

Digital Twin Neighborhoods

Forecasting the Value of Health Equity Initiatives

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>80 Community Experts

Overview

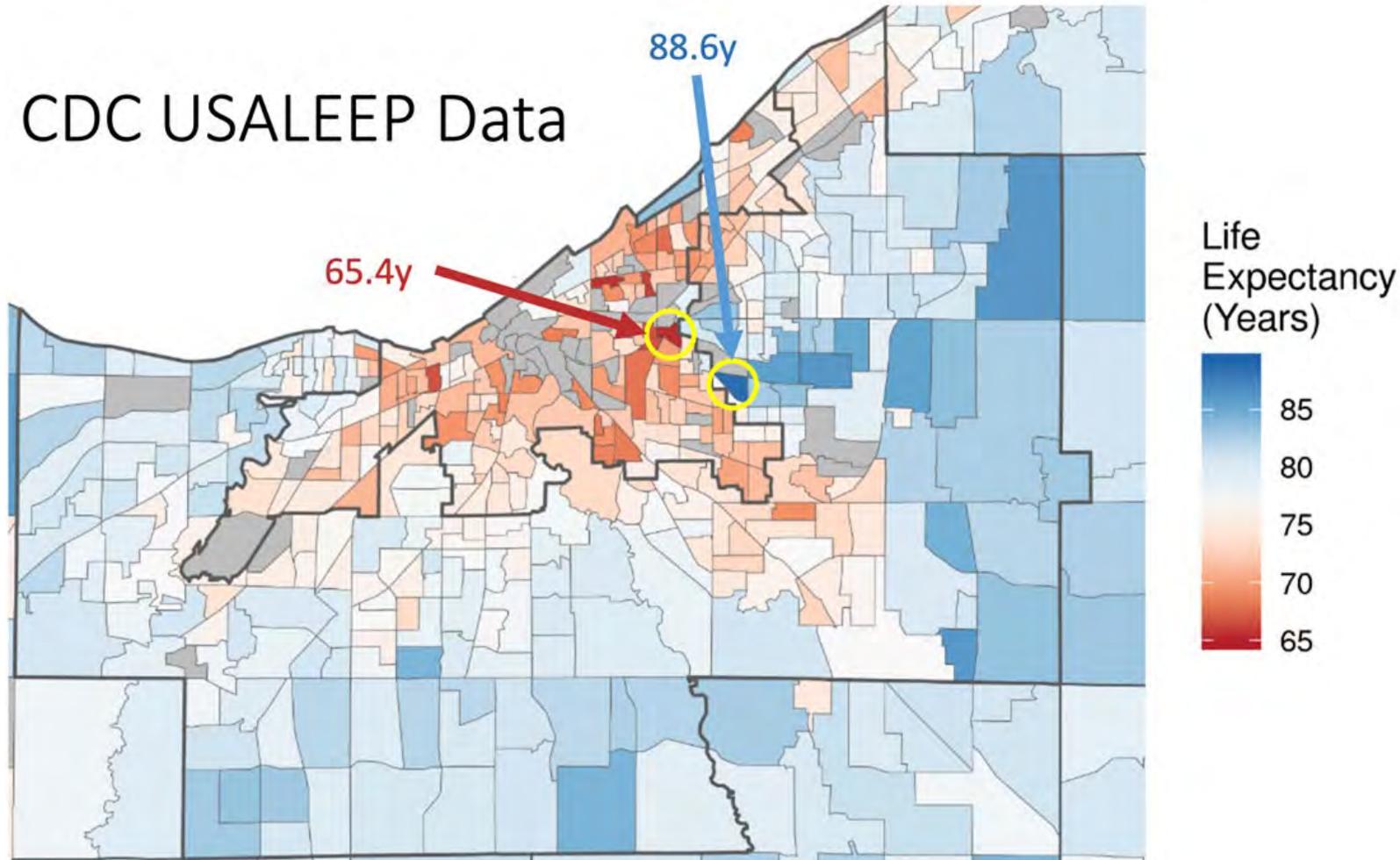
- Neighborhood health equity is among the most significant public health challenges ever identified.
- Massive data can be made massively more useful with digital twin and synthetic population approaches.
- We are meeting a critical and growing need for forecasts of health outcomes in neighborhoods that are (1) Valid (2) Equitable (3) Adaptable (4) Hyper-Local.

An aerial photograph of a suburban neighborhood. The image shows a grid of streets with several roundabouts. Houses with brown and grey roofs are scattered throughout, many with swimming pools and solar panels. A central green space with a large tree and a paved area is visible. The overall scene is a typical suburban residential area.

Neighborhoods have critically important influences on health.

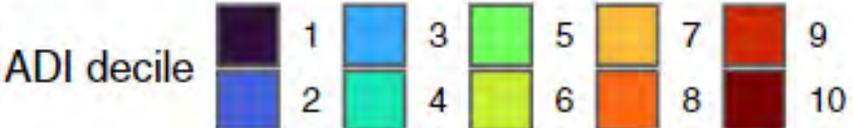
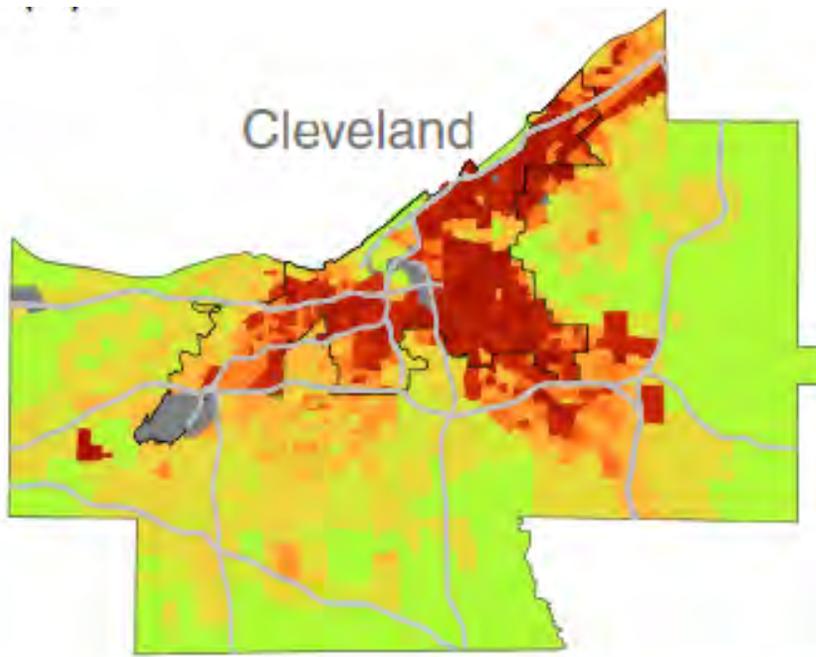
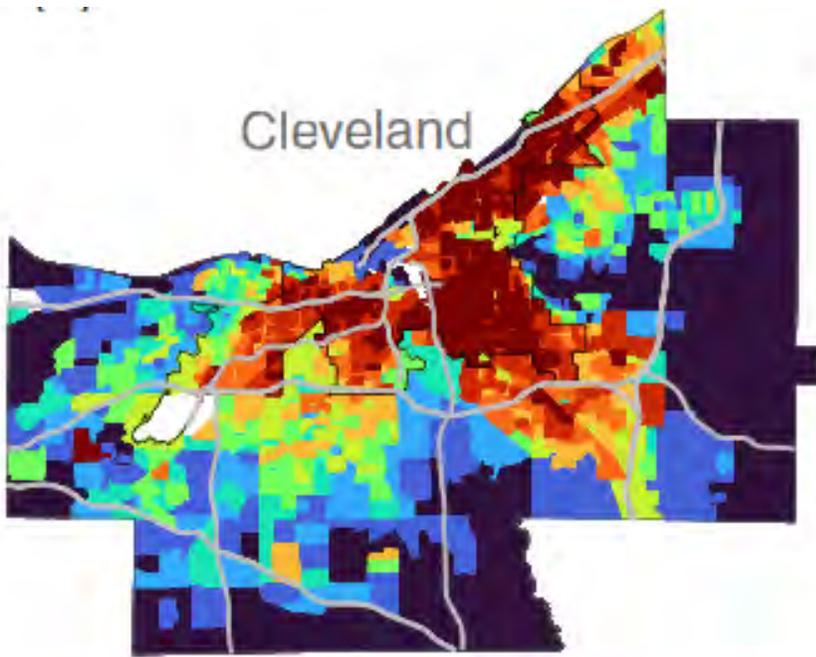


In our region, like much of the United States, there are drastic inequalities in health and life expectancy at the neighborhood level.



Neighborhood Disparities in Dementia Risk

Cleveland/Cuyahoga County, OH



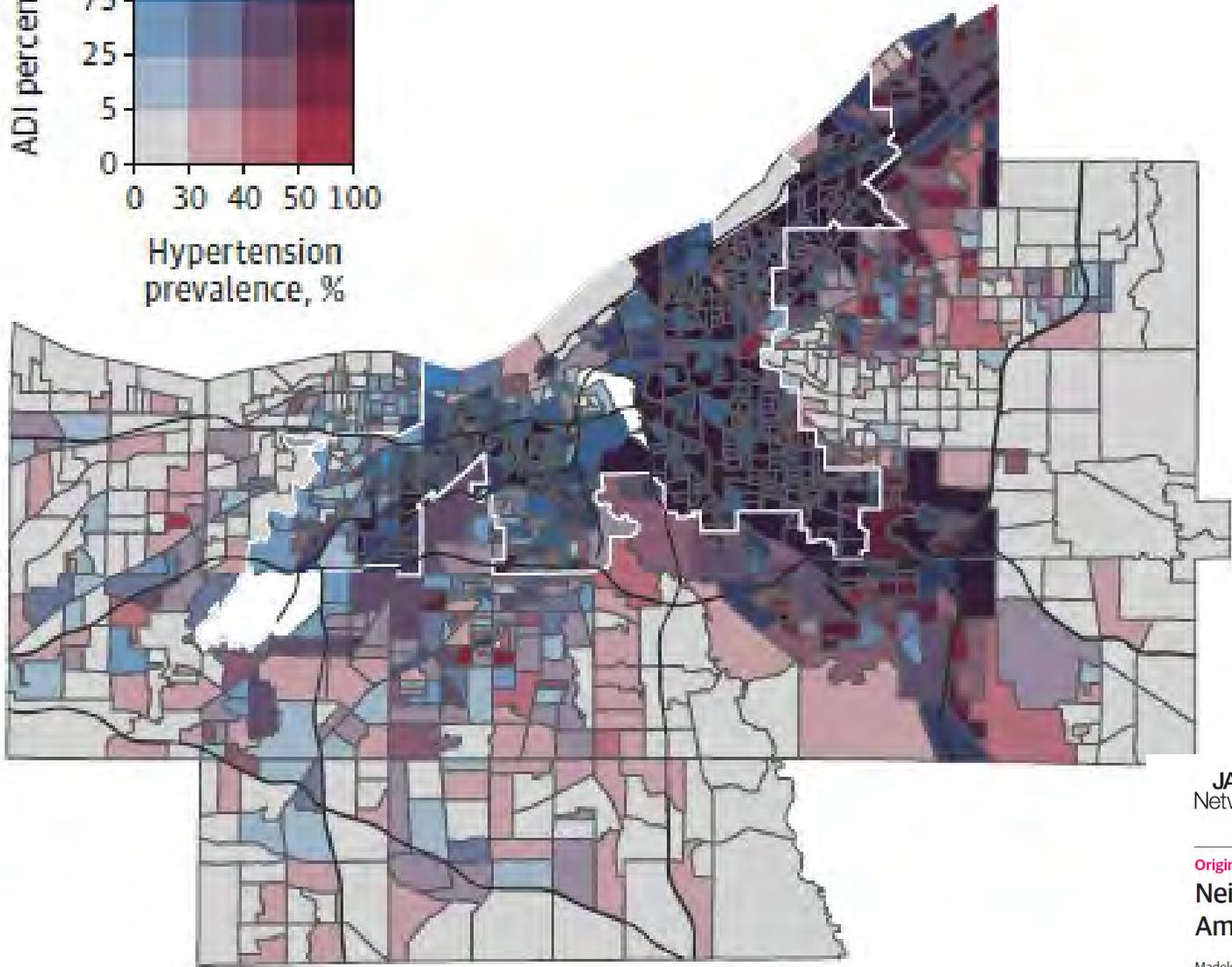
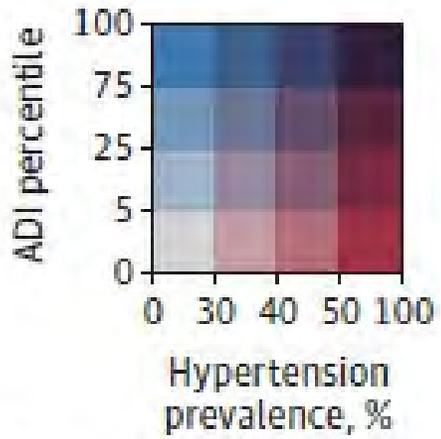
Original Investigation | Equity, Diversity, and Inclusion

