

PATIENT CHARACTERISTICS TO PREDICT THE TYPE OF HEALTHCARE SERVICE

Optimizing Healthcare Services through Predictive Analytics

PRESENTED BY

Rabiya Fatima | Srilakshmi Mallipudi | Gautam Reddy | Barkha Sharma



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INTRODUCTION



Overview: Analyzing Patient Attributes for Healthcare Optimization.

Background Context: Increased diversity in patient needs, along with resource limitations.

Relevance: Enhancing Healthcare Efficiency through Predictive Insights.



To predict the type of healthcare service (inpatient, outpatient, residential, emergency) patients are likely to use based on their characteristics and medical history



Revolutionize healthcare operations by deploying predictive models for proactive patient care and cost-effective service delivery.

DATA OVERVIEW

PARKS

RECORDS: 255 | ATTRIBUTES: 17 |

FILE SIZE: 38 KB

NY HOSPITALS

RECORDS: 225 | ATTRIBUTES: 10 |

FILE SIZE: 60 KB

COUNTY POPULATION

RECORDS: 33K | ATTRIBUTES: 18 |

FILE SIZE: 6 MB

MEDIAN HOUSEHOLD INCOME BY ZIPCODE

RECORDS: 27K | ATTRIBUTES: 152 |

FILE SIZE: 36.6 MB

PATIENT CHARACTERISTICS SURVEY (PCS)
2019 DATASET

RECORDS: 196K | ATTRIBUTES: 76 |

FILE SIZE: 102 MB

EDA INSIGHTS

Primary Service

Outpatient care

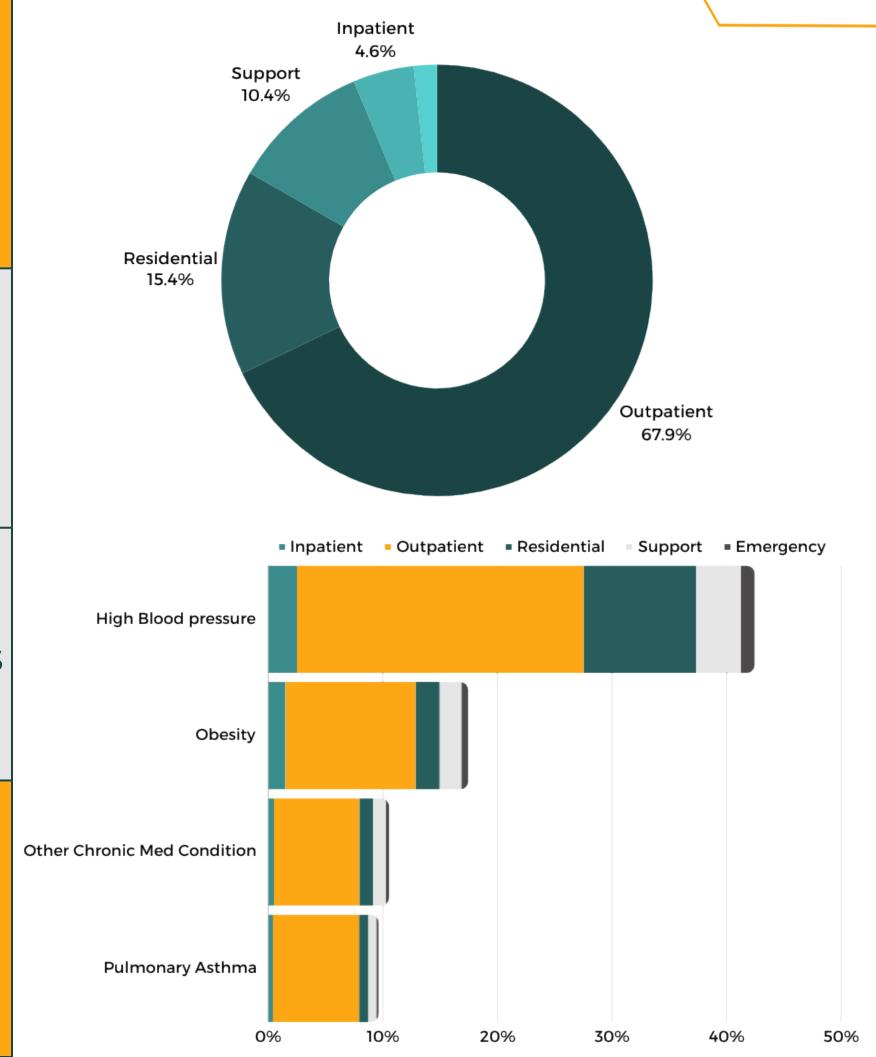


Among 196K patient records, approx. 78% of patients are adults.

Outpatient services are more commonly chosen by patients with private insurance.

