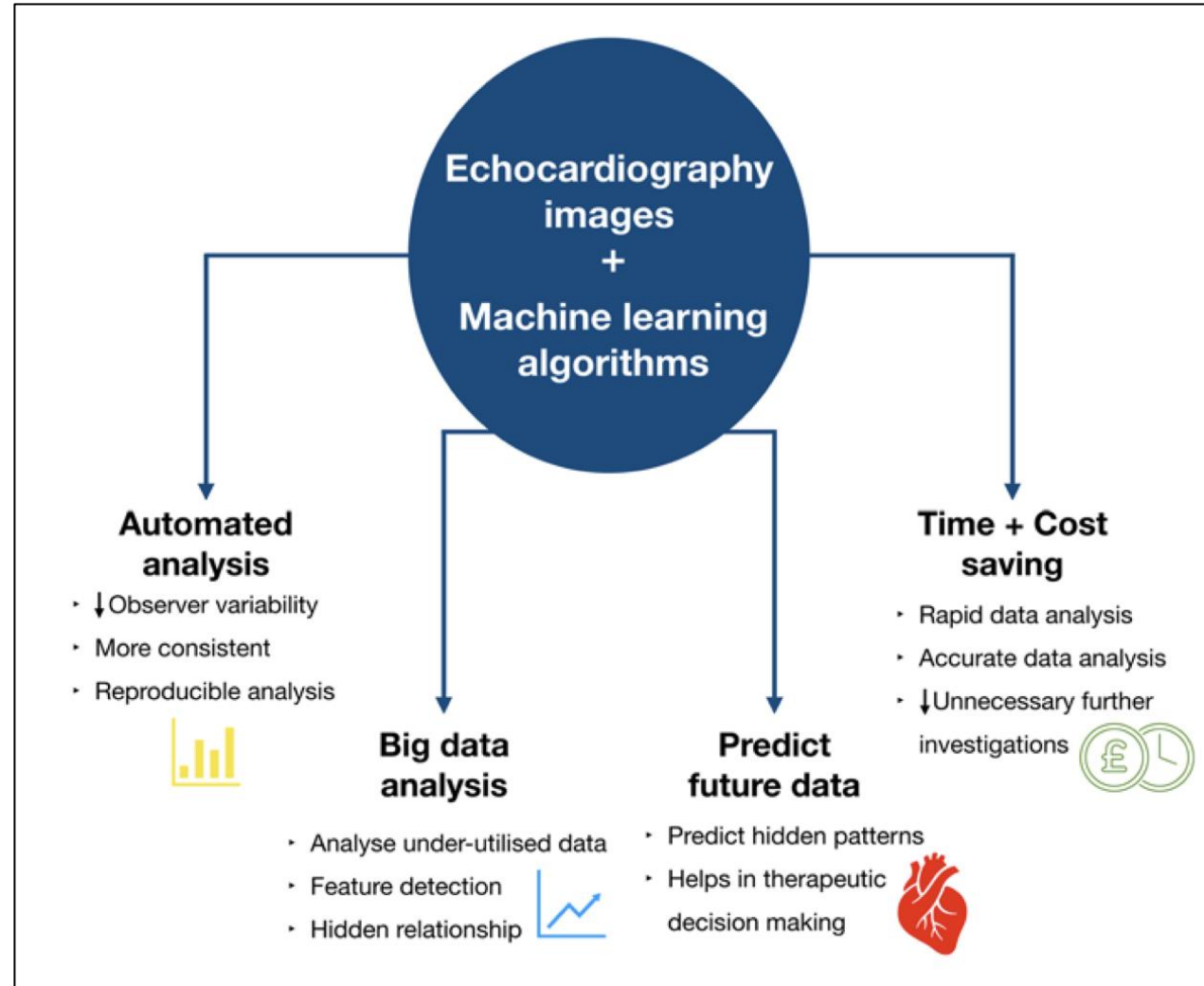


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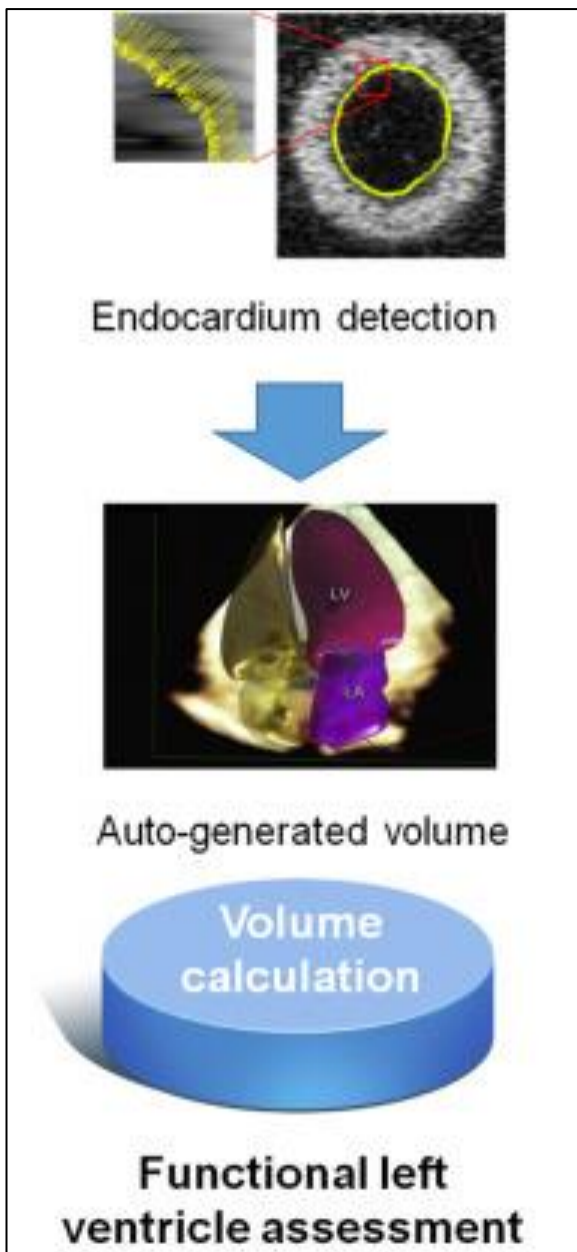
Barry T et al. J. Imaging 20 February 2023, 9(2), 50

