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Centre For Health Economics

# Using R for decision modelling: an introduction

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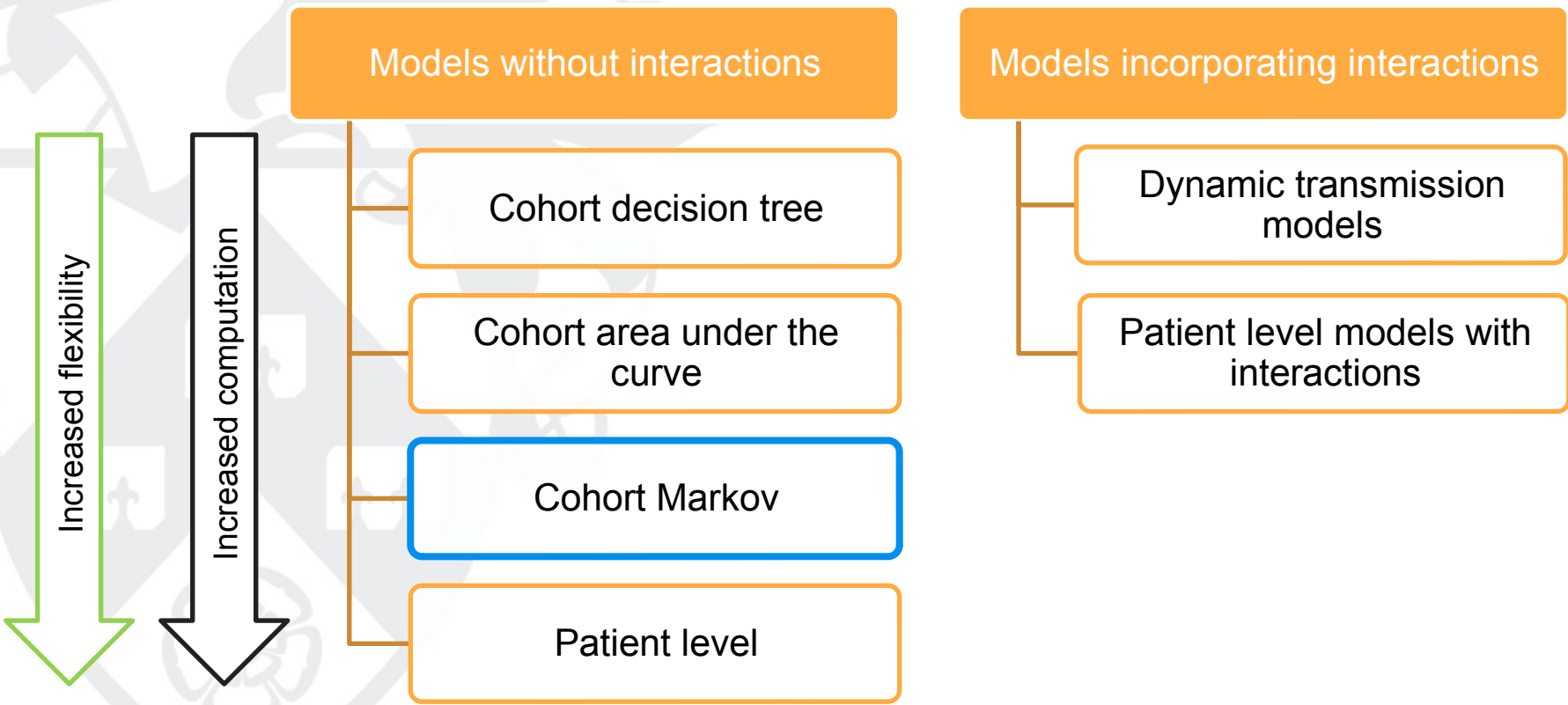
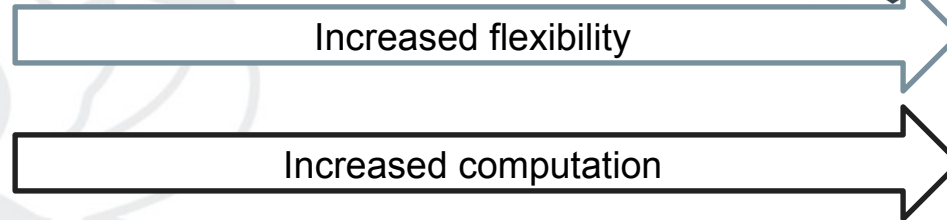
Full acknowledgments to Marta Soares who provided me the slides



