Predicting and Characterizing High Cost Type II Diabetes Patients

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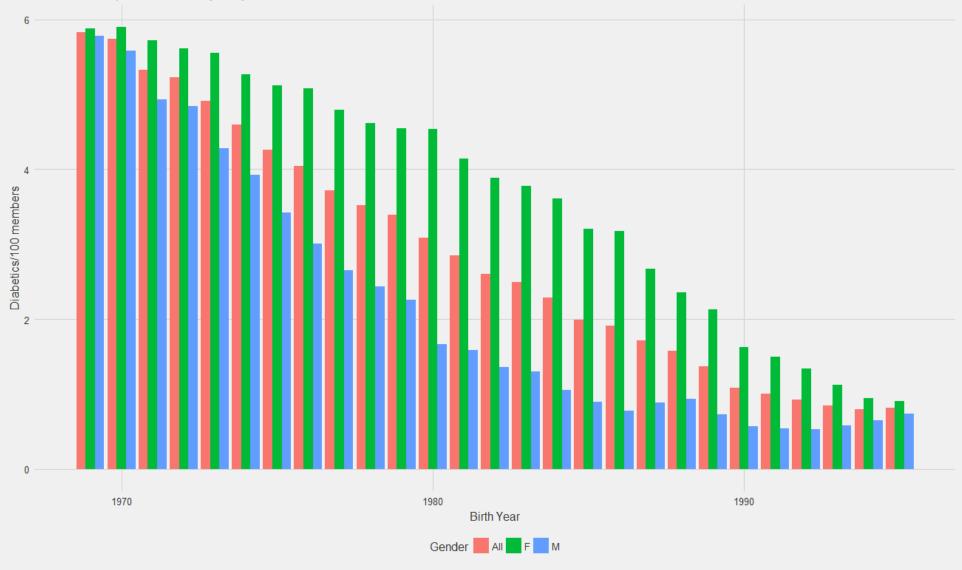
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The Data

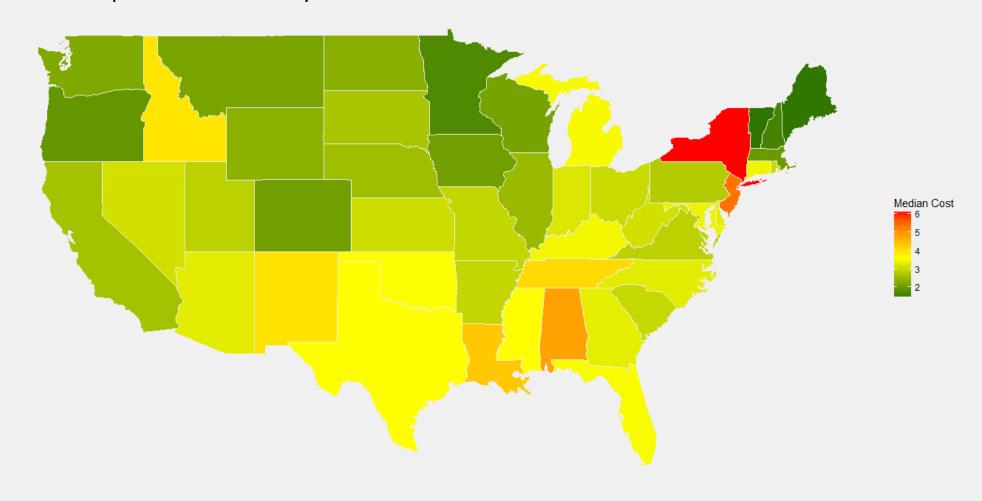
- Insurance claims data from 39133 type II diabetics
- Medical, pharmacy, confinement claims + lab results
- Variables include provider data, diagnosis data, drug class, etc.

