

De-identification of medical reports for machine learning tasks: application to ICD-10 code association

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Motivation

De-identification of medical reports for associating ICD-10 code



Leveraging AI for Healthcare Process Improvement



- ▶ Significant interest among hospitals in optimizing a number of tasks by leveraging AI, particularly by exploiting **textual medical records** from patient files:
 - ▶ Identifying similarities between patients and their pathologies, thereby **gaining direct access to successful treatment pathways** for these pathologies versus less successful ones.
 - ▶ **Detecting abnormal patient journeys**, for example, where a condition associated with treatment is suspected.
 - ▶ **Automatically associating medical codes** with patient journeys (according to the ICD-10 classif.) for statistical purposes and hospital reimbursement. (@ HNFC \approx 12 individuals from the Medical Information department carry out this coding task e.g.)



Bridging the Gap: Developing AI Tools for Healthcare with sanitized Data

Who can develop ML for Medical Institutions?

- ▶ Medical institutions generally **lack the expertise** to develop advanced AI (with diverse data types like text, tables, and vectors).
- ▶ Even within these institutions, **legal restrictions** (GDPR...) **prevent AI researchers** (FEMTO-ST) from accessing patient data to develop AI tools.

Is de-identification the answer?

- ▶ AI tool prototypes can be created in labs and then **customized with realistic data derived from a robust and useful de-identified medical** data from a medical institution.
 - ▶ Robust: the level of information **leakage is mathematically bounded**: based on **Differential Privacy**, the standard adopted today in academia, in industry
 - ▶ Useful: surrogating preserves **chronology of events**, distinguish between **personal and medical details** (e.g., "Charcot"), and maintain **familial relationships**.

De-Identification: A Twofold Method

Two Steps

Chef de service :
Dr Charles DUN
45
Hospitalisation : 03 44 55 86
45
Chirurgien Vasculaire et Thoracique
Médecins :
Dr Aurélien TACHET
Dr Jacques BEN
Besançon, le 20 janvier 2019
2 B, rue Pierre 25000 BESANCON
LETTRE DE LIAISON
Pascal RIGOT 25/05/1970
Cher Confrère, Monsieur Pascal RIGOT , né le 25 mai 1970, quitte le service de chirurgie vasculaire après avoir bénéficié d'une angioplastie fémoro-poplitée.
Antécédents : artériopathie oblitérante des membres inférieurs, hypertension artérielle, prothèse de hanche
Le patient de 48 ans présentait une plaie chronique du premier orteil droit ne cicatrisant pas avec à l'échodoppler et à l'angioscanner des sténoses étagées sur l'artère fémorale superficielle et poplitée
Docteur Charles DUN
Hopital Nord Franche Comté

Original File

Chef de service :
Dr Charles DUN
45
Hospitalisation : 03 44 55 86 45
Chirurgien Vasculaire et Thoracique
Médecins :
Dr Aurélien TACHET
Dr Jacques BEN
Besançon, le 20/01/2019
2 B, rue Pierre 25000 BESANCON
LETTRE DE LIAISON
Cher Confrère, Monsieur Pascal RIGOT , né le 25 mai 1970, quitte le service de chirurgie vasculaire après avoir bénéficié d'une angioplastie fémoro-poplitée.
Antécédents : artériopathie oblitérante des membres inférieurs suspectée en janvier 2010, hypertension artérielle depuis 10 ans.
Le patient de 48 ans présentait une plaie chronique du premier orteil droit ne cicatrisant pas avec à l'échodoppler et à l'angioscanner des sténoses étagées sur l'artère fémorale superficielle et poplitée
Docteur Charles DUN
Hopital Nord Franche Comté

Named Entity Recognition (NER) Process

Chef de service :
Dr Richard RUBIN
88 23 18
Hospitalisation : 03 23
Chirurgien Vasculaire et Thoracique
Médecins :
Dr Jean TROUCHOT
Dr Pierre PIQUET
Besançon, le 11/02/2019
2 B, rue Pierre 25400
AUDINCOURT
LETTRE DE LIAISON
Cher Confrère, Monsieur Adrien BUTOIT , né le 25 octobre 1965, quitte le service de chirurgie vasculaire après avoir bénéficié d'une angioplastie fémoro-poplitée.
Antécédents : artériopathie oblitérante des membres inférieurs, hypertension artérielle, prothèse de hanche
Le patient de 53 ans présentait une plaie chronique du premier orteil droit ne cicatrisant pas avec à l'échodoppler et à l'angioscanner des sténoses étagées sur l'artère fémorale superficielle et poplitée
Docteur Richard RUBIN
Hopital THU Marseille

