

A presentation for



Statistics
Canada

Statistique
Canada



Santé
Canada

Health
Canada

May 5, 2023



WATERLOO.AI
WATERLOO ARTIFICIAL INTELLIGENCE INSTITUTE



Cybersecurity, Privacy, and Artificial Intelligence in Health Data Advancements and Challenges Conference

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Director, Critical ML Lab

University of Waterloo

www.sirisharambhatla.com

Making Canadian Healthcare Systems “AI Ready”

What do we need to
build AI-powered
Trustworthy Primary
Healthcare
Solutions?



UNIVERSITY OF
WATERLOO

FACULTY OF ENGINEERING
Department of
Management Sciences

FACULTY OF MATHEMATICS
DAVID R. CHERITON SCHOOL
OF COMPUTER SCIENCE

FACULTY OF ENGINEERING
Department of Systems
Design Engineering

Future Healthcare Challenges of Canada and the World

Future Healthcare Challenges of Canada and the World



**United
Nations**

Department of
Economic and
Social Affairs

World Population Ageing, 2019

“The number of older persons is projected to double to 1.5 billion by 2050.”

Future Healthcare Challenges of Canada and the World



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**Government
of Canada**

**Gouvernement
du Canada**

Action for Seniors report, Fall 2014

In 2014, about 15% of Canadians were above the age of 65, this percentage is set to rise to 25% by 2040.

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**CANADIAN FEDERATION
OF NURSES UNIONS**

Canada's nursing shortage at a glance, 2022

The nursing shortage, pre-pandemic

Even as our population ages and our health needs become more acute, growth in the regulated health workforce has largely remained stagnant.

A 2018 analysis predicted a shortage of 117,600 nurses in Canada by 2030 (Scheffler & Arnold, 2018). According to 2020 data, a third of registered nurses who provide direct care are 50 or older and nearing retirement (Registered Nurses' Association of Ontario, 2021). A 2019 survey of nurses conducted by the CFNU with

**AI-powered Healthcare Technologies can
address Urgent Healthcare Needs**

AI-powered Healthcare Technologies can address Urgent Healthcare Needs

How can we leverage it for primary healthcare?

AI for Healthcare



NURSE ROBOT



RECEPTIONIST AND ADMINISTRATIVE SUPPORT



MANAGING MEDICAL RECORDS



HEALTH MONITORING



ONLINE DOCTOR



AI for Healthcare



BODY SCANNING



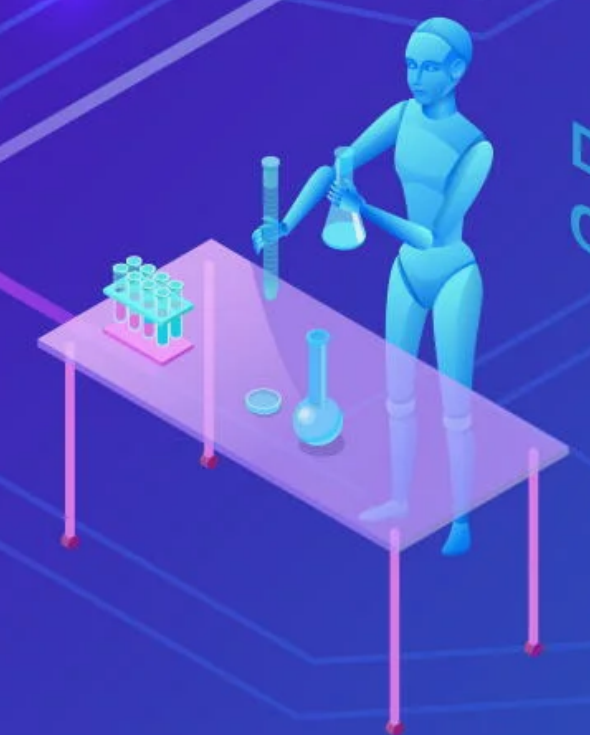
AI-ASSISTED SURGERY



DATA BASED CLINICAL JUDGEMENT



DRUGS CREATION



NURSE ROBOT



RECEPTIONIST AND ADMINISTRATIVE SUPPORT



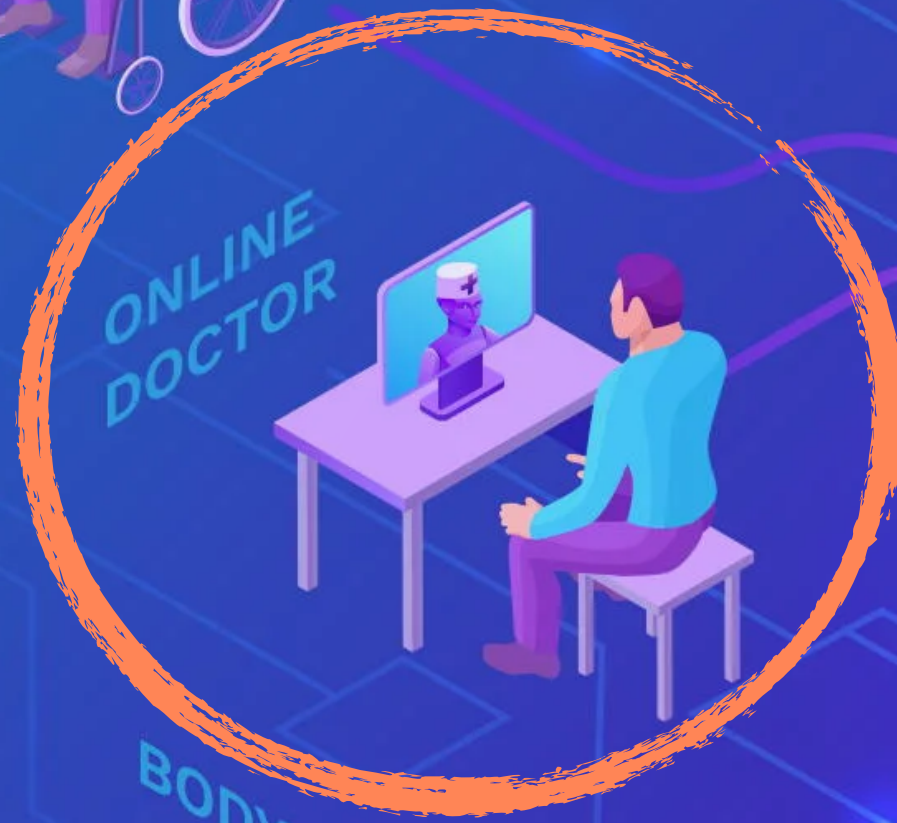
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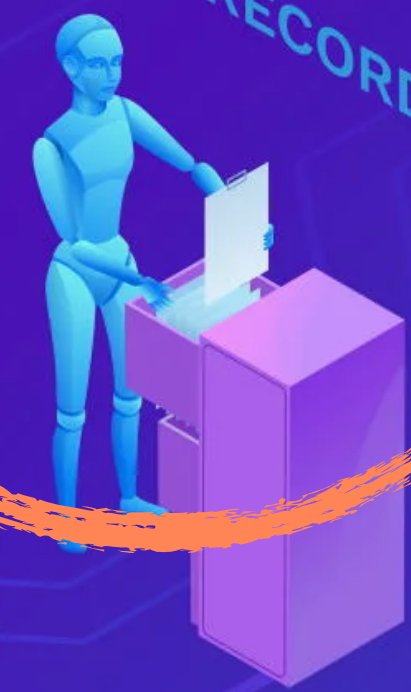
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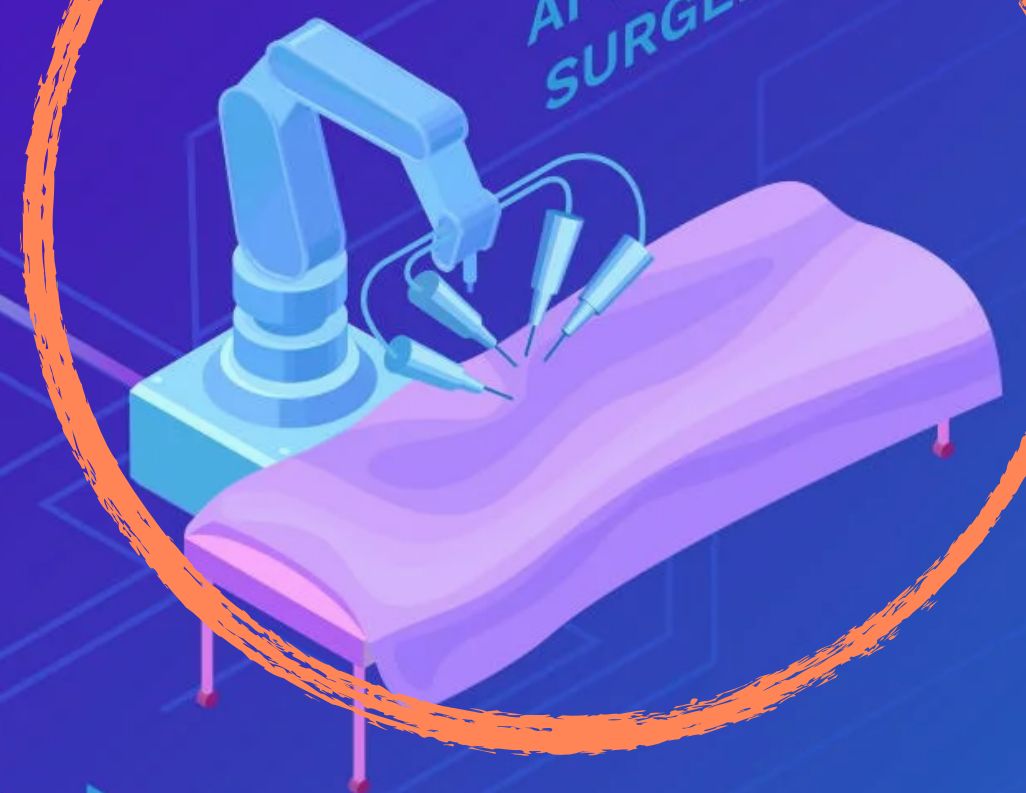
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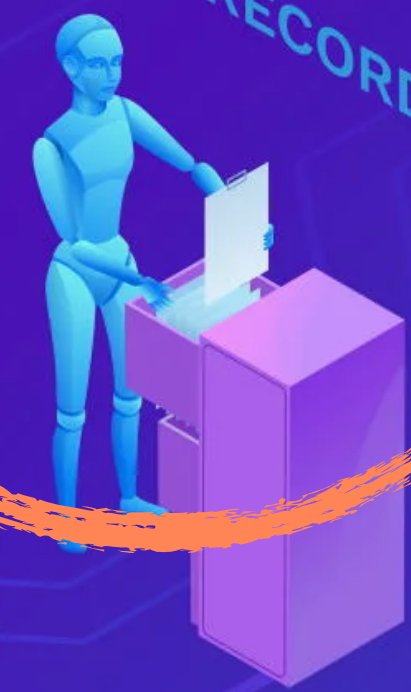
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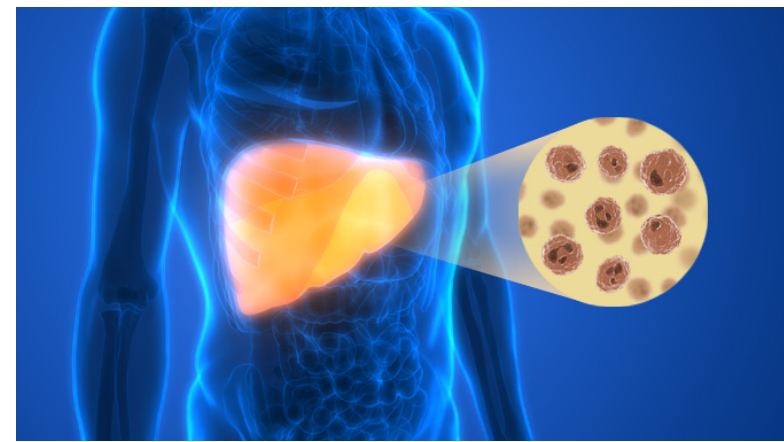


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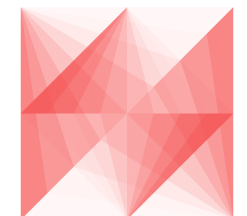


My AI for Healthcare Research Efforts

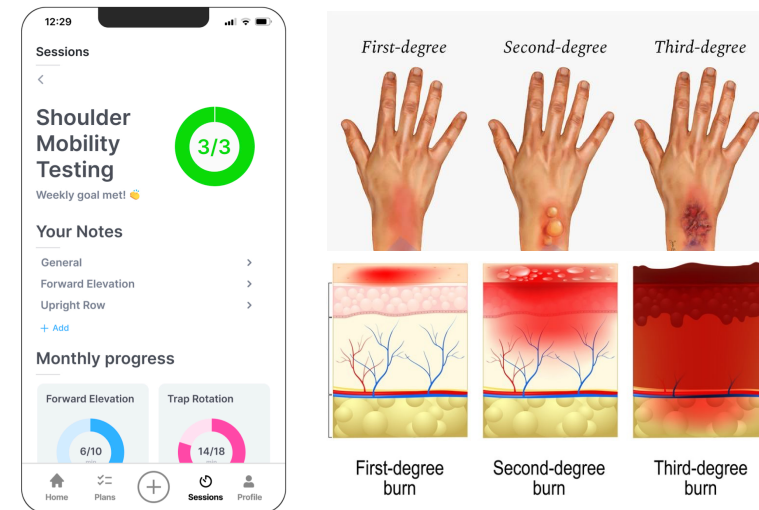
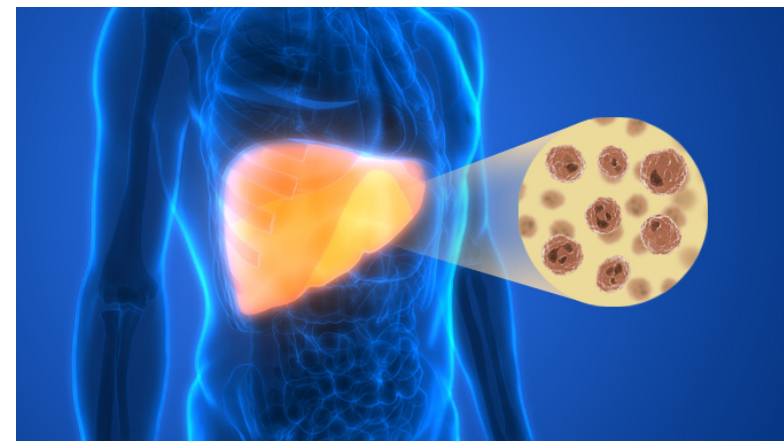
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AI for Hepatology

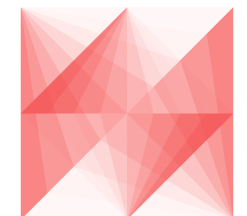


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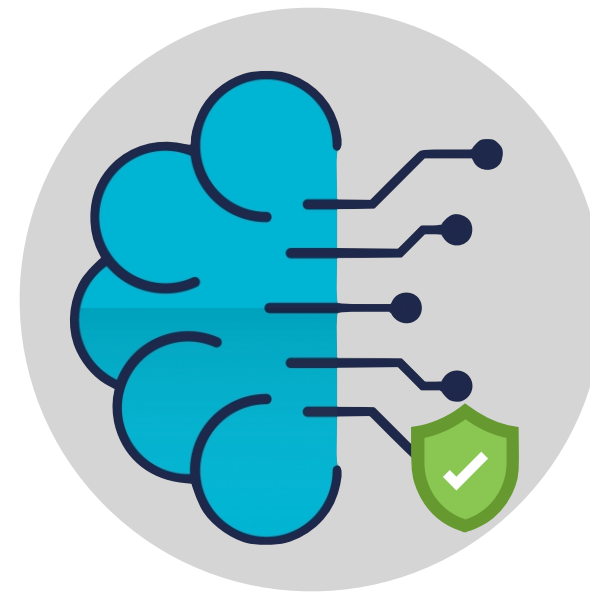
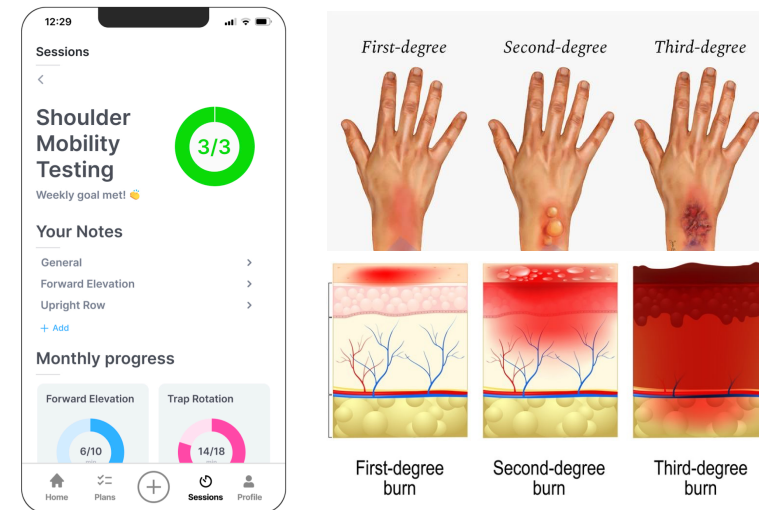
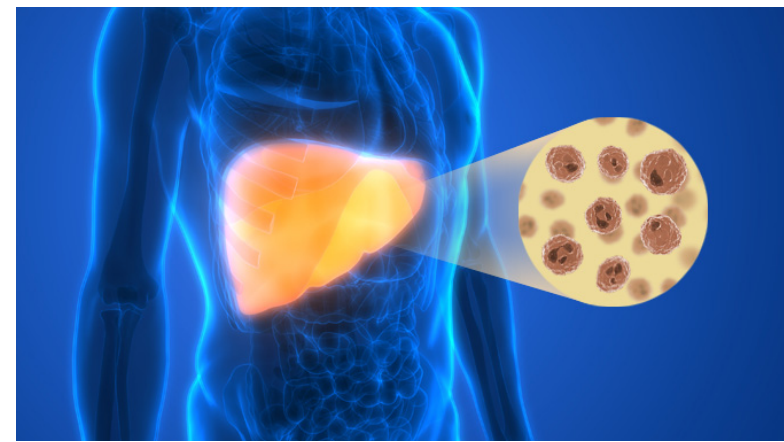


AI for Hepatology

AI for Physiotherapy,
Surgical Candidacy
and Telemedicine



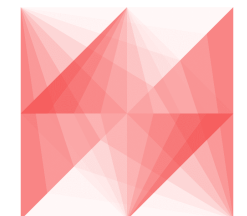
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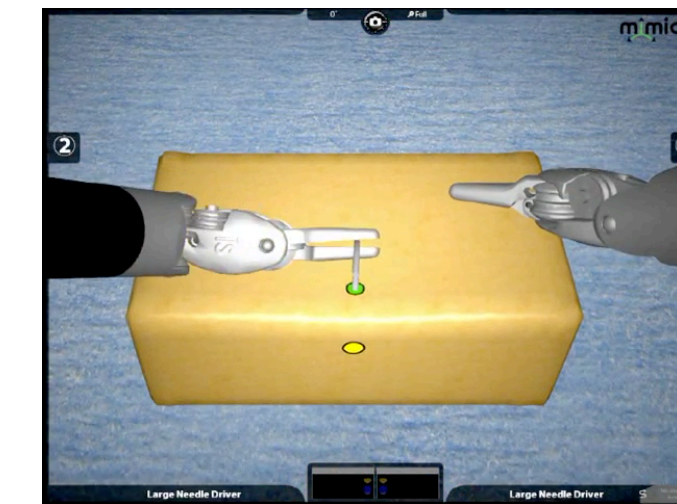
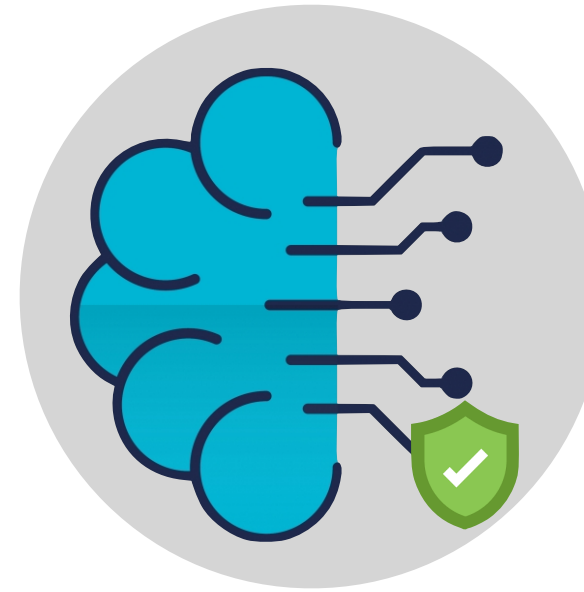
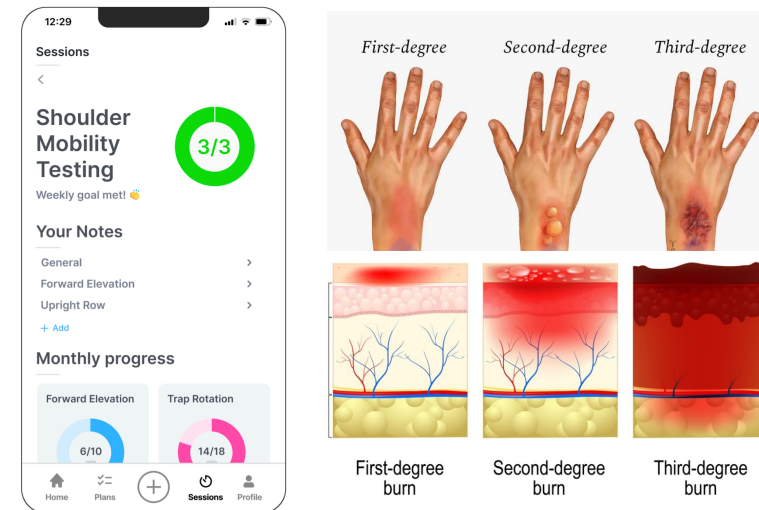
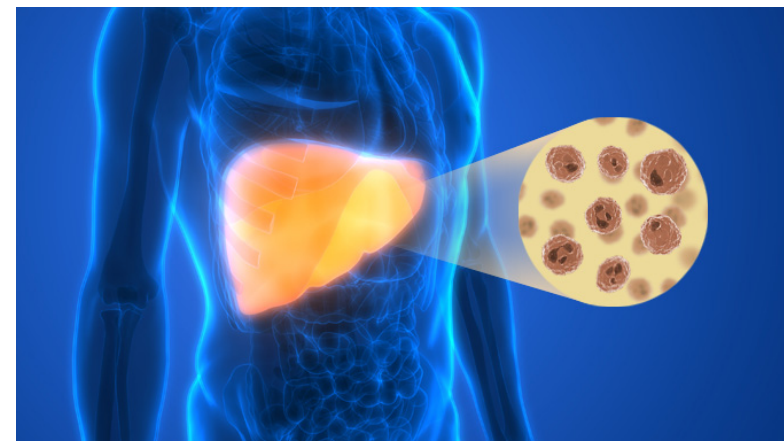
AI for Hepatology

AI for Physiotherapy,
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Trustworthy AI for
Healthcare



