

Investigating Discrepancy in Computer Model Predictions

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Application: health economic modelling in medical decision making

- A health-care provider wishes to spend budget efficiently
- Considers both treatment costs and clinical effectiveness
- In UK, National Institute for Health and Clinical Excellence (NICE) decides whether some treatments are available on NHS, based on cost-effectiveness
- Treatment efficacy and costs combined into measure of cost-effectiveness (net-benefit), used for decision-making
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Model discrepancy

Model is not perfect. How close is the model prediction to reality?

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- (Almost) required by NICE, referred to as “probabilistic sensitivity analysis” (PSA)

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- In health economic modelling, do not have data to learn about δ
- What can we say about δ ?

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- We consider investigating model discrepancy as a tool for model developers
 - 1 Many sources of discrepancy, which are the most important?
 - 2 Is it worth building a more complex model?

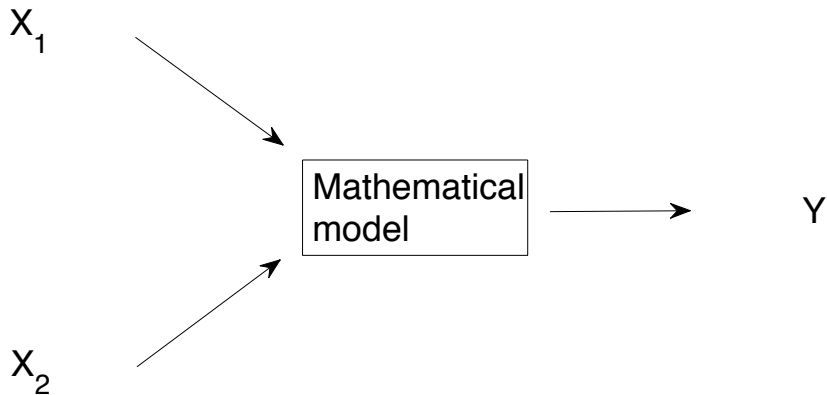
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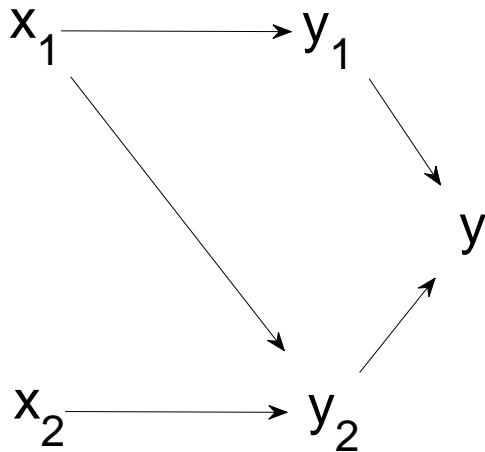
Our approach

