D208: Predictive Modelling Task I Western Governors University

-Oviya Selvaraj

A1. Research question:

How do Vitamin D levels, along with additional factors such as patient demographics, additional charge, and type of disease predict total medical costs for patients?

A2. Goals:

The goals of the data analysis are to identify the most significant factors that impact total medical costs. This involves determining how variables such as vitamin D levels, additional charges and demographic factors (like age, gender and income) relate to and influence the total cost incurred by patients. By analyzing the predictors, we can understand what drives high medical costs. This could provide insights for healthcare providers, policymakers, or insurance companies to focus on cost-control measures or preventive care strategies.

B1. Summary of assumptions:

The four assumptions of a Linear Regression model are:

- There is a linear relationship between independent and dependent variables.
- 2. The residuals are independent.
- 3. In linear regression, homoscedasticity is the assumption that the variance of the error term is constant across all values of the independent variables.
- 4. The residuals in the model are normally distributed.

B2. Tools Benefit

Language used: Python

- Extensive libraries: Python provides a wide range of libraries for data manipulation, visualization and statistical analysis like Pandas, NumPy, Matplotlib and SciPy.
- 2. **Easy to learn:** Python has a simple syntax and is easy to understand, making it easier to read and learn.

B3. Appropriate Technique

Multiple Linear Regression is used to understand and predict the influence of multiple independent variables on a single dependent variable. This technique allows us to analyze complex relationships where a single factor cannot fully explain the outcome. According to the research question, the independent features Vitamin D levels, additional charges, and demographic factors (like age, gender and income) are used to predict Total hospital charges. Thus, this method allows us to analyze multiple factors that interact and contribute with the independent factor.

C1. Data Cleaning

I use a boxplot to visualize continuous data such as age, vitamin D levels, income, additional charges, and total charges for the data cleaning process. Upon visualization, it can be observed that Income, Vitamin D levels and Additional charges contain outliers. Using the Interquartile Range Method (IQR), I mitigate the outliers for 'Income' and 'Additional Charges.' Observing the Vitamin D levels using the 'describe' function, it can be seen that the minimum is 9.8, and the maximum value is 26.40, which seems legitimate.

Thus, it will remain. There are no outliers for Age and TotalCharge. Also, there are no missing values or duplicates for any of the data used in my analysis.

C2. Summary Statistics

For the purposes of the analysis, I decided to only use the following data columns 'Income', 'Gender', 'Age', 'VitD_levels', 'HighBlood', 'Stroke', 'Overweight', 'Arthritis', 'Diabetes', 'Hyperlipidemia', 'BackPain', 'Anxiety', 'Allergic_rhinitis', 'Reflux_esophagitis', 'Asthma', 'TotalCharge', 'Additional_charges' and 'Initial_admin'. The dataset has been sufficiently cleaned leaving no null, NAs or missing data points.

Continuous data:

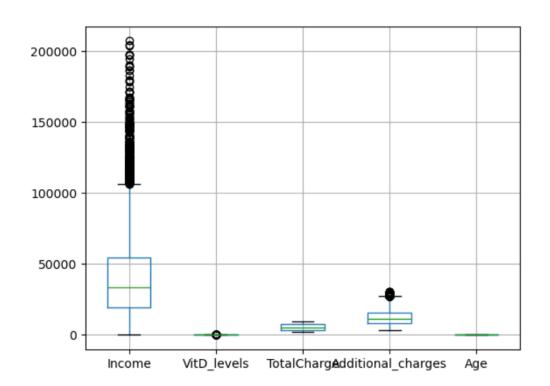
- **Income**: The histogram concludes a Uniform Distribution curve. The mean or average income of patients is \$ 39721.119.
- VitD_levels (Vitamin D Levels): The histogram shows a uniform distribution curve. The minimum value is 9.8 and the maximum value of 26.40 seems legitimate.
- **TotalCharge**: The histogram shows a bimodial distribution curve with an average hospital total charge of \$5312.17.
- Age: The histogram shows a uniform distribution with slightly fewer occurrences at the extreme ends (ages below 20 and above 90).
- Additional_charges: The histogram shows a concentration of values around 10,000 to 13,000, with a gradual decline in frequency as you move to the right, followed by a small increase near 25,000 (due to the capping effect).

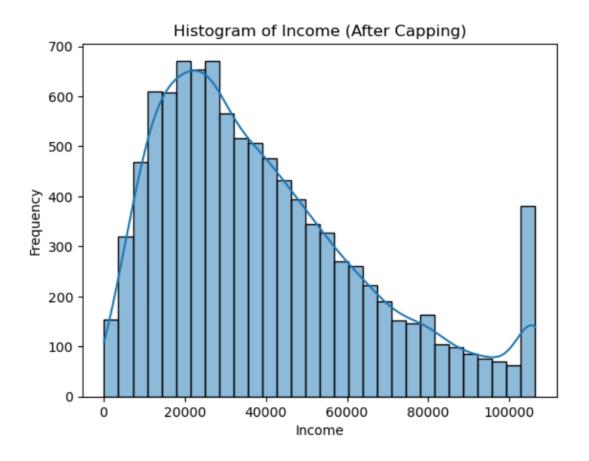
Categorical data: All the categorical data show Bernoulli distribution due to the binary nature except Initial_Admin (Initial Admission) and Gender.

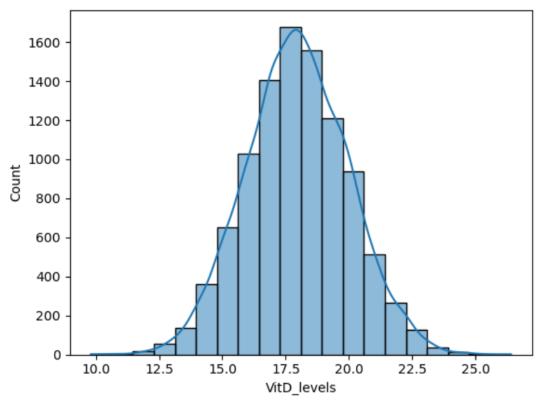
Initial_admin contains three categorical values 'Emergency admission', 'Elective admission' and 'Observation'. For Gender there are three categorical values (Male, Female and NonBinary). The frequency table is used to show the count of the categorical values.

