

Who receives an Annual Wellness Visit in the University of Utah Healthcare System?

Basic Info :

Title:

Who receives an Annual Wellness Visit in the University of Utah Healthcare System?

Team Member Names:

Srivathsava Nelaturi, U0942605@utah.edu, U0942605

Ryan Viertel, u0452198@utah.edu, u0452198

Angela Wang, angela.y.wang@hsc.utah.edu, u0549059

Github Link: <https://github.com/rviertel2/dataviscourse-pr-wellnessvisits>

Background and Motivation:

The Annual Wellness Visit

The health care and medical insurance systems are driving a shift in focus on patient care. Health care must prioritize keeping healthy people healthy and helping people with illnesses manage their care better. It means shifting the focus from a “sick care” model to one where the individual is engaged in reducing their health risks, and managing their chronic conditions. This will empower people to make lifestyle changes and go in for health screenings to detect undiagnosed disease. The primary care physician seen at the community clinics is an ideal setting to screen patients and identify their needs. A preventive wellness care visit, The Annual Wellness Visit, implemented by Medicare, is being used to systematically assess and trigger the proper care to identify and prevent chronic diseases and mental health disorders among patients.

Unfortunately, many primary care practices are overwhelmed by their workload and competing demands, and annual wellness visits are not readily promoted. Additionally, patients may not know to ask for the AWW. In 2014, only 31% of Medicare beneficiaries received an AWW. In order to boost participation, one of us has been working on a project that has put much effort into educating clinicians on the benefits of the AWW and streamlining the workflow by implementing an electronic template to provide a checklist of tasks to perform during the visit. We are now comparing the characteristics of patients completing an AWW with those that do not participate. With this information in hand, we hope to recruit patients and increase participation in AWWs. Our goal is to recruit a population that represents the demographics of the general Medicare clinic population in age, ethnic, racial and socio-economic levels.

University of Utah Health Care system

The University of Utah healthcare (UUHC) system is a research and teaching institute. It provides care for Utahns and residents of the five surrounding Intermountain West states. It includes 12 community clinics under the wing of the University of Utah Hospitals and Clinics. The clinics are distributed throughout the Salt Lake Valley and Park City, with the main hospital located on the University of Utah campus.

Project Objectives:

To measure the effectiveness of receiving early assessment and intervention during the AWW, we identify patients that may require management of a particular health condition. In this study we track the diabetic and the cognitively impaired populations. We hypothesize that those patients who are able to control and maintain their diabetes, or are able to address mental health problems, should have fewer hospitalizations and emergency room visits than the general population. Evidence of the benefits of receiving AWW's will promote a proactive health care model.

Data:

Patient data is extracted from the electronic medical records for the UUHC system. Data is available for Medicare patients, who are predominantly over the age of 65, and who have visited one of the UUHC community clinics between the years of 2013 – current year 2015. All Medicare visits are identified by primary care physician seen and age of patient. All data has been de-identified.

Visit data. Descriptive information for each visit from 2013 to 2015 is collected: the specialty department and clinic, month and year of visit and the current age of the patient at visit. Also collected at each visit are the presence of a diabetes or cognitive impairment diagnosis and whether the visit is an AWW.

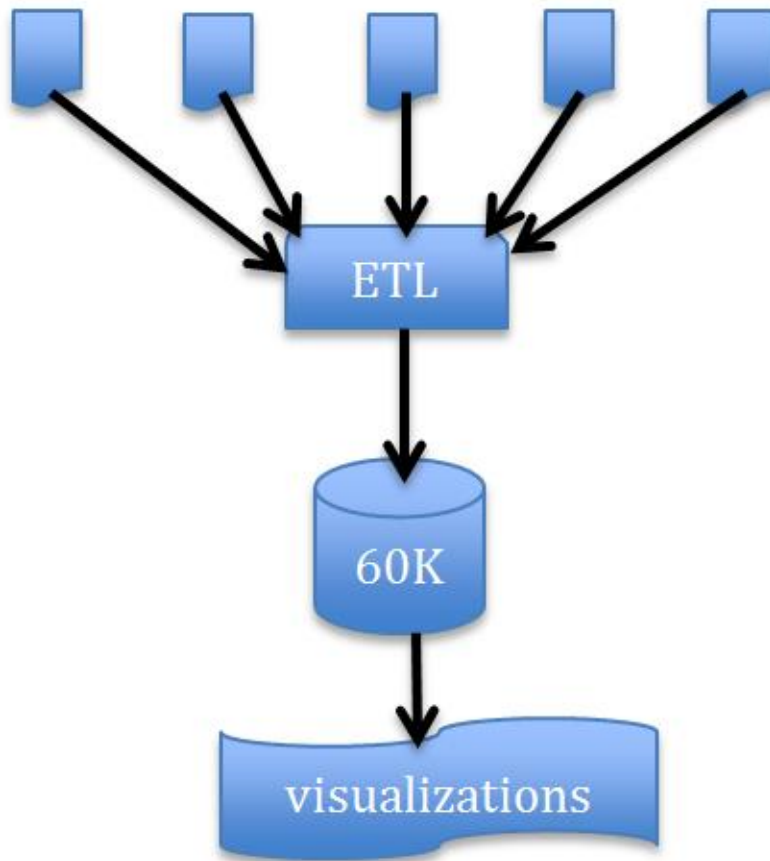
Patient data. For each patient identified with a visit, demographic data such as: gender, race, ethnicity, primary language and zip code are collected for each patient.

Hospitalizations. In-patient hospitalizations and emergency department visits for each Medicare patient is collected as an aggregated count of visits per calendar year.

