

EMR Predictive Models for Patients with Diabetes

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Introduction

- Type 2 Diabetes accounts for 90-95% of all diabetes cases among adults in United States (2015 data)
 - 23 million diagnosed cases
 - 7.2 million undiagnosed cases¹
- Predictive models may be used to identify undiagnosed individuals
- This project develops and evaluates predictive models for identifying patients with diabetes using an Electronic Medical Record (EMR) dataset

Data

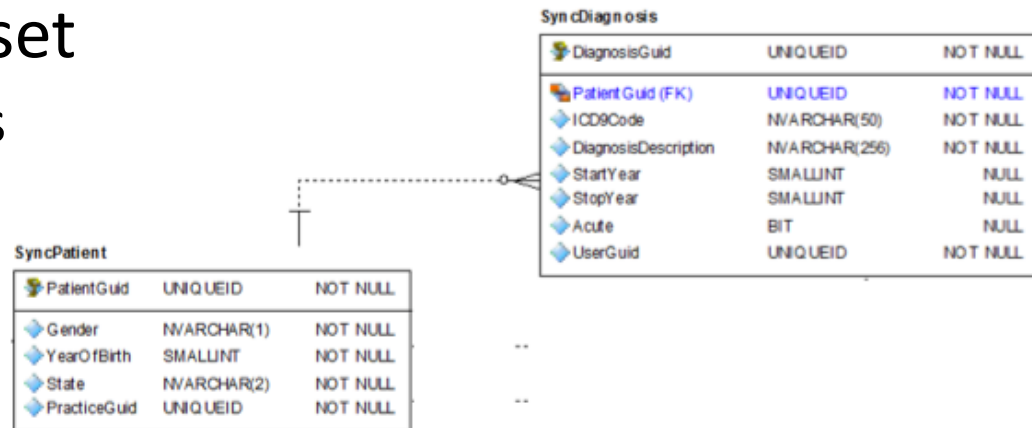
- 2012 EMR data set

- 10,000 patients

- SQL tables

- Patients
- Allergies
- Diagnoses
- Prescriptions
- Transcripts of visit data
- Labs

