MACHINE LEARNING FOR HEALTHCARE 6.S897, HST.S53

Lecture 4: Fairness and bias

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Outline

- 1. Commercialization of risk scores in healthcare
- 2. ProPublica article on machine bias
- 3. Formalizing fairness

Area Under the Receiver Operating Curve (C-STATS)

HOSPITAL ADMISSIONS MODELS	IDN MODEL	NON-IDN MODEL
CONGESTIVE HEART FAILURE MODEL Training sample Avg of testing samples	0.757 0.739	0.742 0.708
CHRONIC OBSTRUCTIVE PULMONARY DISE Training sample Avg of testing samples	ASE MODEL 0.833 0.830	0.802 0.799
DIABETES MELLITUS MODEL Training sample Avg of testing samples	0.765 0.781	0.754 0.765
PEDIATRIC ASTHMA MODEL Training sample Avg of testing samples	0.784 0.761	0.739 0.716

NOTE: Models developed using data from over 30M patients (inclusive of all conditions). All models predict both initial admission and readmission, for both inpatient and emergency department. Pediatric asthma model also predicts observation visits.

Example commercial product 200 High-risk diabetes patients, likelihood of **COPD & CHF-related hospitalizations** NUMBER OF PATIENTS 150 100 50 0-79 (Least) 80-89 (Less) 90-94 (More) 95+ (Most) Likelihood of COPD-related hospitalization within 6 months categories [End of Data] Compare by likelihood of CHF-related hospitalization within 6 months categories [End of Data] 0–79 (Least) 80-89 (Less) 90–94 (More) 95+ (Most)

							Committee *
High-risk diabetes patients missing tests	# of A1c tests	# of LDL tests	Last A1c	Date of last A1c	Last LDL	Date of last LDL	
Patient 1	2	0	9.2	5/3/13	N/A	N/A	en Canno
Patient 2	2	0	8	1/30/13	N/A	N/A	1
Patient 3	0	0	N/A	N/A	N/A	N/A	.
Patient 4	0	2	N/A	N/A	133	8/9/13	
Patient 5	0	0	N/A	N/A	N/A	N/A	
Patient 6	0	1	N/A	N/A	115	7/16/13	Automa =
Patient 7	1	0	10.8	9/18/13	N/A	N/A	\$1998 D
Patient 8	0	0	N/A	N/A	N/A	N/A	-1
Patient 9	0	0	N/A	N/A	N/A	N/A	
Patient 10	0	0	N/A	N/A	N/A	N/A	
							=
	High-risk diabetes patients missing tests Patient 1 Patient 2 Patient 3 Patient 3 Patient 4 Patient 5 Patient 5 Patient 6 Patient 7 Patient 8 Patient 9 Patient 10	High-risk diabetes patients missing tests# of A1c testsPatient 12Patient 22Patient 30Patient 40Patient 50Patient 60Patient 71Patient 80Patient 90Patient 100	High-risk diabetes patients missing tests# of A1c tests# of LDL testsPatient 120Patient 220Patient 300Patient 402Patient 500Patient 601Patient 710Patient 900Patient 1000	High-risk diabetes patients missing tests# of A1c tests# of LDL testsLast A1cPatient 1209.2Patient 2208Patient 300N/APatient 402N/APatient 500N/APatient 6010N/APatient 71010.8Patient 800N/APatient 900N/A	High-risk diabetes patients missing tests# of A1c tests# of LDL testsLast A1cDate of last A1cPatient 1209.25/3/13Patient 22081/30/13Patient 300N/AN/APatient 402N/AN/APatient 5010.0N/AN/APatient 601N/AN/APatient 71010.89/18/13Patient 800N/AN/APatient 900N/AN/APatient 1000N/AN/A	High-risk diabetes patients missing tests# of A1c tests# of LDL testsLast A1cDate of last A1cLast LDLPatient 1209.25/3/13N/APatient 22081/30/13N/APatient 30N/AN/AN/AN/APatient 400N/AN/A133Patient 5010N/AN/AN/APatient 601N/AN/AN/APatient 71010.89/18/13N/APatient 90N/AN/AN/AN/APatient 900.1N/AN/AN/APatient 100N/AN/AN/A	High-risk diabetes patients missing tests# of A1c tests# of LDL testsLast A1cDate of



