

WELCOME TO COVID 19 EARLY WARNING SYSTEM FROM BENCHPEDIA

- COUNTRY TO REGION TO HOSPITAL BREAKDOWN FOR DAILY CASES AND DEATHS

- AI MODELS ARE USING COMMONLY AVAILABLE LABORATORY DATA TO FIND COVID-19 PATIENTS NEEDING MOST ATTENTION

- Predicts admission to general ward, semi-intensive unit or intensive care unit among confirmed COVID-19 cases.

- RESOURCE AND COST OPTIMIZATION FOR PROVIDERS TO HANDLE PATIENTS

- DATA REFRESHES EVERY DAY , AND ALLOWS YOU TO BUILD NEW PREDICTIONS AND USE DIFFERENT VARIABLES TO TAKE BEST MODEL

- CAN BE LINKED TO HOSPITAL / CLINICAL SYSTEMS TO PING PATIENT, DOCTORS, HEALTHCARE PROVIDERS IN REAL TIME USING BENCHPEDIA ECOSYSTEM OF SERVICES.

CUSTOMIZE AND DEVELOP YOUR END TO END EARLY WARNING SYSTEM , CARE MARKERS AND INTEGRATED INTO BENCHPEDIA LLC SERVICES FOR GENERAL AVAILABILITY

GO TO WWW.PINGDOCTORS.COM FOR MORE DETAILS.

COMPLETE MODEL DETAILS AND OUTPUTS ARE OPEN-SOURCED BY BENCHPEDIA LLC

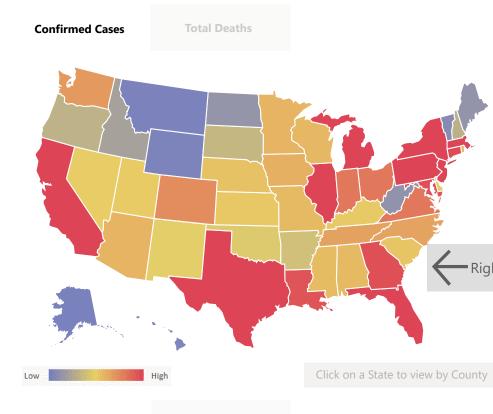
DISCLAIMERS - WE HAVE USED INPUTS FROM MICROSOFT BI FOR COUNTRY AND COUNTY VIEW AND KAGGLE COVID-19 FRAMEWORKS FOR DATA AND MODELS BASELINES

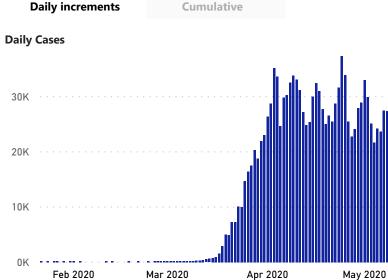
The dataset used here for Demo contains anonymized data from patients seen at the Hospital Israelita Albert Einstein, at São Paulo, Brazil, and who had samples collected to perform the SARS-CoV-2 RT-PCR and additional laboratory tests during a visit to the hospital. All data were anonymized following the best international practices and recommendations. All clinical data were standardized to have a mean of zero and a unit standard deviation. Limitations for the test data set - small number of data samples; imbalanced dataset; and high sparsity in the predictors

CASE BREAKDOWN BY STATE WITH DRILL THRU TO COUNTY LEVEL

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USA	1,321,813	78,723	6.0%
Wyoming	504	7	1.4%
Wisconsin	10,219	400	3.9%
West Virginia	1,362	54	4.0%
Washington	16,891	931	5.5%
Virginia	24,088	711	3.0%
Vermont	927	53	5.7%
Utah	6,254	66	1.1%
Texas	38,869	1,088	2.8%
Tennessee	14,985	243	1.6%
South Dakota	3,517	34	1.0%
South Carolina	7,653	331	4.3%
Rhode Island	11,274	422	3.7%
Pennsylvania	56,611	3,707	6.5%
Oregon	3,228	127	3.9%
Oklahoma	4,589	272	5.9%
Ohio	24,081	1,341	5.6%
North Dakota	1,491	9	0.6%
North Carolina	14,765	547	3.7%
New York	335,464	26,656	7.9%
New Mexico	4,844	198	4.1%
New Jersey	138,532	9,255	6.7%
New Hampshire	3,071	133	4.3%
Nevada	6,135	322	5.2%
Nebraska	8,173	103	1.3%
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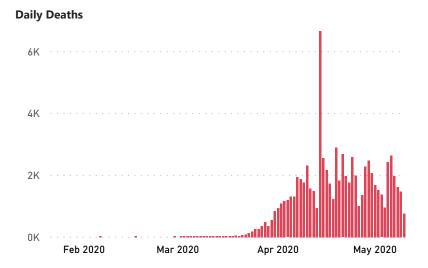
Methodology

