

# Machine Learning in Health Care: Too Important to Be a Toy Problem

**Sherri Rose, Ph.D.**

Associate Professor

Center for Health Policy

Center for Primary Care & Outcomes Research


Co-Director

Health Policy Data Science Lab

**Stanford University**



[drsherrirose.org](http://drsherrirose.org)

 [@sherrirose](https://twitter.com/sherrirose)



November 18, 2020

H

ECONOMICS

A

POLICY

OUTCOMES

H



“ Learning two fields takes, surprisingly, twice as long as learning one. But it’s worth the investment because you get to solve real problems for the first time. ”

Barbara Engelhardt | Princeton



“ In both private enterprise and the public sector, research must be reflective of the society we’re serving. ”

Rediet Abebe | Harvard



“ ...behind every data point there is a human story, there is a family, and there is suffering. ”

Nick Jewell | LSHTM & UC Berkeley

**DATA**

# Electronic Databases

The increasing availability of electronic health information offers a **resource to health researchers**

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General usefulness of this type of data to answer targeted scientific research questions ~~is an open question~~ varies

May need **novel statistical methods** that have desirable properties while remaining computationally feasible

# EHR ≠ EHR

**BILLING CLAIMS**



**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

**CLINICAL RECORDS**

**IMAGING**



**REGISTRIES**



**Mass-DAC**  
Data Analysis Center

**SURVEYS**

United States<sup>™</sup>  
**Census**  
Bureau



**GOVERNMENT SOURCES**



**WEARABLE & IMPLANTABLE TECH**



**DIGITAL**



**NEWS MEDIA**



LOCAL • PROVEN • ESSENTIAL



# EHR ≠ EHR

**BILLING CLAIMS**



**CLINICAL RECORDS**



**REGISTRIES**



**SURVEYS**



**GOVERNMENT SOURCES**



## HealthAffairs

### Health Care Claims Data May Be Useful For COVID-19 Research Despite Significant Limitations

Maimuna S. Majumder, Sherri Rose

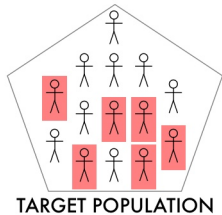
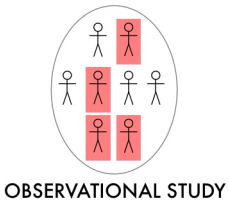
**GENERALIZABILITY**