C3. Univariate and Bivariate statistics

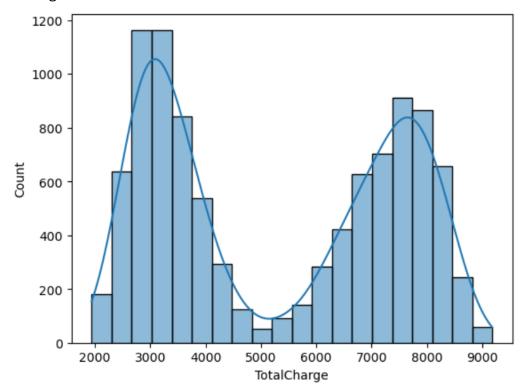
Univariate statistics for continuous and categorical data:



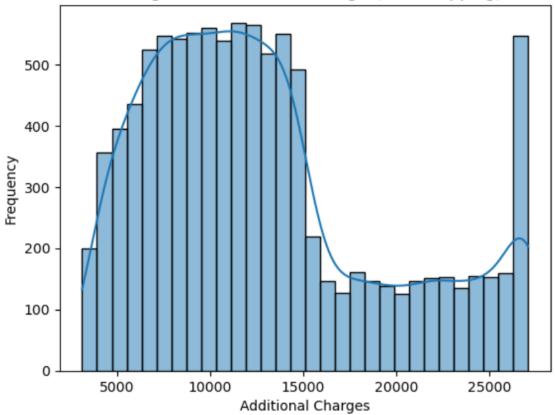


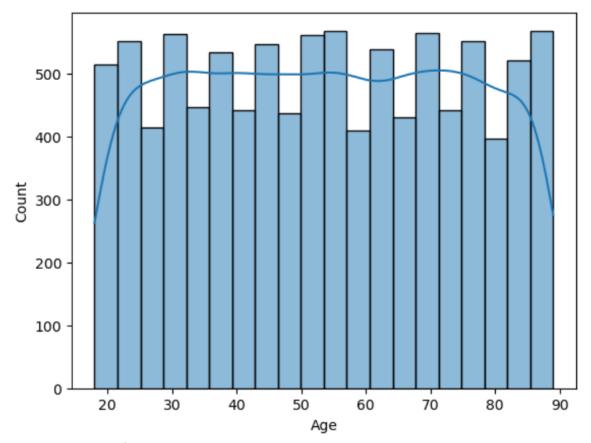


Total Charges:









Frequency table for Gender column:

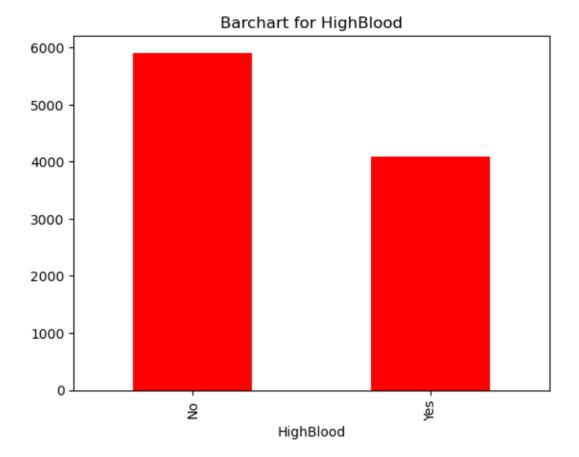
col_0 count

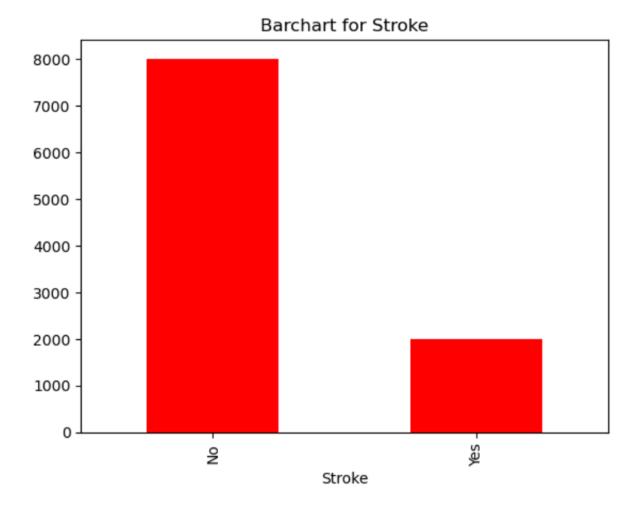
Gender

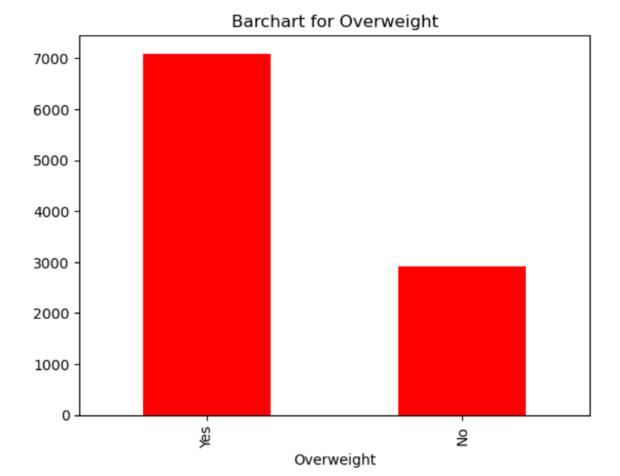
Female 5018

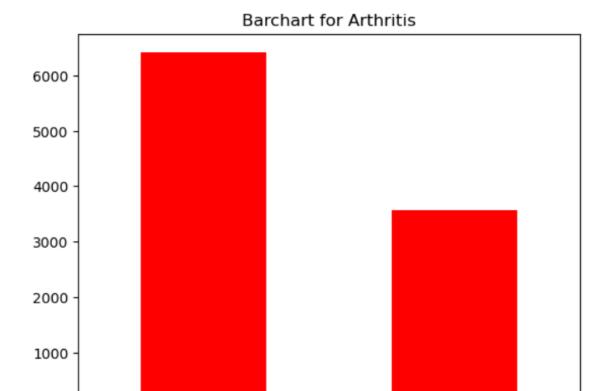
Male 4768

Nonbinary 214





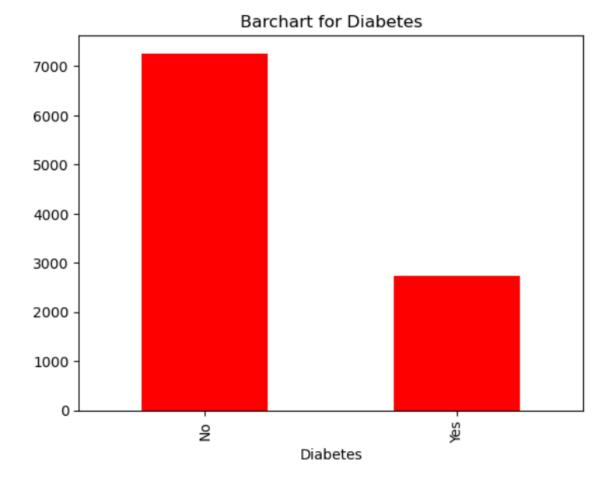


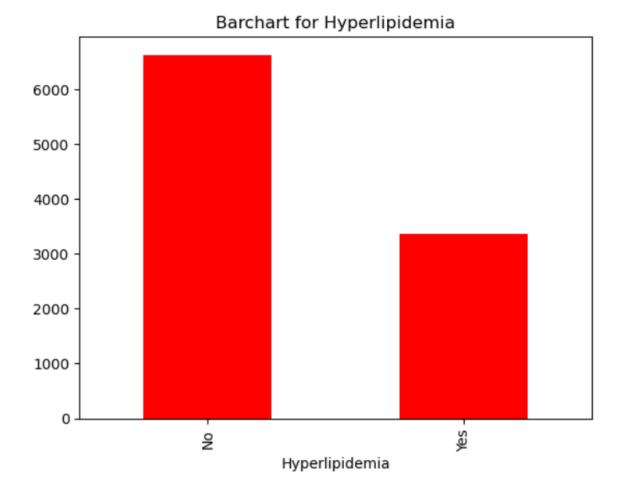


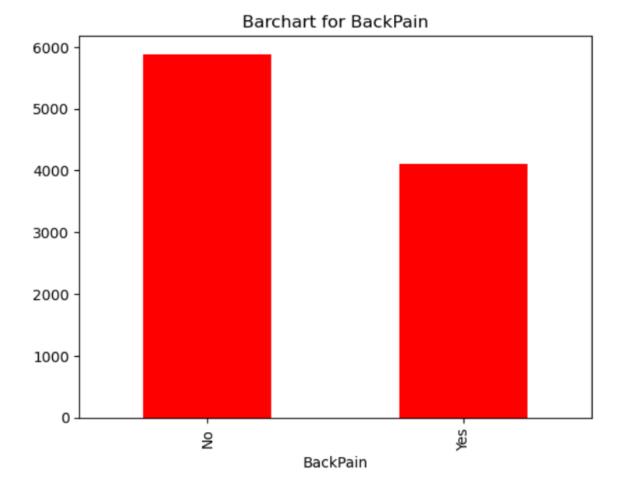
Arthritis

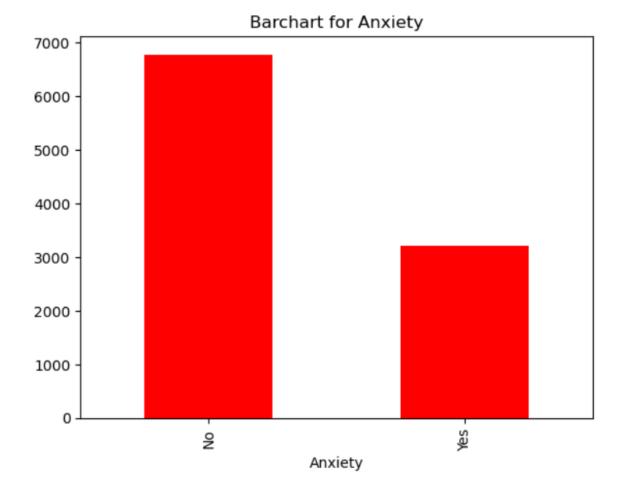
0 -

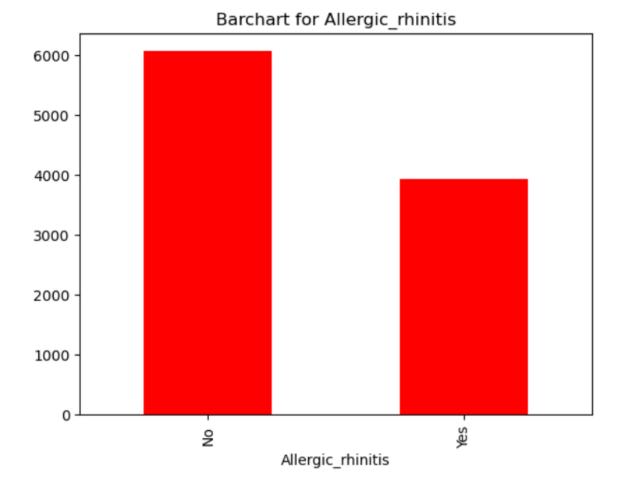
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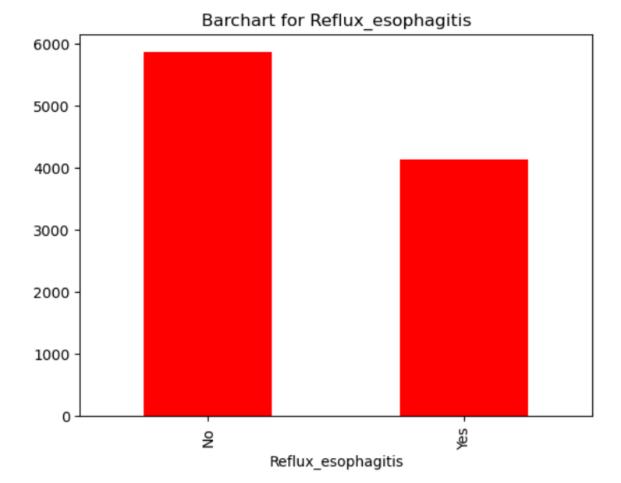