My AI for Healthcare Research Efforts

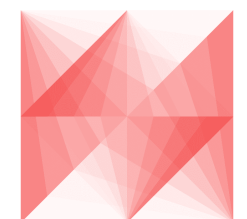


AI for Hepatology

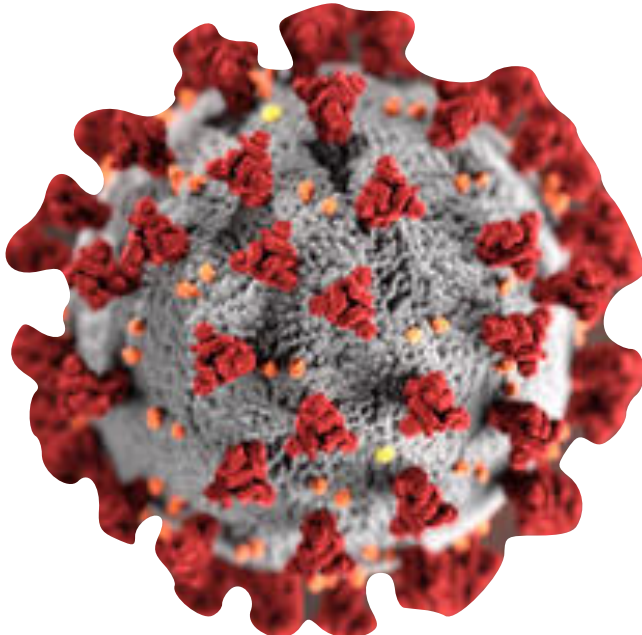
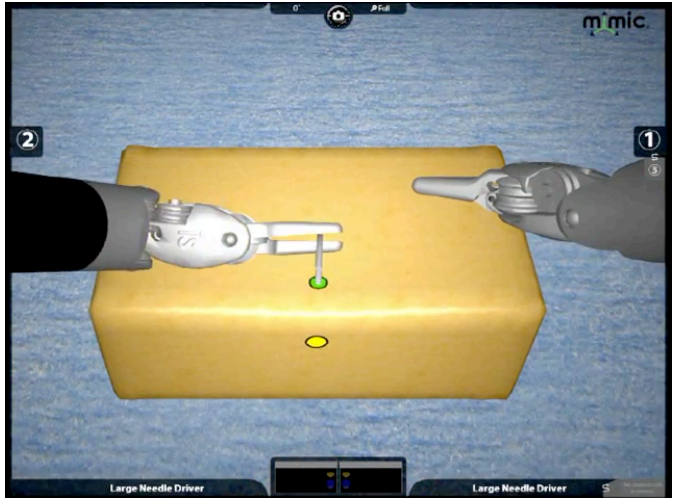
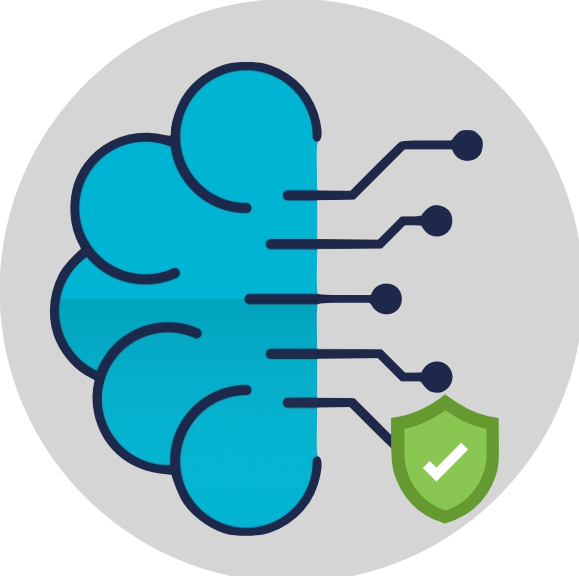
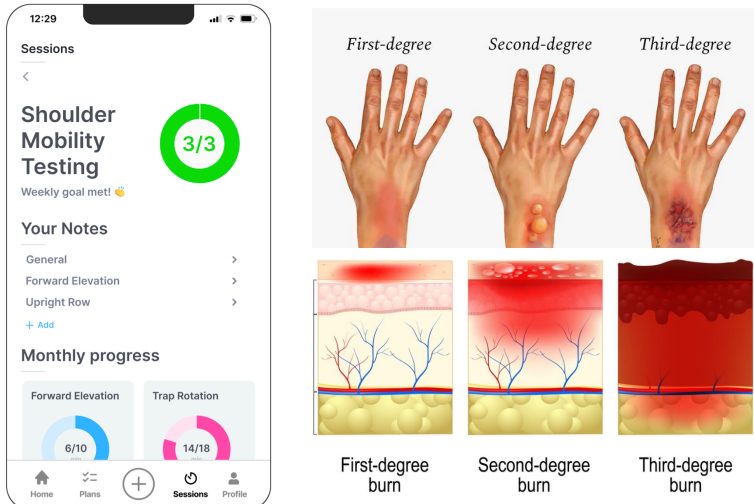
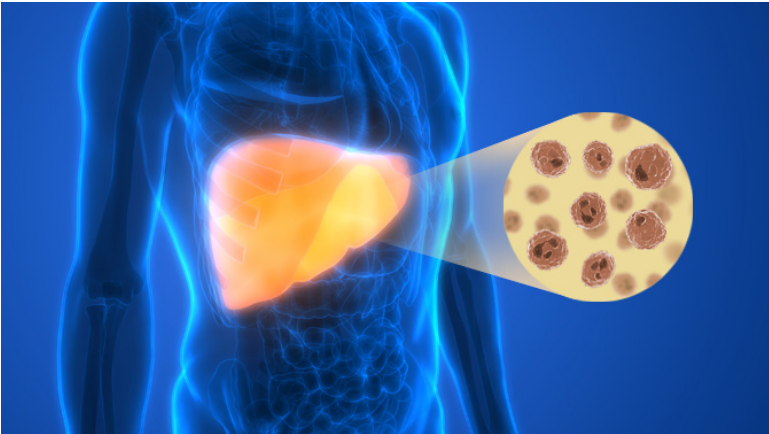
AI for Physiotherapy,
Surgical Candidacy
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Trustworthy AI for
Healthcare

AI for Surgical Skill
Assessment



My AI for Healthcare Research Efforts



AI for Hepatology

AI for Physiotherapy,
Surgical Candidacy
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Trustworthy AI for
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AI for Surgical Skill
Assessment

AI for COVID

My Research Efforts in Critical Applications

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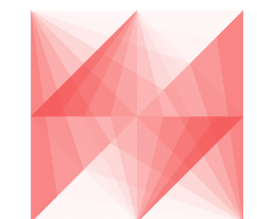
AI for Intelligent Manufacturing

My Research Efforts in Critical Applications



AI for Intelligent Manufacturing

AI for Aviation Operations



My Research Efforts in Critical Applications



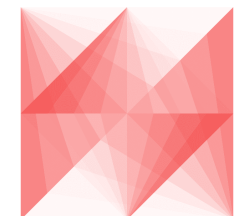
AN AIRBUS COMPANY



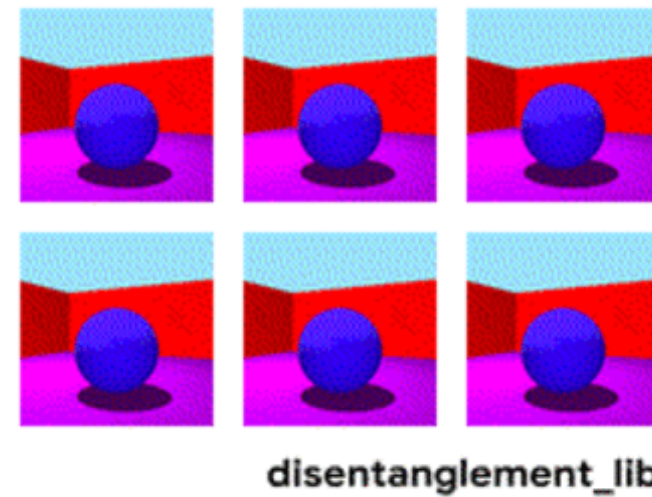
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AI for Aviation Operations

AI for Intelligent Manufacturing and Planning



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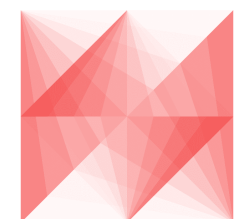


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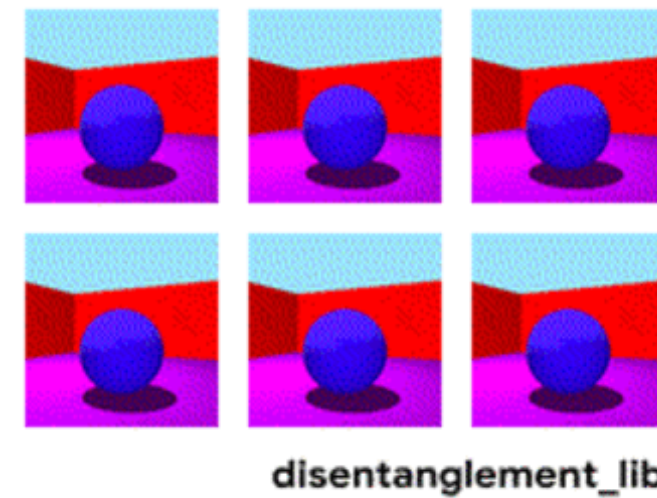
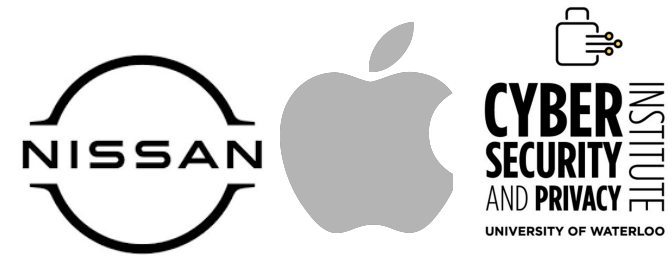
AI for Aviation Operations

Time Series Representation Learning

AI for Intelligent Manufacturing and Planning



My Research Efforts in Critical Applications



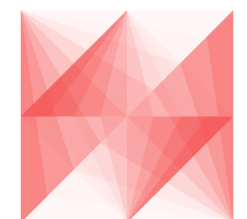
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AI for Aviation Operations

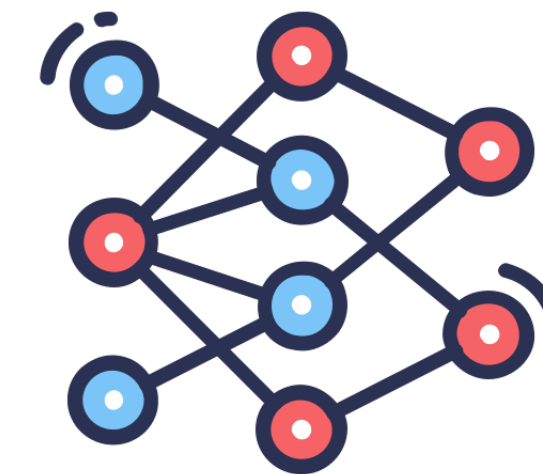
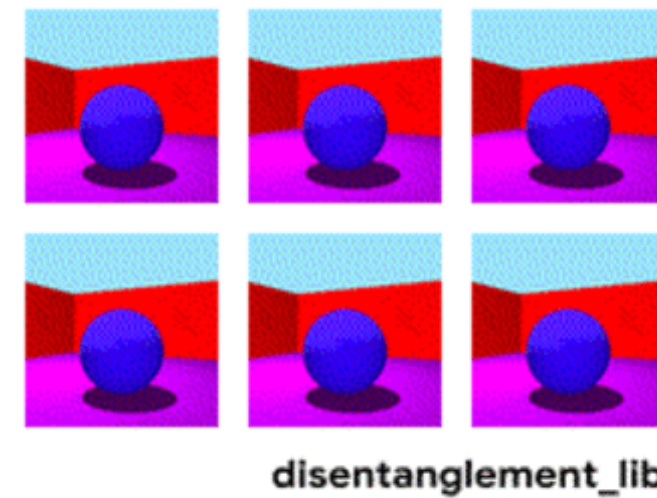
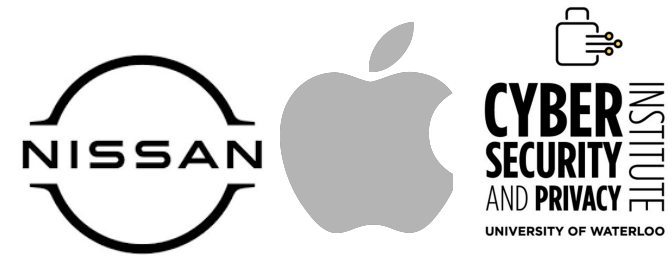
Time Series Representation Learning

Transfer Learning

AI for Intelligent Manufacturing and Planning



My Research Efforts in Critical Applications



AI for Intelligent Manufacturing

AI for Aviation Operations

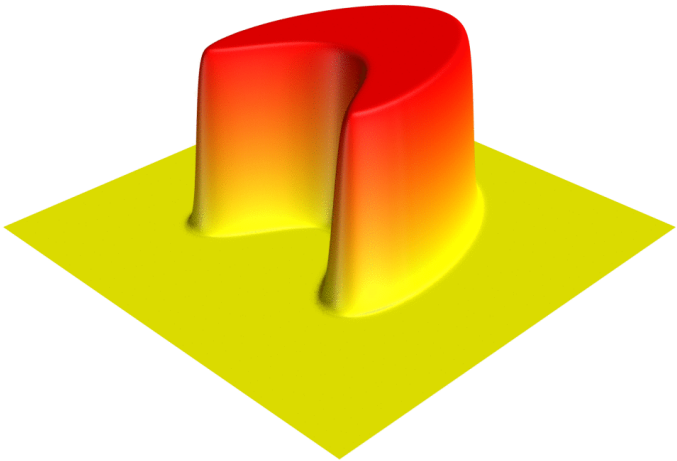
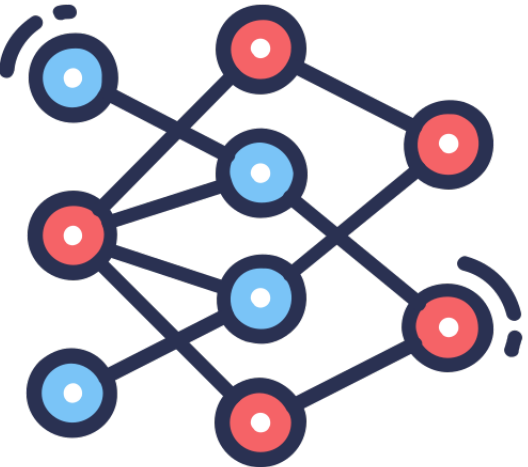
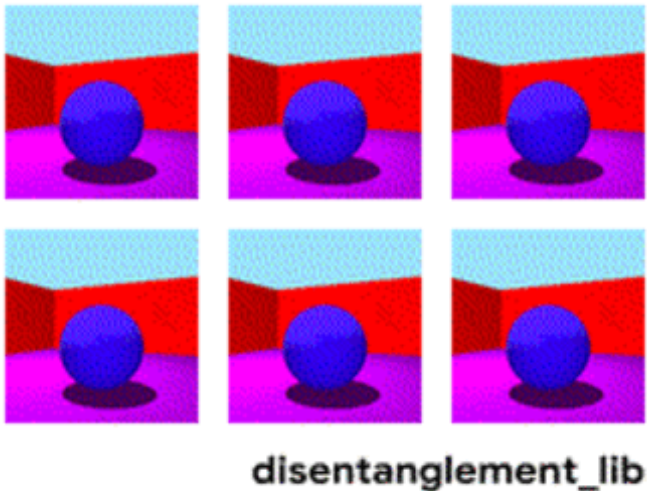
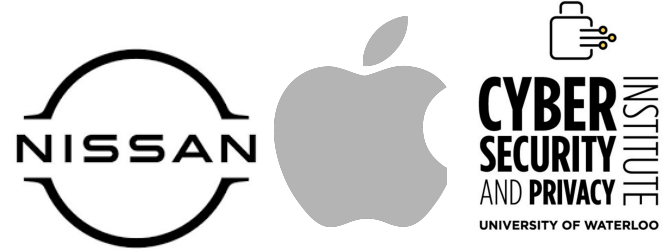
Time Series Representation Learning

Transfer Learning

Deep Learning Explainability

AI for Intelligent Manufacturing and Planning

My Research Efforts in Critical Applications



AI for Intelligent Manufacturing

AI for Aviation Operations

Time Series Representation Learning

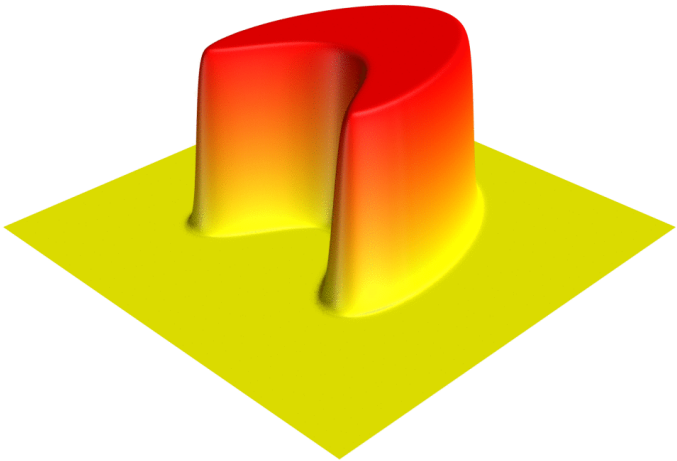
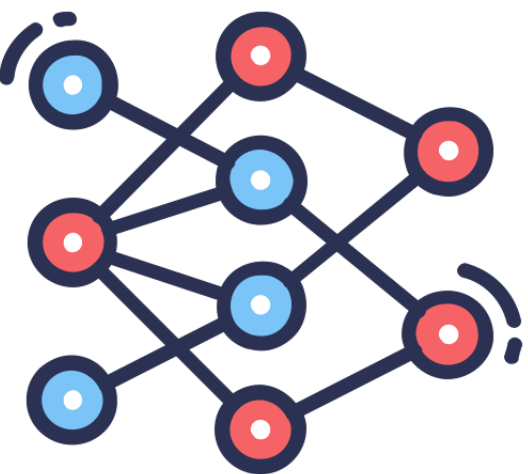
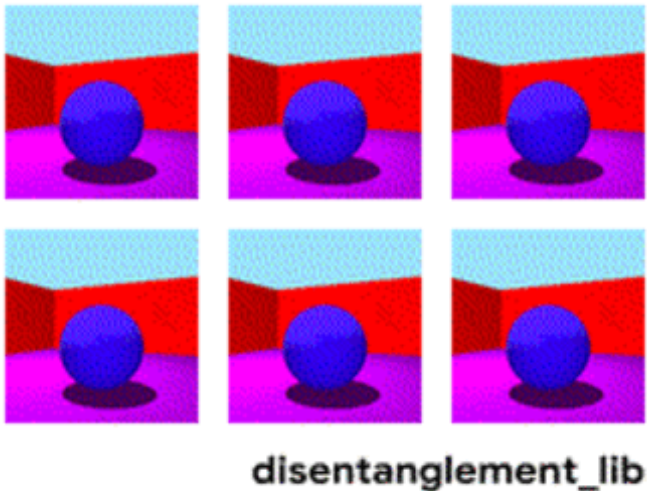
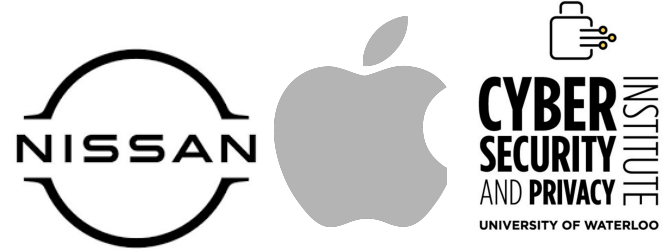
Transfer Learning

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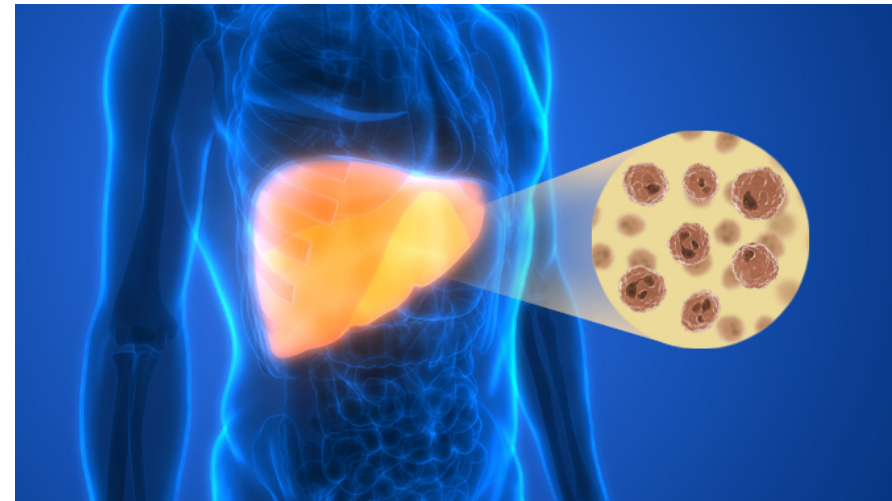
Physics Informed Machine Learning

AI for Intelligent Manufacturing and Planning

Fundamental Research Threads in Deep Learning

I. AI for Forecasting Patient Outcomes in Primary Healthcare Applications

AI for Forecasting Liver Transplantation Waitlist Outcomes



AI for Healthcare

AI for Forecasting Liver Transplantation Waitlist Outcomes

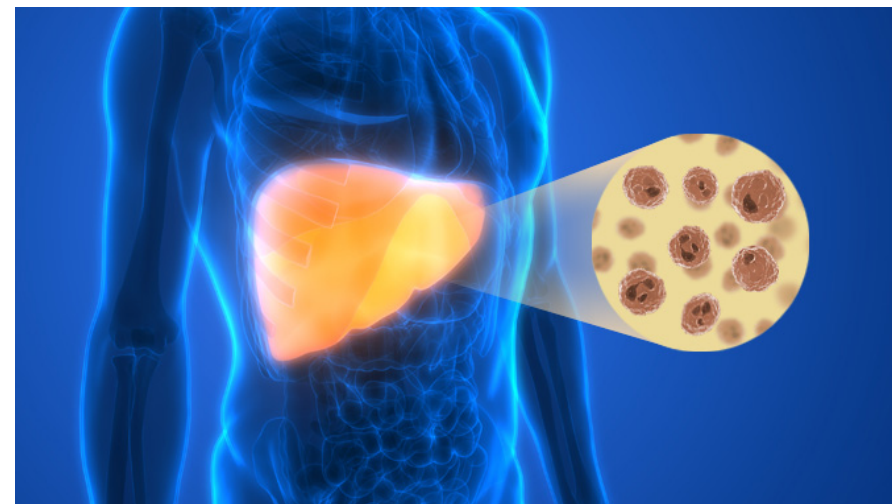
Deep Learning for Liver Transplantation

[Punchhi, Sun, **Rambhatla**, Bhat, American Association for the Study of Liver Diseases (AASLD), 2022] **Selected for Oral Presentation**

[Punchhi, Sun, **Rambhatla**, Bhat, Canadian Donation and Transplantation Research Program (CDTRP), 2022] **Selected for Oral Presentation**

[Punchhi, Sun, **Rambhatla**, Bhat, *ILTS Annual Congress*, 2022] **Selected for Oral Presentation**

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AI for Healthcare



AI for Forecasting Liver Transplantation Waitlist Outcomes

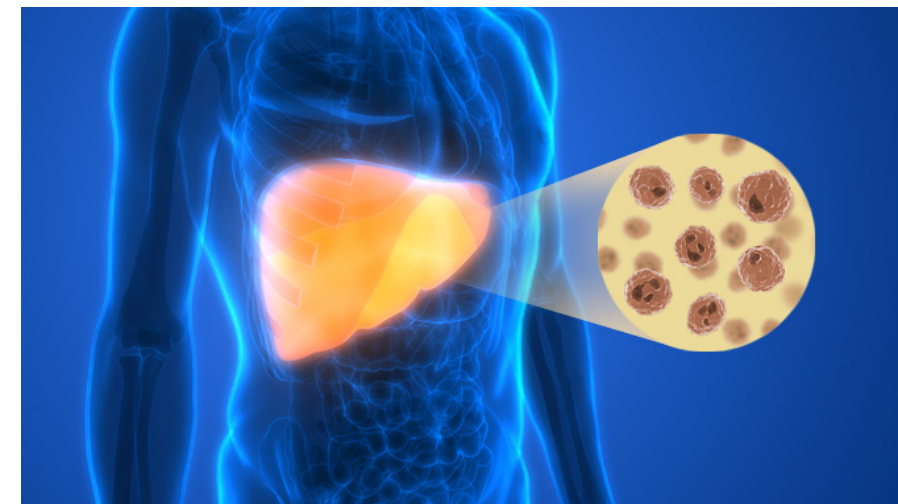
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AI for Healthcare



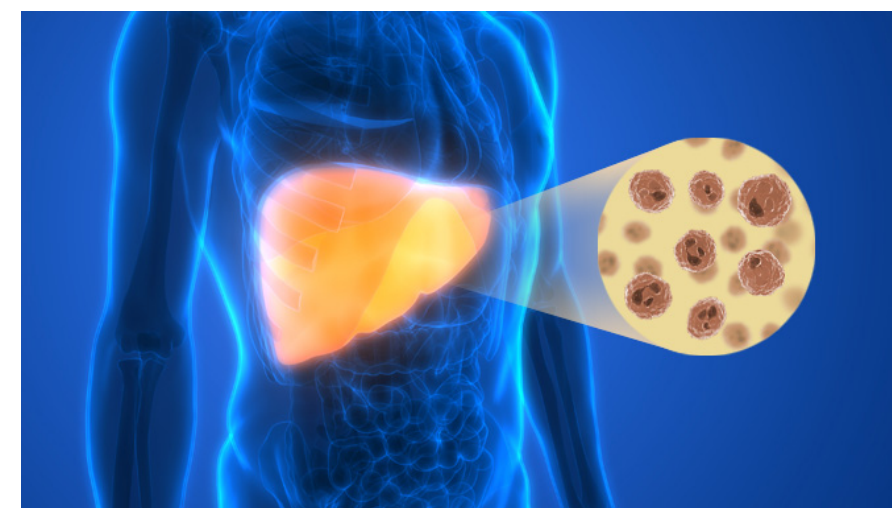
Predicting Future Trajectories of Waitlisted Patients

