

EMERSE: an easy-to-use, self-service search engine and chart review tool for EHR notes

Presentation for the Michigan Society of Thoracic and Cardiovascular Surgeons (MSTCVS) Quality Collaborative

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If you want to take notes or visit links



these slides can be found at:

this link will be
on most slides



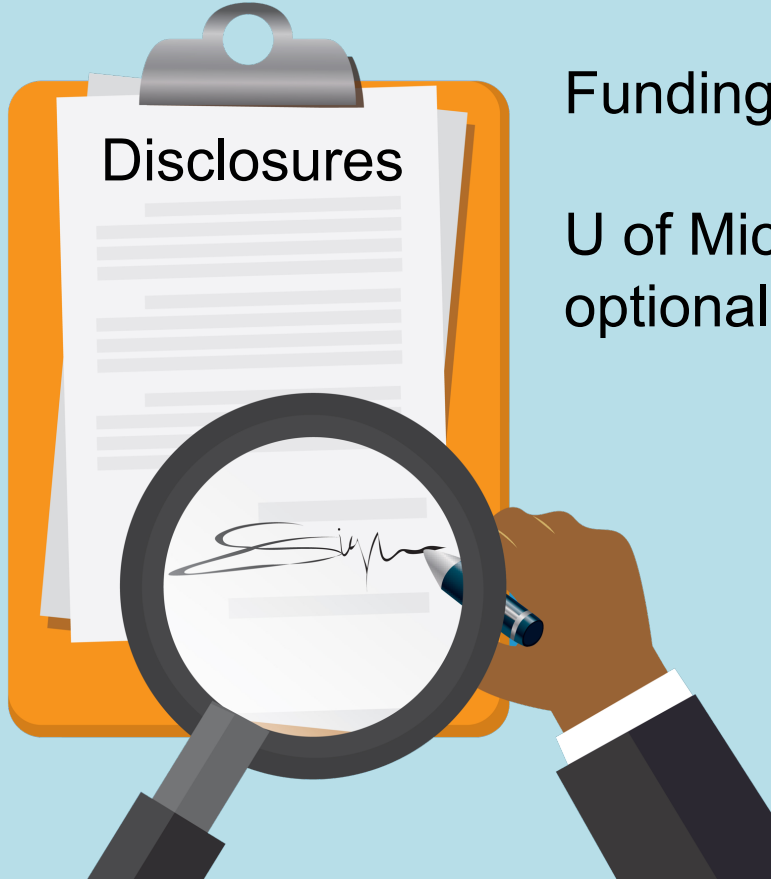
em**erse**
ELECTRONIC MEDICAL RECORD SEARCH ENGINE

<http://project-emerse.org/presentations.html>

Disclosures

Funding: NIH (NCI-ITCR, NCATS-CTSA)

U of Michigan Royalties: “Synonyms” dataset—
optional “plugin” for EMERSE.





I am here to tell you
about EMERSE

em_{ER}se
ELECTRONIC MEDICAL RECORD SEARCH ENGINE

<http://project-emerse.org/presentations.html>

2021 study out of UC Irvine: *Design, Implementation, and Usability of the Electronic Medical Record Search Engine (EMERSE) Tool*

