## Master of Technology (IS)



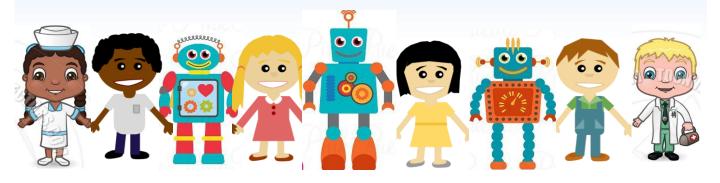


### Pepper Project Group

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## Patient Matching System Depression Screening System

## Project Report



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### **Executive Summary**

This project is a continuation from the Depression Screening System group project completed during the Machine Reasoning course. As a recap, the Depression Screening System deals with the problem of depression in youths and vulnerable segments of the community going undetected and untreated. It serves as an early warning system to put a spotlight on those vulnerable individuals who are displaying symptoms of depression. These vulnerable individuals can be spotted through the PHQ-9 Survey framework devised with the Depression Screening System. The output from that system is to provide a diagnosis (with a PHQ-9 score) on the level of severity of depression the individuals are having.

In this phase of project, the objective is to use the PHQ-9 scores of the individuals and match them to the many practitioners in the community partners, hospitals and IMH.

Why Patient Matching? When we churn out a list of patients in batches as part of the PHQ-9 Survey, there is also a need to do the matching with practitioners in batches. There are some challenges to match patients to practitioners. First of all, practitioners fall into roughly 3 categories – Counsellors, Psychologists, Psychiatrists. Then there is the time availability of the practitioners, as well as language ability, which are all hard constraints. Also there is location preference and gender preference which are soft constraints. Then there is the cost based on the practitioner selected, which is a soft constraint to minimize it.

Using the State Space Search techniques embedded in the OptaPlanner, the Patient Matching System is able to optimally match a group of patients against a group of practitioners. The detail of how this match is executed will be covered in the next chapters.

This system provides benefits to those who are diagnosed with depression by matching appropriate practitioners with the right expertise and in accordance to some set constraints.

## **Business Problem Background**

In the Depression Screening System, the test candidates are given the PHQ-9 scores indicating the level of severity of the depression.

With the current project, the Patient Matching System matches patients with mental health practitioners based on two hard constraints and four soft constraints. The hard constraints are patients' depression severity and language ability. The soft constraints are patients' preferences for the day of the appointment, where the practitioners are located, gender of the practitioners, and treatment costs.

Starting with the hard constraints, our system scores the severity of a patient's depression with a number from 0 to 27. Patients with scores between 10 to 27 require treatment. A score between 10 to 14 indicates that a patient is moderately depressed, and the patient should see a counsellor. A score between 15 to 19 indicates that a patient's depression is moderately severe, and the patient should see a psychologist. A score between 20 to 27 indicates that a patient is severely depressed, and the patient should see a psychiatrist.

Patients and mental health practitioners need to communicate and understand each other during treatment. The system pairs patients with mental health practitioners who share at least one language in common. Patients and mental health practitioners can speak one or more of these languages: English, Mandarin, Malay or Tamil.

Our system optimizes the matching of patients with practitioners through fulfilling four soft constraints. Patients will indicate a day of the week, Monday to Sunday, that they preferred to see the practitioners. The system will try to match patients with practitioners who are available on the preferred day.

Patients will indicate where they would prefer to see the practitioners. There are five regions to choose from: Central, East, North, Northeast, and West. The system will try to match patients with practitioners working in their preferred regions.

Patients will indicate whether they prefer to see female or male practitioners which the system will try to match accordingly.

Finally, the system will try to pair patients with practitioners that have lower treatment costs to keep the overall healthcare expenditure low.

# Project Objectives & Success Measurement

The objective of this project is to optimally match patients with practitioners, both in groups. The outcome of this match will be such that all patients will be assigned matching practitioners.

We will be monitoring whether the system is able to meet the hard constraints and soft constraints during this matching exercise to see how good the application is in avoiding hard constraints and minimizing soft ones. This will provide us with a gauge as to how well the application is able to perform the matches.

