

#### **EMERSE: electronic medical record search engine**

Panel – The National Cancer Institute's Informatics Technology for Cancer Research Program: Building A Community of Practice in Cancer Informatics S34

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## **Disclosure**



I and my spouse/partner have no relevant relationships with commercial interests to disclose.

# What is EMERSE?

Self-service search tool for the medical record free text notes

 $\rightarrow$  the 80% not captured in structured data

Helps people abstract the phenotype, for non-coded data

 $\rightarrow$  e.g., metastatic ductal vs. metastatic lobular breast cancer

Easy to use for typical research staff

 $\rightarrow$  finds cohorts or highlights notes within a cohort

Scales well

Secure and regulatory compliant (audit logs, etc)

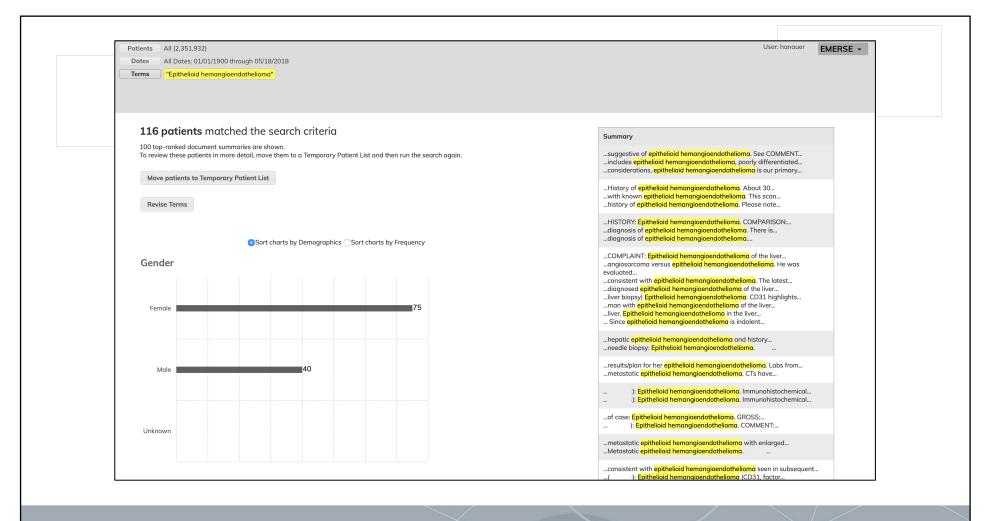
Simple—it's not full NLP, but often NLP isn't needed: "augmented intelligence"

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structured

unstructured



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Quick Terms Term Bundles A	dvanced Terms
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# **Goals of the EMERSE project**

Develop new functionality for the software

- Improved query suggestion
- Networking across sites ("SHRINE-like")

Create the infrastructure for dissemination of an enterprise-level search tool

- Build the community
- Documentation for end-users and implementers
- Training materials



#### **Engaging with users**

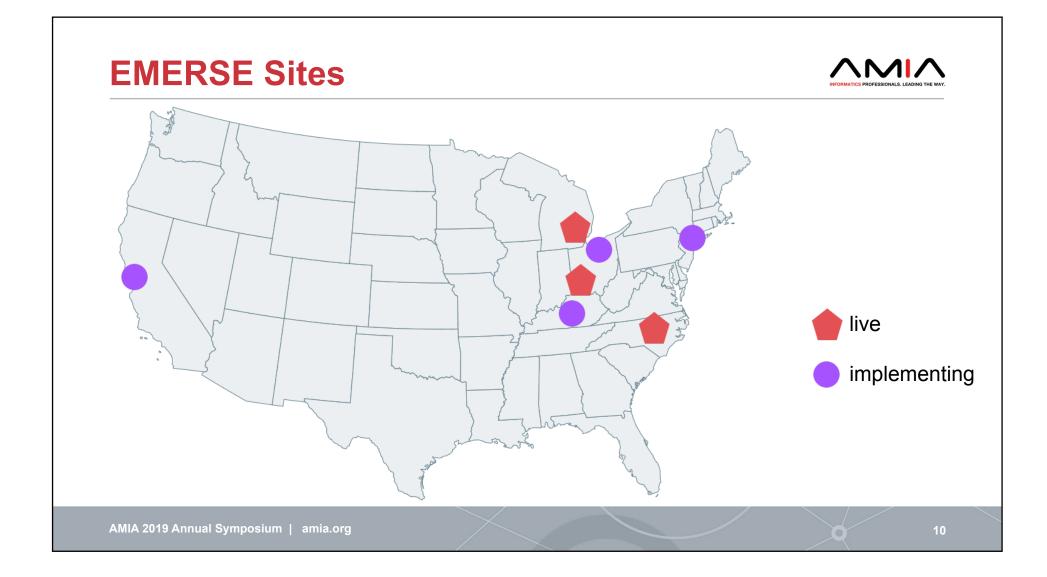
INFORMATICS PROFESSIONALS. LEADING THE WAY.

