

EHR Cluster Analysis: Maximizing Patient Care

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.



Learning Objectives

At the conclusion of this session, the participant will be able to:

- Describe what a machine learning clustering algorithm can do with a large dataset such as the EHR
- Identify applications for clustering at your own site
- Determine next-steps in cluster analysis process at own site

Bibliography / Reference

1. Denaxas, S. C., Asselbergs, F. W., & Moore, J. H. (2016). The tip of the iceberg: challenges of accessing hospital electronic health record data for biological data mining. •
2. Miotto, R., Li, L., Kidd, B. A., & Dudley, J. T. (2016). Deep patient: an unsupervised representation to predict the future of patients from the electronic health records. *Scientific reports*, 6, 26094.
3. Nelson, R., & Staggers, N. (2016). *Health informatics: An interprofessional approach*. Elsevier Health Sciences.
4. Tomar, D., & Agarwal, S. (2013). A survey on Data Mining approaches for Healthcare. *International Journal of Bio-Science and Bio-Technology*, 5(5), 241-266.
5. Vayena, E. & Blasimme, A. (2017). *Bioethical Inquiry*, 14, 501-513.
<https://doi.org/10.1007/s11673-017-9809-6>

Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

Introductions



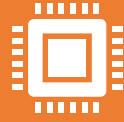


What do you think of when
you hear Machine Learning



Why Machine
Learning Clustering
Algorithms?

It is Critical to Have Good Data



What information is in your EHR?



Have you ever pulled aggregate data from your EHR?