- Target patients identified with *dmIndicator* field

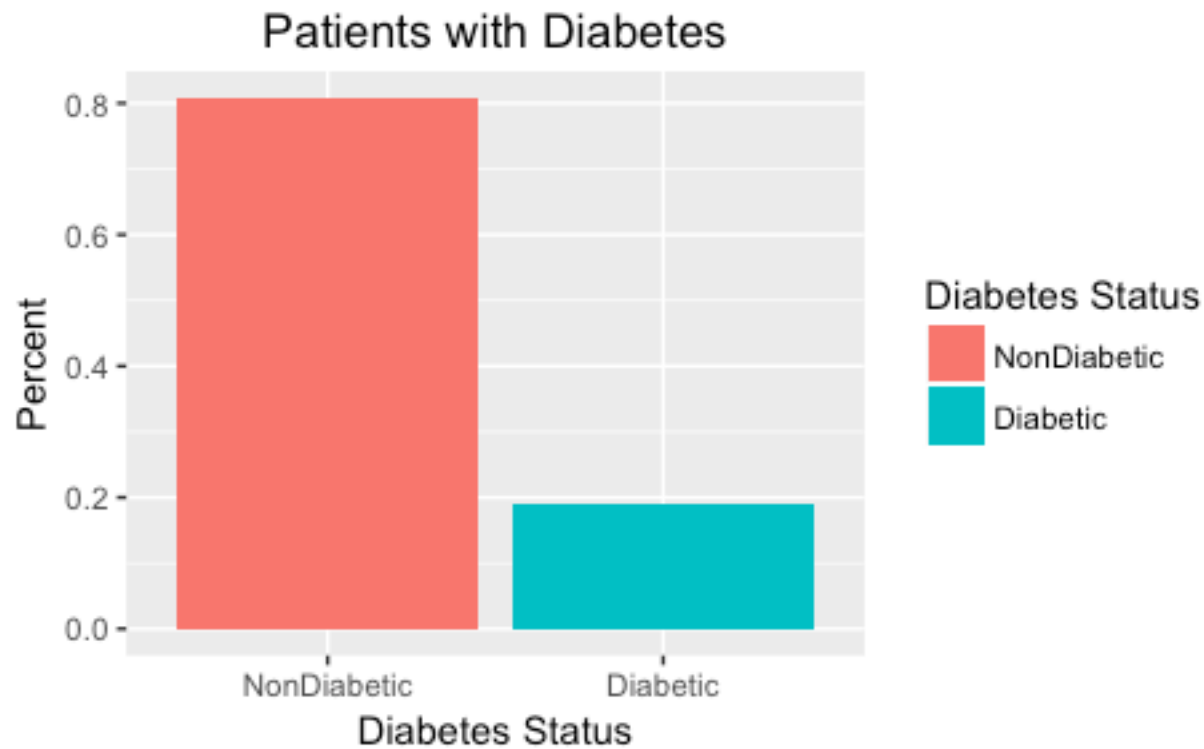


Data Cleaning

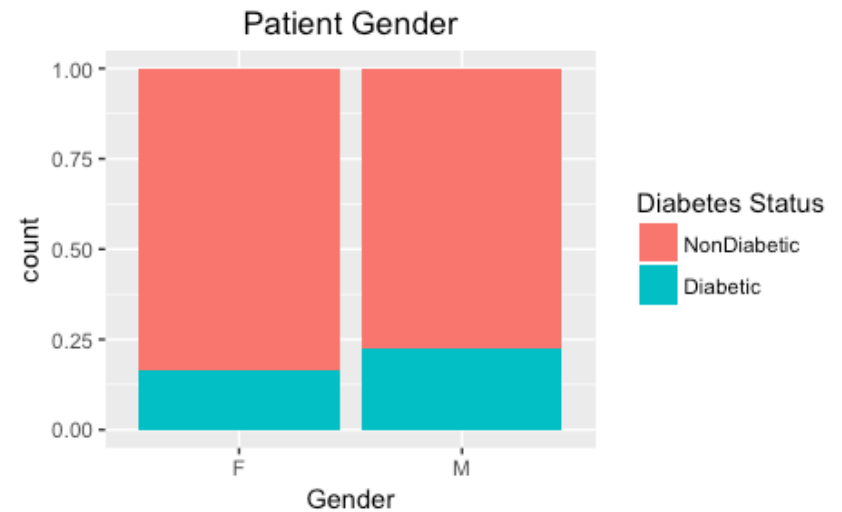
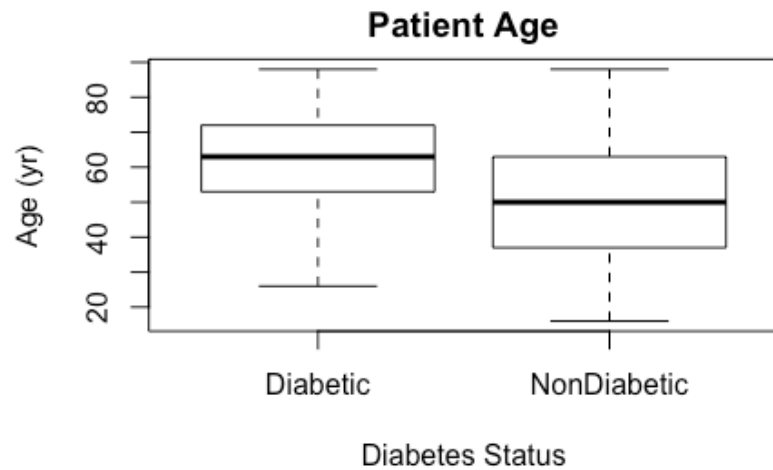
- Load data from CSV files
- Join data from related tables
- Cluster diagnosis data into diagnosis categories
- Map medication NDC codes to medication names
- Filter data
 - Remove errors
 - Isolate relevant data
- Transform data types
- Derive data
(e.g. pulse pressure = systolic – diastolic)