Advantages of machine learning assisted echo interpretation

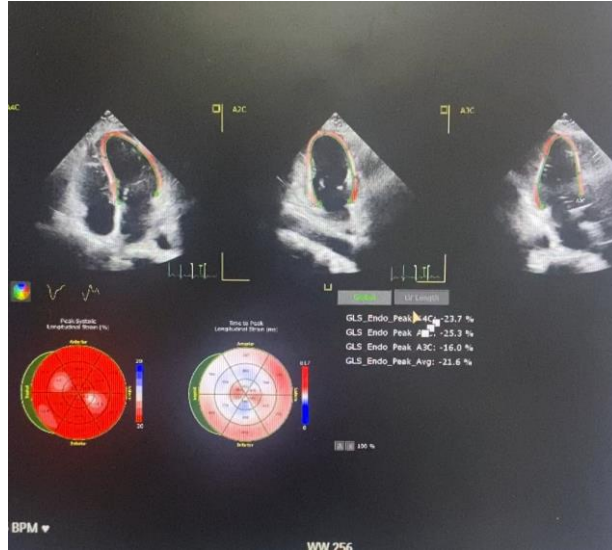


Functional LV assessment

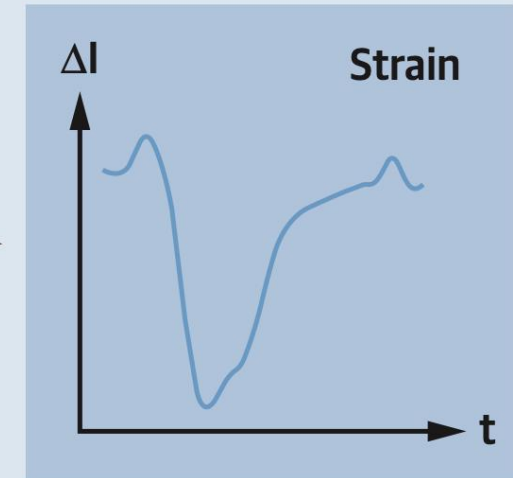
- It is one of the most important and routine examination procedure in echocardiographic diagnosis.
- Indicators of the left ventricle systolic function
 - LV ejection fraction
 - LV volume
 - Wall motion and myocardial contractility
 - Global longitudinal strain (GLS)



AI for automatic measurement of LV Strain in Echo



1. Baseline myocardial length is extracted from the segmentation mask centerline at end diastole
2. The centerline is updated by the optical flow vector field for every frame in cycle



Care

P: n= 200; wide range of LV function, 61 ± 14 yrs, 72% males

I: Global longitudinal strain (GLS) using DL and AI

O: AI facilitated the clinical implementation of GLS

M: GLS by AI vs. a commercially available semiautomatic speckle-tracking software

Salte, I.M. et al. J Am Coll Cardiol Img. 2021;14(10):1918–1928.

Fully automated measurements based on AI could facilitate the clinical implementation of GLS.



&
ac Care

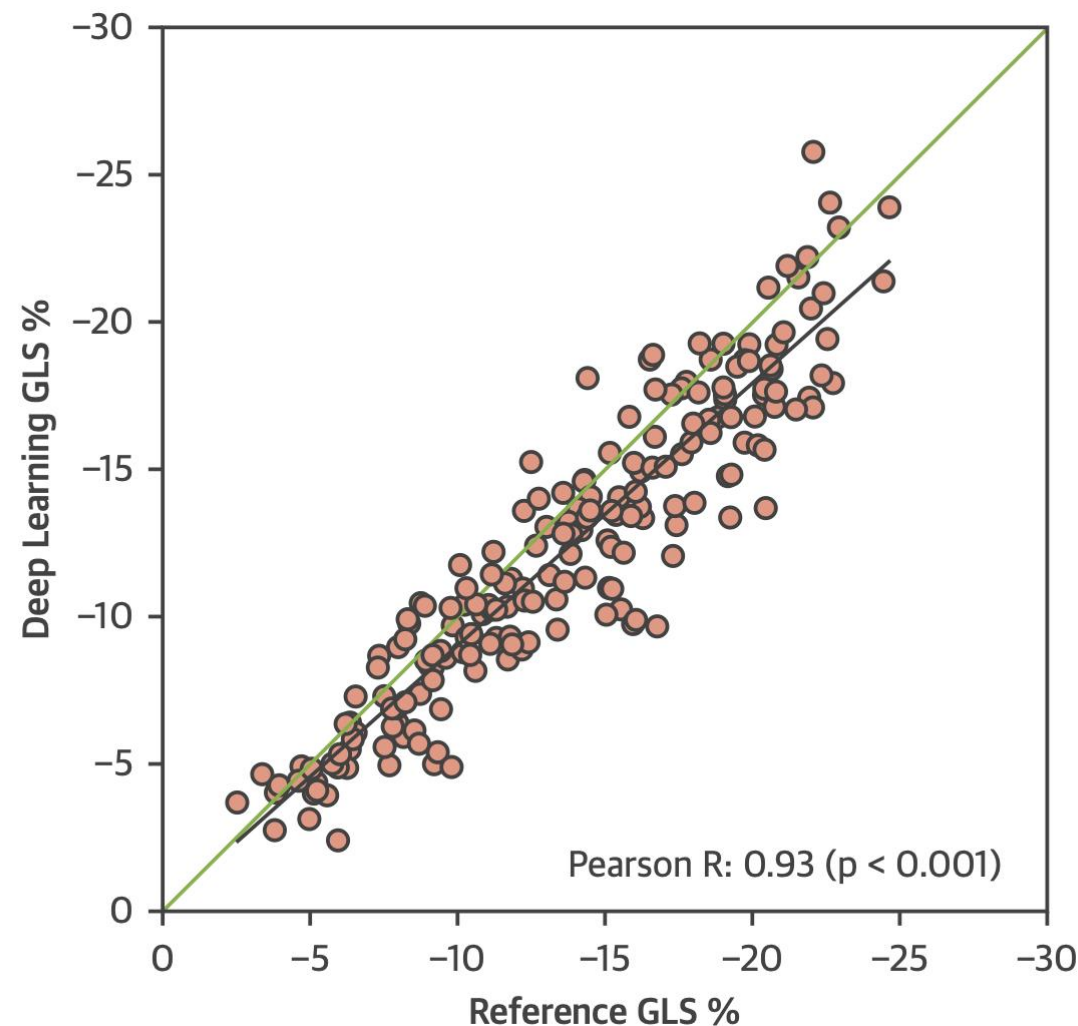
Mean GLS

AI **$12.1 \pm 5.0\%$**

Conventional method **$13.5 \pm 5.3\%$**

Median absolute deviation: 1.4%

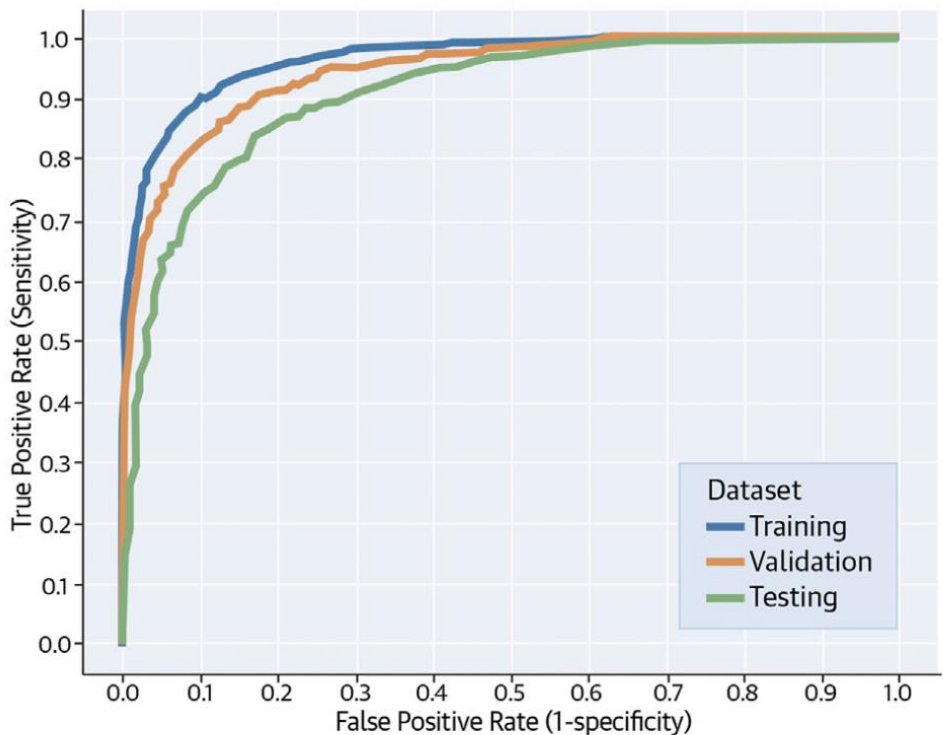
Mean absolute difference: $1.8 \pm 1.5\%$



