Predicting Yearly Medical Costs Using Synthetic Patient Data

Stony Brook University Data Science Bootcamp Capstone Project

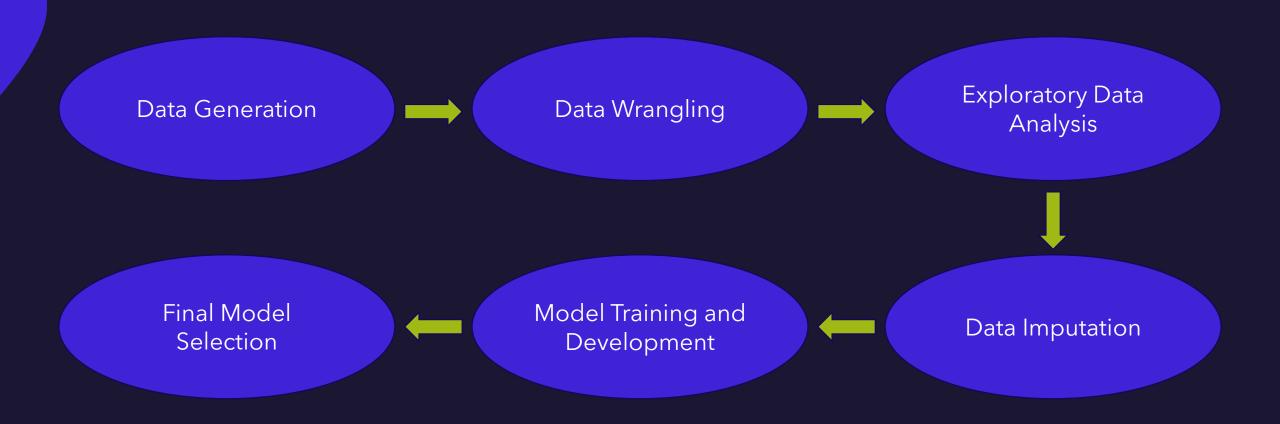
Diana Kulawiec

Introduction

- Can a machine learning model be developed to predict yearly medical encounter costs from synthetic patient data?
- Which factors have the most important impact on healthcare expenses?



The Process



SYNTHEA EMPOWERS DATA-DRIVEN HEALTH IT

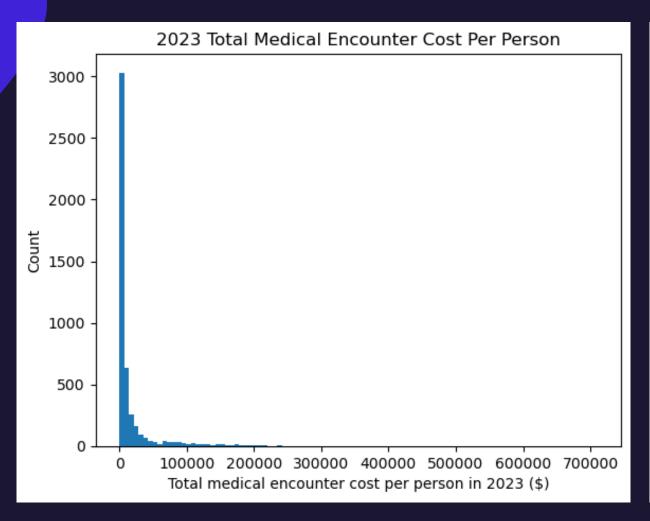


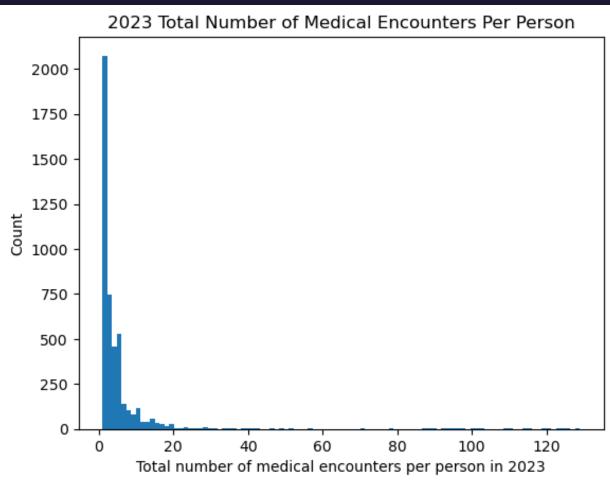
Data Generation

- Downloaded synthetic patient data from Synthea for 100 living patients from each of the 50 states
- CSV files:
 - Patients
 - Encounters
 - Medications
 - Procedures
 - Immunizations
 - Allergies
 - Observations

