# Predictive Modeling of Emergency Hospital Transport in Older Adults Comparison of Machine Learning Algorithms in R

Op den Buijs J<sup>1</sup>, Nikolova-Simons M<sup>1</sup>, Fischer N<sup>2</sup>, Golas S<sup>2</sup>, Felsted J<sup>2</sup>, Schertzer L<sup>3</sup>, Agboola S<sup>2</sup>

 Philips Research, Eindhoven, the Netherlands
 Partners Connected Health, Partners Healthcare, Boston, Massachusetts, United States 3. Philips Lifeline, Framingham, Massachusetts, United States

## Rapid growth in Emergency Department visits

Society is ageing: 15% of the US population is 65 years or older. Most older persons have multiple chronic health conditions.

• Arthritis, cancer, heart conditions, diabetes, hypertension...

Acute emergency situations result from worsening of chronic conditions.

- Falls, respiratory problems, chest pain, ...
- 20 million ED visits each year by 65+ persons







1. User summons help



Distressing for patients & extremely costly for society

Philips Lifeline medical alert service gets people help fast in an emergency.

Can emergency hospital transport be predicted using medical alert service data?

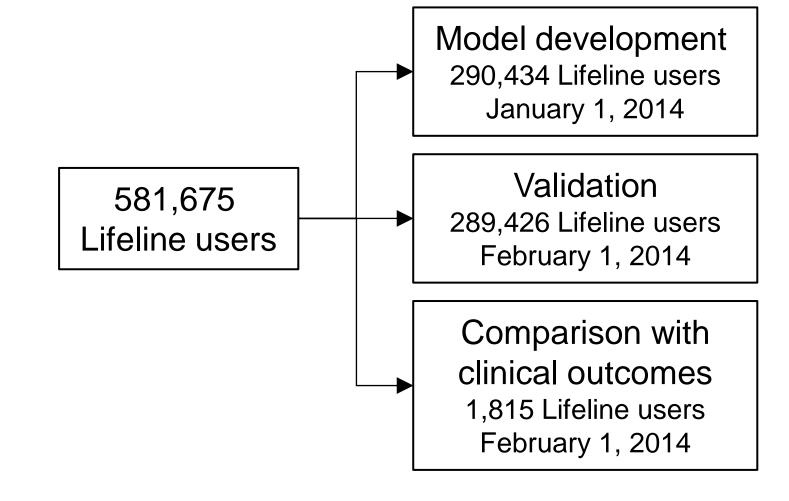
2. Contact with response agent



3. Help is sent to user

## Predictive modeling of 30-day emergency hospital transport in R

- Medical alert service data of 581,675 individuals
  - Falls and other incidents
  - Social & check-in calls
  - Self-reported medical conditions
- Independent model development and validation cohorts
- Comparison with clinical outcomes in a subpopulation of Lifeline users with linked electronic health record (EHR) data
- Comparison of gradient tree boosting to logistic regression models

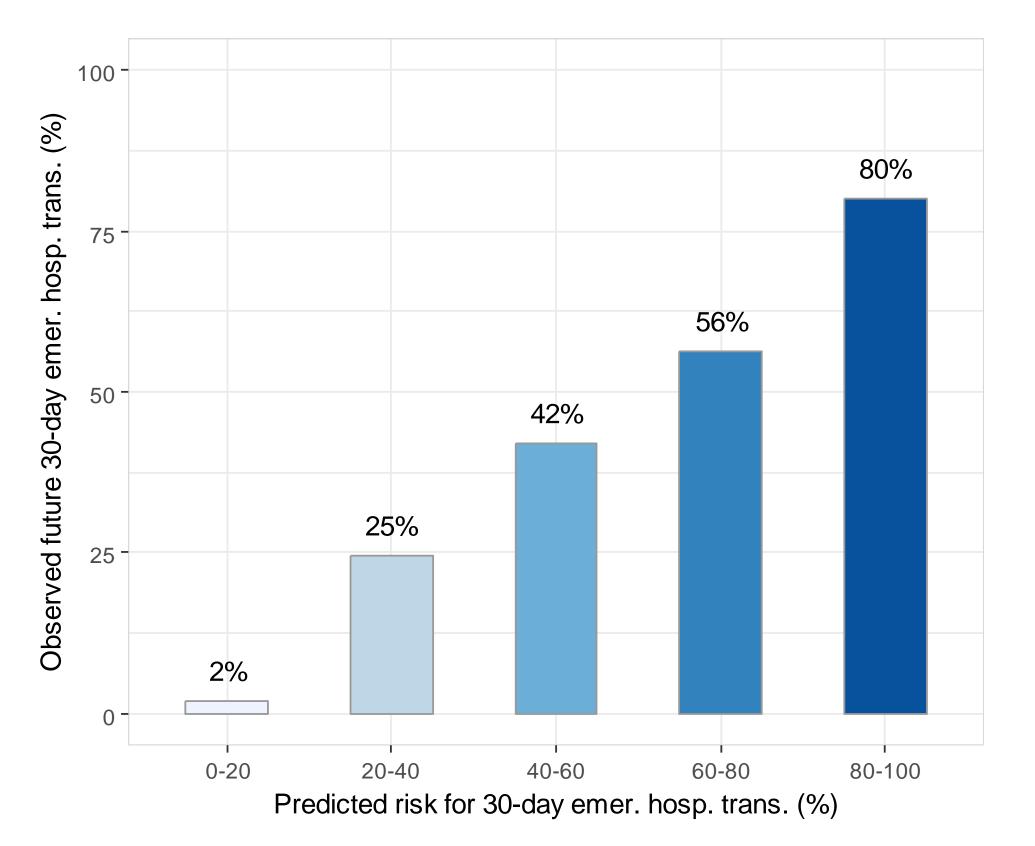


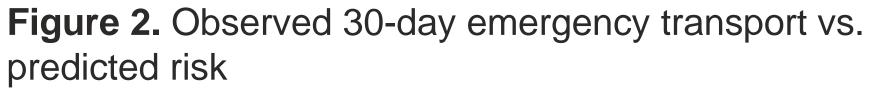
### **Figure 1.** Cohorts used for model

# Key Takeaways

Medical alert service data enables prediction of emergency hospital transport.