<https://escholarship.org/uc/item/44p23878>

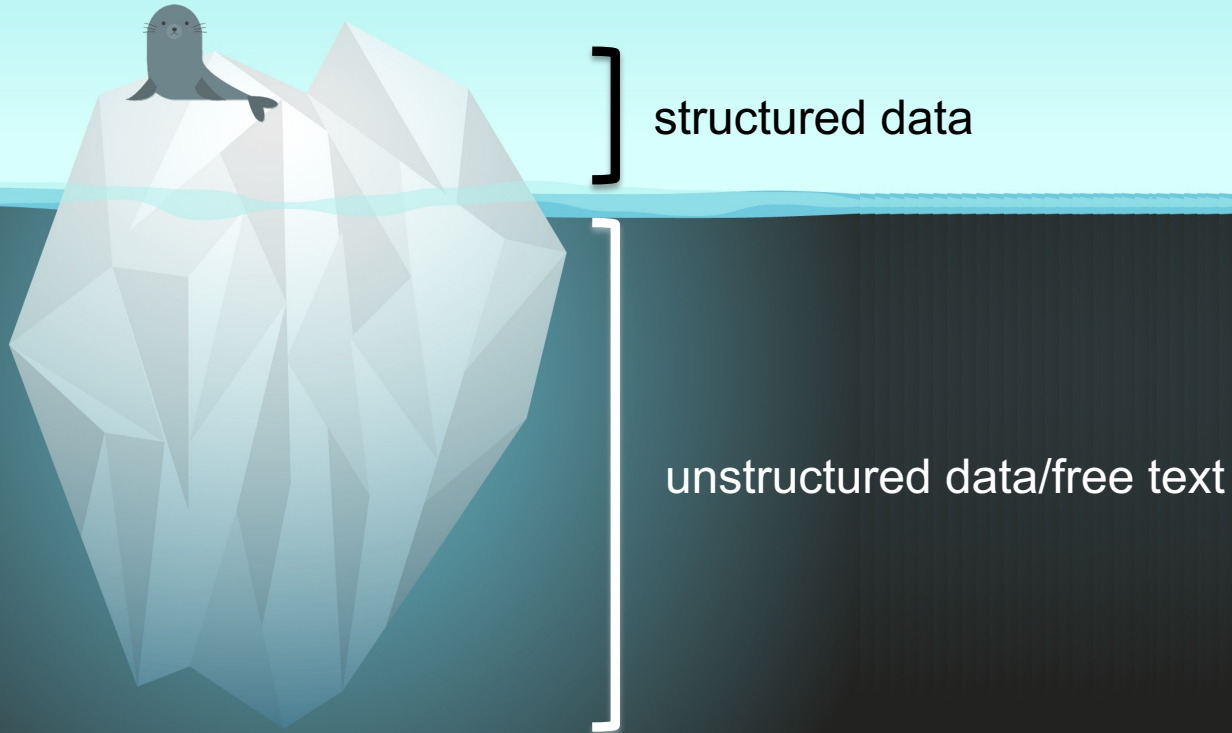
“Users unanimously responded that they would recommend the system to others, and...for a tool they found so useful, they believed that far too few people both within and outside of their network knew about the tool’s existence.”



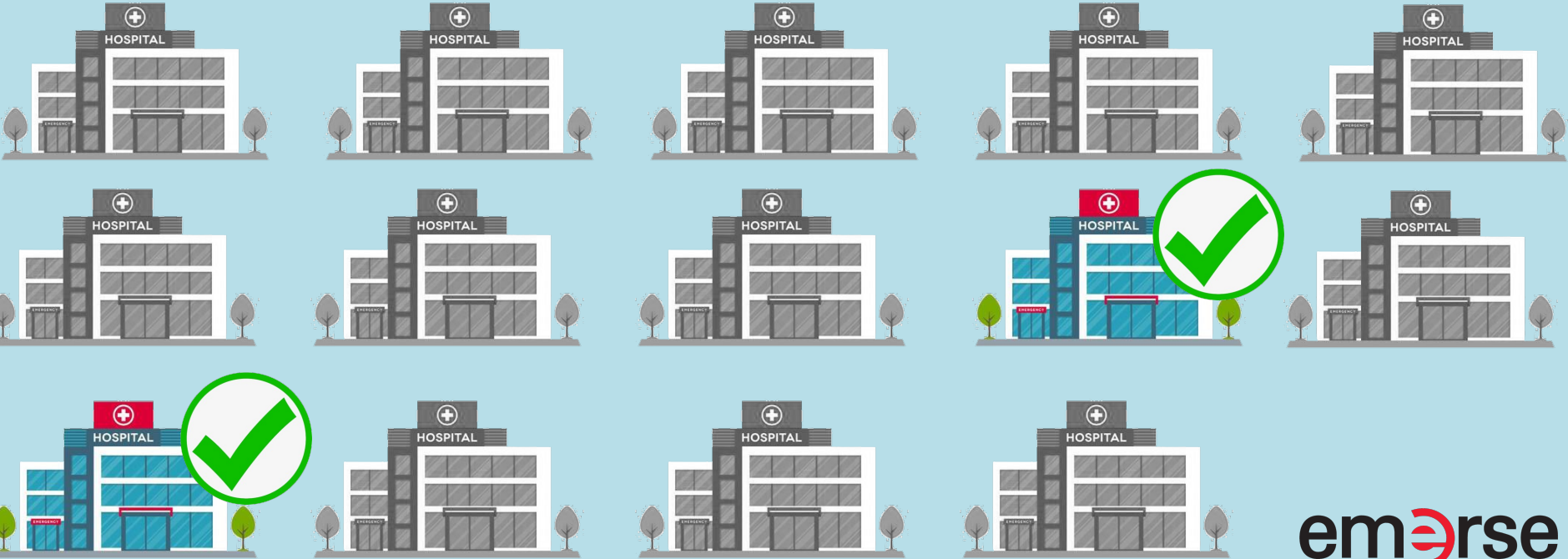
Unstructured vs Structured Data

EMERSE is for this...	...not this
<i>Unstructured Data (free-text)</i>	<i>Structured Data</i>
Mrs. Jones is a 56 year old female with a history of HTN, hypercholesterolemia, and T2DM who comes to the clinic today with a 3 day h/o dizziness and severe headache on the left side.	WBC: 5.6 Total cholesterol: 182 Weight: 67.4 AST: 30 ALT: 52