#### The hard constraints are

- 1) patients' depression severity
- 2) language ability

#### The soft constraints are

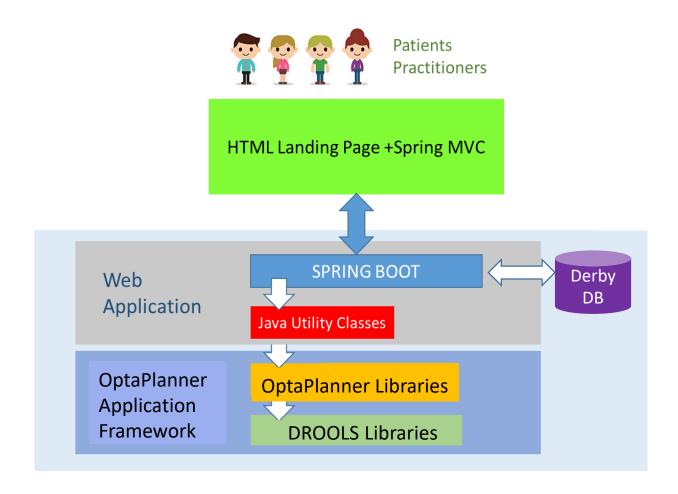
- 1) patients' preferences for the day of the appointment
- 2) where the practitioners are located
- 3) gender of the practitioners
- 4) treatment costs.

#### **Architecture**

This application leverages the KIE Workbench as the main framework for development and deployment. With the KIE Workbench, we utilize the JBPM for metadata and workflow, DROOLS for rules engine and the JBOS Web Server to provide the web application server functions. In addition, we are using the Spring Boot to program the landing page, front-end screens and interface with KIE.

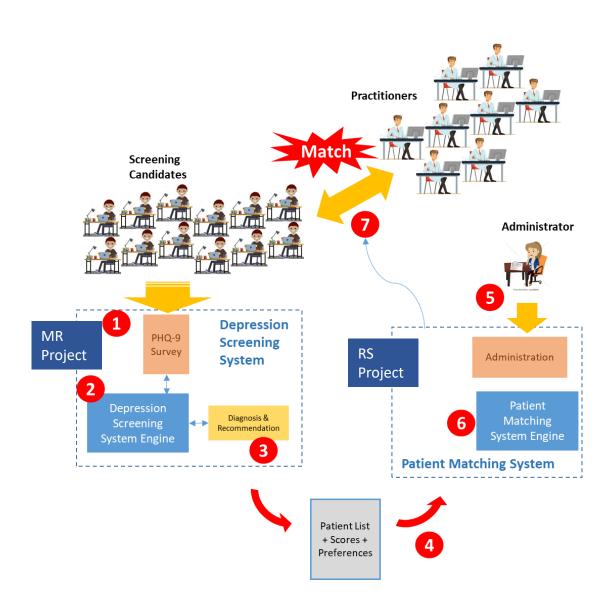
A lot of effort was spent on integrating the Spring Boot web application with the KIE framework through our self-coded Java classes.

This allows the user to not only interface with an external HTML page but also stay on the HTML frontend throughout the entire process. Behind this frontend, our custom built web application interfaces with the KIE libraries via the Java classes.



#### **Process Flow**

- 1) Candidates undergo screening process by taking part in the PHQ-9 online survey
- 2) The Rules Engine of the KIE Workbench churns out the scores for the candidates
- 3) Based on the scores, the candidates are grouped into the different severity levels
- 4) The list of patients and the respective scores and preferences are sent in batches to the Patient Matching System
- 5) An administrator can then activate a match
- 6) The Patient Matching System engine will start to leverage the OptaPlanner system
- 7) The patients are matched to the practitioners based on the hard and soft constraints



#### **Design Strategy**

In trying to establish the most optimal search method, we took reference from the following guideline found in the Optaplanner documentation (extract below).

Following this guideline, we adopted the First Fit Decreasing Search Method at the start and then tuned further for search improvements. Details are laid out in the subsequent slides.

Reference: https://docs.optaplanner.org/6.1.0.Beta4/optaplanner-docs/html/optimizationAlgorithms.html

#### Which optimization algorithms should I use?

The *best* optimization algorithms configuration for your use case depends heavily on your use case. Nevertheless, this vanilla recipe will get you into the game with a pretty good configuration, probably much better than what you're used to.

Start with a quick configuration that involves little or no configuration and optimization code:

#### First Fit

Next, implement planning entity difficulty comparison and turn it into:

#### First Fit Decreasing

Next, add Late Acceptance behind it:

- 1. First Fit Decreasing
- 2. Late Acceptance. A late acceptance size of 400 usually works well.

At this point *the free lunch is over*. The return on invested time lowers. The result is probably already more than good enough.

