

# **Topic Modelling of Patient Opinion**

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Masters of Computer Science

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# Declaration

This thesis contains work that has not been submitted previously, in whole or in part, for any other academic award and is solely my original research, except where acknowledged.

This work has been carried out since TODO:MONTH TODO:YEAR, under the supervision of Dr Jenny Zhang, Dr Amanda Kimpton, Dr Daryl D'Souza.

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TODO: THANKS!

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# Abstract



# Chapter 1

## Introduction

Publicly available opinions and service feedback provide valuable information for decision making for both service providers and consumers. With the help of websites, blogs, forums and social networks, it is never been so easy to express opinions and leave feedback. Analyzing the opinions becomes a challenge, not just because of the quantity of the data, most opinion from general users are free form text. The massive quantity of the data wont be effectively used until there is a systematically approach of analyzing and summarizing, in this project we focus on topic modeling side, aiming to discover a set of terms that can form a topic, hence with the topics the collection of document can be easily categorized or summarized. Many techniques have been proposed to solve this problem. Most previous studies focus on analyzing product reviews. We are interested to discover a model that suite service reviews. More specifically, reviews relate to healthcare. Study shows the effective governance is increasingly recognized as pivotal to improvements in healthcare qualityBismark and Studdert [2013], moreover current issue of effectiveness of the authority is affected by insufficient resource and inadequate information receivedBismark et al. [2013]. The object we are going to study is

www.patientopinion.org.au, it is a publicly available healthcare forum. It allows user to post their own healthcare related story, the story can be positive or negative or a bit from both side. Although the story body is free form text, user still has to follow a certain template while submit the story. There is a unique feature of the data from Patient Opinion, user could specify the key word while submitting the story, which we could treat as pre-defined terms for topics, and they will be used weight the terms that generate by the topic model algorithm.

MDK-LDA model proposed by ChenChen et al. [2013] , the method extends the Latent Dirichlet Allocation (Blei et al. [2003]), the later one becoming the standard method in topic modelling and been extended in variety ways. The basic idea of LDA is treat each document in a collection as a vector of word count, each document is represented as a probability distribution over a number of topics, while each topic is represented as a probability distribution over a number of words. MDK-LDA introduces a new latent variable  $s$  in LDA to model  $s$ -sets. Each document is an admixture of latent topics while each topic is a probability distribution over  $s$ -sets. Another approach is Aspect-based Summarization (Garcia-Moya.L and Berlanga-Llavori.R [2013]), it is usually composed of three main tasks: aspect identification, sentiment classification, and aspect rating. Generally this model is used to analyzing product review, it is designed to effectively retrieve features and sentiment for products.

Due to the unique characteristic of the data from Patient Opinion, we could improve existing algorithm with the additional information from the data set. LDA has been approved a very effective model, and been used as a based model in many topic modelling studies. We choose LDA as our base model, and incorporate unique feature in Patient Opinion, specifically the section of Whats Good and What could be improved. These two sections are filled in by user

BE HEARD.

Information for professionals

Home

Tell your story

About us

Search

Search for stories about...

eg Royal Brisbane Hospital, heart surgery, depression, 2250

"I believe a delay in care has left me legally blind."

UNREAD STORY

This story is yet to be read by a subscriber

Posted by [blinded](#) (as the patient), last month

I went to my Dr for a problem with my sight, a shadow in my peripheral vision and a heavy uncomfortable feeling. It seemed that he just dismissed it with "your having a bad day". I then went to two ophthalmologist that where nearby but the receptionist in both would not let me see them unless I had a referral. Then went to my optometrist but he examined me and did a retinal photo which I discovered later only shows a small area centrally no dilation of my pupil and said I believe, that it was cataract and after what seemed to be much debating about his diagnosis he agreed to give me a referral but wrote on it cataract. I went straight to the ophthalmologist but his receptionist would not appear to accept my fears that it was serious. After telling her of my symptoms and the diagnosis of cataract made an appointment five days later I also went to the SANDS hospital ophthalmology specialist dept but they wanted a referral too. So waited for my appointment but arrived BLIND in my right eye and a number of surgeries later am legally blind. Where I believe if I was treated initially as a medical emergency my sight could have been saved.