Score Calculation

Description	12m
Lower cost infectious disease	0.1725
CAD, heart failure, cardiomyopathy, II	0.3932
Endocrinology Specialty	0.1715
Cardiology Specialty	0.2840
If 2 A&E Attendances in last 3 month period	0.7340
If sum of Length of Stay less than 5 days in period	0.3645
Male aged between 45-54	0.9491
If greater than 3 first or follow-up Outpatient Attendances in last 3 month period	0.2930
Intercept	-5.4605
TOTAL (-Intercept)	-2.0987
Exp (TOTAL)	0.1092

Optum Whitepaper, "HealthNumerics-RISC Predictive Models: A Successful Approach to Risk Stratification"

ProPublica article



Machine Bias

There's software used across the country to predict future criminals. And it's biased against blacks.

by Julia Angwin, Jeff Larson, Surya Mattu and Lauren Kirchner, ProPublica May 23, 2016

Discussion points

- What are other areas of healthcare where we might be concerned with machine bias?
- What are the relevant protected groups?
- How do we measure bias if we don't observe the counterfactual?

Formalizing fairness

- Fairness through blindness
- Demographic parity / group fairness / statistical parity
- Calibration / predictive parity
- Error rate balance / equalized odds
- Individual fairness



 Score S=S(x) satisfies predictive parity at threshold s_{HR} if

$$\mathbb{P}(Y = 1 \mid S > s_{\text{HR}}, R = b) = \mathbb{P}(Y = 1 \mid S > s_{\text{HR}}, R = w)$$

where R is the protected attribute taking two states, *b* or *w*

 I.e., positive predictive value (PPV) same across groups

(Chouldechova, "Fair prediction with disparate impact",'17)

 Score S=S(x) satisfies error rate balance at threshold s_{HR} if

 $\mathbb{P}(S > s_{\text{HR}} \mid Y = 0, R = b) = \mathbb{P}(S > s_{\text{HR}} \mid Y = 0, R = w), \text{ and}$ $\mathbb{P}(S \le s_{\text{HR}} \mid Y = 1, R = b) = \mathbb{P}(S \le s_{\text{HR}} \mid Y = 1, R = w),$

where R is the protected attribute taking two states, *b* or *w*

(Chouldechova, "Fair prediction with disparate impact",'17)

• Northpointe score approximately satisfies predictive parity: $\mathbb{P}(Y = 1 | S > s_{HR}, R = b)$



• Northpointe score does *not* satisfy *error rate balance*: $\mathbb{P}(S \le s_{\mathrm{HR}} \mid Y = 1, R = w)$



• Northpointe score does *not* satisfy *error rate balance*: $\mathbb{P}(S > s_{HR} | Y = 0, R = w)$



Impossibility of satisfying all 3 criteria

Consider the following confusion matrix:

	Low-Risk	High-Risk
Y = 0	TN	FP
Y = 1	FN	TP

• Let p be the prevalence within a group. Then,

$$FPR = \frac{p}{1-p} \frac{1-PPV}{PPV} (1-FNR)$$

 If PPV is the same across groups but p is different across groups, FPR/(1-FNR) must also be different across groups

(Chouldechova, "Fair prediction with disparate impact", '17)

Non-Discrimination in Supervised Learning

- Formal setup:
 - Available features X (e.g. credit history, payment history, rent and house purchase history, number of dependents, driving record, employment record, education, etc)
 - Protected attribute A (e.g. race)
 - Prediction target Y (e.g. not defaulting on loan)
 - Learn predictor $\hat{Y}(X)$ or $\hat{Y}(X, A)$ for Y
- Learn based on training set $\{(x_i, a_i, y_i)\}_{i=1..m}$...but for now assume population distribution (X, A, Y) is known
- What does it mean for \widehat{Y} to be non-discriminatory?