- Predictive model built on large data set from over 580,000 Lifeline subscribers
- Observed outcomes increased with increasing predicted risk for 30-day emergency transport
- Good discriminatory accuracy, AUC = 0.78





**Table 1.** Comparison of performance metrics of predictive
 models evaluated at threshold corresponding to 99<sup>th</sup>

### development, model validation and comparison with clinical outcomes

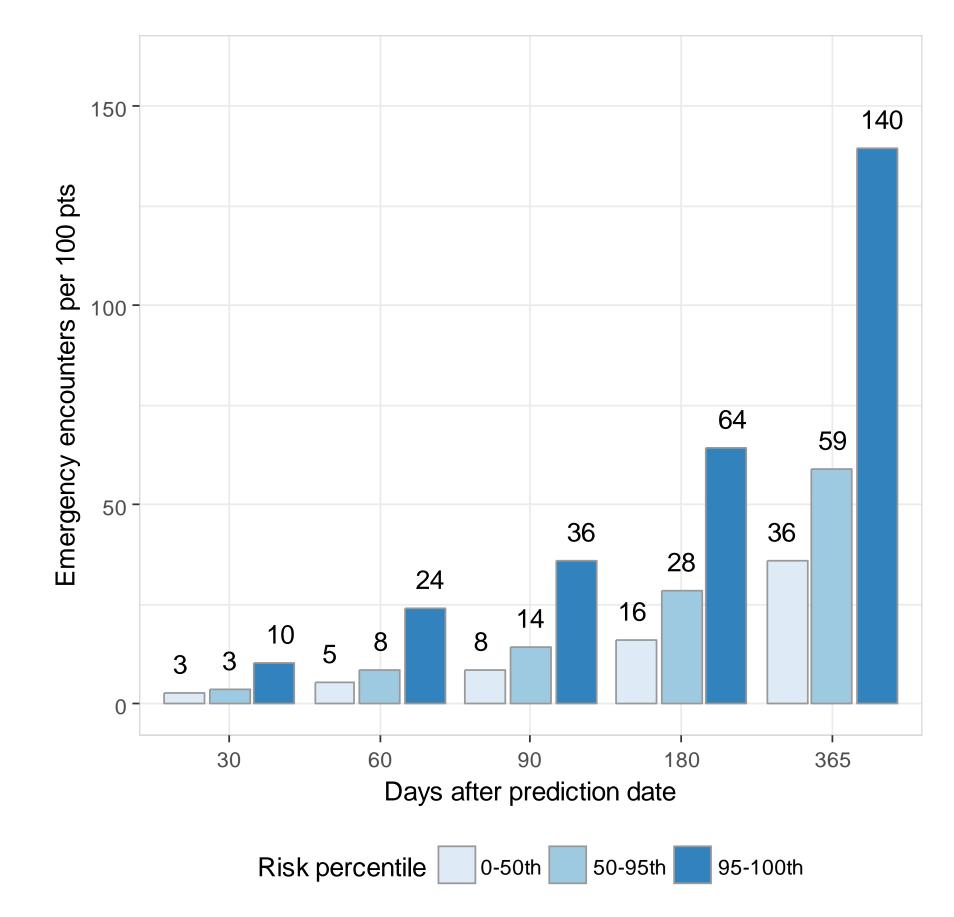


Figure 3. Comparison of predicted risk with emergency hospital encounters in the year following prediction, derived from the EHR

### Risk scores for emergency hospital transport correlate with clinical outcomes.

• Four times higher rate of emergency hospital encounters in high risk patients

## State-of-the-art machine learning algorithms in R yield high predictive performance.

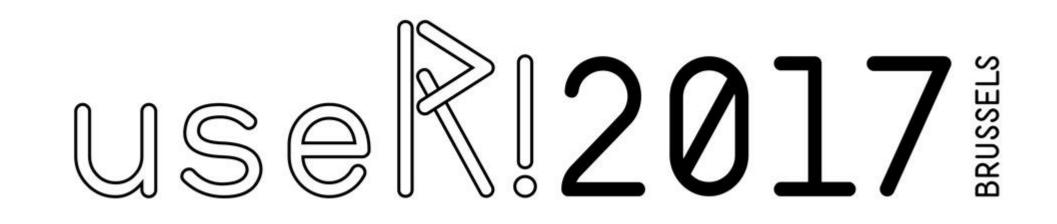
- Extreme gradient boosting outperformed logistic regression
- Significantly increased AUC
- Higher sensitivity and positive predictive value



### percentile. 95% CI from bootstrapping (n = 1,000)

	AUC	Sensitivity	PPV	Accuracy
Gradient boosting	0.779*	11.5%	25.5%	97.3%
(xgboost)	[0.774-0.785]	[10.7-12.3]	[24.1-27.2]	[97.3-97.3]
Logistic regression	0.767	10.9%	24.2%	97.3%
(glm)	[0.761-0.773]	[10.1-11.7]	[22.7-25.6]	[97.2-97.3]

Predictive model of emergency hospital transport incorporated in the Philips CareSage Predictive Analytics Engine



⊠ jorn.op.den.buijs@philips.com www.philipslifeline.com/caresage