This interactive feature aggregates data from the Centers for Disease Control and Prevention (CDC), stateand local-level public health agencies. County-level data is confirmed by referencing state and local agencies directly (<u>link</u>).

Data Source

– Right click to drill thrues, they may not reflect the exact numbers reported by government organizations or the news media. For more information or to download the data, please click the logo below. Data updated through May 10, 2020.

USAFACTS



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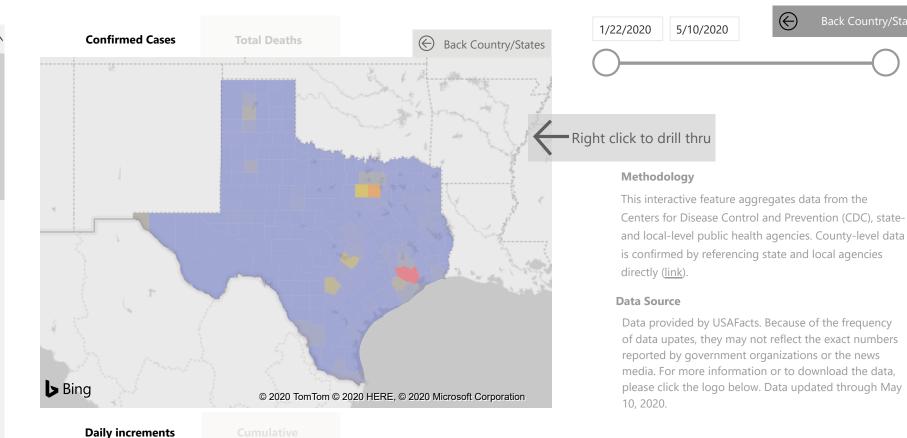
CASE BREAKDOWN BY COUNTY WITH DRILL THRU TO PATIENT LEVEL

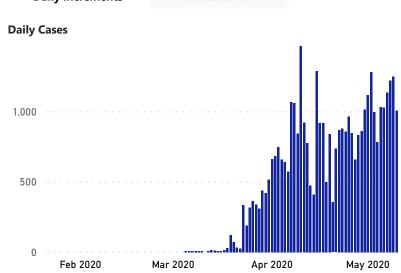
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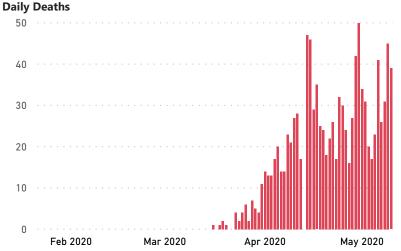
5/10/2020

Anderson County	41	0	0.0%
Andrews County	21	0	0.0%
Angelina County	100	0	0.0%
Aransas County	2	0	0.0%
Archer County	0	0	
Armstrong County	2	0	0.0%
Atascosa County	22	1	4.5%
Austin County	15	0	0.0%
Bailey County	3	0	0.0%
Bandera County	6	0	0.0%
Bastrop County	109	2	1.8%
Baylor County	0	0	
Bee County	6	0	0.0%
Bell County	220	3	1.4%
Bexar County	1,901	56	2.9%
Blanco County	6	0	0.0%
Borden County	0	0	
Bosque County	5	0	0.0%
Bowie County	76	2	2.6%
Brazoria County	656	9	1.4%
Brazos County	265	18	6.8%
Brewster County	1	0	0.0%
Briscoe County	1	0	0.0%
Brooks County	1	0	0.0%
Brown County Total	38 38,869	6 1,088	15.8% 2.8%