# Decision modelling for cost-effectiveness

- Health systems need to make a number of decisions on health care resources: which, to whom, when, where...
  - Explicit decision process for reimbursement/access (e.g. NICE in the England and Wales)
- As explicit and evidence-based assessment (HTA) may include cost-effectiveness, that compares interventions in terms of:
  - long-term effects on population health (typically measured in QALYs), and
  - overall cost implications for relevant stakeholders or individuals.
- Decision models are typically required to:
  - Consider evidence from multiple sources and on multiple aspects of disease and treatment,
  - extrapolate to the long term
  - explicitly characterise uncertainty

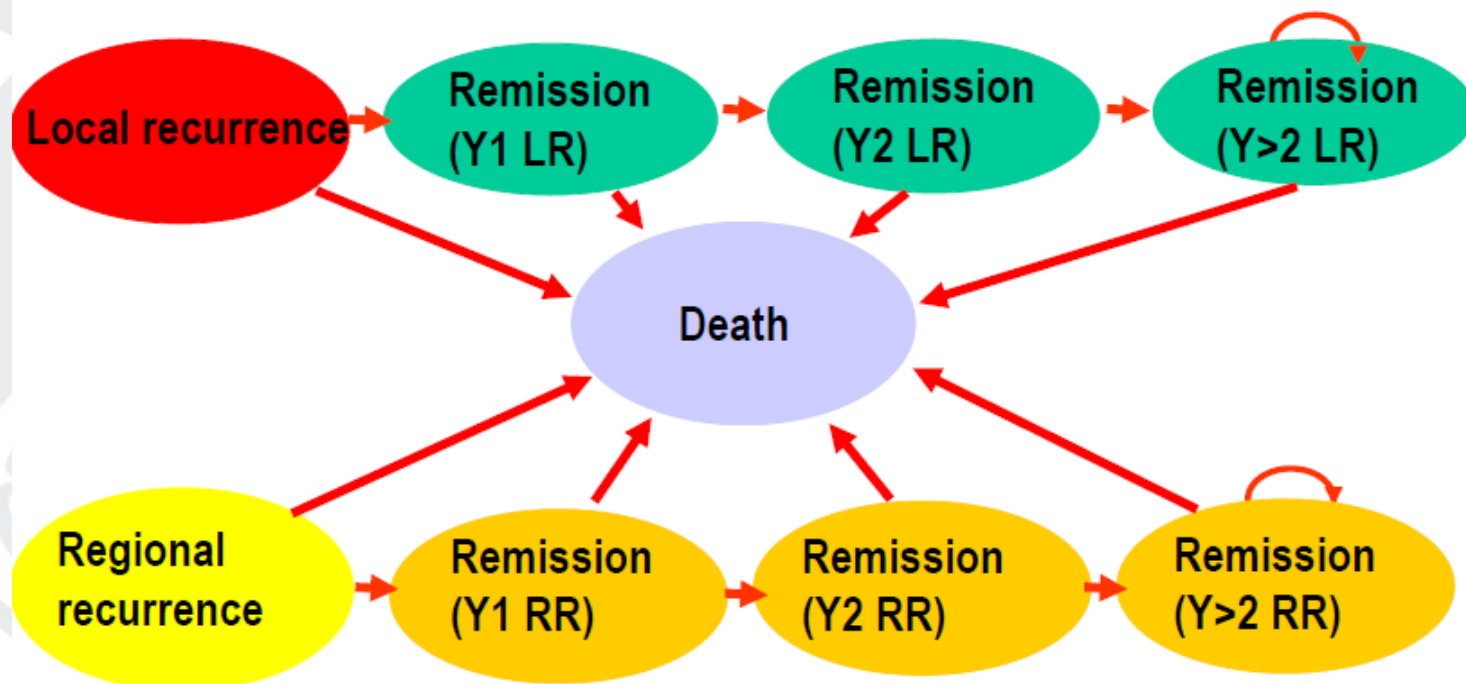
# Modelling approaches



# Cohort Markov models



- Defined as:
  - mutually exclusive and discrete number of states (absorbent state = death)
  - discrete time
  - Markov property (process only depends on present state and not on any previous state)



