

tures for every level. The challenge for relational tree-based learners is that the search algorithm is greedy; identifying high-level relations requires traversing several “is a” relationships first, and thus they might not be found in a greedy search. Expanding internal nodes to longer clauses has been implemented with some success [Natarajan et al., 2010; Anderson and Pfahringer, 2009], although this does have the effect of rapidly increasing the number of features to consider during branching. The use of SRL algorithms could also allow the use of relations like patient physicians and providers, which form complex relations less “patient-disease”-oriented but ones that still may be central to patient care. Questions regarding disease heritability could also be addressed through relational family-based analyses.

Given our initial success, we plan to extend our work by including more potential risk factors for learning (i.e., include all the measurements on all the patients). This will be challenging as the number and frequencies of the measurements will differ greatly across patients. In our current model, we used time as the last argument of our predicates. While there is a vast body of work in learning and reasoning with temporal models in propositional domains, the situation is not the same for relational models. We plan to investigate a principled approach to learning and reasoning with relational dynamic models that will allow physicians to monitor the cardiovascular risk levels of patients over time and develop personalized treatment plans. Finally, we plan to build a complete machine learning system for identifying risk factors across many diseases given the longitudinal data available in the EHR.

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