80% of EHR data are in unstructured free-text



Most medical centers lack tools for free-text



The EMERSE solution



- A system “for the people”
- Users search the notes on their own
 - No need to wait in a queue for an analyst or a data scientist
- Easy-to-use for non-technical users
- Unlike with some EHRs, EMERSE can search across all notes and all patients at once
- Continuous refinements for 18 years

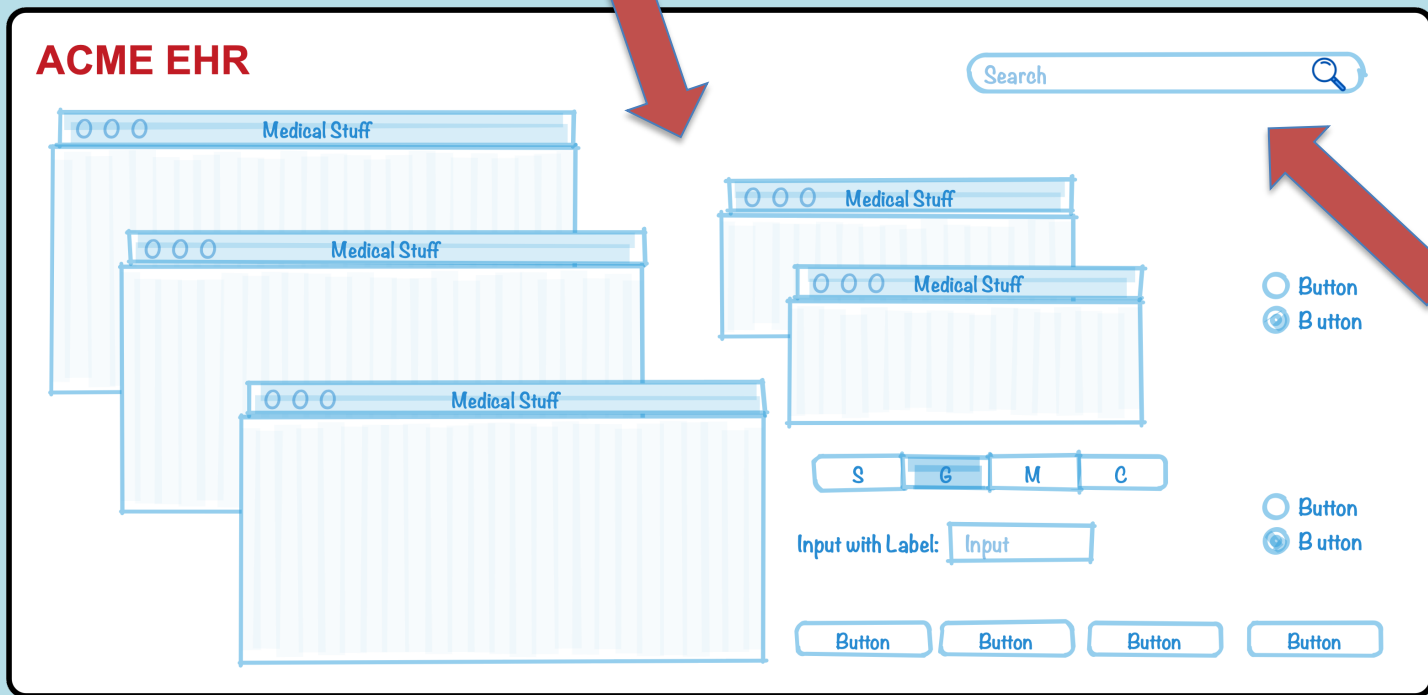
The EMERSE solution



- A system “for the admins”
- Enterprise grade, easy to support
- Configurable with roles/privileges to control access
- Data are kept secure within a centralized, audited system
 - No need to download/store the data elsewhere

Why is EMERSE better?

EHRs have a bazillion features



The EMERSE team has invested \$millions and 18 years on just this one feature (search) because it's so important

How do we know it's better?

We've studied it

- “new users of the EMERSE system are able to complete basic but critical workflow tasks in the system with a high rate of success...are highly satisfied with the interface, and have highly positive perceptions of its expected utility in their work.”
- “survey results indicate very high ratings of usability and satisfaction with the EMERSE system by new users after only one session of use.”

How do we know it's better?

Our users tell us

Thank you for...this important tool which is proving extremely valuable in enhancing patient safety and quality of care delivered at Michigan Medicine.

..continued gratitude for the availability of this powerful research tool. As always, thank you for this innovation!

EMERSE is working out great for casefinding...have found quite a bit of cases that we would have missed otherwise. Thank you and everyone on your team!

To say "it is the most useful tool I use in my job" would be an understatement, so thank you for creating and sharing it with others!!