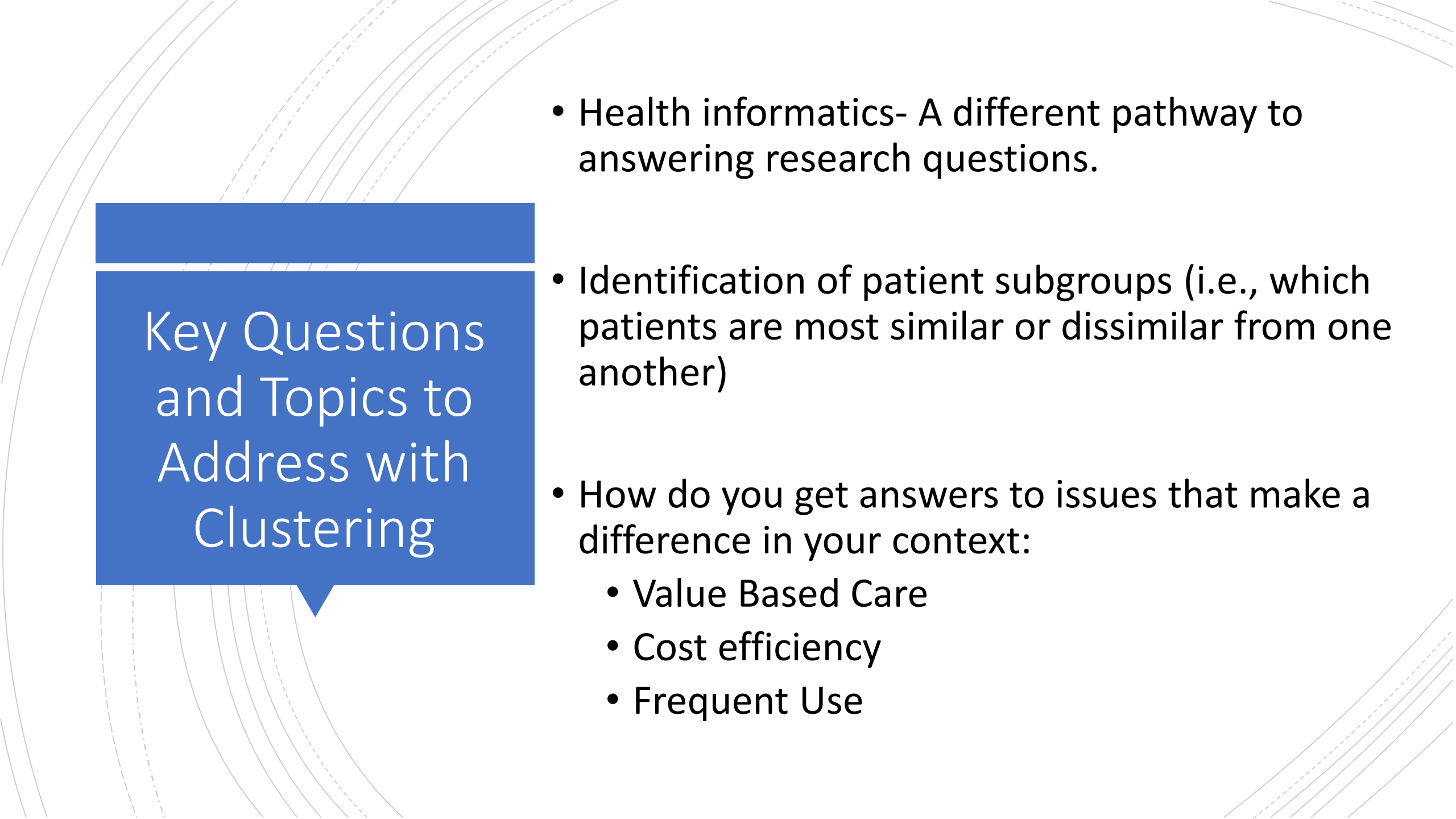


There may be many examples that could serve as good data

What might these be?



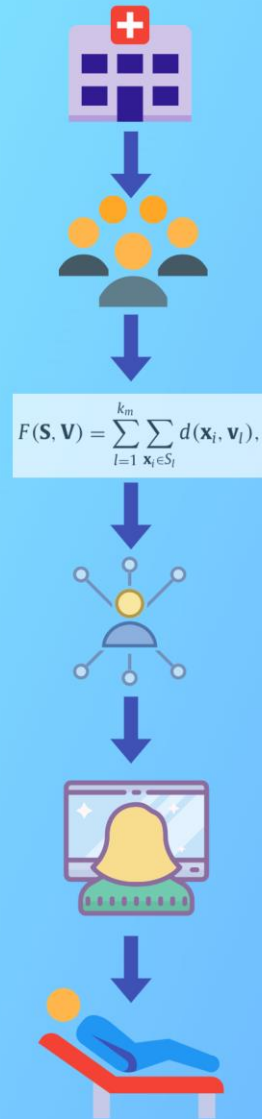
Examples: BIO-Psycho-Social-Spiritual Markers

The background of the slide features a series of concentric, curved lines in a light gray color, creating a sense of motion and depth. These lines are more prominent on the left side and fade towards the right.

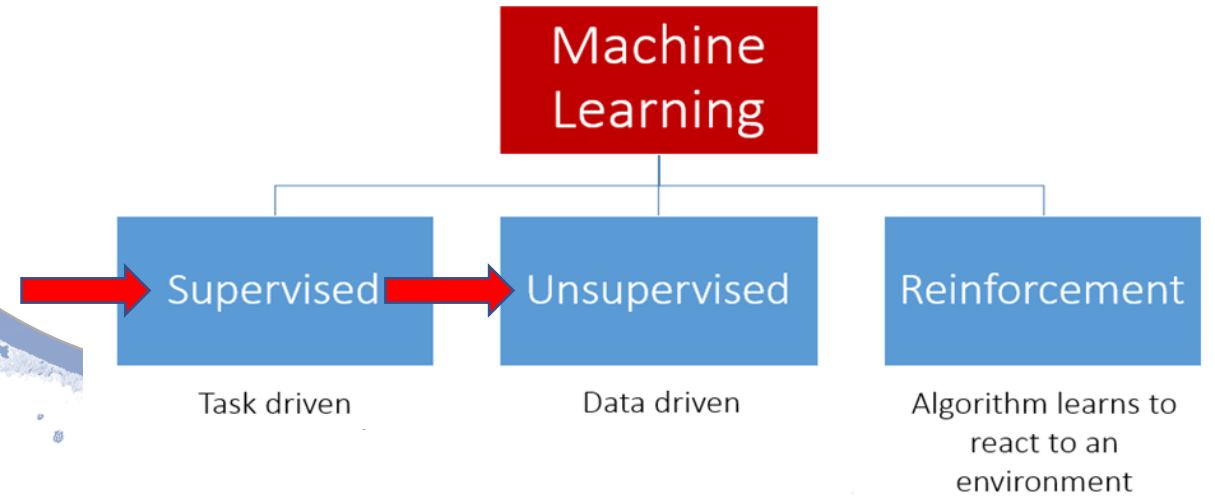
Key Questions and Topics to Address with Clustering

- Health informatics- A different pathway to answering research questions.
- Identification of patient subgroups (i.e., which patients are most similar or dissimilar from one another)
- How do you get answers to issues that make a difference in your context:
 - Value Based Care
 - Cost efficiency
 - Frequent Use

From Population Health to Care Delivery



Types of Machine Learning



What is Machine Learning and How Can You Use It to Support Healthcare Delivery?