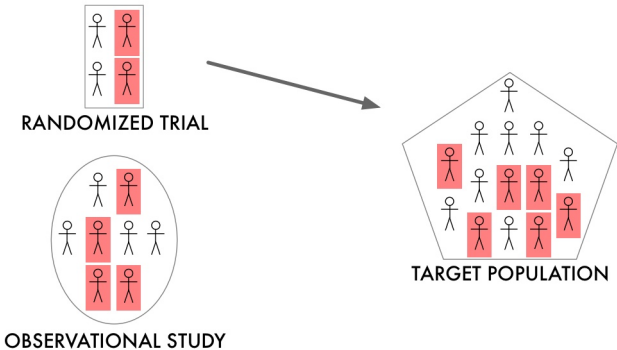
**Prediction**

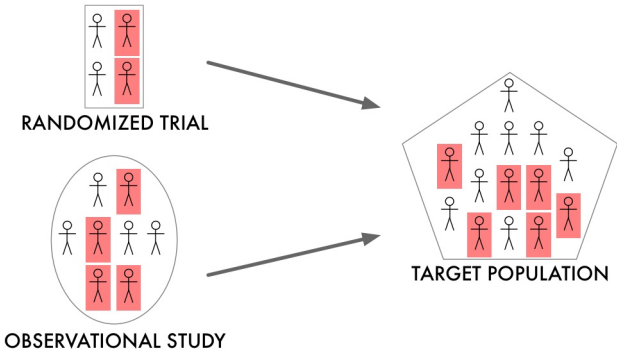
**Clustering**

**Inference**

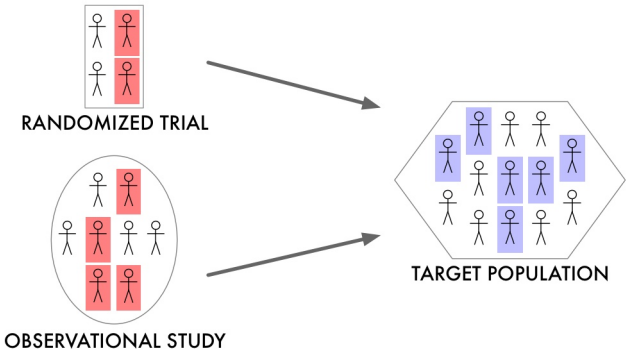
**Generalizability**

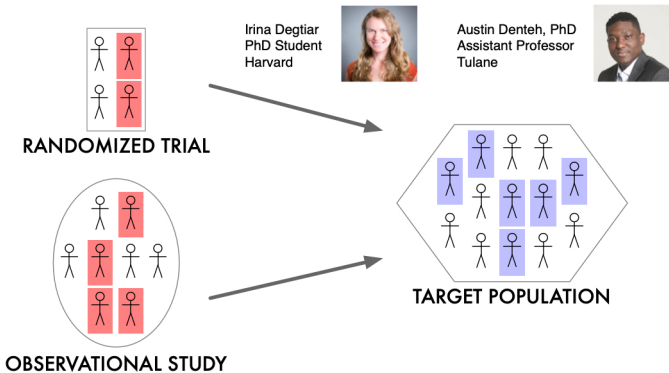


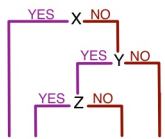
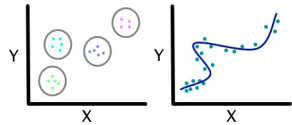


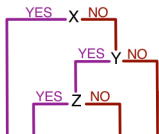
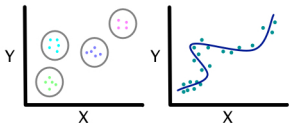








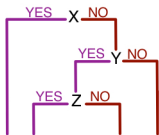
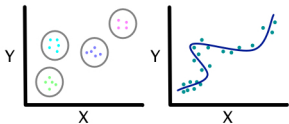




Invited Commentary | Health Informatics

## Machine Learning for Prediction in Electronic Health Data

Sherri Rose, PhD



JAMA  
Network | **Open**

Invited Commentary | Health Informatics

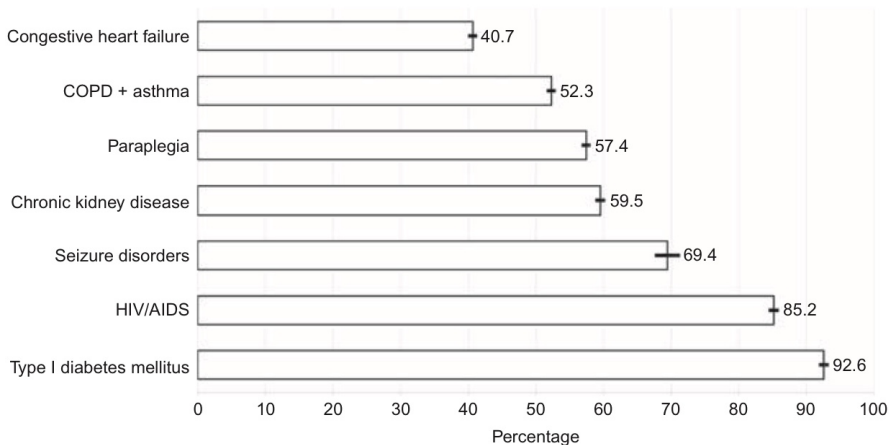
## Machine Learning for Prediction in Electronic Health Data

Sherri Rose, PhD

“ The machine learning researchers who develop novel algorithms for prediction and the clinical teams interested in implementing them are frequently and unfortunately 2 nonintersecting groups. ”

# DATASET SHIFT

# Chronic Conditions



## Risk Adjustment for Health Plan Payment

Randall P. Ellis, Bruno Martins and Sherri Rose



**FAMILIAR QUESTION,  
DIFFERENT PROBLEM**



# Plan Payment Risk Adjustment

Over 50 million people in the United States currently enrolled in an insurance program that uses risk adjustment

- ▶ Redistribute funds based on health
- ▶ Encourage competition based on efficiency and quality
- ▶ Massive financial implications



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$$Y = \theta X$$

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Spending outcome

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Spending outcome

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Input vector

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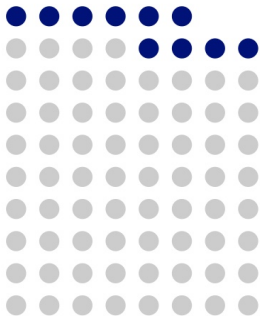
$$Y = \theta X$$