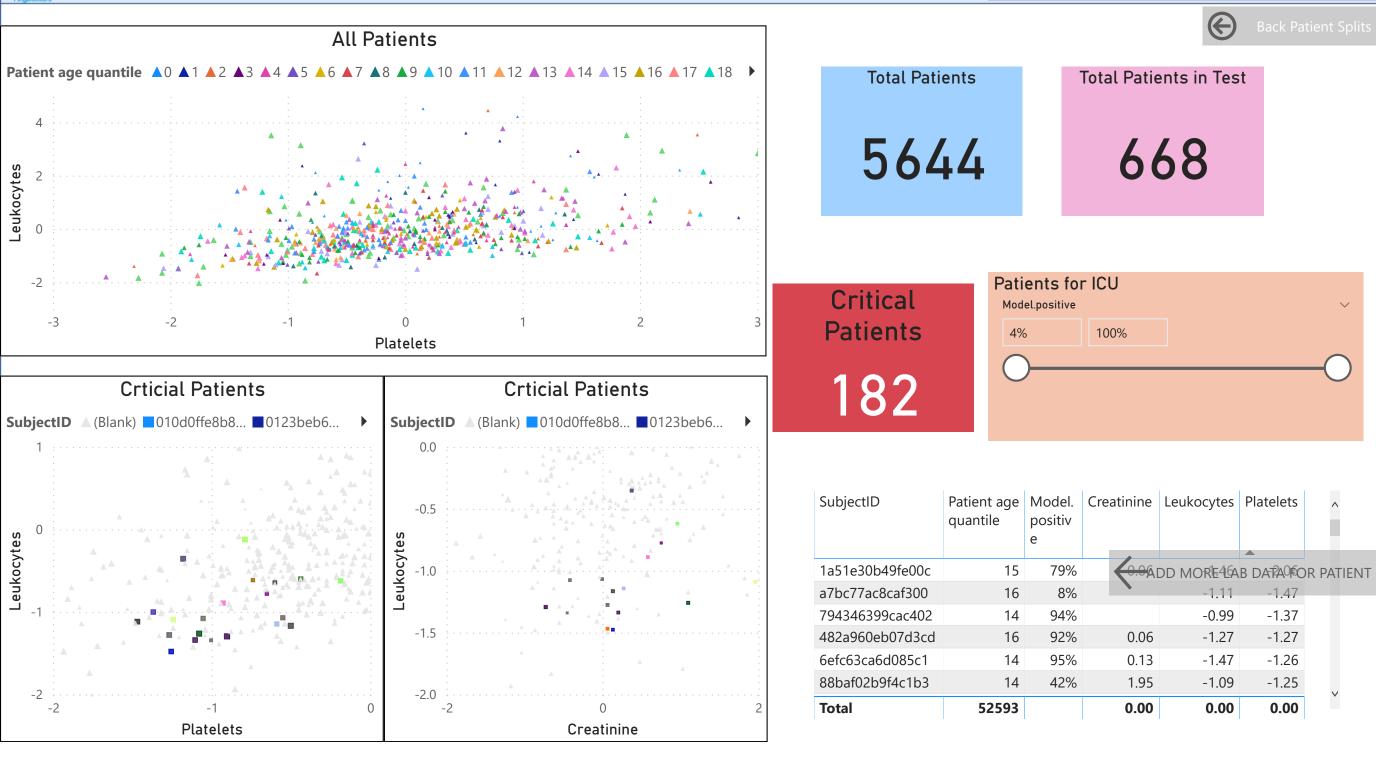




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PingDoctors		COUNTY BREAKDO	Benchpedia – A New Standard Of Patient Care	
Cour	nty	Total Patients in County / State (th	Back Country/States	
Lee C	County, TX		5644	
		Total Patients in Test Model	FULLY LOADED MODEL - NO OPTIMIZATION	
		668	ROC Sens Spec 92% 96% 42%	
		Patient needing attention ASAP - Move to ICUs !!	TRUE POSITIVESubjectIDModel.obsModel.predModel.positive	Model.negative ^
		182	010d0ffe8b83059 positive positive 95% 0123beb6c71cae3 positive positive 95%	
			FALSE POSITIVE	
		False Positive - High potential	SubjectID Model.obs Model.pred Model.positive	Model.negative ^
		278	0057f527d9e0d1fnegativepositive0.04039227fa5739595negativepositive0.14	
			FALSE NEGATIVE	
		False Negative - General Ward	SubjectID Model.obs Model.pred Model.positive	Model.negative
		6	03b1a146884942apositivenegative0.0117319c86ff7db04positivenegative0.00	rught chek to unit thu
			TRUE NEGATIVE	
		True Negative - Can go home!!	SubjectID Model.obs Model.pred Model.positive	
		202	02a6e340419afaa negative negative 0.00	1.00 Right click to drill thru
		202	02ff56fe934f3b0 negative negative 0.00	1.00

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PATIENT SPLITS - WHEN YOU HAVE NO LIMITS ON RESOURCES

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Maximum Resources

ICU bound Patients !!