But you can do even better, at a lower return on invested time. Use the <u>Benchmarker</u> and try a couple of different Tabu Search, Simulated Annealing and Late Acceptance configurations, for example:

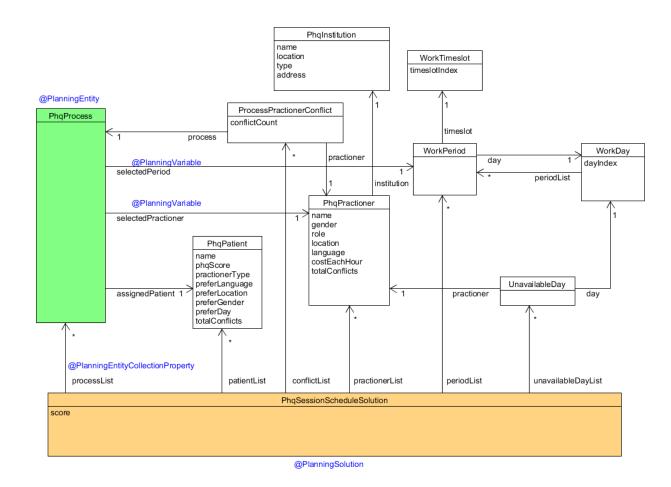
- First Fit Decreasing
- <u>Tabu Search</u>. An entity tabu size of 7 usually works well.
- Use the Benchmarker to improve the values for those size parameters.
- If it's worth your time, continue experimenting further. For example, you can even combine multiple algorithms together:
- First Fit Decreasing
- Late Acceptance (relatively long time)
- Tabu Search (relatively short time)

#### Design - Class Diagram

The following figure shows the Class Diagram for the application. This class diagram shows that, using OptaPlanner, we are trying to match a group of patients to a group of practitioners based on Period and Practitioner.

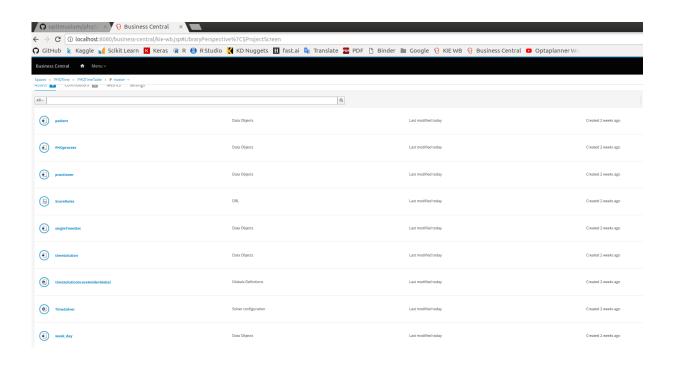
Following is the journey that we adopted.

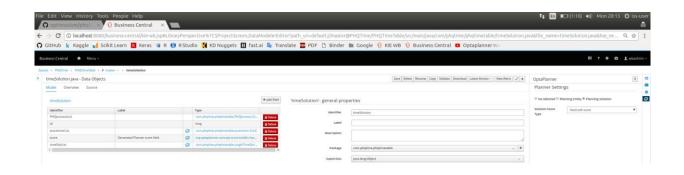
- 1) We started on the KIE Workbench to prototype the application and then migrated to Eclipse and incorporated Java Maven libraries
  - A note that on the KIE environment, we realized that the memory process is intensive and the OptaPlanner is limited to few functions (eg cannot tune the late acceptance properties)
  - Also, using Java Maven libraries brought about some enhancement to the model
- 2) We evolved the Data Objects as we moved along, resulting in the following Class Diagram

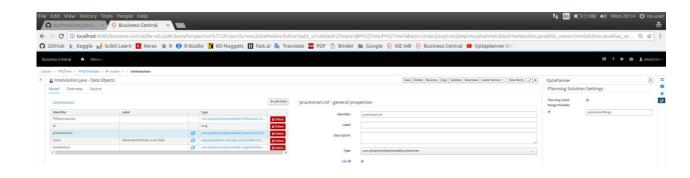


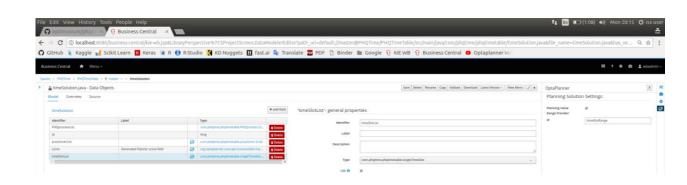
#### **KIE Workbench Setup**

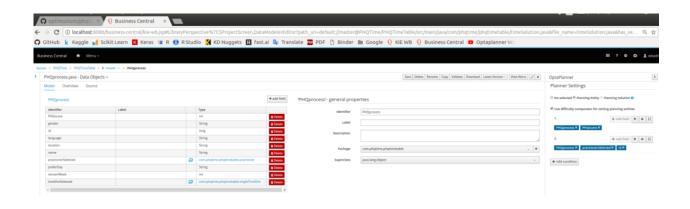
The following screens shows the setup... - to update.