EMERSE is an absolute gem @umichmedicine. The functionality is very friendly and it saved hours of time during the data collection process. Thank you to the team that created this powerful research tool!



How do we know it's better?

Researchers mention it in their publications

- “Reviewers used the EMERSE search tool to ensure thorough review of the available documentation...” [PMID 36119396]
- “the tool avoids the pitfalls of diagnostic inaccuracy seen with tools querying on ICD and billing codes...” [PMID 36114099]
- “[EMERSE] provides software features to comprehensively scan all clinical documents...for keywords and phrases to ensure that even rarely mentioned events are detected.” [PMID 36550198]
- “...information [was] captured via EMERSE...in order to obtain the most accurate and complete information per patient.” [PMID 36752520]


How do we know it's better?

Top-tier medical centers trust it

Installed	Installing
U of Michigan	Weill Cornell Medical Center
Harvard U – Dana Farber Cancer Center	U of Virginia
Columbia U Cancer Center	Moffitt Cancer Center, Tampa, FL
U of North Carolina – Chapel Hill	U of Iowa
U of California – San Francisco	U of California – Irvine
U of Kentucky	Children's Health Orange County, Calif.
U of Cincinnati	
Case Western Reserve U	
U of Minnesota – Minneapolis	
Utrecht University, Netherlands	

What can EMERSE do?

Lots of things!



EMERSE for Cardiac Surgery Research
David Hanauer


Linda Farhat, Clinical Research Coordinator
Department of Cardiac Surgery, Michigan Medicine

01:28

Cardiac Surgery Research

"It allows us to basically target exactly what we need to know."

--Linda Farhat, Clinical Research Coordinator



EMERSE for Quality Analytics
David Hanauer

Andrew Heiler, Clinical Quality Coordinator

01:18

Quality Analytics

"I can't imagine having to do what I do without having EMERSE."

--Andrew Heiler, Quality Analytics Coordinator



EMERSE for Infection Control
David Hanauer

Jayna Berger Heiler, Infection Prevention Coach

01:33

Infection Prevention

"The value of EMERSE is immeasurable."

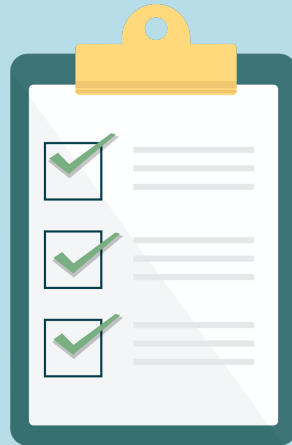
--Jayna Berger Heiler, Infection Prevention Coach

Watch our videos: https://project-emerse.org/use_cases.html

Find cohorts

EMERSE allows you to find cohorts based on things mentioned in the notes

- diseases
- drugs
- symptoms
- anything*



*if it is mentioned

Find cohorts

It's perfect for finding rare things...



...like rare cancers such as
cutaneous leiomyosarcoma

See this talk for more details:

<https://vimeo.com/677482835>

“Using EMERSE to Improve Research
Involving Rare Cancers”



Highlight documents for chart review

Thoracocentesis confirmed the recurrence of mantle cell lymphoma. Disease restaging work-up revealed multicompartiment lymphadenopathy in the neck, mediastinal, retrocrural, retroperitoneal and pelvic regions. Bone marrow was also involved. The patient was treated with a total of six cycles of rituximab, cyclophosphamide, vincristine, doxorubicin and dexamethasone (R-HyperCVAD) completed in January 2007. That treatment led to complete remission that lasted until October 2008, when the disease was found to have recurred in the left pleural space and retroperitoneum without bone marrow involvement.

<https://jmedicalcasereports.biomedcentral.com/articles/10.1186/1752-1947-4-329>

Our philosophy

It's important to view the terms/concepts in the context of the original text to truly understand the clinical meaning.