Neighborhood-Level Disparities in Hypertension Prevalence and Treatment Among Middle-Aged Adults

Madeleine M. Blazel, BS; Adam T. Perzynski, PhD; Paul R. Gunsalus, MS; Lyla Mourany, MS; Douglas D. Gunzler, MA, PhD; Robert W. Jones, MD; Elizabeth R. Pfoh, MPH, PhD; Jarrod E. Dalton, PhD

- We examined hypertension diagnosis among adults patients aged 35-50 (60,546 MetroHeath and Cleveland Clinic patients).
- Seen at least once in outpatient settings in 2019.
- Patients lived in 1,156 Cuyahoga county block groups

A ADI percentile



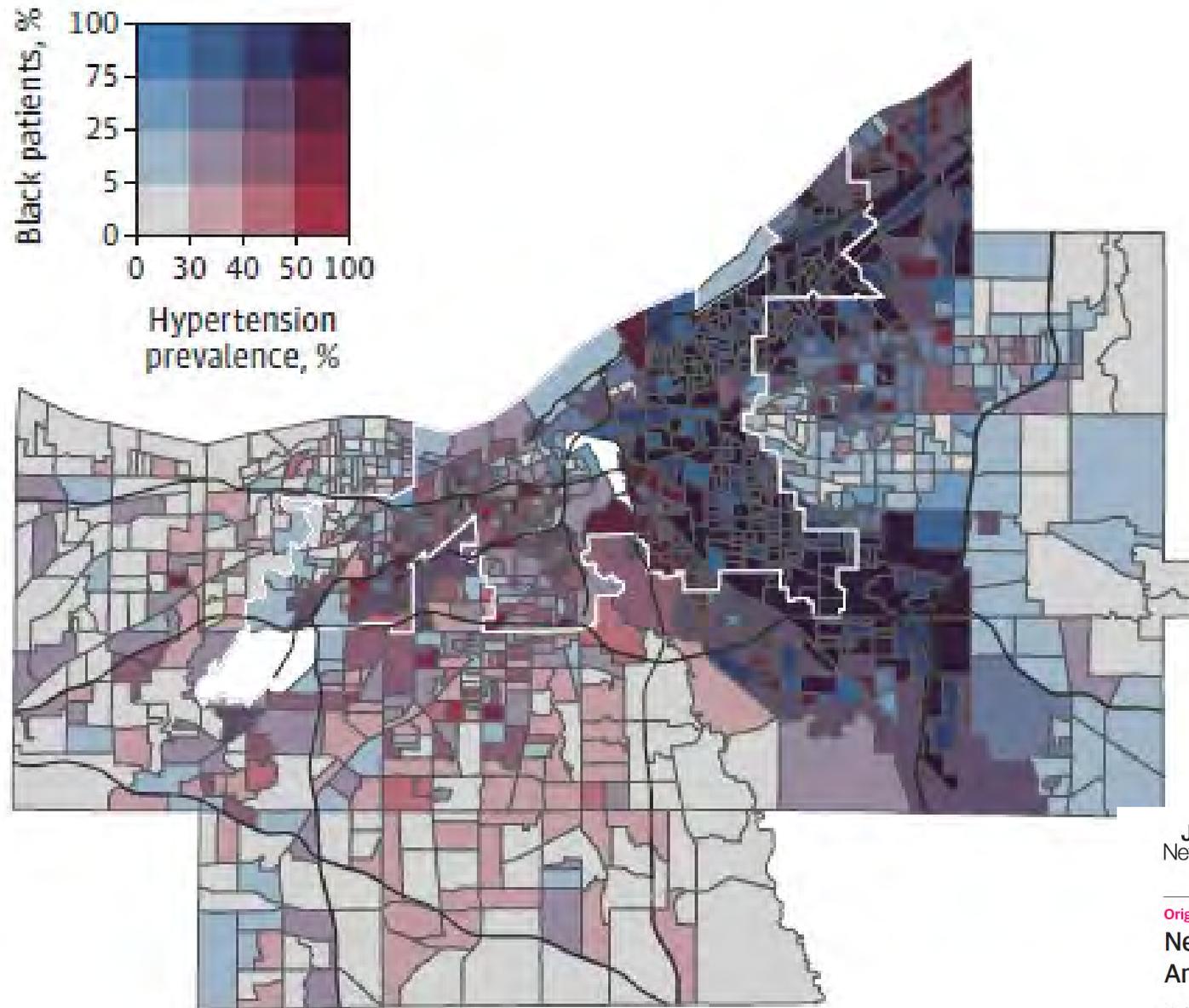
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B Black patients



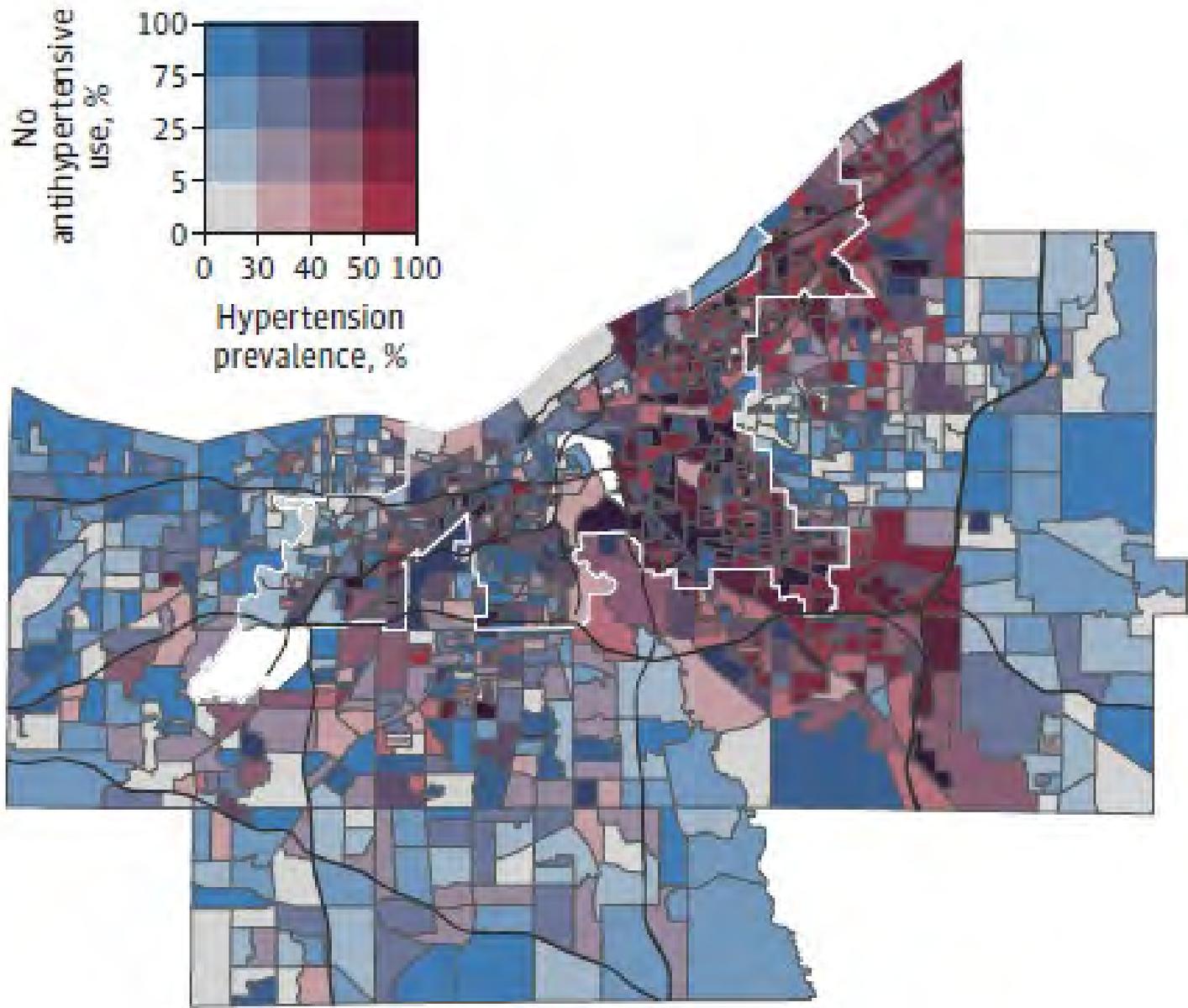
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C Antihypertensive use



Limited to the 20,863 patients with a hypertension diagnosis.



Investigation | Equity, Diversity, and Inclusion
Neighborhood-Level Disparities in Hypertension Prevalence and Treatment among Middle-Aged Adults

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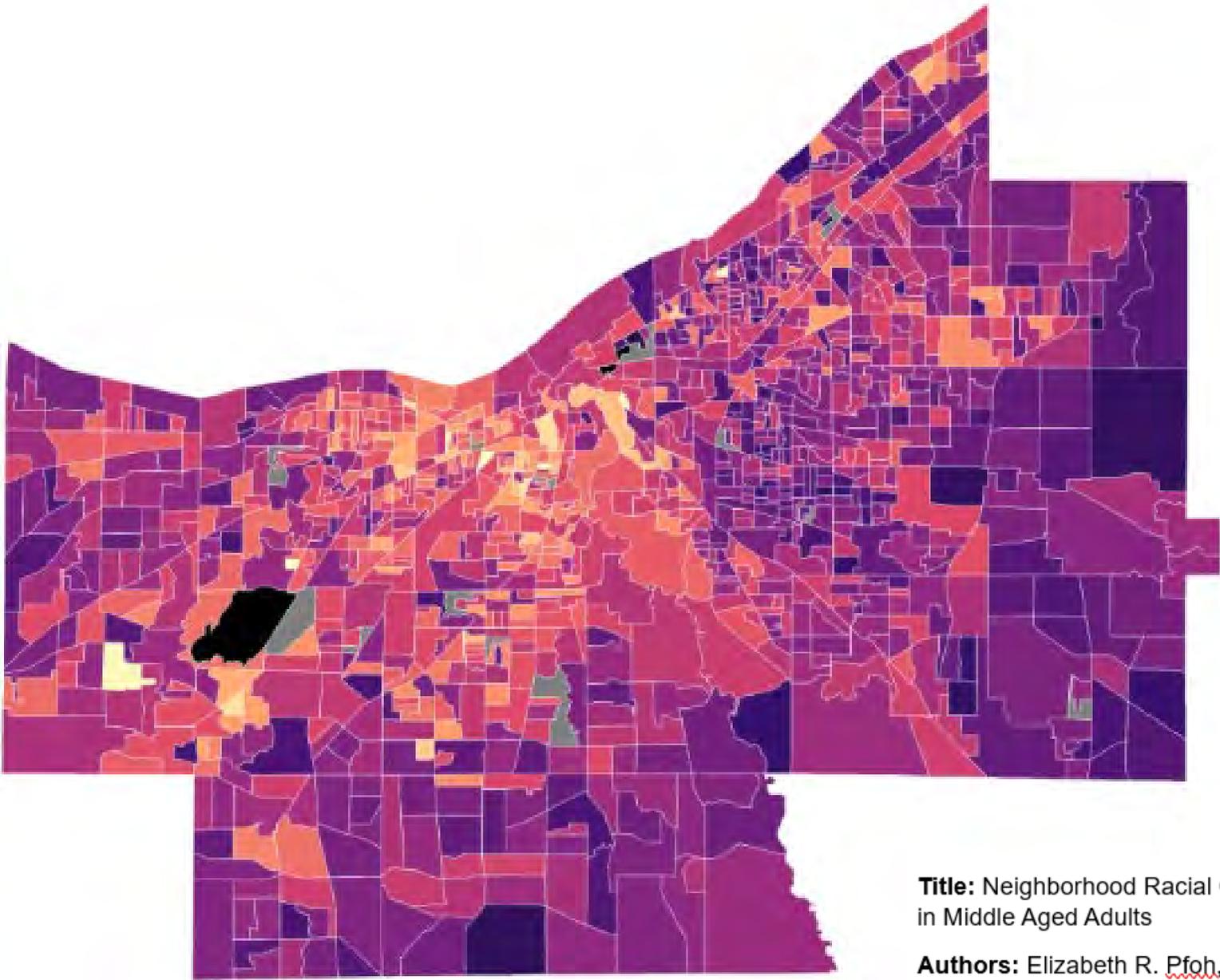
Depression Prevalence

- EHR data on adults 40-55 years in Cuyahoga County, Ohio, who had ≥ 1 primary care appointment at the Cleveland Clinic Health System or the MetroHealth System between 2010 and 2016.
- Patients categorized as having a diagnosis of depression by ICD-10 codes
- Generated maps and compared by Race/Ethnicity and Socioeconomic Position
- Compared EHR data against the CDC Places Data for the same time period.