Data Processing:

1. The raw data from the electronic medical records has been edited to create categorical fields from insurance billing codes. For example, the field "Has diabetes" is generated and set as TRUE if the billing codes related to diabetes are present. We want to change a few of the records into binary quantifiers in such a way that makes it easy to aggregate.
2. We want to create data objects using Json load function. We want to use a globalized data selection. As we have two selectors, we are going to use two globalized selections. This makes it easy for us to use the selected data and pass between visualizations. This way each view doesn't have to re-process the data for every change in selection. For the other internal filters for each view, we use a different selection on selected data.
3. Creation of utility functions, such as filters, getters, setters, aggregators, averaging, etc. will help to promote code re-use.
4. Our data is stored in multiple excel data files, with a foreign key reference of patient_id. We are combining all the excels and generating a spread sheet containing 60k records. We have more than 14 different attributes. There are two approaches. One, we are going to load all the data and we want to aggregate and filter the data on the run. Two, we want to load different aggregate level data as csv.

Below is the data flow diagram:



Visualization Design:

Each of us came up with individual designs. The preliminary files are attached as pdfs with this submission. The final design sketch with descriptions is also attached as a pdf.

Must-Have Features:

- A map of Salt Lake County with clinic locations appearing on the map. Representations of the clinics will be clickable to filter data by clinic location.
- Toolbar to filter data by other demographics such as race, ethnicity, primary language, age, and gender
- A way to clearly distinguish data for patients who get annual wellness checkups vs patients who do not. All views of data should make this

distinction. This will be directly encoded on the visualization, (distinct from just a selectable filter) as one of the goals of this visualization is to compare patients who get annual wellness checkups to those who do not.

- Multiple views the data for a given demographic selection, including a time series of clinic visits, comparison of total clinic visits, and proportion of patients who were later hospitalized.
- A view to compare proportions of wellness checkup patients for two different demographics

Optional Features:

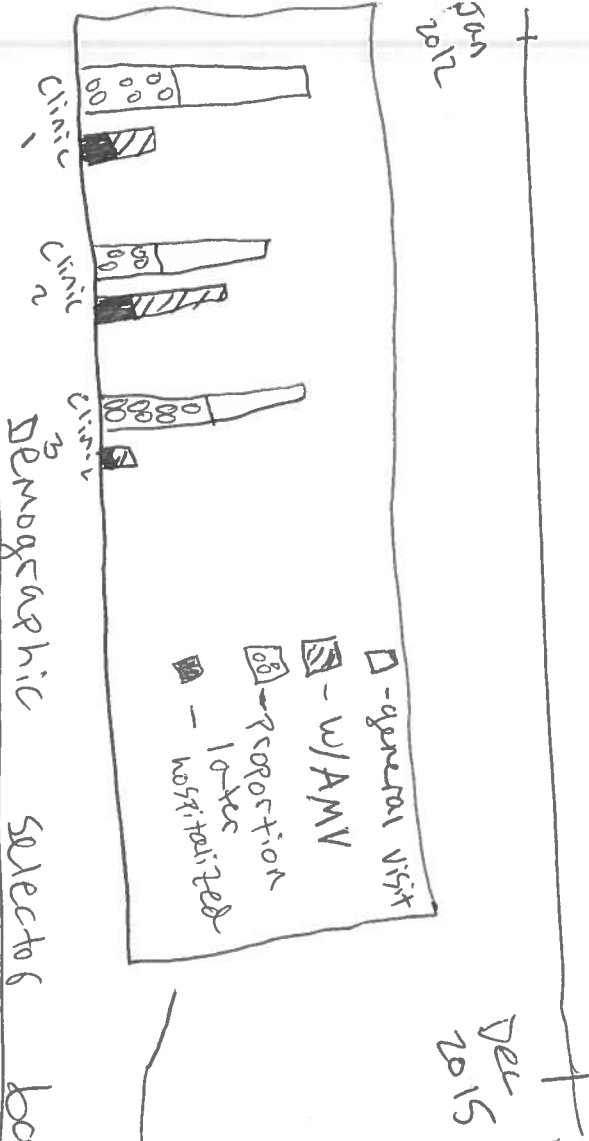
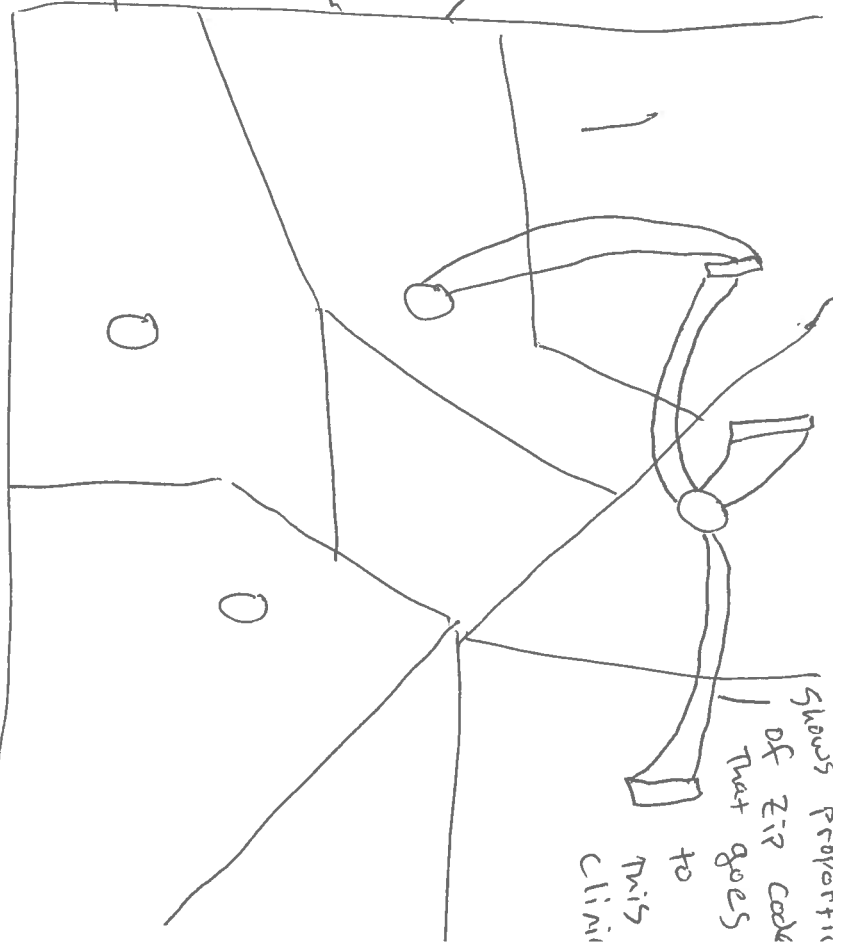
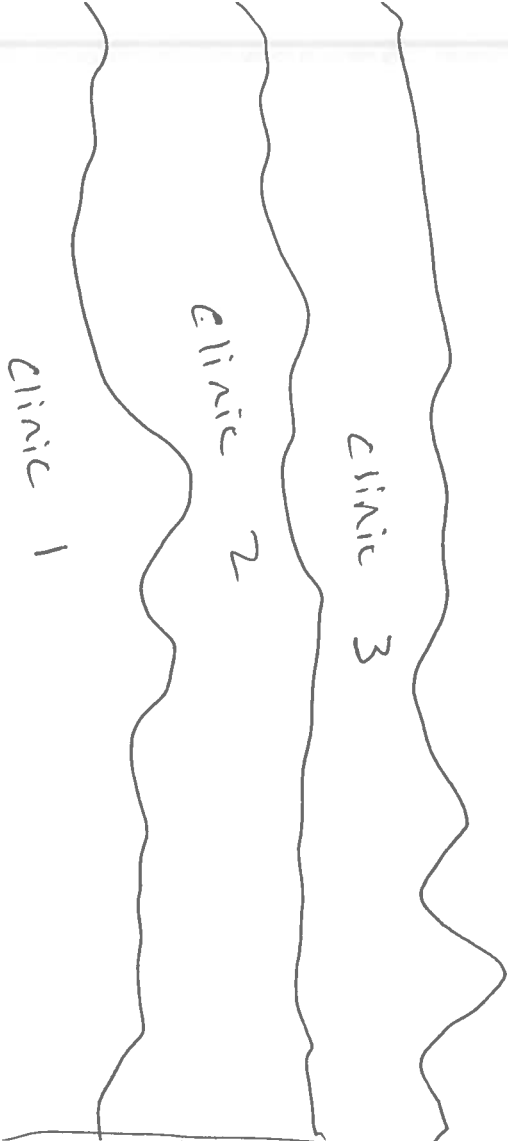
- Map will include zip code boundaries so that data for each zip code can be encoded and displayed directly on the map
- A way to flag clinics who have low numbers of patients who receive wellness checkups for a given demographic.