Exploratory Analysis

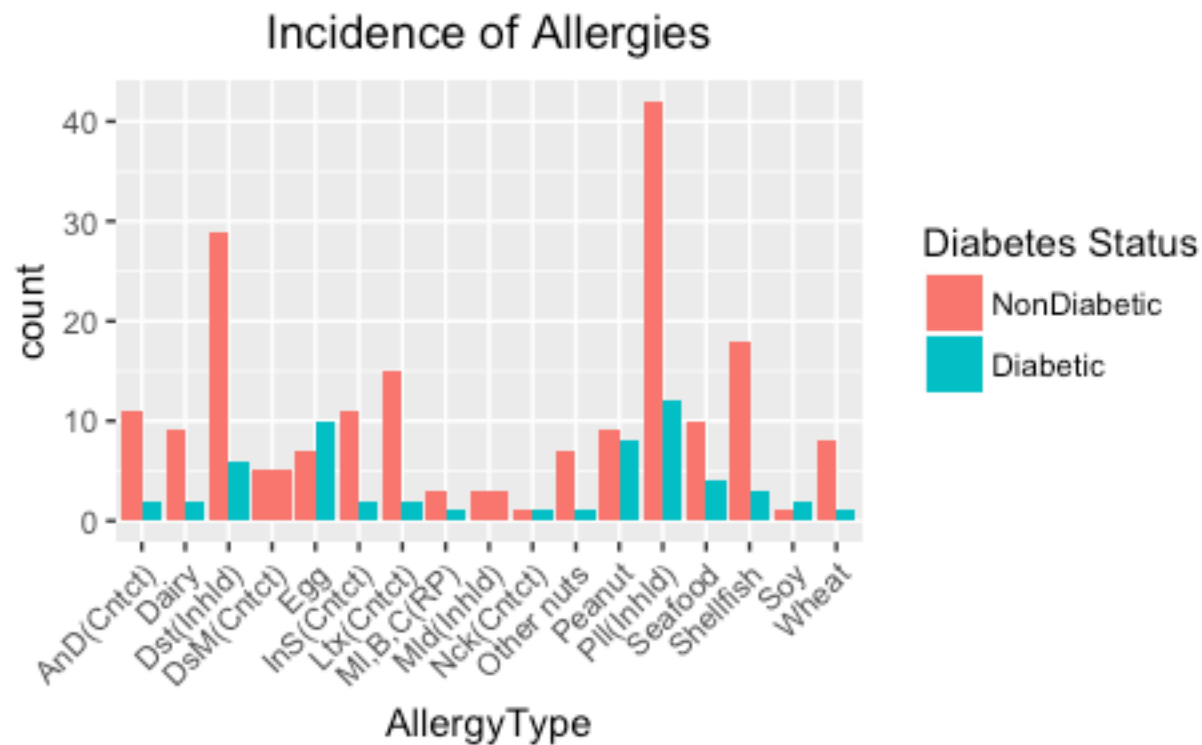
Baseline Ratio of Diabetic Patients



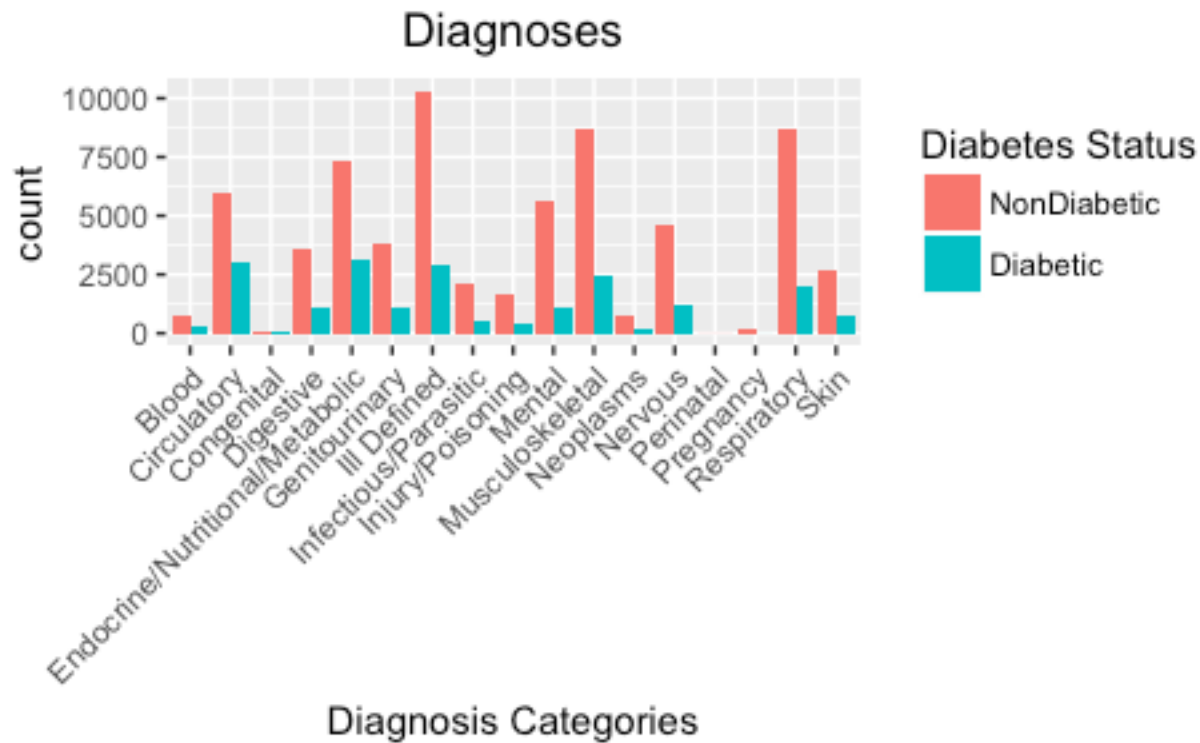