Table 1. Demographic, health and neighborhood characteristics of the study population by depression status at the index date (N = 150,715)

	Depression at Index	
	No depression N = 128,923 ¹	Yes depression N = 21,792 ¹
Demographics		
Age	47.1 (42.7, 51.2)	47.2 (42.6, 51.2)
Female	54%	70%
Race and Ethnicity		
Non-Hispanic White	56%	63%
Non-Hispanic Black	31%	25%
Other	7.9%	7.4%
Asian	2.7%	0.7%
Hispanic	1.9%	3.3%
Census Data		
ADI Quintile		
Quintile 1	39,755 (31%)	5,390 (25%)
Quintile 2	19,913 (15%)	3,500 (16%)
Quintile 3	18,021 (14%)	3,351 (15%)
Quintile 4	19,335 (15%)	3,473 (16%)
Quintile 5	31,876 (25%)	6,070 (28%)

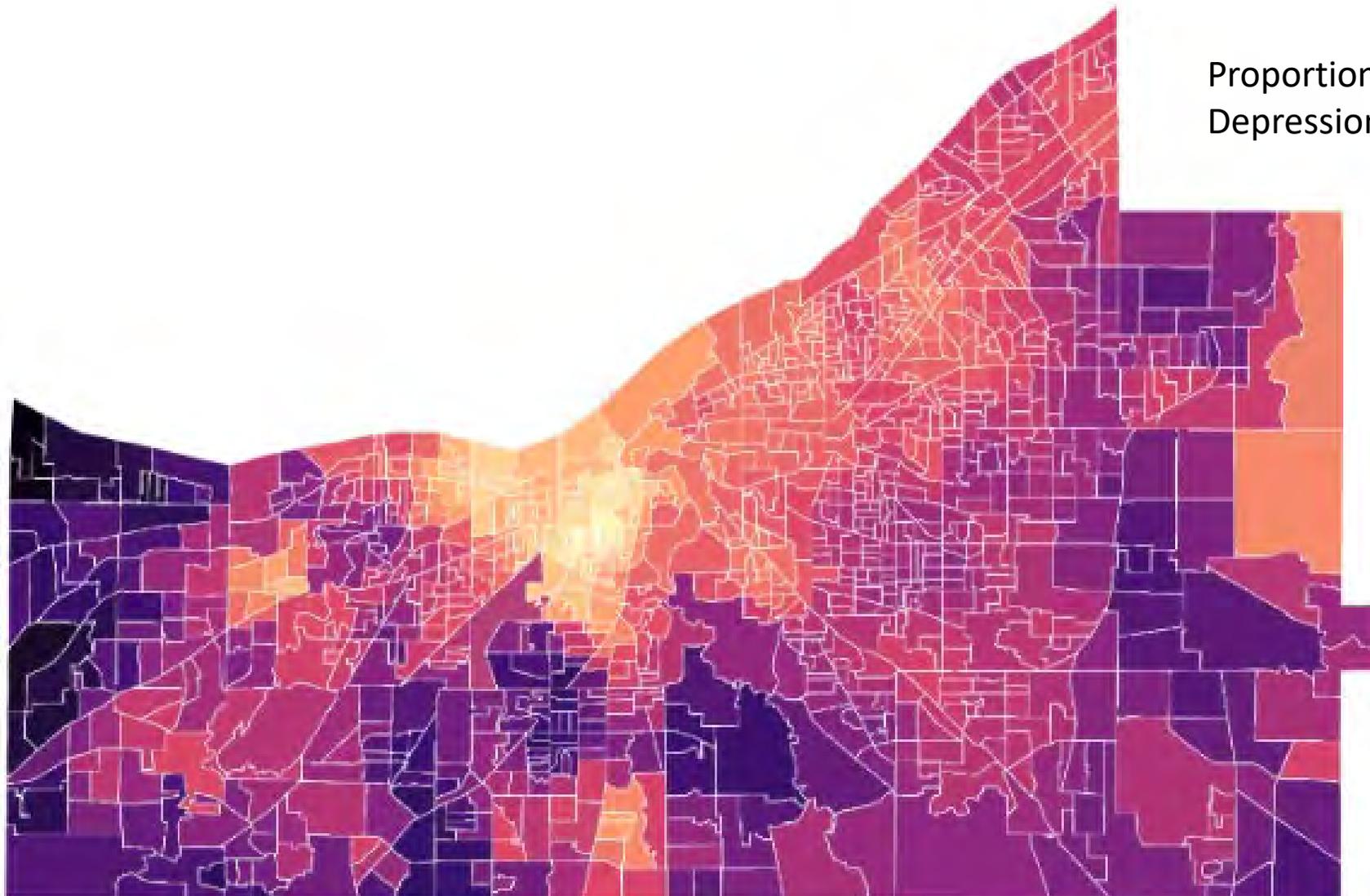
Proportion of Patients with Depression



Title: Neighborhood Racial Composition, Socioeconomic Position and Depression Prevalence in Middle Aged Adults

Authors: Elizabeth R. Pfoh, PhD, MPH,^{1,2} Jacob Mitchell, MS,³ Michael Kenyhercz, PhD,³ Lyla Mourany, MS,³ Paul Gunsalus, MS,³ Doug Gunzler, PhD,⁴ Kristen Berg, PhD,⁴ Adam Perzynski, PhD*,⁴ Jarrod E. Dalton, PhD*³

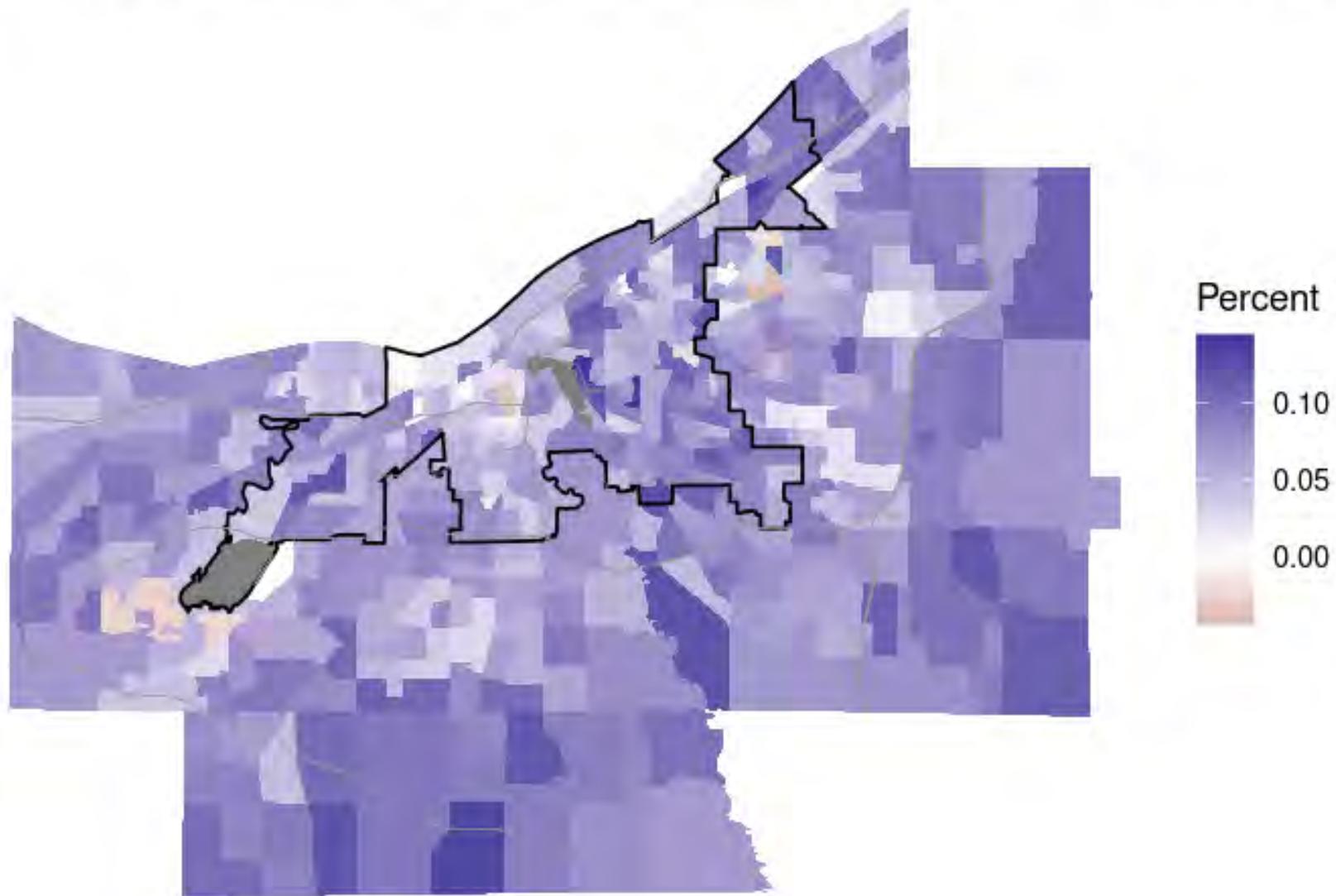
Proportion of Non-Hispanic Black Patients with Depression



Title: Neighborhood Racial Composition, Socioeconomic Position and Depression Prevalence in Middle Aged Adults

Authors: Elizabeth R. Pfoh, PhD, MPH,^{1,2} Jacob Mitchell, MS,³ Michael Kenyhercz, PhD,³ Lyla Mourany, MS,³ Paul Gunsalus, MS,³ Doug Gunzler, PhD,⁴ Kristen Berg, PhD,⁴ Adam Perzynski, PhD*,⁴ Jarrod E. Dalton, PhD*³

Difference between percent crude prevalence of depression by CDC and Depression at Index of patients ages 40-55 in Neocare (2013 ADI)



Digital Twin Neighborhoods have multi-sector value.

Health care systems and payers

Civic and local non-profit decision makers

State and federal policy making

Hyper-local community value to residents

***Our community partners informed us about
how we should conduct our work.***



Digital Twin Neighborhoods

Platform and Approach to Decision-Making in Population Health

- Integrates state-of-the-science GIS, static and longitudinal modeling technologies with EHRs
- Research funded by \$3.14M NIH grant to Cleveland Clinic and MetroHealth
- Builds on 10-year academic collaboration for place-based health disparities

Community Engaged Development

- NIH grant supports iterative design via community engagement studios (45 participants in Year 1)

Privacy-Preserving, Interoperable and Scalable Solution

- Enable fully synthetic analyses and embedded spatial AI resources across health systems
- Develop a flexible digital architecture supporting multisector collaboration for health equity

Approach to Forecasting Impact of Population Health Interventions

- Health systems, payers, public health agencies, and community organizations
- Model effects of operational strategies and policy changes at high resolution

A useful
analogy
comes from
the Auto
Industry



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POPULATION HEALTH NEWS

TRENDING: HealthLeaders' Patient Experience Week! Leaders Talk Patient Experience
 Podcast: Efficient, Easy Patient Care

Cleveland Clinic to Leverage Digital Twins for Health Disparity Research

Cleveland Clinic and MetroHealth will use a \$3.14 million NIH grant to develop digital twin technology and tackle health disparities.



Source: Getty Images

By **Shania Kennedy**

February 22, 2023 - The National Institutes of Health (NIH) has **awarded** researchers from Cleveland Clinic and MetroHealth a \$3.14 million grant to use digital twins to better understand and address health disparities.

DIGITAL TWIN TECH IS SET TO RESHAPE HEALTHCARE DX

ANALYSIS | BY **ERIC WICKLUND** | OCTOBER 25, 2023



TOPICS

- AI
- Data Analytics
- Diagnosis
- Digital Health
- Forecasting Models
- HIT
- Innovation
- Physicians
- Technology
- Treatment

Health systems are just beginning to develop digital models of everything from organs to people to whole neighborhoods to improve and personalize patient outcomes.

KEY TAKEAWAYS

- **Digital twin technology was developed in the 1960s by NASA to model spacecraft and test out the moon landing; it has only shown up in healthcare in the last decade.**
- **The technology focuses on the creation of a digital model of organs and bodies, to be used to test new treatments, map out complex surgeries, create personalized recommendations for patients, and plot how outside factors affect health outcomes.**
- **Experts say digital models can help health systems identify areas of concern, improve treatments, and plan out recovery times and outcomes.**

A technology first used by NASA to map out space travel is now giving healthcare providers a better look at how to treat patients.



