# Data Mining/Machine Learning Project: Medical Appointments - No Show

## Abstract

Missed medical appointments pose a significant challenge to healthcare institutions, leading to inefficient use of resources and potential negative impacts on patient health outcomes. This project aims to develop predictive models to identify patients at risk of missing their appointments. Using a dataset containing medical appointment records, we analyze various factors contributing to no-show behavior and evaluate the effectiveness of logistic regression and random forest classifiers in predicting missed appointments. Our findings indicate that specific factors, such as SMS reminders and the time gap between scheduling and the appointment, significantly influence attendance rates. By incorporating these insights, healthcare providers can improve intervention strategies to reduce missed appointments and enhance service efficiency.

## I. Introduction

Missed medical appointments are a pervasive issue in healthcare systems worldwide, resulting in wasted resources and suboptimal patient care. Understanding the underlying factors that contribute to no-shows is critical for developing effective strategies to mitigate this problem. This project leverages data mining and machine learning techniques to predict whether a patient will attend their scheduled appointment. The primary objectives are to identify key factors influencing no-show behavior and compare the performance of logistic regression and random forest classifiers in predicting appointment attendance.

## II. Business Understanding

Healthcare institutions incur significant costs due to missed appointments, which can disrupt schedules and reduce the efficiency of medical services. By accurately predicting no-shows, hospitals can take proactive measures, such as sending reminders or rescheduling appointments, to improve attendance rates. Understanding the effectiveness of these interventions, particularly SMS reminders, can further inform appointment management strategies. The goals of this project are to predict no-shows based on various attributes and to identify the most influential factors contributing to missed appointments.

## III. Data Understanding

### Dataset Description

The dataset comprises 110,527 records of medical appointments with 14 attributes: PatientId, AppointmentID, Gender, ScheduledDay, AppointmentDay, Age, Neighborhood, Scholarship, Hypertension, Diabetes, Alcoholism, Handicap, SMSReceived, and NoShow. The target variable is NoShow, indicating whether a patient attended their appointment.

### Initial Data Analysis

1. **Data Types and Structure:** The dataset includes both nominal/categorical and discrete/continuous variables. Nominal variables include PatientId, AppointmentID, Gender, Neighborhood, Scholarship, Hypertension, Diabetes, Alcoholism, Handicap, SMSReceived, and NoShow. Continuous variables include Age. ScheduledDay and AppointmentDay are date types.
2. **Missing Values:** There are no missing values in the dataset.
3. **Descriptive Statistics:** Initial analysis revealed anomalies, such as an age value of -1 and inconsistent values in the Handicap column, which required data cleaning.

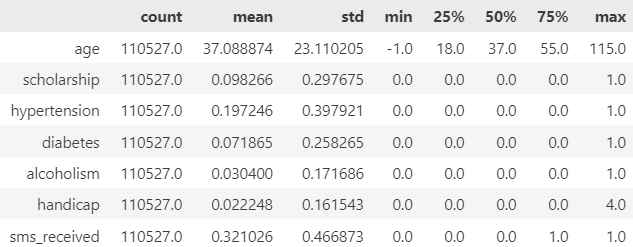


Table 1. High-Level Descriptive Statistics of Features

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Table 2. Percentage class distribution per categorical feature

## IV. Data Wrangling/Preliminary Cleaning

Data cleaning involved the following steps:

1. **Removing Anomalies:** The record with an age of -1 was removed.
2. **Converting Date Types:** The ScheduledDay and AppointmentDay columns were converted to datetime format to facilitate time-related calculations.
3. **Handling Inconsistent Values:** 199 rows containing inconsistent values for handicap were dropped reducing the total records to 110,327.

## V. Exploratory Data Analysis

### Age Group Distribution

The age distribution revealed a higher frequency of appointments for young persons with a left-skewed distribution showing fewer elderly patients (75-100).

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Figure 1. Age group distribution

A graph of attendance by age

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Figure 2. Attendance based on age.

### Gender Comparison

Females constituted much of the dataset, with attendance and no-show rates similar across genders, suggesting that gender is not a strong predictor of no-show behavior.

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Figure 3. Attendance based on gender.

