Advanced analytics & operational research in support of decision making in healthcare

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BATH Above all A top business school, in a world cl university, in a world heritage city. SCHOOL OF MANAGEMENT The Which MBA? UNIVERSITY GUIDE UNIVERSITY GUIDE in the top BUSINESS AND **MARKETING** ranked 6th ranked 3rd ranked 3rd Bath Corporate finights **MBA** Conomist Which **CINEXPANSION** Better World MBA ranking 2016 Overview Accounting, Finance over 1,500 undergraduate students over 150 & Law (AFL) Marketing, Business MBA students & Society (MBS) A Society (MBS)
 Organisation (SO) 250 500 MSc students







Our vision: to improve the design, delivery and organisation of health and care services through high quality interdisciplinary research

"The task of scientifically re-engineering health care... is rocket science."

> Prof Donald Berwick Institute for Healthcare Improvement



NHS

GIG | Bwrdd lechyd CYMRU Cwm Taf NHS University Health Bo

GW4

Y

Royal United Hospital Bath NHS

Moorfields Eye Hospital

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CHOOSE YEOVIL HOSPITAL HEALTH CARE

South Western Ambulance Service

NHS Bristol, North Somerset and South Gloucestershine

KOÇ UNIVERSITY

NHS Trust

UCL

Improvement

 $E \cdot S \cdot R \cdot C$

GIG NHS

NHS

Bath and North East Somers Clinical Commissioning Grou

Collaboration for Leadership in

South West Peninsula

Applied Health Research and Care







11/03/2019





Quantitative research

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Gaining recognition

p. 34 "Working with NIHR and the Department of Health we will expand **NHS operational research** ... and other methods to promote more rigorous ways of answering high impact questions in health services redesign."



Bringing academic O.R. closer to practice



O The Health Foundation What we do Funding and partnerships News and o PLETHORA: collaborating to create stronger data analysis Bringing together academic researchers and health service analysts to improve the delivery of health and care services in the UK of advanced analytics and data We're funding PLETHORA to create a co

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Supporting decisions around the provision and allocation of *regional maternity services* with O.R.

Joint work with Gunes Erdogan and Neo Stylianou

*Paper under review

• Maternity care: prenatal, birthing and antenatal services

Background

- NHS Trust in England acquired a number of maternity service locations in 2014
- Result is a "unique model" of maternity service provision
 - 1 large hospital facility offering the full range of care services
 - 5 community facilities scattered around the region offering a different range of services
- Healthcare planners are seeking a "more integrated approach"

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Maternity delivery data

- Two years worth of patient activity data (Apr 2015 Mar 2017)
- About 20% were C-sections (elective and emergency)
- Significant difference between risk and delivery method (as well as location of delivery)

| Location | High Risk | Low Risk | Total |
|-----------------------|-------------|-------------|-------|
| Ho | 1,258 (20%) | 4,817 (80%) | 6,301 |
| C ₁ | 34 (9%) | 354 (91%) | 388 |
| C ₂ | 42 (11%) | 350 (89%) | 392 |
| C ₃ | 12 (6%) | 184 (94%) | 196 |
| C ₄ | 30 (7%) | 378 (93%) | 408 |
| Home Birth | 31 (14%) | 195 (86%) | 226 |
| Other | 8 (31%) | 18 (69%) | 26 |
| Total | 1,415 (18%) | 6,296 (82%) | 7,711 |

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We were asked to "evaluate the model of service provision currently in use and to support, through quantitative and geographic analysis, decisions around the strategic reconfiguration of the service"

FLP Spreadsheet Solver

- Solves facility location problems using a range of algorithms
- Open source, proof-of-concept, designed for simplicity
- Bing Maps for mapping data (license is optional)
- Developed by Dr Gunes Erdogan, download from: <u>http://people.bath.ac.uk/ge277/index.php/flp-spreadsheet-solver/</u>

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Modelling assumptions



- Uncapacitated problem (we only considered demand for services)
- Middle layer Super Output Area (MSOA) for location of demand
- Population-weighted centroids for each MSOA location
- Index of Multiple Deprivation (IMD) for each MSOA location
 Weighted demand = crude historical demand * IMD
 Distance = driving duration of fastest path from MSOA centroid to facility
 Cost = distance * weighted demand

Objective function: minimise total *Cost*

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Scenarios for experimentation

| Scenario # | Demand type | Low/high risk | Facilities (hospital + community) | Location of community facilities |
|------------|-------------|------------------|---|--|
| 1 | Deliveries | All | As is (1+4) | Existing |
| 2 | | Low | As is (1+4) | Existing |
| 3 | | Low | 1+3 | Existing |
| 4 | | Low | 1+2 | Existing |
| 5 | | Low | 1+1 | Existing |
| 6 | | Low | 1+3 | Anywhere |
| 7 | | Low | 1+2 | Anywhere |
| 8 | | Low | 1+1 | Anywhere |
| 9 | | Low | 1+1 | City limits |
| 10 | Outpatients | N/A | As is (1+5) | Existing |
| 11 | | N/A | 1+3 | Existing |
| 12 | | N/A | 1+2 | Existing |
| 13 | | N/A | 1+1 | Existing |