Clustering

Feature Selection

Full Feature Set



Identify Useful Features

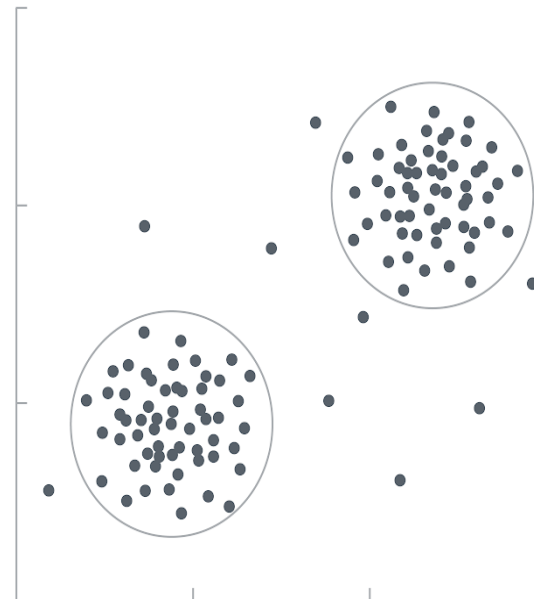


Selected Feature Set



Clustering

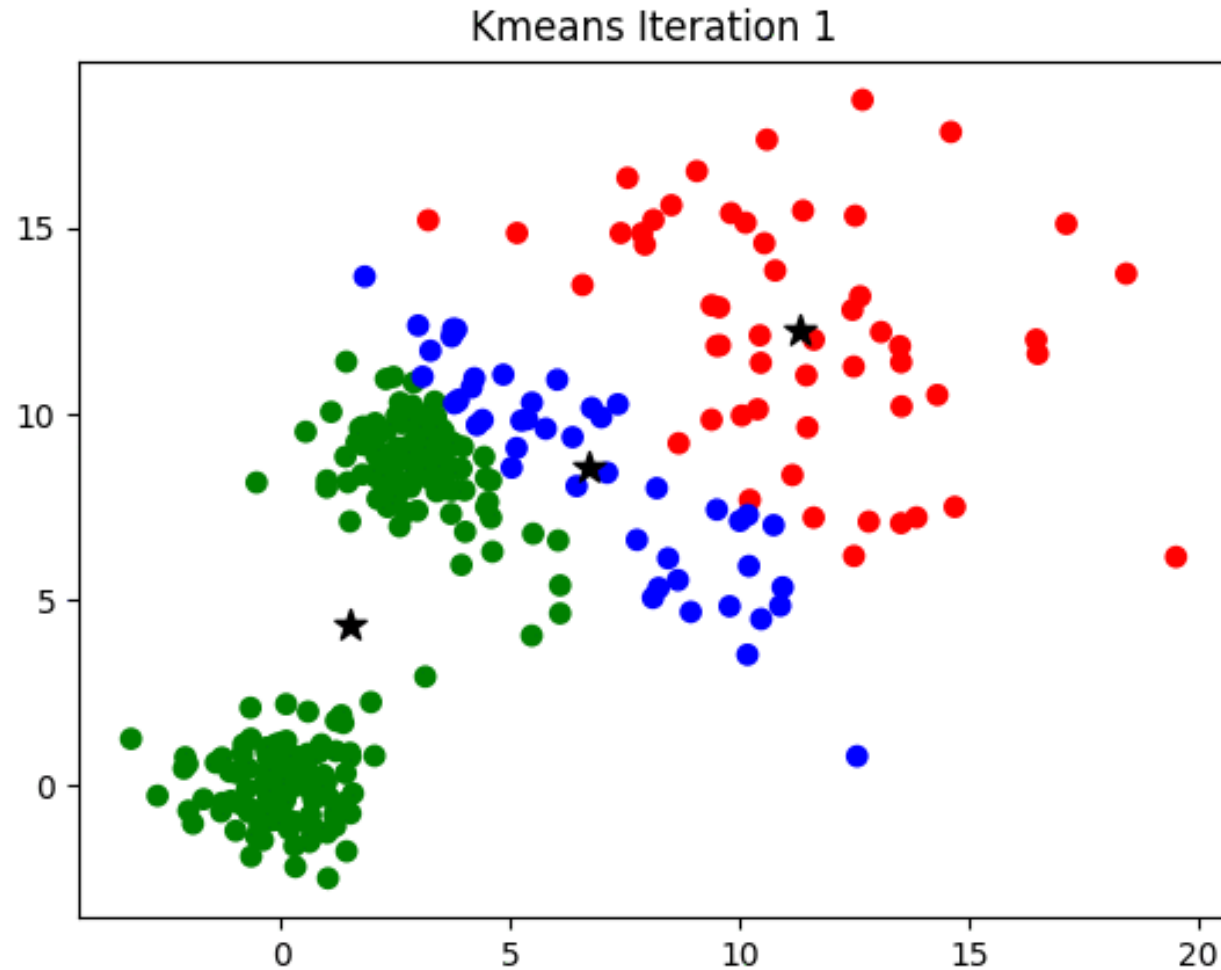
UNSUPERVISED



SUPERVISED



Clustering Algorithm Example: K-means k-3



Results of Supervised Clustering

Supervised Clustering Algorithm Performance, Cohen's Kappa

| Cluster Type | 2011 Kappa | 2012 Kappa | 2013 Kappa | 2014 Kappa | 2015 Kappa | Avg Kappa/Performance |
|---|------------|------------|------------|------------|------------|-----------------------|
| DBSCAN | 0.526 | 0.529 | 0.534 | 0.548 | 0.549 | 0.5372 |
| K-means K-3 | 0.54 | 0.523 | 0.517 | 0.556 | 0.591 | 0.5454 |
| K-means K-4 | 0.521 | 0.519 | 0.536 | 0.531 | 0.539 | 0.5292 |
| K-means K-5 | 0.57 | 0.565 | 0.523 | 0.565 | 0.585 | 0.5616 |
| K-means K-6 | 0.519 | 0.559 | 0.562 | 0.57 | 0.553 | 0.5526 |
| K-means K-7 | 0.548 | 0.554 | 0.554 | 0.551 | 0.535 | 0.5484 |
| Support Vector | 0.534 | 0.537 | 0.548 | 0.531 | 0.547 | 0.5394 |
| X-means | 0.525 | 0.562 | 0.543 | 0.574 | 0.553 | 0.5514 |
| Topdown k-3 | 0.538 | 0.525 | 0.518 | 0.547 | 0.567 | 0.539 |
| Topdown k-4 | 0.524 | 0.543 | 0.536 | 0.552 | 0.543 | 0.5396 |
| Topdown k-5 | 0.54 | 0.54 | 0.523 | 0.546 | 0.552 | 0.5402 |
| Topdown k-6 | 0.521 | 0.543 | 0.562 | 0.555 | 0.553 | 0.5468 |
| Topdown k-7 | 0.514 | 0.53 | 0.55 | 0.572 | 0.562 | 0.5456 |