Automated echocardiographic detection of Heart Failure with Preserved Ejection Fraction (**HFpEF**) using AI

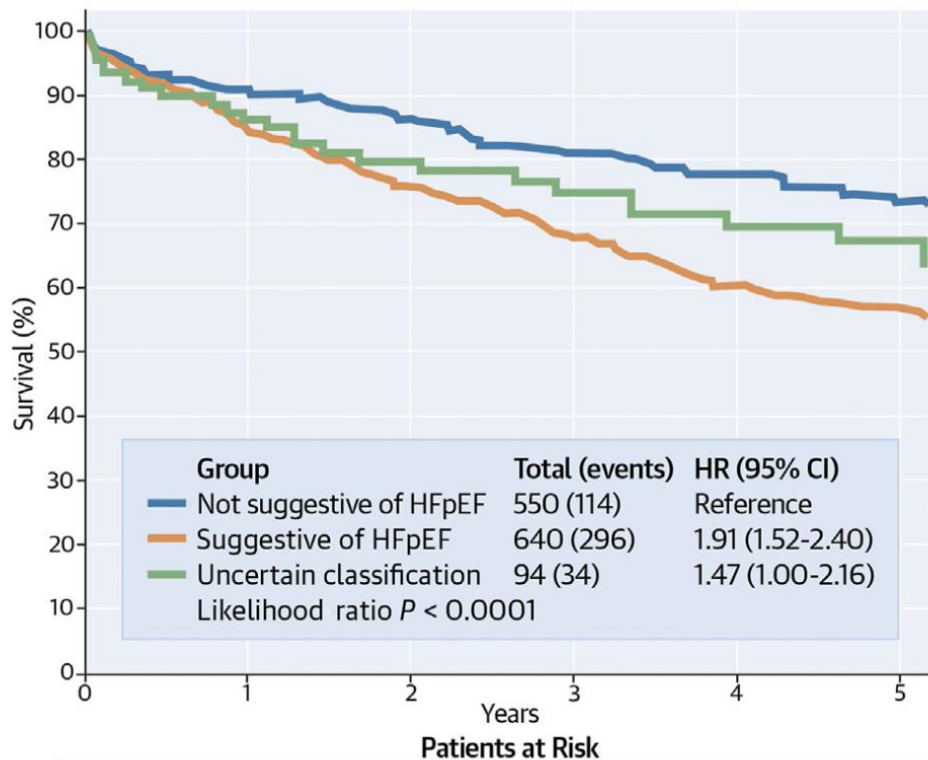


Classification Performance of AI Model



Training AUROC (95% CI): 0.97 (0.96-0.97)
Validation AUROC (95% CI): 0.95 (0.93-0.96)
Testing AUROC (95% CI): 0.91 (0.90-0.93)

Age-Adjusted Mortality Risk According to AI Model



	Patients at Risk					
not suggestive of HFpEF	550	421	343	265	216	184
suggestive of HFpEF	640	434	308	229	167	145
uncertain	94	62	48	41	34	30

Cardiac disease diagnosis

- Cardiac valve evaluation
 - Valve morphology
 - Valve regurgitation
- Cardiomyopathy



Jia Zhou et al. Cardiac Ultrasound. 2021 Aug 20;19(1):29.



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Machine learning (ML) based phenotypes in patients with MR for transcatheter edge-to-edge repair (MV TEER)

P: 1426 patients

I: ML model: 609 patients (derivation cohort)

Validation: 817 patients from 2 external institutions

O: Cluster 3 or 4 remains significantly associated with 5-year all-cause mortality

M: Correlation of echo derived MR phenotypes with 5-year survival



Trenkwalder T et al. *Eur Heart J Cardiovasc Imaging*, Volume 24, Issue 5, May 2023, Pages 574–587,

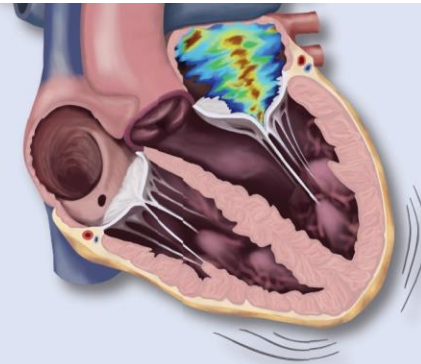
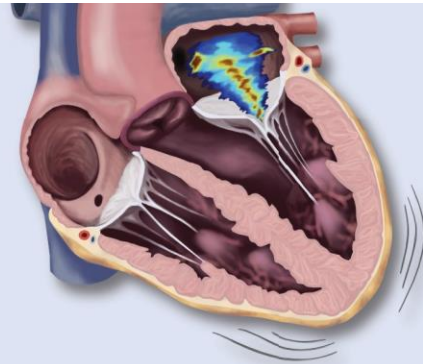
Cluster 1:
*isolated
mitral regurgitation*

Cluster 2:
*secondary
pulmonary hypertension*

Cluster 3:
*failing
left ventricle*

Cluster 4:
*biatrial
dilatation*

This novel phenotyping approach can refine risk stratification in patients undergoing MV TEER in the future.



LVEF: $56.5 \pm 7.79\%$

LVEDD: 35.2 ± 7.52 mm

MV EROA: 0.393 ± 0.153 cm²

LA volume: 117 ± 38.3 mL

sPAP: 42.0 ± 11.1 mmHg

TAPSE: 20.9 ± 4.20 mm

RA area: 22.7 ± 5.84 cm²

LVEF: $55.7 \pm 7.82\%$

LVEDD: 34.9 ± 7.68 mm

➔ **MV EROA: 0.623 ± 0.360 cm²**

LA volume: 149 ± 48.6 mL

➔ **sPAP: 68.4 ± 16.2 mmHg**

TAPSE: 17.0 ± 5.27 mm

RA area: 28.0 ± 6.85 cm²

5-year survival

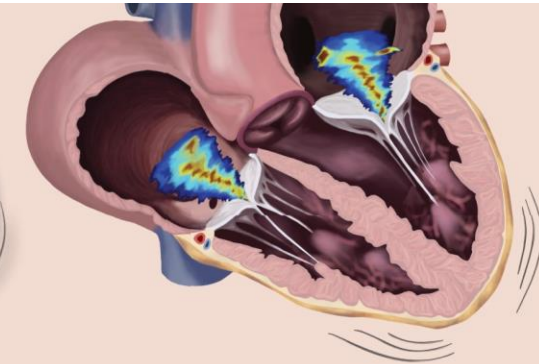
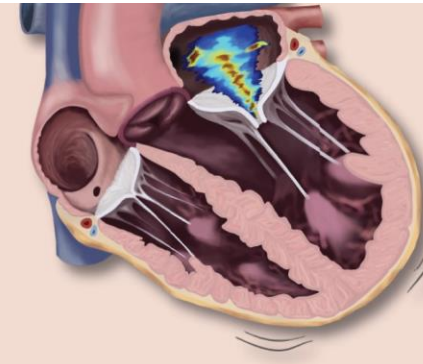
60.9%