Project Schedule:

We decided to incorporate the project schedule as a google calendar so that it would be flexible and simple to integrate with the calendars that we already use. Here is a link to the calendar.

<https://www.google.com/calendar/embed?src=hhr2j97k1jf7sbmo0usth8oq58%40group.calendar.google.com&ctz=America/Denver>

time series of
total clinic visits
(as a stacked line chart)

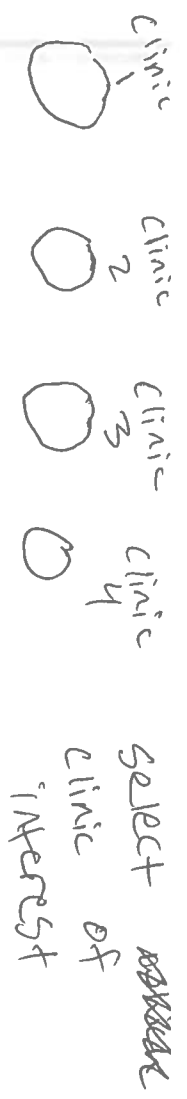


map of salt lake county
w/ boundary lines for zip code
regions. circles represent
clinics. total visits can be encoded
by size

bar graph showing visits w/AMV
to general visits. the idea is
to compare these for different
demographics