RECOMMENDED

Patients worry about... may be using AI: s

Power your Revenue Automation and AI

Humana used alg... 'fraudulent schem... Medicare Advanta... lawsuit alleges

FDA to review MDMA-assisted therapy, a milestone for Micros

Interested in receiving the latest news on population health management, artificial intelligence, machine learning and more straight to your inbox? **HEALTH IT ANALYTICS**
 Don't miss out, sign up for our HealthITAnalytics Newsletter! **SUBSCRIBE TODAY!**

f **FEATURES**

Can Digital Twin Neighborhoods Help Tackle Health Disparities?

Cleveland Clinic and MetroHealth are building digital twins to better understand how patients' neighborhoods impact their health outcomes.



Source: Getty Images



December 13, 2023 - Addressing health disparities and improving patient outcomes are key to achieving health equity, but tackling these issues requires health systems to understand their population's needs and develop strategies to meet them.

Anchoring to
community
perspectives is
critically
important

- Quarterly Community Engagement Studios throughout the Digital Twin Neighborhood project.
- Neighborhood residents and representatives of community-based organization provide input and shape the project drawing on their local community expertise and experiences.
- Our team conducted community engagement studios with 45 community members and more than 30 agency representatives

General Input & Questions	Research Team Response
<p>Maintaining Privacy</p>	<ul style="list-style-type: none"> • This is a core aim of our funded study. • Create public facing summaries of how we protect privacy
<p>Proper use of DTNs to address social determinants of health</p>	<ul style="list-style-type: none"> • Create limits on what DTNs are used for • Create Terms of Use that clearly detail permitted and recommended ways to use DTN resources.
<p>Impact of accuracy of diagnostic codes in medical records.</p>	<ul style="list-style-type: none"> • Implement methods from the research literature.
<p>The potential harms or unintended consequences of the findings and visualizations/Limitations of DTN</p>	<ul style="list-style-type: none"> • Transparency of objectives. • Understand community expectations. • Clarify end-user understanding • Receive community input on visual representations (charts figures etc.) in the DTN resources. • Maintain community oversight

Desired data to be included in DTN Software Systems	Research Team Response
Social isolation vs community togetherness	<ul style="list-style-type: none"> • Ask questions at CES sessions
Power of culture in marginalized neighborhoods	<ul style="list-style-type: none"> • Include locally relevant community representatives • Discuss social services and resources • Gather resident perspectives
Residents' perceived neighborhood boundaries	<ul style="list-style-type: none"> • Ask residents at different CES
Spatial Data: parks, gardens, and green space	<ul style="list-style-type: none"> • Mapping Tools • Local Government Data • City Health Dashboard
Neighborhood resources & structural racism within grocery stores, healthy housing, libraries, and bus depots	<ul style="list-style-type: none"> • Mapping Tools • Census Data • Connect data to inequitable outcomes • Staying on top of new developments in measuring structural racism
Mental Health	<ul style="list-style-type: none"> • Studying mental health and the mental health consequences of neighborhoods is a core aim of our study.



Basically ...

- We take all of the electronic health record data on everyone ...

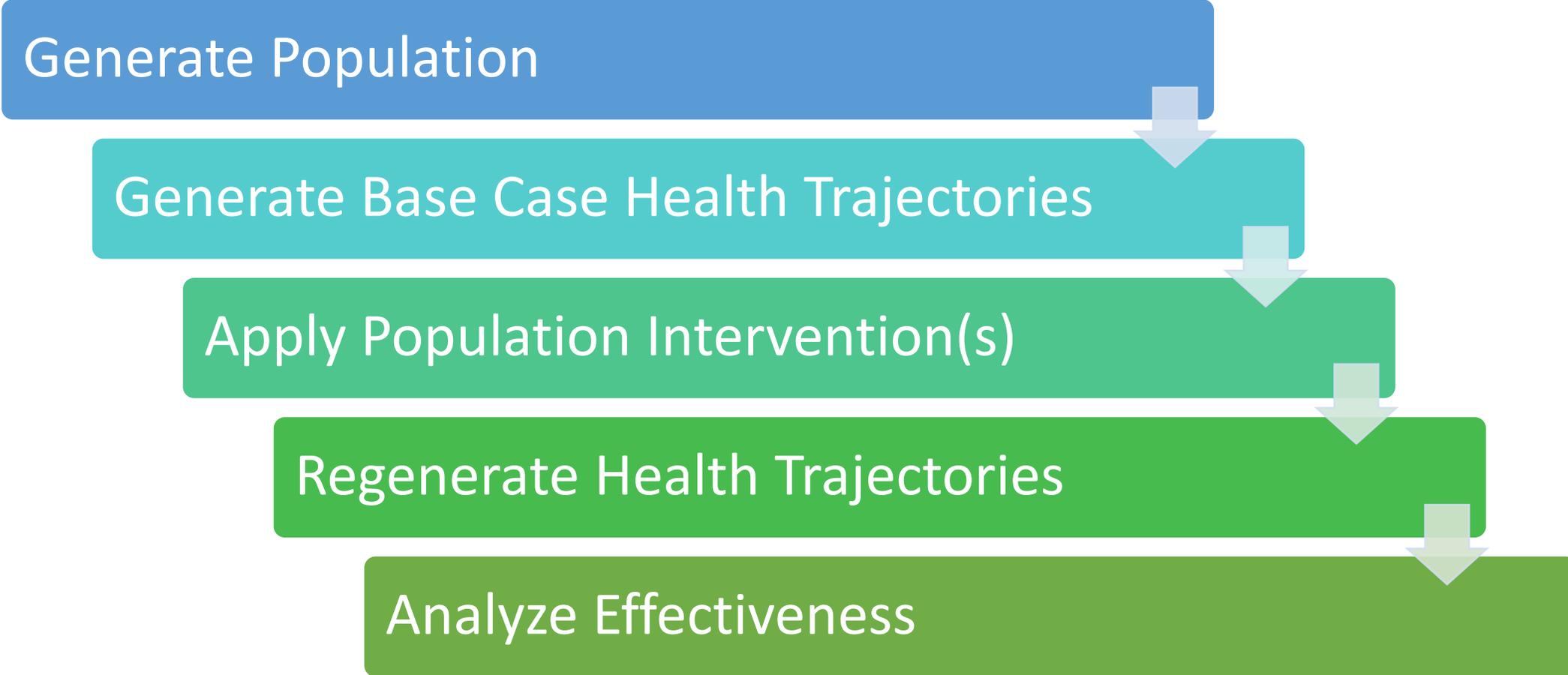


And then

- Pull **Census Data** on demographic variables by neighborhood
- Create a **spatially-designated synthetic population** (of digital twins) based on these demographic distributions
- Pull EHR data for specific disease(s) or health conditions
 - Include neighborhood information and demographics
- Apply a **life course disease and mortality prediction model** to project health data from real patients onto their digital twins ↓↓↓
- Assess fidelity to observed data where you have it