Coefficient vector

Input vector

# Variable Selection and Upcoding

Reduced set of 10 variables 92% as efficient



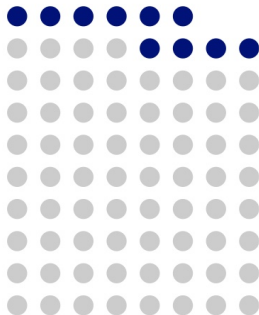
A Machine Learning Framework for  
Plan Payment Risk Adjustment

*Sherri Rose*



# Variable Selection and Upcoding

~~Reduced set of 10 variables 92% as efficient~~



“...results for the risk adjustment algorithms that considered a limited subset of variables...performed consistently worse across all benchmarks.”

## Sample Selection for Medicare Risk Adjustment Due to Systematically Missing Data

*Savannah L. Bergquist* , *Thomas G. McGuire*,  
*Timothy J. Layton* , and *Sherri Rose* 



## A Machine Learning Framework for Plan Payment Risk Adjustment

*Sherri Rose*



**FAIRNESS**



**Prediction**

**Clustering**

**Inference**

**Generalizability**

**Fairness**



**Who decides the research question?**

**Who is in the target population?**

**What do the data reflect?**

**How will the algorithm be assessed?**

# Gender Shades: Intersectional Accuracy Disparities in Commercial Gender Classification\*

**Joy Buolamwini**

*MIT Media Lab 75 Amherst St. Cambridge, MA 02139*

JOYAB@MIT.EDU

**Timnit Gebru**

*Microsoft Research 641 Avenue of the Americas, New York, NY 10011*

TIMNIT.GEBRU@MICROSOFT.COM

# Black Patients Miss Out On Promising Cancer Drugs

A ProPublica analysis found that black people and Native Americans are under-represented in clinical trials of new drugs, even when the treatment is aimed at a type of cancer that disproportionately affects them.

For the 31 drugs  which populations are most at risk for the cancers treated?

For the 31 drugs  how often was each population the largest group represented in clinical trials?

White



Black



Similar Risk



Other

None



None

None



**Note:** Drugs are labeled "Similar Risk" if black Americans are at least 80 percent as likely as white Americans to be diagnosed with the cancer treated.

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## Research Letter

ONLINE FIRST

FREE

September 28, 2020

# The Exclusion of Older Persons From Vaccine and Treatment Trials for Coronavirus Disease 2019—Missing the Target

Benjamin K. I. Helfand, MSc<sup>1,2</sup>; Margaret Webb, BA<sup>3</sup>; Sarah L. Gartaganis, MSW, MPH<sup>3</sup>; [et al](#)

Other none



None

None



**Note:** Drugs are labeled "Similar Risk" if black Americans are at least 80 percent as likely as white Americans to be diagnosed with the cancer treated.

Chen and Wong (2018)

# Algorithmic Fairness

Typical algorithmic fairness problem in computer science has

- ▶ outcome  $Y$
- ▶ vector  $X$  that includes a protected class or sensitive attribute  $A \subset X$

## Goal:

Create estimator for  $f(X) = Y$  while ensuring the function is fair for  $A$

Common measures of fairness are based on the notion of **group fairness**, striving for similarity in predicted outcomes or errors for groups

# Algorithmic Fairness

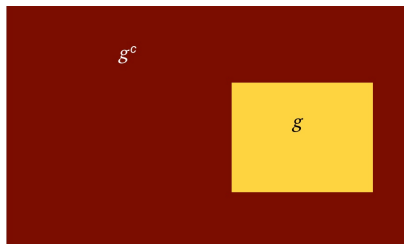
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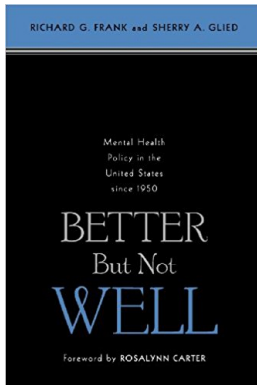
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# Improving Mental Health Care, 1950-2000

Changes in financing and organization of mental health care, not new treatment technologies, made the difference

*“Improvements ... evolved through ... more money, greater consumer choice, and the increased competition among ... providers that these forces unleashed”*





# Mental Health and Substance Use Disorders (MHSUD)

Risk adjustment in the Marketplaces  
recognizes only 20% of enrollees with MHSUD