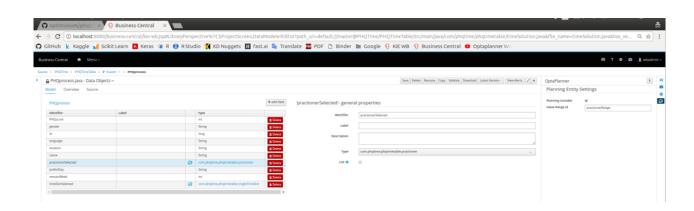


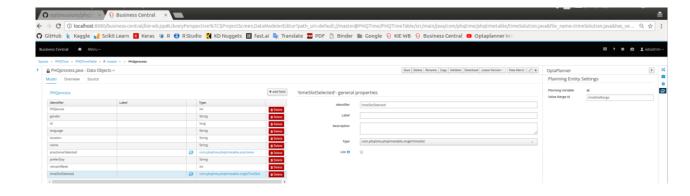






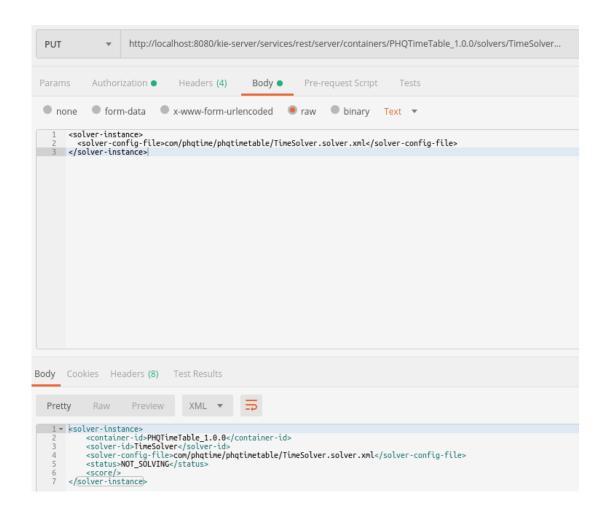






#### **KIE Workbench Setup**

Next we use the Tool Postman to test the OptaPlanner application.

