Logistic regression AQI data

Michael Andreae
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Insurance status predicts antiemetic use

\$ sex

\$ ASA

We investigate the Hypothesis that insurance status predicets antiemetic use the population in the Public Use File of the Anestehsia Quality Institute with electronic anesthesia records recording antiemetic use.

Load cleaned dataset fullAQI_4_14 and prov1_AQI_4_14

we load the cleaned larger dataset without and with provider information $fullAQI_4_14.Rdata$, $prov1_AQI_4_14$, which we generated in $import_AQI_14Jul2015.Rmd$

```
rm(list = ls())
load("Analysis/Data/fullAQI_4_14.Rdata")
load("Analysis/Data/prov1_AQI_4_14.Rdata")
str(fullAQI_4_14)
## 'data.frame':
                    173133 obs. of 12 variables:
               : Factor w/ 2 levels "no Ondan", "Ondan": 2 1 2 1 1 2 2 2 1 2 ...
##
   $ ond
## $ dex
               : Factor w/ 2 levels "no Dex", "Dex": 1 1 1 1 1 1 1 1 1 1 ...
## $ drop
               : Factor w/ 2 levels "no Drope", "Drope": 1 1 1 1 1 1 1 1 1 1 ...
               : Factor w/ 2 levels "neither", "either": 2 1 2 1 1 2 2 2 1 2 ...
## $ any
## $ pay
               : Factor w/ 4 levels "Commercial", "MEDICAID", ...: 1 1 1 3 1 3 2 1 3 1 ...
## $ age
               : int 50 53 58 73 64 73 19 27 85 59 ...
## $ age_group: Factor w/ 6 levels "19 - 49", "50 - 64",...: 2 2 2 3 2 3 1 1 4 2 ...
               : Factor w/ 2 levels "female", "male": 2 2 1 2 2 1 1 1 2 2 ...
## $ sex
## $ ASA
               : Factor w/ 6 levels "1", "2", "3", "4", ...: 2 3 3 2 3 3 2 2 3 2 ...
## $ duration : int 59 43 190 56 37 116 93 108 70 93 ...
## $ anes_type: Factor w/ 7 levels "General", "Neuroaxial", ..: 1 4 1 2 3 1 2 1 1 1 ...
## $ practice : Factor w/ 4 levels "A", "B", "C", "D": 2 2 2 2 2 2 2 2 2 2 ...
str(prov1_AQI_4_14)
## 'data.frame':
                    146879 obs. of 13 variables:
## $ ond
               : Factor w/ 2 levels "no Ondan", "Ondan": 2 1 2 2 2 2 1 1 2 2 ...
               : Factor w/ 2 levels "no Dex", "Dex": 1 1 1 1 1 2 1 1 1 2 ...
##
   $ dex
##
               : Factor w/ 2 levels "no Drope", "Drope": 1 1 1 1 1 1 1 1 1 1 ...
   $ drop
## $ any
               : Factor w/ 2 levels "neither", "either": 2 1 2 2 2 2 1 1 2 2 ...
               : Factor w/ 4 levels "Commercial", "MEDICAID", ...: 3 2 1 1 3 1 1 1 3 1 ...
##
  $ pay
##
               : int 73 31 56 59 64 49 36 45 62 26 ...
## $ age_group: Factor w/ 6 levels "19 - 49", "50 - 64", ...: 3 1 2 2 2 1 1 1 2 1 ...
```

\$ anes_type: Factor w/ 7 levels "General", "Neuroaxial",..: 1 1 1 1 1 1 1 1 1 1 ...

\$ practice : Factor w/ 4 levels "A", "B", "C", "D": 2 2 2 2 2 2 2 2 2 2 ...

: Factor w/ 2 levels "female", "male": 1 1 2 2 1 2 2 1 1 2 ...

\$ duration : int 172 80 172 122 133 83 136 81 112 110 ...

: Factor w/ 6 levels "1", "2", "3", "4", ...: 4 3 2 2 3 1 2 2 3 2 ...

\$ provider : Factor w/ 720 levels "5622", "5623", ...: 161 155 152 163 156 156 161 161 156 153 ...

Logistic Regression

Logistic Model 1 Link: logit

We fit a logistic regression model with the a logit link.

	OR	X2.5	X97.5	p_values
(Intercept)	5.796	5.478	6.134	0.000
payMEDICAID	0.804	0.776	0.832	0.000
payMedicare	0.904	0.873	0.936	0.000
paySELF	0.825	0.729	0.935	0.002
$age_group50 - 64$	0.886	0.858	0.916	0.000
$age_group65 - 79$	0.807	0.776	0.840	0.000
$age_group80+$	0.692	0.655	0.731	0.000
age_groupUnder 1	0.078	0.070	0.086	0.000
age_group1-18	0.640	0.606	0.676	0.000
sexmale	0.735	0.717	0.754	0.000
ASA2	0.875	0.830	0.921	0.000
ASA3	0.571	0.541	0.603	0.000
ASA4	0.119	0.112	0.126	0.000
ASA5	0.005	0.003	0.007	0.000
ASA6	0.004	0.000	0.018	0.000
anes_typeNeuroaxial	0.090	0.087	0.094	0.000
anes_typeRegional	0.103	0.093	0.114	0.000
$anes_typeMAC$	0.053	0.051	0.056	0.000
anes_typeSedation	0.020	0.001	0.105	0.000
$anes_typeLocal$	0.195	0.009	1.602	0.163
duration	0.999	0.999	0.999	0.000
practiceB	1.270	1.219	1.324	0.000
practiceC	2.444	2.336	2.557	0.000
practiceD	1.123	1.087	1.161	0.000

Summary: Controlling for age, sex, facilty and case duration, antiemetic administration is strongly associated with insurance status as a marker of SES, but the OR is not as strong as previously estimated controlling for fewer variables. it makes sense that controlling for likely confounders like anesthesia type and ASA status reduces the effect estimate.