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TRUE POSITIVE

SubjectID	Model.obs	Model.pred	Model.positive	Model.negative
010d0ffe8b83059	positive	positive	95%	0.05
0123beb6c71cae3	positive	positive	95%	0.05
01596f72ec049fa	positive	positive	95%	0.05
0161b6af50624fd	positive	positive	86%	0.14
02a743f3bb71d35	positive	positive	17%	0.83
0461443399b27d5	positive	positive	95%	0.05
057e8ce3c6f2f31	positive	positive	95%	0.05
05f0703db4a9723	positive	positive	95%	0.05
07b49072f096ad7	positive	positive	95%	0.05
07edb2faf4d7d4b	positive	positive	90%	0.10
004-40647024162		aral Mard	Dationto II	0.04

General Ward Patients !!

33

FALSE NEGATIVE

SubjectID	Model.obs	Model.pred	Model.positive	Model.negative
03b1a146884942a	positive	negative	0.01	0.99
17319c86ff7db04	positive	negative	0.00	1.00
4382f5ea05e60c4	positive	negative	0.02	0.98
6c66c5e197e6b13	positive	negative	0.00	1.00
b388e20effbbf0b	positive	negative	0.00	1.00
c3c08e6b5fb20d7	positive	negative	0.00	1.00

FALSE POSITIVE

SubjectID	Model.obs	Model.pred	Model.positive	Model.negative				
0057f527d9e0d1f	negative	positive	0.04	0.96				
039227fa5739595	negative	positive	0.14	0.86				
05448eec447b12e	negative	positive	0.08	0.92				
062808aacc476ba	negative	positive	0.04	0.96				
06b933398e6e9e6	negative	positive	0.07	0.93				
0835169097d077d	negative	positive	0.14	0.86				
0879012c5f10c0e	negative	positive	0.03	0.97				
08e04abcd2027c8	negative	positive	0.04	0.96				
0b1eca05ec635a2	negative	positive	0.14	0.86				
0b3f4b44ffdc600	negative	positive	0.07	0.93				
065571124551260	no nativo		0.05	0.05				
Can go Home !!								

Patients to watch !!

278

461

TRUE NEGATIVE

SubjectID	Model.obs	Model.pred	Model.positive	Model.negative
02a6e340419afaa	negative	negative	0.00	1.00
02ff56fe934f3b0	negative	negative	0.00	1.00
03fd6282deaf293	negative	negative	0.02	0.98
04235e8a80d92ed	negative	negative	0.00	1.00
04ffc6b0eeddb93	negative	negative	0.00	1.00
06f185cb0ce00d0	negative	negative	0.00	1.00

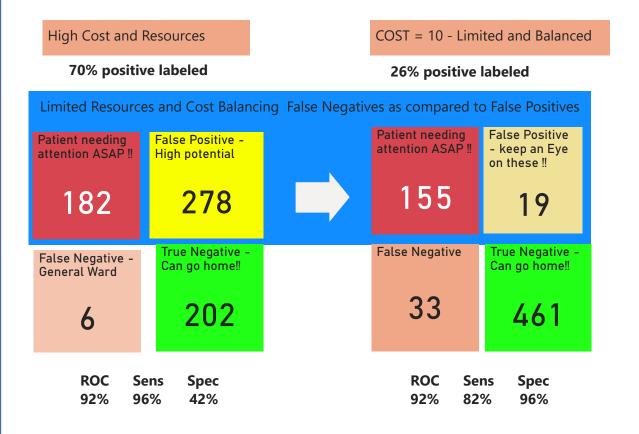
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Parameterized model with a cost function that allows doctors to over- or under-weight false negative classification as compared with a false positive classification depending on a target policy as well as input prevalence as input parameter.

