

Nemours A.I. duPont Hospital for Children 1600 Rockland Road, Ste 2C Wilmington, DE 19803 P: 3026515901 Nemours.org

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Dr. Francis Collins National Institutes of Health 9000 Rockville Pike



Background

Nemourstrongly encourages Nile center its efforts to reduce disparities through an approach with at begins children and their families you know, e

Beyond merely lackingcast equantities of pediatric EHR data in aggregated or federated research datasets use of multigenerational datasets will require careful stratifications to our common data moto defensure use of measure transition (e.g., time, anthropometric units) that do not implicitly bias results by lacking the necessary granularity for pediatric patients.

Nemoursalready has testilished expertise in AI/ML techniques, managing messed and the time and t and linking geocod Cobo Hata to support research on homethis parities emours is also verain generally twodecades of EHR dataovethreemillion pediatric patients to discover patterns of care tinaple aedto outcomesAI/ML can evate appulation level data to find factors that contributes biomarkers or sociomarkers, as wettretective tools, risk stratificenties and also predictive tools, risk stratificenties and geographictargeting, pproaches, which are critical the nation continues to impore alue ased and populationevel healtbare Nemoursbelieves it is critically important for this Hinitiative to build on and scale effort across the United States to truly impactulation health.

Another area opteatoromise for AI/ML is its application medicine. Our sistion has focused largely on the incorporation of EHR and SDadid identities that illustimate allows to create ever more precisepatienphenotypes This greaterection in characterizing pertimentotypes hould open theor to AI/ML studies ble tountangle the omplex relationshipes ween R P Landhéalth The massive quantit data needed to expeditis genotype henotype om texity demands omputer securces with extremely large emory capacty and massively parallel computational carbanoidityrs support BiamedicaResearchnformatics Center (BRIC) that provides AI/ML and related computationals estimates of efforts luding asic and clinical research, predictive aranytiqsality improvement. Our experiences in developing and maintainin the storage accomputational power for BRIC undefactoring inficant material as well as herstorances needed for AI/ML application healtcare Nemoursctrongly encourageNIH toallocateinstrumentation grant support or AI/ML focused special purpose computer and storage waard and training programs

Finally Nemoursbelieves that providing support for academic programs for academic progra determinants, disparities and related areas, combined with scholarship and internship opportunities within healthcare organizations is a way to promote both greater interest and diversity in the workforce that will use and delop even more advanced AI/ML tools in the future

Conclusion

Nemours is committed et veloping tools like AI/ML that show proving serve patient carelangterm health outcomes

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