MetaMap output

Meta Mapping (1000):
1000 *Apatient (Patients) [Patient or Disabled Group]
Meta Mapping (702):
742 Presented (Presentation) [Idea or Concept]
742 PALPABLE (Palpable) [Qualitative Concept]
784 right Breast mass (Lump in right breast) [Finding]
Meta Mapping (1000):
1000 Clinical Laboratory (Clinical Laboratory Services) [Health Care Activity]
Meta Mapping (1000):
1000 Clinical Laboratory (Laboratories, Clinical) [Health Care Related Organization, Manufactured Object]
Meta Mapping (947):
947 Mammography finding [Finding]
Meta Mapping (743):
715 CARCINOMA OF BREAST (Breast Carcinoma) [Neoplastic Process]
Meta Mapping (1000):
1000 *Apatient (Patients) [Patient or Disabled Group]
Meta Mapping (1000):
1000 LUMPECTOMY (Lumpectomy of breast) [Therapeutic or Preventive Procedure]
Meta Mapping (1000):
1000 SENTINEL LYMPH NODE BIOPSY (Sentinel Lymph Node Biopsy) [Diagnostic Procedure]
Meta Mapping (745):
806 Frozen Section (Frozen Sections) [Tissue]
593 Tumor (Neoplasms) [Neoplastic Process]
Meta Mapping (745):
806 Frozen Section (Frozen Sections) [Tissue]
593 Tumor (Tumor tissue sample) [Tissue]
Meta Mapping (745):
806 Frozen Section (Frozen Sections) [Tissue]
593 Tumor (Specimen Source Codes - tumor) [Intellectual Product]
Meta Mapping (745):
806 Frozen Section (Frozen Sections) [Tissue]
593 Tumor (Tumor tissue sample) [Finding]
Meta Mapping (745):
806 Frozen Section (Cryoultramicrotomy) [Laboratory Procedure]
593 Tumor (Neoplasms) [Neoplastic Process]
Meta Mapping (745):
806 Frozen Section (Cryoultramicrotomy) [Laboratory Procedure]
593 Tumor (Specimen Source Codes - tumor) [Intellectual Product]

Meta Mapping (745):
806 Frozen Section (Cryoultramicrotomy) [Laboratory Procedure]
593 Tumor (Tumor Mass) [Finding]
Meta Mapping (1000):
1000 Sentinel node (Sentinel node (disorder)) [Disease or Syndrome]
Meta Mapping (1000):
1000 Sentinel Node (Sentinel Lymph Node) [Body Part, Organ, or Organ Component]
Meta Mapping (1000):
1000 Revealed [Qualitative Concept]
Meta Mapping (1000):
1000 Granulomatous Inflammation (Granulomatous inflammation) [Pathologic Function]
Meta Mapping (1000):
1000 Gross examination (Sample macroscopy) [Laboratory Procedure]
Meta Mapping (1000):
1000 confirmed (Confirmed by) [Qualitative Concept]
Meta Mapping (1000):
1000 Confirmed (Confirmation) [Finding]
Meta Mapping (696):
760 DIAGNOSIS (Diagnosis) [Diagnostic Procedure]
593 Tuberculous (Tuberculosis) [Disease or Syndrome]
593 MASTITIS (Mastitis) [Disease or Syndrome]
Meta Mapping (696):
760 DIAGNOSIS (Diagnosis) [Diagnostic Procedure]
593 Tuberculous (Tuberculosis) [Disease or Syndrome]
593 Mastitis (Inflammatory disorder of breast) [Disease or Syndrome]
Meta Mapping (696):
760 DIAGNOSIS (Diagnosis) [Diagnostic Procedure]
593 Tuberculous (Tuberculosis) [Disease or Syndrome]
593 Mastitis (Inflammation of non-human mammary gland) [Disease or Syndrome]
Meta Mapping (696):
760 Diagnosis (Disease) [Disease or Syndrome]
593 Tuberculous (Tuberculosis) [Disease or Syndrome]
593 MASTITIS (Mastitis) [Disease or Syndrome]
Meta Mapping (696):
760 Diagnosis (Disease) [Disease or Syndrome]
593 Tuberculous (Tuberculosis) [Disease or Syndrome]
593 Mastitis (Inflammation of non-human mammary gland) [Disease or Syndrome]
Meta Mapping (696):
760 Diagnosis (Disease) [Disease or Syndrome]
593 Tuberculous (Tuberculosis) [Disease or Syndrome]
593 Mastitis (Inflammation of non-human mammary gland) [Disease or Syndrome]