Explaining Predicted Outcomes

AI for Forecasting Liver Transplantation Waitlist Outcomes

Deep Learning for Liver Transplantation

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AI for Healthcare

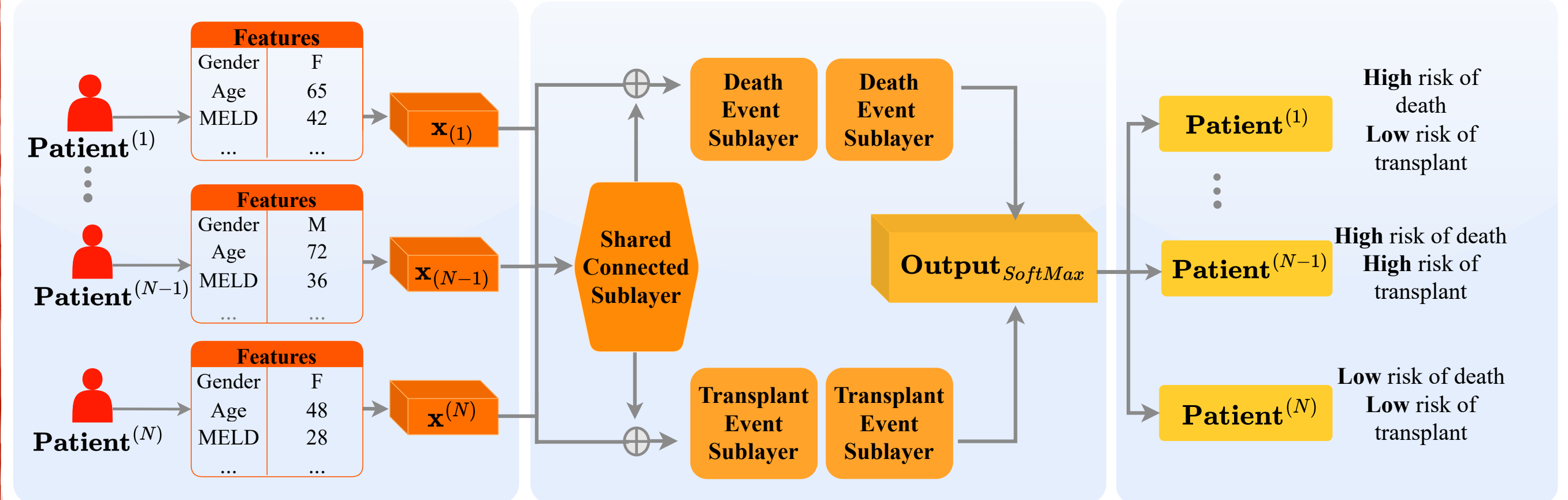


Predicting Future Trajectories of Waitlisted Patients

Explaining Predicted Outcomes

Using DeepNASH to Predict NASH patient trajectories on the Liver Transplant Waitlist

1. NASH Patient Variable Extraction 2. DeepNASH Neural Network 3. Prediction 4. Clinician Insights



Clinical interpretation

- Unlikely to attract an organ offer soon, measures must be taken to reduce mortality, can seek living donor options
- Likely to undergo transplant soon, measures must be taken to reduce mortality
- Likely stable condition, may advise patient to seek living donor options

DeepNASH Dashboard

Upload .csv file with patient data to DeepNASH Dashboard

Step 1: Upload Data

DeepNASH forecasts the trajectory of the NASH patient after waitlisting by predicting monthly risks of death and transplant

Plot Predictions

Retrospective Model Performance: Competing Event Coherence Score

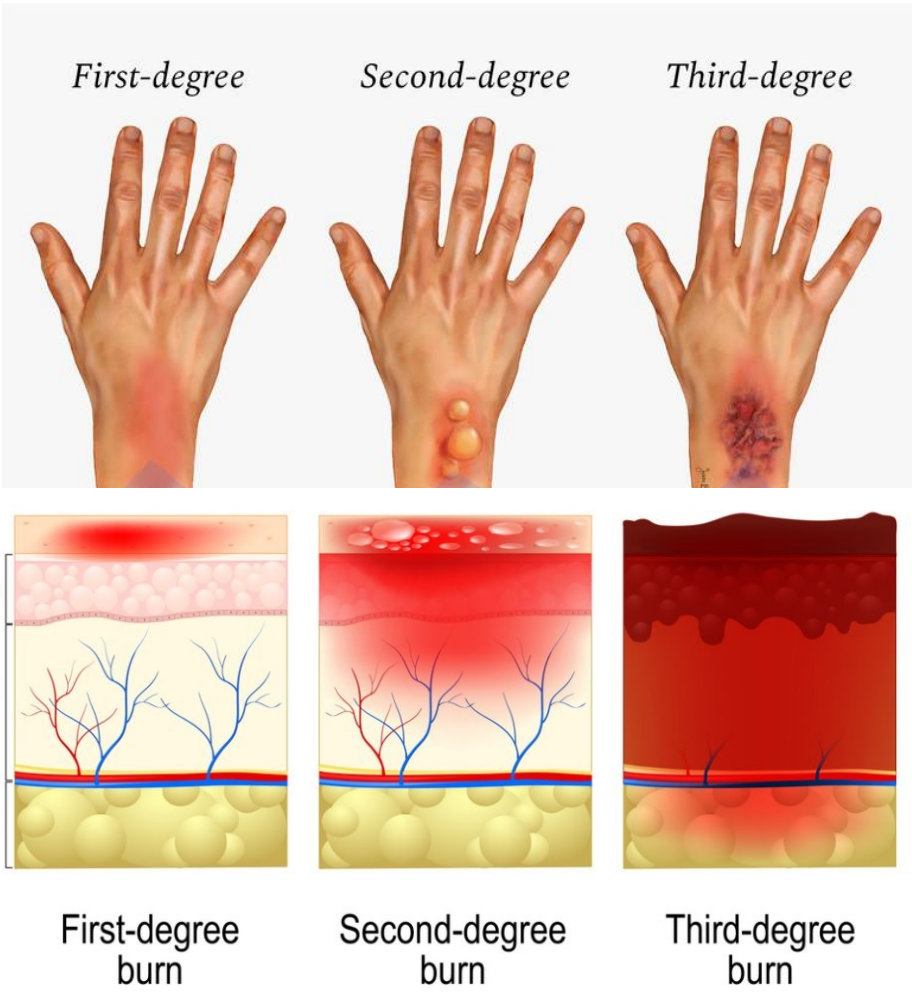
$$\mu - score = \frac{1}{M} \sum_{m=1}^M \mu_m$$

M is the number of patient who have had the event by time t

At actual event time t^* , predicted risk of actual event is higher than the competing event

- Coherence $\mu_m = 1$
- Incoherence $\mu_m = 0$

Predicting Burn Surgical Candidacy to Assist Clinicians



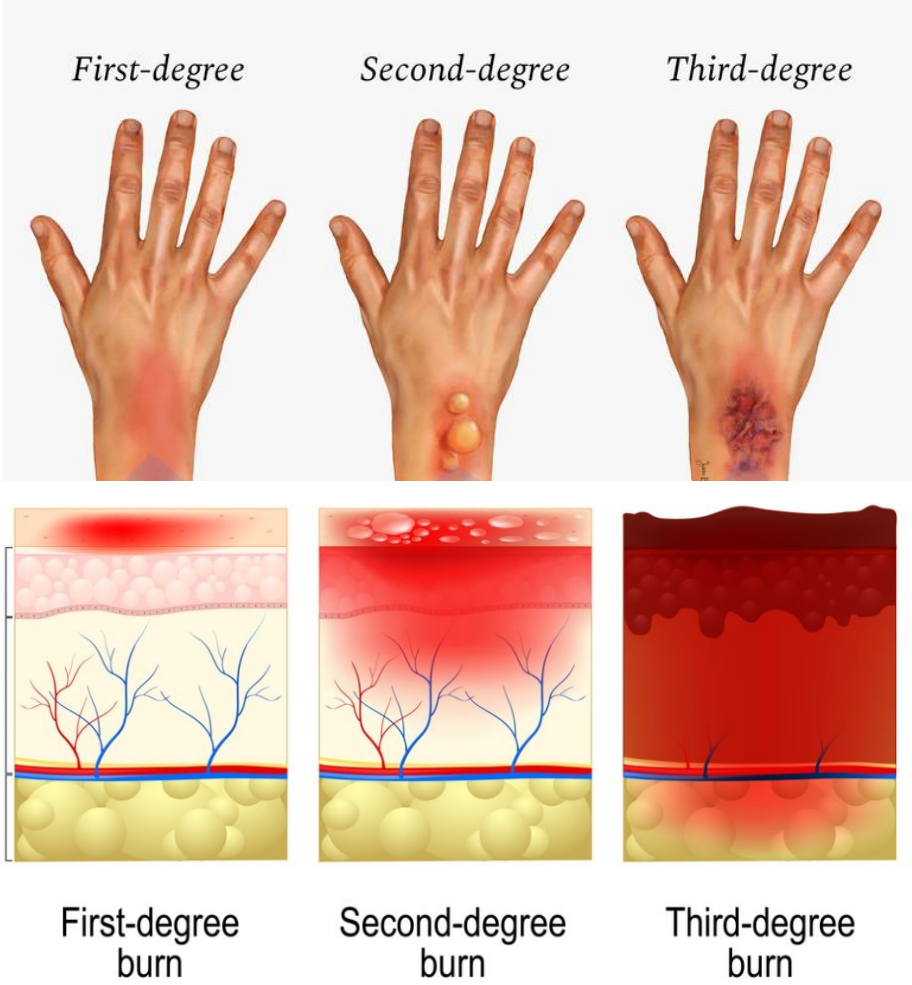
AI for Surgery

Predicting Burn Surgical Candidacy to Assist Clinicians

Burn Surgical Candidacy Prediction using Deep Learning

[Rambhatla*, Huang*, Trinh, Zhang, Liu, Gillenwater, *AMIA Symposium*, 2021]

[Huang*, Rambhatla*, Trinh, Zhang, Liu, Gillenwater, *Plastic Surgery*, 2021] **Outstanding Presentation Award**



AI for Surgery

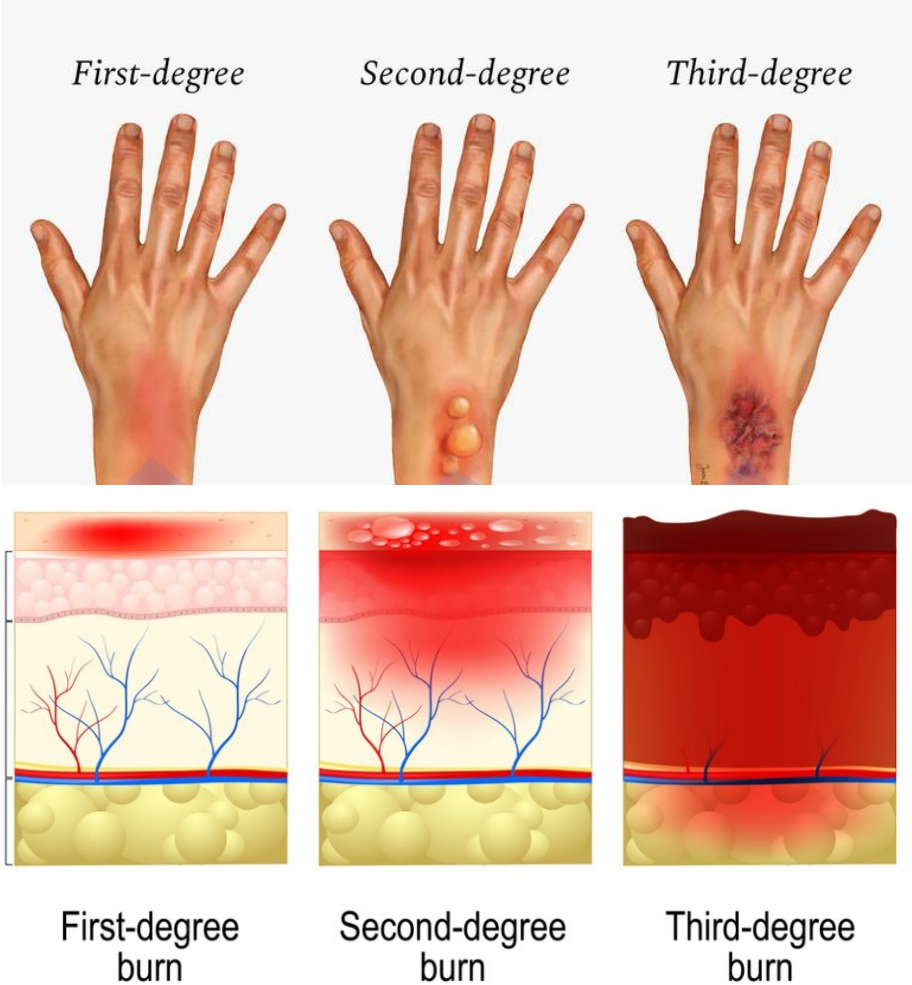


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AI for Surgery

Multi-modal (Vision + Clinical Indicators)
Deep Learning for Surgical Candidacy

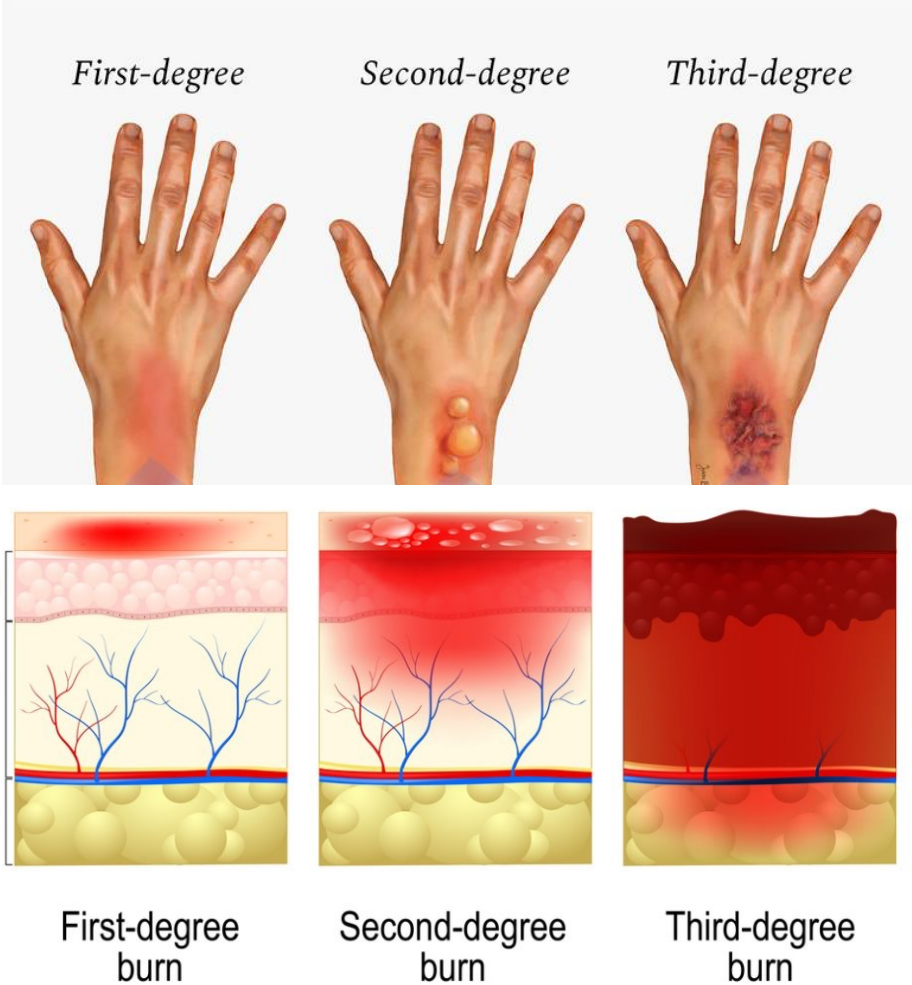
DL4Burn App for Wound
Monitoring & Telemedicine

Predicting Burn Surgical Candidacy to Assist Clinicians

Burn Surgical Candidacy Prediction using Deep Learning

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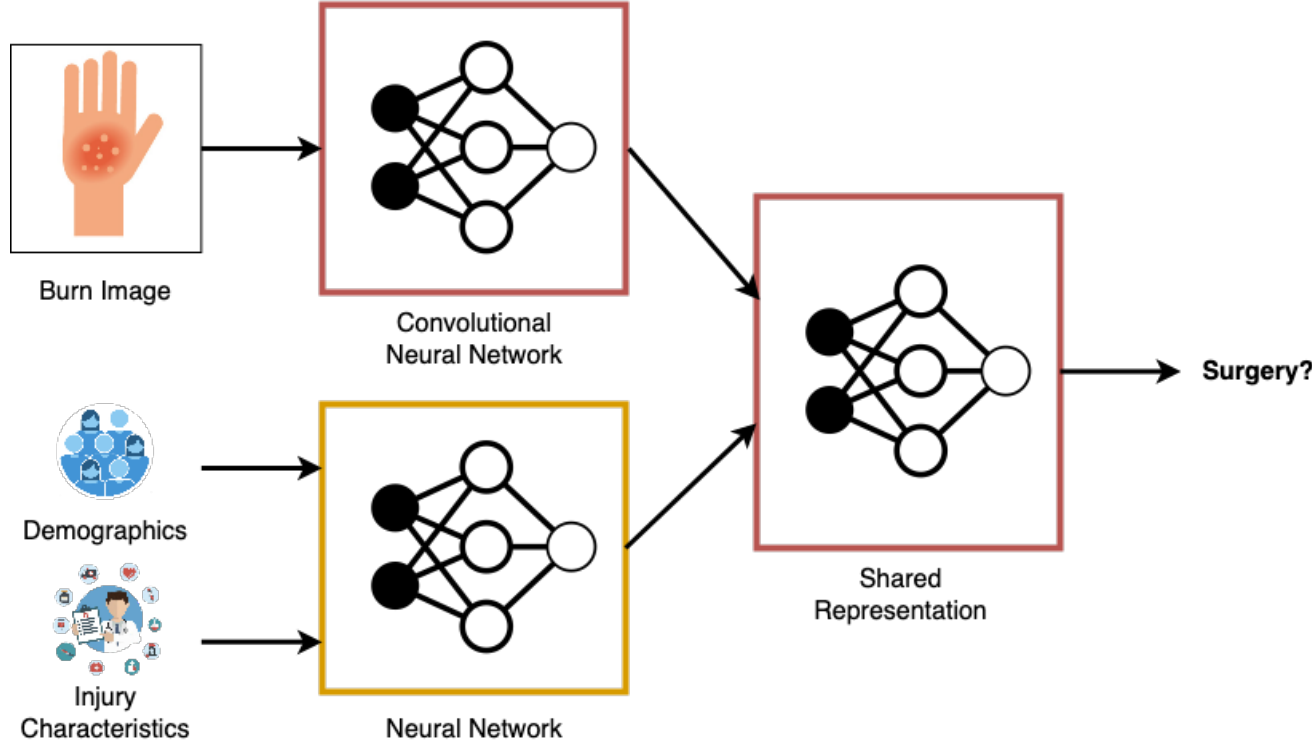


AI for Surgery

Multi-modal (Vision + Clinical Indicators)
Deep Learning for Surgical Candidacy

DL4Burn App for Wound
Monitoring & Telemedicine

23 to 88% improvement over surgeons!

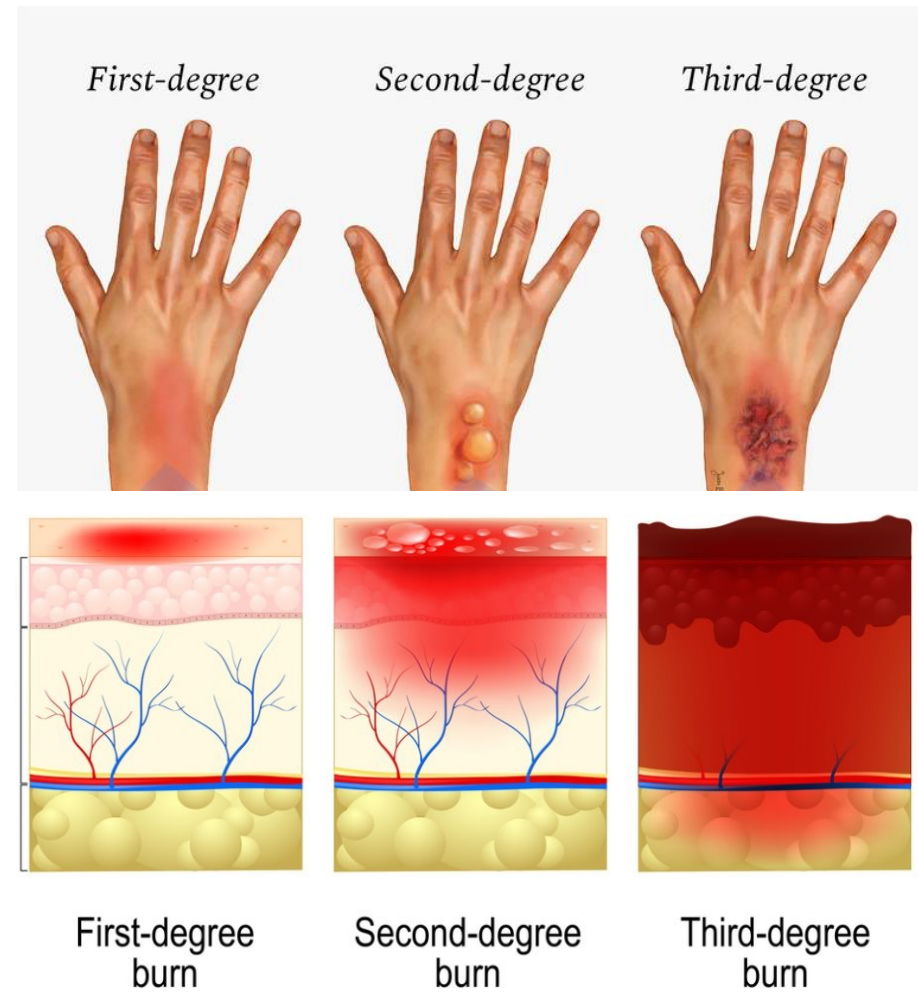


Predicting Burn Surgical Candidacy to Assist Clinicians

Burn Surgical Candidacy Prediction using Deep Learning

[Rambhatla*, Huang*, Trinh, Zhang, Liu, Gillenwater, *AMIA Symposium*, 2021]