General Simulation Procedure

Generate Population



```
graph TD; A[Generate Population] --> B[Generate Base Case Health Trajectories]; B --> C[Apply Population Intervention(s)]; C --> D[Regenerate Health Trajectories]; D --> E[Analyze Effectiveness];
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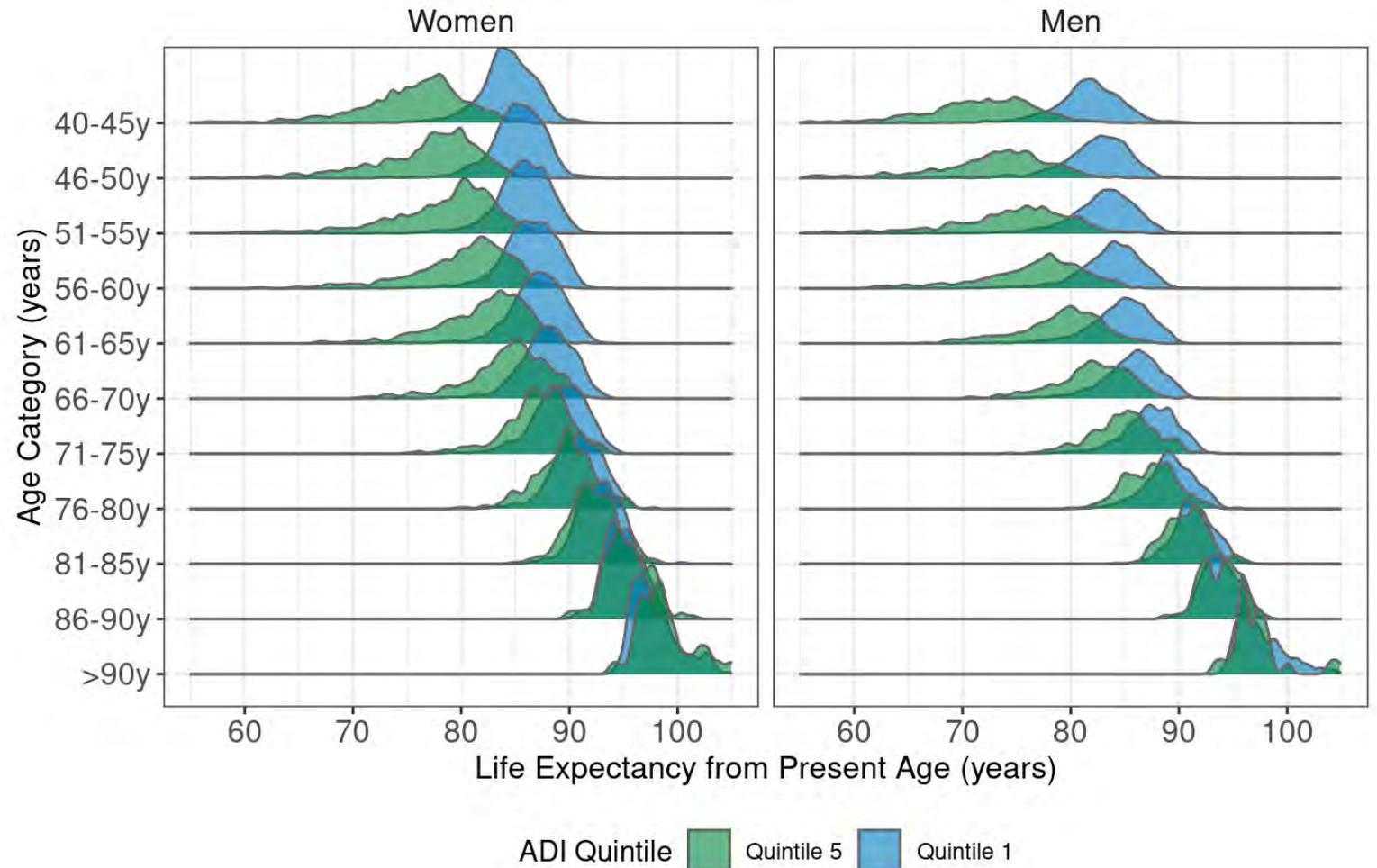
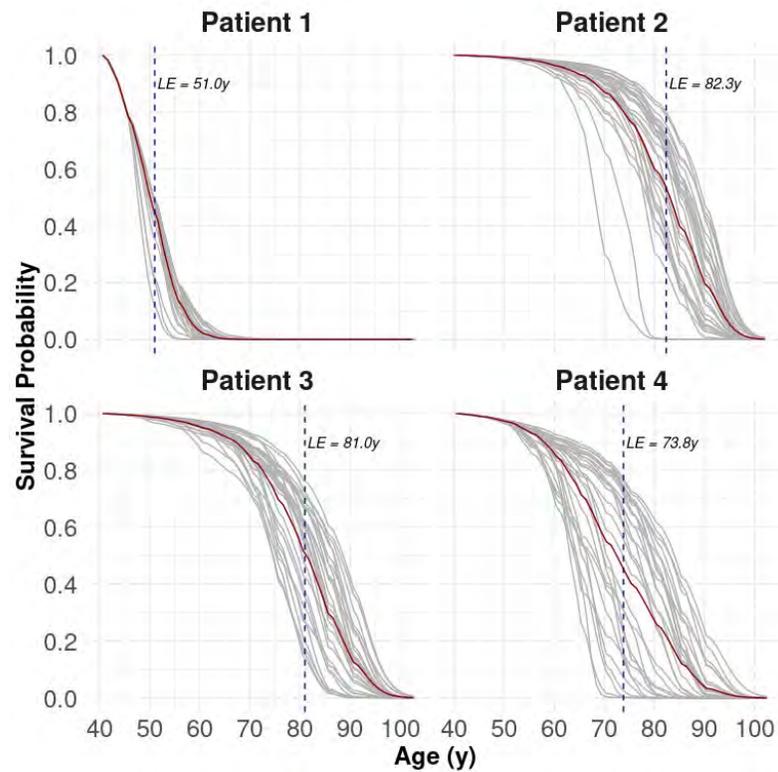
Generate Base Case Health Trajectories

Apply Population Intervention(s)

Regenerate Health Trajectories

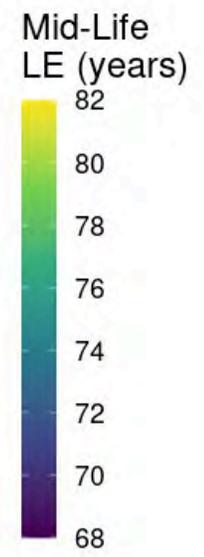
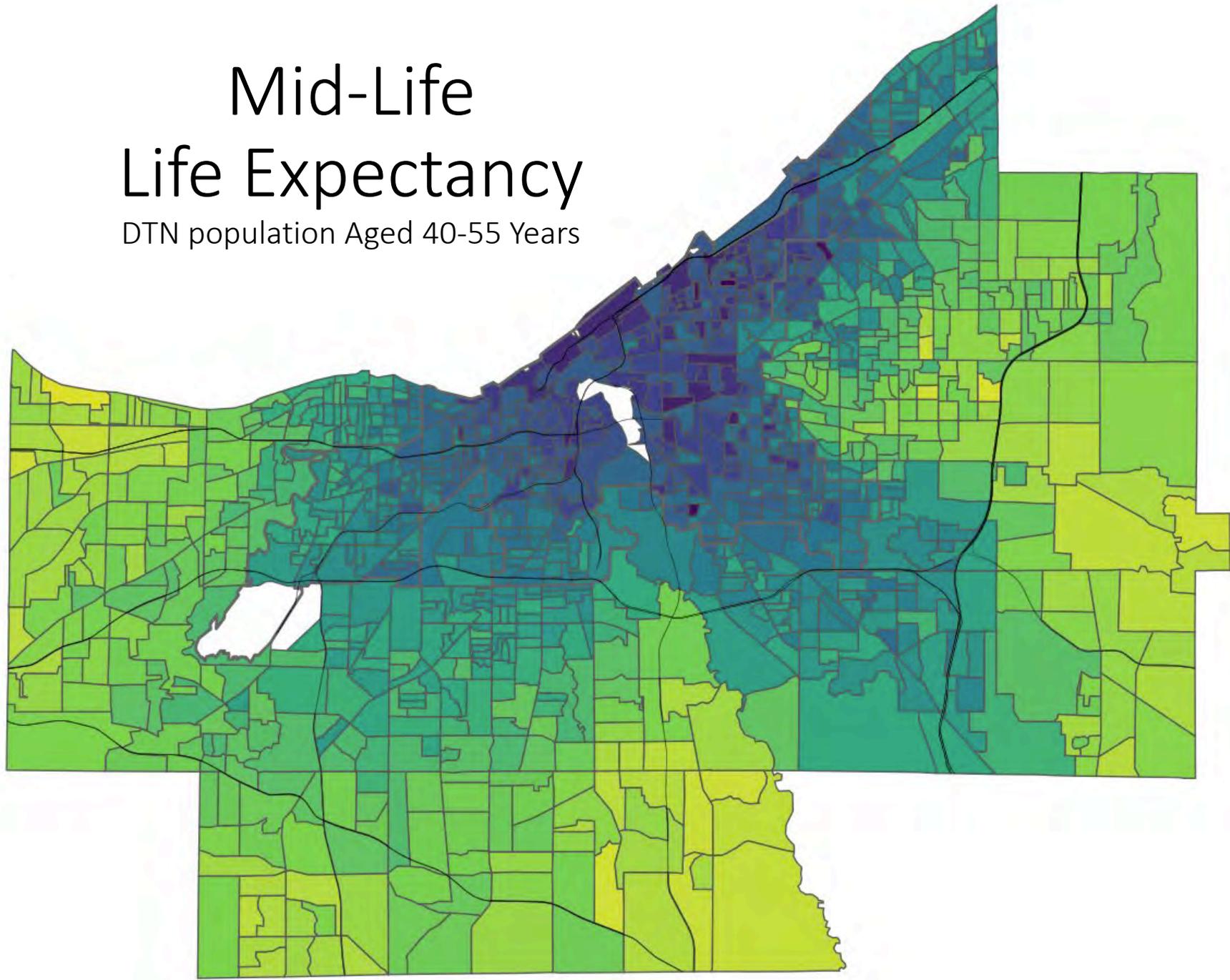
Analyze Effectiveness

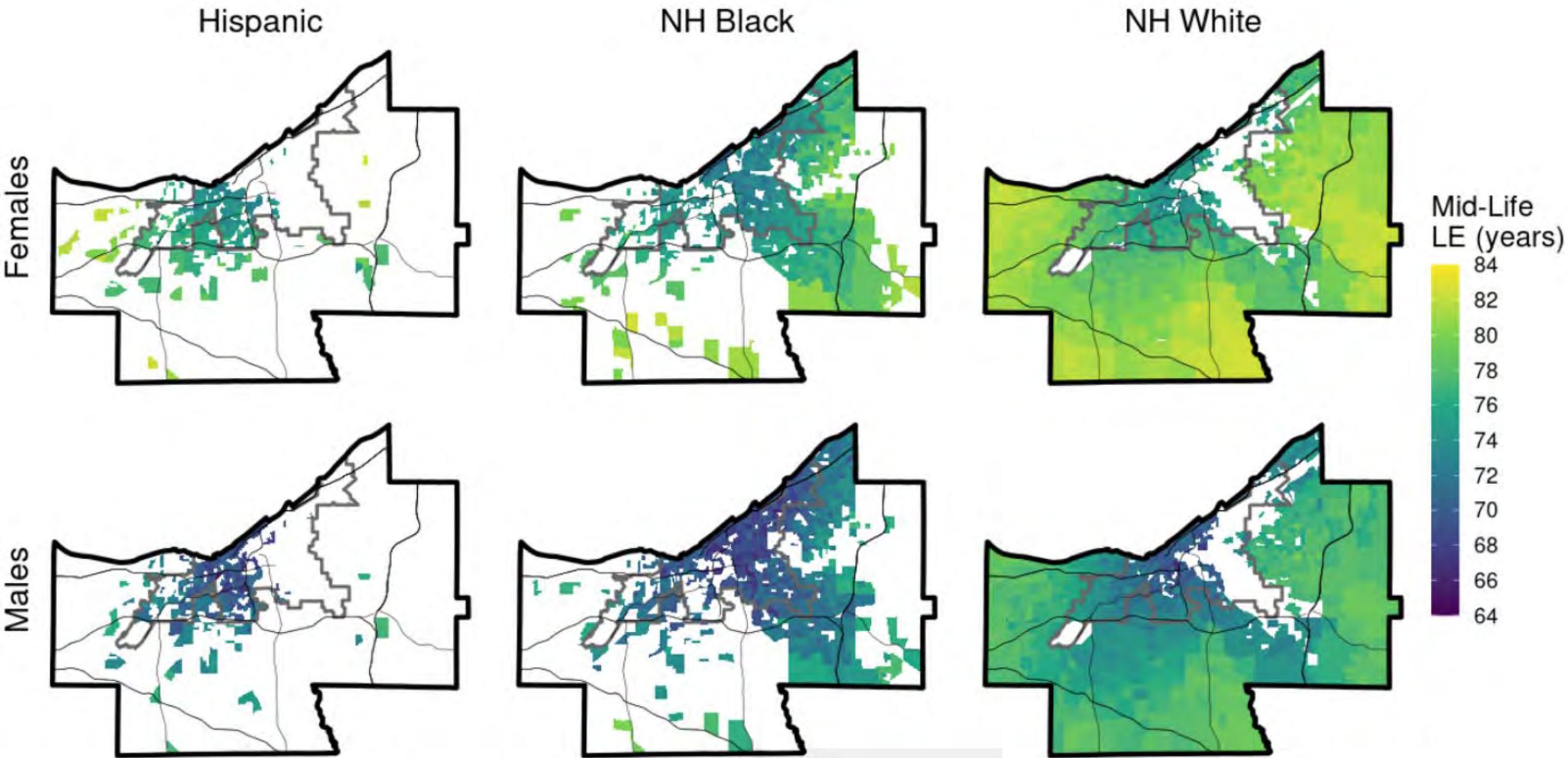
Life-Course Simulation Model Reproduces Population Health Disparities



Mid-Life Life Expectancy

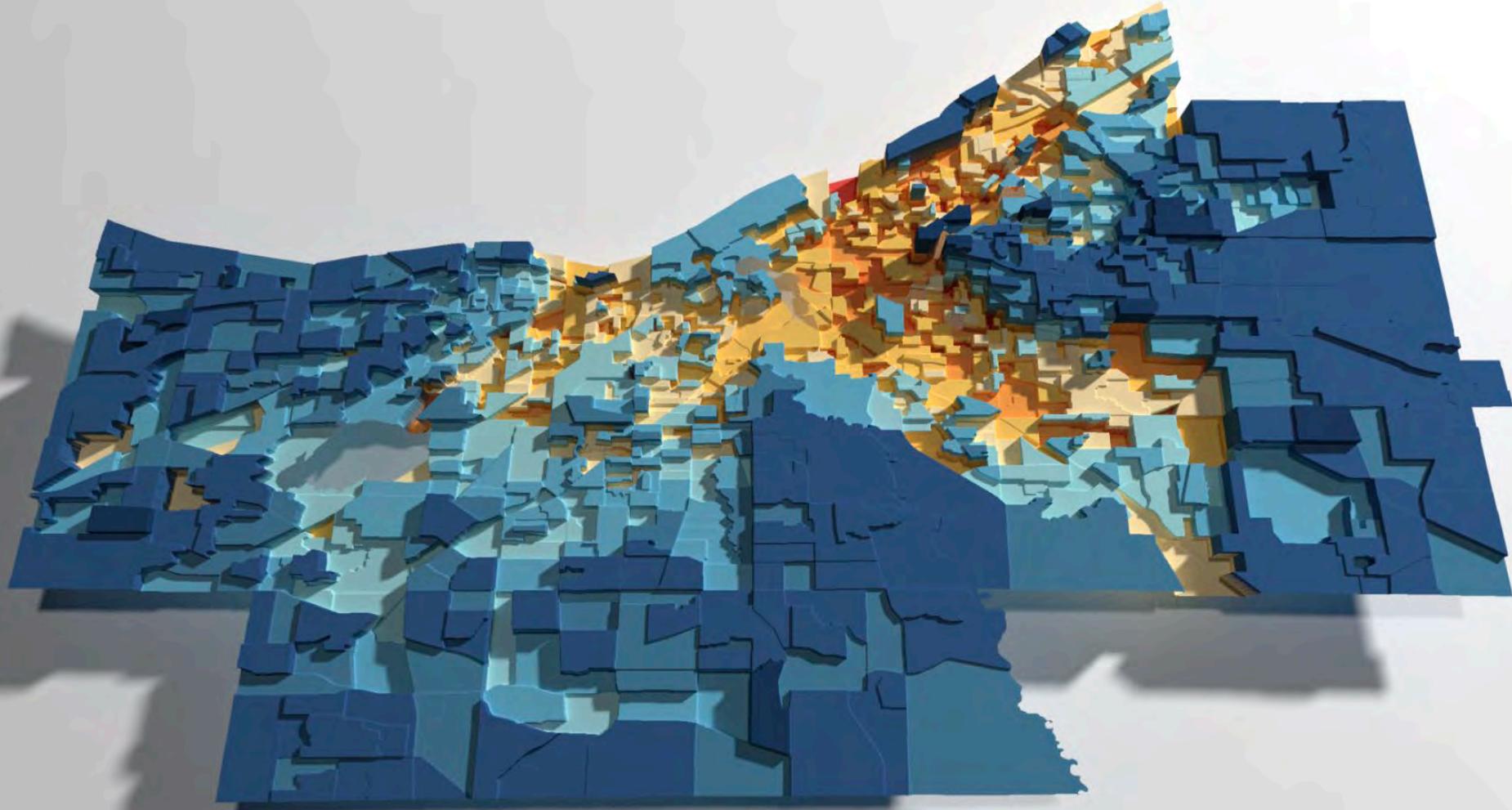
DTN population Aged 40-55 Years





Cuyahoga County

Life Expectancy Estimates for Individuals Aged 45-54 Years: Simulated Model at Block Group (left) | CDC Model at Tract (right)



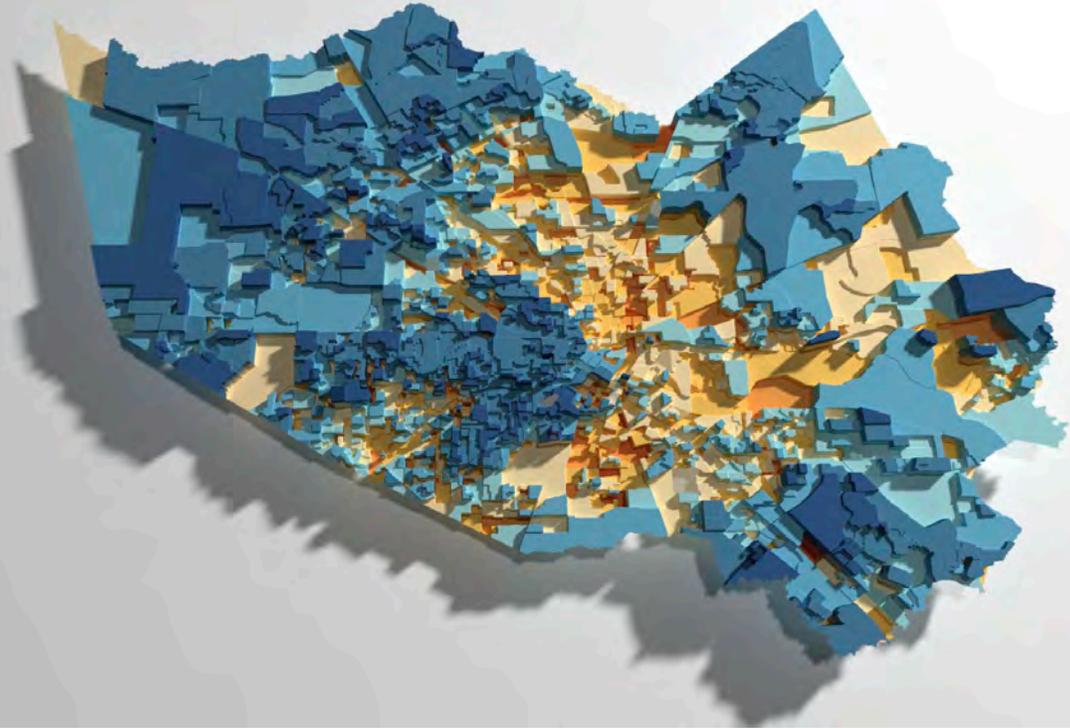
Cuyahoga County

Life Expectancy Estimates for Individuals Aged 45-54 Years: Simulated Model at Block Group (left) | CDC Model at Tract (right)



Houston

Life Expectancy Estimates for Individuals Aged 45-54 Years: Simulated Model at Block Group (left) | CDC Model at Tract (right)



