Combining voice recognition and automatic indexing of medical reports

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Abstract. Medical records have been evolving from the traditional paper-based to digital , and from the dictating of reports to voice recognition systems. The transition to digital operations will not be complete until we have the ability to combine voice recognition with automated indexing of text. This paper introduces the methods we used to evaluate the combination of existing voice recognition software programs and NOMINDEX, a system that maps a medical text to MeSH codes using the French ADM lexical database. These systems were applied to 28 patient discharge summaries in French, produced after a coronarography, and extracted from the MENELAS corpus of text. Using the best configuration for voice recognition the rate of accurate recognition exceeds 98 percent. Among the indexing concepts assigned by NOMINDEX, 25 percent were not pertinent and 12 percent of the relevant concepts were missing. Most errors were related to confusion between common language and medical language, and to the coverage of the ADM lexical database. Best results would be expected with a more comprehensive lexical resource. In addition only 3 percent of the errors generated by inadequate voice recognition impacted on automatic indexing by NOMINDEX.

1. Introduction

Several studies have evaluated speech recognition software as an alternative to medical transcription. Accuracy rates as high as 98 percent have been reported [1]. Computer voice recognition has a shorter turnaround time [2] and is less expensive than traditional transcription [3].

The transition to digital operations will not be complete until we have the ability to combine voice recognition with automated indexing of text. In several projects methods are developed, whereby automated indexing methods substitute for manual indexing practices e.g. [4], [5], [6].

Our objective was to combine voice recognition and automated indexing of medical reports. This study was conducted to evaluate the performance of such a system. We used commercially available voice recognition software packages and NOMINDEX, a program that we developed and that identifies concepts in medical texts and creates a list of MeSH indexing terms.

2. Material & methods

Corpus of text

A set of 28 hospital medical summaries produced after a coronarography constitute the corpus of text used for testing voice recognition and indexation. They were extracted from the corpus of hospital summaries in French established in the frame of the European project MENELAS [7]. The 28 text were analysed by two physicians separately to determine whether each word belongs to the common vocabulary or to the medical vocabulary. The characteristics of the text are given in Table 1.

Table 1: Characteristics of the texts

	Words	Words of general French vocabulary	Words of medical vocabulary	Marks of punctuation	Numbers
Average/ text	140.2	119.7	20.3	25	3.8
Standard deviation/text	44.4	38.3	7.1	9.3	2.1
Total of 28 texts	3925	3354	571	734	108

Tools

Voice recognition

The two voice recognition software packages tested were:

- Naturally Speaking® 5 professional version (Lernhout and Hauspie™) in standard configuration and with the medical dictionary specialised in Cardiology
- IBM®Via Voice 8 Professional version in standard configuration and with the medical dictionary specialised in Cardiology.

A procedure of digital recording on CD-ROM of the various text was used in order to standardise their dictation during the various phases of the experiment. Recordings are then related to the computer via a CD-ROM drive using the audio input, a single operator recorded all the texts. The phases of initialisation recommended by the editors of the two software packages were executed from specific digital recordings. All the treatments were realised on a Pentium® III desktop computer (1.4 Ghz with 512 Mb RAM running on Microsoft® Windows® 2000).

Automatic indexing.

The NOMINDEX program has been developed in order to index all kinds of medical text [8] . It extracts MeSH®concepts from text in natural language. NOMINDEX has been written in Perl, using a relational database (Oracle®) and the user interface runs under an Apache web server on a Sun® Unix® system (Solaris™).

NOMINDEX uses the French ADM lexical database [9]. The ADM lexical database contains about 50000 words related to diseases, signs and symptoms, occupation and other items that are necessary to describe medical conditions. The originality of this lexicon is that it includes multiword units, including compound words (e.g. "yellow fever") but also associated words (e.g. "head pain") which are recognised in sentences like "my patient has a head pain" or "a big pain in my head". It groups the words into sets (one set contains the flexional words, the synonyms and some derivations). For example, the words "headache", "headaches", "head pain", "cephalgia" belong to the same set.

The MeSH thesaurus is extracted from the UMLS® Metathesaurus, more precisely, we focus on the French translation of the MeSH terms [10]. Each MeSH term is indexed by the words it contains. In addition, we use the taxonomy of concepts from the UMLS [11] (i.e. the "is-a" semantic relation between concepts).

The initial step of indexing consists of segmenting the text into sentences. For each sentence we first extract words, then, for each MeSH term we test whether all the words it contains are present in the sentence or not. Knowing the terms we then extract the concepts. An additional process generates the hypernyms of the produced concepts (looking at the UMLS taxonomy). The concepts that are found in a sentence are weighted, using the TFIDF formula [12], which allows placing of a higher score on concepts that are more specific.

Methodology

Voice recognition

The objective was to measure the relative performance of voice recognition packages according to their ability to recognise words. Two treatments were set up and will be called later on as follows:
- " at blank ": during this cycle, none of the correction proposed by tools was recorded.
- " with learning ": during this cycle, a set of 6 randomly selected text of the corpus are given to the tools for recognition and the corrections are recorded before the test is performed on the 22 other text.

For each tool, the two cycles were executed first using the standard configuration and then using the available medical vocabularies.