TRUE POSITIVE

Scenario - Limited resources, different policies with a COST of 10

COST can range from 1 (min resources) to 200 (max resource availability) for all 182 True Positive patients in best case scenario



Model.obs	Model.pred	Model.positive	Model.negative
positive	positive	0.95	0.05
positive	positive	0.95	0.05
positive	positive	0.95	0.05
positive	positive	0.86	0.14
positive	positive	0.95	0.05
positive	positive	0.95	0.05
positive	positive	0.95	0.05
	positive positive positive positive positive positive	positivepositivepositivepositivepositivepositivepositivepositivepositivepositivepositivepositivepositivepositive	positivepositive0.95positivepositive0.95positivepositive0.95positivepositive0.86positivepositive0.95positivepositive0.95

Different countries and regions can have different prevalence,

while different hospitals might have different policies to define the cost parameter. objective function is - max(sensitivity+r*specificity) where

r=1-prevalence/cost*prevalence and r is the relative cost of a false negative classification (as compared with a false positive classification).

Resource Optimizer IDEAL BALANCED SCENARIOS - APPROACH FOR COST AND CARE RESOURCE MANAGEMENT Benchpedia - A New Standard Of Patient Care

ICU Bound Patients

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SubjectID	Model.obs	Model.pred	Model.positive	Model.negative
010d0ffe8b83059	positive	positive	0.95	0.05
0123beb6c71cae3	positive	positive	0.95	0.05
01596f72ec049fa	positive	positive	0.95	0.05
0161b6af50624fd	positive	positive	0.86	0.14
0461443399b27d5	positive	positive	0.95	0.05
057e8ce3c6f2f31	positive	positive	0.95	0.05
05f0703db4a9723	positive	positive	0.95	0.05
07b49072f096ad7	positive	positive	0.95	0.05
07edb2faf4d7d4b	positive	positive	0.90	0.10
094ad06472341b2	positive	positive	0.96	0.04

General Ward Patients

33

FALSE NEGATIVE

TRUE POSITIVE

SubjectID	Model.obs	Model.pred	Model.positive	Model.negative
02a743f3bb71d35	positive	negative	0.17	0.83
03b1a146884942a	positive	negative	0.01	0.99
14acdd505a4d3e4	positive	negative	0.07	0.93
17319c86ff7db04	positive	negative	0.00	1.00
2081f4ac7e7ee9b	positive	negative	0.25	0.75
35c9659c7a3be84	positive	negative	0.08	0.92

FALSE POSITIVE

SubjectID	Model.obs	Model.pred	Model.positive	Model.negative			
0c6359f77661e20	negative	positive	0.67	0.33			
15c78aa6cb0c7e4	negative	positive	0.37	0.63			
1f9ef4c4c5cc30f	negative	positive	1.00	0.00			
2f901095f53518e	negative	positive	0.97	0.03			
3c78fb09a857ddc	negative	positive	0.99	0.01			
49b52b44625292a	negative	positive	0.61	0.39			
5624291313277ad	negative	positive	0.82	0.18			
5c56087861a9b73	negative	positive	0.50	0.50			
68935693477d7fe	negative	positive	0.98	0.02			
78e377b1635f8de	negative	positive	0.71	0.29			
Can Go Home !!							

461

Patients to Watch !!

9

TRUE NEGATIVE

SubjectID	Model.obs	Model.pred	Model.positive	Model.negative
0057f527d9e0d1f	negative	negative	0.04	0.96
02a6e340419afaa	negative	negative	0.00	1.00
02ff56fe934f3b0	negative	negative	0.00	1.00
039227fa5739595	negative	negative	0.14	0.86
03fd6282deaf293	negative	negative	0.02	0.98
04235e8a80d92ed	negative	negative	0.00	1.00
01ffc6b0ccddb02	nocativa	nagativa	0 00	1 00