Synthetic Ohio Population

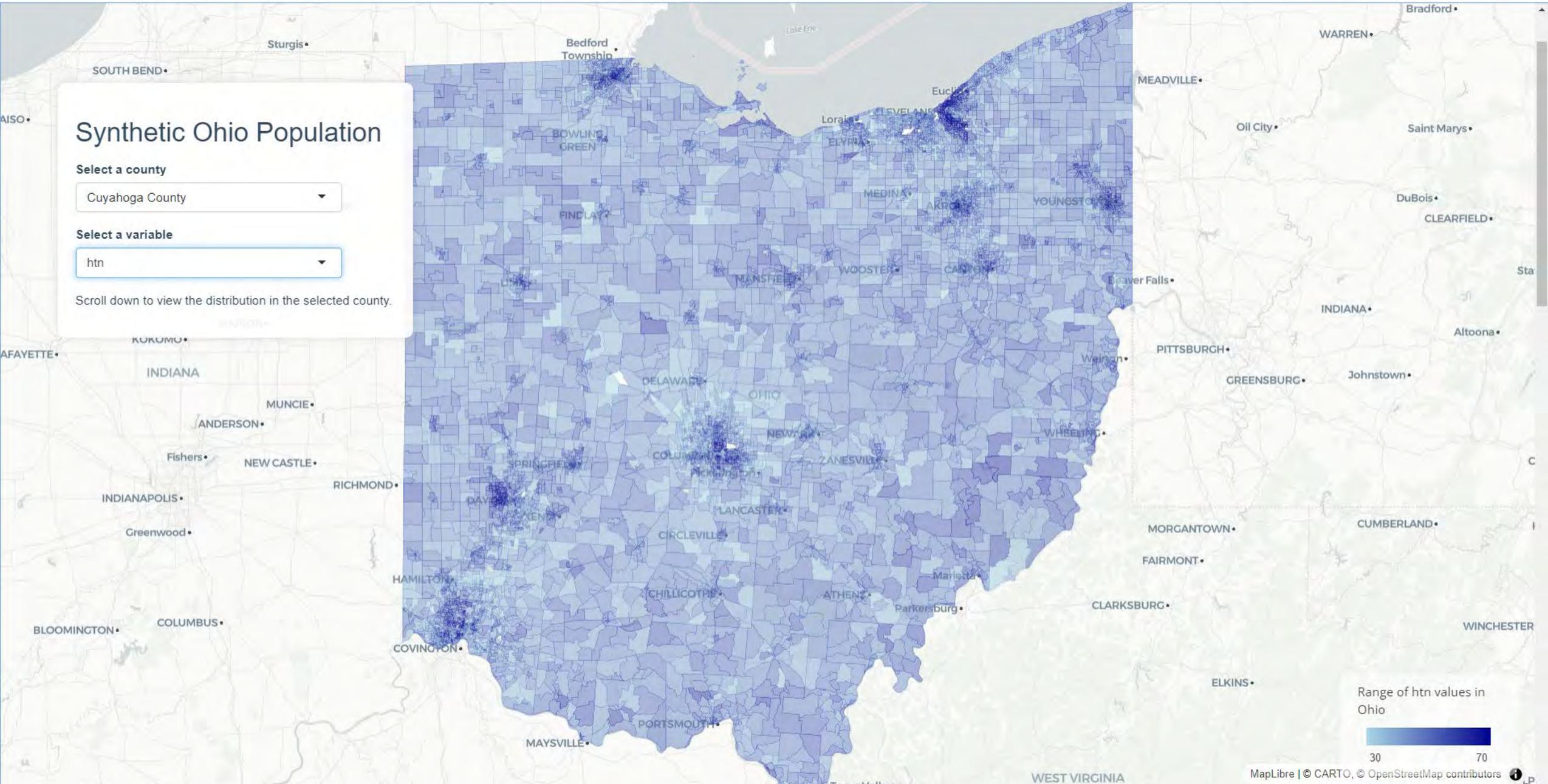
Select a county

Cuyahoga County

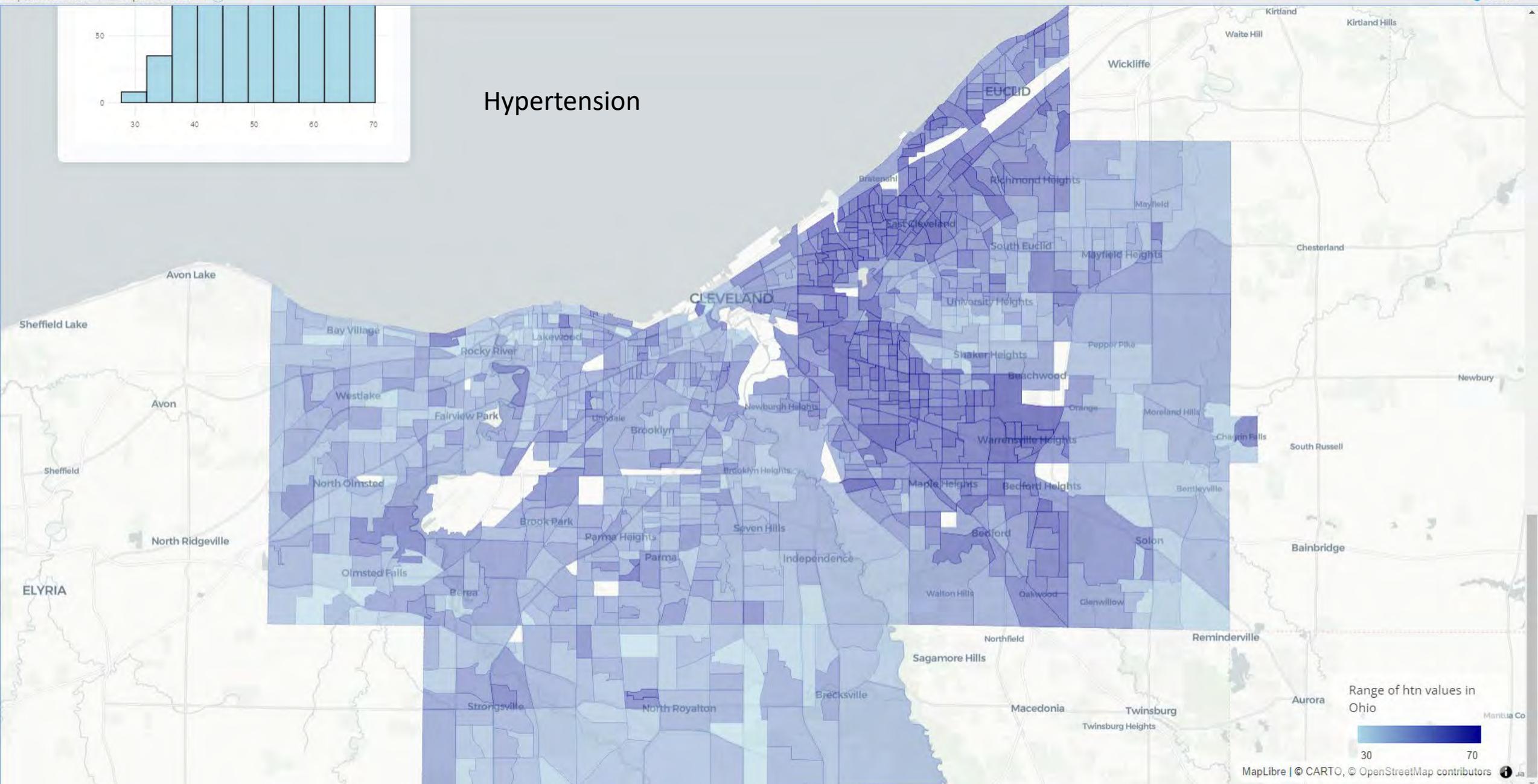
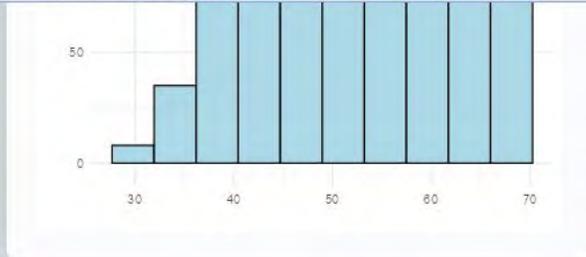
Select a variable

htn

Scroll down to view the distribution in the selected county.



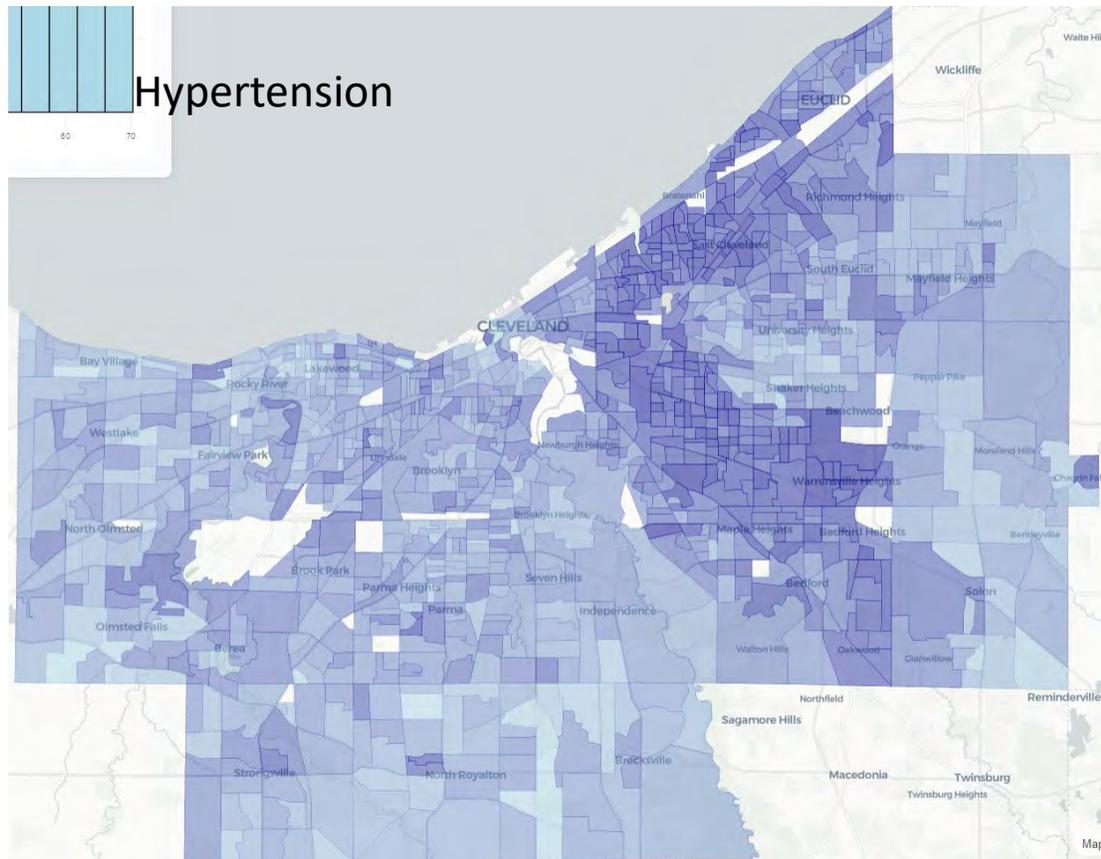
Hypertension



Range of htn values in Ohio

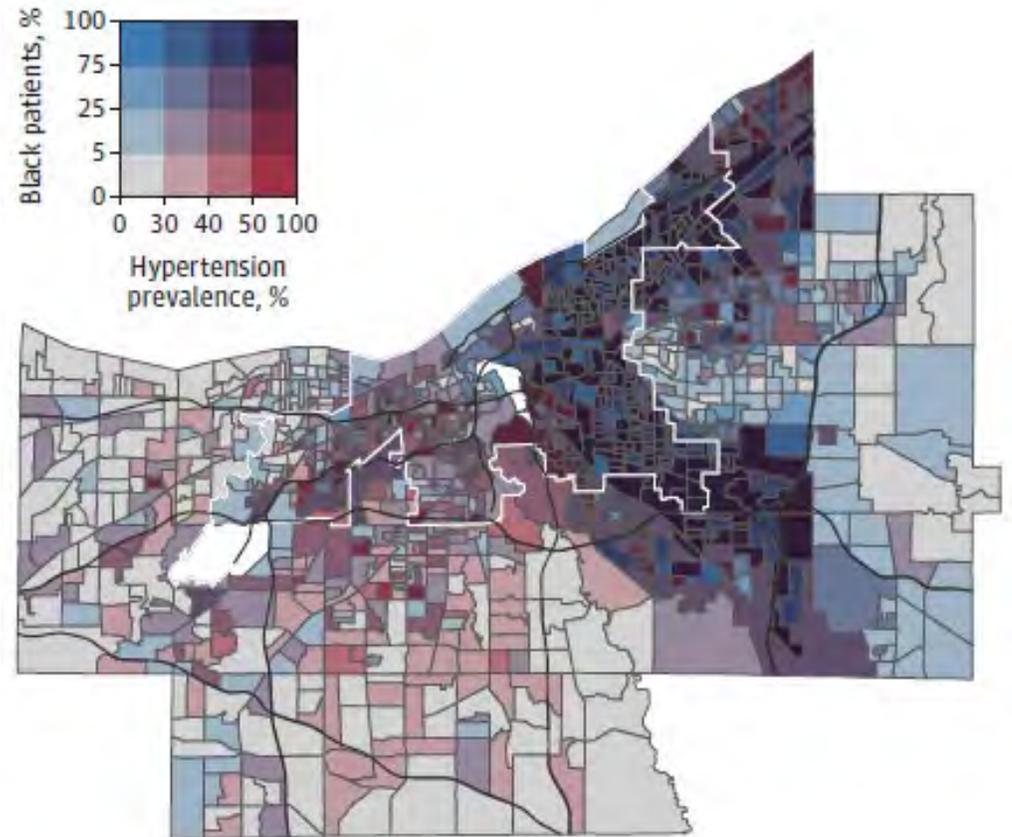
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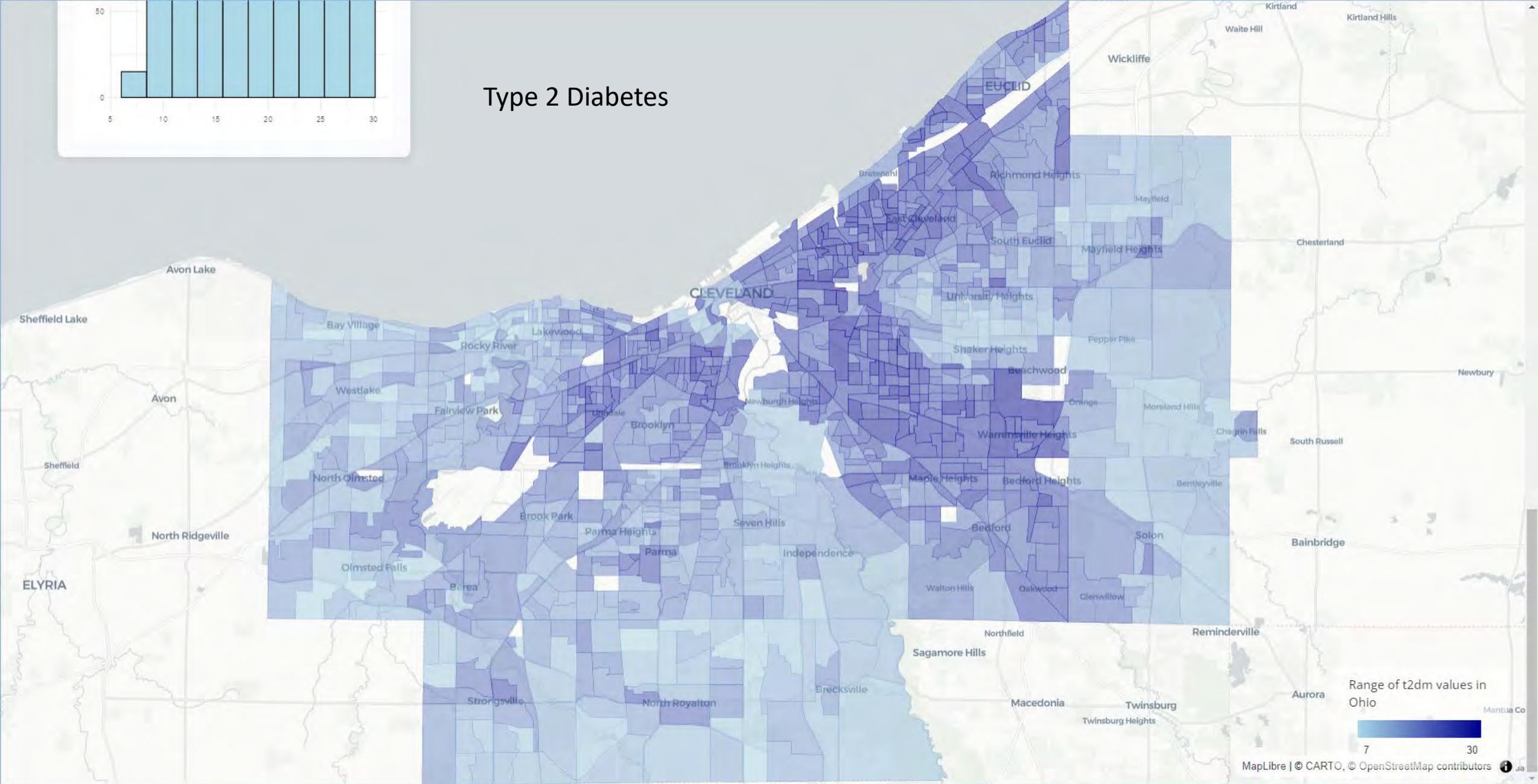
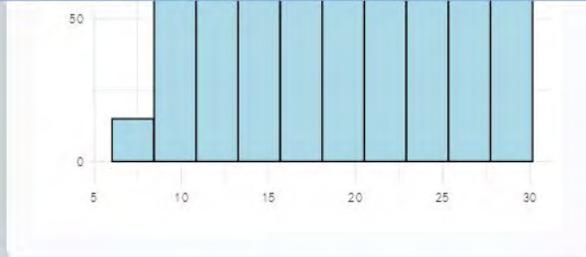
Simulated

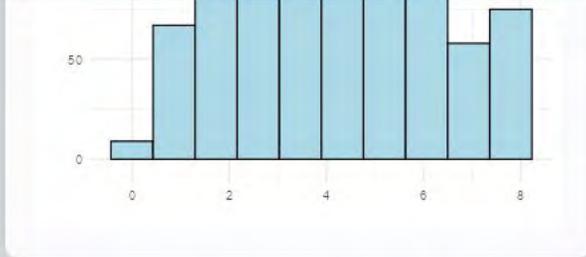
B Black patients



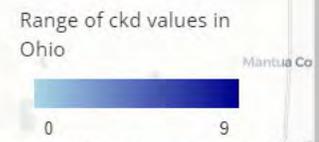
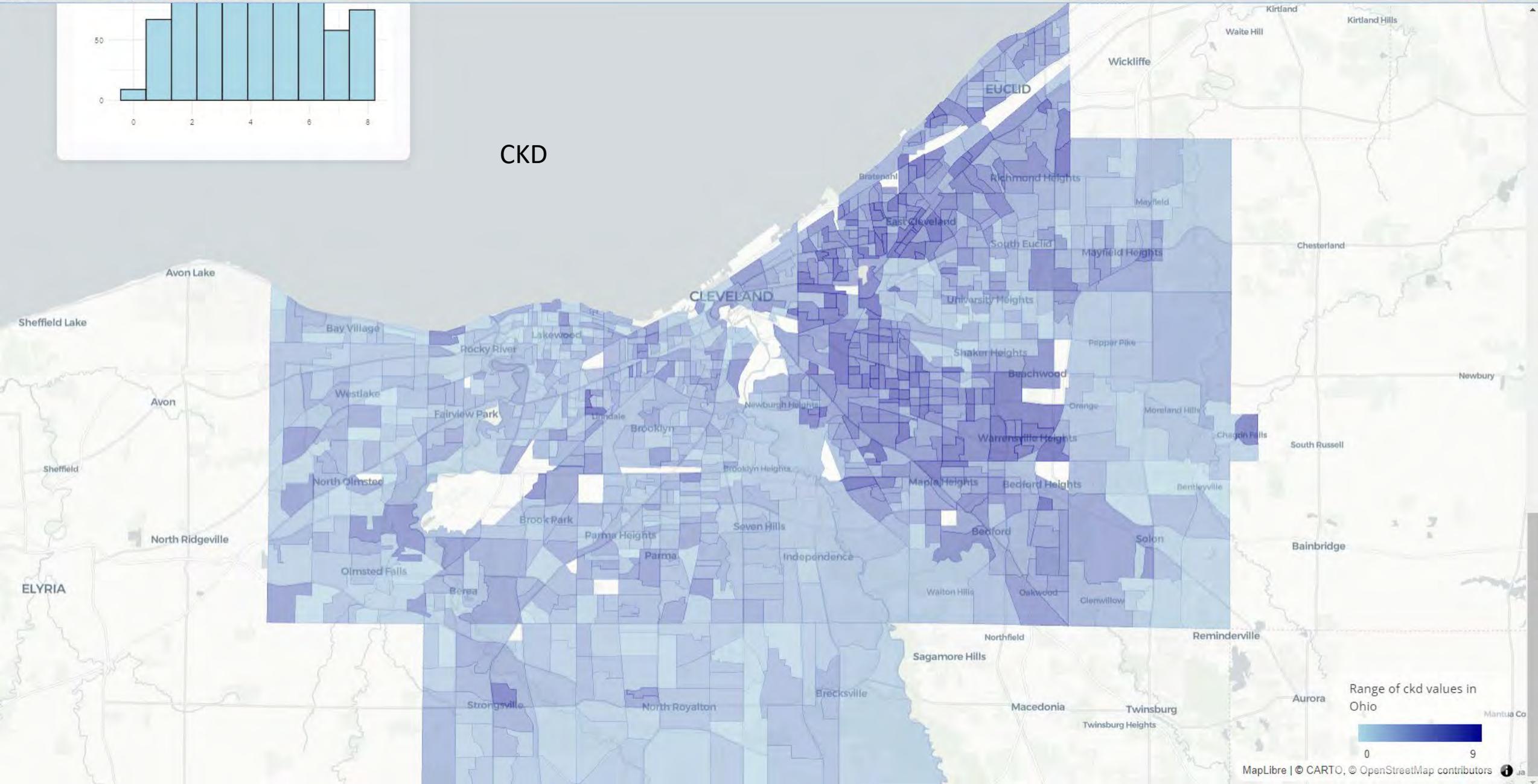
Observed

Type 2 Diabetes

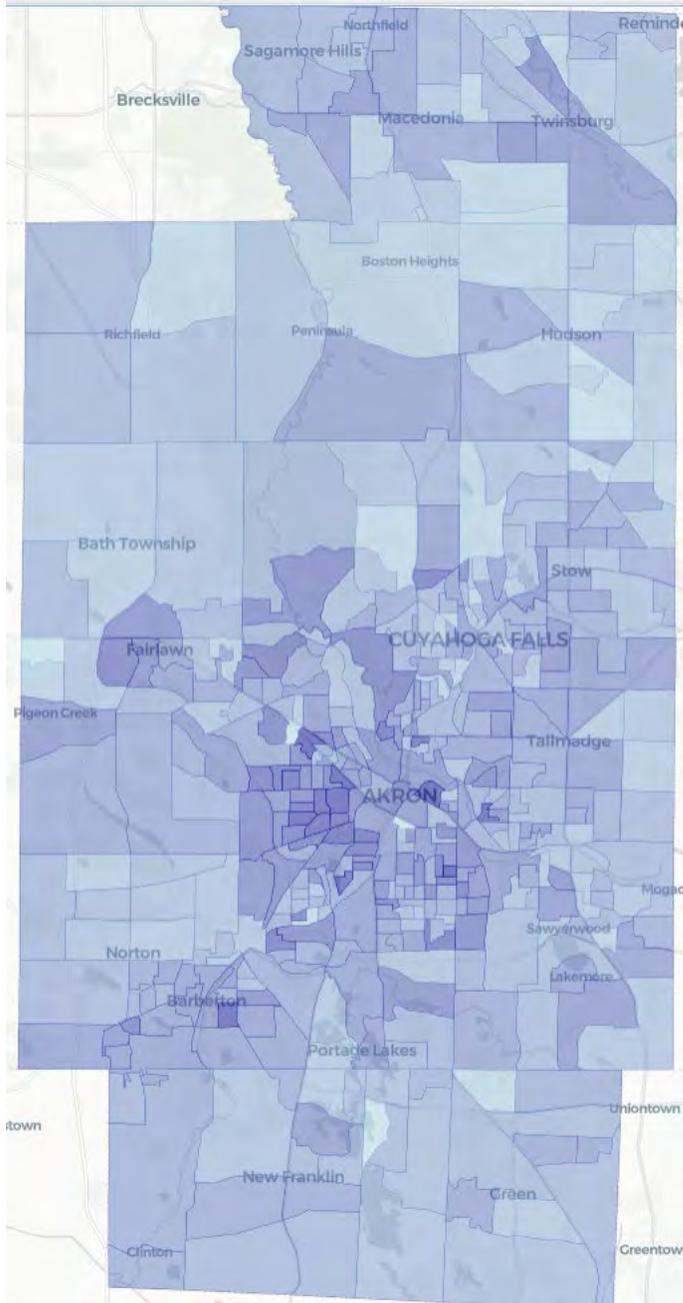




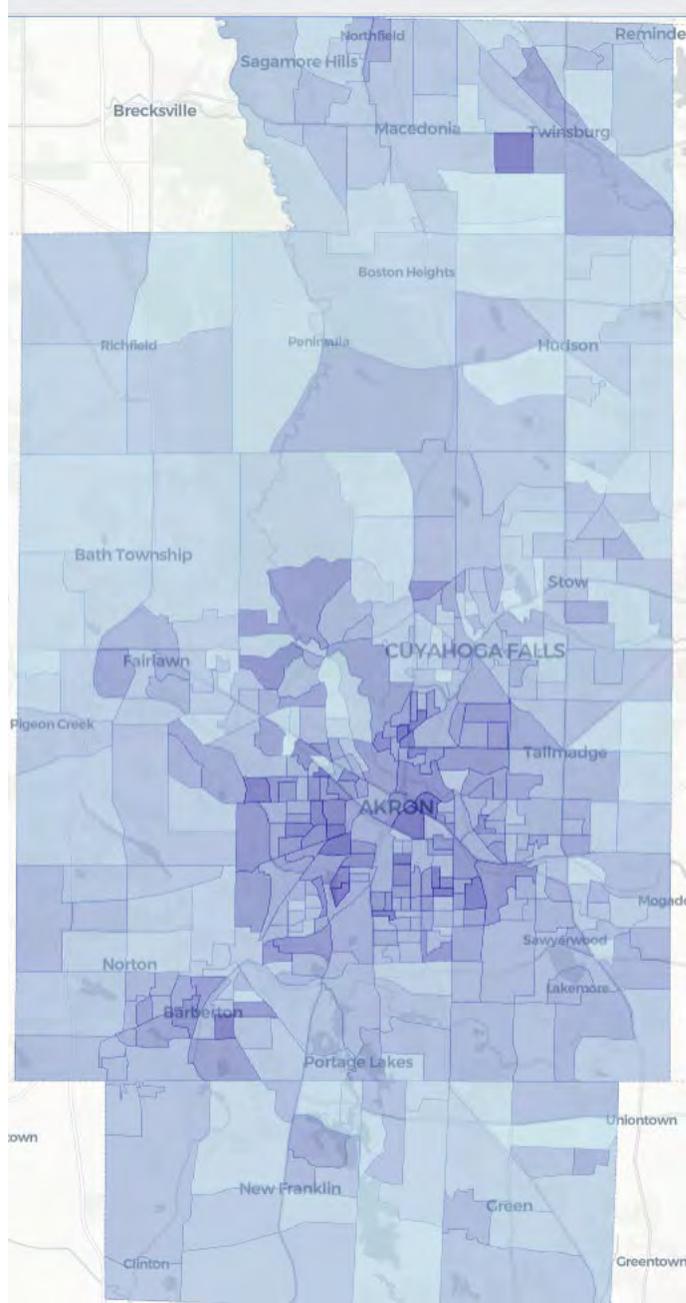
CKD



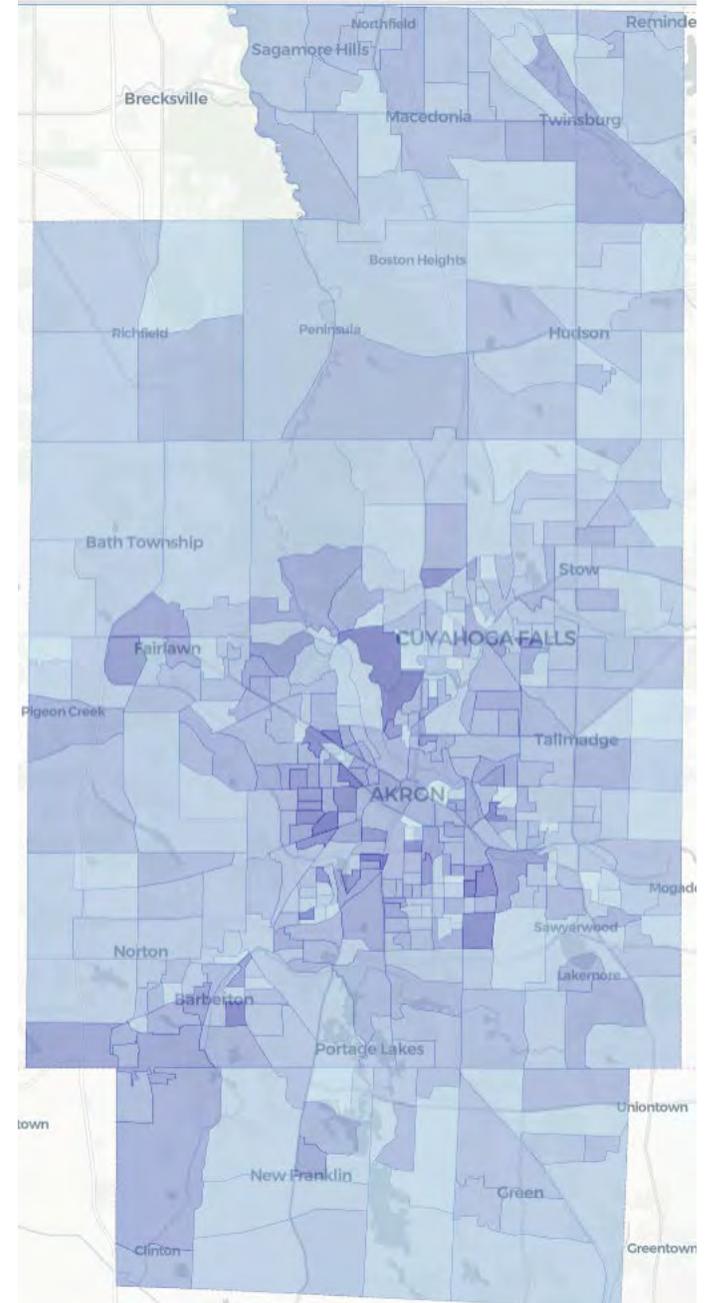
Hypertension



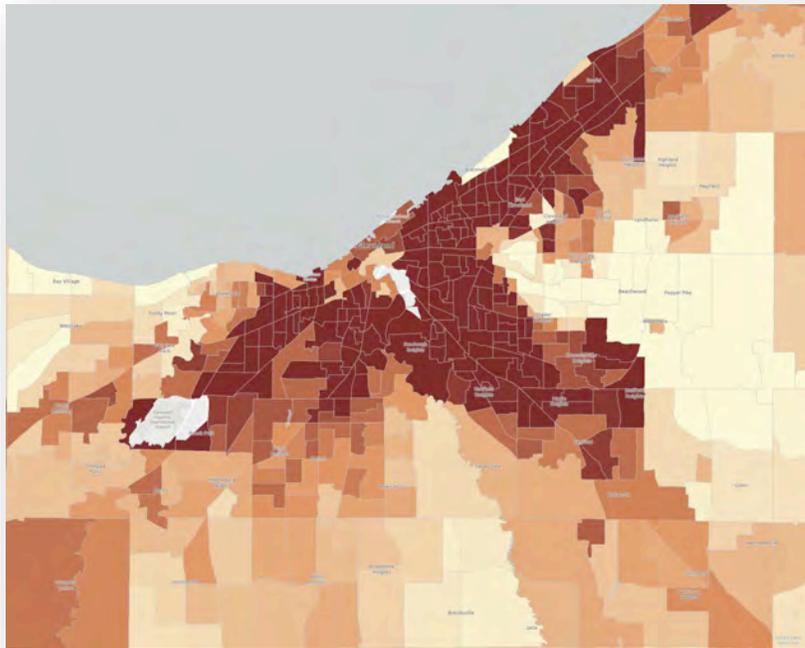
Type 2 Diabetes



CKD



Simulated Impacts of 10% Smoking Reduction



		Simulated Mean (SD) Life Expectancy	
		<i>Under Current Smoking Rates</i>	<i>Assuming a 10% Reduction</i>
Females	<i>ADI Quintile 1</i>	85.0 (3.5)	85.7 (2.8)
	<i>ADI Quintile 2</i>	82.1 (4.6)	82.9 (4.1)