(95% CI: 53.3–69.7%)

5-year survival

43.7%

P=0.032
(95% CI: 33.2–57.6%)



LVEF: $31.0 \pm 10.4\%$

LVEDD: 53.2 ± 10.9 mm

MV EROA: 0.287 ± 0.123 cm²

LA volume: 142 ± 44.5 mL

sPAP: 48.8 ± 14.6 mmHg

TAPSE: 14.6 ± 4.11 mm

RA area: 29.0 ± 10.3 cm²

LVEF: $51.5 \pm 11.0\%$

LVEDD: 41.0 ± 13.4 mm

MV EROA: 0.438 ± 0.176 cm²

➔ **LA volume: 312 ± 113 mL**

sPAP: 48.9 ± 10.3 mmHg

TAPSE: 17.1 ± 5.09 mm

➔ **RA area: 46.0 ± 8.83 cm²**

5-year survival

38.3%

P<0.001
(95% CI: 31.9–46.1%)

5-year survival

23.8%

P<0.001
(95% CI: 12.8–44.3%)

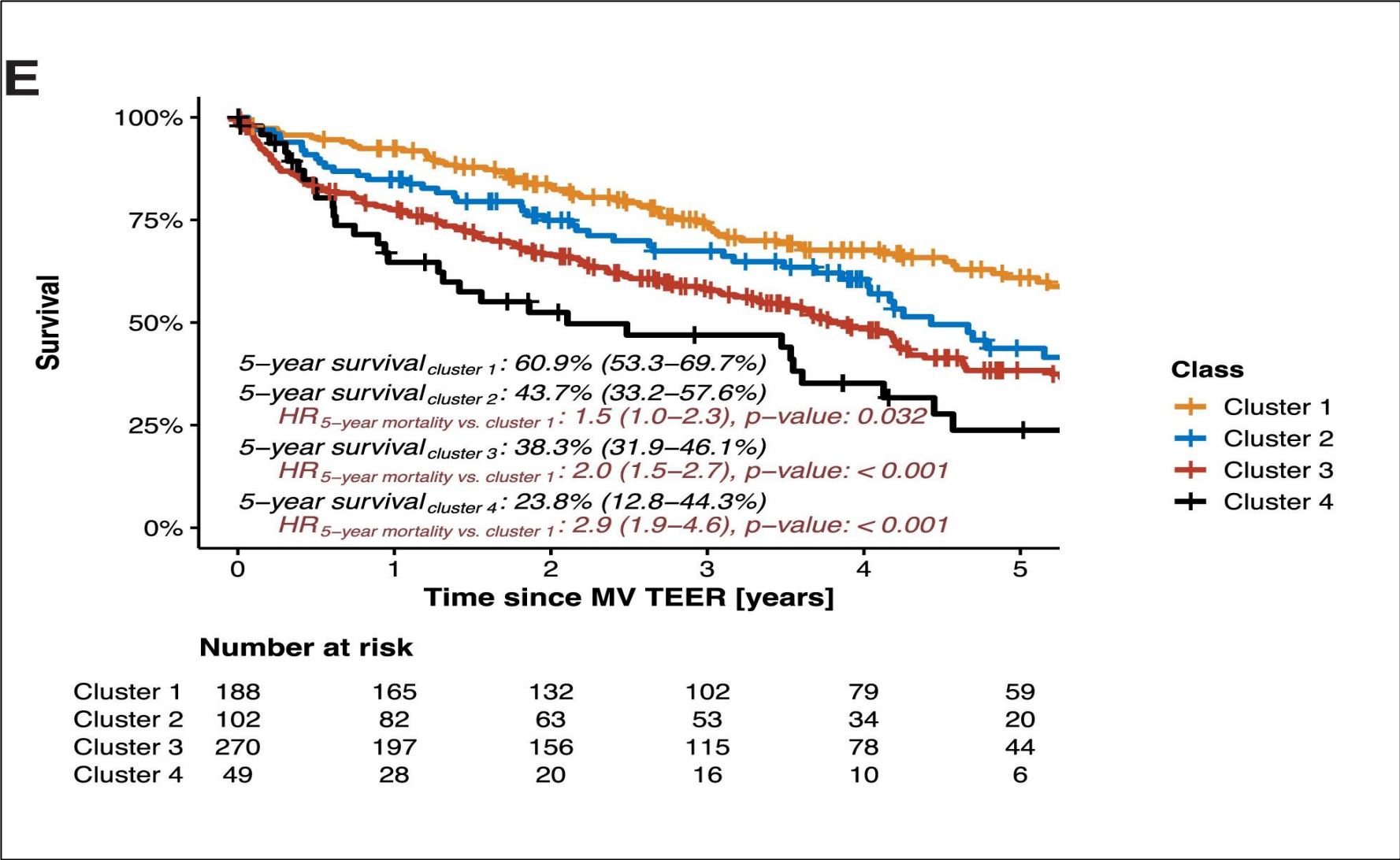
Significant 5-year all-cause mortality in clusters 3 or 4