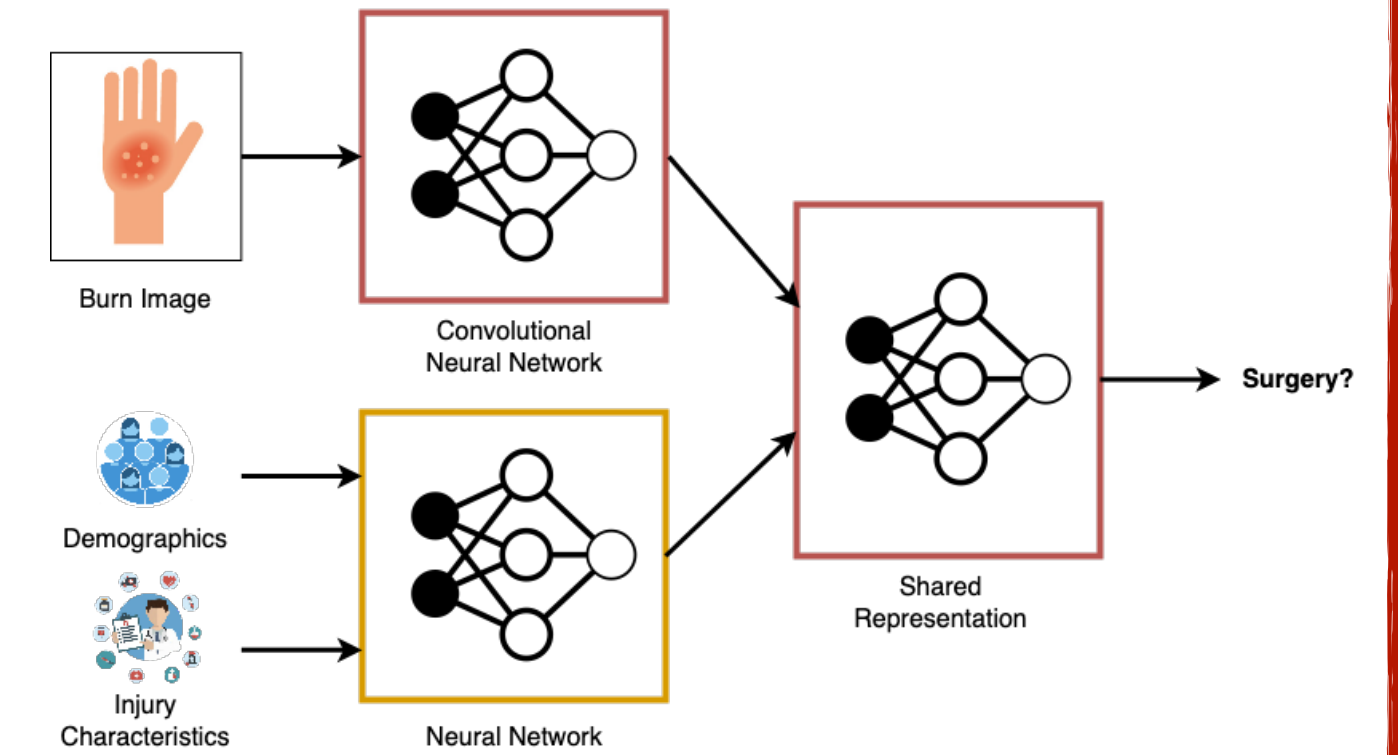
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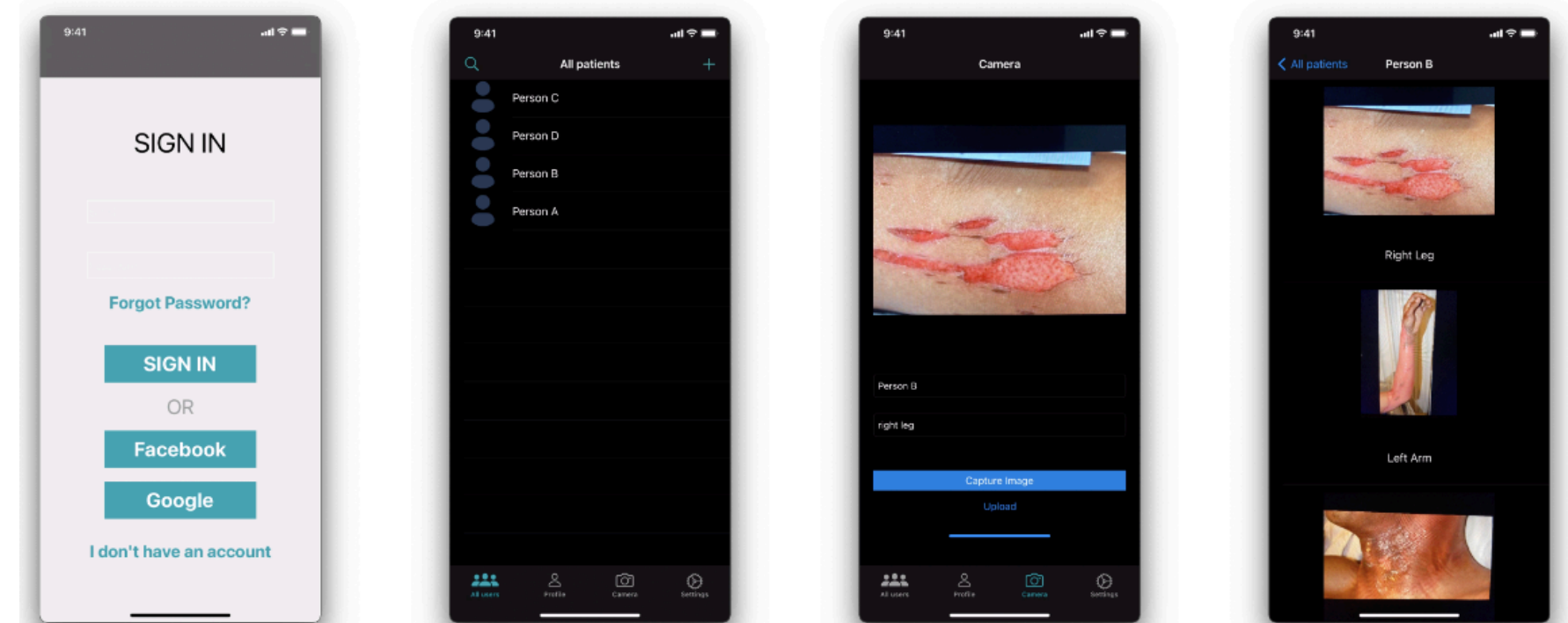
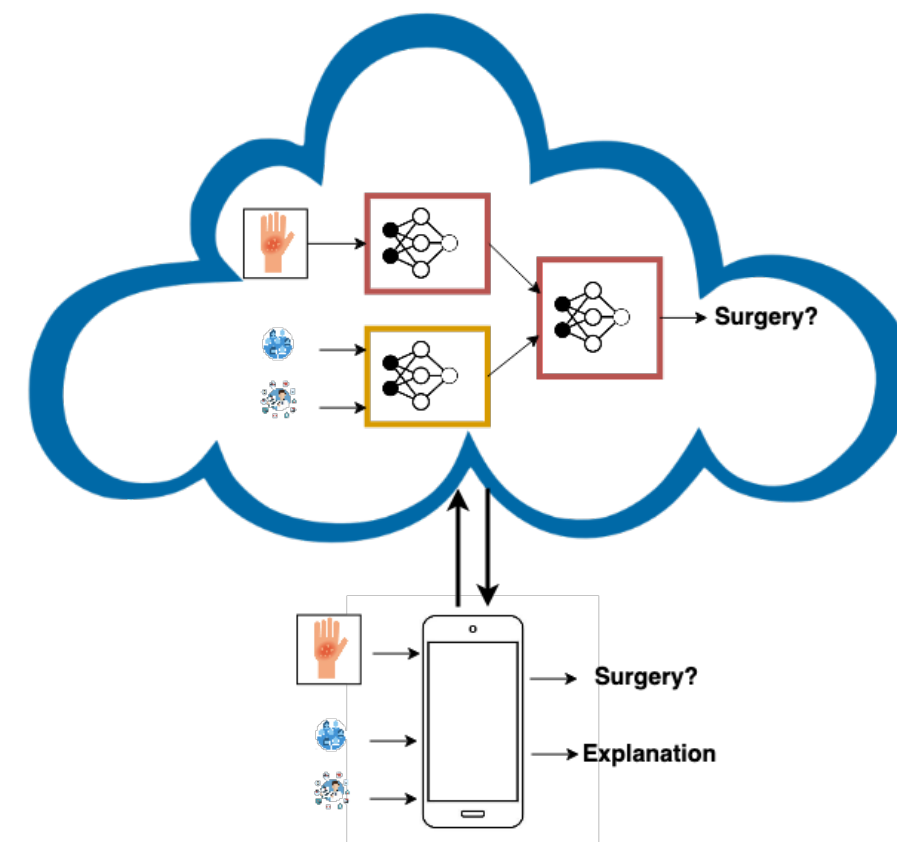
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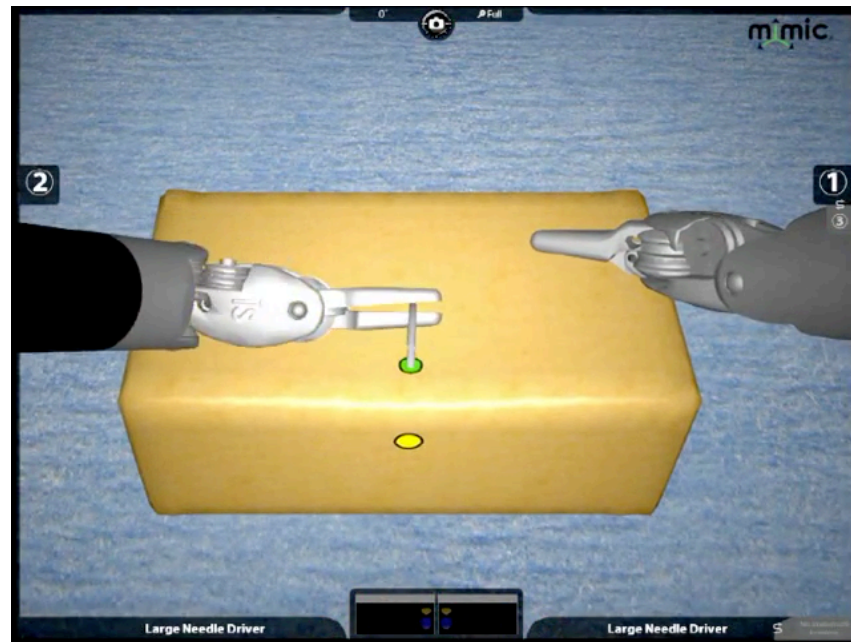
AI for Surgery



DL4Burn App: Real-world Deployment for the Clinical Team

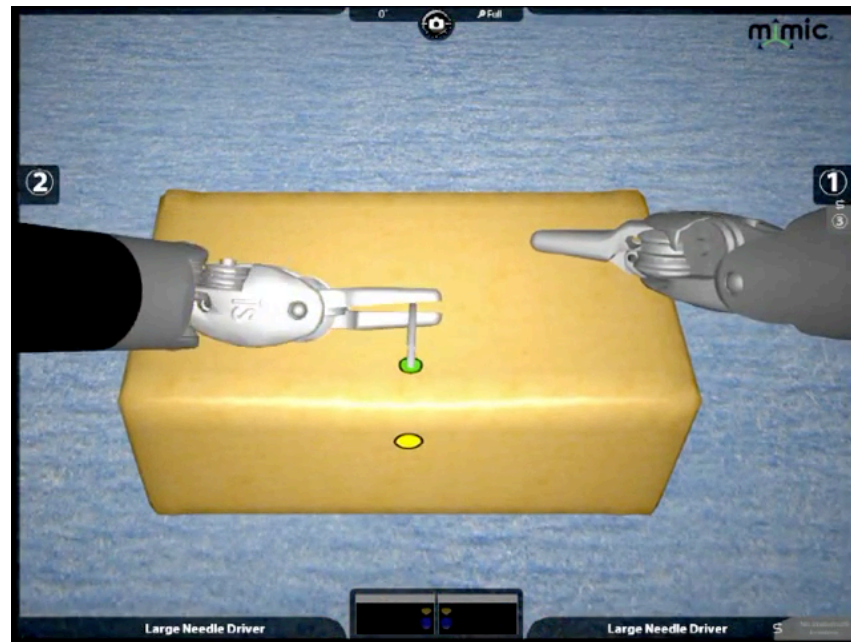
II. AI for Medical Training and Skill Assessment

AI for Medical Training and Skill Assessment



AI for Surgical Skill
Assessment

AI for Medical Training and Skill Assessment



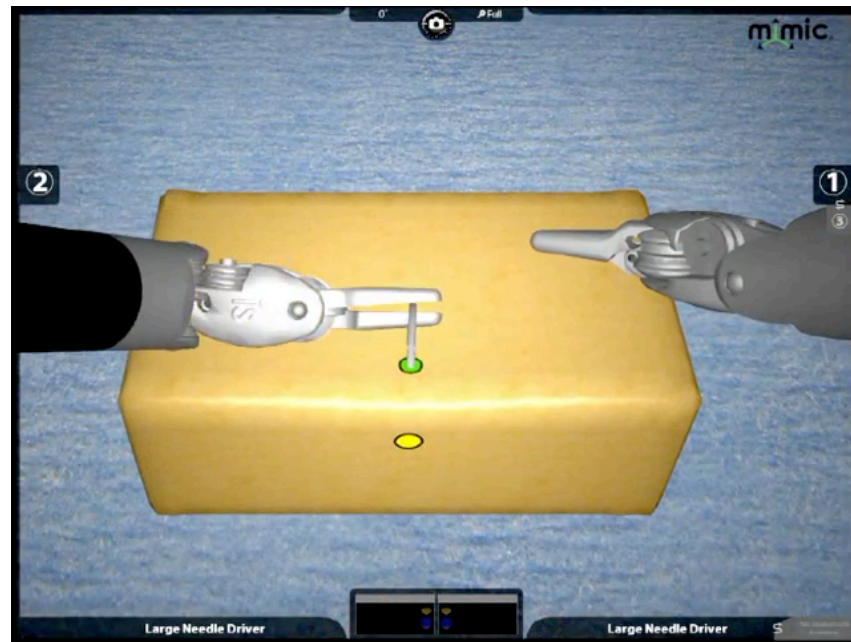
AI for Surgical Skill
Assessment

AI for Medical Training and Skill Assessment

Robot Assisted Surgery Skill Assessment for Improving Surgical Outcomes

[Hung, **Rambhatla**, Pachauri, Sanford, Liu, *American Urology Association*, 2021]

[Hung, **Rambhatla**, Sanford, Pachauri, Vanstrum, Nguyen Liu, *Journal of Surgery*, 2021]



AI for Surgical Skill Assessment

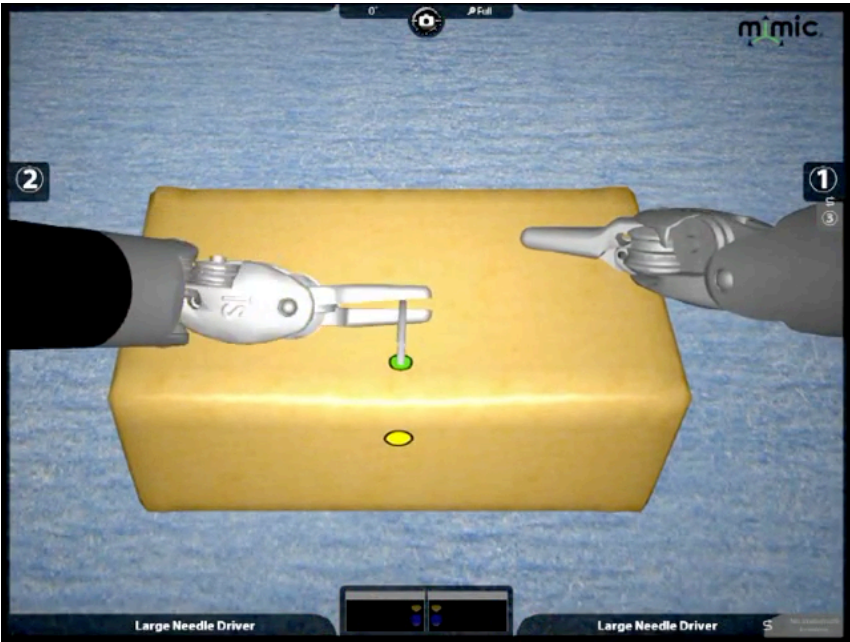


AI for Medical Training and Skill Assessment

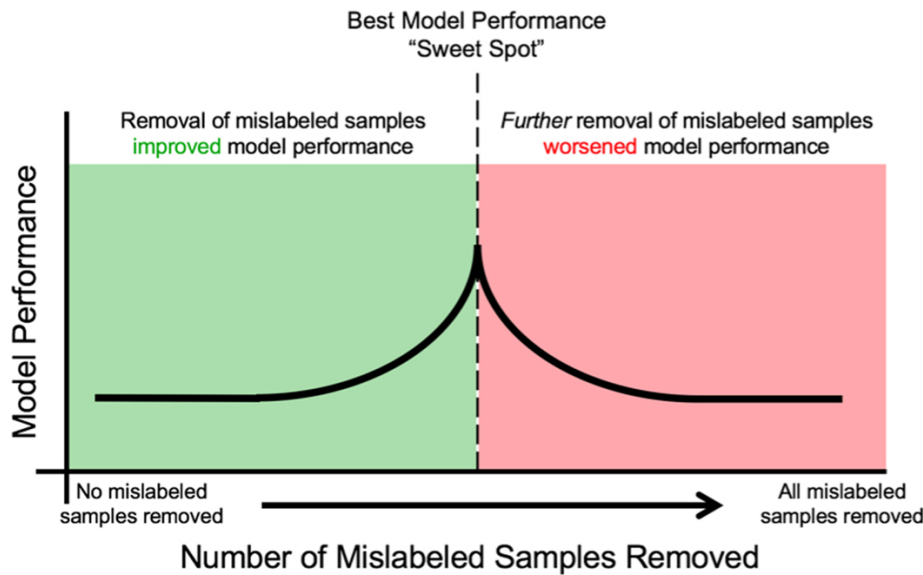
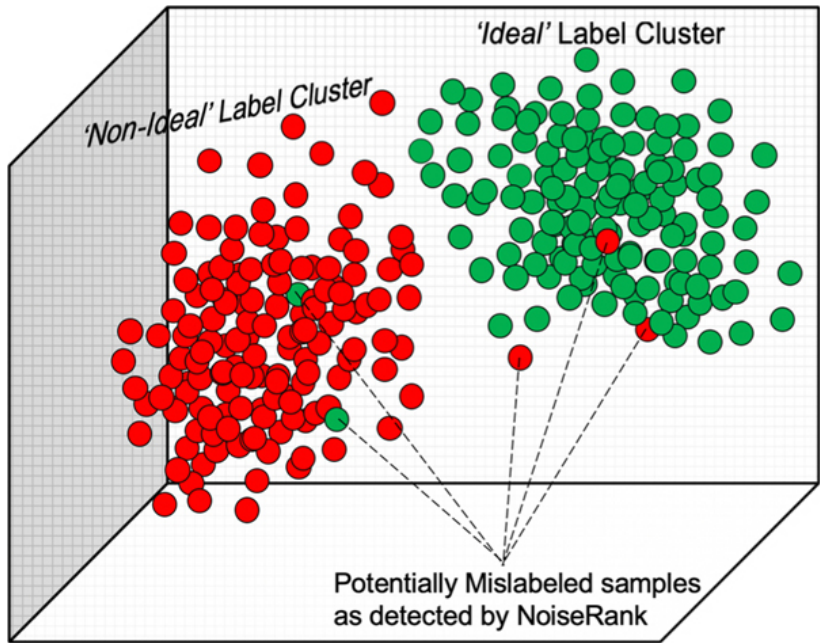
Robot Assisted Surgery Skill Assessment for Improving Surgical Outcomes

[Hung, **Rambhatla**, Pachauri, Sanford, Liu, *American Urology Association*, 2021]

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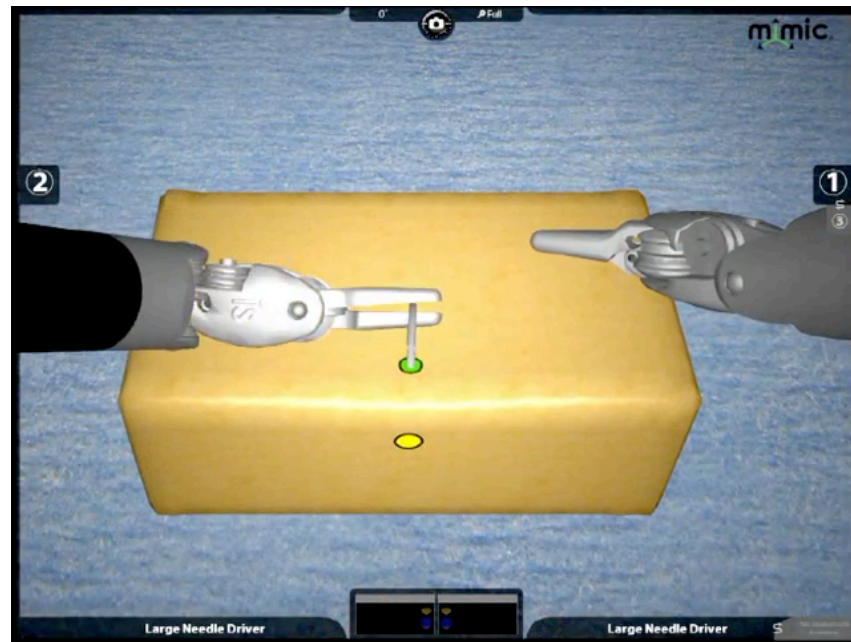
Label Uncertainty Detection

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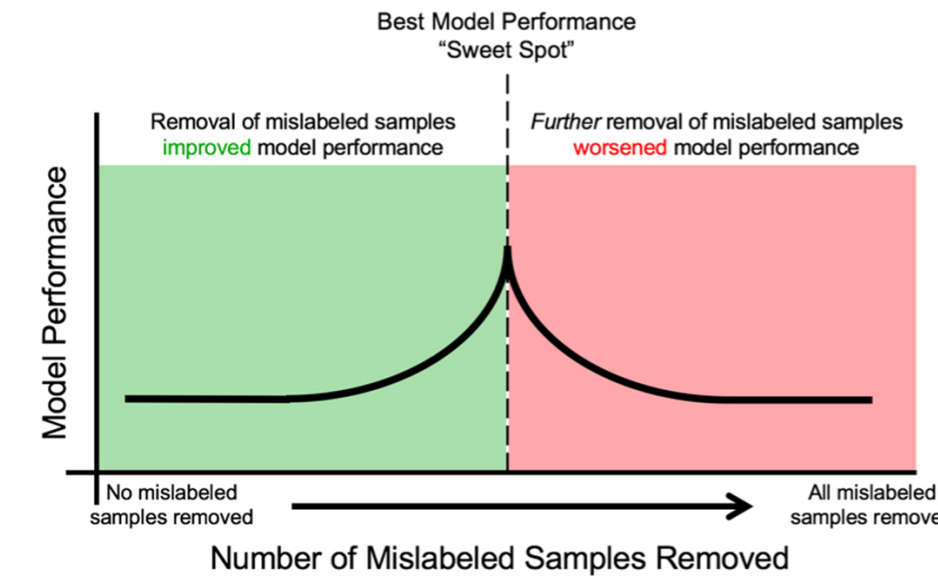
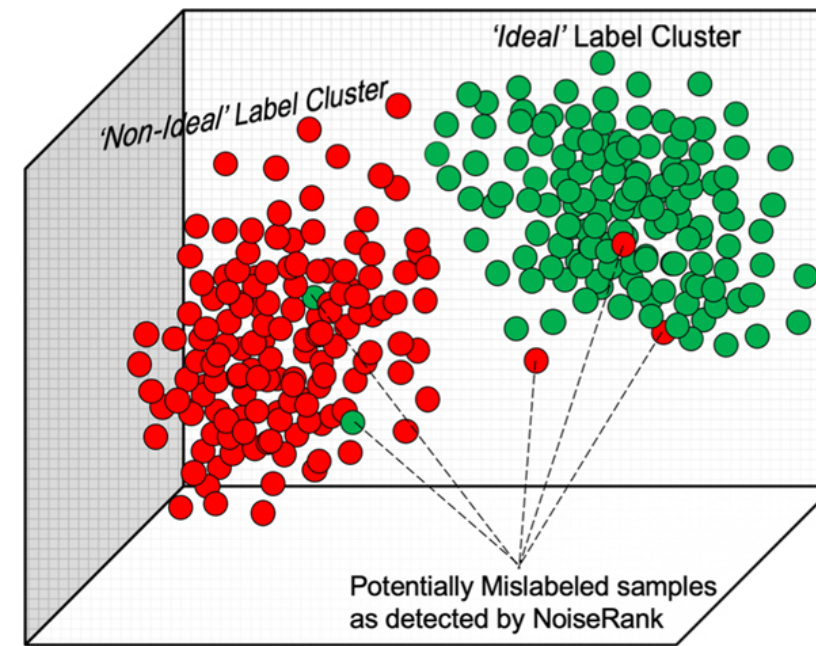
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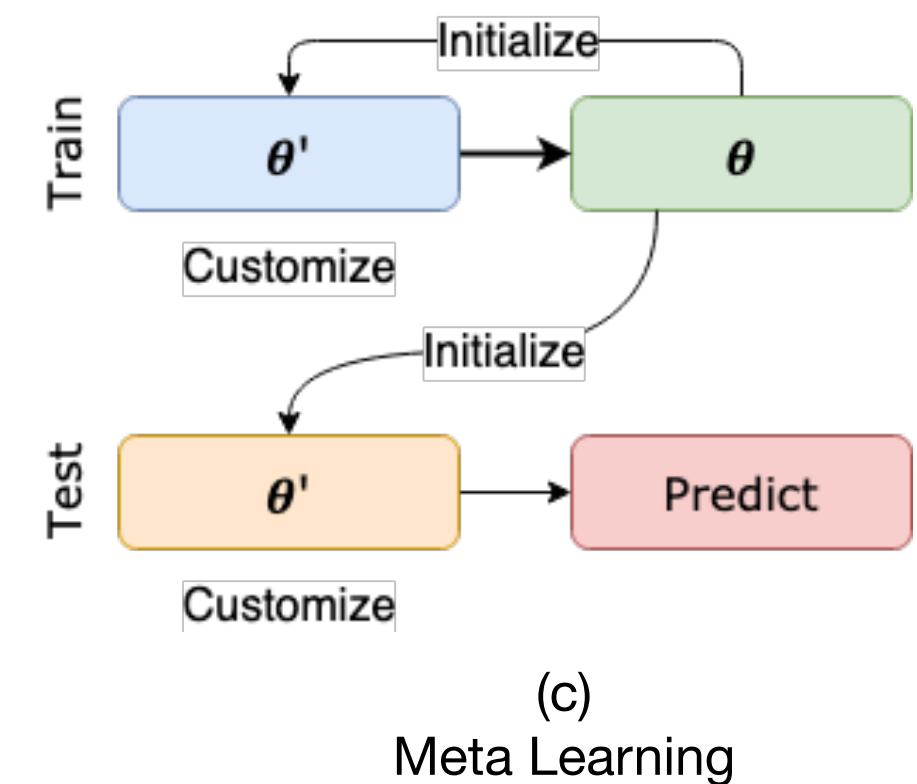
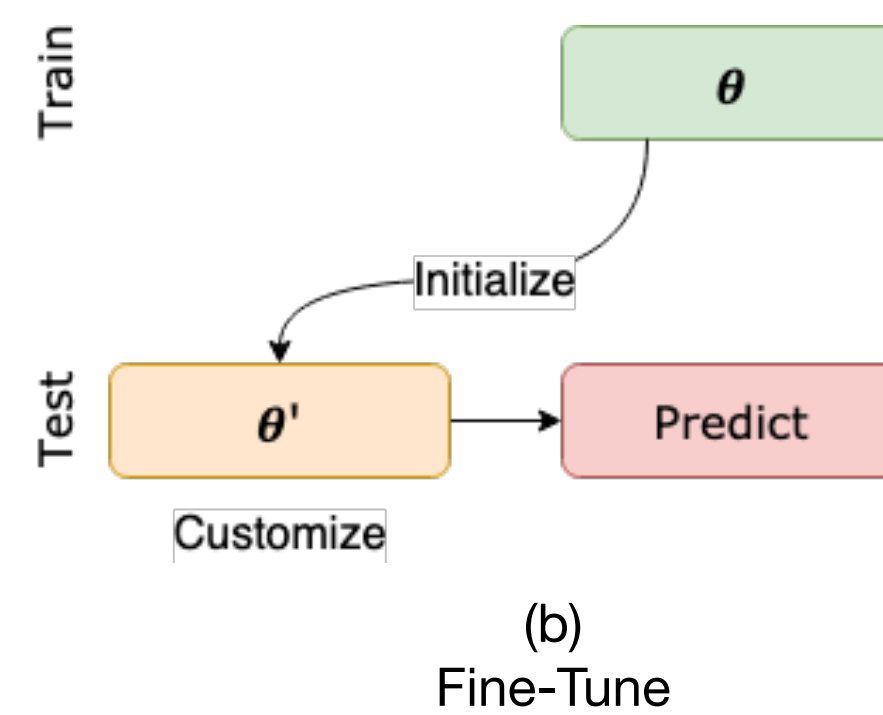
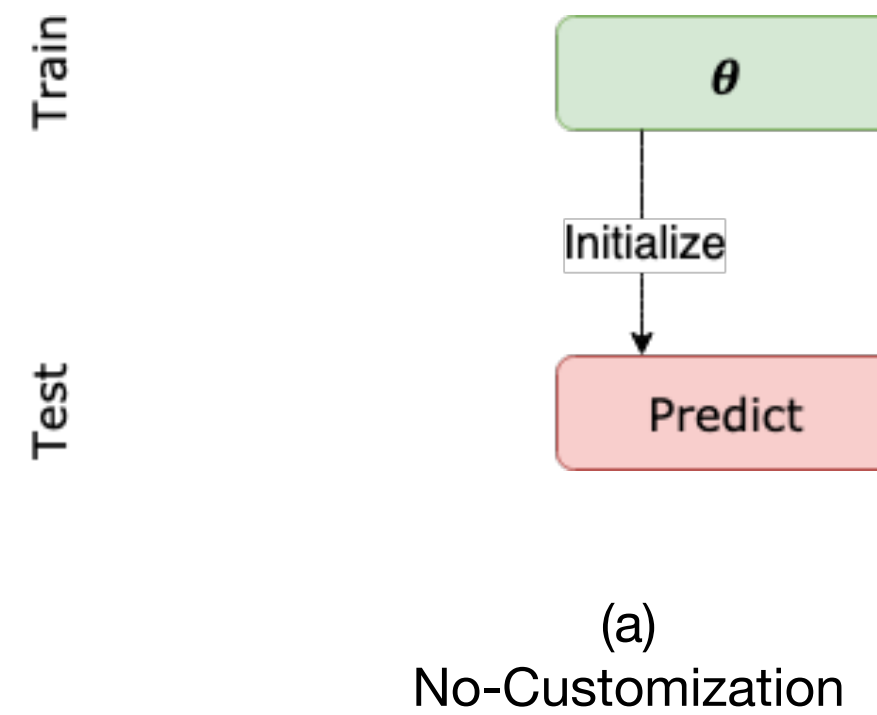
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AI for Surgical Skill Assessment



