

## ABSTRACT

#### Background

Anecdotally, patients with diabetes commonly decline insulin therapy. However, little data exists on the epidemiology of insulin decline. Information on patients declining insulin is not easily available. Medication decline occurs before any prescription is written and is not reflected in either administrative or structured electronic clinical data, but is primarily recorded in narrative notes.

#### Methods

We designed a natural language processing (NLP) tool for identification of documented insulin decline by patients based on the open-source Canary NLP platform. The NLP tool was validated against 1,501 manually reviewed provider notes. We used the validated NLP tool to analyze the incidence of insulin decline among patients with diabetes with HbA1c  $\geq$  7.0% treated in primary care practices affiliated with an academic medical center between 2000 and 2014 who were offered insulin therapy.

#### Results

The NLP tool achieved sensitivity of 100% and PPV of 95%. We used the NLP tool and identified 3,295 patients with diabetes who were offered insulin therapy. A total of 984 (29.9%) of these patients declined insulin therapy. 374 (11.4%) of them subsequently initiated insulin therapy after a mean of 790 days. Incidence of insulin decline was highest (34.2%) among patients with HbA1c  $\geq$  9.0%.

#### Conclusions

Insulin decline is common among patients with severe hyperglycemia and may lead to significant delays in treatment. NLP technology offers an unprecedented opportunity to shed light on this important clinical phenomenon.

### REFERENCES

- Canary, a user-friendly information extraction tool. Available from: http://canary.bwh.harvard.edu
- Malmasi S, Sandor NL, Hosomura N, Goldberg M, Skentzos S, Turchin A. Canary: An NLP Platform for Clinicians and Researchers. Applied clinical informatics. 2017;8(2):447-53.

**Funding:** This work was supported by Sanofi.

## OBJECTIVES:

- To design and validate a processing (NLP) algorith decline of insulin therapy physician notes
- To determine the incider among patients with diak offered insulin therapy
- We designed an NLP tool for id documented insulin decline by source Canary NLP platform.<sup>1, 2</sup>
- The NLP tool was validated aga reviewed provider notes from record system of a large acade
- We used the validated NLP too of insulin decline among patier HbA1c  $\geq$  7.0% treated in prima with an academic medical cent 2014 who were offered insulin

# significant delays in treatment.

#### STUDYING INSULIN DECLINE IN PATIENTS WITH DIABETES Naoshi Hosomura<sup>1,2</sup>, Shervin Malmasi<sup>1,2</sup>, Dmitriy Timerman<sup>1</sup>, Victor J. Lei<sup>3</sup>, Huabing Zhang<sup>4</sup>, Lee-Shing Chang<sup>1,2</sup>, Alexander Turchin<sup>1,2,5</sup> <sup>1</sup>Brigham & Women's Hospital, <sup>2</sup>Harvard Medical School, <sup>3</sup>Northoeastern University (all in Boston, MA), <sup>4</sup>Peking Union Medical College Hospital, Beijing China,

<sup>5</sup>The Baim Institute for Clinical Research (Boston, MA)

### BACKGROUND

• Anecdotally, patients with diabetes commonly decline insulin therapy. However, little data exists on epidemiology of insulin decline. • Information on patients declining insulin is not easily available. Medication decline occurs before any prescription is given, and is not reflected in administrative or structured electronic clinical data, but is primarily recorded in narrative notes.

METHODS									
natural language Im to identify patients'		Canary A user-friendly Information Extraction Tool							
y from the text of				s Multiple resolvers Structures F	Flags Outp	out criteria Filtering Run			
nce of insulin decline petes who were		Phrase structure Simplest phrase structure capitalized and prefixed	es are chains of word classes. Me with <.	ore complex phrase structures combir Phrase structures (double click to edi		ses and phrase structures define	d at lower tie	ers. Phrase structur	
	,	Add new tier	1	Structure name		components			
entification of			2		>AFRAID >AVOID				
		Move tier up		<di< td=""><td>&gt;DEFER</td><td></td><td></td><td></td></di<>	>DEFER				
patients using the open- 2 ainst 1,501 manually				<di< td=""><td colspan="4">&gt;DECLINEVERB</td></di<>	>DECLINEVERB				
					>HESITAT				
		Move tier down		⊲DI	>OPPOSE				
		Delete tier		<di< td=""><td colspan="4">&gt;REFUSAL</td></di<>	>REFUSAL				
the electronic medical				<di <di< td=""><td colspan="4">&gt;RESIST &gt;RESISTANCE</td></di<></di 	>RESIST >RESISTANCE				
mic medical center.				<di <<="" td=""><td>&gt;RESISTA</td><td></td><td></td><td></td></di>	>RESISTA				
		Import tier		<di< td=""><td colspan="4">&gt;RELUCTANCE</td></di<>	>RELUCTANCE				
I to analyze the incidence				<di< td=""><td>&gt;RELUCTA</td><td></td><td></td><td></td></di<>	>RELUCTA				
nts with diabetes with		Export tier			>RETICEN				
		Export der		<					
ry care practices affiliated								Delete etweet	
er between 2000 and				Add new structure		Edit structure		Delete structu	
therapy.		Project passed preliminary ched	<s.< td=""><td></td><td></td><td></td><td></td><td></td></s.<>						