More about [cataract](#), [depressed](#), [diagnosis](#), [NSW](#), [ophthalmology specialist](#), [referrals](#) and [retina](#)

Story summary

What's good?

Initial feelings: [let down](#)

What could be improved?

- [nothing was good](#)
- [optometrist](#)

Show your support

Have [you](#) experienced something like [blinded](#) did, here or elsewhere?

If so, show your support below.

I've experienced this

Or maybe [your experience](#) was different?

Figure 1.1: Patient Opinion Story Sample

```

208 <article id="story" data-po-opinionid="59518" itemscope itemtype="http://data-vocabulary.org/Review">
209
210 <h1>
211 <span class="top_dec"></span>
212 <blockquote>
213 &quot;<span id="opinion_title" itemprop="summary" class="1">I believe a delay in care has left me legally blind.</span>&quot;;
214 </blockquote>
215 <span class="btm_dec"></span>
216 </h1>
217
218 <p class="info">
219
220 Posted by
221 <span itemprop="reviewer"><a href="/opinions?author=blinded" title="Other opinions from blinded">blinded</a></span>
222
223 (as <span id="opinion_author_role" class="2">the patient</span>),
224 <time itemprop="dtreviewed" datetime="2014-07-22T04:35:50Z" title="Submitted on 22/07/2014 at 04:35 and published by Patient Opinion on
04/08/2014 at 05:04">last month</time>
225 </p>
226
227 <div class="story_copy">
228 <blockquote id="opinion_body" itemprop="description" class="text">
229 <p>I went to my Dr for a problem with my sight, a shadow in my peripheral vision and a heavy uncomfortable feeling. It seemed
that he just dismissed it with "your having a bad day". I then went to two ophthalmologist that where nearby but the receptionist in both
would not let me see them unless I had a referral. Then went to my optometrist but he examined me and did a retinal photo which I discovered
later only shows a small area centrally no dilation of my pupil and said I believe, that it was cataract and after what seemed to be much
debating about his diagnosis he agreed to give me a referral but wrote on it cataract. I went straight to the ophthalmologist but his
receptionist would not appear to accept my fears that it was serious. After telling her of my symptoms and the diagnosis of cataract made an
appointment five days later I also went to the SANDS hospital ophthalmology specialist dept but they wanted a referral too. So waited for my
appointment but arrived BLIND in my right eye and a number of surgeries later am legally blind. Where I believe if I was treated initially as
a medical emergency my sight could have been saved.</p>
230 </blockquote>
231
232 </div>
233
234 <div class="related_clearfix">
235 <p> 3
236 More about <a href="/opinions/tags/ataract">ataract</a>, <a href="/opinions/tags/depressed">depressed</a>, <a
href="/opinions/tags/diagnosis">diagnosis</a>, <a href="/opinions/tags/nsw">NSW</a>, <a href="/opinions/tags/ophthalmology%20specialist">
ophthalmology specialist</a>, <a href="/opinions/tags/referrals">referrals</a> and <a href="/opinions/tags/retina">retina</a>
237 </p>
238 </div>
239

```

Figure 1.2: Patient Opinion Story Sample Source 1

while submitting the story, the template is provided by the website. Generally this will be the main topic or features user want to give feedback about in the story. And we assume user labeled story 100

- How to use user specified key words to improve the performance and accuracy in topic modelling.