Individuals with MHSUD can be **systematically discriminated** against

By Ellen Montz, Tim Layton, Alisa B. Busch, Randall P. Ellis, Sherri Rose, and Thomas G. McGuire

**Risk-Adjustment Simulation: Plans  
May Have Incentives To Distort  
Mental Health And Substance Use  
Coverage**




# Large Gains in Group Fairness vs. OLS

Regression Method	$R^2$	MHSUD Net Compensation
Average	12.4%	
Covariance	12.4	
Net Compensation	12.5	
Weighted Average	12.6	
Mean Residual Difference	12.8	
Ordinary Least Squares	12.9	



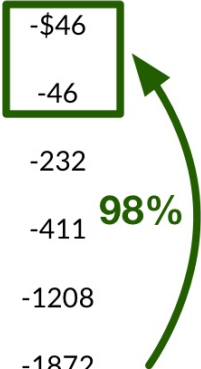
Fair regression for health care spending

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# Large Gains in Group Fairness vs. OLS

Regression Method	$R^2$	MHSUD Net Compensation
Average	12.4%	-\$46
Covariance	12.4	-46
Net Compensation	12.5	-232
Weighted Average	12.6	-411
Mean Residual Difference	12.8	-1208
Ordinary Least Squares	12.9	-1872



*Biometrics* JOURNAL OF THE  
INTERNATIONAL BIOMETRIC SOCIETY

Fair regression for health care spending

# Ethical Machine Learning in Health Care

Irene Y. Chen,<sup>1</sup> Emma Pierson,<sup>2</sup> Sherri Rose,<sup>3</sup>  
Shalmali Joshi,<sup>4</sup> Kadija Ferryman,<sup>5</sup>  
and Marzyeh Ghassemi<sup>4,6</sup>

<sup>1</sup>Electrical Engineering and Computer Science, Massachusetts Institute of Technology, Cambridge, MA, 02139, USA; email: iychen@mit.edu

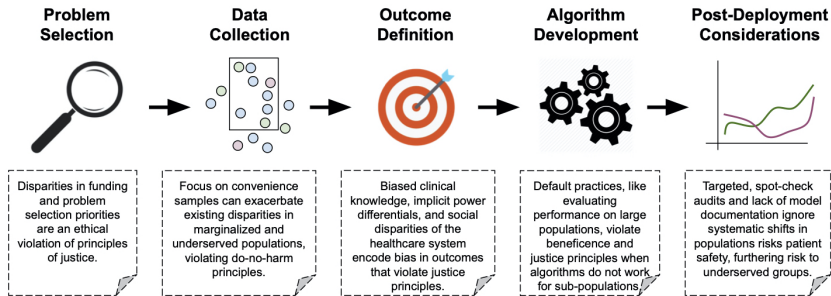
<sup>2</sup>Microsoft Research, Cambridge, MA, 02143, USA

<sup>3</sup>Center for Health Policy and Center for Primary Care and Outcomes Research, Stanford University, Stanford, CA, 94305, USA

<sup>4</sup>Vector Institute, Toronto, ON, Canada

<sup>5</sup>Department of Technology, Culture, and Society, Tandon School of Engineering, New York University, Brooklyn, NY, 11201, USA

<sup>6</sup>Department of Computer Science, University of Toronto, Toronto, ON, Canada



# POLICY AND PRACTICE

## Can Your Hip Replacement Kill You?

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By JEANNE LENZER JAN. 13, 2018

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## Can Your Hip Replacement Kill You?

By JEANNE LENZER JAN. 13, 2016



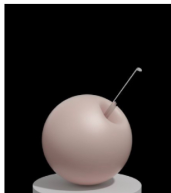
### **The Upshot**

## Why Medical Devices Aren't Safer



Austin Frakt

THE NEW HEALTH CARE APRIL 18, 2016



Things sometimes go wrong with [airbags](#), [food](#) and [drugs](#), prompting recalls. It can also happen with medical devices, though you'd think lifesaving devices like heart defibrillators or artificial hips would be closely monitored.

But the data needed to systematically and rapidly identify dangerous medical devices are not routinely collected in the United States.



