Big Data, Local Impact, Healthy Lives Electronic Medical Records (EMR) in Malawi

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Health Care in Malawi

Malawi

- Population 19 million
- GDP per capita <400 USD
- Life expectancy is 50 years
- HIV, malaria, bacterial infection
- High infant and maternal mortality

Health Care

- 753 health facilities in 2018Q4
- Includes hospitals, rural facilities, private clinics
- 120 facilities have electronic medical records (EMR) in 2018Q4



Note: data from Malawi Ministry of Health.

HIV in Malawi

Prevalence

- 9% HIV+
- > 10,000 deaths annually

Treatment

- Antiretroviral therapy (ART)
- Free, effective, prevents transmission
- 78% of HIV+ on ART in 2018 (UNAIDS)
- Challenges include diagnosis, initiation, default



Database – Ministry of Health

- Facility-quarter panel data
 - Total patients in ART
 - ART initiations
 - Defaults
 - Deaths
 - Deaths early (1-3 months)
 - Deaths late (+4 months)



Government of Malawi Ministry of Health

Integrated HIV Program Report January – March 2013

- ~ 17,000 observations for 778 facilities
- 2013Q1 to 2018Q4
- 86 facilities implemented EMR in this time window
- Data recorded cumulatively
- Measurement error

EMR Central Database (BHT) M Baobab

- Individual de-identified data on patients in ART treatment from all clinics with EMR systems as of end 2018
- ~880,000 patients in 124 clinics
- ~12 million observations
- Data is entered at point-of-care by nurses and other staff



Source: Baobab Health Trust (baobabhealth.org)

EMR Central Database Inventory

DataType	N/1000	%*	Relevant Variables ; Notes			
ART Registration	756	0.93	Var : Date, TracingConsent, ARVReason, GuardRelation, EverART			
HIV Visit	12,343	1.00	Var : Date, Staff, ART, PatientPresent, GuardianPresent, Breastfeeding, Weight, Height, TbStatus, HIVStage, ARVRegimen, TotalPillsLeft, ARVDispensedDays,			
			ARVDispensedTill, CPT, IPT, CD4Count, NextVisitDate, VisitDuration, EntryDelay			
			Per Patient Mean 14.06 / SD 16.13 / Min 1 / 25% 2 / 50% 8 / 75% 20 / Max 209			
HIV Diagnosis	394	0.49	Var : Date, Location			
Side Effect	90	0.06	Var : <i>Date, Type</i>			
Other Symptom	728	0.12	Var : <i>Date, Type</i>			
HIV Stage	219	0.23	Var : <i>Date, Type</i> ; usually assessed at initiation			
Transfer Out	195	0.23	Var : <i>Date, Origin~Destin</i> ; EMR clinic to EMR clinic transfers create duplicate IDs			
Transfer In	127	0.16	Var : Date, Origin~Destin			
Remote Initiation	111	0.14	Var : <i>Date, Location</i> ; appears to be subset of Transfer In			

N = total number of observations of this DataType.*Percent of patients who have at least one observation of this DataType.

Database – Dignitas International



- Individual de-identified data on ART patients in Zomba district
- ~54,000 patients in 32 clinics (14 with EMR)
- ~871,000 observations
- 2005 to 2018
- Includes data on death dates, defaults, visit dates, TB status, ARV regimen, and patient weight, gender and age.

Deaths and Defaults among ART patients



Avg. increase in ART deaths 69 cases per district (p<0.05)

Avg. increase ART defaults 823 cases per district (p<0.01)

Idea: Impact of EMR

EMR Clinics by Year

- From 2013 to 2018, additional 10% of facilities introduced EMR
- Increase from 34 EMR facilities to 120



Idea: Impact of EMR

EMR might

- Increase efficiency/new initiations
- Facilitate tracking
- Improve care

Estimation

 Multi-period Differences-in-Differences (de Chaisemartin et al., n.d.; Goodman-Bacon, 2018)

 $Health \ Outcomes_{jt} = \beta_0 + \beta_1 EMR_Post_{jt} + \gamma_j + \delta_t + \epsilon_{jt}$

- Facility fixed effects γ_j
- Quarter fixed effects δ_t
- Treatment dummy EMR_Post_{jt}
- Standard errors clustered at the facility level

Idea: Impact of Major Policy Change

Timeline of Standard ART Start Regimens and ART Eligibility for HIV+ Adults in Malawi



Idea: Impact of Major Policy Change

Default rate = share of patients who never return after first visit



Idea: Default by Facility

Share of patients who never return after first visit



Idea: Data Privacy RCT

- Initiating ART involves sharing your data (name, address, phone number)
- There is a risk of breach
- Does this deter health seeking?
- Does the data enable tracking?
- Experiment: make salient the right to remain anonymous
- Outcomes: HIV testing, ART initiation, default

Idea: Sharing Data RCT

What is **demand for health data**?

- Communities
- Health providers
- Patients
- Examples
- HIV prevalence
- Treatment, default and death
- By demographic

Idea: Sharing Data RCT

How does this information spread

- Within communities
- From provider to patient
- Is it driven by active diffusion vs. search?

What are motivations for data sharing by

- Health providers?
- Community leaders?

Thank you!

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Means test on District Evolution

	Year 2014	Year 2018	Difference (2018-2014)	p-value
Total Patients in ART	4,962	6,100	1,138	0.009
First Time in ART	3,927	2,354	-1,573	0.000
Default in ART	1,600	2,422	823	0.002
Died in ART	337	406	69	0.021
Districts	28	28		