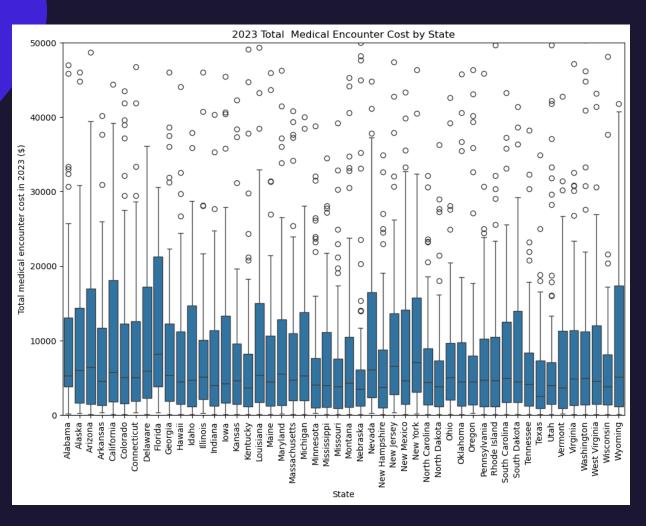
Data Wrangling **Patients** Demographic information **Encounters** Number of medical **Observations** encounters and Patient vital signs cost and lab reports **Final Dataset** 5000 rows, 60 **Medications** columns **Allergies** Number of Number of medications and allergies cost **Immunizations Procedures** Number of Number of immunizations and procedures and cost cost