# Cohort Markov models

- The aim of cohort models is to evaluate the Markov trace,  $P[X_c=x]$
- For such, it defines per-cycle transition probabilities between the states
- Example of matrix of transition probabilities

To

		Asymptomatic	Progressive	Dead
From	Asymptomatic	0.666	0.167	0.167
	Progressive	0	0.500	0.500
	Dead	0	0	1.000

Each row sums to 1.0

- The trace is evaluated by repeatedly applying these transition probabilities to a cohort of patients over time

# Matrix multiplication formulation

- Vector of starting state membership,  $sm_{t0} = [\pi_1 \quad \pi_2 \quad \pi_3]$

- Transition probability matrix  $TP = \begin{bmatrix} p_{1,1} & p_{1,2} & p_{1,3} \\ p_{2,1} & p_{2,2} & p_{2,3} \\ p_{3,1} & p_{3,2} & p_{3,3} \end{bmatrix}$

- To find state membership at t1 multiply the vector and the matrix:
- To find state membership at t1 multiply the vector and the matrix:  
 $[ (\pi_1 \cdot p_{1,1} + \pi_2 \cdot p_{2,1} + \pi_3 \cdot p_{3,1}) \quad (\pi_1 \cdot p_{1,2} + \pi_2 \cdot p_{2,2} + \pi \cdot p_{3,2}) \quad (\pi_1 \cdot p_{1,3} + \pi_2 \cdot p_{2,3} + \pi_3 \cdot p_{3,3}) ]$

- This process is applied repeatedly, using state membership in the previous cycle

$$sm_{t2} = sm_{t1} \cdot TP$$

$$sm_{t3} = sm_{t2} \cdot TP$$

- This process is applied repeatedly, using state membership in the previous cycle



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**How I implement, in R,  
Markov decision models,  
PSA and  
EVI analyses  
using Monte Carlo simulation.**



# Markov modelling in R

```
TP <- matrix(data =  
c(2/3,1/6,1/6,0,1/2,1/2,0,0,1), nrow = 3,  
byrow = TRUE)  
#TP[1,2] <- 0.5 * TP[1,2]  
#TP[1,3] <- 1-sum(TP[1,1:2])  
costs <- c(500,200,0) # +c(100,0,0)  
hrqol <- c(0.8, 0.3, 0)  
cycles <- 4  
  
trace <- matrix(data = NA, nrow =  
cycles+1, ncol = 3)  
trace[1,] <- c(1,0,0)  
for (i in 1:cycles){  
  trace[i+1,] <- trace[i,] %*% TP  
}  
  
sum(trace[2:5,] %*% costs)  
sum(trace[2:5,] %*% hrqol)  
sum(trace[2:5,1:2])
```



Rcode for slide deck -- deterministic.R

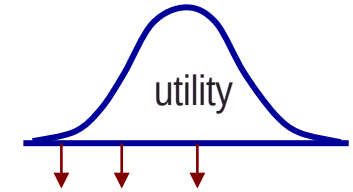
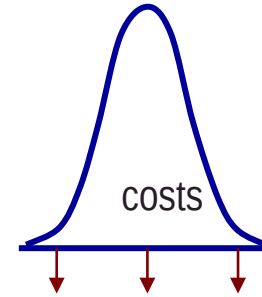
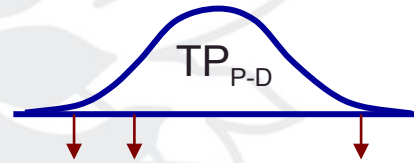
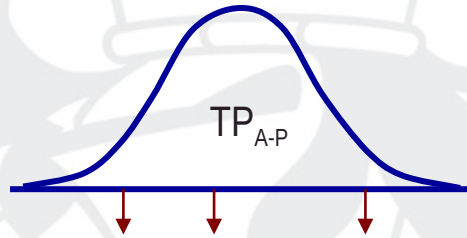
```
> TP      [,1]      [,2]      [,3]  
[1,] 0.6666667 0.1666667 0.1666667  
[2,] 0.0000000 0.5000000 0.5000000  
[3,] 0.0000000 0.0000000 1.0000000
```

```
> trace  
      [,1]      [,2]      [,3]  
[1,] 1.0000000 0.0000000 0.0000000  
[2,] 0.6666667 0.1666667 0.1666667  
[3,] 0.4444444 0.1944444 0.3611111  
[4,] 0.2962963 0.1712963 0.5324074  
[5,] 0.1975309 0.1350309 0.6674383
```

```
[1] 935.9568  
[1] 1.484182  
[1] 2.272377
```