### Chronic Diseases

In exploring the correlation between chronic diseases and appointment attendance, our objective is to understand whether patients with chronic conditions may demonstrate distinct attendance patterns compared to those without such ailments. The analysis unveils a noticeable contrast in attendance rates, with 82.23% of patients with chronic diseases attending appointments versus 79.09% of those without. Conversely, 17.77% of patients with chronic diseases missed appointments, while 20.91% of those without chronic diseases did.

This disparity, a 3.14% difference in attendance rates, although may be thought of being relatively small, slightly suggests that ongoing health management may influence attendance behaviour, providing insights for healthcare providers to tailor interventions and enhance appointment adherence across patient groups. However, the scale of this influence may not be determined yet as the records occurred in a short time (40 days). A longer time frame collection may yield better clarity in understanding this influence. But for the goal of the data exploration and modelling, chronic diseases such as hypertension, diabetes and alcoholism in this dataset do not show a noteworthy relationship with appointment adherence.

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Figure 4. Attendance comparison based on patients’ chronic disease status.

### SMS Reminders

In analysing the correlation between SMS reception and appointment attendance, our aim is to discern whether patients who receive SMS reminders exhibit different attendance behaviour compared to those who don't. The results revealed a notable difference in attendance rates: 83.30% of patients who did not receive an SMS reminder attended their appointments, while 16.70% did not. The discrepancy showed that sending SMS reminders had an opposite outcome of the expectation that the reminders would improve attendance. However, it is important to investigate how same-day appointments contributes to these findings.

A graph of a bar graph

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Figure 5. Attendance based on SMS reception.

Roughly 35% of all appointments recorded were same-day appointments. This distribution was significant enough to influence the results gathered earlier. Therefore, it is necessary to filter out same-day appointments as this will be the real test of the impact of the SMS campaign.

After filtering out same-day appointments, the new analysis revealed that patients who did not receive an SMS had a show percentage of 70.55% and a no-show percentage of 29.45%. Those who received an SMS showed a slight increase in attendance, with a show percentage of 72.43% and a no-show percentage of 27.57%. This suggests that, for non-same-day appointments, receiving an SMS has a modest but positive impact on attendance, improving the show rate by approximately 2% compared to those who did not receive an SMS.

A graph of a bar chart

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Figure 6. Attendance comparison based on SMS reception (Non-Same-day appointments).

### Handicap Levels

Patients with handicaps had slightly lower no-show rates compared to those with no handicaps, but this inference warrant cautious interpretation as there is a significant imbalance in the distribution, with most patients having no handicaps.

A graph with green and pink bars

Description automatically generated

Figure 7. Attendance based on handicap.

### Scholarship Status

Patients without scholarship status had a higher attendance rate compared to those with scholarship status suggesting a potential socioeconomic influence on appointment adherence.

A graph of a number of individuals

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Figure 8. Attendance based on scholarship status.

### Neighborhood

Neighborhood had a notable impact on attendance rates, with variability in attendance percentages across different neighborhoods, indicating it as a potentially strong predictor of no-show behavior.

A graph of a number of people

Description automatically generated with medium confidence

Figure 9. Attendance based on neighborhood.

### Class Imbalance

There is a significant imbalance between the classes as over 88k patients attended their appointments versus over 22k missing their appointments. A similar imbalance still appears even after filtering out same-day appointments as it was already known that 35% of the appointments were same-day appointments which majorly were shows (No in no-show class). This occurrence must be considered during data modelling. This also means the metric for evaluating model quality and performance may not be accuracy and might be other metrics like F1 Score and ROC AUC. Another possible technique that can be implemented could be resampling techniques like Random Under Sampling, Random Over Sampling or a hybrid of both (with SMOTE).

A graph of classes distribution

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Figure 10. Target variable (No Show) distribution.

A graph of classes distribution

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Figure 11. Target variable (No Show) distribution with same day appointments removed.

## VI. Data Modelling

The ‘business’ goal for this project is to produce a model that is able to precisely predict the positive class of the target variable No-Show while maintaining its generalization property. For this project, two models were explored, namely Logistic Regression and Random Forest Classifier.

### Logistic Regression

Logistic Regression is a statistical technique primarily used for binary classification tasks, where the outcome variable can take only two possible values. It works by estimating the probability that a given input belongs to one of the two categories. At the core of Logistic Regression is the logistic function, also known as the sigmoid function, which transforms the linear combination of input features into a probability score ranging between 0 and 1. Many data scientists tend to use logistic regression first on a new dataset as it is simple, yet effective and can serve a baseline for comparison with other more complex models.

