

# PHM Applications in Emergency and Aerospace Medicine

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# How can PHM concepts and methods be applied to the human system?

## **Aerospace Medicine**

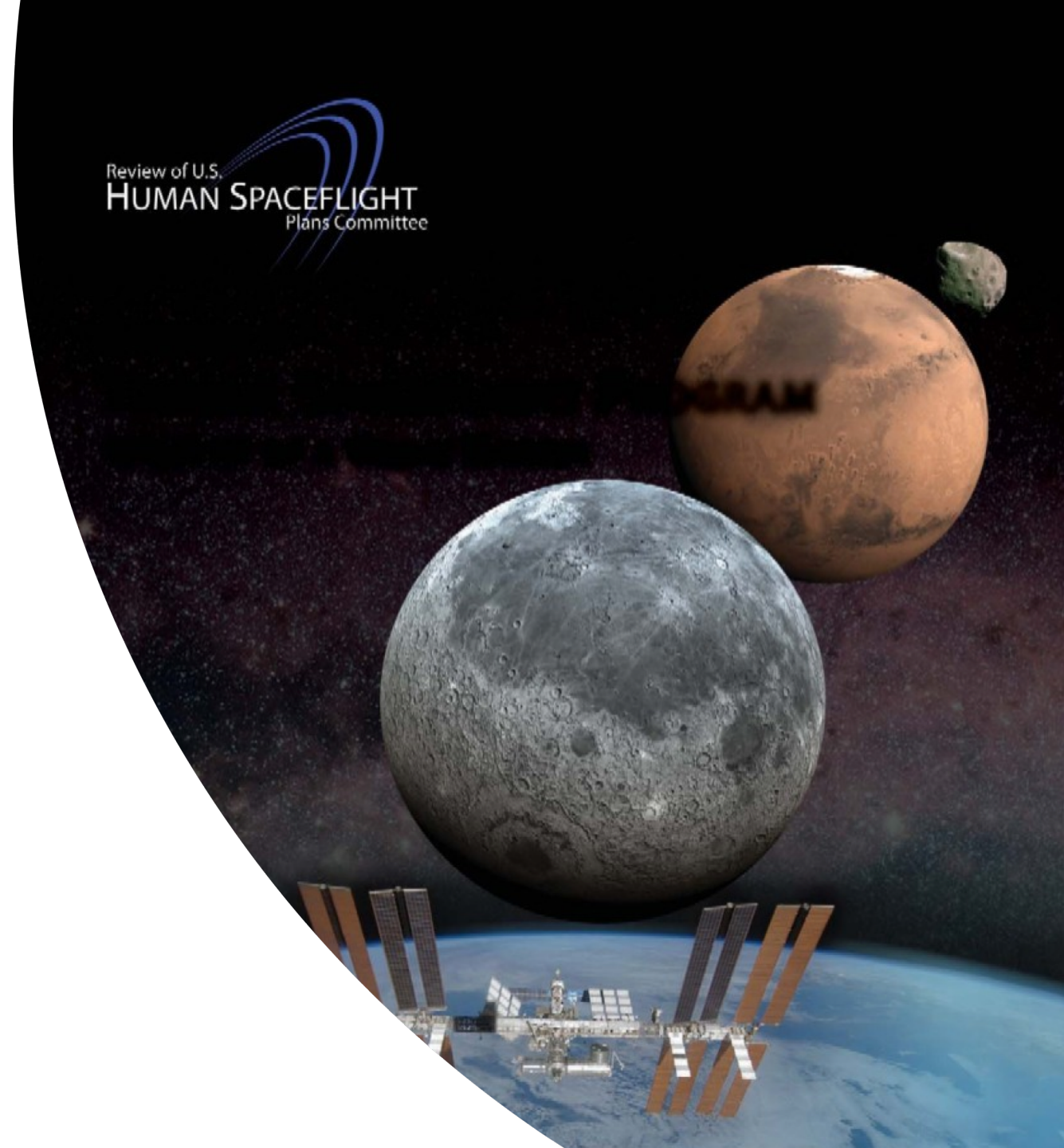
- Identified Risks
- PHM value add
- Larger Context
  - Medical Data Architecture
  - Medical Systems Engineering
  - Vehicle and Mission Integration
- Limitations and Challenges
  - Data
  - Program Expectation and System Integration
  - Lack of Evidence Base

## **Emergency Medicine**

- Current landscape
- PHM value add
- Larger Context
  - Medical Data Formats
  - System Engineering
  - System Integration
- Limitations and Challenges
  - Data
  - Healthcare System Expectation and Integration
  - Lack of Evidence Base

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# PHM Applications in Aerospace Medicine