Age & Gender



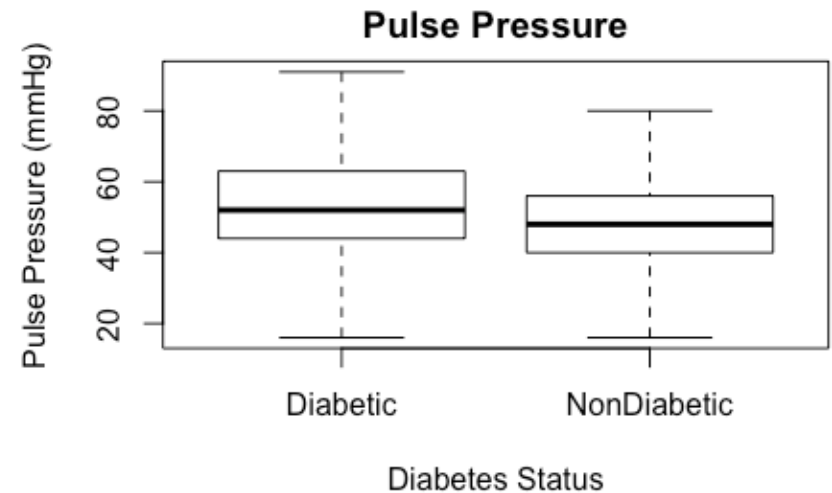
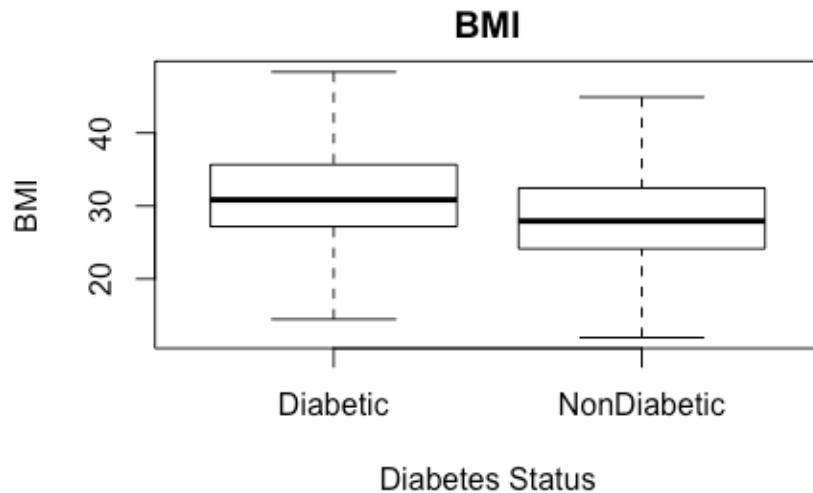
Allergies