age range ☐ - ☐ gender ☒ male ☐ female

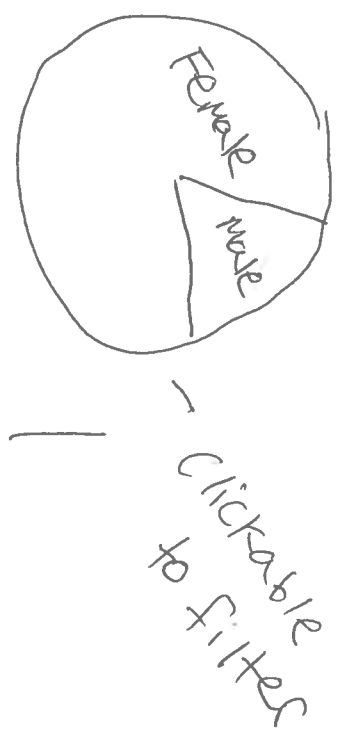
scale ☐ language ☐



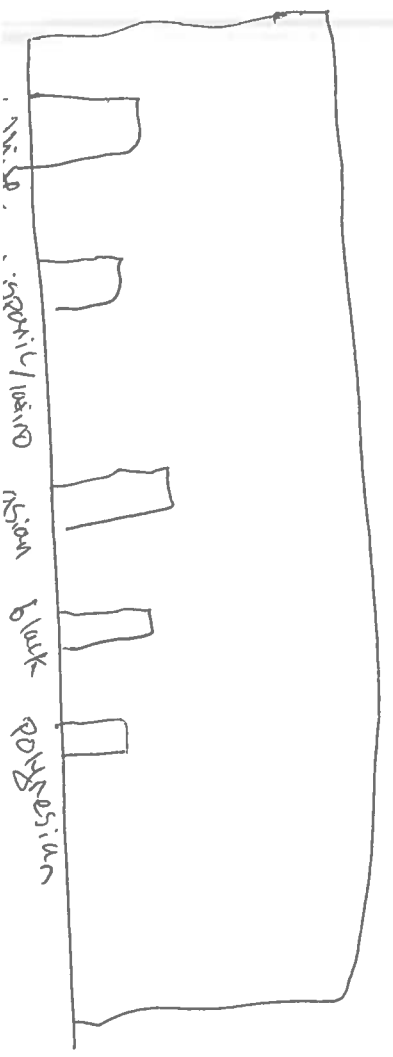
Demographic breakdown by clinic



gender Pie Chart



everything on both pages will have a tooltip on hover to show the key metric



Filters

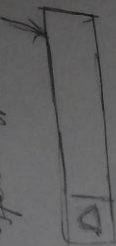


Garden



Language

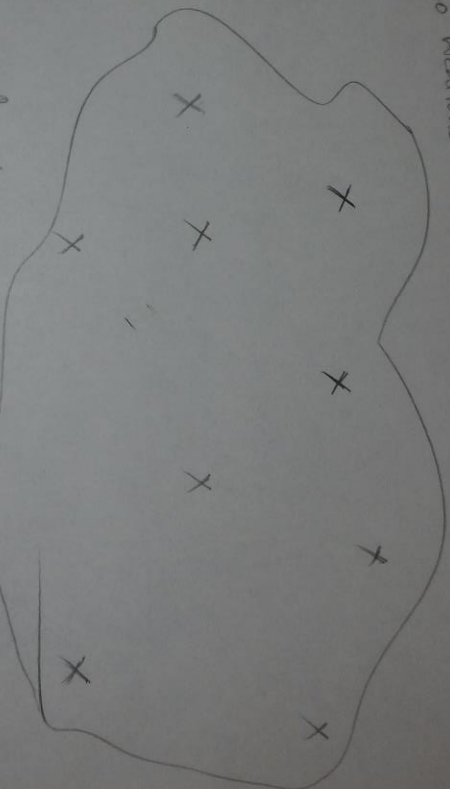
Bar chart Selection



Choose the option
you need to filter
on the data

Map

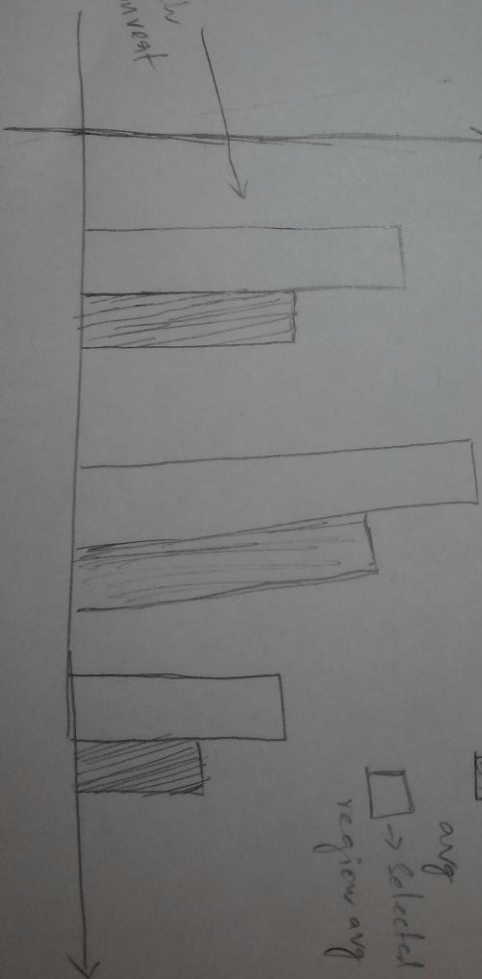
x - geo locations



Main. Hand

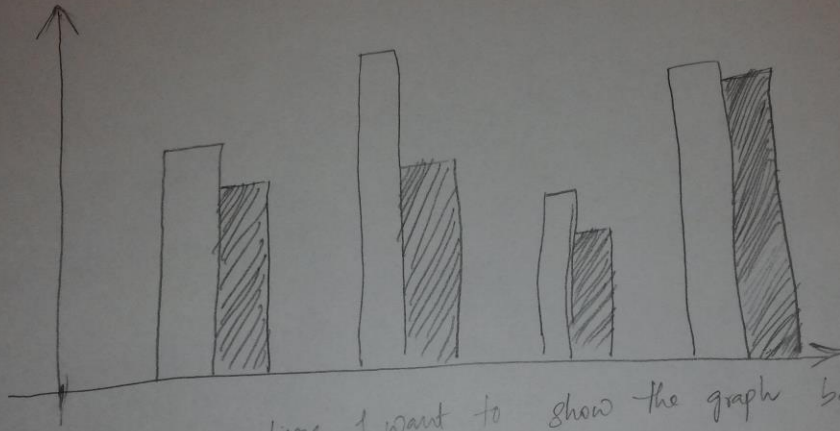
Bar chart for the selected geo.