## 1.1 Research Contribution

The project has made the following contribution to the field of topic modeling by using the LDA as base framework: By introducing the user specified key words, the number of term to

```

319 <div class="module standard_module" id="saying">
320 <h2>
321   Story summary</h2>
322 <div class="inner">
323   <ul class="left"> 4
324     <h3 class="green">What's good?</h3>
325
326   </ul>
327   <ul class="right"> 5
328     <h3 class="red">What could be improved?</h3>
329
330     <li><a href="/opinions?tag=nothing%20was%20good">nothing was good</a></li>
331     <li><a href="/opinions?tag=optometrist">optometrist</a></li>
332   </ul>
333
334   <ul class="lower">
335     <h3 class="blue">Initial feelings:</h3>
336
337     <a href="/opinions/tags/let%20down">let down</a>
338   </ul>
339 </div>
340 </div>
341

```

Figure 1.3: Patient Opinion Story Sample Source 2

form each topic could be reduced significantly while retain the quality of the topic,

## Chapter 2

# Related Works

### 2.1 LDA

Also known as Latent Dirichlet Allocation or discrete PCA is a Bayesian graphical model for text document collections represented by bags-of-words (Newman et al. [2009], Blei et al. [2003], Griffiths and Steyvers [2004], Buntine and Jakulin [2004]). The model allows sets of observations to be explained by unobserved groups that explain why some parts of the data are similar. Generally, only a small number of words have high likelihood in each topic and each document only presents certain number of topics. Following is the equation of collapsed Gibbs sampling:

$$p(z_{id} = t \mid x_{id} = w, Z^{-id})\alpha \tag{2.1}$$

$$\frac{N_{wt}^{-id} + \beta}{\sum_w N_{wt}^{-id} + W\beta} \frac{N_{wt}^{-id} + \alpha}{\sum_w N_{wt}^{-id} + T\alpha} \tag{2.2}$$

## 2.2 MDK-LDA

As mentioned before, LDA is a powerful topic modeling framework, however recent studies found that these unsupervised models may not produce topics that conform to the user's existing knowledge(Chen et al. [2013]). Chen et al (Chen et al. [2013]) proposed a novel knowledge-based model, called MDK-LDA, which is capable of using prior knowledge from multiple domains to help topic modeling in the new domain. A new latent variable 's' is added to model the s-set, each document represent admixture of latent topics while each topic is a probability distribution over s-set. MDK-LDA uses s-set to distinguish topics in multiple senses. For example the word light can be represented by two s-set: light, heavy, weight and light, bright, luminance, if light co-occurs with bright or luminance it will be assigned to s-set light, bright, luminance.

## Chapter 3

# The Approach

Although LDA provides a powerful framework for extracting latent topics in text document, but sometimes learned topics are lists of words that do not convey much useful information (Newman et al. [2009]). Some extrinsic evaluation has been used to demonstrate the effectiveness of the learned topic in the application domain, but standardly, no attempt has been made to perform intrinsic evaluation of the topics themselves, either qualitatively or quantitatively (Newman et al. [2010]). To solve the problem, base LDA model had been extended either by incorporating human judgement in to the model-learning framework or creating a computational proxy that simulates human judgements (Chang et al. [2009]), for example the MDK-LDA model (Chen et al. [2013]) we introduced in section 2. Due to the unique characteristic of the data of Patient Opinion, we use user input to simulate human judgement, hence to produce a better quality topic modelling result.



### **3.1 Description of Data**

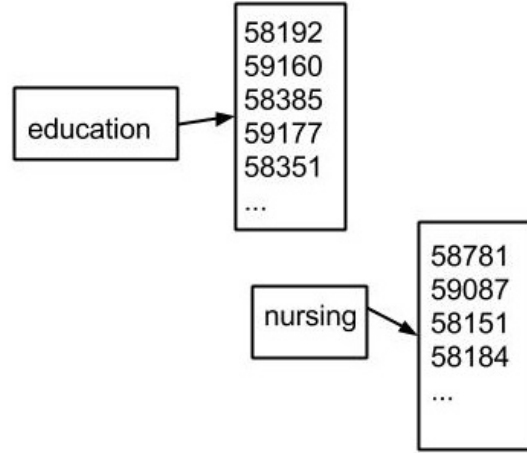
Data from Patient Opinion contains many informations, however we only interested in few parts of them in our project Figure 1: 1) The title of the story, its the summary of story by the user. 2) The author role and time of the post, the role could be the patient, patients relative, carer or doctor. 3) The more about section is from website moderator, it inserts relevant tags to the story. 4) & 5) are the most important fields to our project, these field are inserted by the user, the fields indicate what user thinks the story is about, and we use these fields to simulate user judgement in topic modelling.