| IQR | 0.019 | 0.02525 | 0.029 | 0.021 | 0.01575 | 0.022 |
| Lower Quartile | 0.521 | 0.526 | 0.523 | 0.5465 | 0.544 | 0.5321 |
| Upper Quartile | 0.54 | 0.55125 | 0.552 | 0.5675 | 0.55975 | 0.5541 |
| Cohen's Kappa = 0.01–0.20 as none to slight, 0.21–0.40 as fair, 0.41– 0.60 as moderate, 0.61–0.80 as substantial, and 0.81–1.00 as almost perfect agreement | | | | | | |

Recall and Precision Scores for Supervised K-Means k-6 Algorithm

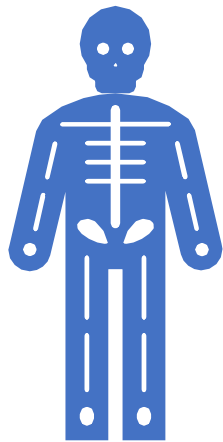
| Year | 1-2 Visits Recall | 1-2 Visits Precision | 3+ Visits Recall | 3+ Visits Precision | 4+ Visits Recall | 4+ Visits Precision | 5+ Visits Recall | 5+ Visits Precision | 6+ Visits Recall | 6+ Visits Precision |
|------|-------------------|----------------------|------------------|---------------------|------------------|---------------------|------------------|---------------------|------------------|---------------------|
| 2011 | 99.29 | 93.6 | 23.55 | 40.35 | 26.71 | 36.63 | 16 | 32.88 | 66.81 | 92.44 |
| 2012 | 99.32 | 94.45 | 38.36 | 43.6 | 17.52 | 28.95 | 14.63 | 33.8 | 57.66 | 96.93 |
| 2013 | 99.3 | 93.88 | 30.78 | 44.38 | 33.12 | 40.8 | 8.97 | 35.9 | 69.42 | 95.54 |
| 2014 | 99.29 | 94.27 | 35.89 | 43.47 | 23.28 | 36.79 | 12.28 | 40.38 | 68.56 | 94.91 |
| 2015 | 99.37 | 93.36 | 27.89 | 43.62 | 27.87 | 37.16 | 16.85 | 44.29 | 71.13 | 97.15 |