Meta Mapping (696):
760 DIAGNOSIS (Diagnosis Code) [Intellectual Product]
593 Tuberculous (Tuberculosis) [Disease or Syndrome]
593 MASTITIS (Mastitis) [Disease or Syndrome]
Meta Mapping (696):
760 DIAGNOSIS (Diagnosis Code) [Intellectual Product]
593 Tuberculous (Tuberculosis) [Disease or Syndrome]
593 Mastitis (Inflammatory disorder of breast) [Disease or Syndrome]
Meta Mapping (696):
760 DIAGNOSIS (Diagnosis Code) [Intellectual Product]
593 Tuberculous (Tuberculosis) [Disease or Syndrome]
593 MASTITIS (Mastitis) [Disease or Syndrome]
Meta Mapping (696):
760 diagnosis (diagnosis aspect) [Functional Concept]
593 Tuberculous (Tuberculosis) [Disease or Syndrome]
593 MASTITIS (Mastitis) [Disease or Syndrome]
Meta Mapping (696):
760 diagnosis (diagnosis aspect) [Functional Concept]
593 Tuberculous (Tuberculosis) [Disease or Syndrome]
593 Mastitis (Inflammatory disorder of breast) [Disease or Syndrome]
Meta Mapping (696):
760 diagnosis (diagnosis aspect) [Functional Concept]
593 Tuberculous (Tuberculosis) [Disease or Syndrome]
593 Mastitis (Inflammation of non-human mammary gland) [Disease or Syndrome]
Meta Mapping (696):
760 DIAGNOSIS (Diagnosis Study) [Research Activity]
593 Tuberculous (Tuberculosis) [Disease or Syndrome]
593 MASTITIS (Mastitis) [Disease or Syndrome]
Meta Mapping (696):
760 DIAGNOSIS (Diagnosis Study) [Research Activity]
593 Tuberculous (Tuberculosis) [Disease or Syndrome]
593 Mastitis (Inflammation of non-human mammary gland) [Disease or Syndrome]
Meta Mapping (696):
760 DIAGNOSIS (Diagnosis Study) [Research Activity]
593 Tuberculous (Tuberculosis) [Disease or Syndrome]
593 Mastitis (Inflammation of non-human mammary gland) [Disease or Syndrome]
Meta Mapping (696):
760 Diagnosis (Date of diagnosis) [Temporal Concept]
593 Tuberculous (Tuberculosis) [Disease or Syndrome]
593 MASTITIS (Mastitis) [Disease or Syndrome]
Meta Mapping (696):
760 Diagnosis (Date of diagnosis) [Temporal Concept]
593 Tuberculous (Tuberculosis) [Disease or Syndrome]
593 Mastitis (Inflammation of breast) [Disease or Syndrome]

Syndrome]
Meta Mapping (696):
760 Diagnosis (Date of diagnosis) [Temporal Concept]
593 Tuberculous (Tuberculosis) [Disease or Syndrome]
593 Mastitis (Inflammation of non-human mammary gland) [Disease or Syndrome]
Meta Mapping (1000):
1000 *Apatient (Patients) [Patient or Disabled Group]
Meta Mapping (1000):
1000 RECEIVED (Receive) [Qualitative Concept]
Meta Mapping (719):
753 TUBERCULOSIS (Tuberculosis) [Disease or Syndrome]
753 therapy (therapeutic aspects) [Functional Concept]
623 Six months [Temporal Concept]
Meta Mapping (719):
753 TUBERCULOSIS (Tuberculosis) [Disease or Syndrome]
753 Therapy (Therapeutic procedure) [Therapeutic or Preventive Procedure]
623 Six months [Temporal Concept]
Meta Mapping (719):
753 TUBERCULOSIS (Tuberculosis) [Disease or Syndrome]
753 Therapy (Therapy Object (animal model)) [Finding]
623 Six months [Temporal Concept]
Meta Mapping (1000):
1000 side effects (aspects of adverse effects) [Functional Concept]
Meta Mapping (1000):
1000 N side effects (Adverse event) [Pathologic Function]
Meta Mapping (1000):
1000 N Side effects (Adverse effects) [Pathologic Function]
Meta Mapping (888):
694 Further [Spatial Concept]
861 N Complications (Complication) [Pathologic Function]
Meta Mapping (888):
694 Further [Spatial Concept]
861 complications (Complication Aspects) [Functional Concept]

Location_Start	Location_End	Semantic	Entity
28	63	problem	a palpable mass of the right breast
51	63	bodyloc	right breast
130	136	bodyloc	breast
130	146	problem	breast carcinoma
170	180	treatment	lumpectomy
185	211	test	sentinel lymph node biopsy
213	240	treatment	Frozen section of the tumor
249	262	bodyloc	sentinel node
273	299	problem	granulomatous inflammation
308	325	test	gross examination
353	373	problem	tuberculous mastitis
396	421	treatment	anti-tuberculosis therapy
426	436	temporal	six months
442	444	negation	no
445	457	problem	side effects
461	486	problem	any further complications

CASE PRESENTATION

The patient presented with a palpable mass of the right breast with clinical, laboratory and mammographic findings indicative of breast carcinoma. The patient underwent lumpectomy and sentinel lymph node biopsy. Frozen section of the tumor and the sentinel node revealed "granulomatous inflammation", while gross examination confirmed the diagnosis of tuberculous mastitis. The patient received anti-tuberculosis therapy for six months with no side effects or any further complications.