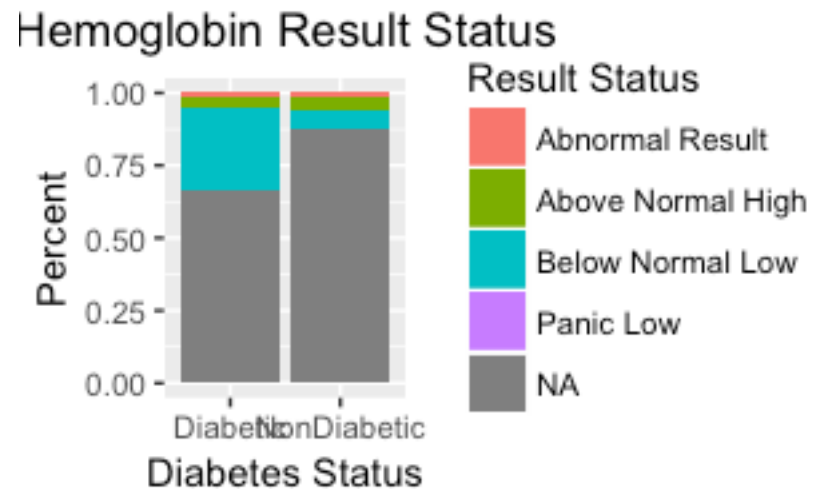
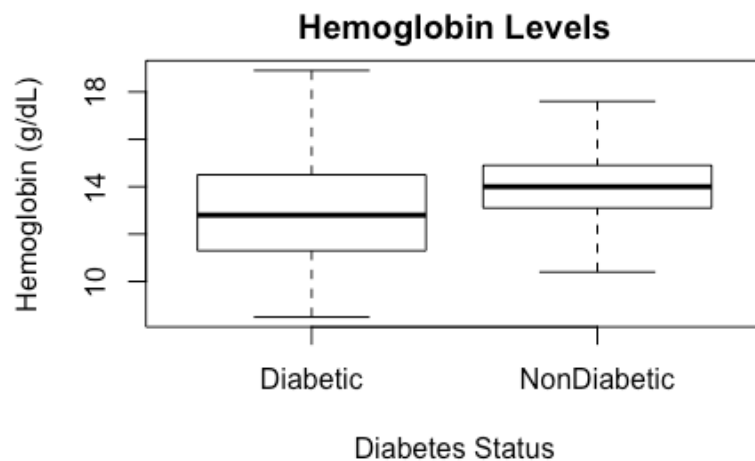
Diagnoses



