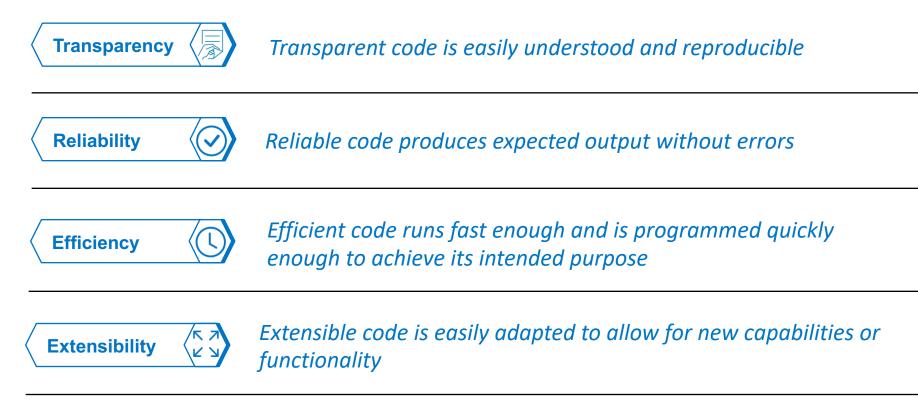
Decision modeling with R: lessons learned from the development of hesim

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Background

- Decision models are complex mathematical models that often contain large numbers of parameters and complex relationships between inputs and outputs
- Complexity often result in models that are not transparent, efficient, or flexible
- While it has argued that this is caused, in part, by choice of software (e.g., Excel vs R), software is not the only culprit
- Good code is just as important---if not more so--- than the choice of software
- Following software engineering best practices can improve the quality of models and enhance their credibility

Attributes of good code^{*}



*Attributes listed here are non-exhaustive

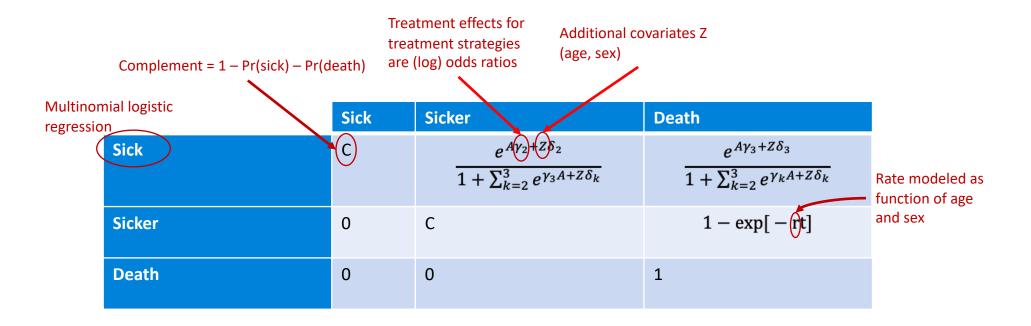
Example

Decision problem

- 5 competing treatment strategies
- 10 representative patients (vary by age and sex)
- Decision framework: CEA

Decision model

- Markov cohort model
- Probabilistic sensitivity analysis
- 3 health states (sick, sicker, death)
- Yearly model cycles
- 20 year time horizon



Lesson 1: plan ahead

Start by thinking about the output you will need/want to answer your decision problem

Sample	Strategy	Patient	Cycle	Pr(sick)	Pr(sicker)	Pr(death)
1	1	1	0	.9	.08	.01
1	1	1	1	.85	.13	.02
:	:	:	:	:	÷	÷

State probabilities

Expected values (costs and QALYs)

Sample	Strategy	Patient	Costs	QALYs
1	1	1	50,000	7
1	1	1	45,000	6.5
:	:	:	:	:

We can then think about the steps/functions needed to produce that output

Provide steps Modeling pipeline rategies and ata) input_data <- make_input_data()</td> params <- get_params()</td> stprobs <- sim_stateprobs(input_data, params)</td> robabilities ev <- sim_ev(stprobs, input_data, params)</td> QALYs icer_out <- icer(ev)</td> psa out <- psa(ev)</td> psa out <- psa(ev)</td>

Markov modeling steps

- 1. Set treatment strategies and patients (input data)
- 2. Sample parameters for PSA
- 3. Simulate state probabilities
- 4. Simulate costs & QALYs
- 5. Perform CEA
 - a. ICER
 - b. PSA

Lesson 1 cont'd: convenient model inputs

A convenient way to model multiple treatment strategies (n = 5) and patients (n = 10) is to create a single data frame (the "input data")

	strategy_id	patient_id	age	female	strategy2	strategy3	strategy4	strategy5
1	1	1	65.18746	1	0	0	0	0
2	1	2	63.15747	1	0	0	0	0
49	5	9	48.73327	1	0	0	0	1
50	5	10	62.43522	0	0	0	0	1

In a PSA, the parameters are drawn from suitable probability distributions:

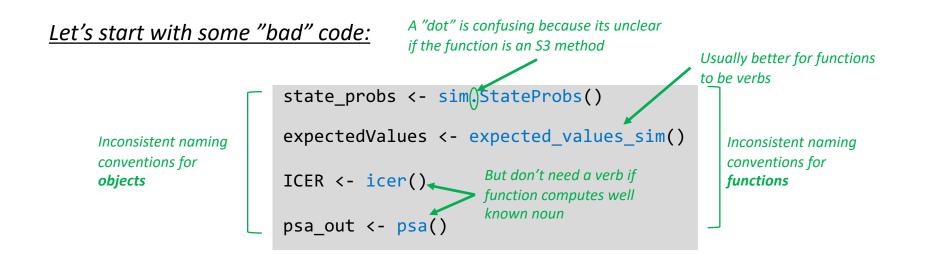
Multinomial logit coefficients for sick \rightarrow sicker transition (same for sick -> death)

strategy2 strategy3 strategy4 strategy5 intercept age female -0.1987610309 -0.5188277554 -0.3727531176 -0.0015692633 -1.6293260952 0.0007976859 -0.1043042118

Coefficients for rate parameter of sicker \rightarrow death transition

intercept age female -1.159677128 0.004135311 -0.100374964 Recall that we need simulation results for every strategy, patient, and PSA sample. An important consideration is whether to draw the parameters once at each iteration (as shown here) or to draw all at once (i.e., to vectorize)

Lesson 2: choose a style guide and stick to it



Some better code:

```
stateprobs <- sim_stateprobs()
expected_values <- sim_expected_values()
icer_out <- icer()
psa_out <- psa()</pre>
```

Lesson 3: write modular code

```
sim stateprobs <- function(input data, params,</pre>
                            n samples, n cycles, x0) {
  for (s in 1:n_samples) {
    for (i in 1:nrow(input_data)) {
      # A bunch of code to sample the parameters here
      params sample <- list()</pre>
      for (j in 1:n params) {
        k <- ncol(params[[j]]$mean[j])</pre>
        params_sample[[j]] <- rnorm(k, params[[j]]$mean,</pre>
                                      params[[j]]$sd)}
       }
    # A lot of code to get transition probability matrix
    # Predict probabilities with multinomial logit
    # Predict probabilities with exponential model
    # More code to simulate the Markov chain
     for (t in 1:n cycles) {
      x[t + 1, ] <- x[t, ] %*% p
     }
  } # End loop of input data
} # End loop over treatment strategies
```

```
VS
```

• Why?

- Can read the code almost like reading the English language (transparency)
- Easier to test functions and identify source of bugs (*reliability*)
- Easier to refactor when adding new features (extensibility)

Lesson 3 cont'd: modularizing the construction of the transition probability matrices

```
tpmatrix <- function(input_data, params)
rbind(
   tp_sick(input_data, params),
   tp_sicker(input_data, params),
    c(0, 0, 1) # Death is an absorbing state
)
)</pre>
```



sick sicker death [1,] 0.7553365 0.1585003 0.08616317 [2,] 0.0000000 0.7441817 0.25581834 [3,] 0.0000000 0.0000000 1.00000000

Transition probabilities from sick state

```
tp_sick <- function(input_data, params) {
   beta <- params[c("sick_sicker", "sick_death")]
   x <- make_x(input_data, beta[[1]])
   mlogit_probs(x, beta)
}</pre>
```

Transition probabilities from sick state predicted from multinomial logit model

mlogit_probs <- function(x, beta) {</pre>

```
# General code to predict probabilities given
# coefficients from a multinomial regression
```

Transition probabilities from sicker state

```
tp_sicker <- function(input_data, params) {
    beta <- params[["sicker_death"]]
    x <- make_x(input_data, beta)
    rate <- exp(x %*% t(beta))
    prob_death <- 1 - exp(-rate)
    c(sick = 0, sicker = 1 - prob_death, death = prob_death)
}</pre>
```

Create "input matrix" by selecting columns of input data corresponding to parameters

```
make_x <- function(input_data, params) {
    input_data[, "intercept"] <- 1 # Add intercept
    as.matrix(input_data[, colnames(params)])</pre>
```

Lesson 4: vectorize R code when feasible

- In our toy model with 5 treatment strategies, 10 patients, 20 (annual) model cycles, and 1,000 PSA samples, there are 5 * 10 * 20 * 1,000 = 1,000,000 iterations
- Looping many times in pure R can be slow; the prior code runs in ~45 seconds

0.2902243

0.3308637

 We can speed up the code considerably (~2 seconds) by vectorizing (looping with compiled code) with hesim

Using hesim::tpmatrix()to precompute <u>transition probabilities</u> for every combination of <u>ID variables</u>

sick.sick sick.sicker sick.death sicker.sick sicker.sicker sicker.death death.sick death.sicker death.death 1: 0.7648088 0.1412419 0.09394930 0 0.6996350 0.3003650 0 1 0.7408574 0.1577365 0.10978398 0 0.6651783 0.3348217 0 0 1 3: 0.7368429 0.1585800 0.11456486 0 0.6576189 0.3423811 0 1

0.7097757

0.6691363

0

0

4: 0.7701127 0.1401260 0.08817804

5: 0.7429434 0.1572912 0.10733075

The GitHub repo for this presentation shows how the non-vectorized code can be slightly tweaked to create transition matrices in a vectorized manner. hesim will then implement a Markov chain (written in C++) for each row in the table above

0

0

0

0

1

1

sample strategy_id patient_id

1

1

1

1

1

1

2

5

1:

2:

3:

4:

5:

1

1

1

1

1

Concluding thoughts

- R is a good software tool for decision modeling but its important to following good software practices
- If done carefully, it can result in very transparent modeling; however, writing transparent code is a lot of extra effort and neither academia, industry, or consulting provide strong incentives for doing this
- There is a lot of potential to leverage open-source packages to make work more efficient and less error prone; we should work together more
- We aren't software engineers, but we should try to write code a little more like them