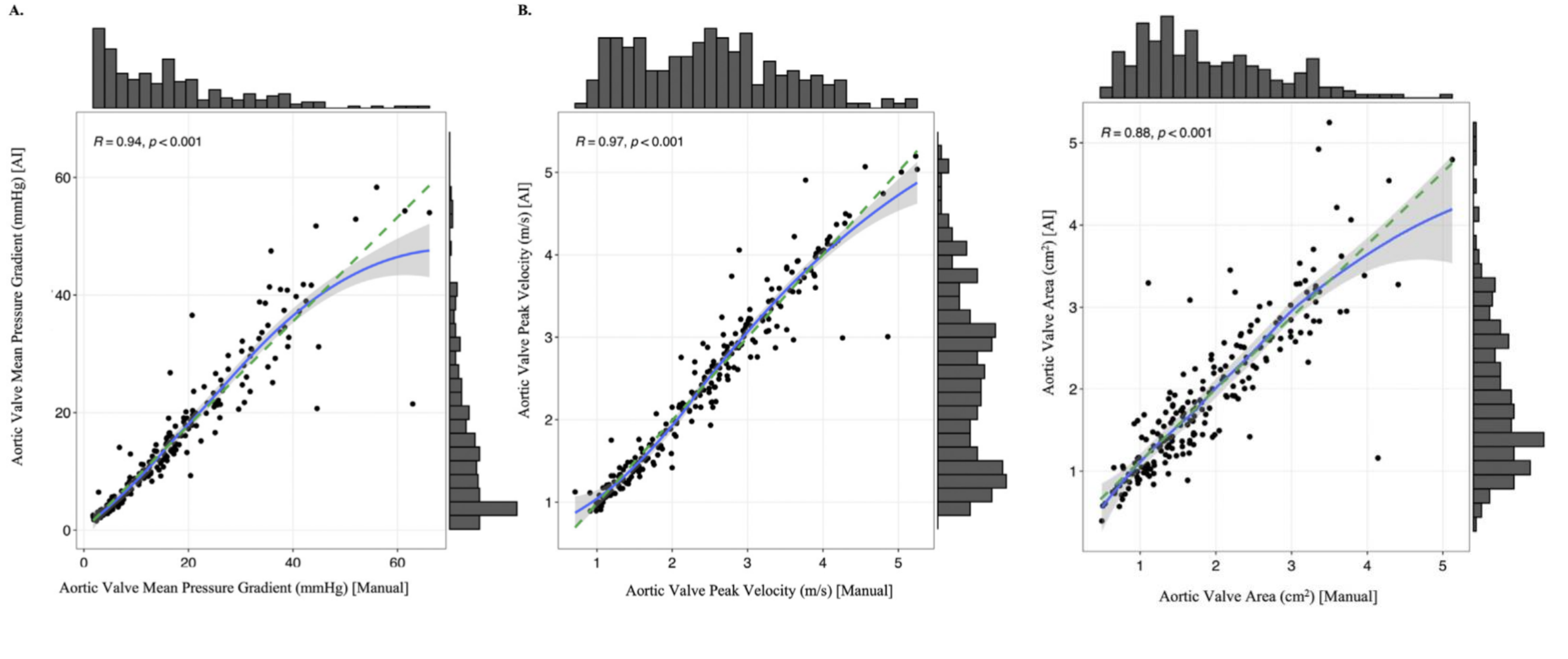
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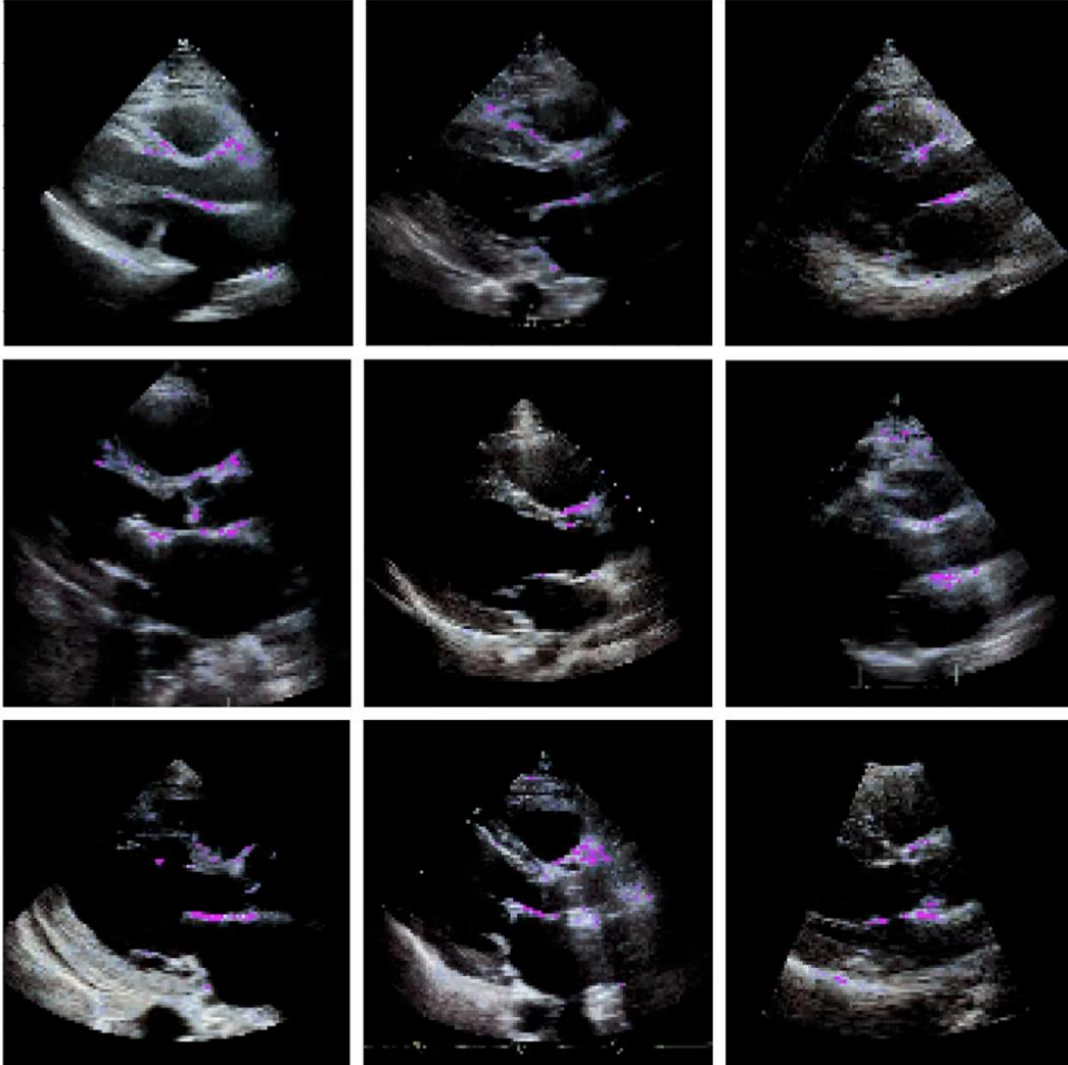
EACVI
European Association of
Cardiovascular Imaging
European Society of Cardiology



Aortic Stenosis: AI mimics human measurement of all relevant parameters in the adjudication of severity