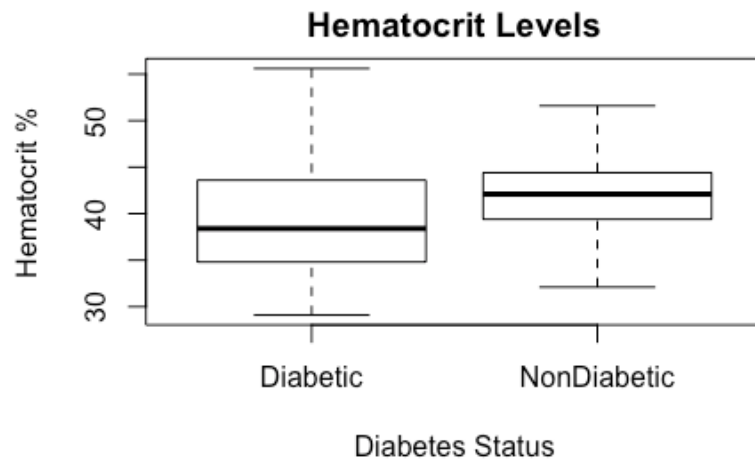
Transcript Data: BMI & Pulse Pressure



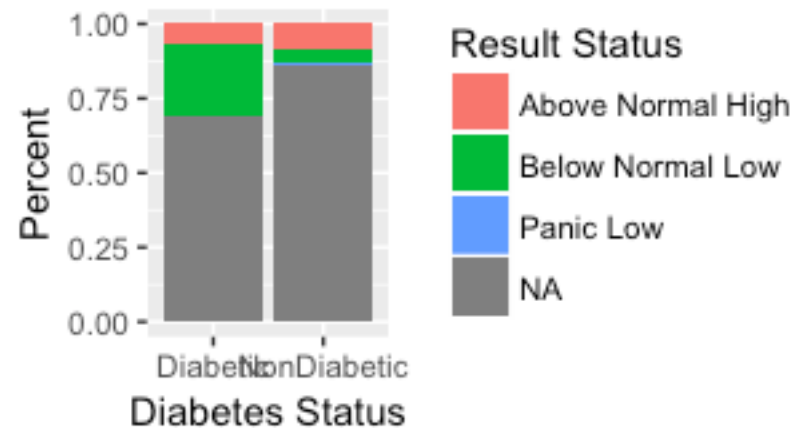
Labs: Hemoglobin Levels



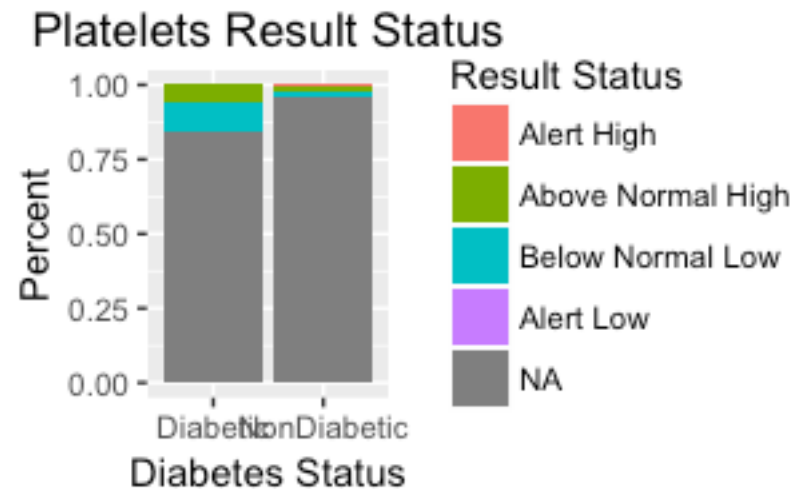
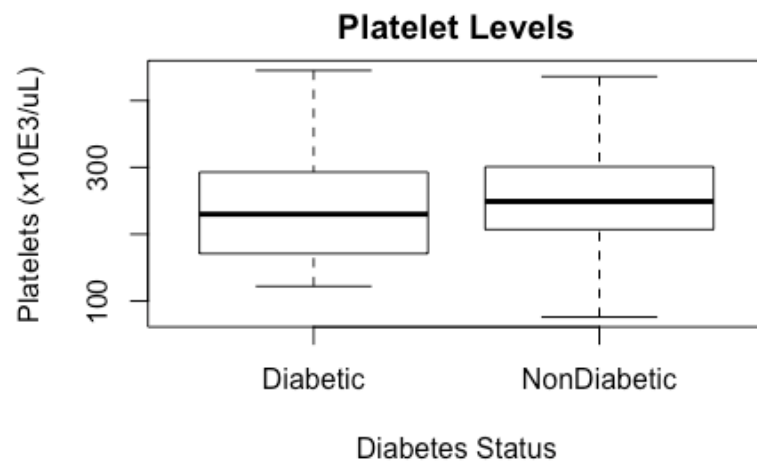
Labs: Hematocrit Levels



Hematocrit Result Status



Labs: Platelet Levels



Predictive Models

Promising Variables

- Age
- Gender
- Allergies
- Diagnosis Categories
- BMI
- Pulse Pressure
- Hemoglobin Levels
- Hematocrit Levels
- Platelet Levels

Considerations

- Mix of continuous and categorical data
- Multiple observations per patient
- Disconnected data

Random Forests Predictive Model

- Can be used with mixed data types
- Can be used with non-linear data relationships
- Evaluation
 - Training/Test Predictions: Confusion Matrix
 - 10-Fold Cross-Validation

Lab Results Data Predictive Model

- Isolate Hemoglobin, Hematocrit, Platelets data
- Imputation to estimate missing values
- Split into training and test subsets
- Random Forest Model:

dmIndicator ~ age + gender + hemoglobin +
hematocrit + platelets

Lab Results Data Predictive Model

- Confusion Matrix: 88% Accuracy

	Predicted		
Actual		0	1
	0	216	3
	1	27	3

- Cross Validation:
 - Accuracy: 89%, Kappa: 31%

Diagnosis Data Predictive Model

- Separate diagnosis category factors into columns
- Aggregate data into single row containing all diagnoses
- Include transcript data
- Split into training and test subsets
- Random Forest Model:

dmIndicator ~ age + gender + BMI +
pulse pressure + endocrine +
circulatory

Diagnosis Data Predictive Model

- Confusion Matrix: 79% Accuracy

	Predicted		
		0	1
Actual	0	9,637	317
	1	2,470	616

- Cross Validation:
 - Accuracy: 81%, Kappa: 43%

Combined Predictive Model

- Combine allergy, diagnosis & transcript Data
- Too many medications for model
- Split into training and test subsets
- Diagnosis data not significant in this model
- Random Forest Model:

$\text{dmIndicator} \sim \text{age} + \text{gender} + \text{allergies}$

Combined Predictive Model

- Confusion Matrix: 95% Accuracy

	Predicted		
Actual		0	1
	0	782	1
	1	39	25

- Cross Validation:
 - Accuracy: 99%, Kappa: 95%
 - Overfit?

Discussion & Conclusion

Limitations

- Lab data not linked to doctor visit transcript data
- Medication data too granular (need to chunk medication into categories)
- Possible overfit of combined model
 - Too many factor levels?

Conclusions

- Contributors to predictive models
 - Age & gender
 - BMI & pulse pressure
 - Hemoglobin, hematocrit, platelets
 - Endocrine & circulatory diagnoses
 - Allergies
- Recommendations
 - Further study
 - Collect more data around these factors
 - Allergies may be a novel area of research