Label Uncertainty Detection



Learning from limited labels using Transfer Learning

Large Language Models for Training and Patient Support

Large Language Models for Training and Patient Support

> [JMIR Med Educ.](#) 2023 Feb 8;9:e45312. doi: 10.2196/45312.

How Does ChatGPT Perform on the United States Medical Licensing Examination? The Implications of Large Language Models for Medical Education and Knowledge Assessment

[Aidan Gilson](#) ^{1 2}, [Conrad W Safranek](#) ¹, [Thomas Huang](#) ², [Vimig Socrates](#) ^{1 3}, [Ling Chi](#) ¹,
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Affiliations + expand

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Original Investigation

ONLINE FIRST FREE

April 28, 2023

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John W. Ayers, PhD, MA^{1,2}; Adam Poliak, PhD³; Mark Dredze, PhD⁴; et al

» Author Affiliations | Article Information

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Are Large Language Models (LLMs) ready to be used for training and helping patients?

New wave of misinformation in the era of ChatGPT



Critical Analysis of
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Self-Diagnosis and Large Language Models (LLMs): A New Front for Medical Misinformation

[Barnard, Sittert, **Rambhatla**, *Under Review*, 2023]



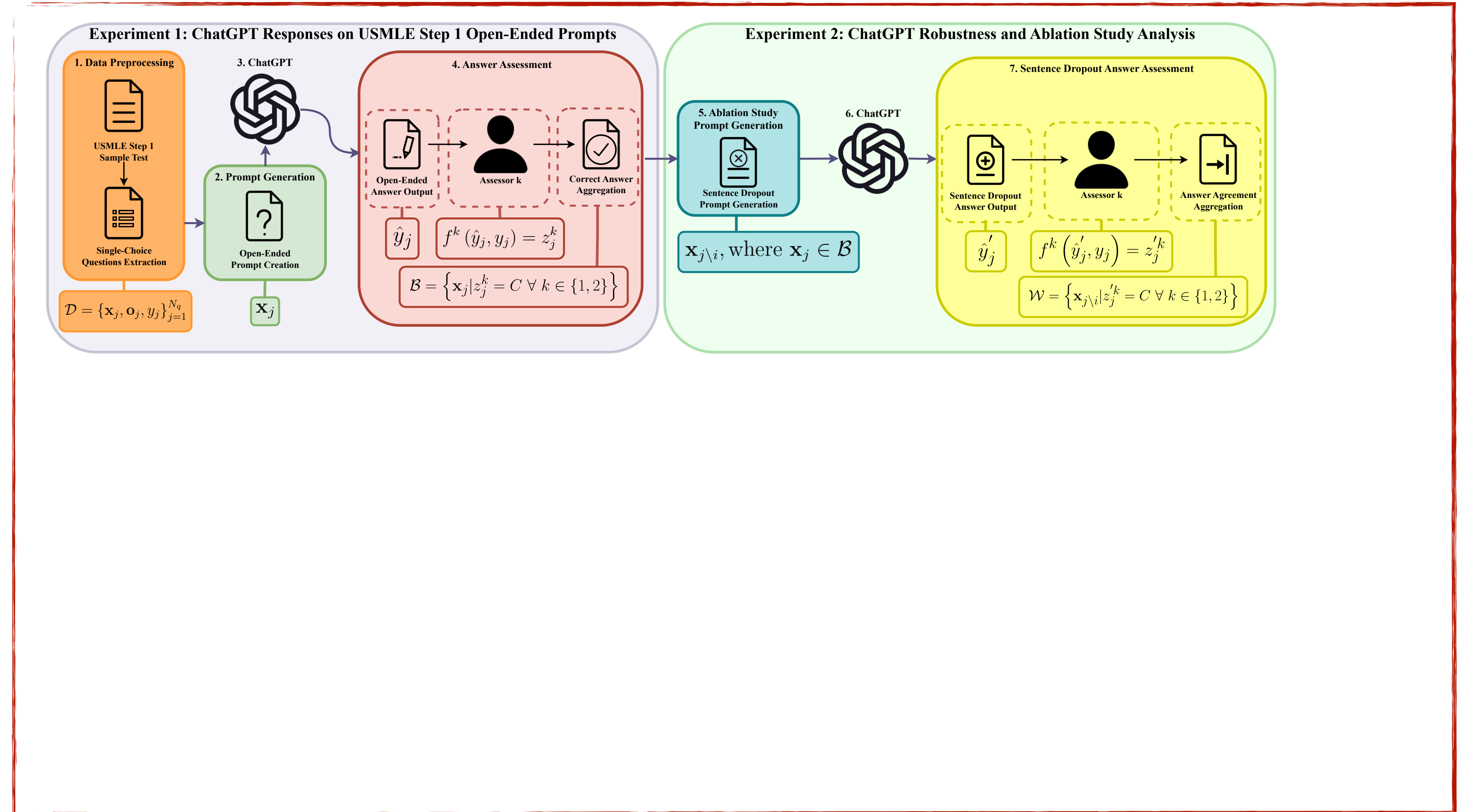
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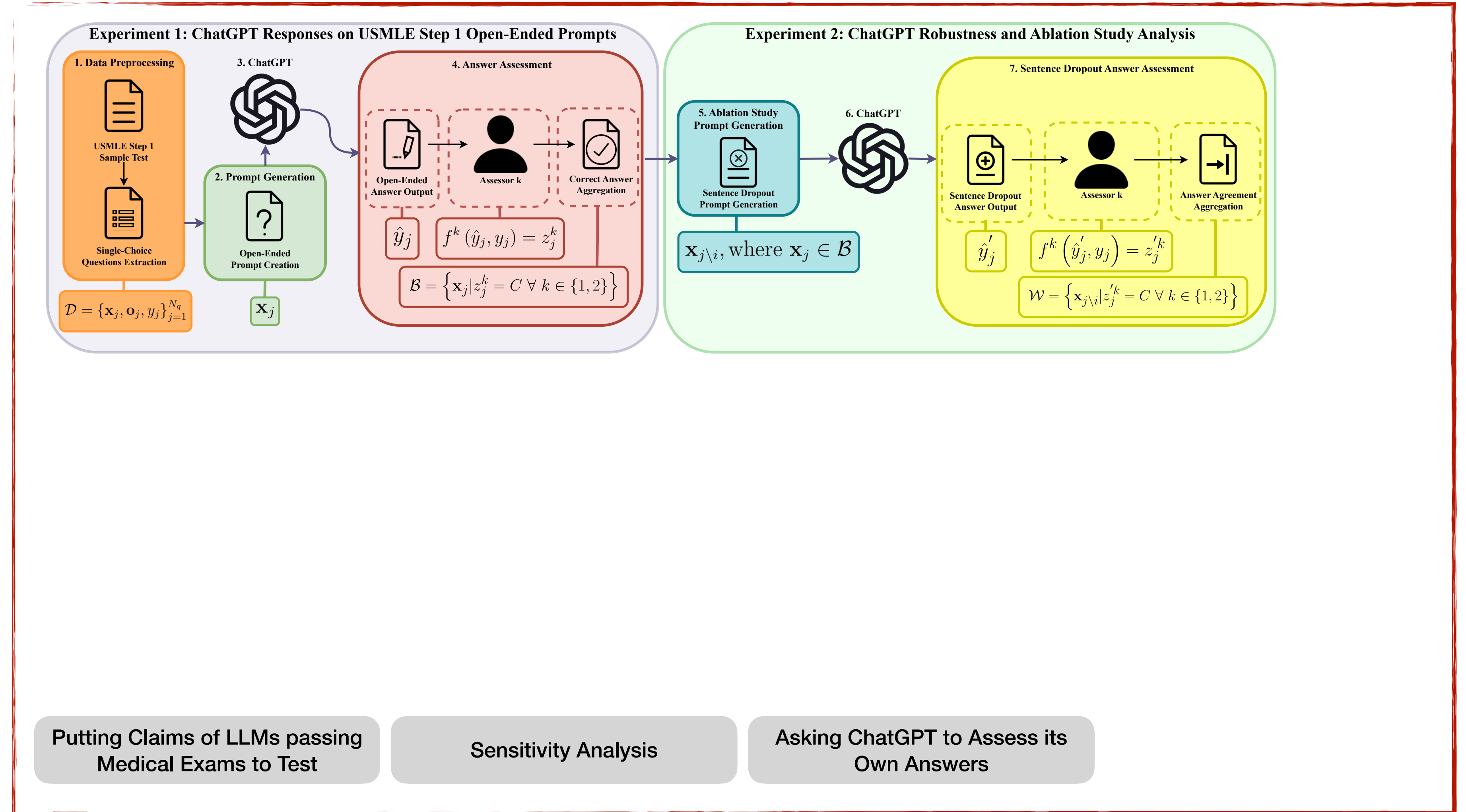


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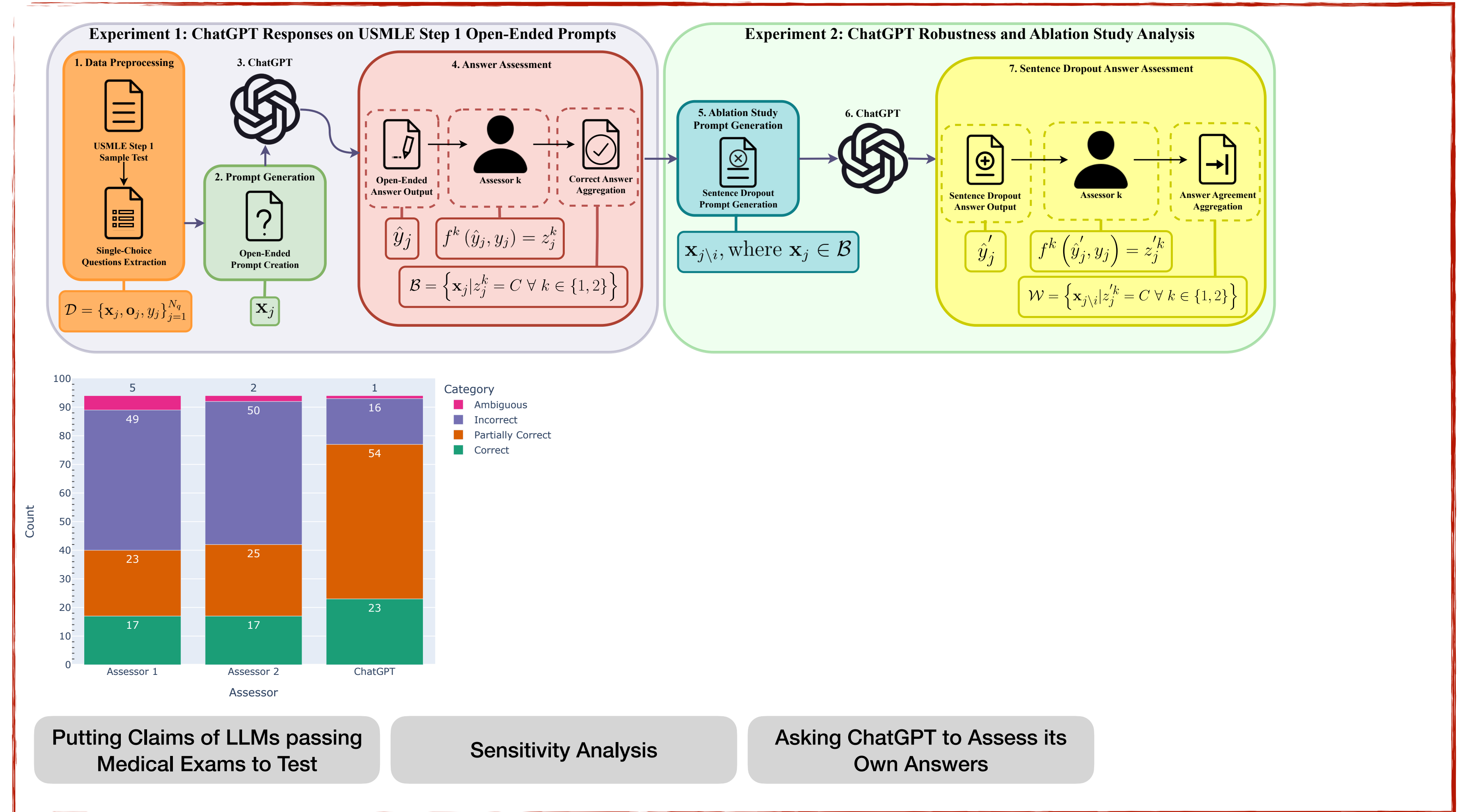


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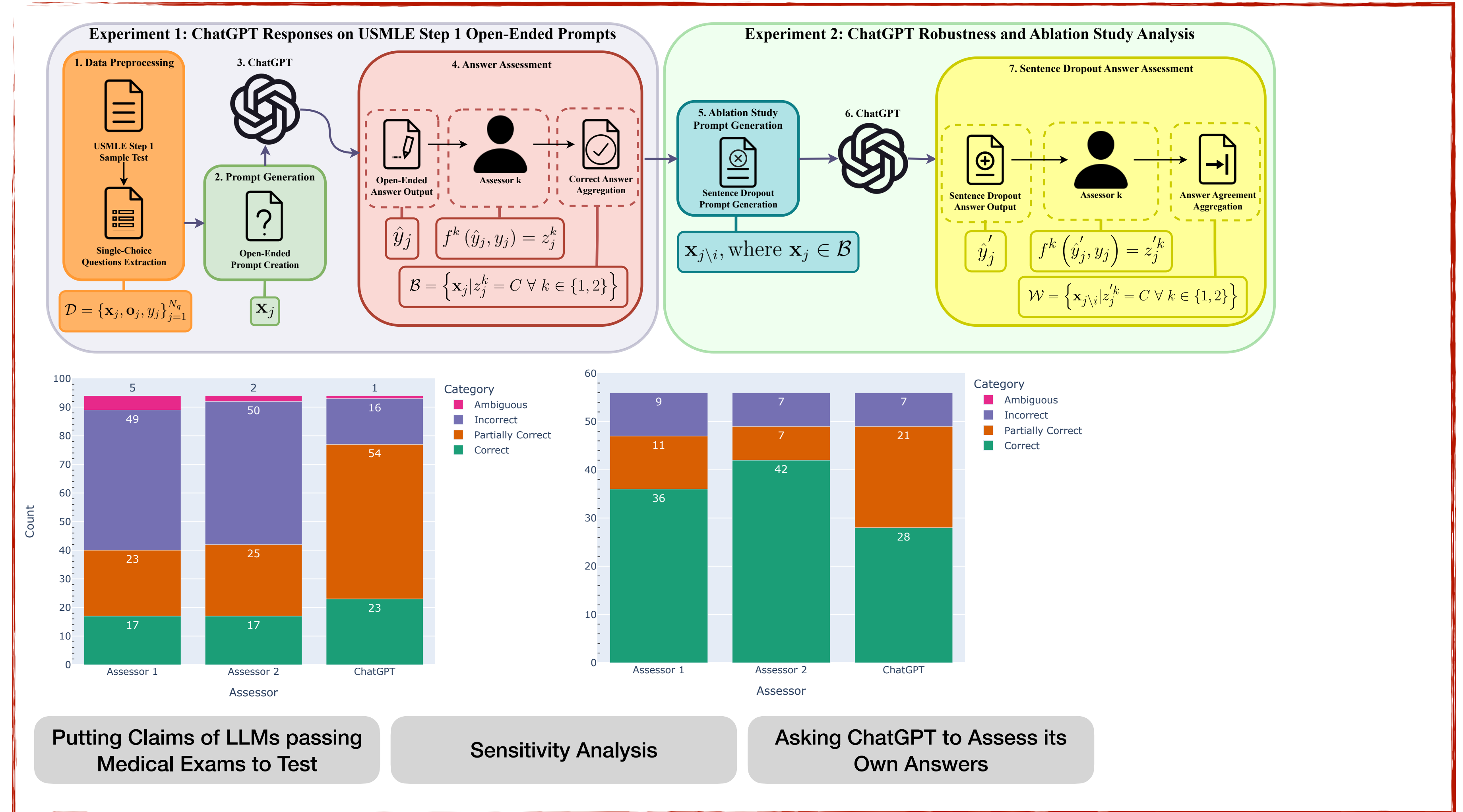


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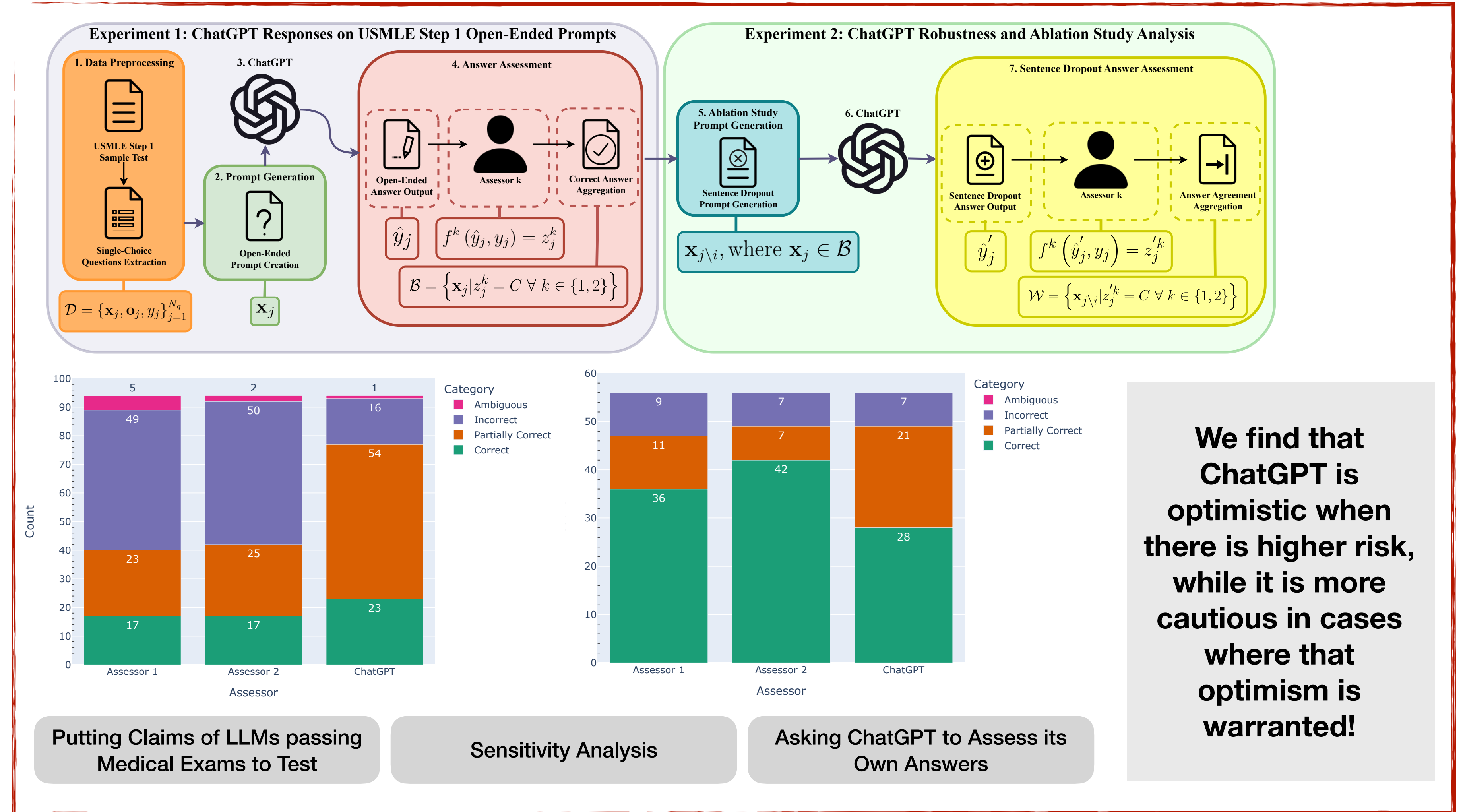
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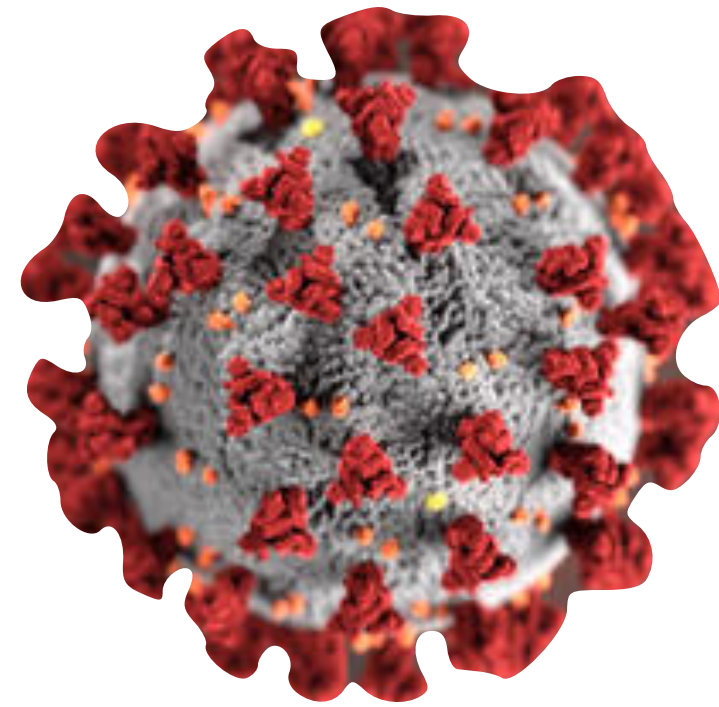