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COST = 10

26% positive labeled



Patient ID	SARS-Cov-2 exam result	Patient age quantile	Platelets	Leukocytes	Adenovirus	Albumin	Alanine transaminase	Alkaline phosphatase	Arteiral Fio2	Arteri
d9c2385bfe97417	negative	19	9.53	1.65	not_detected		-0.50	0.14		
f8484cba3fae34f	negative	0	3.38	2.81	not_detected		-0.39	2.18		
f1cef41f035ade9	negative	0	3.28	2.87					2.110163927	-1.09
57c883b4579eea9	negative	0	3.04	1.76	not_detected		0.10			
a027e45b25b31f2	negative	19	3.00	2.85	not_detected					
9724cde45cc9fa4	negative	1	2.84	0.43		0.211694866	0.63	2.22		
2c97006c5a4e6ae	negative	3	2.60	1.78	not_detected					
d88bc973d6012be	negative	18	2.54	2.16	not_detected					
b26b04c1e6de8e7	negative	10	2.51	0.56	not_detected					
4ebd8587504c1e3	negative	2	2.48	3.55	not_detected					
9488e19a8c49e4a	negative	12	2.42	0.67						
ab53eb2988092a0	negative	13	2.41	0.21						
c88564b2564a8c1	negative	0	2.33	2.22	not_detected		-0.56	2.33		
b64bc1acd95fd62	negative	19	2.18	2.95	not_detected		-0.28	-0.17		
Total		52593	0.00	0.00			0.00	0.00		~
<										>

Go back to Critical patients

The dataset contains 109 variables (predictors), a Patient ID and one target outcome variable, which indicates whether the patient tested positive/negative for SARS-Cov-2. There are 5644 samples available with 558 positive cases, which constitutes 10% of the dataset.

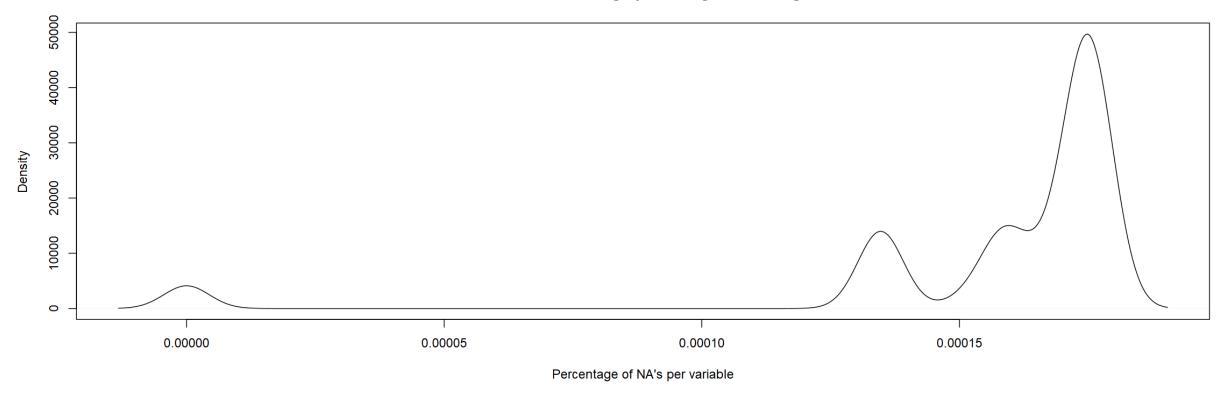
Patient ID

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33bbe2fb8df7a5b

Data Missing % of NA

Most variables have a high percentage of missing values



MOST VARIABLES HAVE NO DATA - we remove variables that have too many missing data points (> = 95%). We also remove samples that are too sparse in laboratory data, we choose to keep negative samples that have at least 10 variables with data points available. This is performed to avoid an overfit scenario where a few samples (sparse but positive) may have an undue influence on the predictive model.