Results of Unsupervised Clustering

Unsupervised Clustering Algorithm Performance

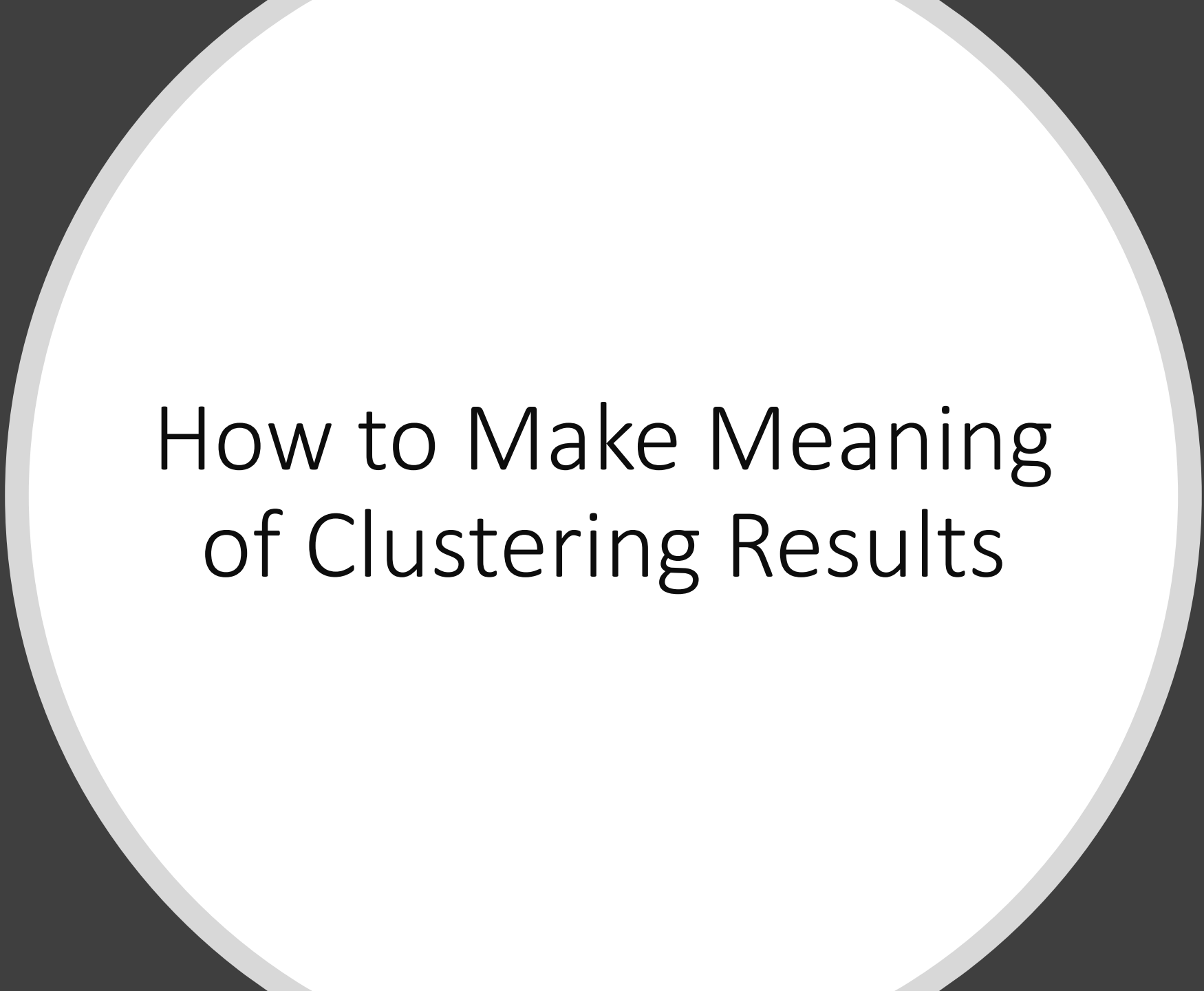
| Cluster Type | 2011 G | 2011 SSa | 2012 G | 2012 SSa | 2013 G | 2013 SSa | 2014 G | 2014 SSa | 2015 G | 2015 SSa |
|----------------|--------|----------|--------|----------|--------|----------|--------|----------|--------|----------|
| DBSCAN | 0.997 | 0.966 | 0.997 | 0.966 | 0.997 | 0.969 | 0.997 | 0.963 | 0.997 | 0.967 |
| K-means K-3 | 1 | 0.65 | 1 | 0.64 | 1 | 0.636 | 1 | 0.627 | 1 | 0.622 |
| K-means K-4 | 1 | 0.62 | 1 | 0.602 | 1 | 0.614 | 1 | 0.591 | 1 | 0.587 |
| K-means K-5 | 1 | 0.59 | 1 | 0.588 | 1 | 0.596 | 1 | 0.576 | 1 | 0.577 |
| K-means K-6 | 1 | 0.579 | 1 | 0.587 | 1 | 0.591 | 1 | 0.575 | 1 | 0.566 |
| K-means K-7 | 1 | 0.578 | 1 | 0.583 | 1 | 0.588 | 1 | 0.572 | 1 | 0.562 |
| Support Vector | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| X-means | 1 | 0.65 | 1 | 0.638 | 1 | 0.636 | 1 | 0.627 | 1 | 0.624 |
| Topdown k-3 | 1 | 0.61 | 1 | 0.605 | 1 | 0.597 | 1 | 0.591 | 1 | 0.589 |
| Topdown k-4 | 1 | 0.33 | 1 | 0.326 | 1 | 0.321 | 1 | 0.318 | 1 | 0.316 |
| Topdown k-5 | 1 | 0.312 | 1 | 0.309 | 1 | 0.305 | 1 | 0.302 | 1 | 0.301 |
| Topdown k-6 | 1 | 0.224 | 1 | 0.224 | 1 | 0.226 | 1 | 0.226 | 1 | 0.228 |
| Topdown k-7 | 1 | 0.175 | 1 | 0.174 | 1 | 0.174 | 1 | 0.217 | 1 | 0.219 |
| IQR | | 0.329 | | 0.3215 | | 0.323 | | 0.317 | | 0.3145 |
| Lower Quartile | | 0.321 | | 0.3175 | | 0.313 | | 0.31 | | 0.3085 |
| Upper Quartile | | 0.65 | | 0.639 | | 0.636 | | 0.627 | | 0.623 |