# Major Organ Systems Affected by Spaceflight

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Bone

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Muscle

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Vision

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Heart and Blood Vessels

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Immune

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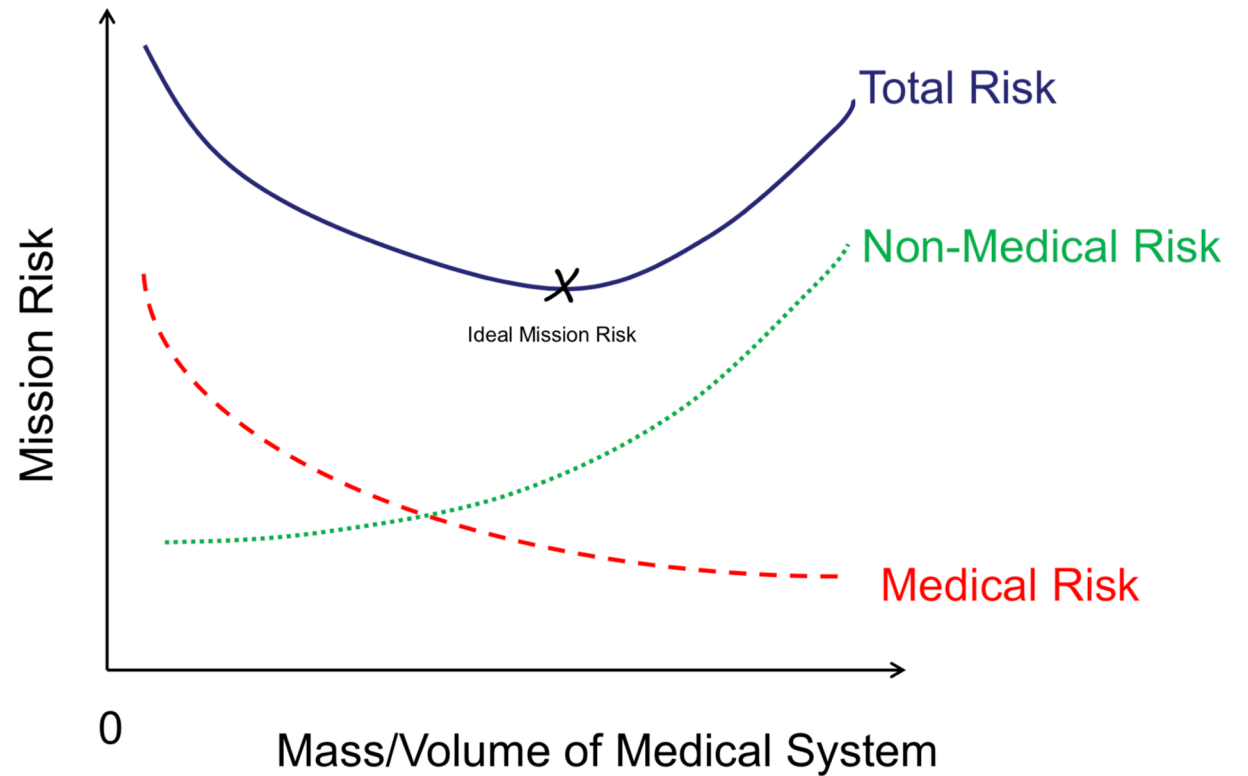
Brain

# Crew Health and Performance System

- Environmental Hazard Protection
  - Radiation
  - Noise
  - Vibration
  - Gases..
- Keep Healthy Crew Well
  - Exercise
  - Food
  - Behavioral Health
- Acute Care
- Longitudinal Health Maintenance
  - Data System
    - Data Capture
    - Training
  - Device Lifecycle
  - Consumable Supplies
    - Medications
  - Crew Activities
    - Procedures
    - Training
    - User interfaces

## Integration into Entire System

Making the medical risk outputs integrate with existing engineering models of risk so the models can interact with each other.



# Changing Paradigms

- Preventative -> Reactive -> Predictive
- Improving the ability to predict rather than react can mean the difference between mission success and mission failure

# Limitations and Challenges

- Medical Data formats
- Expectations when dealing with Engineer/MD teams
- What data are the models based off of?



# PHM Applications in Emergency Medicine

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# Current Uses of Modeling

## Diseases

- Sepsis
- Simple decision rules

## Flow

- Rules of Thumb
- Quality Improvement

# PHM Applications in Emergency Medicine

- Current context
  - Diagnostic accuracy is not a useful metric
  - Data sources are not ideal
  - Databases are not standardized
  - Data formats/timepoints are irregular
  - Data points are not replicated
  - MDCalc.com

# Changing Paradigms

- Preventative -> Reactive -> Predictive
- Improving the ability to predict rather than react can mean the difference between living and dying
- Outcomes: acuity of illness, amount of resources needed
  - Diagnosis if I can get it, but less important than the rest

# Changing Paradigms

- Preventative -> Reactive -> Predictive
- Improving the ability to predict rather than react can mean the difference between living or dying, high or low cost, and minor or invasive interventions.
- Outcomes: acuity of illness, amount of resources needed
  - Diagnosis if I can get it, but less important than the rest

# Limitations and Challenges

- Medical Data formats
- Expectations when dealing with patients and multiple specialties?
- What data are the models based off of?

# Questions and a Plea

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Bring me your mature models