Entity Substitution Process

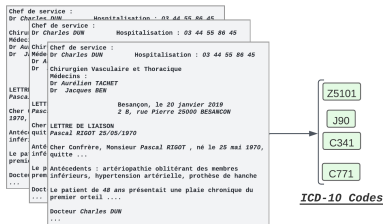
1. Named Entity Recognition (NER) for identifying information (efficiency issue)
2. Sanitizing of detected information (optimization issue: minimizing leakage while preserving utility)

Application Context With ICD-10 Code Association Task

ICD-10: Standardized Diagnostic Tool for Recording Health Conditions

- ▶ Developed by the World Health Organization (WHO).
- ▶ Used worldwide to classify diseases, injuries, and health conditions...
- ▶ Reimbursement Impact: Codes are essential for billing and reimbursement systems.

Application Context with ICD-10 Code Association Task



- ▶ Manual Coding: Currently, healthcare professionals assign codes manually based on medical records.
- ▶ Automated Coding: This task can be framed as a multi-label text classification problem, where the goal is to automatically assign appropriate ICD-10 codes to medical documents.



- ▶ Defended in December 2023.
- ▶ Supported by the Bourgogne-Franche-Comté region and the EUR EIPHI.
- ▶ In partnership with the Medical Information Department of the HNFC.





Motivation

De-identification of medical reports for associating ICD-10 code



Named Entity Recognition for HIPAA Categories

Iterative Learning on HNFC Datasets: HNFC-NER-EVAL, HNFC-NER-TRAIN

- ▶ **Increasingly** large, **progressively** more de-identified datasets.
- ▶ Automatically pre-labeled and manually validated.
- ▶ Model: Hybrid¹, then deep learning only².

NER Results

Method	CamemBERT-ner			MEDINA			FlauBERT-ner			Hybride			Healthinf			Dernoncourt		
Dataset							HNFC									i2b2		
Metric	P	R	F ₁	P	R	F ₁	P	R	F ₁	P	R	F ₁	P	R	F ₁	P	R	F ₁
PER	89	99	93.8	98.2	97.7	98.2	91.8	97.6	94.6	96.3	99.8	98	97.2	98.9	98	98.2	99.1	98.6
ORG	7.	21.8	11.1	32.6	24.8	28.1	16.9	34.1	22.6	41.1	57.3	47.8	90	51	65.6	92.9	71.4	80.7
LOC	46	67.2	54.6	98.8	81.1	89.1	75.7	66.3	70.7	88.4	95.8	92	99.4	94.4	96.9	95.9	95.7	95.8
DATE		NA		97.7	86.6	91.9		NA		97.7	86.7	91.9	99.2	95.7	97.4	99	99.5	99.2
AGE		NA		91.5	66.9	77.3		NA		91.5	66.9	77.3	98.2	91.8	95	98.9	97.6	98.2
TEL		NA		99.5	97.9	98.7		NA		99.5	97.9	98.7	99.4	99.8	99.6	98.7	99.7	99.2
REF		NA			NA			NA			NA		96.1	79.5	87		NA	
QID		NA			NA			NA			NA		77.2	32	45.3	99.2	98.7	99
Mic.-avg.	70.8	51.5	59.6	98.2	91.2	94.5	85.8	86.7	86.3	94.6	94.9	94.7	98.5	96.4	97.4	98.3	98.5	98.4

¹Tchouka, Couchot, Coulmeau, et al. 2022, "De-Identification of French Unstructured Clinical Notes for Machine Learning Tasks".

²Tchouka, Couchot, and Laiymani 2023, "An Easy-to-Use and Robust Approach for the Differentially Private De-Identification of Clinical Textual Documents".

Surrogate generation strategies: DATES and AGEs



Temporal data surrogate issues

1. Privacy:

- ▶ Very identifying
- ▶ Re-identification risk: the chronology of events

2. Utility:

- ▶ The relevance of events
- ▶ The patient's features

Related Work on Date Substitution: Uniform Shifting of DATES

- ▶ MIMIC3³, I2B2⁴ datasets.

Attack on HNFC-NER-EVAL Dates with Uniform Shifting

- ▶ The interval $I = [I_1, \dots, I_{n-2}]$ is NOT modified and is unique in 98% of this dataset.

³ Johnson, A. E., Pollard, T. J., Shen, L., Lehman, L. W. H., Feng, M., Ghassemi, M., ... & Mark, R. G. (2016). MIMIC3, a freely accessible critical care database. Scientific data, 3(1), 1-9.