	<i>ADI Quintile 3</i>	80.7 (5.1)	81.6 (4.6)
	<i>ADI Quintile 4</i>	78.7 (5.7)	79.7 (5.3)
	<i>ADI Quintile 5</i>	76.3 (6.4)	77.4 (6.1)
Males	<i>ADI Quintile 1</i>	82.3 (4.1)	83.1 (3.5)
	<i>ADI Quintile 2</i>	78.8 (5.1)	79.7 (4.7)
	<i>ADI Quintile 3</i>	77.4 (5.5)	78.2 (5.2)
	<i>ADI Quintile 4</i>	75.6 (6.0)	76.4 (5.8)
	<i>ADI Quintile 5</i>	72.5 (6.4)	73.4 (6.3)

Health Systems

CONTEXT

Cost Inflation

HCW Shortages

Burnout/Turnover

Negative Margins

Inefficiency

Accountable Care



**INNOVATE AND
WEATHER THE STORM**

VALUE

Value-Based Care

*compare population outcomes across diverse neighborhoods
inform efforts to improve health of accountable populations
quality benchmarking*

Resource Distribution & Optimization

*localized forecasts of care utilization and outcomes
localized impact of capital expansion strategies
staffing allocation*

Community Needs Assessment

*AI-driven insights to improve equity in access, use and outcomes
catalyze collaborative projects with CDOs & other organizations*

Digital Health Transformation

*predictive analytics and precision medicine
back-end AI infrastructure and interoperability*

Public Health Agencies

CONTEXT

Budget Constraints

Cost Inflation

Standards & Mandates

Waste, Fraud & Abuse



DO MORE WITH LESS

VALUE

Compliance and Quality

accreditation standards, surveillance mandates, health disparities benchmarks, Healthy People 2030

Resource Distribution

medications, equipment, vaccines

Screening Program Planning

hypertension, breast cancer, colorectal cancer

Community Health Program Planning

opioid recovery services, grant development

Epidemic Monitoring & Forecasting

Disaster Planning

blizzards, hurricanes, earthquakes

Policy & Community Organizations

CONTEXT

Intractable Place-Based
Health Disparities
Declining Life Expectancy
Unintended Policy Effects
Fragmented Data
Spiraling Health Care Costs



**MAKE U.S. HEALTH CARE
WORK FOR EVERYONE**

VALUE

Research and Analysis

*provide data for development of technical reports
support the identification of policy recommendations*

Legislation

data-driven insights to support development

Monitoring and Forecasting

*evaluate the impact of policies before/after enactment
conduct natural experiments*

Coalition Building

*assist in identifying problems in precise neighborhoods
DTN estimates as communication tools*

AI Ethics

identify and mitigate risks of applying AI for population health

Thank you!

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