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An exploratory analysis of patient episode data

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Cardiff University School of Mathematics

April 30, 2018

Outline

Henry Wilde

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- 3 Slice analysis General methodology Diabetic patient analysis
- 4 Moving forward

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Motivation

- Observe and understand cost variation
- Identify important slices in the data
- Develop methods for examining slices of the data
- Analyse their impact on costs and comorbidity

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Structure and origin

All data is provided by the Cwm Taf University Health Board.

Structure and origin

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Structure and origin

All data is provided by the Cwm Taf University Health Board.

We have:

- 2,447,299 patient episodes
- 1,946,545 patient spells
- 865,421 individual patients

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Each row is made up of roughly 250 attributes, including:

personal identifiers and demographic information

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- personal identifiers and demographic information
- condition and treatment indicators (HRG, OPCS4, ICD10)

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- cost components

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Summative analysis

• Our data is skewed towards low-cost, short-stay episodes

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- Our data is skewed towards low-cost, short-stay episodes
- This extends to the spell level with largely one or two-time visits from patients

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- Our data is skewed towards low-cost, short-stay episodes
- This extends to the spell level with largely one or two-time visits from patients
- Long and heavy tails are present in our costs and lengths of stay

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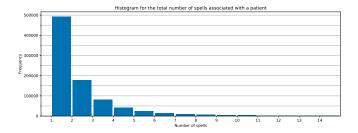
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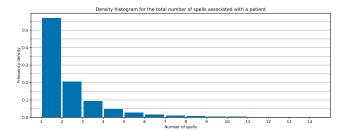
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Number of spells





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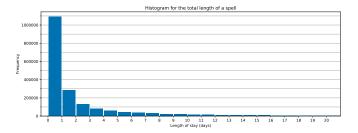
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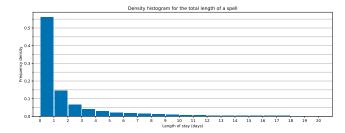
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Length of stay (spell-wise)





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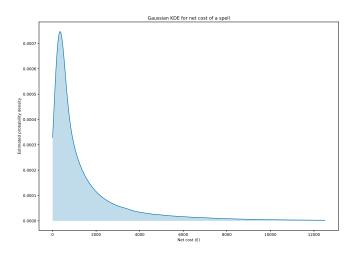
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Net cost



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Summative analysis

Other areas of interest to us are:

- Demographic variables
- Interactions between variables

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Demographic analysis

As it stands, demographic information is not well-recorded in the data.

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Demographic analysis

As it stands, demographic information is not well-recorded in the data.

 Gender is strictly binary and not recorded for all patients or episodes

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Demographic analysis

As it stands, demographic information is not well-recorded in the data.

- Gender is strictly binary and not recorded for all patients or episodes
- Limited geographic information is encoded in the GP practice code of the patient

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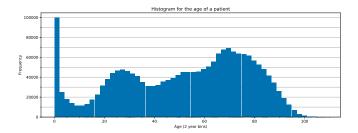
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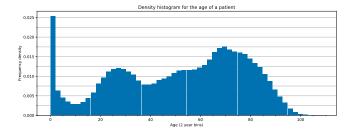
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Demographic analysis





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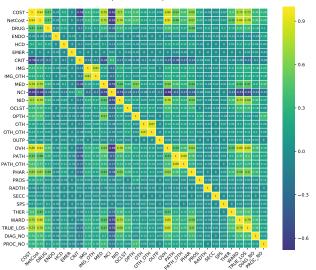
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Correlation

Correlation coefficients for spell-level cost components and other clinical variables



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Measuring variation

Variance is not scale invariant and did lead to misconceptions.

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Measuring variation

Variance is not scale invariant and did lead to misconceptions.

Definition

Let μ, σ^2 denote the population mean and population variance of some population respectively. Then we define the *coefficient of variation*, denoted by C_{ν} , to be:

$$C_{\mathsf{v}} = \frac{\sigma}{\mu}$$

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Measuring variation

Variance is not scale invariant and did lead to misconceptions.

Definition

Let μ, σ^2 denote the population mean and population variance of some population respectively. Then we define the *coefficient of variation*, denoted by C_{ν} , to be:

$$C_{\mathsf{v}} = \frac{\sigma}{\mu}$$

The coefficient of variation is scale invariant, and allows us to see the relative variation in each of our cost components.

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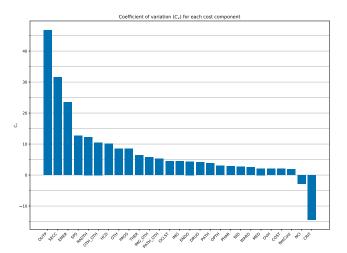
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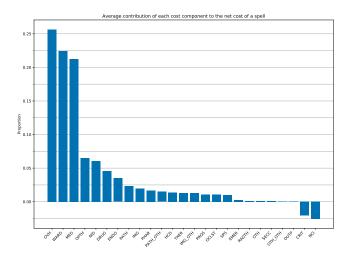
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Cost component contribution



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General methods for slice analysis

Given some slice of the data, we want to:

- Examine cost variations and general surface-level statistics
- Determine components and variable relationships of interest
- Consider the relative 'cost' of the patients in this slice
- Contrast this against its complement and the general dataset

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Diabetic patient analysis

This is a known area of interest to the health board.