# Decision uncertainty: Monte Carlo simulation

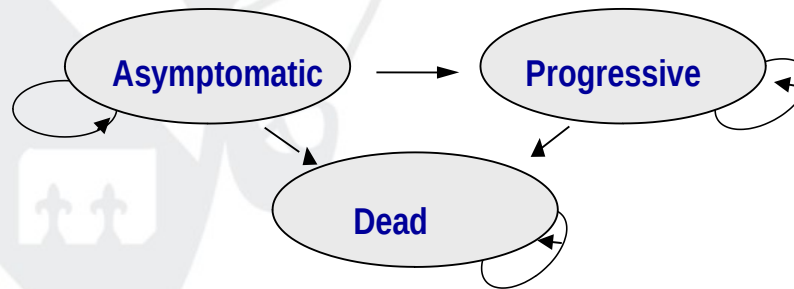


1. 0.31  
2. 0.46  
3. 0.64

0.4 0.2 0.9

£5,205 £7,381 £10,802

0.62 0.81 0.69



$$NB = e - c/\lambda$$

	costs	effects	NB
1	£20,400	2	0.98
2	£14,745	1.8	1.06
3	£18,364	1.1	0.18

$$\max_j E_\theta NB(j, \theta)$$



# Markov modelling in R

## PSA

```
# define probabilistic inputs
nPSA=2000

p1      <- rbeta(nPSA, 20, 40)           # prob[X2>1|X1=1]
p2      <- rbeta(nPSA, 500,500)         # prob[X2=2|X2>1,X1=1]
tp23    <- rbeta(nPSA, 50,50)
logRR   <- rnorm(nPSA, -0.1, .3)
hrqol2  <- rbeta(nPSA, 2,8)

# define a matrix of sampled parameter values
mat_par  <- cbind("p1"=p1,"p2"=p2,"tp23"=tp23, "logRR"=logRR,
"hrqol2"=hrqol2)
```



Rcode for slide deck -- probabilistic.R



# Markov modelling in R

## PSA

```
# enclose model in a function
model <- function(index, treat=0, spar=mat_par) {
  p <- spar[index,]
  TP <- matrix(data=0,3,3)
  aux <- p["p1"]*(exp(p["logRR"])^treat)
  TP[1,2] <- aux*p["p2"]
  TP[1,3] <- aux*(1-p["p2"])
  TP[2,3] <- p["tp23"]
  diag(TP) <- 1-apply(TP,1,sum) # TPM diagonal

  trace <- matrix(data = NA, nrow = cycl+1, ncol = 3)
  trace[1,] <- c(1,0,0)
  for (i in 1:cycl){ trace[i+1,] <- trace[i,]%*%TP }
  hrqol[2]<- p["hrqol2"]
  co<- sum(trace[2:(cycl+1),] %*% (costs+c(2000,0,0)^treat))
  ef <- sum(trace[2:(cycl+1),] %*% hrqol)
  c(co,ef)
}
```



# Markov modelling in R

## PSA

```
NB <- function(x,l=20000) {if(is.vector(x)){x[2] - x[1]/l } else{x[,2] -  
x[,1]/l} }  
  
# run probabilistic model using a loop  
r.PSA <- matrix(NA, nrow=nPSA, ncol=2)  
for (i in 1:nPSA) {  
  r.PSA[i,] <- c(NB(model(index=i,treat=0)), NB(model(index=i,treat=1)))  
}  
  
# run probabilistic model using mapply  
aux<- rep(c(0,1),nPSA)  
PSA <- t(mapply(model, index=rep(1:nPSA,each=2), treat=aux))  
r.PSA <- NB(PSA); r.PSA <- as.data.frame(split(r.PSA, aux))  
  
colMeans(r.PSA) # NHB at £20.000/QALY  
sum(r.PSA[,2]>r.PSA[,1])/nPSA # probability treat 1 is cost-effective
```

# Expected value of perfect information, EVPI



How things could turn out	(Net) Health			Best we could do if we knew
	Treatment A	Treatment B	Best choice	
$\theta_1$	8	12	B	12
$\theta_2$	16	8	A	16
$\theta_3$	9	14	B	14
$\theta_4$	12	10	A	12
$\theta_5$	10	16	B	16
<b>Average</b>	<b>11</b>	<b>12</b>		<b>14</b>

What's the best we can do now?