'Open the black box' and incorporate discrepancy within the model

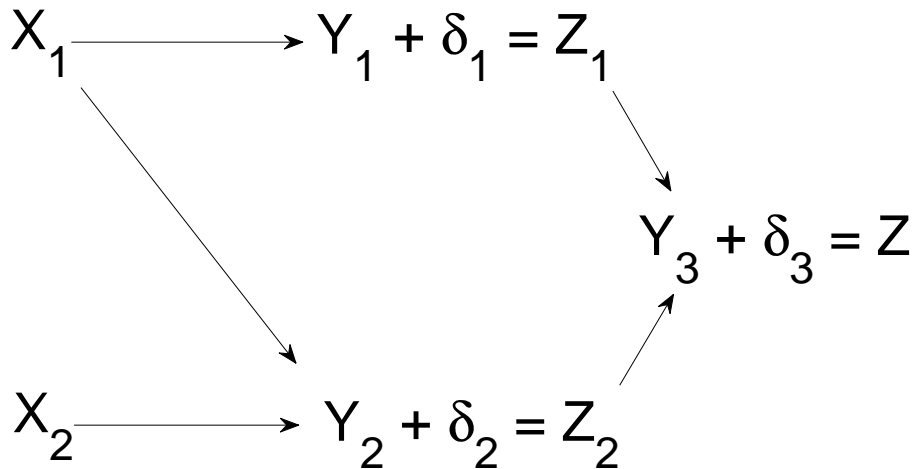
The model



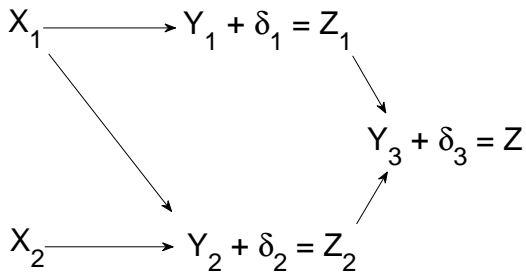
Opening the black box

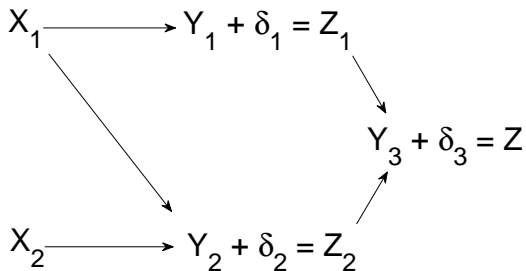


Linking the model to reality

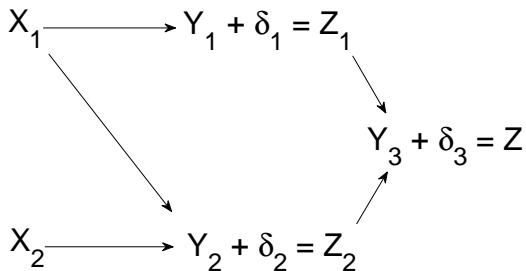


In previous work (Strong et al 2011 in JRSS C)





- Specify joint distribution for $X_1, X_2, \delta_1, \delta_2, \delta_3$



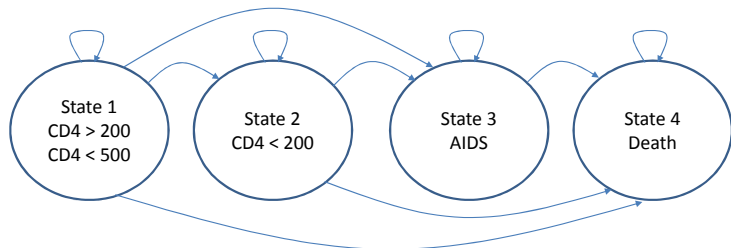
- Specify joint distribution for $X_1, X_2, \delta_1, \delta_2, \delta_3$
- Use variance-based sensitivity analysis to investigate how learning δ_j would reduce variance of Z

$$\frac{\text{Var}_{\delta_j}\{E(Z|\delta_j)\}}{\text{Var}(Z)}$$

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- Same framework of introducing discrepancy parameters within a model
- Now use standard decision theory (expected value of perfect information) for quantifying value of learning discrepancy parameters

Case study: a Markov model



- Model described in Chancellor et al. (1997)
- Predicts costs and health outcomes for zidovudine monotherapy versus zidovudine plus lamivudine combination therapy in HIV patients
- Patients move between states once per year, for 20 years.

- Uncertain transition matrices for monotherapy

$$M_1 = \begin{pmatrix} p_{111} & p_{112} & p_{113} & p_{114} \\ 0 & p_{122} & p_{123} & p_{124} \\ 0 & 0 & p_{133} & p_{134} \\ 0 & 0 & 0 & 1 \end{pmatrix},$$

and for combination therapy: $M_2 =$

$$\begin{pmatrix} 1 - RR \sum_{k=2}^4 p_{11k} & RR \cdot p_{112} & RR \cdot p_{113} & RR \cdot p_{114} \\ 0 & 1 - RR(p_{123} + p_{124}) & RR \cdot p_{123} & RR \cdot p_{124} \\ 0 & 0 & 1 - RR \cdot p_{133} & RR \cdot p_{134} \\ 0 & 0 & 0 & 1 \end{pmatrix}.$$