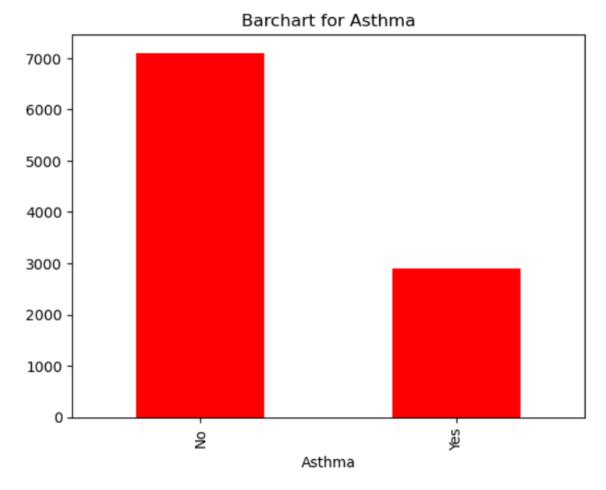












Frequency table for Initial Admission:

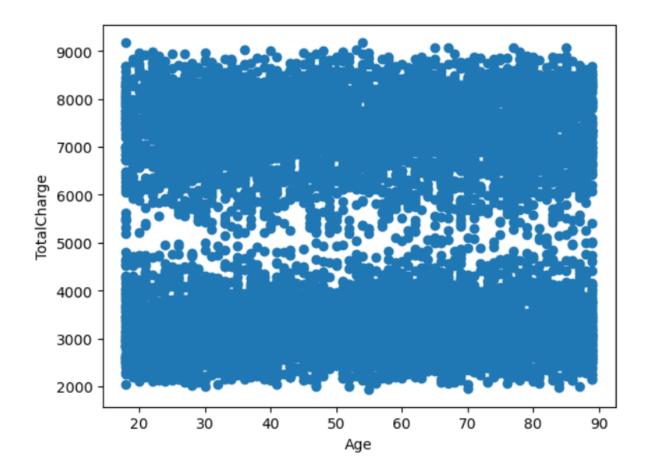
Initial_admin

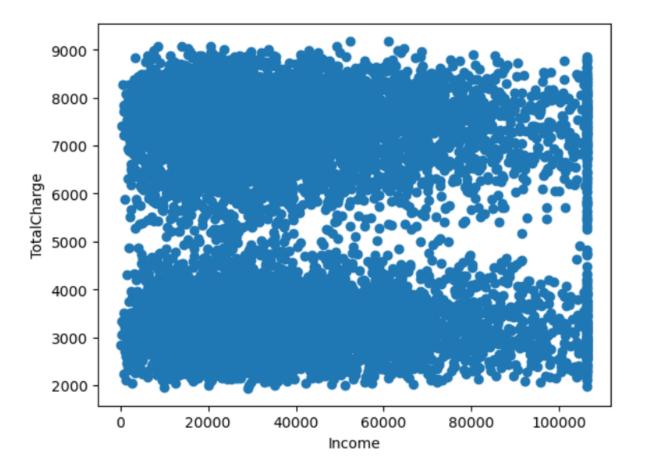
Elective Admission 2504

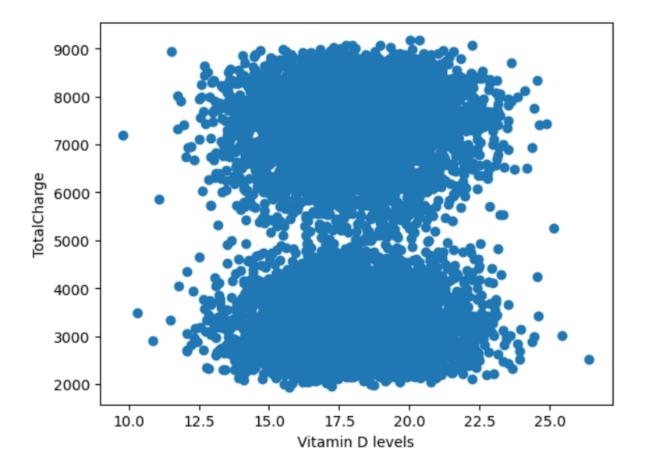
Emergency Admission 5060

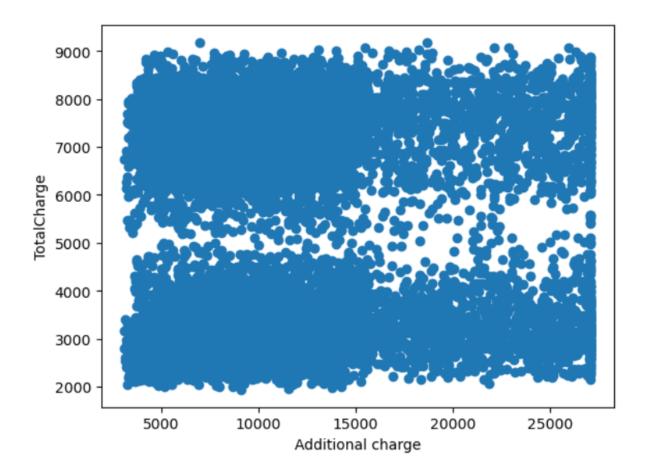
Observation Admission 2436

Bivariate Statistics for continuous and categorical data:

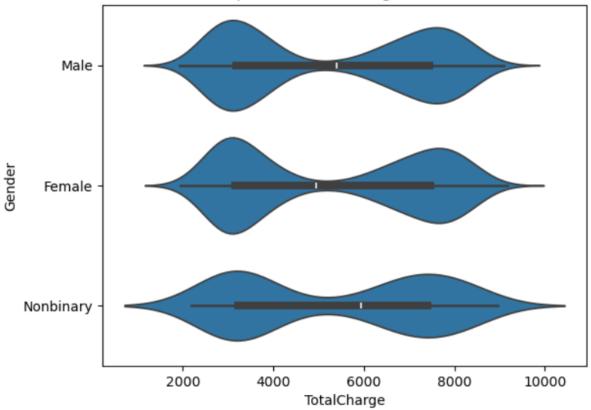




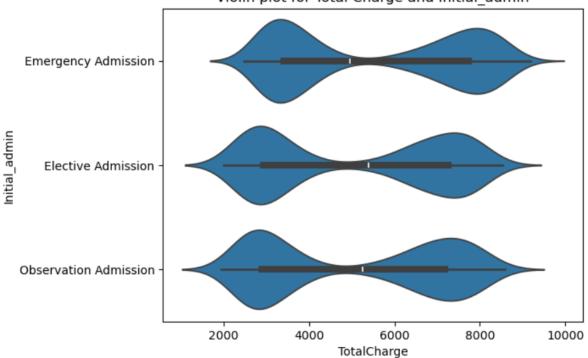




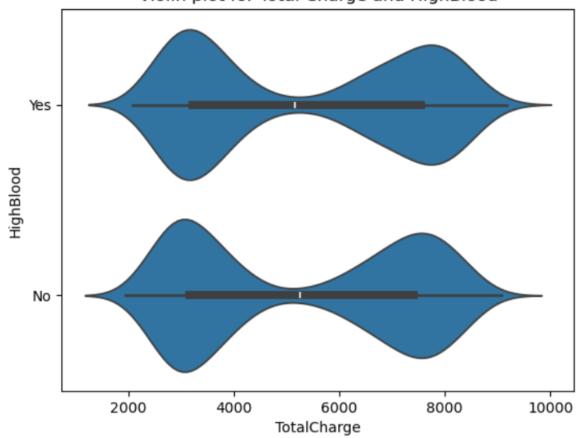




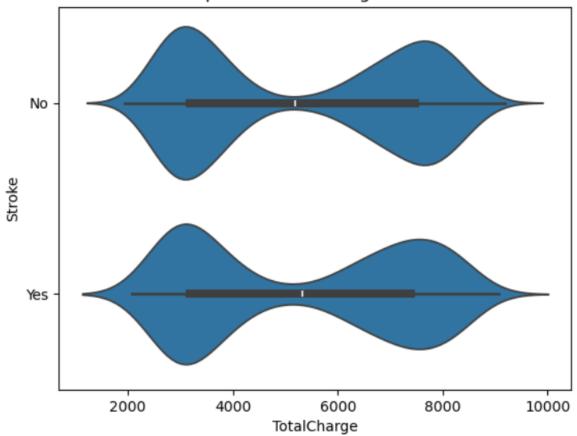




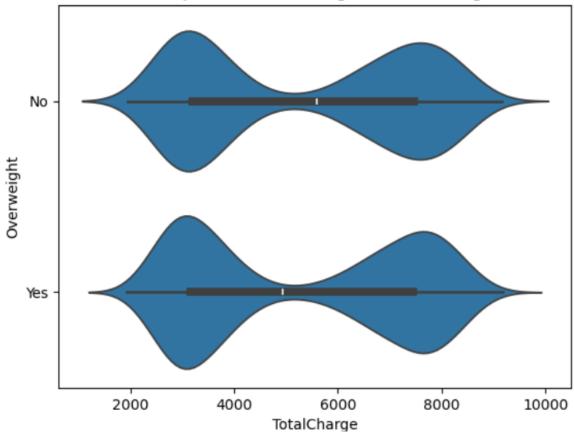
Violin plot for Total Charge and HighBlood