Critical Analysis of LLMs for Healthcare



III. Lessons from COVID-19 Pandemic

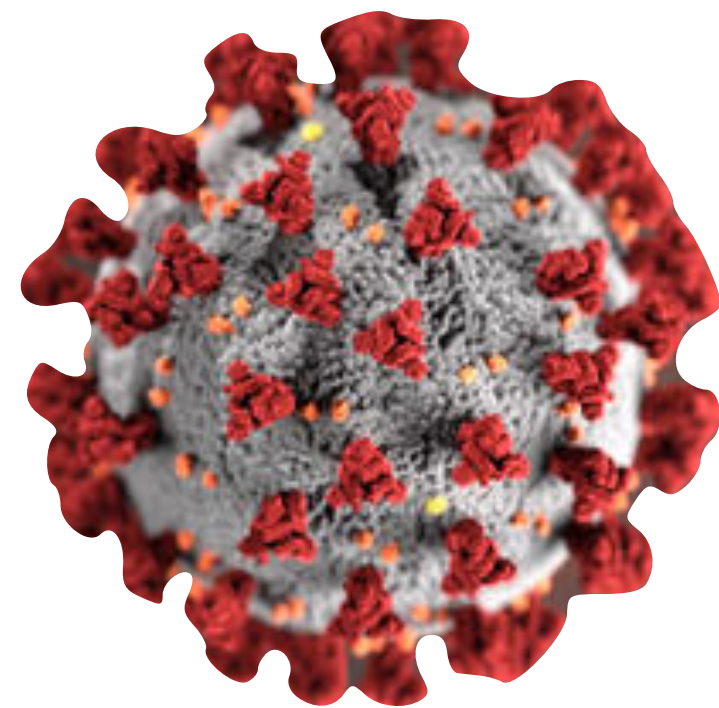
AI for COVID-19



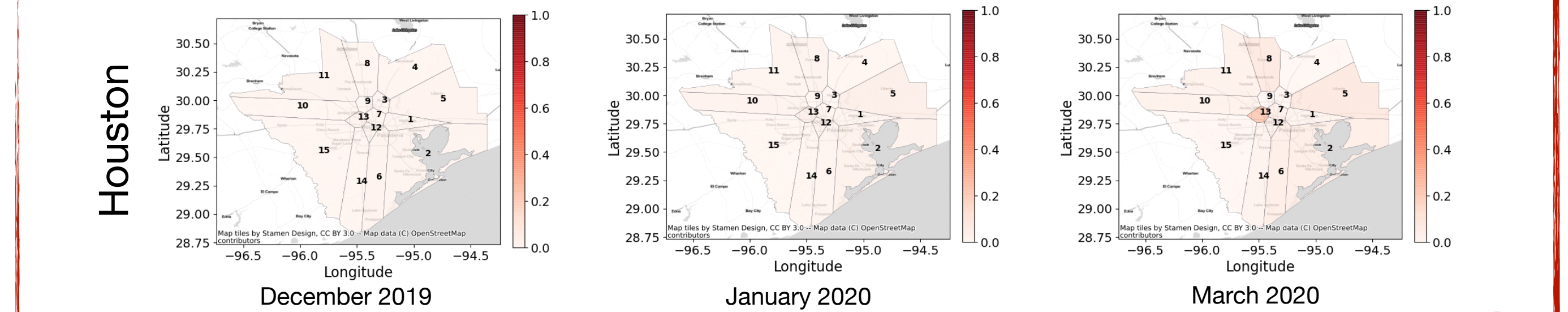
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Predicting Spatiotemporal Risk Scores using High Resolution Mobility Data



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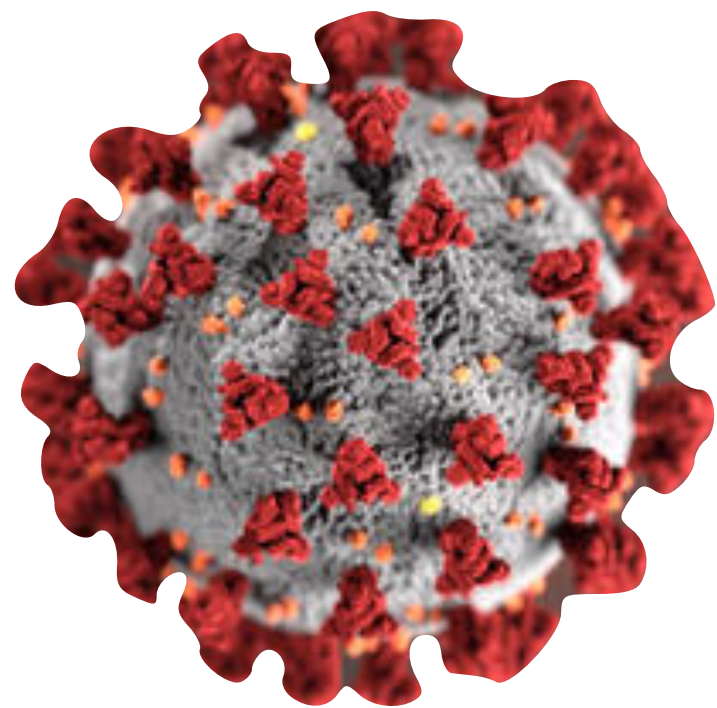
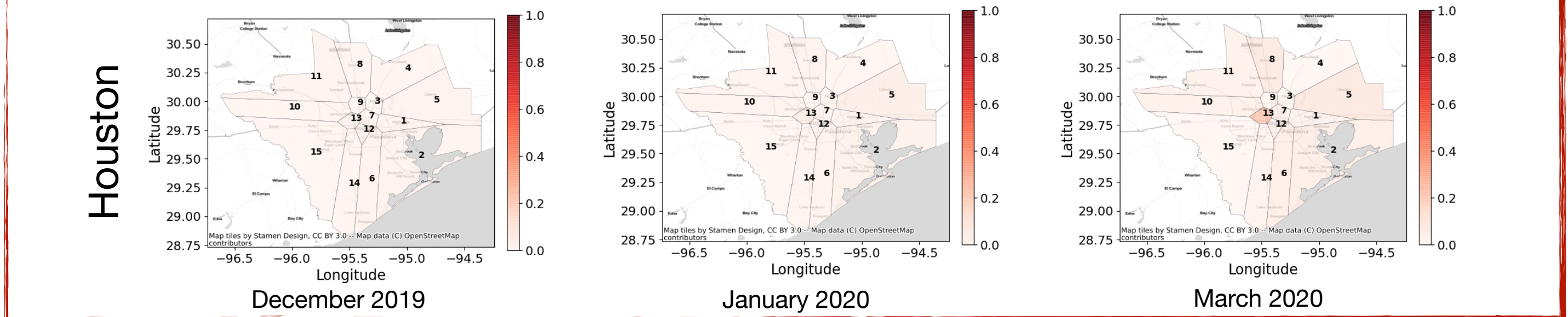


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AI for COVID-19

Analyzing COVID-19 Misinformation in Twitter Conversations

[Sharma, Seo, Meng, Rambhatla, Liu, 2020]

Misinformation Spread

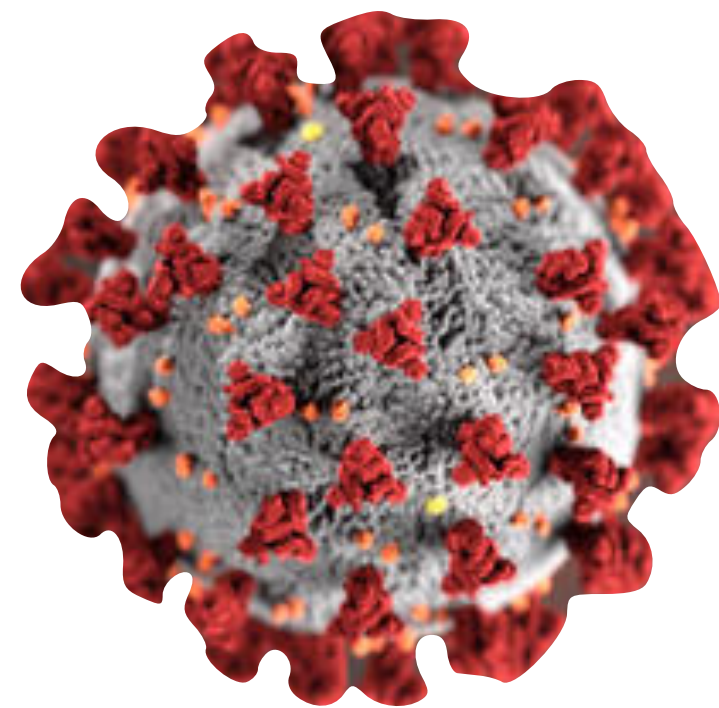


political-clickbait

GOP blocking coronavirus bill — because it limits how much drugmakers can charge for a vaccine <https://t.co/elkvU7QquQ>

https://usc-melady.github.io/COVID-19-Tweet-Analysis/misinformation_spread.html

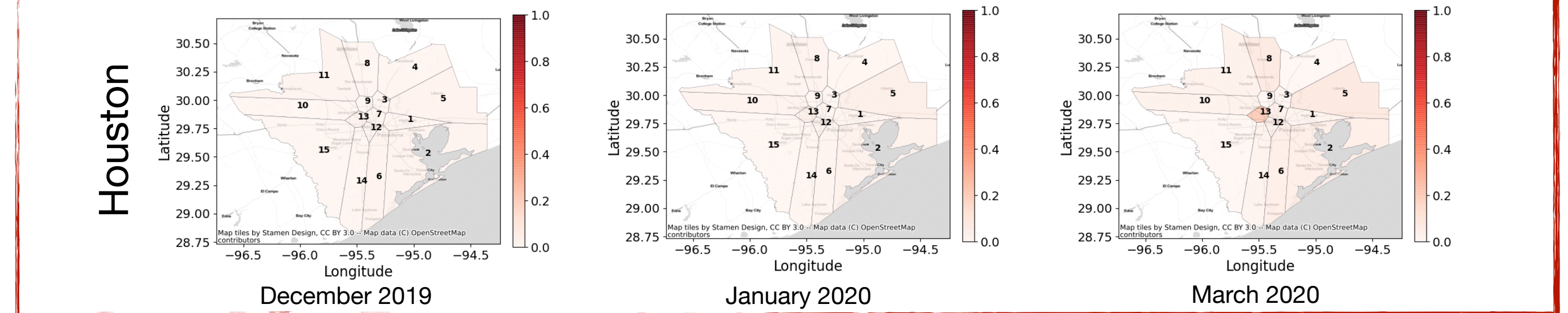
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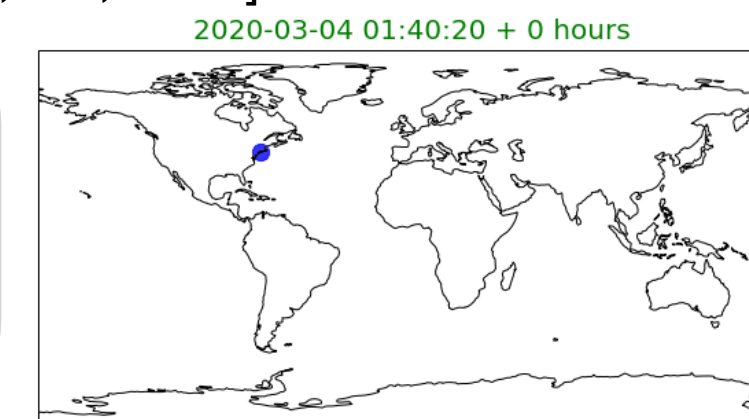
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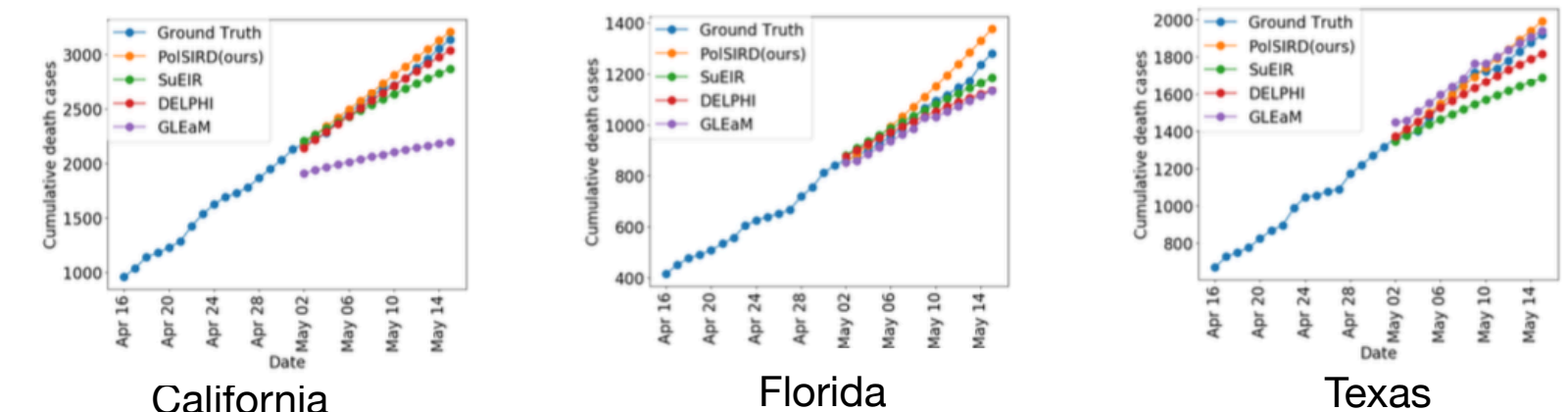
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Modeling Epidemic Spread under Intervention Policies

[Kamra, Zhang, Rambhatla, Meng, Liu, Journal of Healthcare Informatics 2020]

Predicting the effect of interventions



Revisiting the Future Healthcare Challenges of Canada and the World...



United Nations

Department of
Economic and
Social Affairs

World Population Ageing, 2019

“The number of older persons is projected to double to 1.5 billion by 2050.”



Government
of Canada

Gouvernement
du Canada

Action for Seniors report, Fall 2014

In 2014, about 15% of Canadians were above the age of 65, this percentage is set to rise to 25% by 2040.



**CANADIAN FEDERATION
OF NURSES UNIONS**

Canada's nursing shortage at a glance, 2022

The nursing shortage, pre-pandemic

Even as our population ages and our health needs become more acute, growth in the regulated health workforce has largely remained stagnant.

A 2018 analysis predicted a shortage of 117,600 nurses in Canada by 2030 (Scheffler & Arnold, 2018). According to 2020 data, a third of registered nurses who provide direct care are 50 or older and nearing retirement (Registered Nurses' Association of Ontario, 2021). A 2019 survey of nurses conducted by the CFNU with

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People 'dying unnecessarily' because of racial bias in Canada's health-care system, researcher says

N.W.T. Health Minister Glen Abernethy says department plans cultural sensitivity training

[Emily Blake](#) · CBC News · Posted: Jul 03, 2018 10:34 AM EDT | Last Updated: July 3, 2018



Government of Canada / Gouvernement du Canada

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Department of Economic and Development

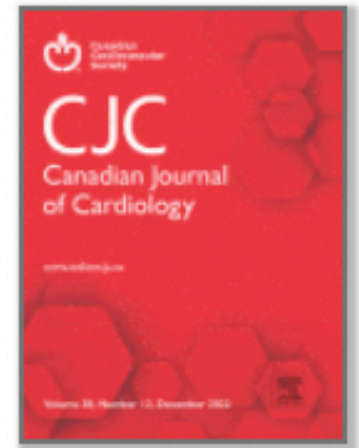
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ELSEVIER

Canadian Journal of Cardiology

Volume 38, Issue 12, December 2022, Pages 1865-1880



Review Sex and Gender Bias as a Mechanistic Determinant of Cardiovascular Disease Outcomes

Isabel Kim MD ^a, Thalia S. Field MD, MHSc ^b, Darryl Wan MD ^c, Karin Humphries MBA, DSc ^a, Tara Sedlak MD, FRCPC, MBA ^a

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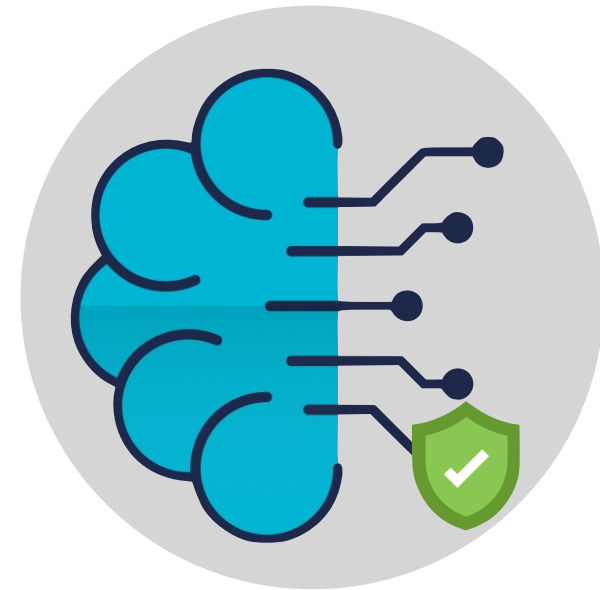
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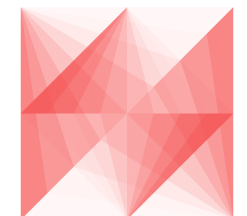
AND
**there is no way to know the impact of these protected
attributes if we don't adequately record them!**

IV. Trustworthy and Fair AI Modelling in Healthcare

Trustworthy and Fair AI Modelling in Healthcare



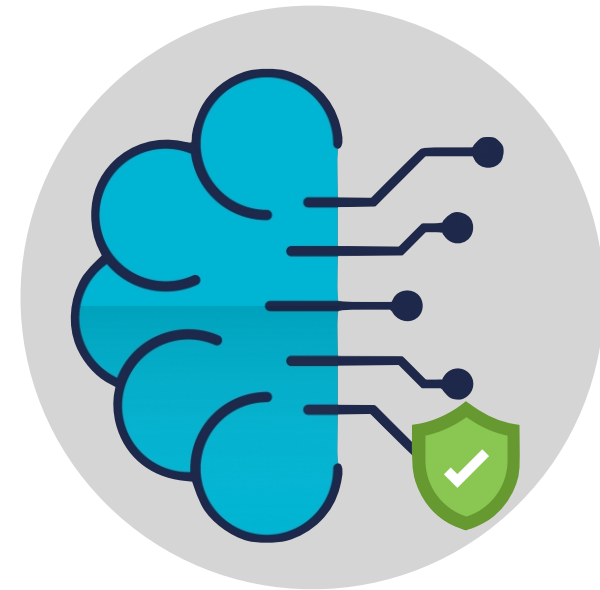
Trustworthy AI for
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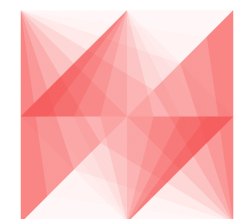
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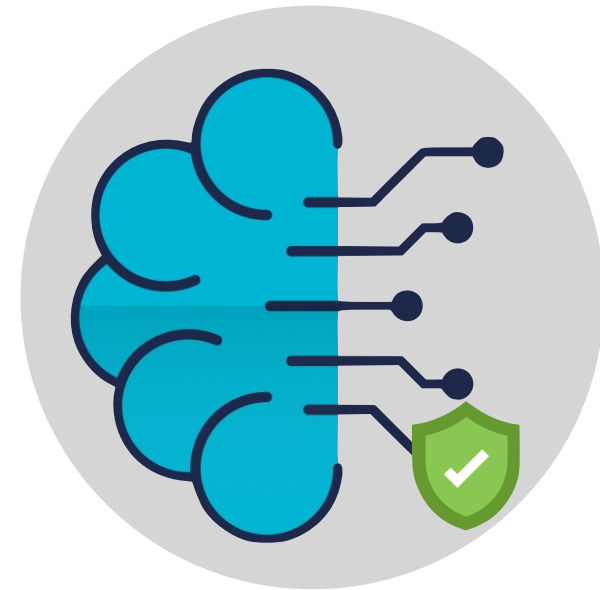
GRAND RIVER
HOSPITAL