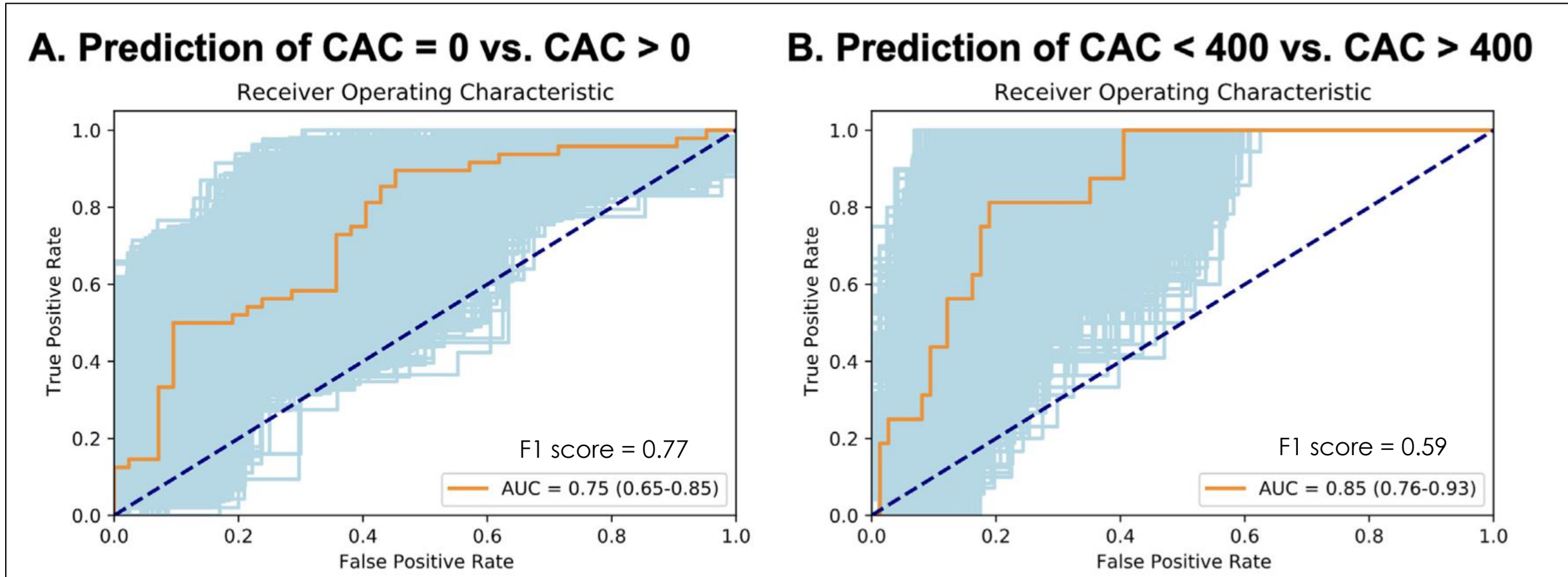


Deep learning (DL) prediction of coronary artery calcium score



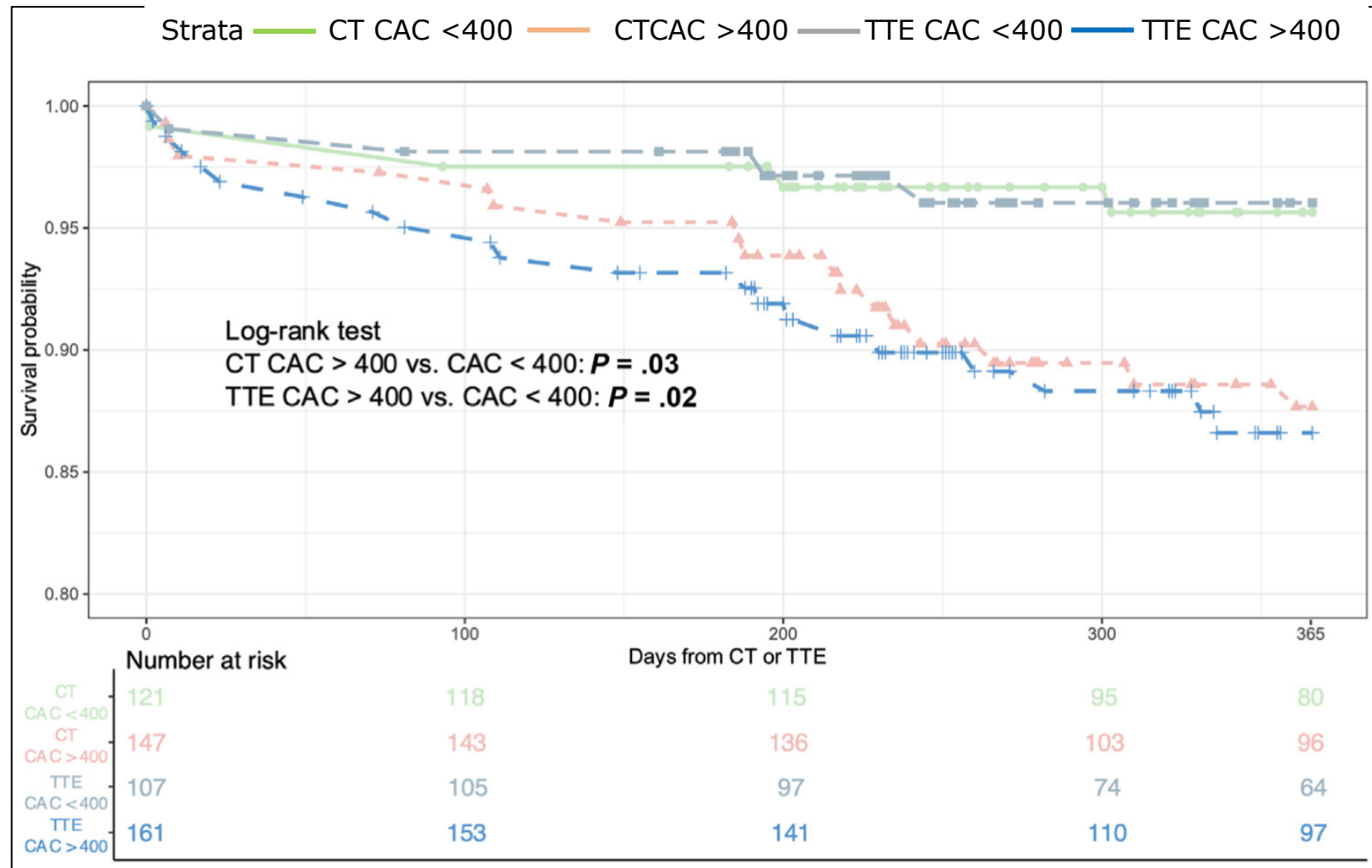
- N = 1635 patients, mean age 72 yrs, 37.4% female and 31.4% nonwhite; CV comorbidities (25.4% HTN, 36.9% heart failure, 59.8% hyperlipidemia)
- Data set of 2881 TTE videos paired with coronary calcium computerized tomography (CT) scores
- A video-based AI convolutional neural network (CNN) was trained to predict CAC scores and prognosticate 1-year survival.

AI model was able to predict patients who had zero and high coronary calcium score.



Performance characteristics of a DL model for predicting CAC using PLAX TTE videos when applied to an external site test data set.

TTE-predicted CAC >400 and CT CAC score >400 significantly predicted 1-year survival.



Kaplan-Meier survival curves for all-cause mortality over 1 year for patients in a held-out test data set stratified by CT CAC score < 400 versus >400 or by TTE-predicted CAC score < 400 versus >400.

How does AI compare with the sonographers?

Blinded, randomized trial of sonographer versus AI cardiac function assessment

[Bryan He](#), [Alan C. Kwan](#), [Jae Hyung Cho](#), [Neal Yuan](#), [Charles Pollick](#), [Takahiro Shiota](#), [Joseph Ebinger](#), [Natalie A. Bello](#), [Janet Wei](#), [Kiranbir Josan](#), [Grant Duffy](#), [Melvin Jujjavarapu](#), [Robert Siegel](#), [Susan Cheng](#) ✉, [James Y. Zou](#) ✉ & [David Ouyang](#) ✉

[Nature](#) **616**, 520–524 (2023) | [Cite this article](#)

- Blinded, randomized, non-inferiority trial
- June - August 2019 at Cedars-Sinai Medical Center
- Prospective evaluation by (mean years of practice):
 - 25 cardiac sonographers (14.1 years)
 - 10 cardiologists (12.7 years)