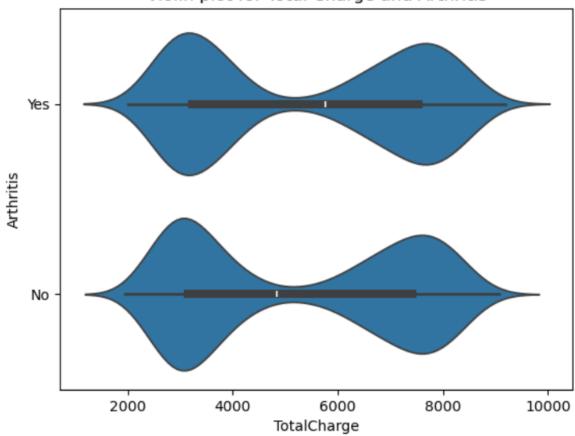
Violin plot for Total Charge and Stroke



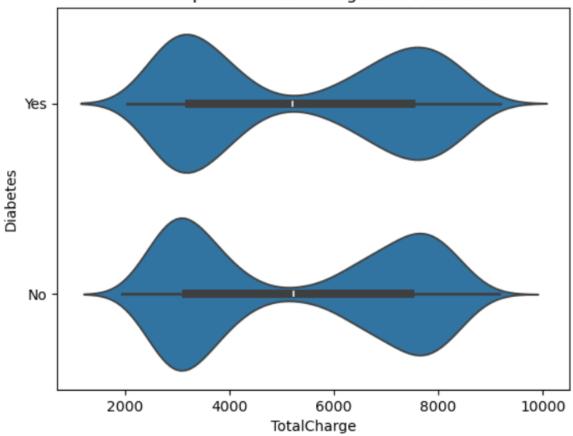




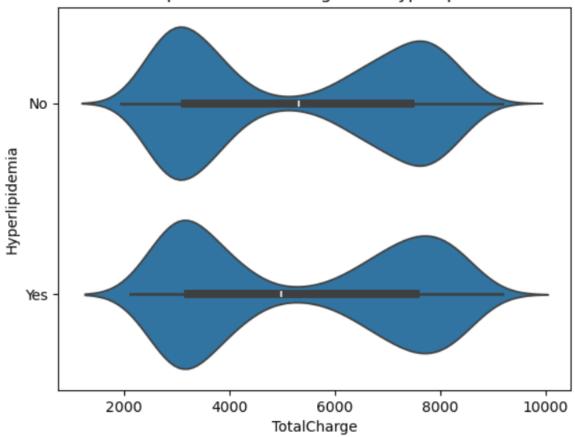




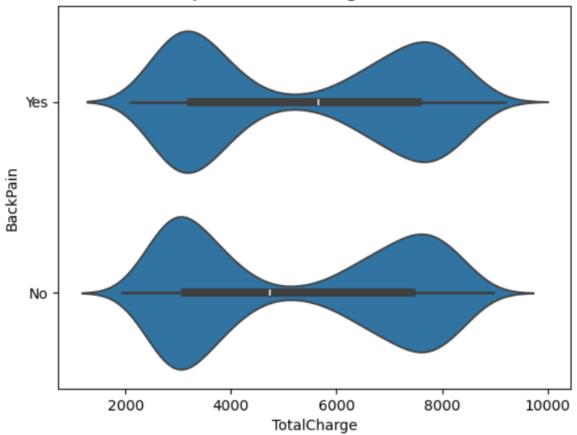
Violin plot for Total Charge and Diabetes



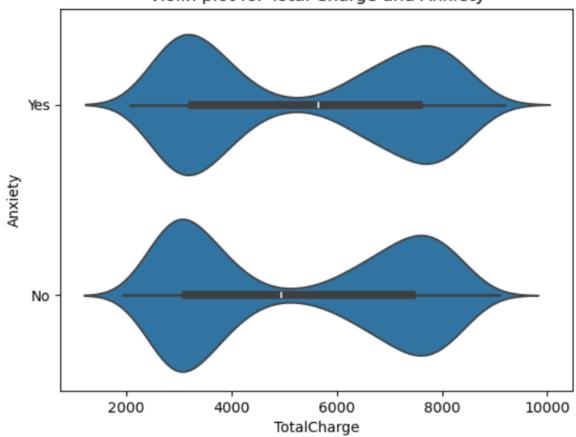
Violin plot for Total Charge and Hyperlipidemia

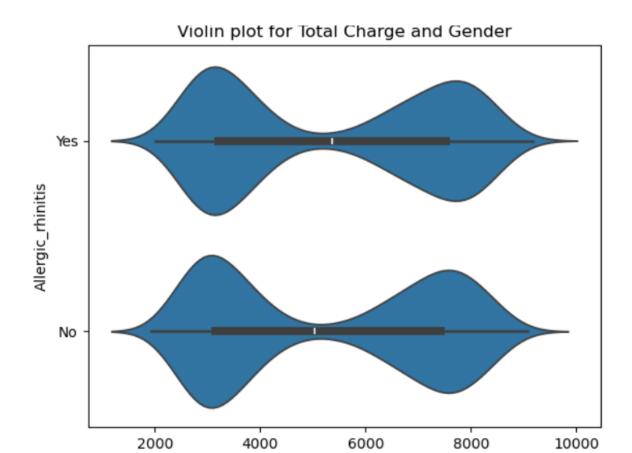


Violin plot for Total Charge and BackPain



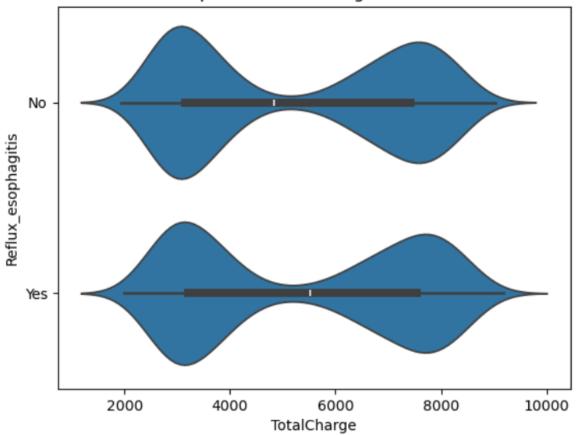
Violin plot for Total Charge and Anxiety

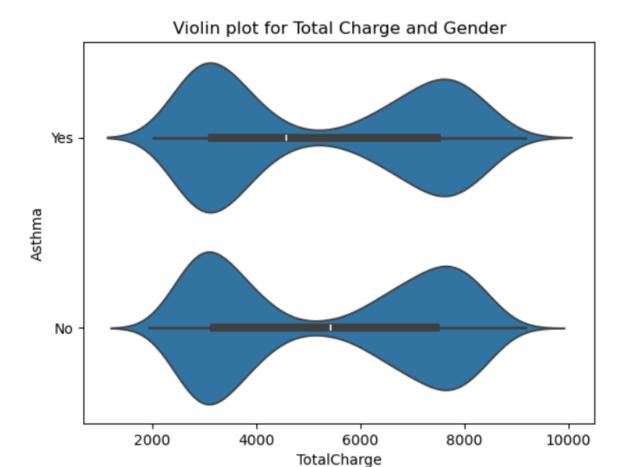




TotalCharge

Violin plot for Total Charge and Gender





C4. Data Transformation:

The data transformation I performed for my MLR model is one-hot encoding to convert my categorical variables into dummy variables. Categorical variables cannot be used in a regression model as they are not numerical. By converting categorical variables into dummy variables, we create binary (0 or 1) indicators for each category. This allows the model to interpret and process categorical information. The function I used to convert my categorical variables is pd.get_dummies().

C5. Prepared dataset

The final dataset used for my data analysis is 'medical_clean_1.csv'.