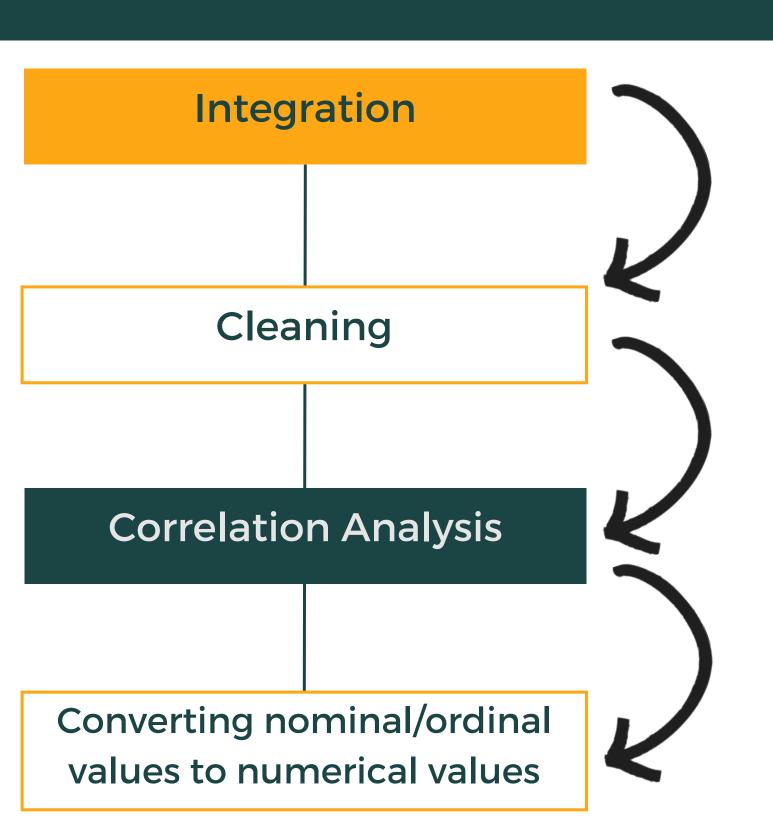
Disease Trends





DATA PREPROCESSING

Data preparation included vital steps to refine and optimize the dataset for thorough analysis



Integrated external datasets using zip codes

Handled missing values by eliminating rows (where infrequent), assigning new labels, and replacing unknown values.

Removed highly correlated columns

Mapped ordinal values to numeric scale and used one-hot encoding for nominal attributes.

METHODOLOGY

FEATURE SELECTION

 Importance values using Random Forest Classifier

OVERSAMPLING

 Naive Random Oversampler

NORMALIZATION

 Z-score normalization

PRINCIPAL
COMPONENT
ANALYSIS
(PCA)

• n = 20

CLUSTERING

K-means Clustering

HYPERPARAMETER TUNING

- RandomSearchCV
- GridSearchCV

MODEL PERFORMANCE EVALUATION

Datasets used

- Baseline Dataset
- Oversampled Dataset
- Oversampled PCADataset

Dataset Partitioning

- 70% for training
- 30 % for testing
- Stratification

Model Training

Approach

- Trained for each dataset separately
- Evaluated using test data without oversampling

Key Metric

Recall

Classification Model	Precision	Recall	Accuracy	Computation Time (in secs)
Random Forest	0.98	0.97	0.97	215.25 secs
Decision Tree	0.96	0.96	0.96	22.84 secs
Gradient Boosting	0.78	0.79	0.79	2322.39 secs



Have No Insurance

From New York City



Diagnosis Class: Mental Illness

Have Hospital in vicinity

USE CASE AND STAKEHOLDER

Hospital Administrators

Resource Allocation Challenge
 Hospitals struggle to efficiently allocate resources across services, resulting in operational inefficiencies and cost concerns.

Uncertain Service Demands
 Determining exact service needs without predictive insights leads to staffing and resource mismatches.



Target: Hospital Administrator Use Case: Hospital Resource Optimization

Implement predictive models for proactive resource allocation in healthcare settings.

Foster proactive interventions using predictive insights for regional patient care plans

Tailor care plans based on data insights to enhance patient engagement and outcomes.



Expanded Data Integration









Specialized Model Development



Disparity Analysis

CONCLUSIONS



Modelling Success and Limitations

- Successful modeling observed for non-emergency services.
- Random Forest, Decision Tree and Gradient Boosting models showcased notable performance.



Challenges in Emergency Service Prediction

 Accurately forecasting emergency services remains a challenge due to their unpredictable nature.





Data Validation and Model Refinement

- Pioneering advancements in healthcare service prediction models.
- Urging continuous refinement for enhanced real-world applicability.