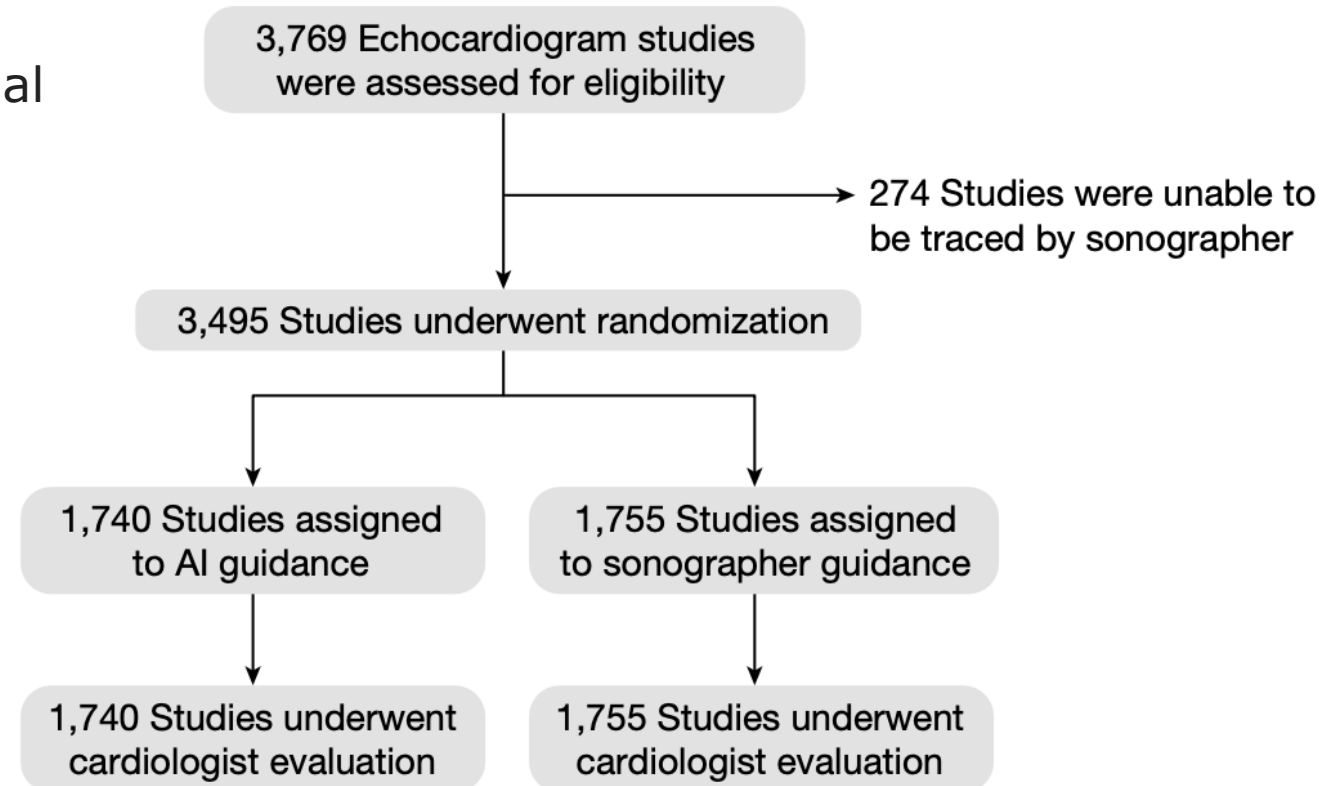
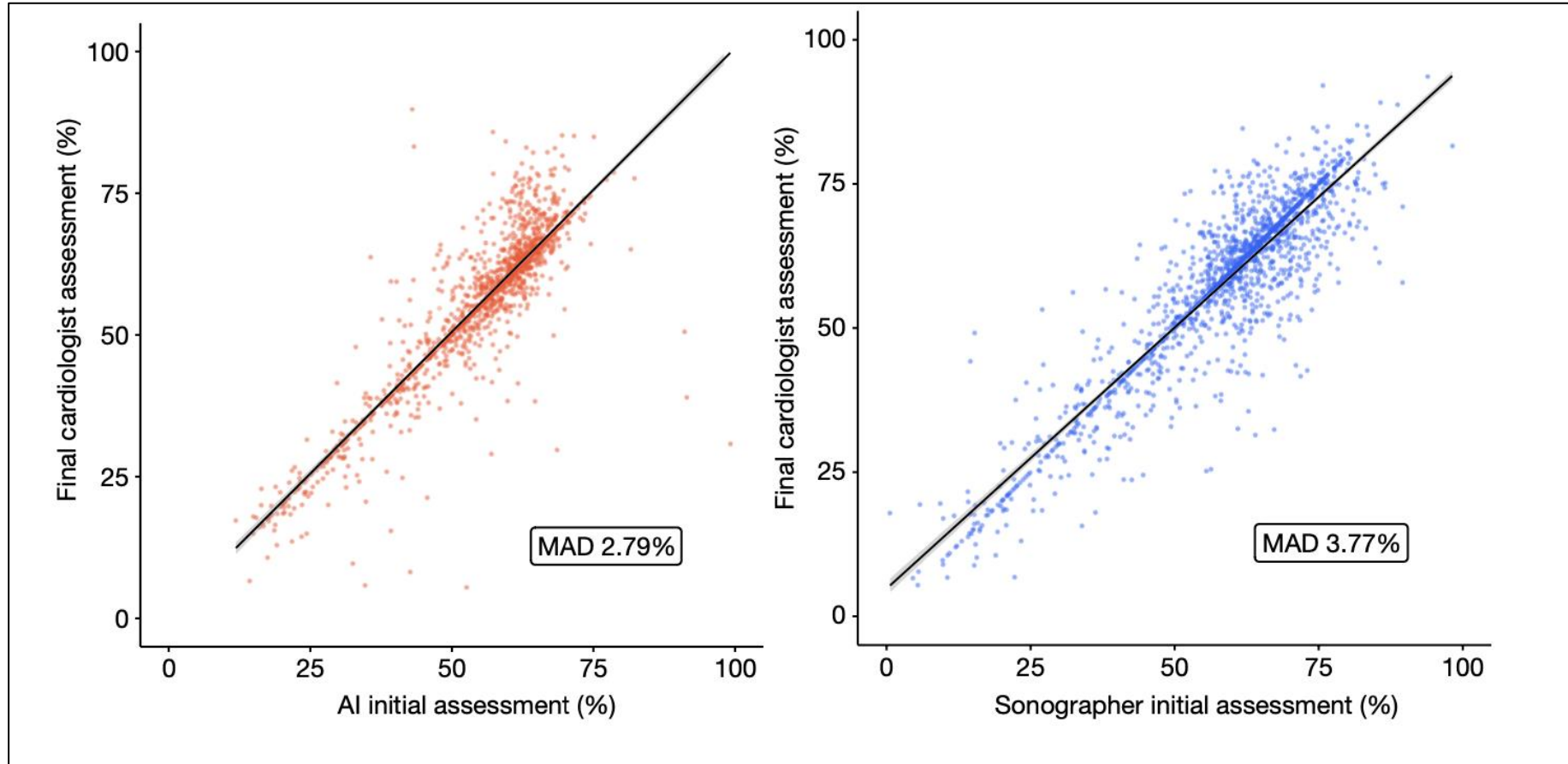


Fig.1 | Consort diagram. Screening, randomization and follow-up.