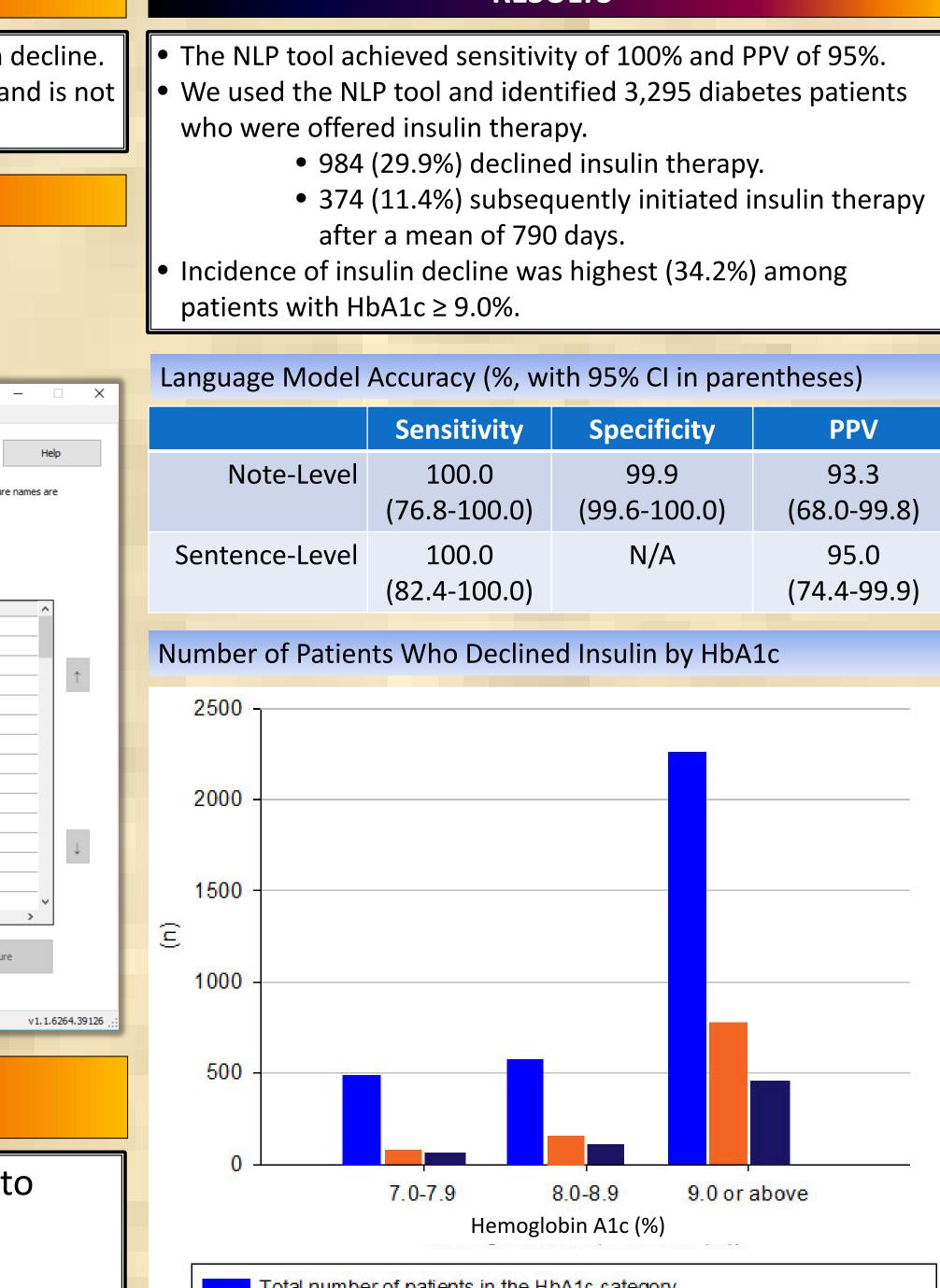
## CONCLUSIONS

Many patients with uncontrolled diabetes initially decline insulin therapy, possibly leading to

Natural language processing of electronic medical record data provides an unprecedented opportunity to study epidemiology, risk factors and outcomes of insulin decline by patients.



## RESULTS



Total number of patients in the HbA1c category Patients who declined insulin (including those who eventually accepted) Patients who declined insulin persistently and never started insulin therapy