Two kinds of "users":

- 1. System implementers (who have many local challenges)
  - engagement with ITCR support
  - building the community

#### 2. Standard users

- engagement through training sessions (group and 1:1)
- usability interviews
- users often approach us with requests for features



## What ITCR support means



The ability to scale up from a local effort to a national one

The ability to build the infrastructure needed for broad dissemination

Protected time to engage with other sites, provide demos, etc

Protected time to engage with uses

Developer effort

A peer/mentoring network of ITCR software developers

## **Developing software in academic setting**



#### **Pros:**

#### understand the challenging environment in which the software must exist

- access to the data
- regulatory concerns
- prioritization of projects with limited resources
- security

#### Cons:

shifting between local work vs national focus based on dual funding streams

other academic demands (teaching, publishing, etc)

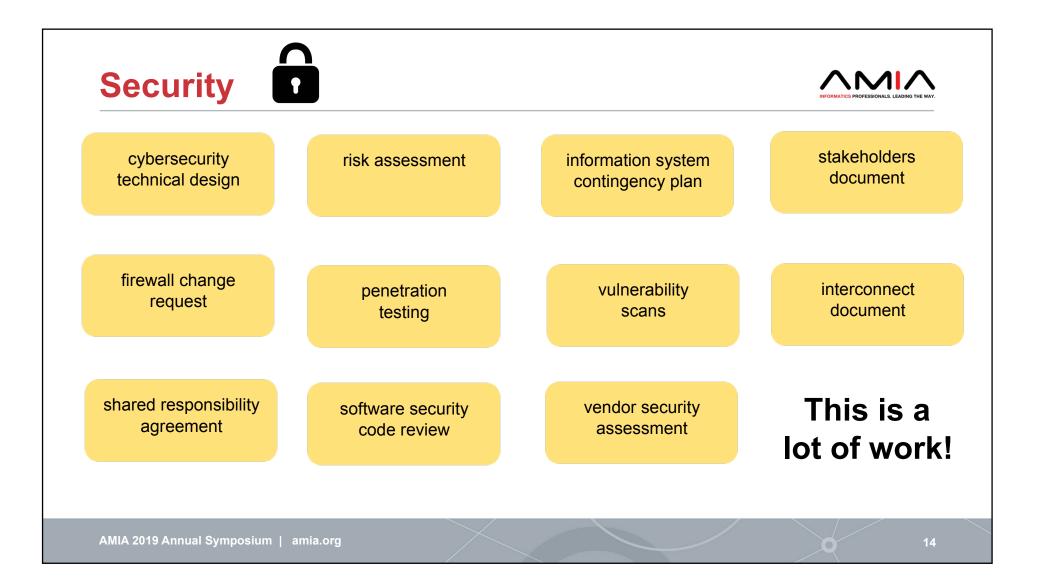
security

# Security





Quickly becoming a major concern and priority of medical centers The days of installing any software in the clinical environment are gone Rigorous security reviews are required before allowed to operate Adds a major amount of time/effort/expense Can never fall behind – otherwise, the plug gets pulled Reviews designed for vendor software, doesn't work as well for open source



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