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- But constant M_1 and M_2 for all times steps is a source of model discrepancy

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- Need to elicit distribution for $\{\Delta_{d,t}\}_{d=1,2;t=1,\dots,20}$

Putting discrepancy into the Markov model

$$h_{d,t} = (M'_d + \Delta_{d,t})h_{d,t-1},$$
$$\Delta_{dt} = \begin{pmatrix} -(\delta_{d1t} + \delta_{d2t} + \delta_{d3t}) & \delta_{d1t} & \delta_{d2t} & \delta_{d3t} \\ 0 & -(\delta_{d4t} + \delta_{d5t}) & \delta_{d4t} & \delta_{d5t} \\ 0 & 0 & -\delta_{d6t} & \delta_{d6t} \\ 0 & 0 & 0 & 0 \end{pmatrix}.$$

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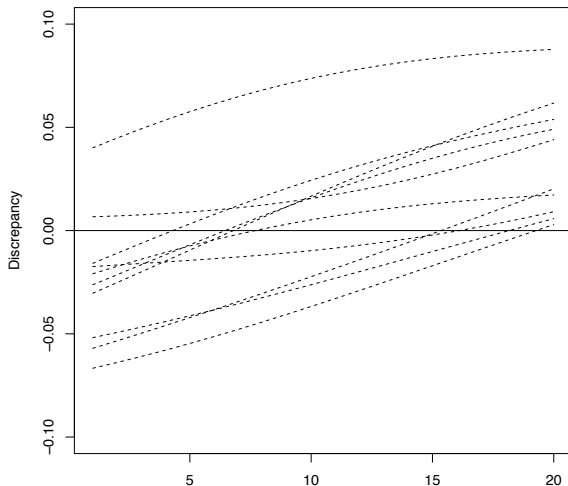
We consider three scenarios. In each case, multivariate normal distribution assumed for $\delta_{d1t}, \delta_{d2t}, \dots$

For example

$$E(\delta_{dit}) = \beta_{0,di} + \beta_{1,di}t$$
$$\text{Cov}(\delta_{dit}, \delta_{d'i't'}) = \sigma_{di}\sigma_{d'i'}\psi_{d',d'}\phi_{i,i'} \exp \left\{ - \left(\frac{t-t'}{\omega} \right)^2 \right\}.$$

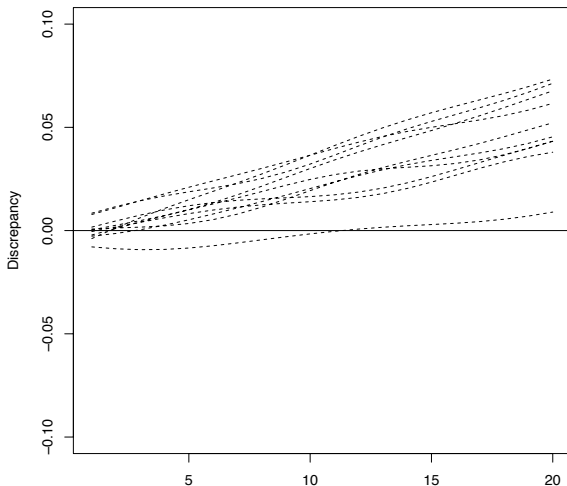
Scenario 1: probability of death increases over time

