Our mission is clear

We enable and support the accurate capture and preservation of clinical intent for clinical documentation, decision support, reimbursement, reporting, data analysis, research, and health education.

We actively participate in the advancement and adoption of healthcare standards supporting health information integrity and semantic interoperability. We foster a company culture of quality, innovation, creativity, and fun where employees can develop their talents and passions.
Our vision is simple

We want to profoundly improve the quality and flow of health information, so that our healthcare technology improves global health. We want to provide products, services, and tools that are high-quality, dependable, and easy to implement. Most of all, we want to be a company that people like and trust.
IMO is Clinical Interface Terminology

Bridging the gap between clinical language and complex coding systems

IMO clinical curated content is used across many healthcare industries. IMO terminology is mapped to standard healthcare code sets.

- IMO terminology aids regulatory reporting compliance.
- Using IMO terminology can help ensure maximum reimbursement.
- Using IMO can increase efficiency by reducing the workflow process.
IMO is Clinical Interface Terminology

Bridging the gap between clinical language and complex coding systems

IMO makes sense out of complicated clinical information.

- IMO terminology simplifies patient documentation.
- IMO facilitates the capture of clinical information.
- IMO is the most widely used clinical terminology.
- 450,000 physicians use IMO worldwide.
IMO is Clinical Interface Terminology

*Bridge the gap between clinical language and complex coding systems*

IMO preserves clinical intent

- IMO provides services for the capture and management of clinical information.
- IMO structures data without losing fidelity.
- IMO content integrates with a variety of platforms and EHR workflows.
Clinical Interface Terminology

IMO Clinician-Friendly Terms Synonymous

- Elevated alanine aminotransferase (ALT) level
- ALT (SGPT) level raised
- Elevated ALT measurement
- Elevated serum glutamic pyruvic transaminase (SGPT) level
- Elevated SGPT
- Serum glutamic pyruvic transaminase (SGPT) level raised
- Abnormal liver function test, ALT (SGPT)
- Abnormal SGPT
...and many others

Each of these descriptions carries its own unique IMO Lexical ID

Standard Healthcare Code Set Mappings

- SNOMED CT
  409673008
- ICD-10-CM
  R74.0
- ICD-9-CM
  790.4

...and MORE
Capturing Clinical Intent with all Relevant Code Maps

• IMO Solution
  – Quickly and easily capture complete clinical intent

  Clinician Selects
  IMO Lexical includes mapping to all three SNOMED CT codes

  “carcinoma of breast, stage 1, estrogen receptor positive”
  IMO Lexical ID: 3539276

  SNOMED CT 254838004 Carcinoma of breast (disorder)- preferred primary
  SNOMED CT 13104003 Clinical stage I (finding)- non-preferred primary
  SNOMED CT 416053008 Estrogen receptor positive tumor (disorder)- non-preferred primary

• Without IMO – using SNOMED as a clinical terminology
  – Clinician needs to select the three SNOMED terms and
  – It is more difficult to maintain association of all codes to single clinical term

  SNOMED CT 254838004 Carcinoma of breast (disorder)- preferred primary
  AND
  SNOMED CT 13104003 Clinical stage I (finding)- non-preferred primary
  AND
  SNOMED CT 416053008 Estrogen receptor positive tumor (disorder)- non-preferred primary
IMO’s Clinical Interface Terminology Integrated with Natural Language Processing

- Electronic Health Records systems driving the creation and retention of massive amounts of clinical documentation capturing the details of patient encounters

- IMO is concentrating on Natural Language Processing (NLP) of clinical documentation, transforming free-text, unstructured data into structured data that is “actionable” and “analyzable”

- IMO’s Clinical Interface Terminology is integrated with NLP technologies. IMO has partnered with multiple commercial NLP companies.
IMO’s Clinical Interface Terminology Integrated with Natural Language Processing

NLP integration model 1:

• NLP extraction of medical terms from clinical documentation with medical ontologies driving the matching algorithms (example: SNOMED based ontology)

• The extracted medical terms are then matched to IMO terms, the lexical description and ID, and providing administrative code mappings

NLP integration model 2:

• NLP extraction of medical terms from clinical documentation with IMO’s Interface Terminology driving the matching algorithms.

• Extracted medical terms automatically have the IMO lexical description and ID with standard healthcare code set mappings
IMO's Clinical Interface Terminology Integrated with Natural Language Processing

Integration Model 2 is preferred

- Leverages IMO's expansive and industry leading medical terminology
- Clinical intent and specificity is preserved
- Maintains all associated code mappings

IMO Solution
- Quickly and easily capture complete clinical intent
  - Clinician Selects
  - IMO Lexical includes mapping to all three SNOMED CT codes

Without IMO – using SNOMED as a clinical terminology
- Clinician needs to select the three SNOMED terms and
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NLP Solutions – Structured, Actionable Data Improved Patient Documentation and Care

 IMO NLP Web Demo

NOTE INPUT

LOAD PATIENT | SAVE | CLOSE | LOAD CDA FILE

Original Note | Processed Note | Output Note

The patient moved right over to the hospital as he seemed to possible. He was weak and confused and vital were not stable. While in the hospital he was found to have elevated liver function tests (liver function tests) related to his hematochromatosis and (liver disease). He had some bronchitis of the right upper lobe and a chronic complex on his chest x-ray and CAT scan and an underlying that is resolved and diabetes which is poorly controlled while he was sick. The patient said before he got sick he was getting his blood sugars down in the low 100s by adding some Novolin N 70/30 units at night to his oral diabetes meds. In the hospital the patient was treated initially with


EXAMINATION

The patient is much more alert. Vital signs are stable. Lungs are clear. He has some bronchitis with coughing. There is no CVA tenderness. Abdomen is soft and nontender.

ASSESSMENT

1. Urinary tract infection with recent hospitalization.
2. Hematochromatosis. The patient has not been very compliant with getting regular chelations but plans to do so.
3. Diabetes mellitus. This has been out of control since he has been sick. He does agree to continue with Novolin and maybe switch to a diabietics and sent home on Cipro. Unfortunately he still has this prescription and has not taken any of that in the last three days. He also has prior history of multiple admissions for CHF. His last EF measured 4 months ago was 40%.

4. COPD (COPD). The patient is working on smoking cessation.
5. CHF

PLAN

The patient is given a new script for Novolin N 10 units at night. He will continue on his 

I spent 25 minutes with the patient. Over 50% of this time was counseling and coordinating care.
NLP Solutions – Structured, Analyzable Data for Analytics
NLP Challenges at IMO