Choose B

Expect 12 QALYs, gain 1 QALY

But uncertain

Wrong decision 2/5 times (error probability = 0.4)

Could we do better?

If we knew

Expect 14 QALYs

$$EVPI = E_{\theta} \max_j NB(j, \theta) - \max_j E_{\theta} NB(j, \theta) = 2 \text{ QALYs per patient}$$

# Is further evidence worth collecting?

## EVPI



- Value of eliminating uncertainty in all parameters
- Maximum return to research on the decision problem
- Comparing the population EVPI to the costs of research
- Comparing population EVPI across technologies, or subgroups

# Is further evidence worth collecting?

## EVPI



$$EVPI = E_{\theta} \max_j NB(j, \theta) - \max_j E_{\theta} NB(j, \theta)$$

$\theta$  is the vector of parameters in the model (joint probability distribution).

$j$  an option out of the set of possible decisions

$NB(j, \theta)$  is the net benefit for  $j$ ,  $\theta$ .

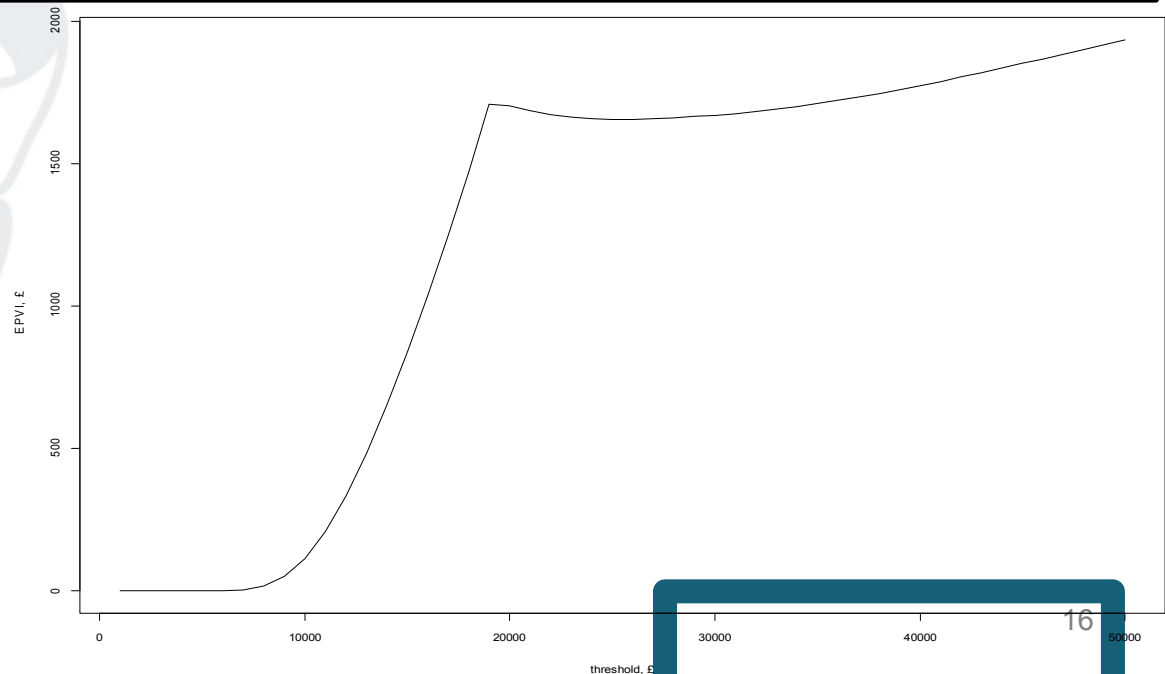
- $\max_j E_{\theta} NB(j, \theta)$  – evaluate average NB for each treat  $j$ , then choose max
- $E_{\theta} \max_j NB(j, \theta)$  – first choose max NB for every iteration, then average