⁴ <https://portal.dbmi.hms.harvard.edu/projects/n2c2-nlp/>



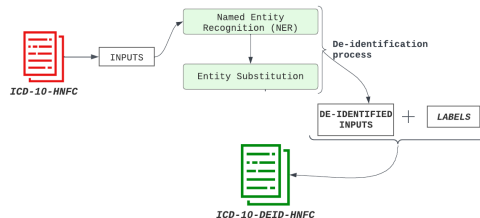
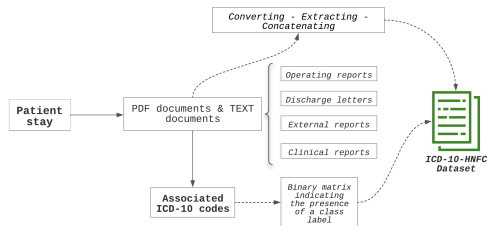
Sanitizing Integrating Metric-Privacy

- ▶ Theory: $\forall x_1, x_2, y, \Pr(\mathcal{M}(x_1) = y) \leq e^{\varepsilon \cdot d(x_1, x_2)} \Pr(\mathcal{M}(x_2) = y)$.
- ▶ Dates: $\mathcal{M}_{date}(x) = x + v$ t.q. $v \sim \text{Lap}(\frac{1}{\varepsilon})$.
 - ▶ Allows to distinguish betw. 08/01/42 and 14/03/18 (birth and death dates of St. Hawking) whereas DP not.
- ▶ Locations: $\Pr(\mathcal{M}_{loc}(x) = o) \propto e^{\varepsilon \cdot d(x, o)}$, s.t. d an epidemiological based distance.
 - ▶ Avoid to sanitize Dijon with Beze too often (in BFC but epidemiologically \neq).



ICD-10 Code Association⁵

Datasets Buildings



⁵Tchouka, Couchot, Laiymani, Selles, et al. 2023, "Automatic ICD-10 Code Association: A Challenging Task on French Clinical Texts".

ICD-10-HNFC dataset : Challenging Metrics

Descriptive statistics of ICD-10-HNFC dataset

	Dataset	Dataset with class reduction
Documents	56014	-
Tokens	41868993	-
Average sequence length	747	-
Total ICD codes	416125	415830
Unique ICD codes	6160	1564
Codes with less than 10 examples	3722	523
Codes with 100 examples or more	641	471

Two issues in ICD-10 codes association

1. Input patient file : usually a long sequence:
 - ▶ Average sequence length (747) > maximum input size for Transformers (512): **scalability issue**
2. Large number of different codes, labels, but sparse
 - ▶ 6160 unique ICD codes, 3722 of whom have only been less than 10 times: **scalability and sparsability issue**

ICD-10 Code Association– Results



State-of-the-Art⁶ Code Association Results

Models	Language	Dataset	Labels	F_1 -score
<i>PLM-ICD⁷</i>	<i>English</i>	<i>MIMIC 2</i>	5,031	0.5
		<i>MIMIC 3</i>	8,922	0.59
<i>Dalloux⁸</i>	<i>French</i>	<i>Personnel</i>	6,116	0.39
			1,549	0.52
PROPOSAL	French	ICD-10-HNFC	6,160	0.47
			1,564	0.55
Dalloux			6,160	0.27
			1,564	0.35

Impact of De-identification on Results

Dataset	Labels	Precision	Recall	F_1 -score
ICD-10-HNFC	6160	0.47	0.46	0.47
ICD-10-DEID-HNFC		0.44	0.43	0.44
ICD-10-TAG-HNFC		0.43	0.41	0.42

⁶Tchouka, Couchot, Laiymani, Selles, et al. 2024, “Differentially private de-identifying textual medical document is compliant with challenging NLP analyses: Example of privacy-preserving ICD-10 code association”.

⁷Huang, Tsai, and Chen 2022, “PLM-ICD: automatic ICD coding with pretrained language models”.

⁸Dalloux et al. 2020, “Supervised Learning for the ICD-10 Coding of French Clinical Narratives”.





- Automatic ICD-10 code classification system in French⁹
- Surrogate generation strategies in de-identification with metric privacy mechanism¹⁰
- Named Entity Recognition system in medical context¹¹
- Automatic ICD-10 code association with CNN¹²

⁹Automatic ICD-10 code classification system in French. <https://github.com/mlfiab/icd10-french>

¹⁰Surrogate Generation in De-identification. <https://github.com/mlfiab/surrogate-deid>

¹¹Named Entity Recognition system in medical context. <https://github.com/mlfiab/ner-french>

¹²Automatic ICD-10 code association with CNN. <https://github.com/mlfiab/cnn-icd10>