## Can Your Hip Replacement Kill You?

By JEANNE LENZER JAN. 13, 2016



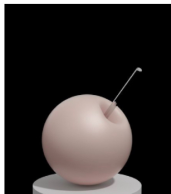
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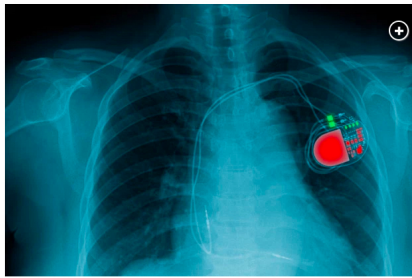
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## Your medical implant could kill you

By Jeanne Lenzer

December 16, 2017 | 12:08pm | Updated



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By JEANNE LENZER JAN. 13, 2018

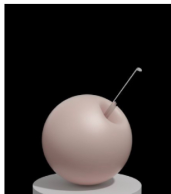


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Austin Frakt  
THE NEW HEALTH CARE APRIL 18, 2015



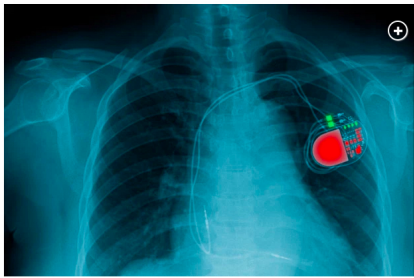
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MEDICAL TREATMENTS

### Are Implanted Medical Devices Creating A 'Danger Within Us'?

36:19

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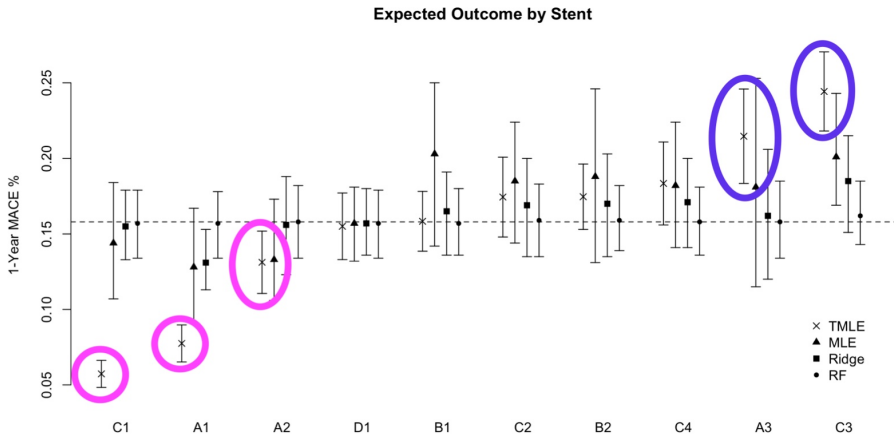
January 17, 2018 - 3:10 PM ET  
 Heard on Fresh Air

DAVE DAVIES

FRESH AIR

Medical journalist Jeanne Lenzer warns that implanted medical devices are approved with far less scrutiny and testing than drugs. As a result, she says, some have caused harm and even death.

# Cardiac Stent Results



*Biometrics* JOURNAL OF THE INTERNATIONAL BIOMETRIC SOCIETY

Double robust estimation for multiple unordered treatments and clustered observations: Evaluating drug-eluting coronary artery stents

Sherri Rose  Sharon-Lise Normand

# Cardiac Stent Policy Implications

Implications for patients, hospitals, manufacturers, and regulators.

- ▶ How can this information be incorporated into the patient's decision-making process?
- ▶ Will hospitals reconsider their complex contracting with manufacturers to avoid poorer-performing devices?
- ▶ Should manufacturers consider pulling stents from the market?
- ▶ How should regulators respond to postmarket information that was not available at the time of device approval?

**IN CLOSING**

# Examining racism in health services research: A disciplinary self-critique

Rachel R. Hardeman PhD, MPH

J'Mag Karbeah MPH



International Journal of  
**Epidemiology**

**Intersections of machine learning and  
epidemiological methods for health  
services research** 

Sherry Rose

# Does Your Algorithm Have a Social Impact Statement?

**Responsibility**

**Explainability**

**Accuracy**

**Auditability**

**Fairness**

# Acknowledgements



Sam Adhikari, PhD  
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Alex McDowell, PhD  
MGH/Harvard



Toyya Pujol, PhD  
Purdue



Anna Zink  
Harvard



Irina Degtiar  
Harvard



Noémie Sportiche  
Harvard

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Laura and John Arnold Foundation

NIH R01-GM111339

## More about Cite Black Women:

Founded by Dr. Christen A. Smith, [citeblackwomenscollective.org](http://citeblackwomenscollective.org)