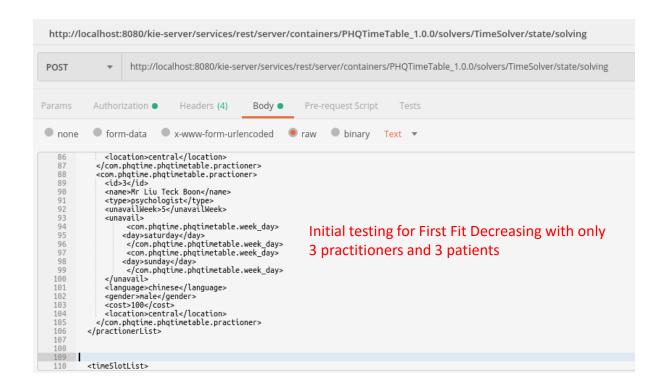


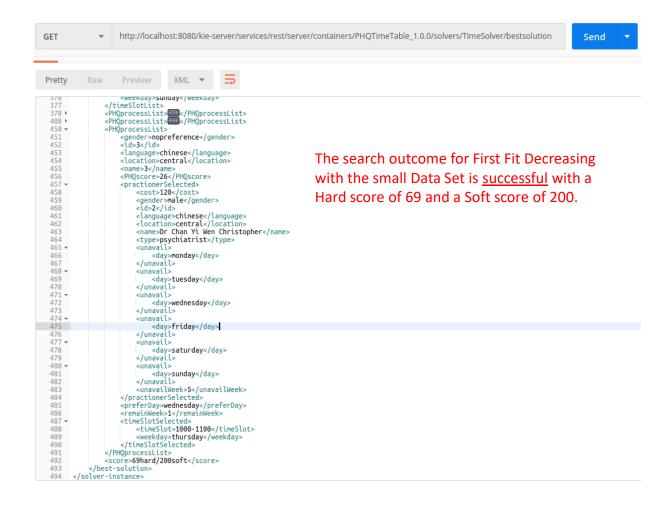
#### **KIE Workbench Setup**

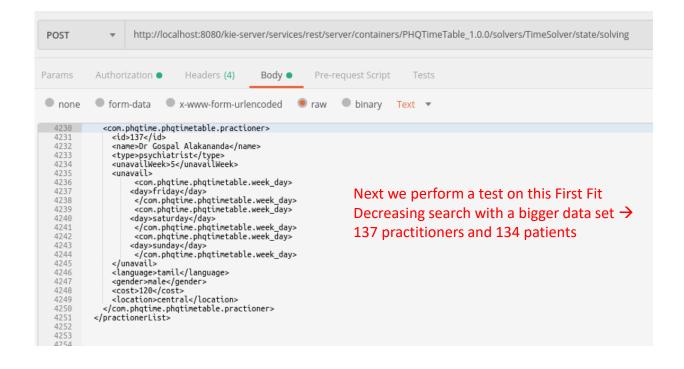
When using the construction heuristics, we choose to use First Fit Decreasing. This is to enable us to quickly construct the initial solution.

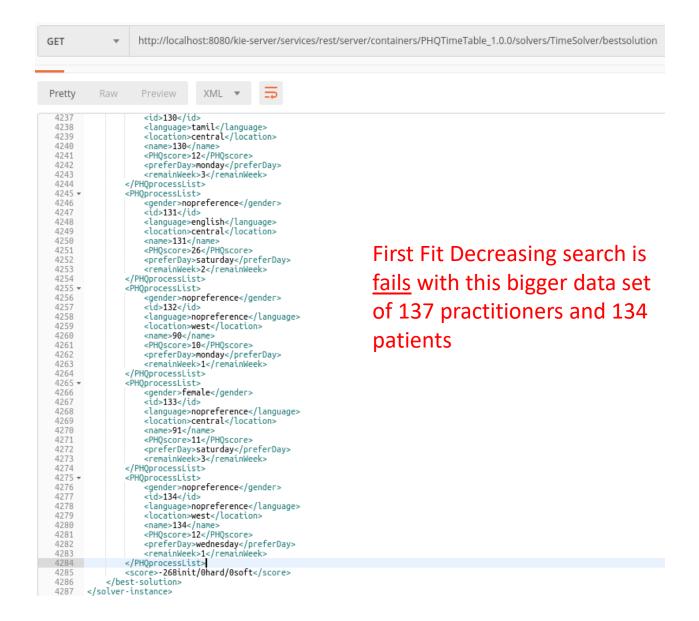
We started with a very simple search consisting of 3 patients and 3 practitioners, using First Fit Decreasing.

As the State Search Space got larger however, we realize that First Fit Decreasing does not work very well.