D1. Initial Model

Results: Ordinary least squares								
Model:	OLS		Ad	j. R-squ	0	.016		
Dependent Variable:	TotalCharge		AIC:			1	181987.383	
Date:	2024-10-11 14:48		BIC:			1	182131.590	
No. Observations:	10000		Log	g-Likeli	-90974.			
Df Model:	19		F-9	statisti	9	9.305		
Df Residuals:	9980		Pro	ob (F-st): 2	2.48e-27		
R-squared:	0.017		Scale:			4.6803e+06		
		Coef.	Std.Err.	t	P> t	[0.025	0.975]	
const		4844.2438	220.9818	21.9215	0.0000	4411.0748	5277.412	
Age		1.2740	3.2624	0.3905	0.6962	-5.1209	7.668	
Income		-0.0011	0.0008	-1.2622	0.2069	-0.0027	0.000	
VitD_levels		-3.7017	10.7408	-0.3446	0.7304	-24.7557	17.352	
Additional_charges		0.0020	0.0139	0.1421	0.8870	-0.0253	0.029	
Gender_Male		32.5539	43.8488	0.7424	0.4579	-53.3986	118.506	
Gender_Nonbinary		87.6044	151.1106	0.5797	0.5621	-208.6028	383.811	
InitialAdmin_Emergency Adm	ission	444.2909	53.2886	8.3374	0.0000	339.8344	548.747	
InitialAdmin_Observation A	dmission	-36.0924	61.6436	-0.5855	0.5582	-156.9263	84.741	
HB_Yes		70.4653	126.4607	0.5572	0.5774	-177.4231	318.353	
stroke_Yes		-10.4179	54.3973	-0.1915	0.8481	-117.0476	96.211	
OverWeight_Yes		-56.7040	47.6993	-1.1888	0.2346	-150.2043	36.796	
Arthritis_Yes		146.8464	45.1881	3.2497	0.0012	58.2686	235.424	
Diabetes_Yes		61.4812	48.5653	1.2660	0.2056	-33.7165	156.679	
Hyperlipidemia_Yes		73.5321	45.8037	1.6054	0.1084	-16.2524	163.316	
BackPain_Yes		159.0585	44.0219	3.6132	0.0003	72.7666	245.350	
Anxiety_Yes		138.8475	46.3505	2.9956	0.0027	47.9911	229.703	
AllergiRhinitis_Yes		77.9117	44.3038	1.7586	0.0787	-8.9327	164.756	
RefluxEsophagitis_Yes		115.5541	43.9843	2.6272	0.0086	29.3361	201.772	
Asthma_Yes		-69.6471	47.7458	-1.4587	0.1447	-163.2385	23.944	
Omnibus:	42531.	113	Durt	oin-Wats	on:		0.176	
Prob(Omnibus):	0.000		Jaro	que-Bera	(JB):		1240.47	
Skew:	0.068		Prol	b(JB):			0.000	
Kurtosis:	1.280		Cond	dition N	0.:		503922	
Notes: [1] Standard Errors assume specified. [2] The condition number i there are strong multicoll	that the	e covariano 5.04e+05.	ce matrix This migh	of the	errors			

Code can be found in D208PA_OviyaSelvaraj.ipynb.

D2. Justification of Model Reduction:

The model reduction technique I used for my performance assessment is the Stepwise Backward elimination method. In this technique, the model starts

with all possible predictors and successfully removes non-significant predictors until the stopping criteria are reached. This method suits my model because it contains many potential indicators and reduces the number of variables to those that contribute the most to predicting total medical costs. The variable with the highest p-value is removed from the model, a new model fits, and this process is repeated. This method is also a simple and effective way to select a subset of variables for a linear regression model.

D3. Reduced Linear Regression model

```
#backward Elimination
def backward_elimination(X1, y1, significance_level=0.05):

model=sm.OLS(y1, X1).fit()
# Loop through the predictors and remove one at a time based on p-value
while True:
    max_p_value = model.pvalues.max() # Get the highest p-value
    if max_p_value > significance_level:
        excluded_variable = model.pvalues.idxmax() # Identify the variable with the highest p-value
        print(f'Removing {excluded_variable} with p-value {max_p_value}')
        X1 = X1.drop(columns=[excluded_variable])

# Fit the model again without the excluded variable
    model = sm.OLS(y1, X1).fit()
else:
        break

# Return the final model
return model
```

```
#Reduced model
final_model = backward_elimination(X, y)
print(final_model.summary2())
Removing Additional_charges with p-value 0.886969019264995
Removing stroke_Yes with p-value 0.857328303093629
Removing VitD_levels with p-value 0.7276585438463115
Removing Gender_Nonbinary with p-value 0.5638682707041195
Removing InitialAdmin_Observation Admission with p-value 0.5529754850332624
Removing Gender_Male with p-value 0.48705866845603696
Removing OverWeight_Yes with p-value 0.23255844159905126
Removing Income with p-value 0.21524939675738053
Removing Diabetes_Yes with p-value 0.19446016441967912
Removing Asthma_Yes with p-value 0.14408596482766411
Removing Age with p-value 0.10069614240327944
Removing Hyperlipidemia_Yes with p-value 0.0961594313015767
Removing AllergiRhinitis_Yes with p-value 0.07478559993025692
Removing HB_Yes with p-value 0.05017541004227858
                         Results: Ordinary least squares
_____
                                               Adj. R-squared: 0.015
Dependent Variable: TotalCharge AIC: 181979.9984
Date: 2024-10-11 15:04 BIC: 182023.2604
No. Observations: 10000 Log-Likelihood: -90984.
Df Model: 5 F-statistic: 31.22
Df Residuals: 9994 Prob (F-statistic): 1.20e-31
R-squared: 0.015 Scale: 4.6833e+06
                         OLS
                                         Scale:
                                 Coef. Std.Err. t P>|t| [0.025 0.975]
                                4866.7894 45.4732 107.0256 0.0000 4777.6528 4955.9259
InitialAdmin_Emergency Admission 465.4431 43.2868 10.7525 0.0000 380.5922 550.2940
              149.8178 45.1742 3.3164 0.0009 61.2673 238.3684
158.1985 43.9937 3.5959 0.0003 71.9620 244.4351
138.8286 46.3440 2.9956 0.0027 47.9850 229.6722
Arthritis_Yes
BackPain_Yes
                                138.8286 46.3440 2.9956 0.0027 47.9850 229.6722
Anxiety_Yes
RefluxEsophagitis_Yes 112.7159 43.9568 2.5642 0.0104 26.5518 198.8801
______
Omnibus: 42605.480
Prob(Omnibus): 0.000
                                           Durbin-Watson:
                                               Jarque-Bera (JB):
                                                                           1238.269
                         0.068
                                              Prob(JB):
                                                                            0.000
Skew:
                         1.282
                                              Condition No.:
Kurtosis:
```