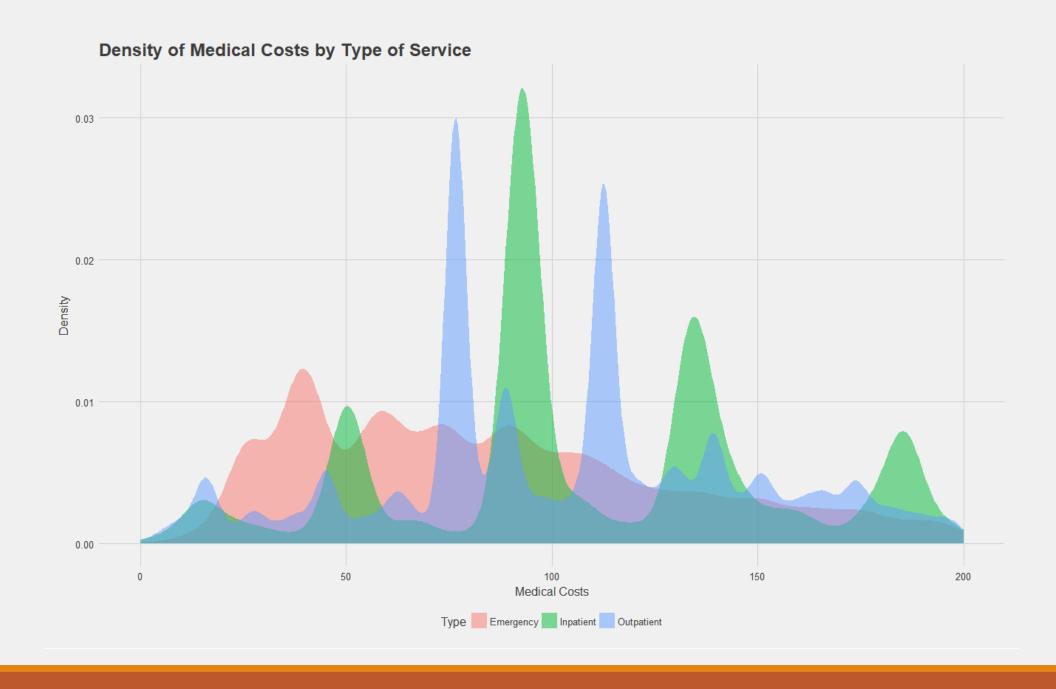
Diabetics/100 members, by birth year & sex

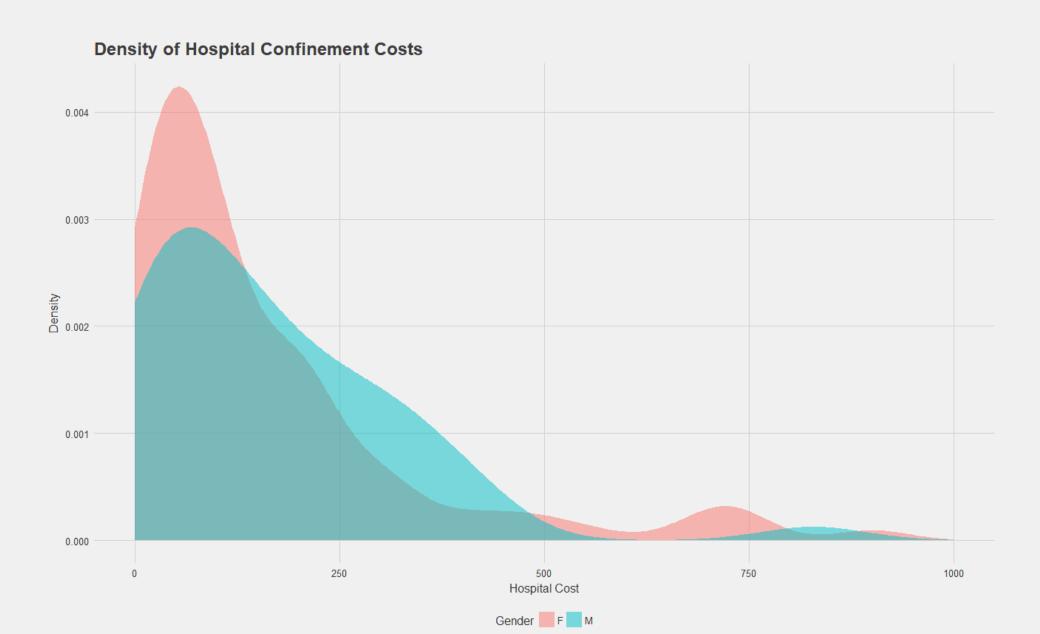
Rate of diabetics per 100 members, by birth year and sex