Discrepancy δ_{dit} for a single transition probability over time



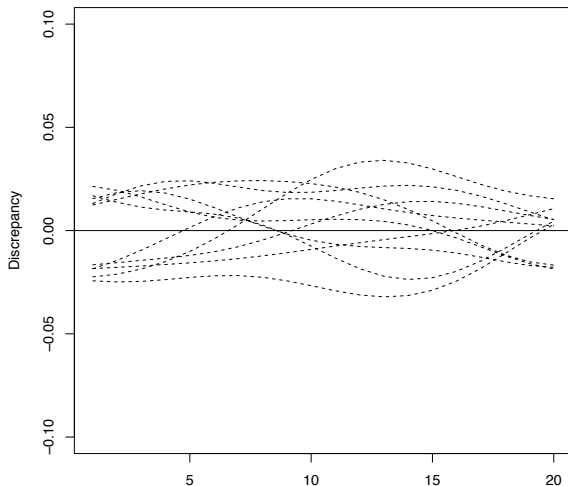
Scenario 2: efficacy of treatment decreases over time

Discrepancy δ_{dit} for a single transition probability over time



Scenario 3: ???

Discrepancy δ_{dit} for a single transition probability over time



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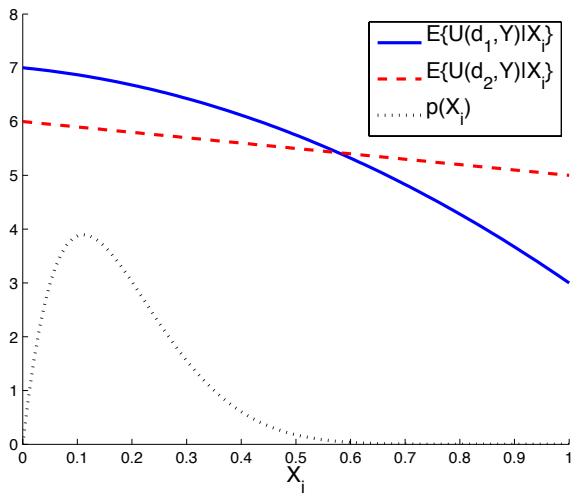
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- Expected value of learning X_i before making decision is

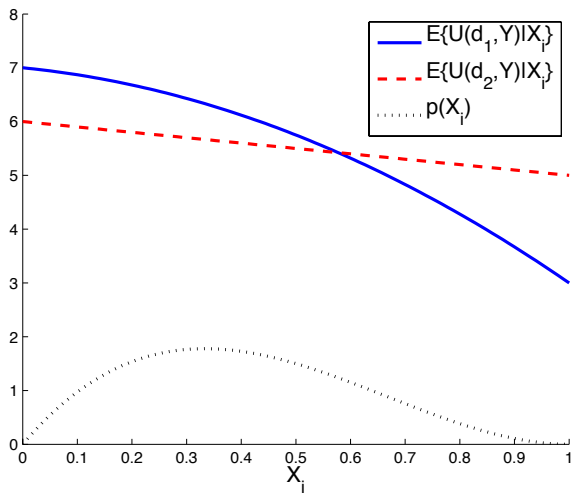
$$E_{X_i} \left[\max_d E\{U(d, Y)|X_i\} \right] - \max_d E_Y\{U(d, Y)\},$$

the **partial EVPI** of X_i (**Expected Value of Perfect Information**)

partial EVPI example 1



partial EVPI example 2



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- EVPIs estimated using Monte Carlo sampling (for expensive models can use emulators to get EVPIs, Oakley, 2009)

Results

- Partial EVPI: expected value in £ per patient of learning parameters, before choosing treatment option for patient population.
- Utility function is the net benefit
 $\text{£}\lambda \times \text{mean years of life} - \text{mean cost per patient}$
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Parameter	Partial EVPI			
	Base case	Scenario 1	Scenario 2	Scenario 3
Transition probabilities	£0	£0	£0	£1.17
Relative risk	£169.91	£193.09	£64.63	£164.55
Costs	£194.41	£201.72	£65.17	£167.53
Discrepancy terms	-	£7.86	£110.21	£699.06
Overall EVPI	£365.42	£401.53	£333.43	£957.28

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For larger λ (20,000-30,000), all partial EVPIs negligible.

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And finally...a quick plug!

- Following on from UCM 2010...
- ...Uncertainty in Computer Models 2012
- Sheffield, July 2-4, 2012
- www.mucm.ac.uk/UCM2012