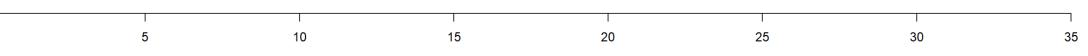
Top 10 variables

Influenza.B

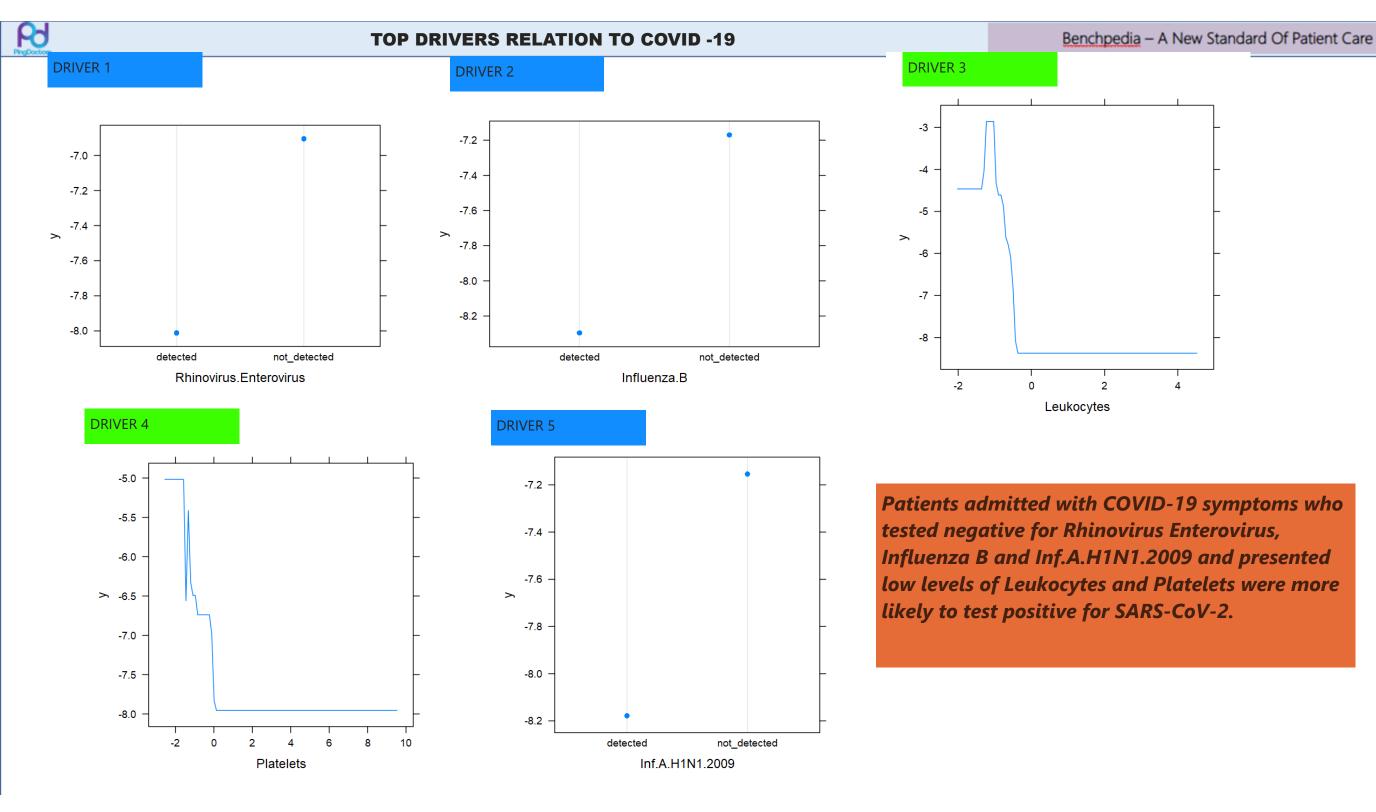
Patient.age.quantile Eosinophils Platelets

We evaluate model interpretability by looking at the relative importance of the variables as well as their conditional dependency probability relative to the outcome variable. Model explanations are important because they can be used to improve medical decision-making and guide policy-making initiatives.

The top 10 most important variables returned by the model are given below. The importance measures are normalized and they are based on the number of times a variable is selected for tree splitting, weighted by the improvement to the model as a result of each split, and averaged over all trees.