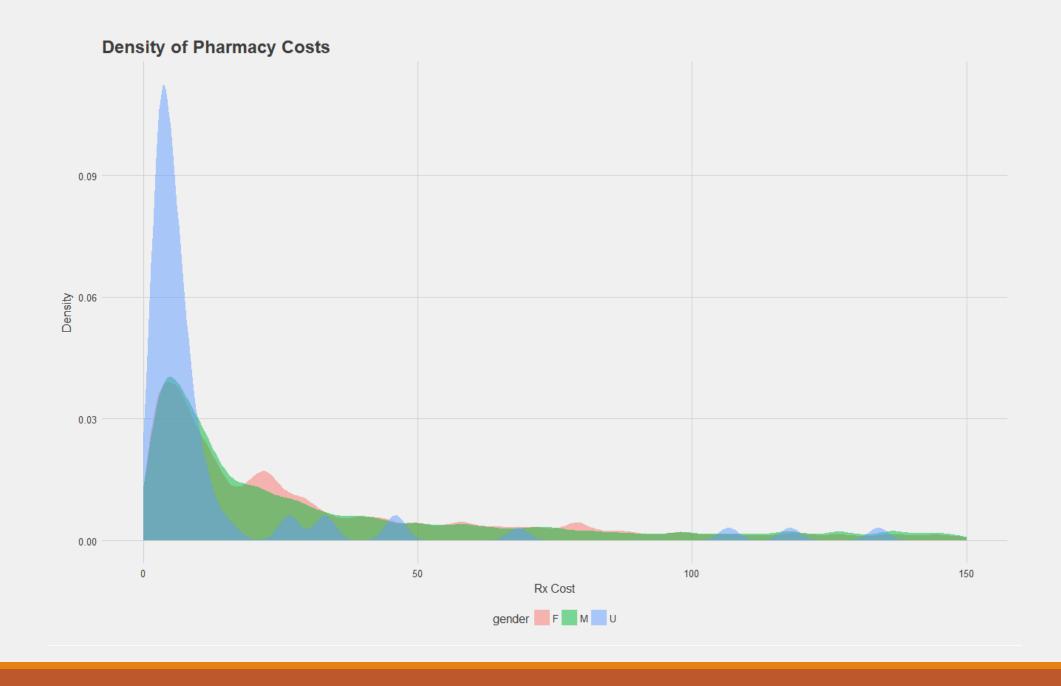


Diabetics per 100 members by state









The Task - Prediction

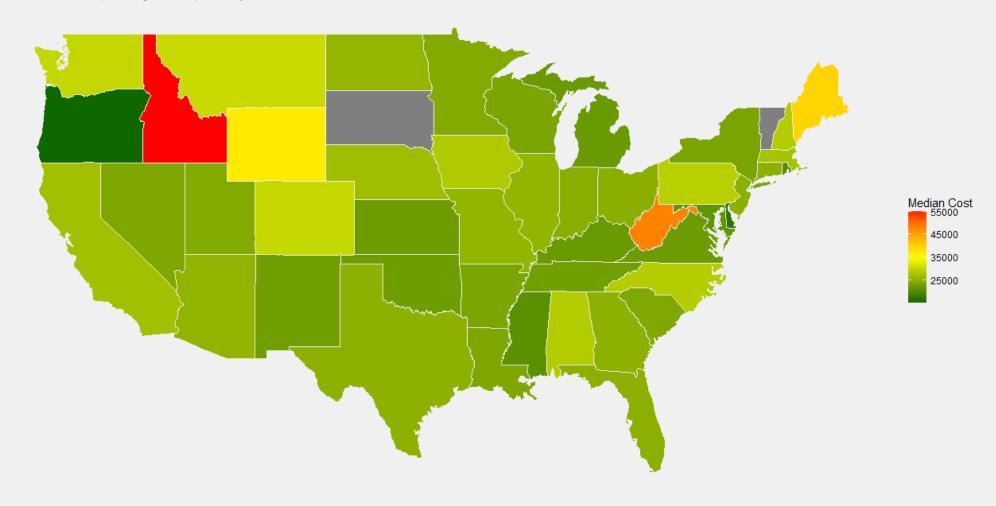
- Task predict 6000 highest cost patients
 - Numeric prediction or classification
- Strategy
 - Predict costs, take top 6000OR
 - Take top 6000 most probably classified as top 6000