# Markov modelling in R: EVPI

```
l.vector <- seq(1000,50000, by=1000) # range of threshold values
EVPI <- vector("numeric", length=length(l.vector))
for (k in 1:length(l.vector)) {
  nb <- NB(PSA, l=l.vector[k] ); nb <- as.data.frame(split(nb, aux))
  EVPI[k] <- mean(apply(nb,1,max)) - max(colMeans(nb))
}
```

$$EVPI = E_{\theta} \max_j NB(j, \theta) - \max_j E_{\theta} NB(j, \theta)$$





# What type of evidence? parameter EVPI

$$EVPI_{\theta_1} = E_{\theta_1} \max_j E_{\theta_2|\theta_1} NB(j, \theta_1, \theta_2) - \max_j E_{\theta} NB(j, \theta)$$

$\theta$  {  $\theta_1$  = parameter of interest  
 $\theta_2$  = other uncertainties,  
 $\theta_1$  and  $\theta_2$  may or may not be independent

- Value of eliminating uncertainty in a subset of input parameters
- Useful to identify which parameters responsible for decision uncertainty
- Helps target research designs



# Markov modelling in R

## EVPPI, $\theta_1$ and $\theta_2$ ind

```
# Using a loop for the outer and mapply for inner:
```

```
nEVPPI=500
```

```
p_EVPPI <- c("p1", "p2", "tp23")
```

```
E_aux <- matrix(NA, nrow=nEVPPI, ncol=2)
```

```
mat_aux <- mat_par
```

```
for (m in 1:nEVPPI) {
```

```
  mat_aux[,p_EVPPI] <- rep(mat_par[m,p_EVPPI], each=nPSA)
```

```
  re <- data.frame(t(mapply(model, index=rep(1:nPSA,each=2),  
treat=rep(c(0,1),nPSA), MoreArgs=list(spar=mat_aux))))
```

```
  re <- split(re,rep(c(0,1),nPSA))
```

```
  aux <- sapply(re,NB, l=20000)
```

```
  E_aux[m,] <- colMeans(aux)
```

```
}
```

```
mean(apply(E_aux,1,max)) - max(apply(E_aux,2,mean))
```

```
[1] "p1, p2, tp23 : 0.0014"
```

Outer loop

Inner loop

$$EVPI_{\theta_1} = E_{\theta_1} \max_j E_{\theta_2|\theta_1} NB(j, \theta_1, \theta_2) - \max_j E_{\theta} NB(j, \theta)$$



# Markov modelling in R

## EVPPI

```

fun_EVPPI <- function(p_EVPPI, nEVPPI=500){
  EVPPI <- matrix(NA, nrow=nEVPPI, ncol=2)
  mat_aux <- mat_par
  for (m in 1:nEVPPI) {
    mat_aux[,p_EVPPI] <- rep(mat_par[m,p_EVPPI], each=nPSA)
    re <- data.frame(t(mapply(model, index=rep(1:nPSA,each=2),
  treat=rep(c(0,1),nPSA), MoreArgs=list(spar=mat_aux))))
    re <- split(re,rep(c(0,1),nPSA))
    aux <- sapply(re,NB, l=20000)
    EVPPI[m,] <- colMeans(aux); colnames(EVPPI) <- names(re)
  }; return(list("EVPPI"=EVPPI,"param"=p_EVPPI))
}

param.lst.EVPPI <- list(colnames(mat_par)[1:3], "logRR","hrqol2")
EVPPI <- lapply(param.lst.EVPPI,fun_EVPPI)

a <- sapply(1:length(param.lst.EVPPI), function(i){
  mean(apply(EVPPI[[i]][["EVPPI"]],1,max)) - max(apply(EVPPI[[i]]
  ["EVPPI"],2,mean))
} )

```

Outer loop

Inner loop

```

[1] "p1, p2, tp2B : 0.0014"
[1] "logRR : 0.0000"
[1] "hrqol2 : 0"

```



# Conclusion: R vs. Excel

- Advantages

- Open source
- Can embed inference in decision modelling
- Script-based (calculations);
  - iterative and recursive easier to check
  - Transparency
- Code is re-usable
- Faster and more efficient

- Disadvantages

- No easy interface to check results
- Different people code differently (~ VBA code)
- Learning curve



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**Thank You!**

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