### **3.2 Preprocessing of Data**

Everything been converted to lower-case, collect all unique words in user specified field. This collection is used to filter out the words in each topic that generated by LDA. A list of related document ID to each word also collected, (see Figure3.1) and indexed for fast look up for document frequency.

### **3.3 Using user input to improve topic modelling result**

Topics learned from LDA sometimes dont convey much useful information, sometime it is caused by overfeeding the result set, for example it will include top 20 words for each topic (based on the settings, the total number in each topic can be configured), some words may not make any sense in current topic but statistically significant to the topic. Our goal is try to use user input to reduce the noise while retaining as much information as possible to describe



*Figure 3.1: Patient Opinion Story Sample*

or label the topic. The generative process is given as follows:

1. Collect unique words from user specified field as  $S$  set.
2. Generate a set of topics  $T$  with LDA model.
3. Calculate result set  $R$  as: for each topic  $t \in \{1, \dots, T\}$ ,  $r_n = t_n \cap S$

## Chapter 4

# Experiments and Result

We collected all 624 stories from Patient Opinion by August 2014. The count of unique user specified term is 659. 100 topics are generated using Mallet <sup>1</sup> with setting of optimize interval equals to 20. Table4.1 shows top 12 topics. The rank is measured by the number of term matched between user specified terms and Mallet generated topic terms.

The total number of terms in the result set  $R$  is 527, compare to 1900 in original  $T$  set. Table 4.1 Shows the topic composition, which is the per topic probability distribution over documents. Rows represent documents with document ID in first column and the remaining columns represent topic probability distributions. We calculate the total composition for each topic over related documents.

Table4.2 shows the sum of composition for each term in the topic in set  $R$  and  $T$

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<sup>1</sup><http://mallet.cs.umass.edu/>

## 4.1 Topic Coherence Evaluation

Apart from quantitative and qualitative evaluation as above, evaluating topic coherence is a component of the larger question of what are good topics, what characteristics of a document collection make it more amenable to topic modelling, and how can the potential of topic modelling be harnessed for human consumption (Newman et al. [2010]). The topic coherence is measured as

$$score(\omega_i, \omega_j) = \log \frac{D(\omega_i, \omega_j) + 1}{D(\omega_i)} \quad (4.1)$$

Since the number of term that form each topic isn't normalized, we calculate the average of the topic coherence with:

Table 4.1: Top 12 topics

Original	Filtered
program healthy kate lifestyle sessions eat meet programme included organised held healthier encouraging learnt foods beneficial learning relationship handle	program kate lifestyle meet included learnt learning relationship
gp local recently records government copy prescription paper multiple tasmania gps referring avail beginning calls surprised cairns super shared	gp local records government prescription paper gps cairns
physio gp mri injury follow shoulder xray week asked hospital discussed full physiotherapist neck stand complaining neurologist princess forte	physio gp mri xray hospital full physiotherapist neck
call waiting phone told back called list unit rang ring explain apparently assumed clerk calling noticed mcewin lyell requested	call waiting phone back list unit clerk calling
father bed family care appears staff time attending difficult dad speak comfort unit incident law visitor awake gosford palliative	bed family care staff time attending unit palliative
time advised team contact causing consultant tumour professional manner independent safe stressful arrival note closed usual considerate empathetic seizures	time team contact consultant professional manner independent empathetic
looked experience er bad partner full approach worry give free skills male chronic terrible running provider building drive welcomed	looked experience er partner full approach skills male building
night stay thing major hospital admission support suggested accommodation fully sydney unable relatives sleep developed tuesday staff added environment	night stay hospital admission accommodation relatives sleep staff environment
waiting wait hours room hour area waited reception number temperature hurt remember panadol minutes geelong sunday impressed time er	waiting wait hours room area reception number time er
child issues jean aboriginal helped understanding knowledge school minds behaviour hay mighty woods anger louise clinician strategies interaction love	child jean aboriginal understanding knowledge school minds behaviour woods strategies
public brisbane system live mater hospital pa run booking advise toowoomba meds qld health expect west lift weekend weak	public brisbane system hospital run booking meds health west lift
health community sarah local support primary medicare rural group libby people murrumbidgee provide part clients topics art groups guest	health community sarah local primary medicare rural group people murrumbidgee clients guest