Getting Ready

- 1. Clean data (feasibly) in training and target
- 2. Remove trauma and pregnancy claims
- 3. Join data tables by patient and days from diagnosis
- 4. Attempt various summary statistics
 - Collapse table to one entry per patient
- 5. Visualize trends and model vs target data

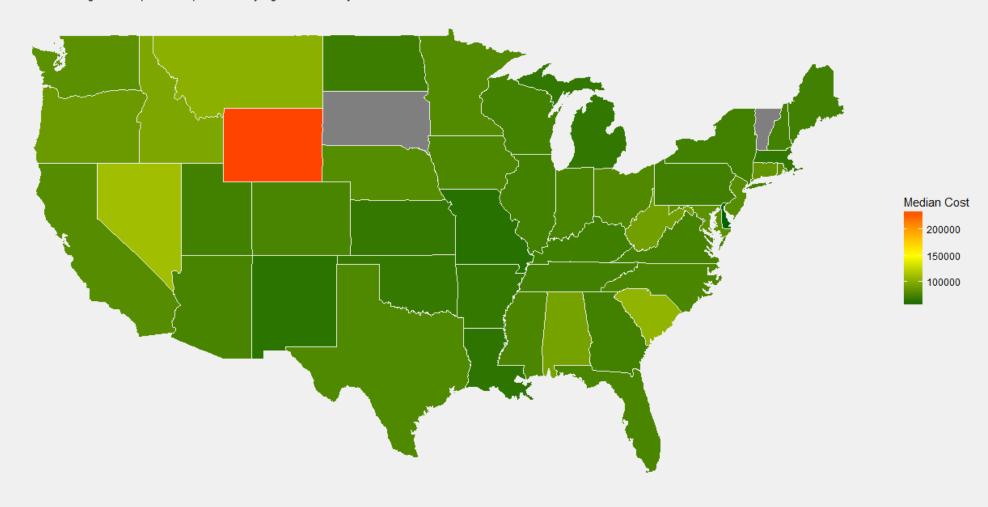
6000 Expected Highest Cost Patients

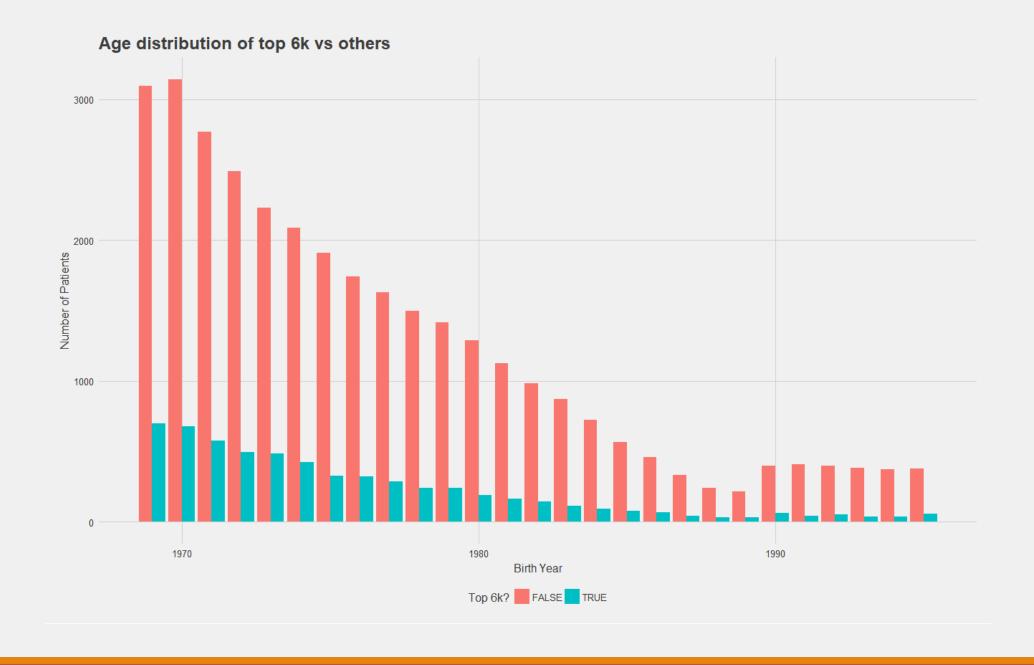
Median cost of 6000 expected highest cost patients by state