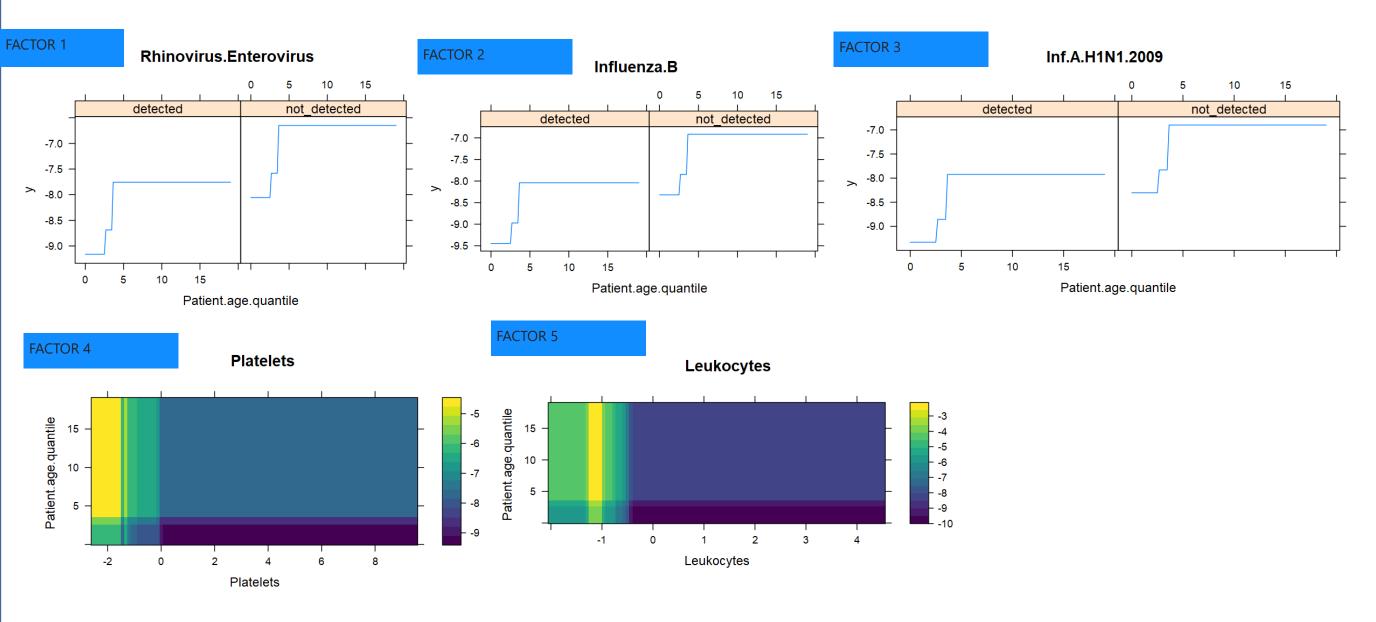


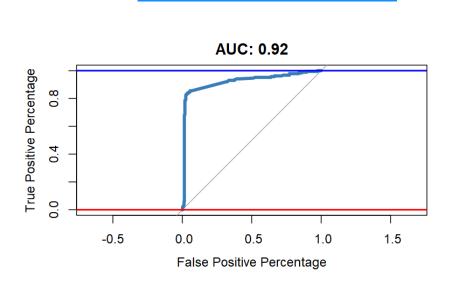




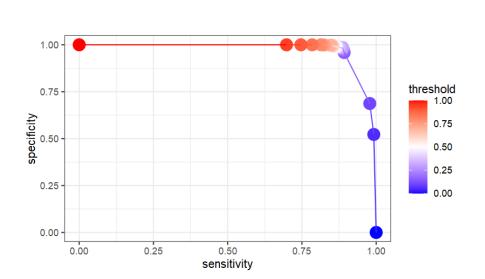
AFFECT OF AGE ON COVID-19

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ROC for 688 Test patients



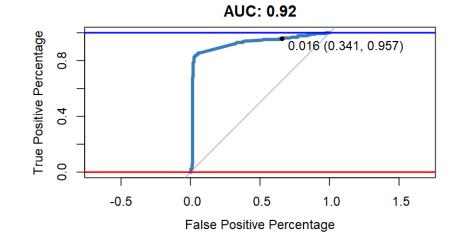
Test Threshold setting for optimal sensitivity

Ideal model is one that is well-balanced, i.e., one that has high sensitivity but it does not over-assign patients with positive labels

RESOURCE AVAILABILITY AND IMPACTS FOR COST EFFECTIVENESS

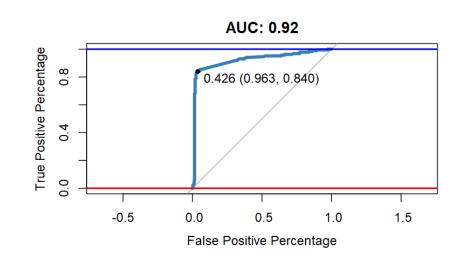
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High Availability of Resources



Specificity levels above 98% can be achieved if the hospital were willing to consider a test that selects as many as 75% of the patients as likely to test positive

BALANCED SCENARIO



Ideal model is one that is well-balanced, i.e., one that has high sensitivity but it does not over-assign patients with positive labels