The errors of recognition are pointed out as soon as a difference exists between a word of the reference text and what was recognised and suggested by the tested tool. Voice scoring categories, adapted from [13] were:

- Recognition of general French vocabulary
- Recognition of medical vocabulary
- Recognition of numbers
- Recognition of punctuation marks

Concerning the numbers, it was admitted that a non-ambiguous restitution of numbers expressed numerically did not constitute an error (e.g. twenty instead of 20). Also, for the composed words it was decided to consider as acceptable the spellings with or without hyphens.

Automatic indexing

For each document, a set of keywords was manually extracted. Only basic keywords were extracted, i.e. no inference based on is-a relationships was performed. Similarly, concepts that were inferred using the UMLS taxonomy but were not present in the document as such were not taken into account. For example, "Cardiovascular Disease" can be inferred from "Angina Pectoris", while not present in the text. In this case the concept "Cardiovascular Disease" although suggested by NOMINDEX was ignored.

The evaluation of NOMINDEX consisted of a comparison between the set of concepts extracted by NOMINDEX and the set of keywords manually extracted. Noise was calculated using the following specific criterion: when a concept C exists in the document D then even if C is present in a negative form C is pertinent. For example, from "without evolution towards necrosis" the extraction of "Necrosis" was considered correct.

3. Results

Voice recognition

Results present a percentage of errors in recognition related to the number of items of each scoring category. We only present the data concerning cycles with the medical dictionaries. Overall results of Via Voice, "at blank" and "with learning", were significantly better than those of Naturally Speaking.

Table 2: Rates of errors of the different scoring categories

Scoring category	"At blank"			"With learning"		
	Via Voice	Naturally Speaking	P	Via Voice	Naturally Speaking	p
medical vocabulary	3.68 %	8.23 %	0.001*	2.16 %	4.31 %	0.063
general French vocabulary	1.13 %	3.59 %	< 0.001*	1.22 %	2.67 %	< 0.001*
numbers	2.31 %	6.02 %	0.173	1.19 %	7.14 %	0.122
punctuation	0.43 %	0.36 %	0.682	0 %	0.54 %	0.247
Total rate of errors	**1.36 %**	**3.73 %**	**< 0.001***	**1.16 %**	**2.66 %**	**< 0.001***

As our aim is to experiment with a combination of automatic indexation and voice recognition we decided to focus on the indexation of the results of Via Voice as it has the best recognition rate.

Automatic indexing

Indexing the twenty-two coronarography PDS produced by Via Voice "with learning" voice recognition, using NOMINDEX resulted in 560 indexing concepts. The average number of indexing concepts per PDS is 25 (minimum: 10, maximum: 55).

Noise

Among the 560 indexing concepts, 140 (25%) were not pertinent.
Several mechanisms were involved, including:
- Polysemy, e.g. from "récidive angineuse", the concept Amygdalitis was extracted, since the French word "angineuse" can refer either to amydalitis or to angina pectoris, which share the notion of constriction.
- Inappropriate semantic field, e.g. from "sixth month", a concept related to paediatrics was suggested by NOMINDEX. Similarly approximate semantic interpretation may occur, e.g. from "bypass with mammary artery", the concept "nipple" was extracted.
- Since the French translation of MeSH terms results in terms in capital letters, accentuated characters cannot be taken into account. As a result, the French word "serré" (tighten) ends up indexed as "hoof and claw" (C0019909), which corresponds to "SERRE" (claw).

Silence

50 concepts that were manually extracted from the PDS were not found among the concepts extracted by NOMINDEX. Those missing terms mostly correspond to:
- abbreviations, such as IDM which stands for myocardial infarction in French,
- procedures, (e.g. lobectomy, bypass) which are out of the scope of the French ADM lexicon
- brand names for drugs, which are unknown
- specific anatomical terms, such as different coronary arteries.

4. Discussion

Besides the classical problems of "word sense disambiguation" (i.e. a same written word belongs to different semantic fields) inherent to text indexing, the process of combining voice recognition and automatic indexing has to overwhelm also the "sound sense confusion"(i.e. a same sound refers to different concepts for example "HTA" which stands for "hyper blood pressure" is recognised as "acheter à" which means "to buy at").

The comparison between the results of (1) indexing of the 22 original PDS that were used for our study (560 concepts, 141 non relevant, 48 missing concepts), and (2) indexing of the same PDS as the output of a voice recognition package (Via Voice + medical vocabulary + learning) shows no difference as far as global performance is considered. However, four errors in voice recognition had an impact on the indexing results. Two concepts were missing just because the voice recognition system failed at recognizing a medical term. The word "chirurgie" (surgery) was not recognised and "bronchectasie" was translated into "bronche ectasie", from which NOMINDEX could not extract the MeSH concept for bronchectasia. On the other hand, values for blood pressure were represented as "# mm de mercure" instead of "# mm Hg". As a result, the MeSH concept "C0025424 mercury" was extracted although not relevant in this context. In addition when medical acronyms are not recognised the voice recognition system replaces it by something that sounds identical. Thus "IVA" which is an acronym for a coronary artery was replaced by a sentence including the word "lit", which means "bed"; As a result, the MeSH concept "C0004916 Beds" was extracted, although of course not relevant.

The ADM lexical database is the French lexical resource that is used by NOMINDEX in order to map terms. Consequently a lack of synonymy relationships in this resource as well as its coverage of the biomedical domain may affect the performance of the NOMINDEX system. In our experiment some limits of the method are related to missing acronyms and missing concepts (especially for procedures and anatomy). In addition, requirements for a lexicon that would take into account accentuated characters are put forward. Best results would be expected with a more comprehensive lexical resource for the biomedical domain.

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