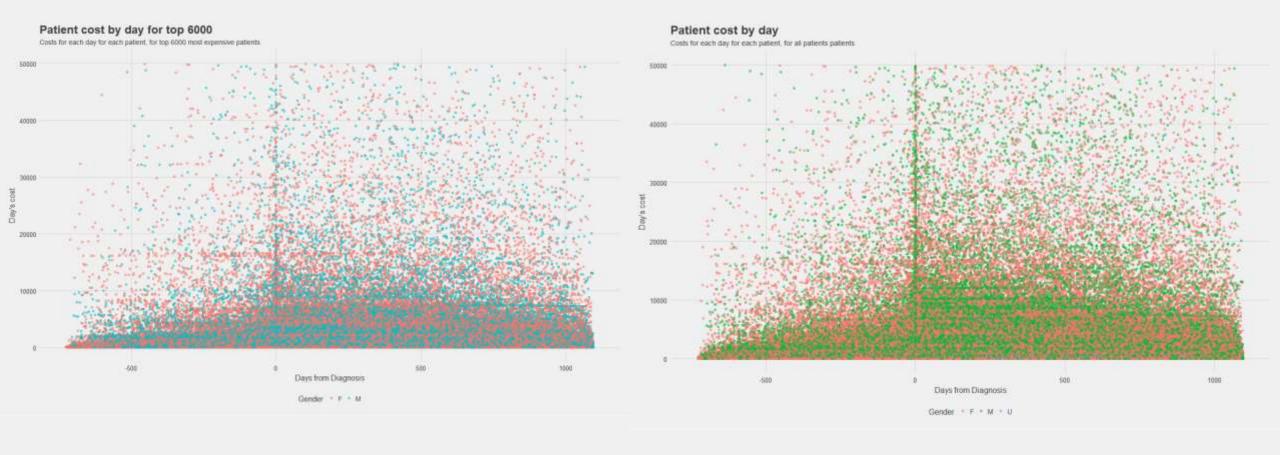


Patients Expect to Stay Highest Cost

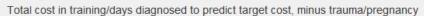
Median cost of the highest cost patients expected to stay highest cost next year