E1. Model Comparison

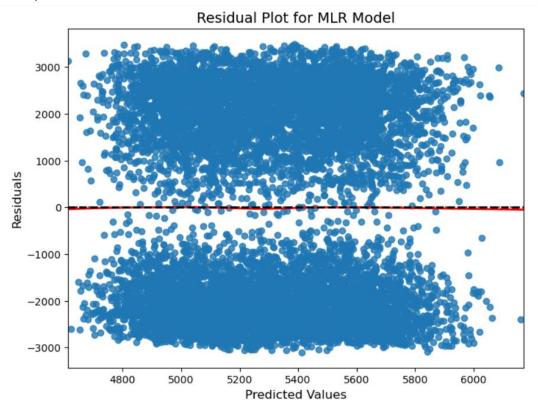
The R squared for the initial model is 0.016 and the reduced model is 0.015, which is almost identical indicating similar levels of fit to the data even though the models themselves might be different. The reduced model is not a good fit for the data because it fails to capture the underlying relationships between

the independent and dependent variable. It can also be that the dependent variable has high variability making it difficult to explain using independent variables. Similarly, the initial models selected variables are not strong predictors or most relevant for the dependent variable.

E2. Output and Calculations

The visualization and calculations of the requirements below can be found in 'D208PA_OviyaSelvaraj.ipynb'

• a residual plot



the model's residual standard error

```
RSE_summary = np.sqrt(final_model.mse_resid)
print(f'Residual Standard Error (from summary): {RSE_summary:.4f}')
Residual Standard Error (from summary): 2164.1035
```

E3. Code

Executable code can be found in 'D208PA_OviyaSelvaraj.ipynb'

F1. Results

Regression equation for the reduced model:

TotalCharge = 4866.7894 +149.8178 * Arthritis_Yes + 158.1985 * BackPain + 138.8286* Anxiety + 112.7159 * Relux_esophagitis_Yes + 465.4431 * Initial_admin_Emergency Admission.

- ★ The intercept 4866.7894 represents the predicted value of TotalCharge when all independent variables are zero.
- ★ The coefficients for each independent variable represent the change in TotalCharge associated with a one-unit increase in that variable, holding all other variables constant.

Interpretation of the coefficients of the reduced model:

- Intercept is 4866.7894 which represents the predicted TotalCharge when all the independent variables are zero. It can be interpreted as the baseline for TotalCharge in the absence of other included factors.
- Arthritis_Yes: We predict that on average patients with Arthritis have an average TotalCharge that is 149.8178 units higher holding other factors constant.
- BackPain_Yes: We predict that on average patients with BackPain have an average TotalCharge that is 158.1985 units higher holding other factors constant.
- Anxiety_Yes: We predict that on average patients with Anxiety have an average TotalCharge that is 138.8286 units higher holding other factors constant.
- Reflux_esophagitis_Yes: We predict that on average patients with Reflux esophagitis have an average TotalCharge of 112.7159 units higher.

• Initial_admin_Emergency Admission: Patients admitted through the emergency room have an average TotalCharge that is 465.4431 units higher compared to those admitted through other means.

Statistical and practical significance of the reduced model:

The reduced model is statistically significant because it shows a 1.5% variance of TotalCharge explained by the model's independent variables. However, this is a low R squared value, meaning the model does not explain much of the variation in the total medical charges. Based on the R squared, the model has little practical significance because the factors only suggest a small portion of the Total Charge variance. It also describes a limited practical predictive power in its current form.

Limitations of the data analysis:

In this model technique, I have considered several categorical variables, which have been converted to dummy variables. MLR is sensitive to how variables are encoded. Too many categories will increase the complexity of the model without improving the predictive ability, leading to overfitting. The model is also sensitive to outliers, and its sensitivity to such data points can lead to skewed results. Thus, it is essential to mitigate these outliers. The low R squared of 1.5% means the model did not capture more of what drives the total charges, which means the MLR can struggle with complex non-linear relationships in the data.

F2. Recommendations:

A low R squared from the analysis above suggests that many factors influencing the outcome are missing. For example, specific medical procedures might not have been captured. Thus, the business team can collaborate with healthcare providers or data teams to gather more granular data that reflects patient behaviors, treatments, or other relevant medical factors.

G. Panopto:

https://wgu.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=aa5cc1ef-6b78-442e-8b03-b2080017a07f#

H. References:

In-text citation

Linear regression is a useful statistical method we can use to understand the relationship between two variables, x and y. However, before we conduct linear regression, we must first make sure that four assumptions are met:

Reference entry

Zach Bobbit (January, 2020) The Four Assumptions of Linear Regression https://www.statology.org/linear-regression-assumptions/

In-text citation

Multiple linear regression (MLR), also known simply as multiple regression, is a statistical technique that uses several explanatory variables to predict the outcome of a response variable. The goal of MLR is to model the linear relationship between the explanatory (independent) variables and response (dependent) variables.

Reference entry

Adam Hayes (July, 2024) Multiple Linear Regression (MLR) Definition, Formula, and Example https://www.investopedia.com/terms/m/mlr.asp

JMP (n.d.). Multiple Regression Residuals Analysis and outliers https://www.jmp.com/en us/statistics-knowledge-portal/what-is-multiple-regression/mlr-residual-analysis-and-outliers.html

Medium (2018, September). Create Multiple Categorical data columns to numerical data columns using Dummy variables.

https://medium.com/@urvashilluniya/convert-multiple-categorical-columns-into-numeric-columns-in-single-line-of-code-577bab825635