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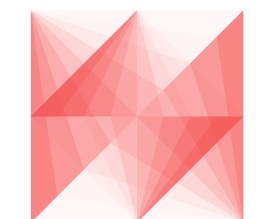
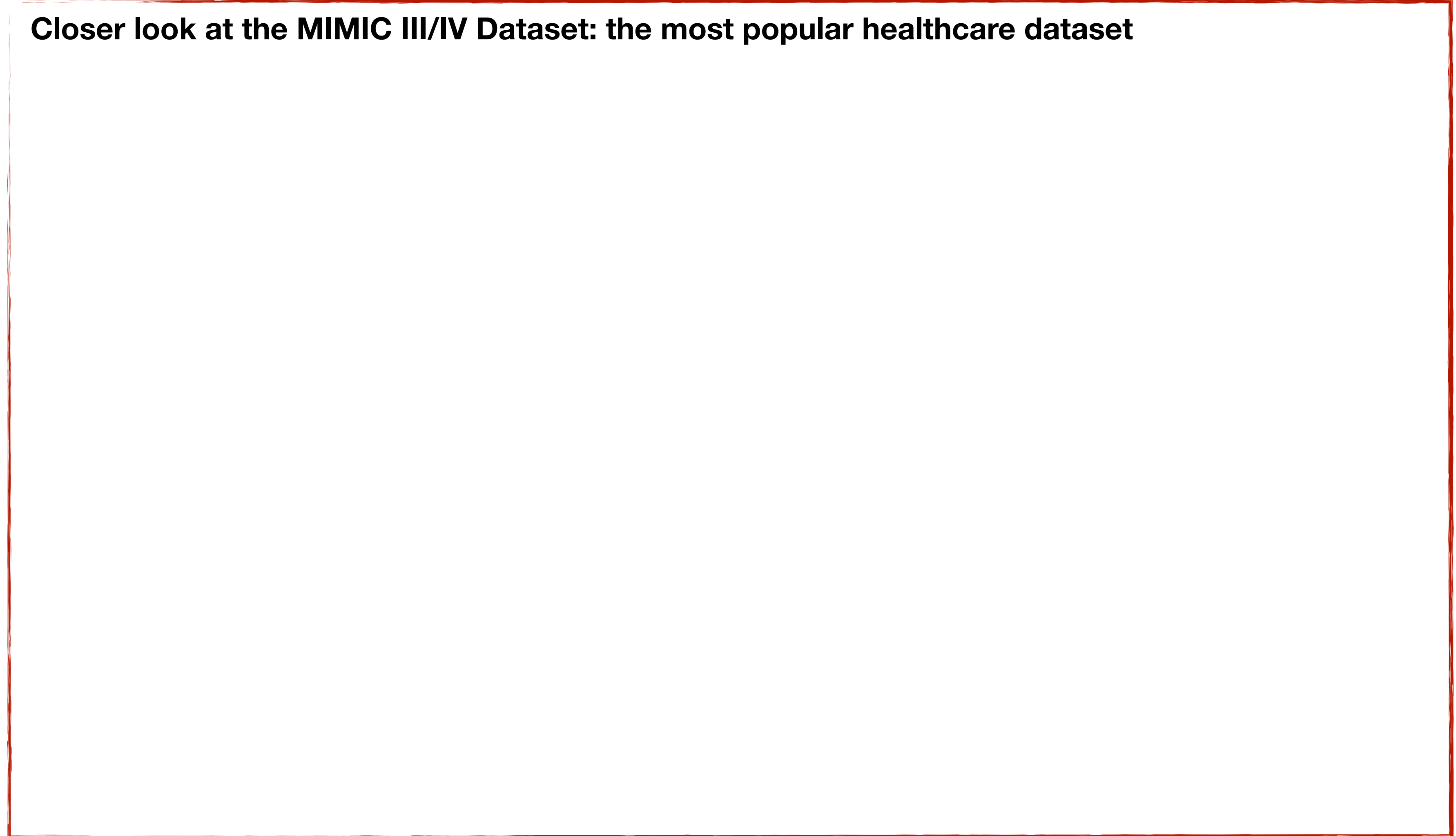
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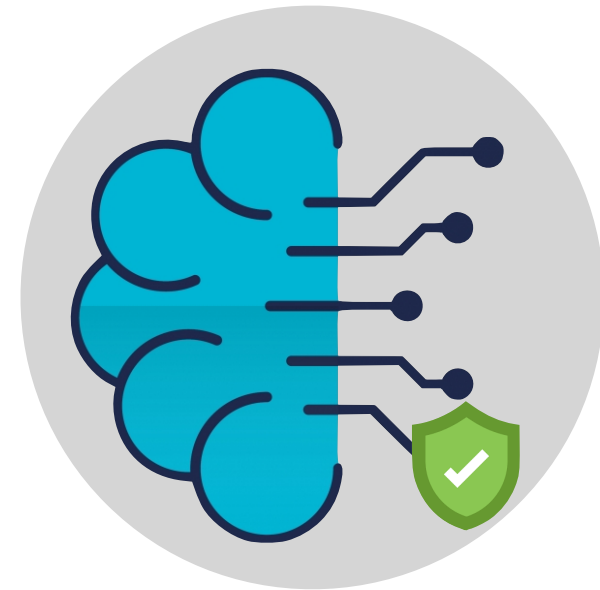
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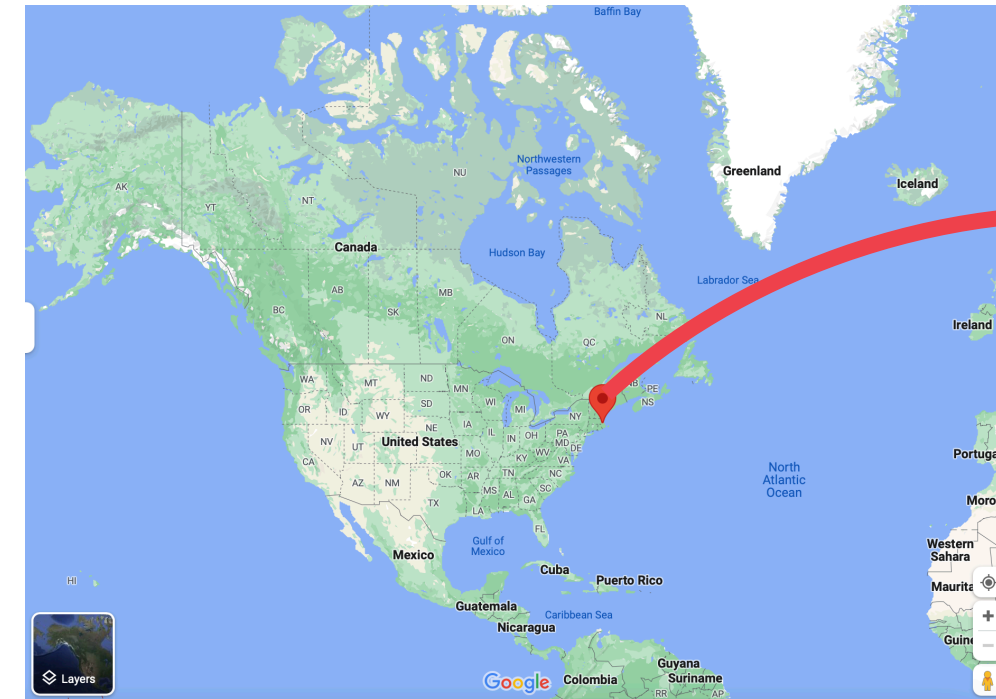
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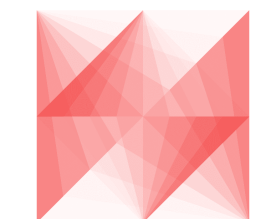
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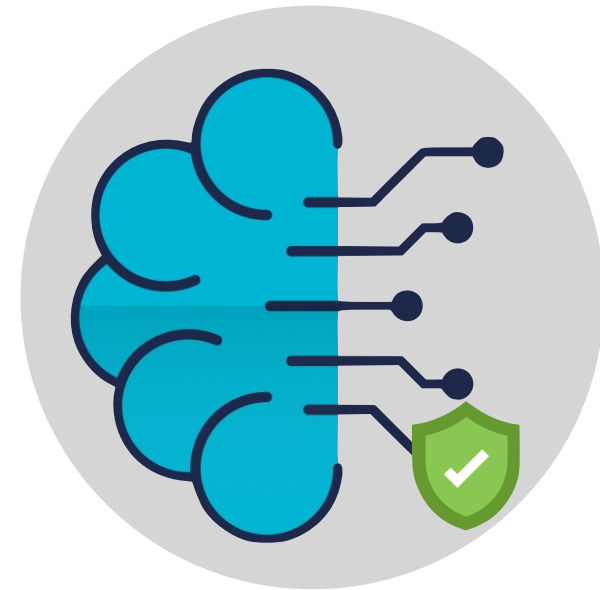
Beth Israel Deaconess Medical
Center Emergency Room
Boston, MA

Where does MIMIC Dataset come from?



Trustworthy and Fair AI Modelling in Healthcare

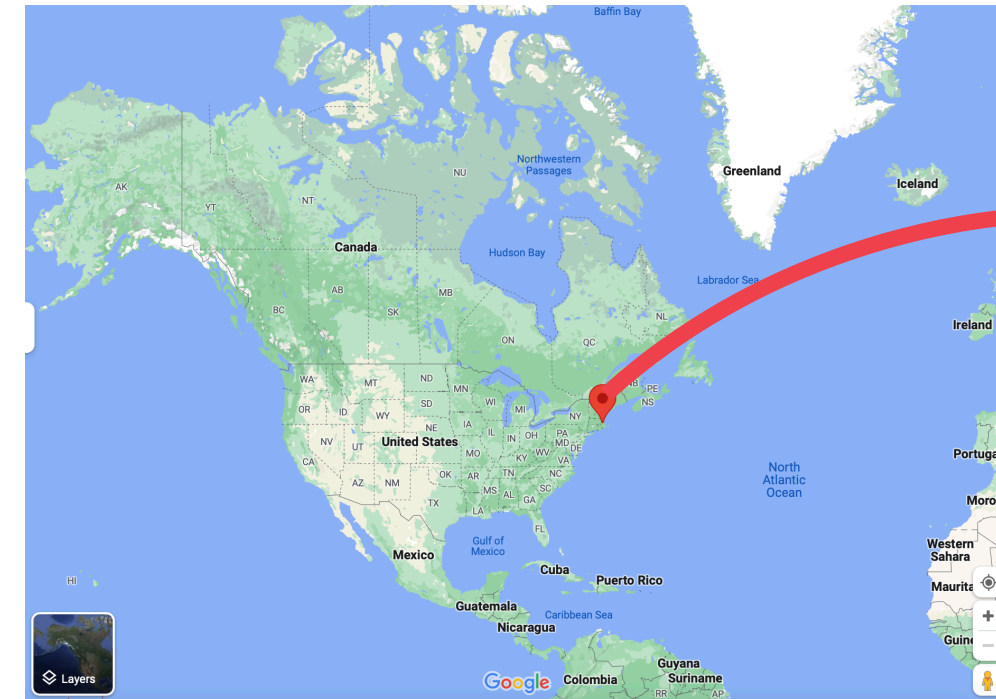
GRAND RIVER
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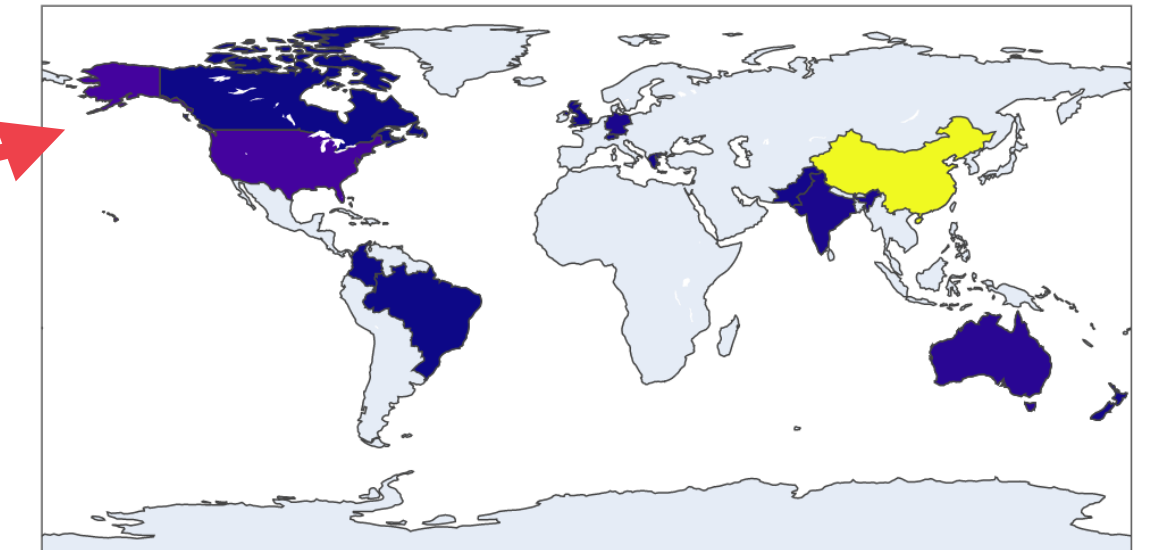
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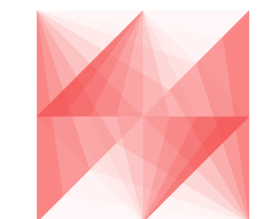


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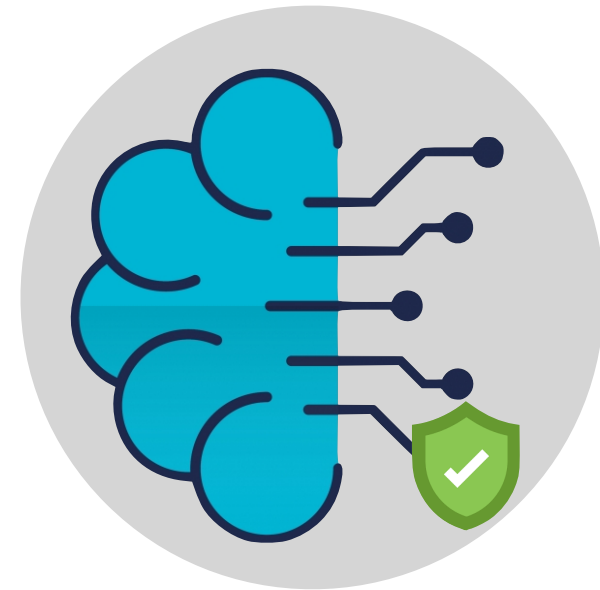
Where is MIMIC being used?

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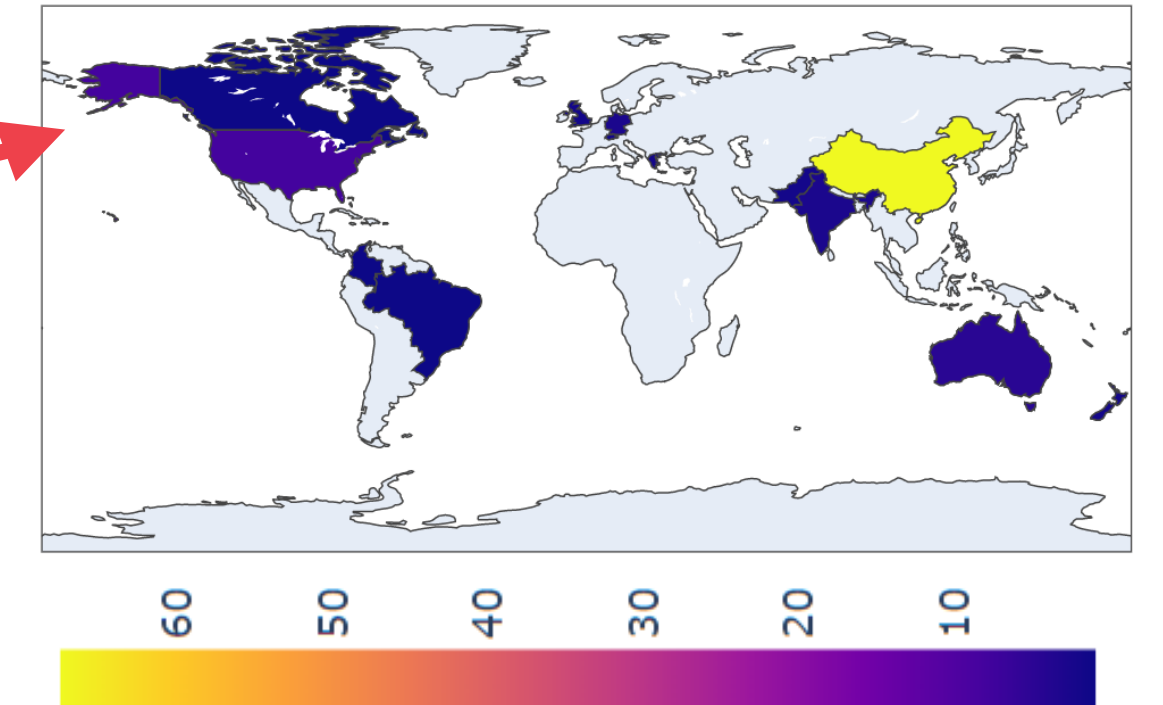
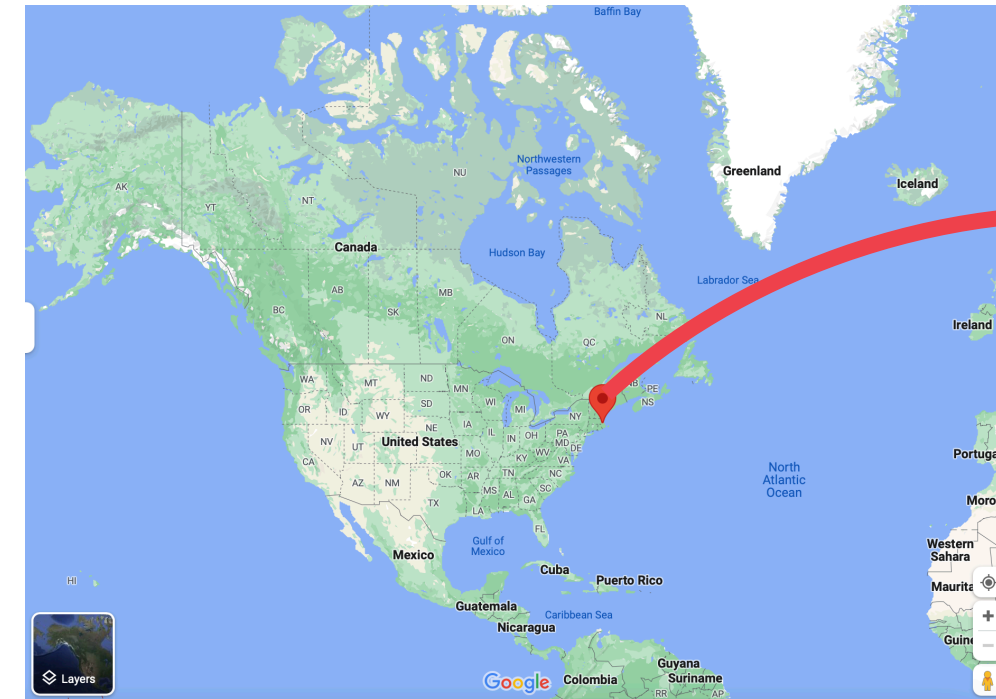
GRAND RIVER HOSPITAL



Trustworthy AI for Healthcare

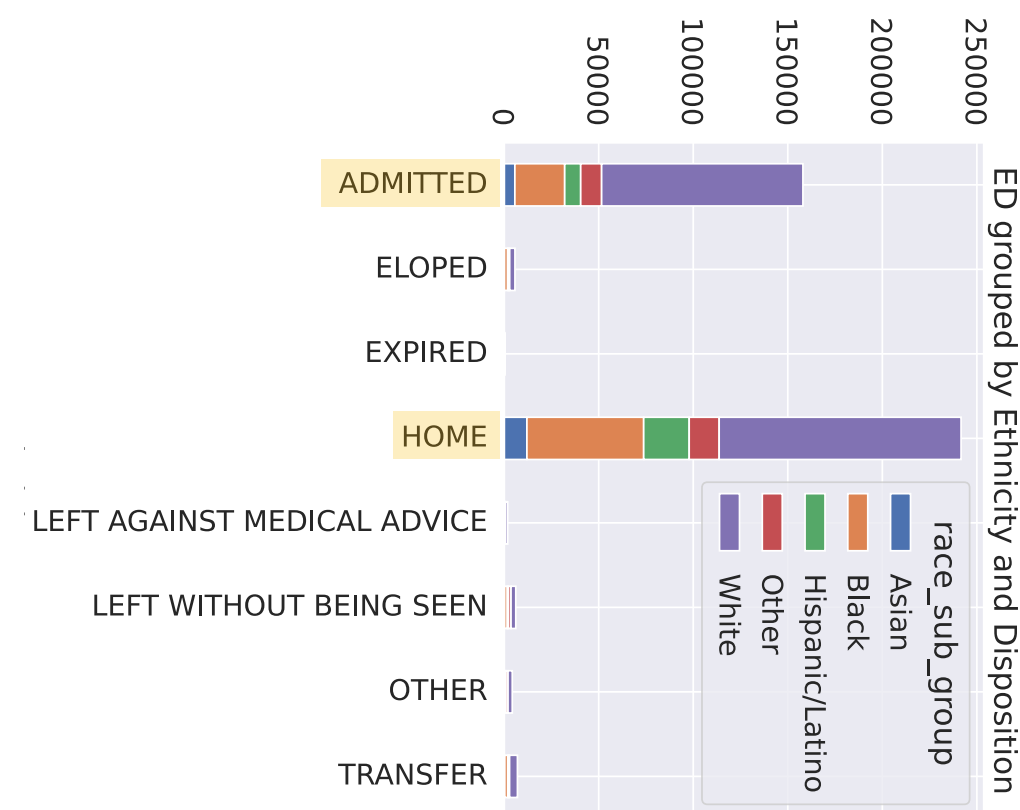
Whose Health Matters in Healthcare Models? Understanding Data Bias for Healthcare Equity

Closer look at the MIMIC III/IV Dataset: the most popular healthcare dataset



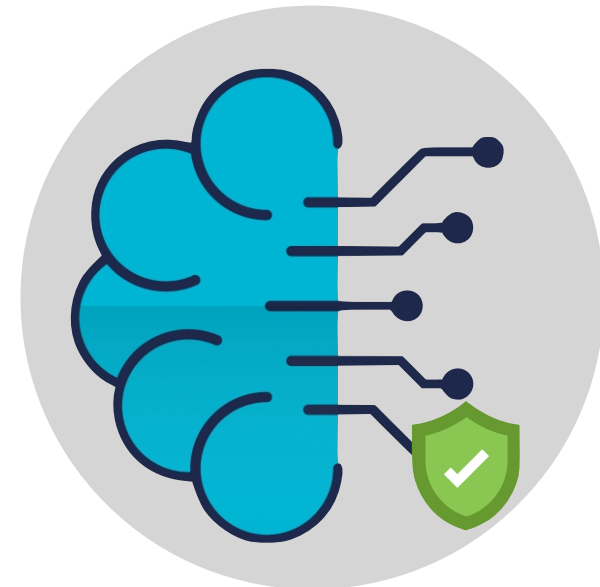
Where does MIMIC Dataset come from?

Where is MIMIC being used?



Who gets Admitted in Emergency Department (ED)?

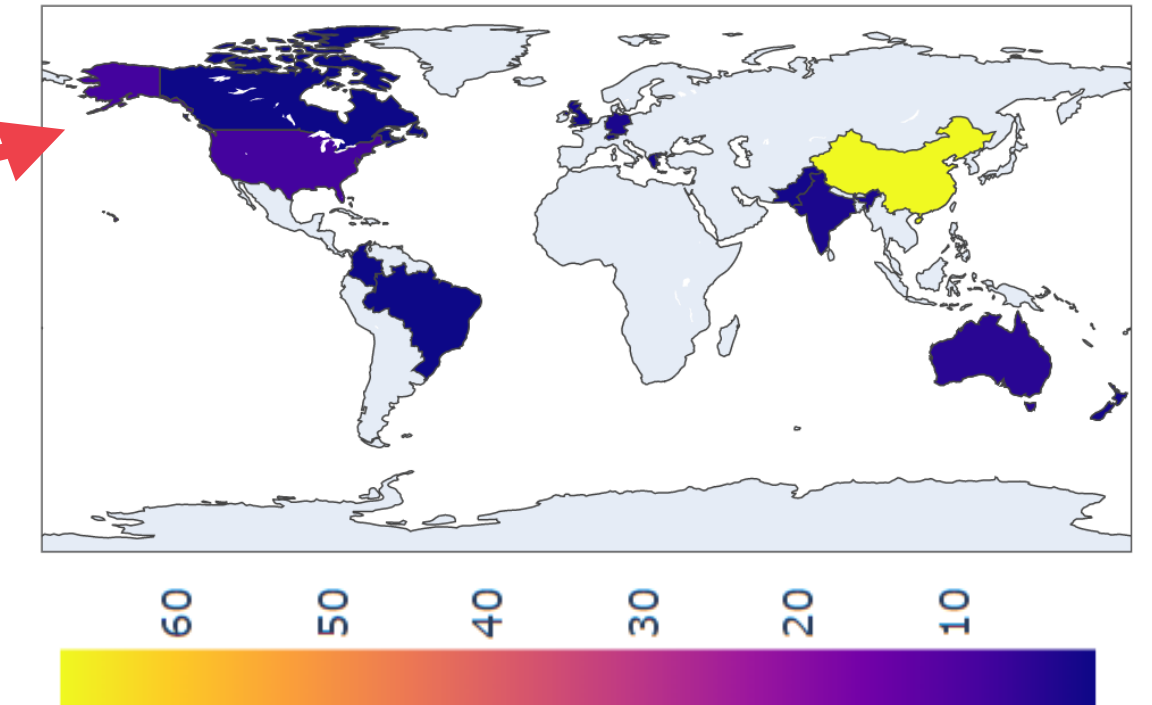
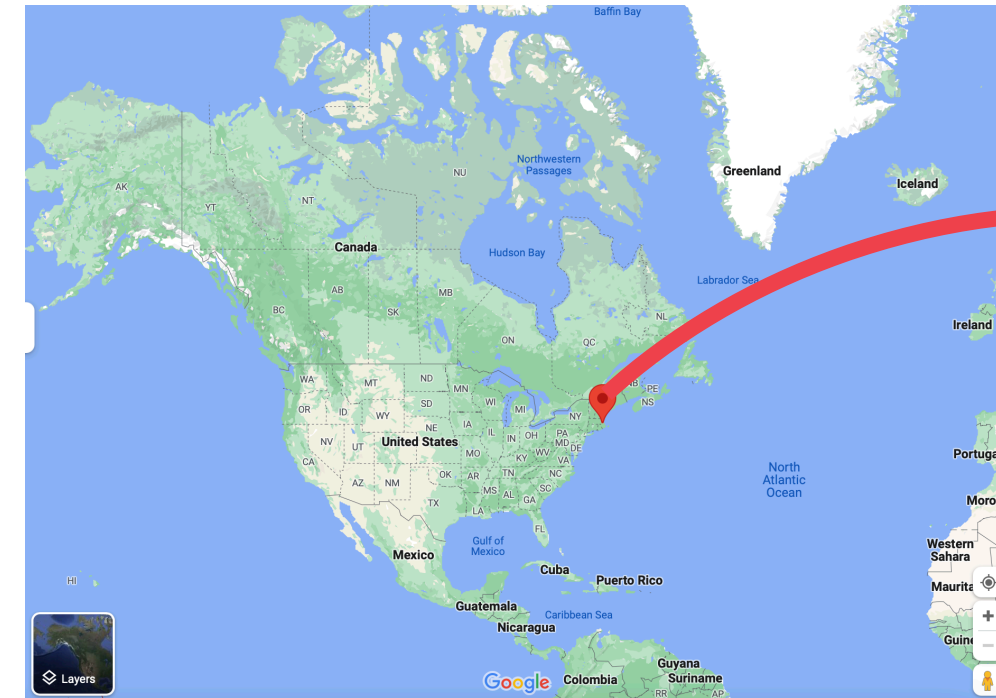
Trustworthy and Fair AI Modelling in Healthcare