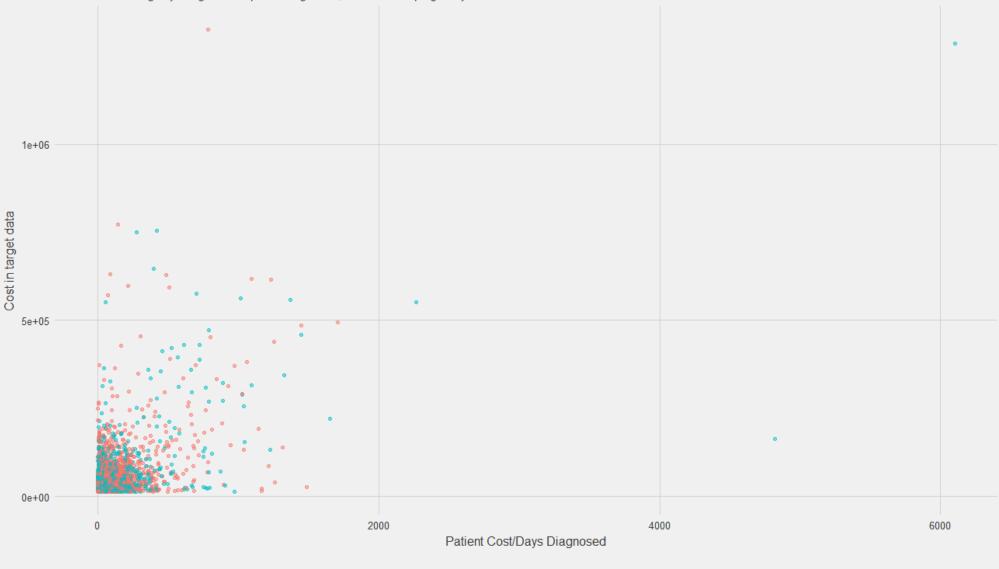


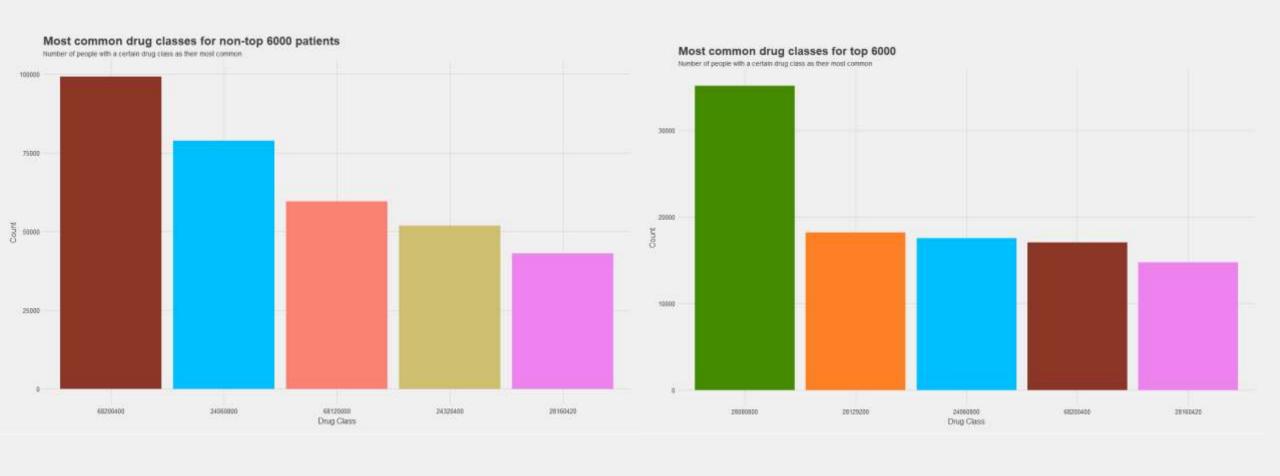




Target Cost vs Training Cost



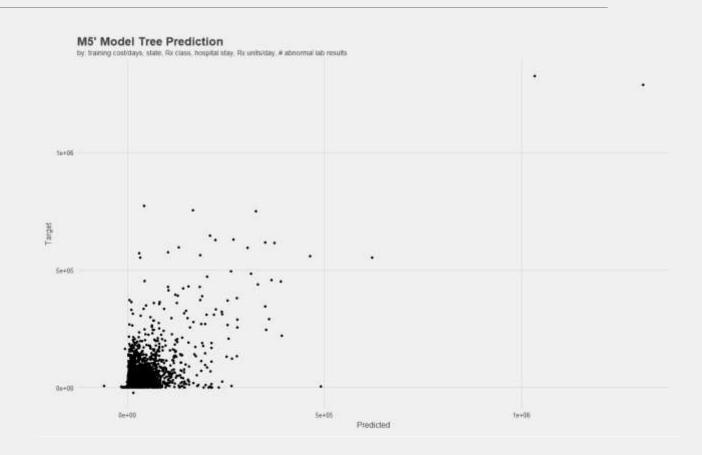




Predictive Model

• M5' model tree from:

- Cost/days diagnosed
- State
- Most common Rx class
- Avg Rx units per day
- Avg hospital stay
- Normalized # abnormal lab results
- 53% correct in test, 69% correlation, \$7435 MAE



Looking to the future

- Not the best model, limited by variables explored
 - Future: explore more summary statistics
- Explore further as a classification problem
 - Most variables categorical, limited in regressions
- Teamwork makes a difference
 - Team commitment can allow for a distribution of the workload