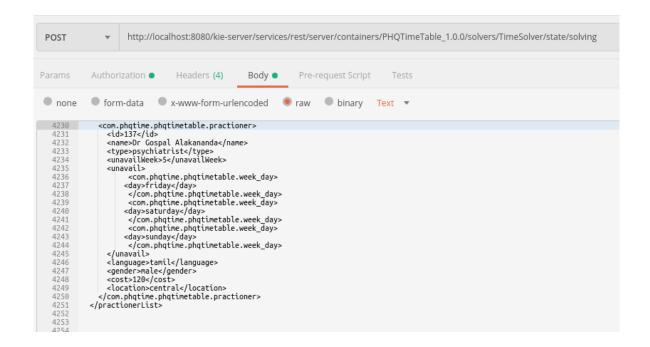


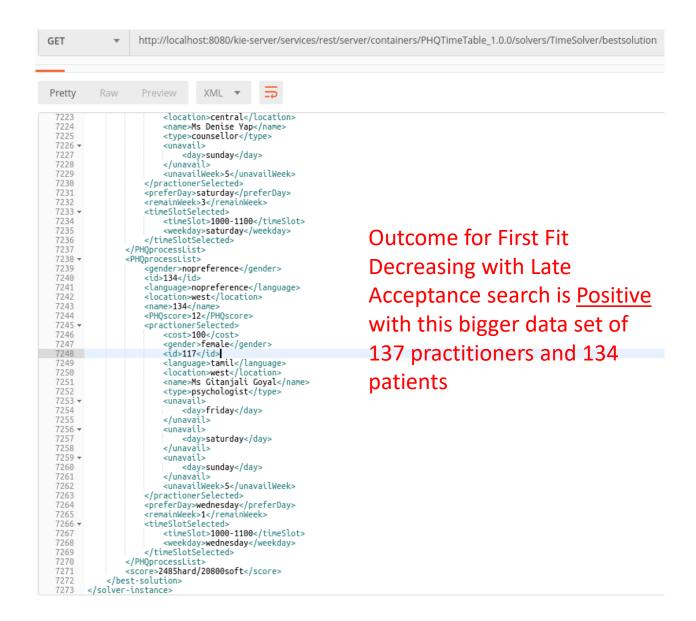


#### **KIE Workbench Setup**

Hence, a local search is added, and Late Acceptance search is chosen in this case.

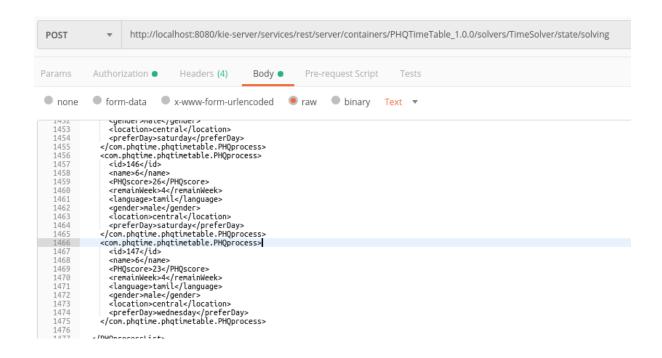
By adding Late Acceptable search after first fit, we aim to generate a solution for 137 practitioners and 134 patients.

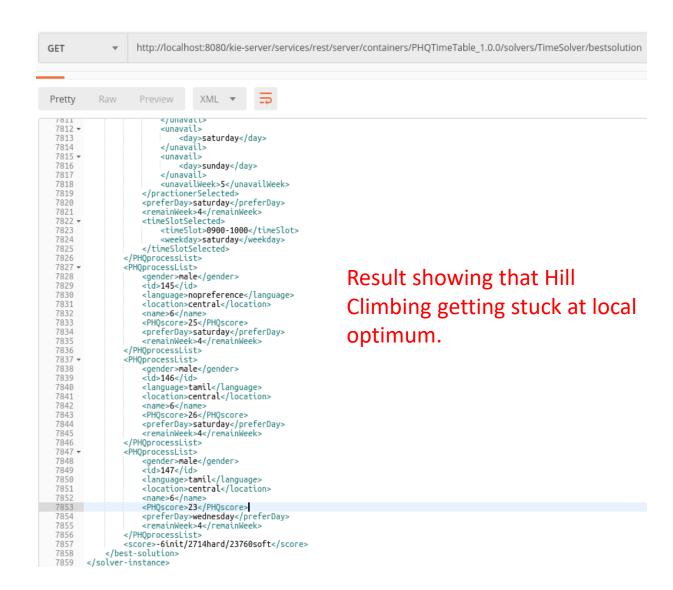


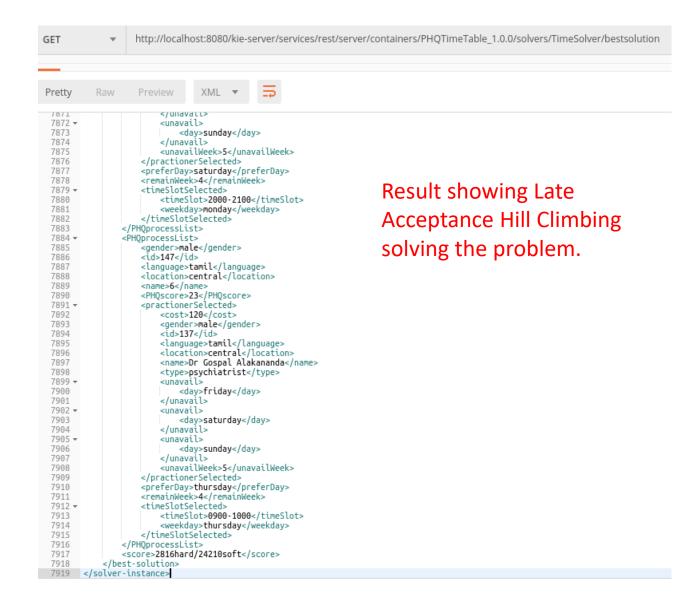


#### **KIE Workbench Setup**

Traditional Hill Climbing has the tendency to be stuck at local optimum but Late Acceptance Hill Climbing increases the chance the to find the global optimum.