Trustworthy AI for Healthcare

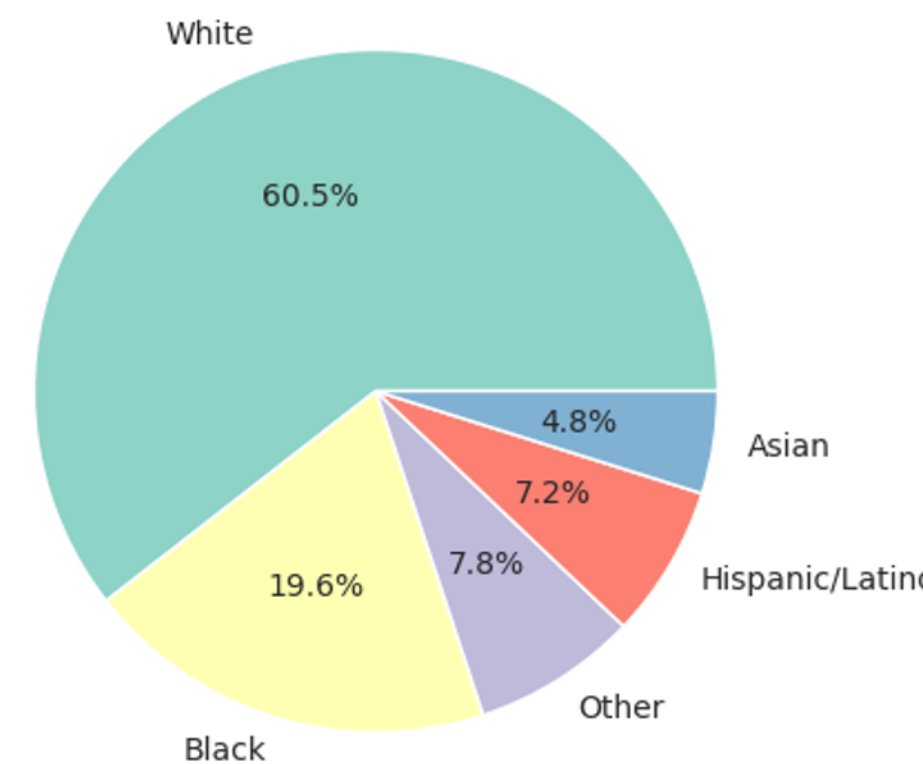
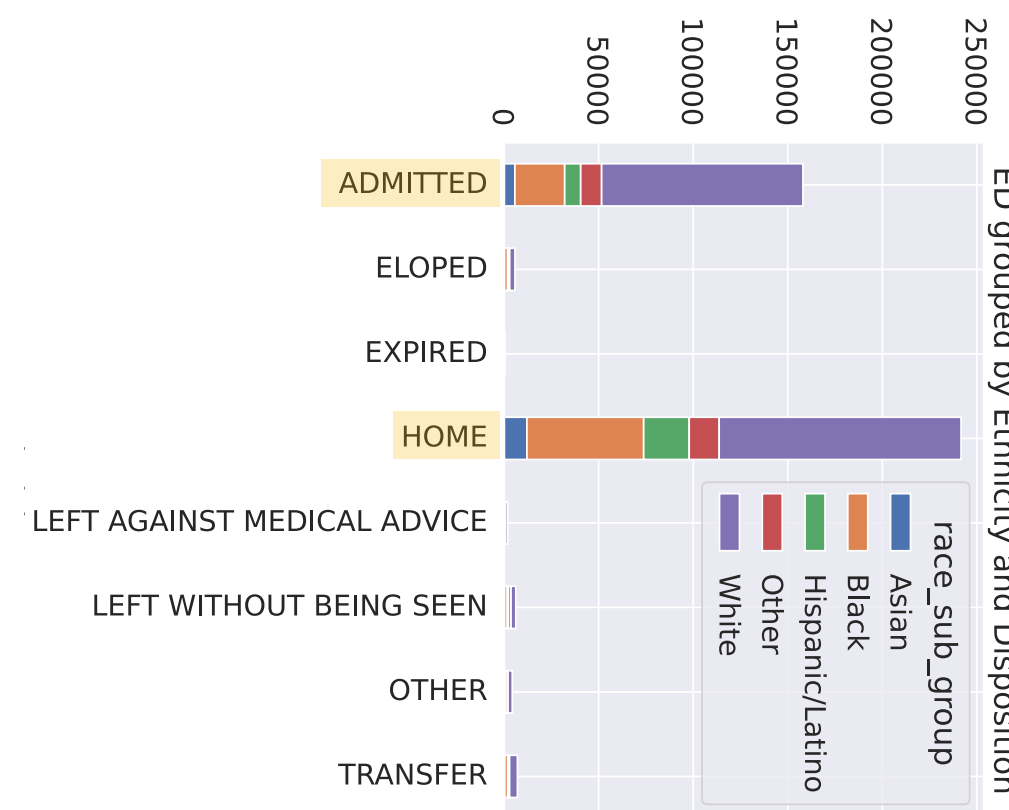
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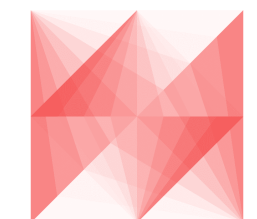
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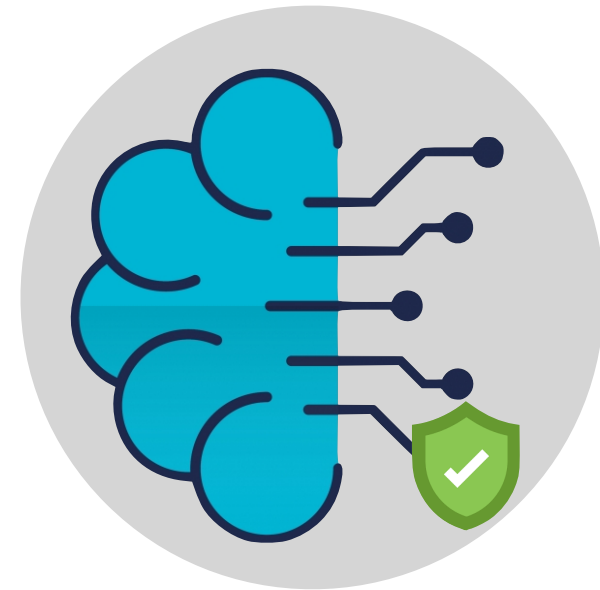


Who gets Admitted in Emergency Department (ED)?

In-hospital Mortality



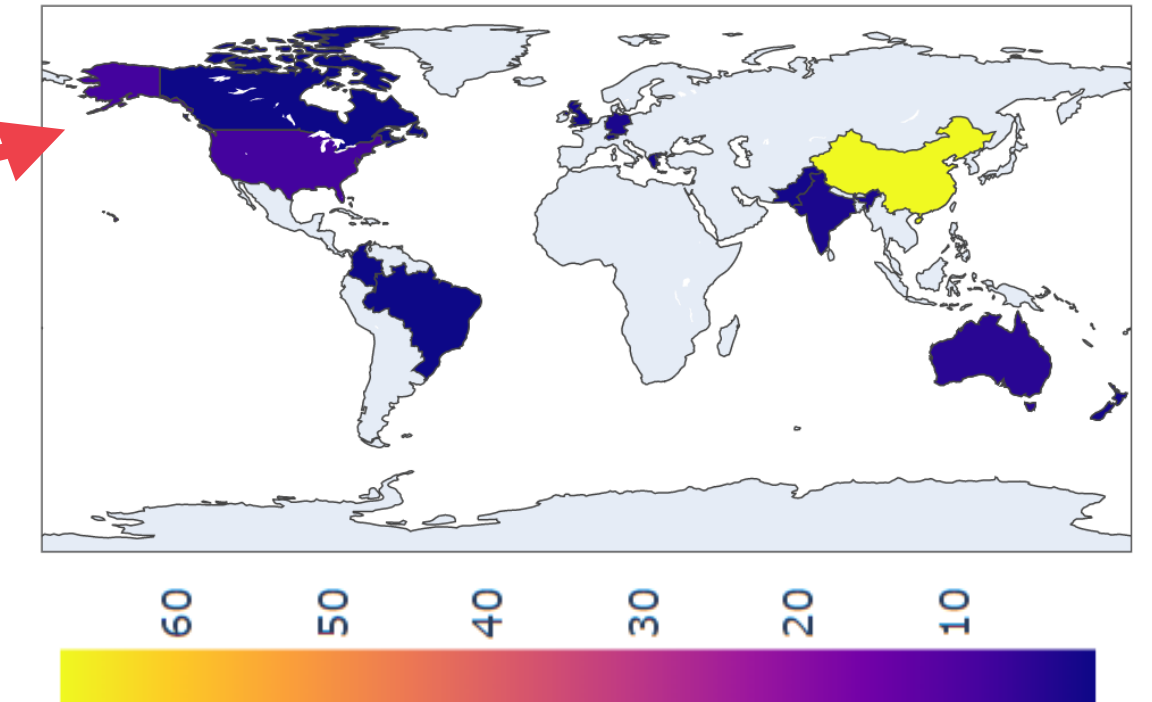
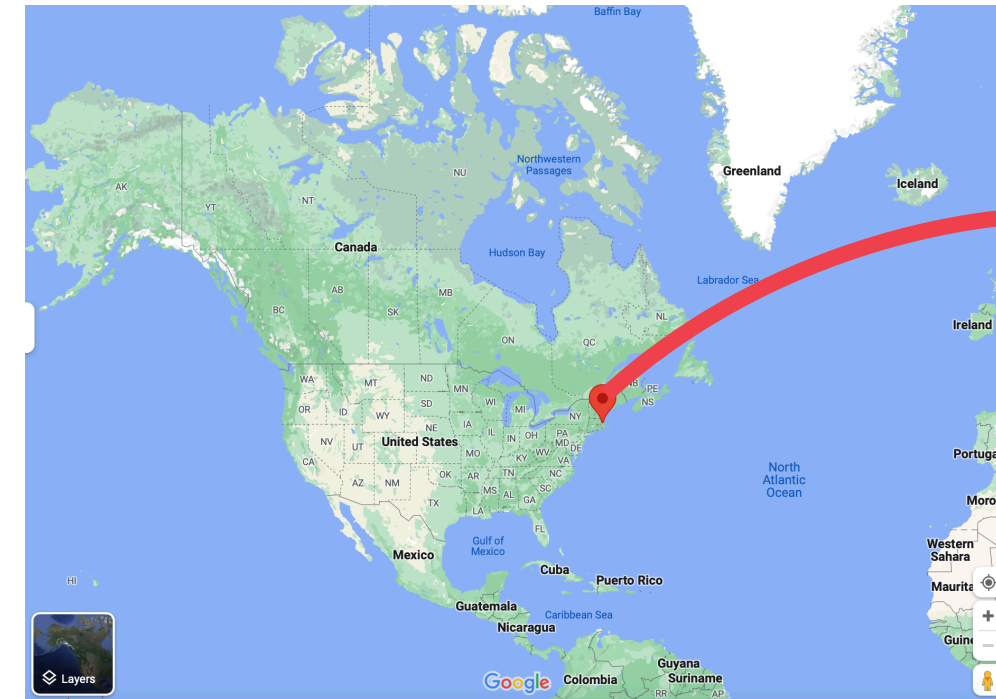
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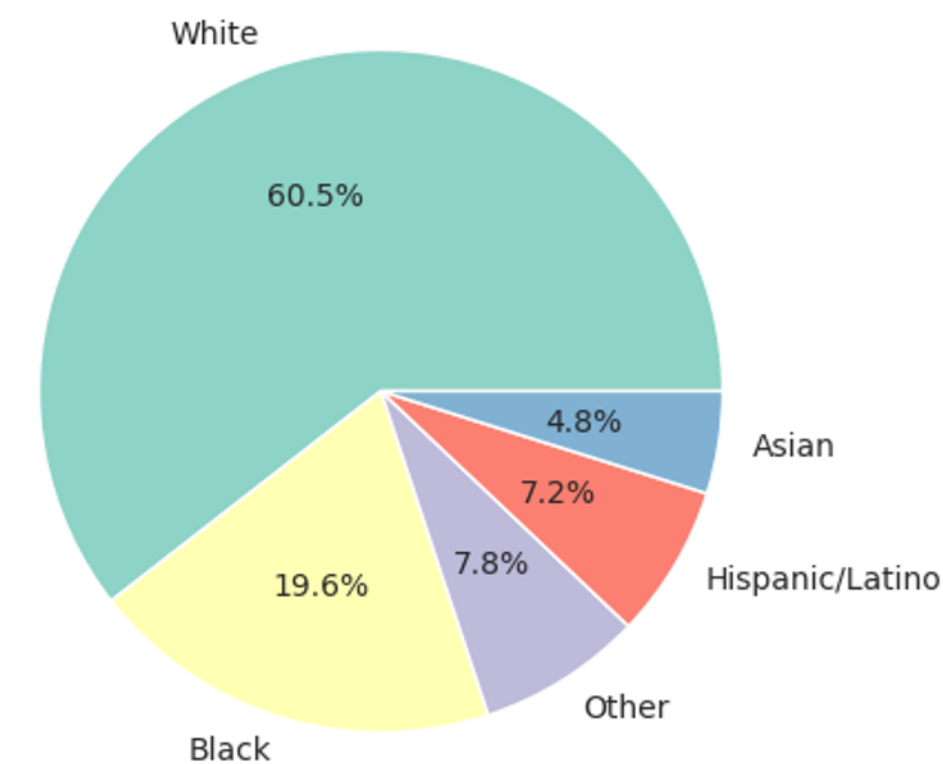
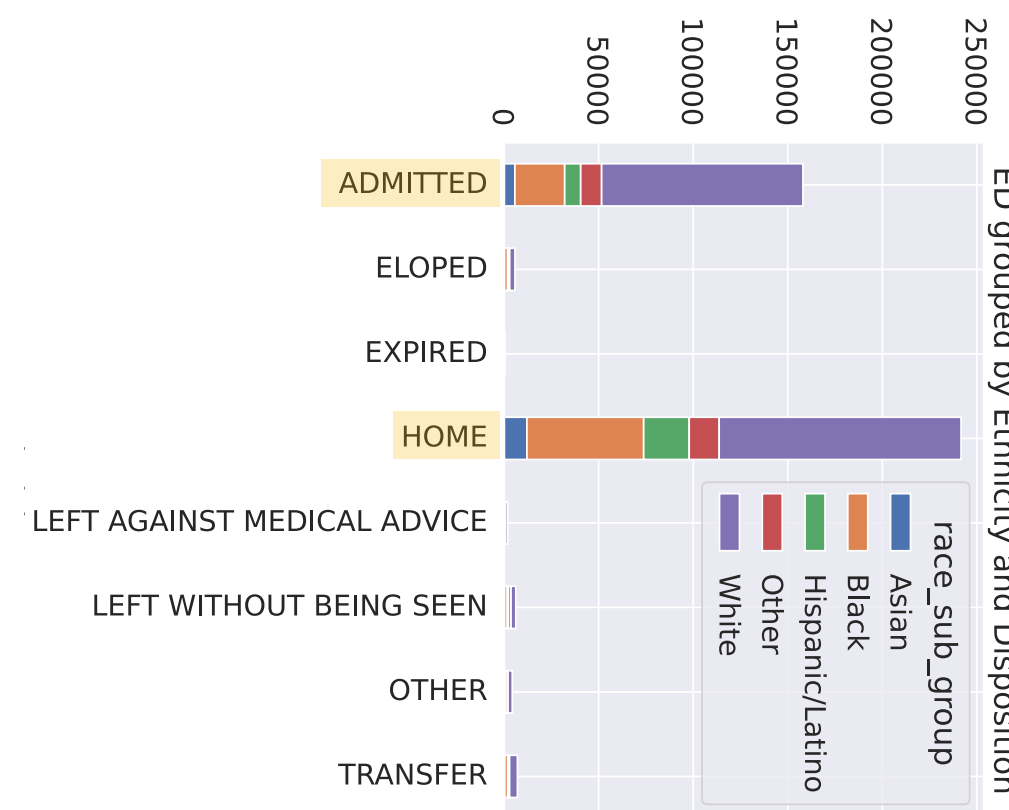
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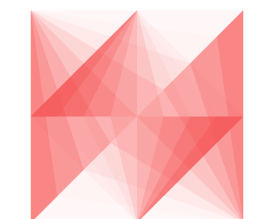
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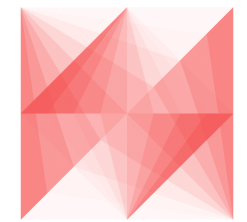
Data Matters: Models trained on data naively may not work well on all demographics or in new contexts!



So, what needs to happen to assist healthcare workers and make Canada “AI Ready” ?

Steps to make Canada “AI Ready”

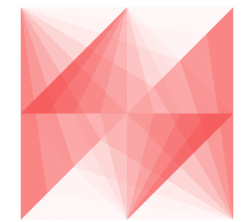
Recommendations



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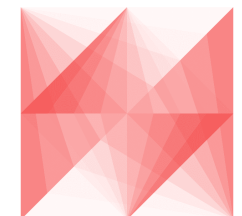
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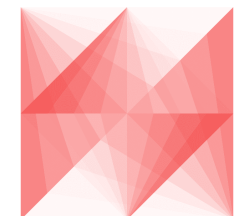
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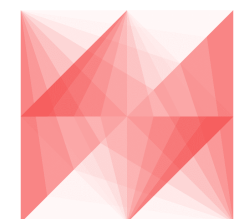
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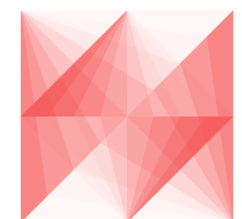
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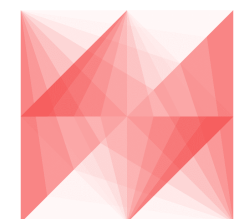
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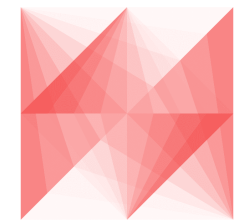
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- **Need to collect demographic information.** AI/ML models learn from historical data, and can reinforce any past biases. We need to collect demographic information to understand these biases, and use these to improve predictions while preserving privacy. We can’t fix what we don’t know!



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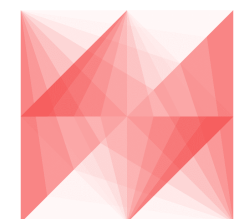
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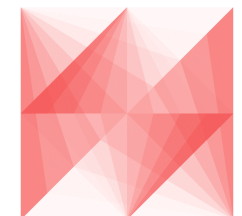
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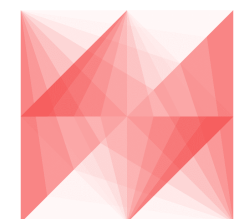
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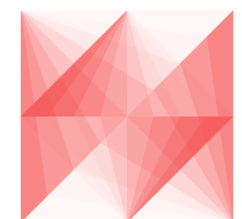
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- **Privacy and Cybersecurity.** Health data is extremely sensitive and needs to be protected. A lack of knowledge about how to effectively achieve these goals can be counterproductive.



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- **Need for interoperable blueprint for hospitals and health systems.** A standard and unified way of recording various types of patient information is absolutely important. Hospitals need a clear path so that they can reduce their overhead.



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HEALTH CARE

LISTEN & FOLLOW



- **Privacy and Cybersecurity:** A lack of knowledge and resources to be protected. An electronic health records system for veterans has caused unnecessary suffering. This is counterproductive.

An electronic health records system for veterans has caused unnecessary suffering

May 1, 2023 · 4:38 PM ET

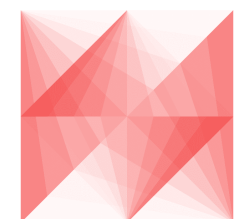
Heard on [All Things Considered](#)



Quil Lawrence

- **Need for interoperability:** A unified way of recording and analyzing data is standard and important. Hospitals need a great path so that they can reduce their overhead.

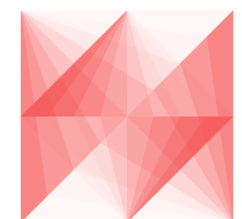
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- **Sharing is caring.** Likewise, hospitals will have to come together and share their data to power these models. Otherwise silos created by data inequity will lead to worse outcomes for our far-off communities who need these interventions the most!



IT'S NOT JUST ME!



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IT'S NOT JUST ME!



Conversations in the context of managing health data have already set the stage!

Challenges outlined by the pan-Canadian Health Data Strategy EAG

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The pan-Canadian Health Data Strategy: Expert Advisory Group Reports and summaries

Chair

▼ **Dr. Vivek Goel**

Health Data Champion, University of Waterloo

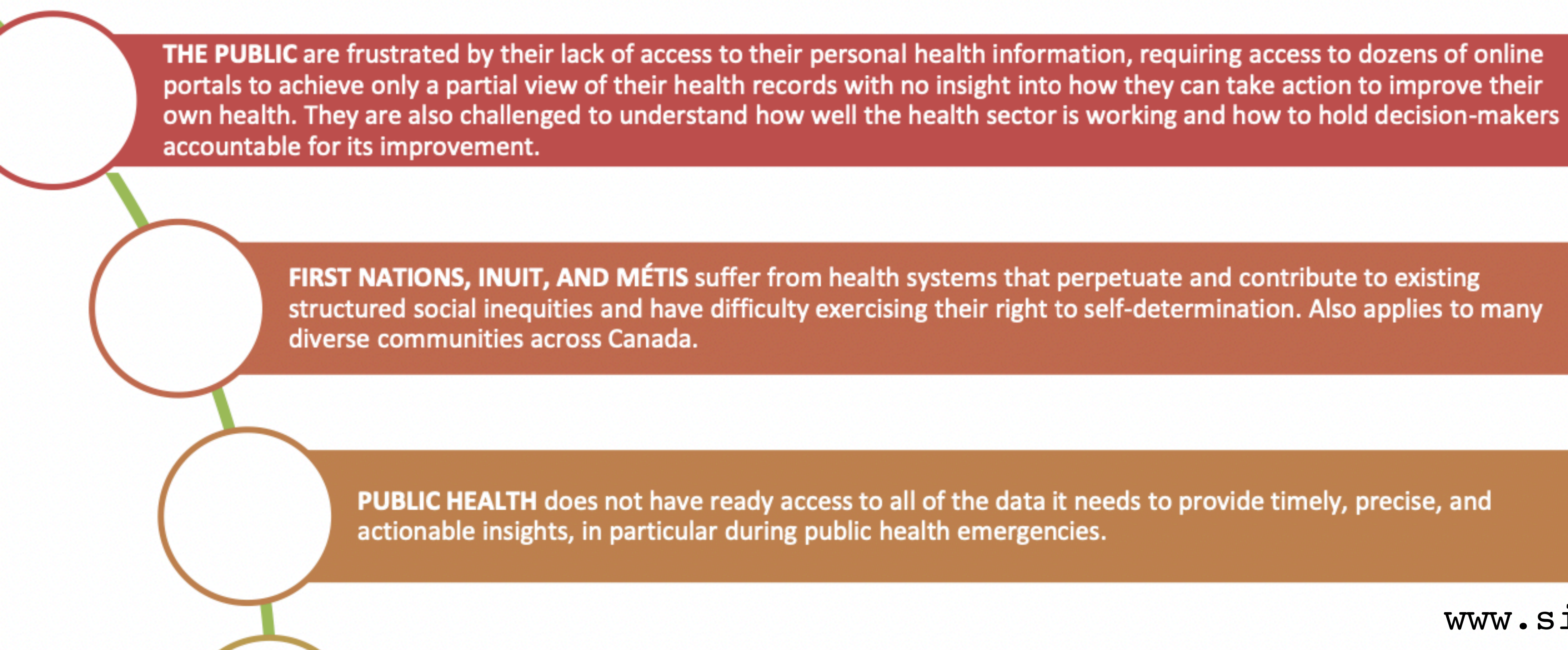
Reports

[Expert Advisory Group Report 3: Toward a world-class health data system \(PDF Version\)](#)

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To learn more about this 2022 report and its recommendations:

<https://www.canada.ca/en/public-health/corporate/mandate/about-agency/external-advisory-bodies/list/pan-canadian-health-data-strategy-reports-summaries.html>

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Human-Centered AI

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**UNIVERSITY OF
WATERLOO**

A presentation for



Statistics
Canada

Statistique
Canada



Santé
Canada

Health
Canada

May 5, 2023



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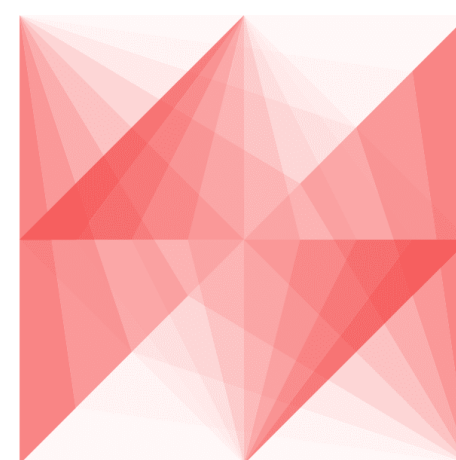
FACULTY OF ENGINEERING
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FACULTY OF MATHEMATICS
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FACULTY OF ENGINEERING
**Department of Systems
Design Engineering**

Thank You!

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Critical ML