Click on
the geo which
you want to convert
into graph.



→ Overall avg
→ Selected region avg

The big graph converts into this



so here I want to show the graph between

Q AWS vs now - AWS:

Fittens

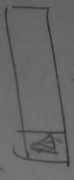


Garden



Language

Bar graph

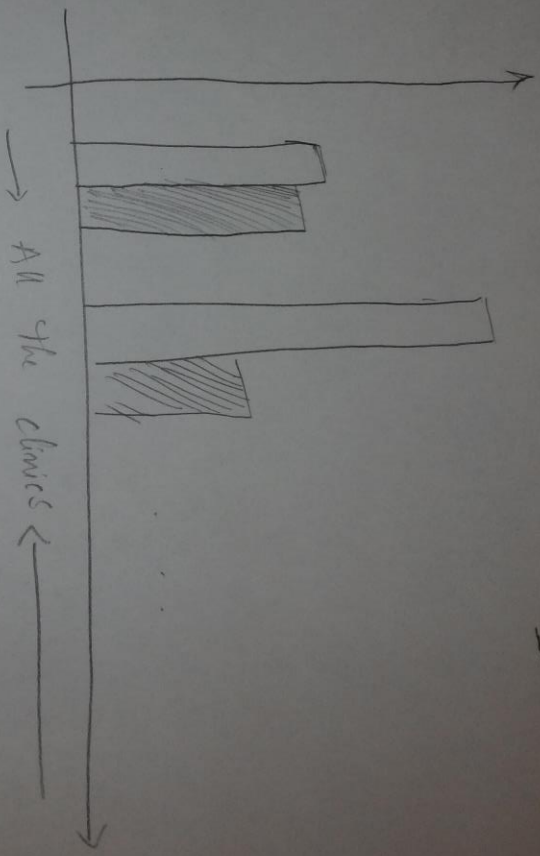


Comparison

Our whole

Set of data

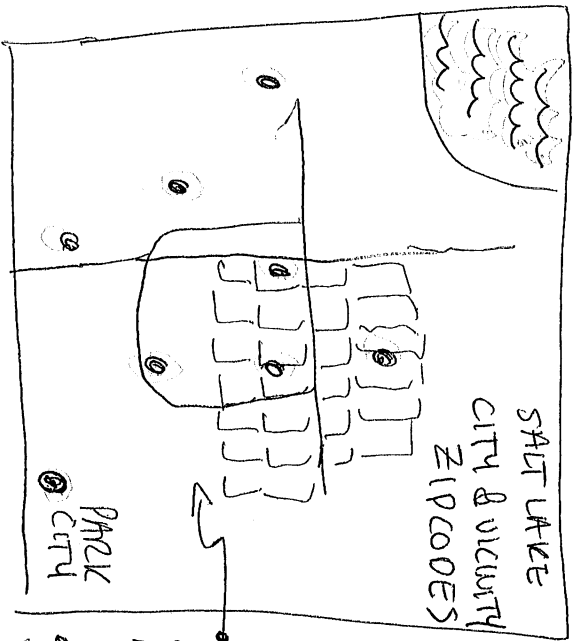
Page 2



→ Clinic data



→ Avg data

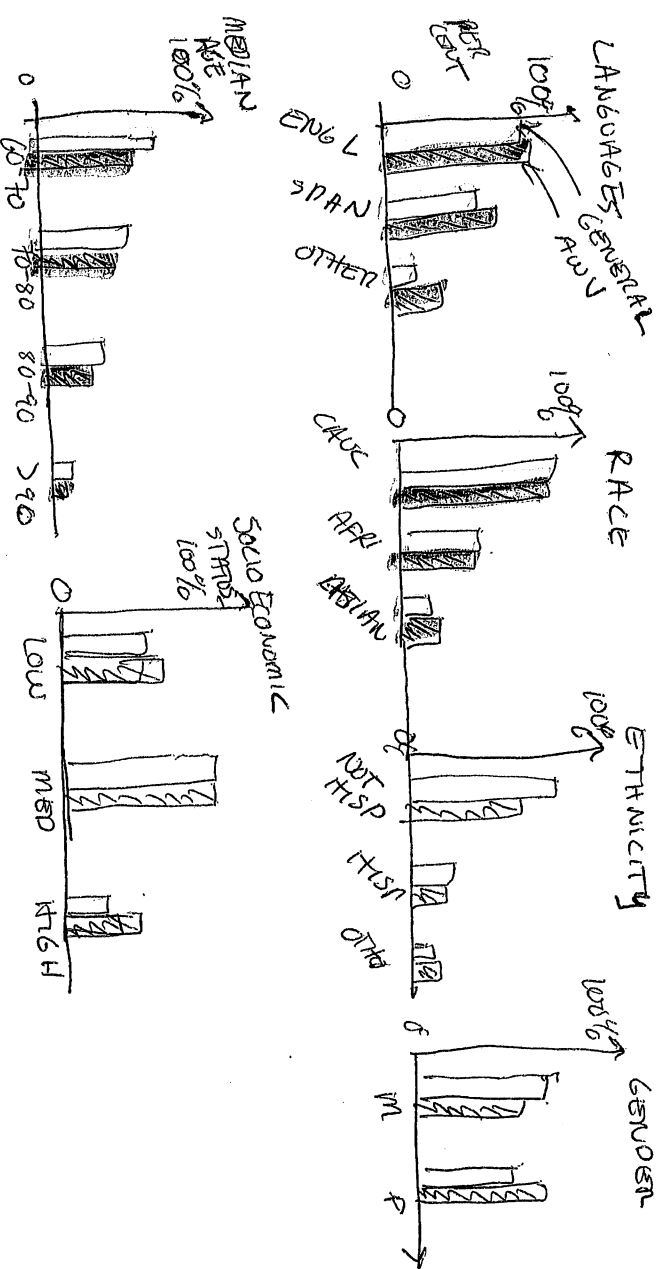


2013 2014 2015

2 BRUSHFOR DATE AND TIME INTERVAL SELECTION ONE FOR GENERAL ONE FOR AUV

• ZIP CODE REGIONS HIGHLIGHTED BY FRACTION OF PATENTS SEEN AT CLINIC → CHOROPLETH MAP