#### Search Design

From our earlier tests, it is observed that the First Fit algorithm provides a fast but often non-optimal solution. The algorithm can be made much more effective by first sorting the list of elements into decreasing order, as in First Fit Decreasing.

We learnt that some optimization algorithms work more efficiently when we identify which planning entities are more difficult to plan. In our case, these planning entities are practitioner and work period.

Our team has created some Java classes (working in tandem with Optaplanner) to execute based on First Fit Decreasing. Following shows the Java class encapsulating both planning variables – for practitioner and for work period.

```
@PlanningEntity(difficultyWeightFactoryClass = PhqProcessDifficultyWeightFactory.class)
@XStreamAlias("PhqProcess")
public class PhqProcess implements java.io.Serializable {
                                                         Define the strength weight factory
    static final long serialVersionUID = 1L;
                                                         class to control the search selection
                                                         sequence
    private long id;
    @PlanningVariable(valueRangeProviderRefs = { "practionerRange" },
            strengthWeightFactoryClass = PhqPractionerStrengthWeightFactory.class)
    private PhqPractioner selectedPractioner;
   @PlanningVariable(valueKangeProviderKets = { "periodKange" },
            strengthWeightFactoryClass = WorkPeriodStrengthWeightFactory.class)
    private WorkPeriod selectedPeriod;
    private PhqPatient assignedPatient;
    @PlanningPin
    private boolean planningPinStatus;
```

#### Search Design

The following logic helps to ensure that we match those patients with the least number of assignable practitioners first as they are more difficult to match.

patient.setTotalConflicts(patientTotalConflicts);

#### Search Design

The following serves to match those patients with more constraints first.

```
public class PhqProcessDifficultyWeightFactory implements SelectionSorterWeightFactory<PhqSessionScheduleSolution, PhqProcess> {
    public PhqProcessDifficultyWeight createSorterWeight(PhqSessionScheduleSolution schedule, PhqProcess process) {
        PhqPatient patient = process.getAssignedPatient();
        int patientDifficultyCount = 0;
                                                                                                          Check prefered
        if (patient.getPreferLanguage() != patient.getPreferLanguageIndex("English")) {
                                                                                                          language
            patientDifficultyCount++;
            (patient.getrreferGender()
                                        != patient.getPreferGenderindex( Any ))
            patientDifficultyCount++;
                                                                                                          Check prefered
                                                                                                          gender
           (patient.getPreferLocation() != patient.getPreferLocationIndex("Any"))
            patientDifficultyCount++;
                                                                                                          Check perfered
                                                                                                          location
         return new PhqProcessDifficultyWeight(process, patientDifficultyCount);
    }
    public static class PhqProcessDifficultyWeight implements Comparable<PhqProcessDifficultyWeight> {
        private final PhqProcess process;
        private final int processDifficultyCount;
        public PhqProcessDifficultyWeight(PhqProcess process, int processDifficultyCount) {
            this.process = process;
            this.processDifficultyCount = processDifficultyCount;
                                                                                                    Assign the process with the
                                                                                                    patient having more conflict
        public int compareTo(PhqProcessDifficultyWeight other) {
                                                                                                    on practioner
           return new CompareToBuilder()
                     // Processing patient with more conflict first
                     .append(other.process.getAssignedPatient().getTotalConflicts(), process.getAssignedPatient().getTotalConflicts())
                     . append (other.process Difficulty Count, process Difficulty Count) \\
                     .append(process.getId(), other.process.getId())
                     .toComparison();
                                                                                                     Assign the process with the
                                                                                                     patient having more difficultlies
                                                                                                     to locate practioner
    }
```