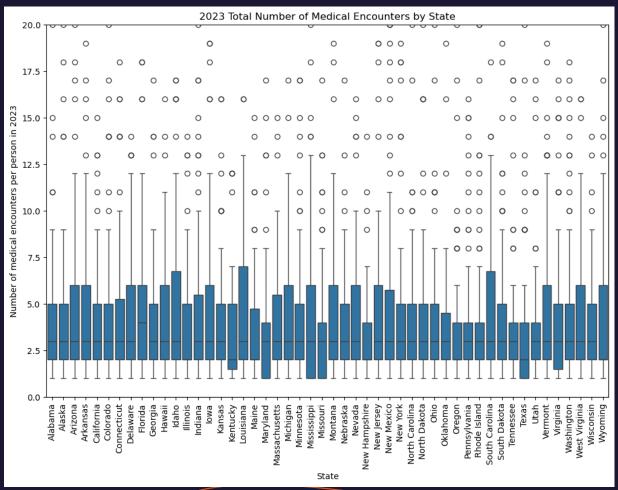
Medical Encounters Distributions



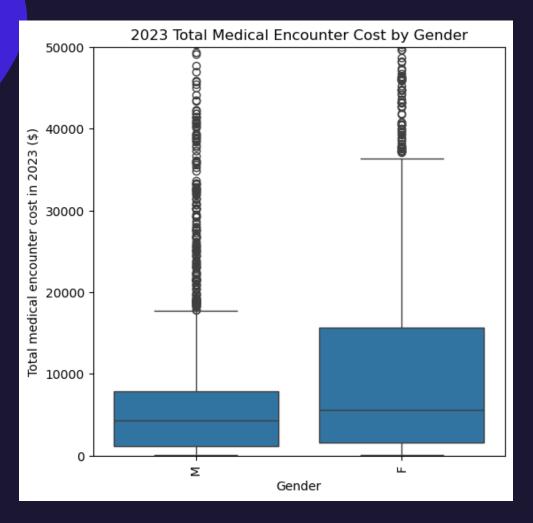


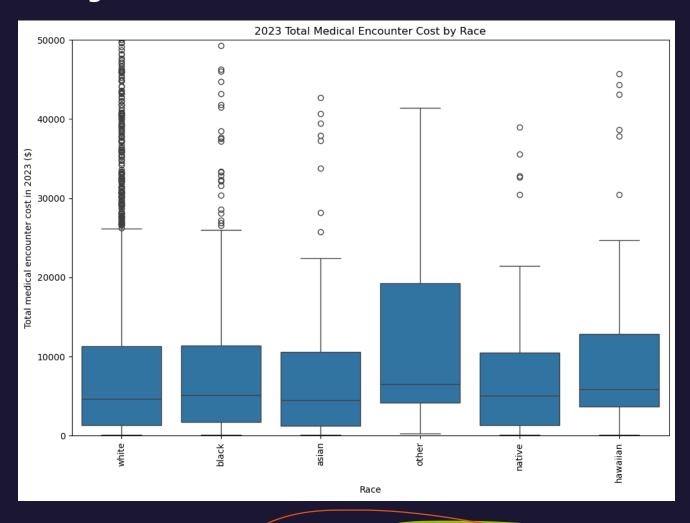
Medical Encounters by State



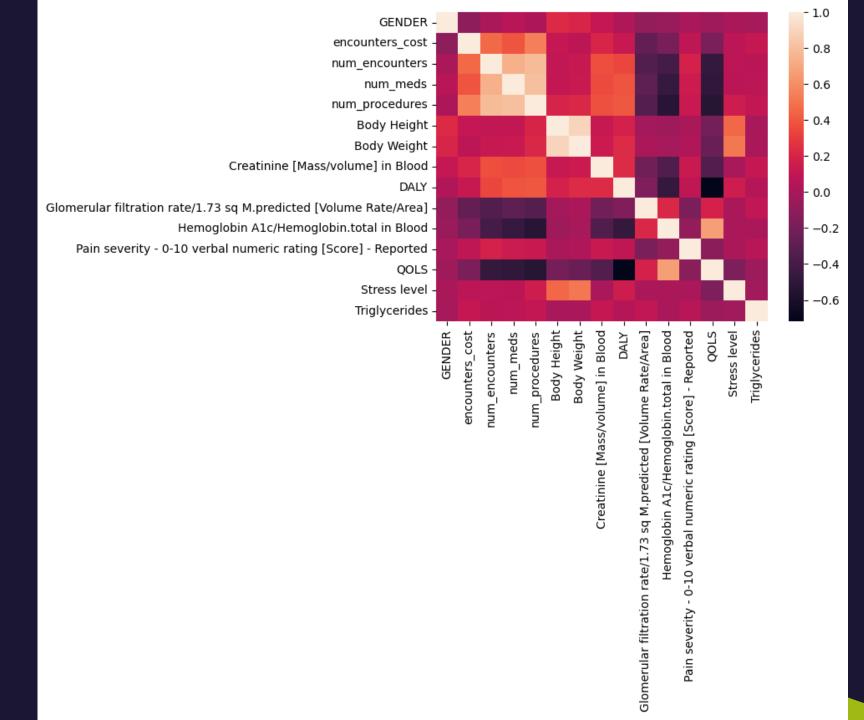


Medical Encounters by Gender and Race





Exploratory Data Analysis



Data Imputation

- Tested 4 different imputation techniques to fill in missing values
- Assessed R-squared values and distribution shape
- Selected K Nearest Neighbor

Imputation	R-Squared	
Technique	Value	
Mean	0.4934	
Median	0.4941	
K Nearest Neighbor	0.5313	
(KNN)		
Multivariate		
Imputation by	0.5139	
Chained Equations		
(MICE)		

Model Training and Development

- Split data into training (75%) and testing (25%) sets
- Baseline model mean value of the training set (dummy regression)
- Evaluated R-squared and mean absolute error (MAE)

Mean value of	15,040.24
training data	
Training R-squared	0.0000
Testing R-squared	-0.0006
Training MAE	18,029.71
Testing MAE	17,276.07

Linear Regression Models

	Linear Regression	Ridge Regression	Lasso Regression
Training R-squared	0.4464	0.4073	0.4223
Testing R-squared	-0.1396	0.2567	0.4184
Training MAE	13,050.87	12,431.39	12,130.95
Testing MAE	12,799.56	12,021.69	11,354.02

Ensemble Models

	Random Forest	Gradient Boosting
Training R-squared	0.9426	0.9475
Testing R-squared	0.6350	0.6404
Training MAE	2,519.64	4,236.62
Testing MAE	6,167.80	6,439.04

Final Model Selection - Random Forest

- Random forest model was selected
- Included the best 45 features and 80 trees in the forest
- R-squared 0.9495
- Mean absolute error 2,379.54

Final Model Selection - Random Forest

Random Forest Model vs. Dummy Regression Model			
Percent change training R-squared	100.00%		
Percent change testing R-squared	100.10%		
Percent change training MAE	615.57%		
Percent change testing MAE	180.10%		



Final Model Selection – Top Features

- Number of medical encounters
- Number of medical procedures
- DALY (disability-adjusted life year
- Body mass index (BMI)
- Pain severity 0-10 verbal numeric rating
- Age
- Medications cost
- Cholesterol in HDL [Mass/volume]
- Number of medications

Conclusion

- Developed a machine learning model to predict yearly medical encounter costs from synthetic patient data
- On average, this model is expected to estimate a patient's yearly medical encounters cost within about \$2,500
- Future work:
 - Include different types of data
 - Test multiple years