CONTROL CENTER FOR SELECTING LOCATION AND TIME PERIOD

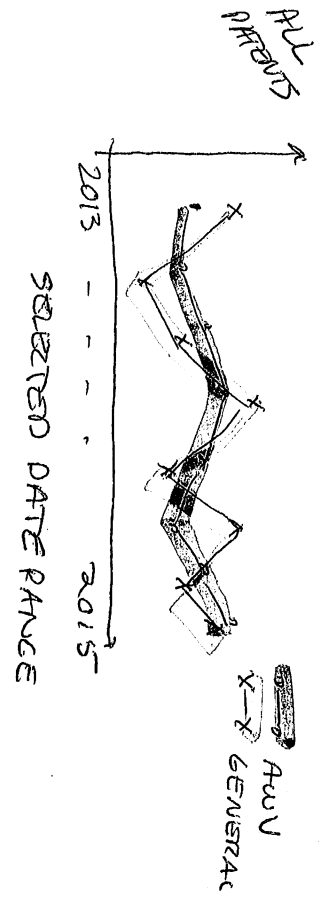


CHARACTERISTICS OF THE GENERAL ELDERLY POPULATION AT UHC COMMUNITY CLINICS COMPARED TO THOSE WITH ANNUAL WELLNESS VISITS

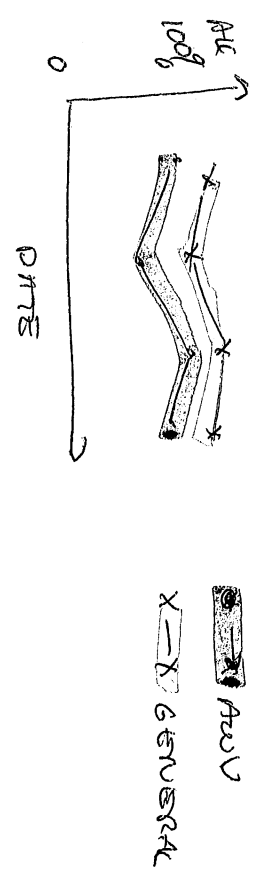
DOES THE AUU PROVIDE BENEFITS?

NEXT TAB PAGE

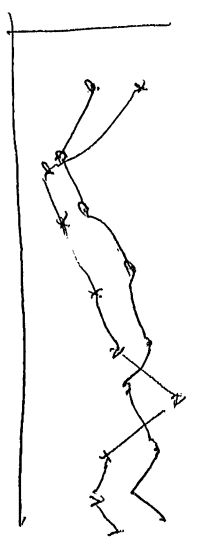
$$\text{RATE OF HOSPITALIZATIONS} = \frac{\# \text{ HOSP VISITS}}{\# \text{ PATIENTS}}$$



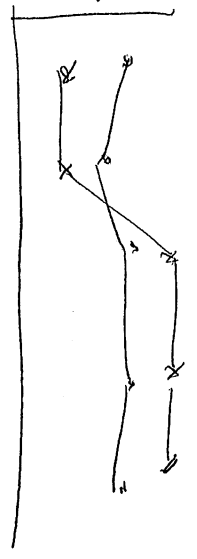
$$\text{PROPORTION OF PATIENTS WITH HOSP VISIT} = \frac{\# \text{ PTS w/ HOSP}}{\# \text{ PATIENTS}}$$