<https://jmedicalcasereports.biomedcentral.com/articles/10.1186/1752-1947-2-34>



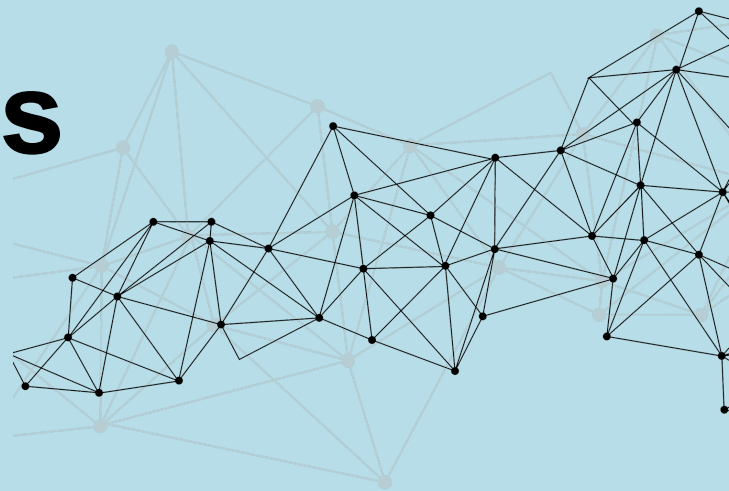
EMERSE is \equiv fast

Query to identify all patients with the following	Reporting DB time (s)	EMERSE time (s)	EMERSE advantage
cavernous hemangioma	14,652	2	7,320x
gray platelet syndrome	14,940	2	7,470x
inferior lingular segment of the left upper lobe	17,784	9	1,980x

...enabling real-time querying



Synonyms



- Used for query expansions
- User-controlled
- Multiple datasets can be included
- EMERSE Synonyms
 - acronyms, abbreviations, professional/consumer terms, misspellings, trade/generic drug names, species, chemo regimens, phrase variations, malapropisms, idioms, neologisms, organizations, companies, & more
 - 2 million unique entries

Synonyms for "smoker"



Click individual terms to highlight or de-highlight.

Synonyms (126)

[SORT A TO Z](#)

[HIGHLIGHT ALL](#)

[HIGHLIGHT NONE](#)

- abuse nicotine
- abuses nicotine
- addicted to nicotine
- addicted to tobacco
- addiction to nicotine
- addiction to tobacco
- ash tray
- ash trays
- ashtray
- ashtrays
- chain smoker
- chain smokers
- chain smoking
- chainsmoker
- chainsmokers
- chainsmoking
- cigar
- cigar day
- cigar per day
- cigarette day
- cigarette pack day
- cigarette packs each day
- cigarette packs every day
- cigarette packs per day
- cigarette per day
- cigarette smoke
- cigarette smoker
- cigarette smokers
- cigarette smoking
- cigarettes
- cigarettes day
- cigarettes per day
- cigars
- cigars days
- cigars per day
- continue to smoke
- continued to smoke
- continues to smoke
- continuing to smoke
- current every day smoker
- current everyday smoker
- current smoker
- currently smokes
- dependence on cigarettes
- dependence on nicotine
- dependence on tobacco
- dependent on cigarettes
- dependent on nicotine
- dependent on tobacco
- nicotine
- nicotine abuse
- nicotine abuser
- nicotine abusers
- nicotine addiction
- nicotine addictions
- nicotine dependence
- nicotine dependent
- pack a day
- pack day
- pack each day
- pack history
- pack per day
- pack year
- pack year smoker
- pack years
- pack yr
- pack yrs
- packs
- packs a day
- packs day
- packs each day
- packs of cigarette day
- packs of cigarette each day
- packs of cigarette per day
- packs of cigarettes day
- packs of cigarettes each day
- packs of cigarettes every day
- packs of cigarettes per day
- packs per day
- packs per year
- packyear
- packyears
- packyr
- packyrs
- pipe
- pipes
- pk year
- pk years
- pk yr
- pk yrs

Publications using EMERSE

605

papers and abstracts



Full list at:

<http://project-emerse.org/publications.html>

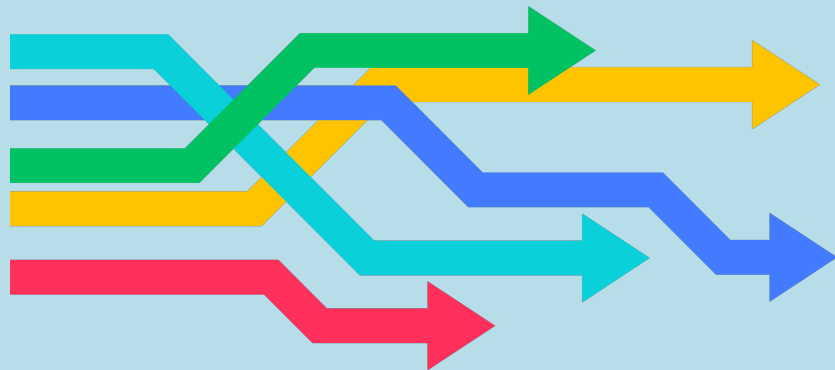
Coming soon...