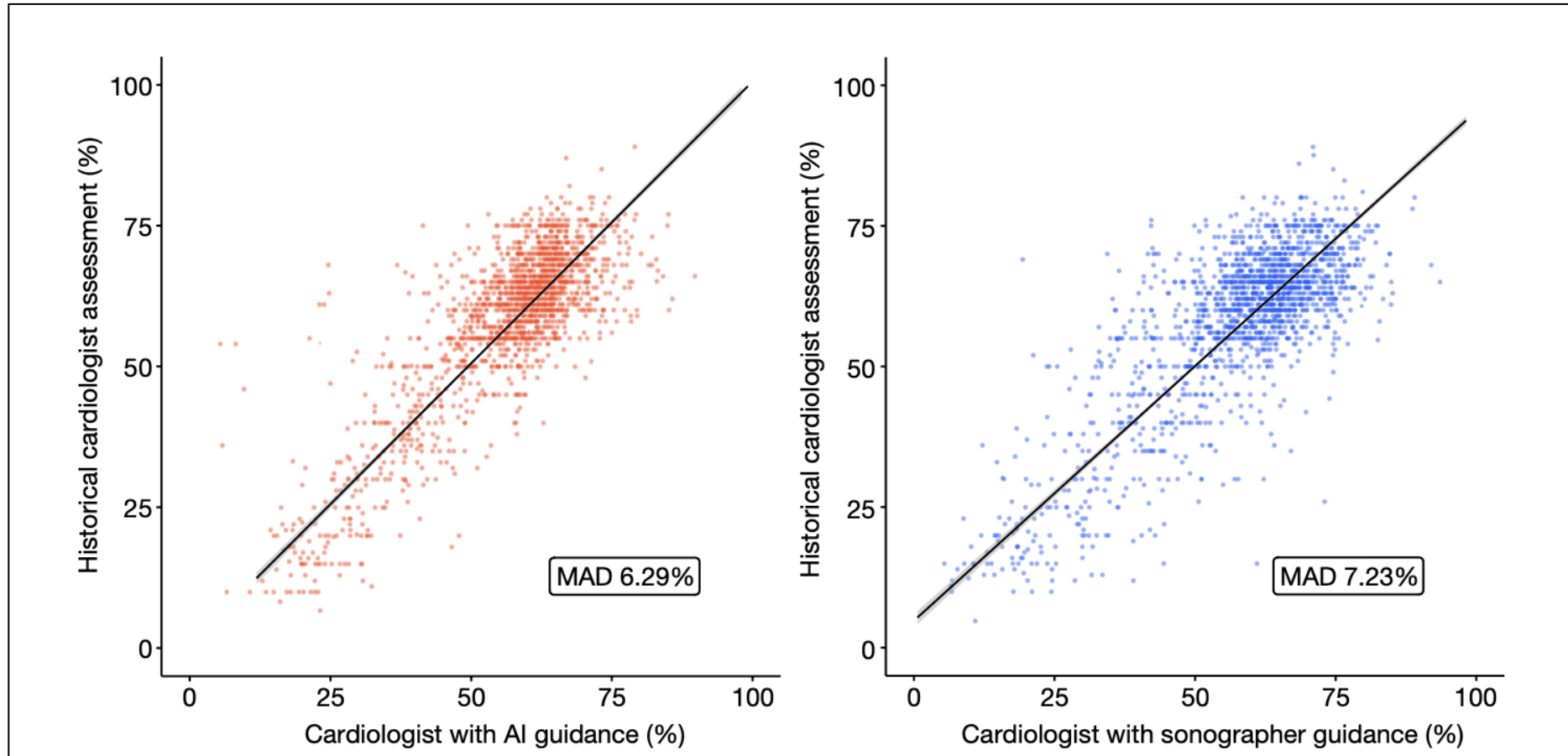
AI-guided initial evaluation of LVEF was non-inferior and even superior to sonographer-guided initial evaluation.



(Difference – 0.97%, 95% CI: –1.33% to –0.54%) $P < 0.001$ for superiority

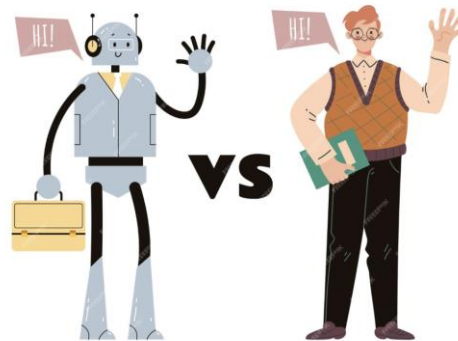
MAD- Mean absolute difference

Cardiologists with initial AI guidance were less likely to substantially change the LVEF assessment for their final report.



(Difference -0.94% , 95% CI: -1.34% to -0.54%) $P < 0.001$ for superiority

MAD- Mean absolute difference



AI

- Efficiency of AI in data analysis
- Automation
- AI doesn't get fatigued or biased
- Predictive healthcare and early intervention
- Reducing health care cost
- Staying at the forefront of knowledge

Human

- Human touch, empathy, and patient-doctor relationship
- Ethical implications and accountability challenges with AI
- The potential for AI to misdiagnose or be influenced by biases in the training data

ESC Congress 2023, Amsterdam

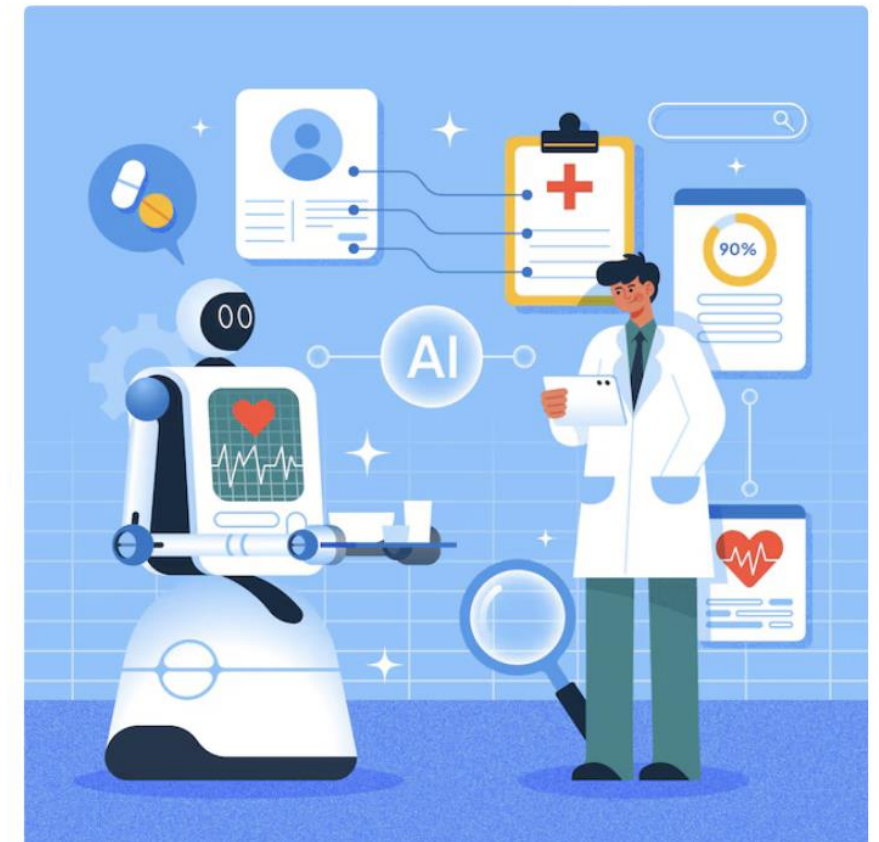
Privacy, security and other concerns with AI

- Ensure that the data are safely and securely stored.
- Avoid bias. Ensure that the app's output is applicable to its intended patient population.
- Regulatory landscape
 - App developers need to keep abreast of regulatory developments and make sure their products guarantee compliance across multiple jurisdictions worldwide.

“Within the next few years, patients will go to their primary care facility for a medical problem.

They'll be greeted by a nonhuman who speaks in the language of their choice. Based upon the initial interview, which will be taken in note form, the patient will be diagnosed, and a prescription called into the pharmacy.

They'll pay the robot at a reception kiosk, and their meds will be delivered via driverless car.”



Primary Care Meets Artificial Intelligence
Lambeth Hochwald, Medscape Cardiology, July 25, 2024

“AI is dramatically changing the field and
the role of the physician
BUT
it is not making the cardiologists superfluous”.

2023 ESC Congress, Amsterdam



Towards Holistic &
Comprehensive Cardiac Care





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