### Random Forest Classifier

The Random Forest Classifier is a powerful algorithm that creates multiple decision trees and combines their predictions to make accurate classifications. It was selected for this project because it handles both categorical and numerical data well, and its ensemble approach helps prevent overfitting. By analyzing feature importance, it provides insights into the factors influencing appointment attendance, making it a potentially valuable tool for predicting medical appointment no-shows.

### Methodology

To effectively build the best classification models, the methods for training, validating and testing were as follows:

#### Convert categorical variables to numerical using one-hot encoding.

This step is crucial as the models can only train and predict on numerical values. In this case, the categorical variables were binary and easily represented in 0 and 1s. The gender column with M and F strings were converted to binary numbers. However, the neighborhood feature is one with high cardinality. This nature will severely affect the performance of the model and increase the complexity in the data understanding or evaluation of metrics. As a result, frequency encoding, a common technique was implemented on the neighborhood column.

Frequency encoding replaces the column value for all rows with the frequency of the unique categories in the column. This solves the issue with one-hot encoding whereby there would be significantly high dimensionality or the ‘curse of dimensionality’ as it is commonly said.

#### Feature Scaling

This step constrains the values within a column between 0 and 1. This brings about fairness to the weights of each column during the model’s learning process. The age column stands out especially with values ranging from 0 to 115. To properly scale this column, standardization or normalization are the most common techniques. Min-max scaling was implemented for this phase.

#### Feature Selection

This is one of the most crucial steps before model training. Before this learning process began, only the features that were evaluated to relatively correlate the most with the target variables were selected to train the model. This improves the effectiveness of the training as this is an attempt to reduce redundancies. In the real world as well, with hundreds or thousands of features, the high dimensionality problem is prevalent. For this project, two techniques were applied to select the features for model training: Chi Square Test, and Pearson Correlation Efficient.

The Chi-square test evaluates how categorical variables are associated, checking if the observed distribution differs significantly from what we'd expect by chance. The higher the Chi-value, the more dependent the target variable is on this independent variable and vice versa for P-value. On the other hand, the Pearson correlation coefficient gauges the strength and direction of the linear relationship between two continuous variables. The value may range from -1 to 1 where both extremes is the extremity of negative or positive correlation.

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Fig. 12. Chi value importance for categorical features

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Fig. 13. P-Value importance for categorical features.

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Fig. 14. Pearson Correlation Coefficient heatmap for age and neighborhood.

From conducting these two techniques, three features from the categorical were selected: ‘sms\_received’, ‘hypertension’, ‘scholarship’ and neighborhood\_freq which is the frequency encoded version of the neighborhood feature. The scaled age was also selected.

#### Stratified K-Fold Cross Validation on Training Set with Logistic Regression and Random Forest

This was implemented via with a stratified K-Fold of 5 number of splits with shuffling. This enables validating of the models on the training consistently as a simple train, validation, test split may generate inconsistent metrics depending on the split distribution per turn.

#### Hyperparameter Tuning with GridSearchCV

The base logistic regression and random forest models performed poorly especially on metrics for the positive class (No Shows 1). Base Random Forest Classifier performed the worst out of the two, in predicting patient's not showing up which is the main concern for the project. However, we can use GridSearchCV, a method provided by the scikit-learn library that exhaustively runs the base models using all possible combinations of a parameter grid to perform validation. The best model is returned with the optimal hyperparameters.

To perform hyperparameter tuning, I will:

1. Define the hyperparameters to tune for each model

2. Use the training set for

3. Run GridSearchCV cross-validation for each model on the training set with a K-fold of 5 and store the optimal parameters.

4. Store the optimal parameters and their respective scores. These will be determined using multi-metric scoring based on f1-score, roc auc, and accuracy.

Optimal Parameters and Scores for each model:

lr:

Optimal Parameters: {'C': 1, 'max\_iter': 1000, 'penalty': 'l2', 'solver': 'liblinear'}

Score: 0.5962295522051984

rf:

Optimal Parameters: {'max\_depth': 40, 'min\_samples\_leaf': 4, 'min\_samples\_split': 10, 'n\_estimators': 150}

Score: 0.5905073703760599