}

#### Search Design

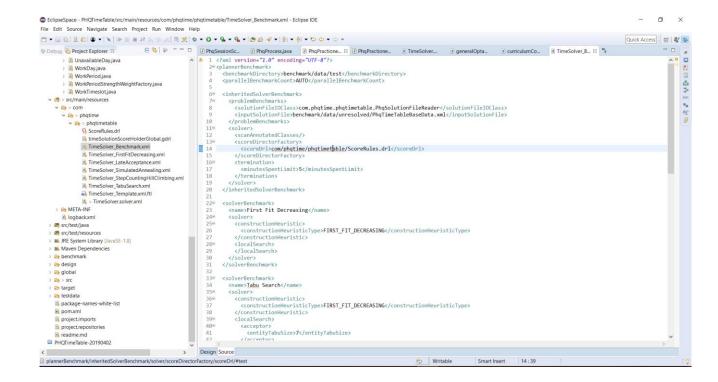
Here, patients are assigned slots starting from beginning of week and from earlier time of day onwards.

```
public class WorkPeriodStrengthWeightFactory implements SelectionSorterWeightFactory<PhqSessionScheduleSolution, WorkPeriod> {
    public WorkPeriodStrengthWeight createSorterWeight(PhqSessionScheduleSolution schedule, WorkPeriod period) {
        List<WorkPeriod> notFreePeriodList = schedule.getUnavailablePeriodList();
        int periodDifficultyCount = 0;
        for (WorkPeriod notFreePeriod : notFreePeriodList) {
            if (notFreePeriod == period) {
                                                         Check how many practioners are not
                periodDifficultyCount++;
                                                         available at the given period
        }
        return new WorkPeriodStrengthWeight(period, periodDifficultyCount);
    }
    public static class WorkPeriodStrengthWeight implements Comparable<WorkPeriodStrengthWeight> {
        private final WorkPeriod period;
        private final int periodStrengthCount;
        public WorkPeriodStrengthWeight(WorkPeriod period, int periodStrengthCount) {
            this.period = period;
            this.periodStrengthCount = periodStrengthCount;
        public int compareTo(WorkPeriodStrengthWeight other) {
           return new CompareToBuilder()
                                                                                        Assign the period on which has
                       Processing less busy day first
                                                                                        more available practioners
                    .append(periodStrengthCount, other.periodStrengthCount)
                                                                                        Allocate period in sequence such that
                     .append(period.getId(), other.period.getId())
                                                                                        from Mon to Sun, and from 8:00AM to
                     .toComparison();
                                                                                        4:00PM
    }
```

### **Project Performance & Validation**

#### **Benchmark**

In the Eclipse environment, we have created an XML program to test the various search algorithms. This serves to benchmark the performance of each search method which is outlined on the next page.

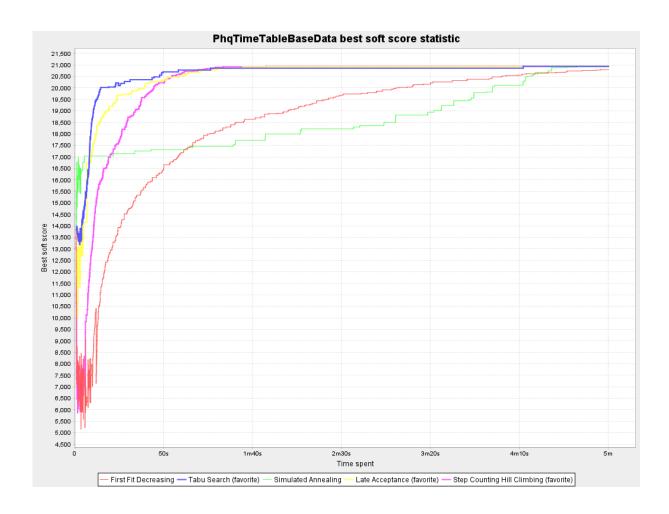


### **Project Performance & Validation**

#### Benchmark

A benchmark test was conducted against the various search algorithms as follows. We have made some observations as follows. All hard constraints are met. The level of soft constraints being met varies across the different search algorithms.

- 1) First Fit Decreasing
  - This is the slowest search algorithm in our scenario. This demonstrates a key characteristic of construction heuristic vs metaheuristic.
- 2) Tabu Search
  - This search made the fastest progress in the beginning but took a long time to converge into global optimum compared to Late Aceptance.
- 3) Simulated Annealing
  - This is the slowest search.
- 4) Late Acceptance
  - This is the fatest to reach the global optimum.
- 5) Step Counting Hill Climbing
  - This has reasonable performance and reaches global optimum quite fast.



# Project Conclusions: Findings & Recommendation

We have met the prescribed objective of this project and that is to optimally match a group of patients with a group of practitioners, within boundary of hard constraints and with optimal compliance to soft constraints. In addition, we have employed the different search algorithms to understand the characteristics of each of them.

Hence, we consider this application to be more than meeting the objectives and ready to be adapted for a real world requirement.