Diabetic patients make up 10.8% of all the episodes in the dataset, and roughly 8.7% of the unique patients in the dataset.

Here we consider patients to be 'diabetic' if they have diabetes flagged as either a primary or secondary condition in their episode.

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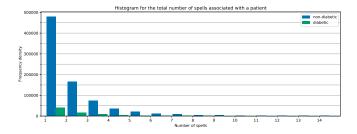
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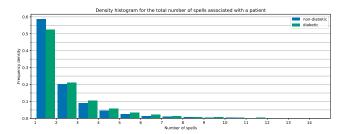
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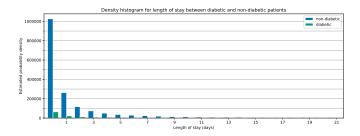
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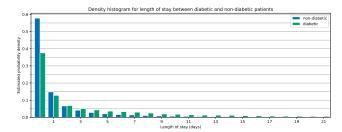
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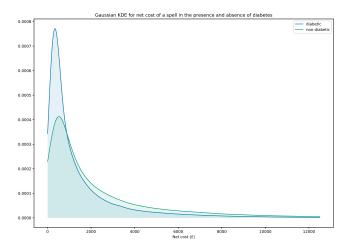
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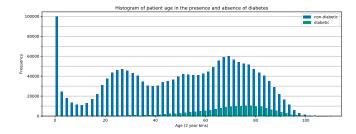
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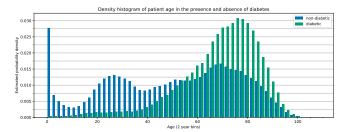
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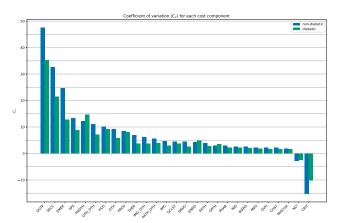
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Cost variation



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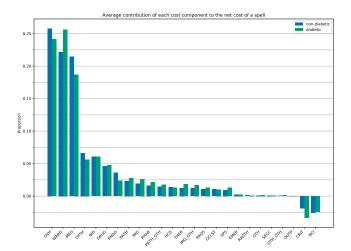
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Cost component contribution



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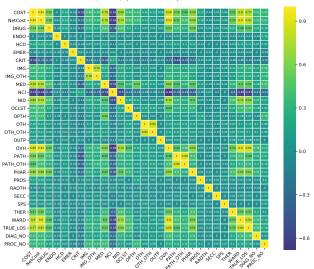
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Correlation

Correlation coefficients for (diabetic) spell-level cost components and other clinical variables



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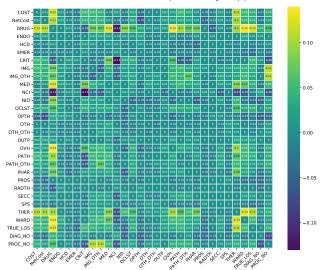
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Correlation (differences)

Difference in correlation coefficients for diabetic patients and the general population



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Diabetic patient analysis

We will focus our definition of system 'cost' on three measures:

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Diabetic patient analysis

We will focus our definition of system 'cost' on three measures:

- Proportion of total daily admissions
- Average length of stay given admission date
- Proportion of net costs spent given admission date

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Diabetic patient analysis

We will focus our definition of system 'cost' on three measures:

- Proportion of total daily admissions
- Average length of stay given admission date
- Proportion of net costs spent given admission date

These are indicators of resources used and resources necessary.

This grouping by admission date will lead to a degree of misrepresentation in our plots.

Allows us to investigate patterns developing over time.

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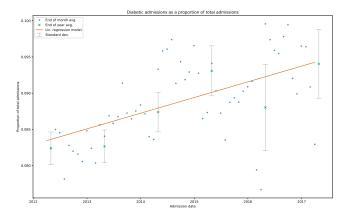
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Resource consumption



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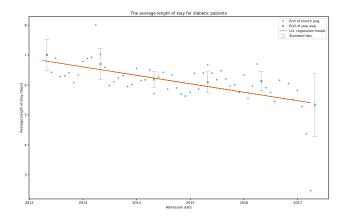
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Resource consumption



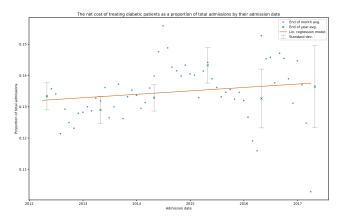
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Resource consumption



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Conclusions

- Relative resource consumption by diabetic patients is consistent
- Cost components are less variant than and are comparable in their distribution to - non-diabetic patients

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• Resource consumption metric

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- Resource consumption metric
- Perform clustering analysis to find inherent slices in the data

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- Resource consumption metric
- Perform clustering analysis to find inherent slices in the data
- Incorporate external data
 - Decode GP practice codes for GeoPandas
 - Socio-economic analysis based on deprivation and geography
 - Temperature-based analysis

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Moving forward

- Resource consumption metric
- Perform clustering analysis to find inherent slices in the data
- Incorporate external data
 - Decode GP practice codes for GeoPandas
 - Socio-economic analysis based on deprivation and geography
 - Temperature-based analysis
- Severity and comorbidity analysis
 - Average severity of secondary conditions given some primary condition
 - Using the comorbidity index as a class label in some predictive analysis