Number of ED Visits Is
Important For Grouping
Patients, BUT.....
Only As Part Of A
Complete, Systemic
Picture



• **Variables that distinguish the patient clusters from one another across years:**

- Payer type (i.e., Medicare, Medicaid, private insurance, self-pay, no charge, other)
- Select diagnostic categories (i.e., mental illness, nervous system and sense organ disorders)
- Number of ED visits per year



How to Make Meaning of Clustering Results

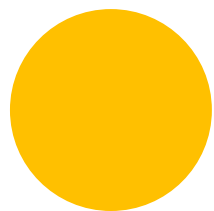
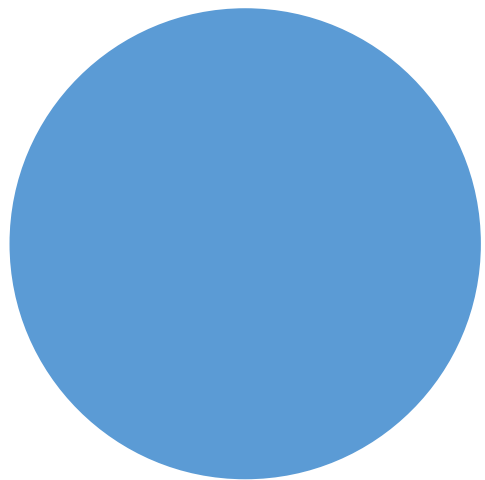
Rapidminer



RapidMiner is a data science software platform that provides an integrated environment for data preparation, machine learning, deep learning, text mining, and predictive analytics



Now let's take a look!



How Could You Apply
This At Your Own Site?

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Questions?

Video Tutorials

- <https://www.youtube.com/watch?v=IZho66YQEIM&t=9s>
- <https://www.youtube.com/watch?v=IZho66YQEIM>
- <https://www.youtube.com/watch?v=E-el-z06-g8>
- <https://www.youtube.com/watch?v=G0AM6-KtauY>

Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.



Join us next year in Philadelphia, Pennsylvania! Thank you!