OBJECTIVE



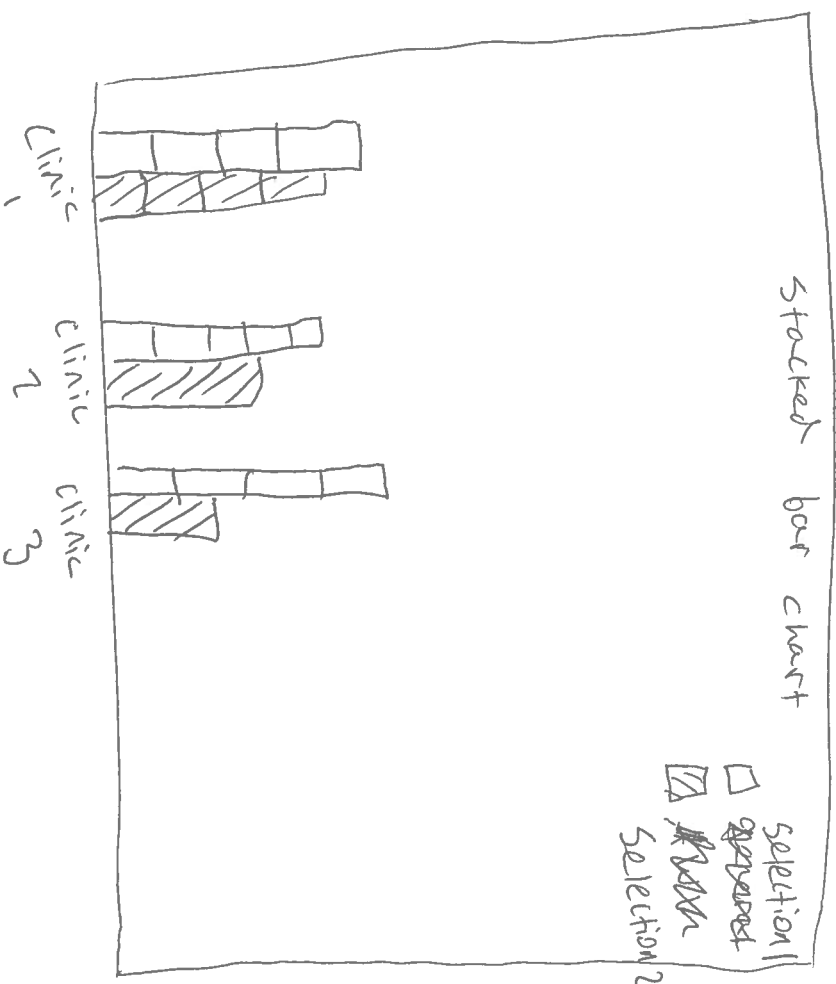
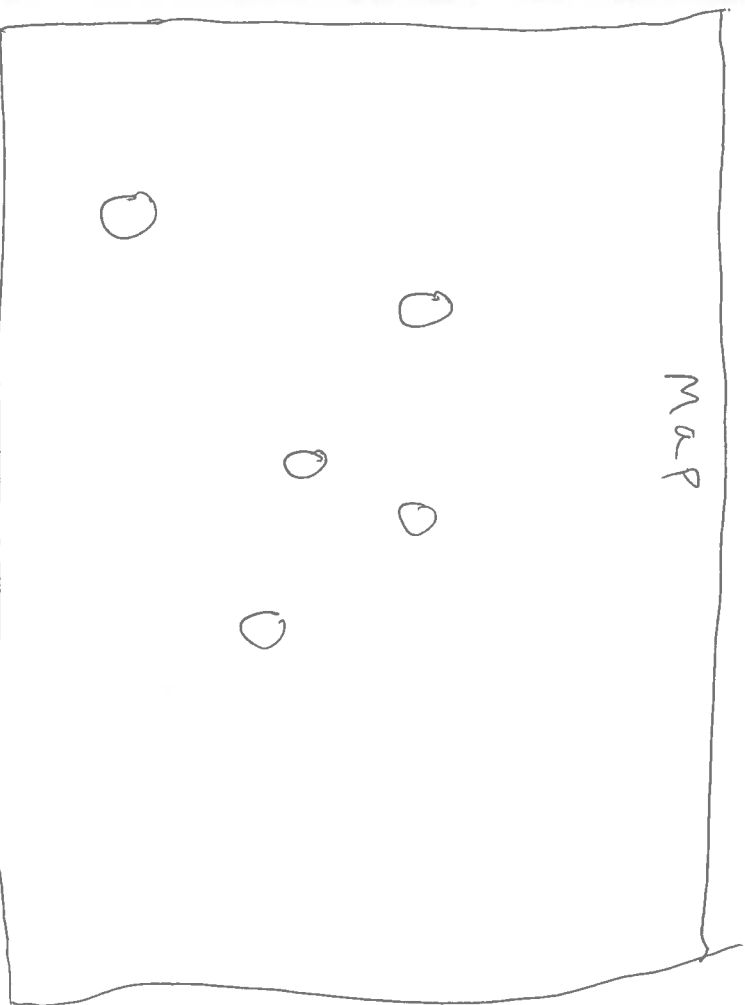
CONTINUOUS IMPROVEMENT



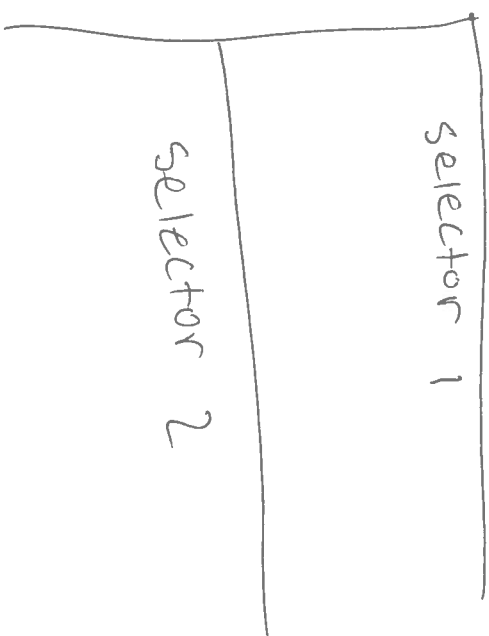
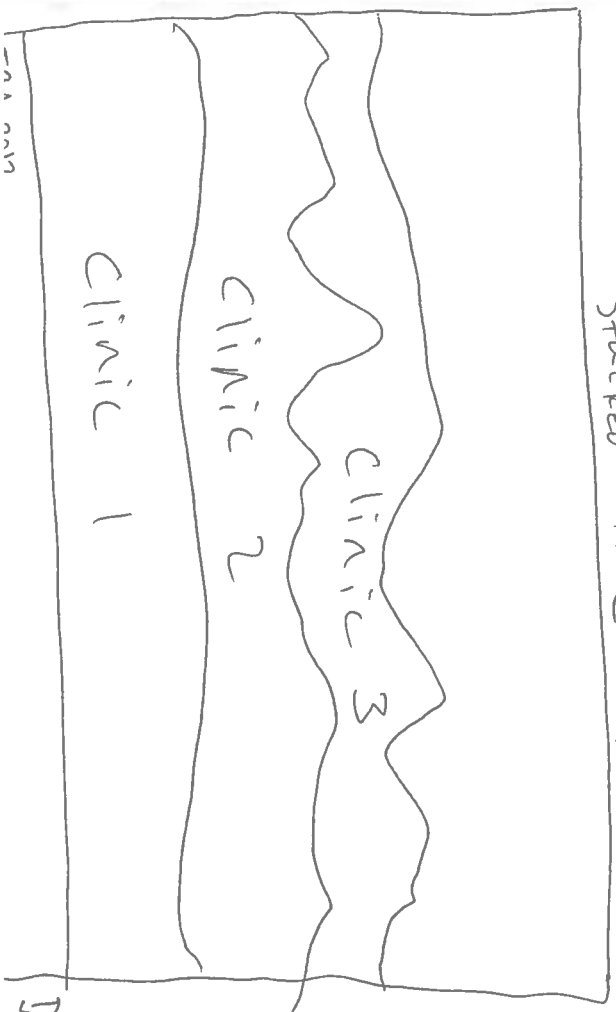
ALSO RESPONDS TO CLINIC LOCATION SELECTION AND TIME INTERVAL SELECTION FROM FRONT PAGE