Incorporation of NLP features

- negation
- uncertainty
- subject (patient vs other)
- named entity recognition/mapping to ontologies

Data extraction from templated notes

(?) Integration with ChatGPT or similar tools

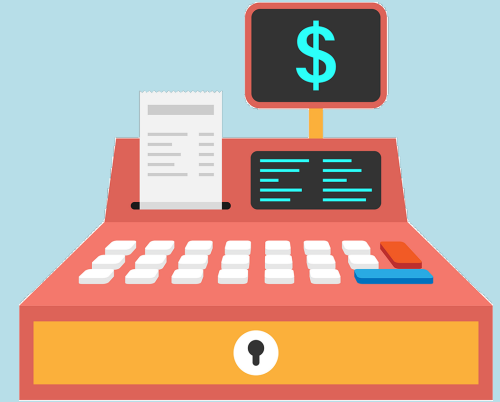


Ultrasonography displayed an inhomogeneous hypoechoic nodule measuring 20mm*17mm (Figure1). Biopsy examination of the lesion revealed **scirrhous carcinoma**. A chest computed tomography (CT) scan for metastases showed abnormal shadows in both upper lung fields. The patient was then referred to our department for definitive workup and treatment. She had no history of cough, sputum, or dyspnea. Our patient had no history of tobacco smoking and no exposure to any dusts associated with a high risk of lung damage. Her past history and family history were unremarkable. A chest X-ray showed slight peripheral infiltration shadows in both upper and middle lung fields (Figure2). A chest CT scan showed patchy peripheral ground-glass opacities and thickened interlobular septa in both upper lung fields (Figure3A). A peripheral blood cell count and serum and biochemical tests were normal. Autoantibody and vasculitis screening was negative. Testing for human immunodeficiency virus infection was negative. Serum carcinoembryonic antigen (CEA) and carbohydrate antigen 153 (CA15-3) were in the normal ranges (1.1ng/mL and 12.5U/mL, respectively), but granulocyte-macrophage colony-stimulating factor (GM-CSF) autoantibody was elevated (29.57?g/mL). Pulmonary function testing revealed normal lung volumes and diffusing capacity. Flexible fiberoptic bronchoscopy was then performed. The retrieved bronchoalveolar lavage fluid (BALF) was transparent; it did not have a milky appearance. However, BALF cytology showed alveolar macrophages with granular materials that stained positively with periodic acid-Schiff (PAS). Histological findings of a transbronchial lung biopsy specimen showed the alveolar spaces to be filled with PAS-positive granular materials (Figure4). As a result, this patient was diagnosed as having PAP.

From our NLP proof-of-concept system

How much does it cost?

Software	\$0.00
Installation Guidance	\$0.00
Access to Documentation	\$0.00
Training (within reason)	\$0.00
Synonyms dataset (optional)	Determined by U of M

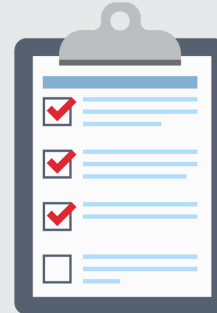
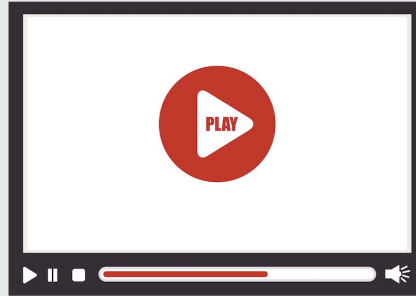


Fine Print

- There will be local operational costs
 - free kitten < free pony
- Sites need to determine how to extract their data to get it into EMERSE
 - We can provide recommendations/ideas
- Sites install EMERSE themselves
 - on premise or in the cloud
- Our team does not have access to anyone's data other than U of Michigan



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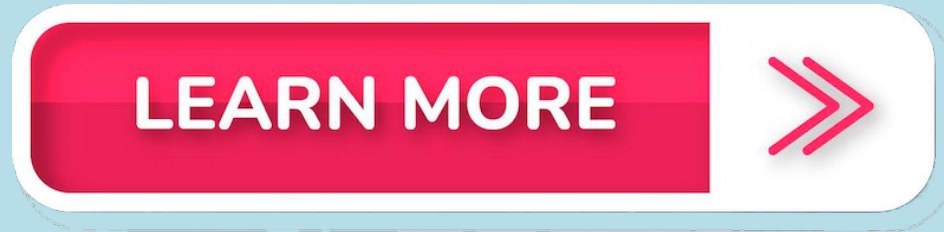




Twitter: @projectEMERSE

publications
software releases
announcements
webinars

Interested in EMERSE?



Contact us to schedule a time with your team for:

- Discussions about usage strategies
- Training
- Live demonstrations (abstractors, IT teams, etc)

EMERSE-team@umich.edu



Lisa Ferguson

David Hanauer

Kellen McClain

Guan Wang