*Table 4.2: Example of Composition*

Doc ID	Topic Index	Composition	Topic Index	Composition	...	Topic Index	Composition	Topic Index	Composition
58954	61	0.1171875	91	0.0390625	...	78	0.0234375	72	0.0234375
58832	83	0.076388889	78	0.048611111	...	10	0.048611111	71	0.034722222
58953	83	0.077380952	65	0.053571429	...	29	0.041666667	60	0.029761905
58956	78	0.025	76	0.025	...	65	0.025	62	0.025
58834	42	0.065517241	11	0.065517241	...	58	0.037931034	44	0.037931034
58710	12	0.108208955	18	0.063432836	...	90	0.041044776	71	0.041044776
58952	91	0.044642857	73	0.026785714	...	59	0.026785714	36	0.026785714
58830	94	0.108490566	80	0.051886792	...	99	0.04245283	71	0.04245283
58951	93	0.0625	81	0.052884615	...	0	0.052884615	79	0.043269231
58719	51	0.27238806	27	0.063432836	...	42	0.026119403	22	0.026119403
58716	77	0.041666667	90	0.025	...	73	0.025	62	0.025
58718	83	0.242307692	47	0.05	...	71	0.042307692	11	0.034615385
58839	25	0.070512821	63	0.032051282	...	59	0.032051282	58	0.032051282
58717	43	0.050660793	57	0.046255507	...	92	0.04185022	72	0.04185022
58723	91	0.028301887	68	0.028301887	...	35	0.028301887	99	0.009433962
58965	83	0.097014925	1	0.037313433	...	77	0.02238806	72	0.02238806

*Table 4.3: Sum of Composition*

Topic Index	Original Composition	Filtered Composition
1	3.920362	3.382284
2	3.742091	3.275150
3	4.396231	3.930039
4	4.275353	3.603821
5	4.569670	4.444751
6	3.153133	2.775077
7	3.368214	2.622281
8	4.541646	4.018145
9	5.399709	5.194911
10	4.498450	3.711763
11	4.255079	4.101976
12	6.755018	6.489172

*Table 4.4: Topic Coherence*

Topic Index	Original Topic Coherence	Filtered Topic Coherence
1	-141.543730	-25.093878
2	-171.938911	-32.617172
3	-168.657472	-27.143555
4	-167.205805	-26.677283
5	-171.837855	-28.104525
6	-168.936407	-31.384130
7	-180.175893	-38.548792
8	-186.410325	-41.019321
9	-172.185313	-31.220371
10	-172.321256	-45.495693
11	-182.101604	-52.946951
12	-151.804997	-57.020165



*Table 4.5: Average Topic Coherence*

Topic Index	Original Topic Coherence	Filtered Topic Coherence
1	-7.449670	-3.136735
2	-9.049416	-4.077146
3	-8.876709	-3.392944
4	-8.800306	-3.334660
5	-9.044098	-3.513066
6	-8.891390	-3.923016
7	-9.482942	-4.283199
8	-9.811070	-4.557702
9	-9.062385	-3.468930
10	-9.069540	-4.549569
11	-9.584295	-5.294695
12	-7.989737	-4.751680

## **Chapter 5**

# **Conclusion and Future Work**

## Appendix A

# Testbed Configuration

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