TARGET AUDIENCE: PEOPLE INTERESTED IN GENERAL HEALTHCARE, IN PARTICULAR PROACTIVE, PREVENTATIVE WELLNESS VISITS AROUND THE SALT LAKE CITY VICINITY.

OBJECTIVE: DISCOVERY AND INFORMATIVE PLOTS ABOUT THE DISTRIBUTION OF PATIENTS SEEN IN THE COMMUNITY CLINICS



Stacked time series lines



Dec 2014

Dec 2014

Map - Map of Salt Lake county with clinic locations displayed. clinic locations will be clickable and data will be filtered on click. Hover will display a tooltip with key metrics

Bar chart - This bar chart will show 2 bars for each location based on 2 demographic selections made by the user. Bars will be stacked to show general US. And visits and proportions of hospitalizations. If a single clinic is selected stacked bars will unstack themselves to make the data even easier to read

Stacked time - time series of total US. And visits for each series clinic (or a single clinic if one is selected)
This will be a stacked area chart ~~with~~ that varies over time

Selectors - toolbars to make 2 separate selections (for purposes of comparison) based on demographic data

①

0

0

0

age area chart

A hand-drawn sketch of a document page. It features several horizontal lines of varying lengths on the left side, some with small rectangular boxes next to them. On the right side, there is a legend with two entries: a square box followed by the word "general" and a hatched rectangular box followed by the word "AWV".



general
QWV

423

1 Aug 1968

average
Income

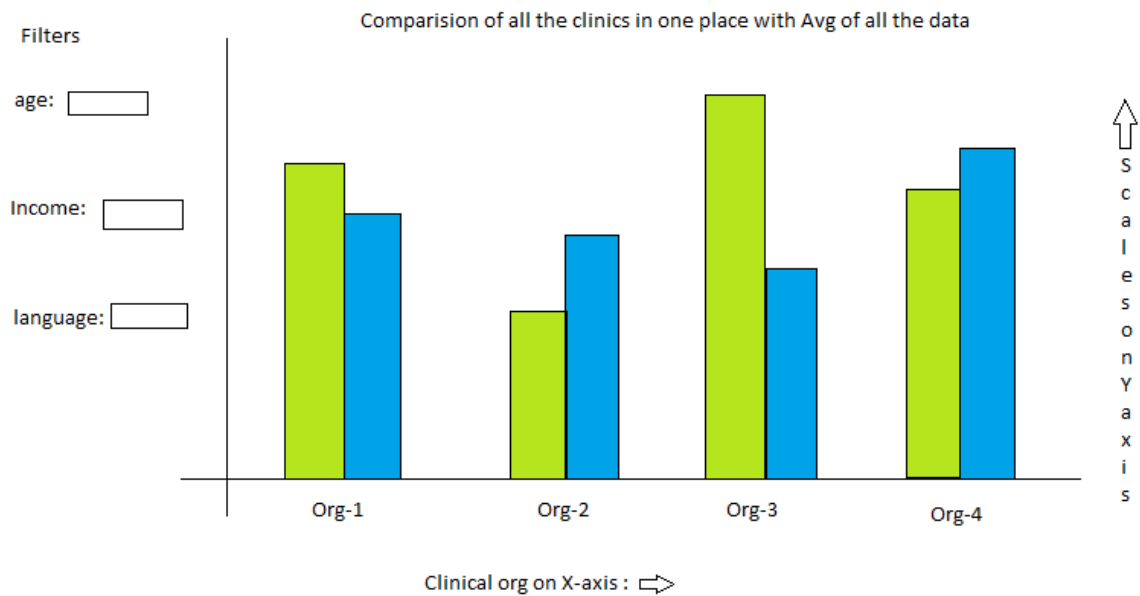
Leah



Clinic Selector - Box to select a specific clinic to filter data
Age area chart - area chart showing total visitors by age.

Bar charts - a bar chart breakdown of all relevant demographics. The point of this page is to display demographic information since on the previous page it was used as a filter

all items will show key information on
hover



This is the page 3 of the project. In the page 1, we are visualizing the data based on the geo and selection wise. It shows the comparison between two selections. In page 2 , we are visualizing the data with respect to a selection. In page 3,we are visualizing the data with respect to all the clinics. This gives the overall comparison between data in different dimensions (attributes).We can choose the dimensions from the given dropdown filter. We also want to compare each org data with the average of overall data. So we are representing the bar graph as mentioned above. Green represents data for that clinic and blue represents the overall data.