Barriers	Priority
• Difficulty to access to medical and/or healthcare records (no unifying solutions)	High
• Lack and incompletion of data acquired in acute care (bad quality, inconsistency, and disorder). No unifying solutions to aggregate/integrate/fuse data efficiently.	High
• Lack of good techniques for temporal and spatial data alignment and synchronization.	High
• Research data is different from clinical data. Treating is imparting physiological data.	Medium
Assumption that "ground truth" is known.	Medium
Challenges	Priority
• Un-curated data requires medical practitioners and data scientists to work together. ICU is artifact-ladden or physiological artifacts and needs curation to remove	High
meaningless data.	High
 Requirement to update training (existing) data to overcome noise/adversarial attacks Data is part of the property authorship, ownership, liability implications. Data needs to 	High
• Data is part of the property authorship, ownership, habitity implications. Data needs to be acquired in a clinical environment.	High
• System needs to automatically retrieve data as much as possible.	High
• Outcomes in healthcare must be interpretable.	Medium
• Knowing when you don't know. How do the assumptions make to affect fusion? It is difficult to know extent of usefulness of data, so it limits MMDF.	Medium
Human errors are more acceptable than automated errors.	Medium
• Technical concerns of cost and guidelines, or trade-offs when (1) Building models/processes at differing abstractions/detail levels, (2) Consolidated content capture across multiple modalities, (3) Parameter learning issues, (4) Hypothesis	
driven vs. data driven methods?	Medium