Demographic Parity

- Require the same fraction of $\hat{Y} = 1$ decisions in each population
 - If 70% of whites get loans, then also 70% of blacks should
- Can be stated as: $\hat{Y} \perp A$

Problems:

- What if true *Y* correlates with *A*?
- Even $\hat{Y} = Y$ (if we could somehow predict it perfectly) doesn't satisfy requirement
 - e.g. giving loans exactly to those that won't default
- Also too weak: doesn't control different error rate
 - e.g. allows giving loans to qualified A = 0 people and random A = 1 people
- Typical relaxation (with some legal standing), "The 80% Rule": $P(\hat{Y} = 1 | A = 1) \le 0.80 \cdot P(\hat{Y} = 1 | A = 0)$

Suggested Notion: Equalized Odds $\hat{Y} \perp A | Y$ $\hat{Y} - Y - A$

- Prediction does not provide any additional information about A beyond what the truth Y already tells us on A
- The perfect predictor, $\hat{Y} = Y$, always satisfies equalized odds
- Compared to demographic parity: $P(\hat{Y}|Y = y, A = a) = P(\hat{Y}|Y = y, A = a')$
- Having $\hat{Y} \perp A$ is *not* sufficient for equalized odds

Ensuring Equalized Odds

• Given (possibly unfair) predictor $\hat{Y}(X)$ or $\hat{Y}(X, A)$, and knowledge of $\mathcal{D}(Y, X, A, \hat{Y}(X, A))$ create (possibly randomized) $\tilde{Y}(\hat{Y}, A)$ satisfying equalized odds

Focusing on binary $Y, \hat{Y}, A \in \{0, 1\}$:

• Can set four parameters:

$$P(\tilde{Y} = 1 | \hat{Y} = 0, A = 0), P(\tilde{Y} = 1 | \hat{Y} = 1, A = 0),$$

$$P(\tilde{Y} = 1 | \hat{Y} = 0, A = 1), P(\tilde{Y} = 1 | \hat{Y} = 1, A = 1)$$

• Need to satisfy two linear constraints:

$$P(\tilde{Y} = 1 | Y = 1, A = 0) = P(\tilde{Y} = 1 | Y = 1, A = 1)$$
 True Pos. Rate
 $P(\tilde{Y} = 1 | Y = 0, A = 0) = P(\tilde{Y} = 1 | Y = 0, A = 1)$ False Pos. Rate

→ Optimize $\mathbb{E}[loss(\tilde{Y}; Y)]$ using Linear Programming

Ensuring Equalized Odds



Optimal $\tilde{Y}(\hat{Y}, A)$ is either constant or:

- For A = 1 flip from $\hat{Y} = 0$ to $\tilde{Y} = 1$ with prob p
- For A = 0 flip from $\hat{Y} = 1$ to $\tilde{Y} = 0$ with prob q (or the other way around)

Post-Hoc Correction Not Optimal

Example due to Blake Woodworth



• Optimal unconstrained classifier: $\hat{Y}(X_1, X_2) = X_1$

• error =
$$P(\hat{Y} \neq Y) = 1\%$$

- Equalized odds derived from Ŷ, A (not learning from features again) must be independent of Y
 → error = ¹/₂
- Optimal equalized odds predictor : $\hat{Y}(X_1, X_2, A) = X_2$ \Rightarrow error = 1.01%

Learning Fair Representations

Zemel, Yu, Swersky, Pitassi, Dwork ICML, 2013

- Generalizes to new data: learn general mapping, applies to any individual
- Mapping should satisfy fairness criteria, vendor utility
- Learn prototypes, distances
- Use fair representation for additional classification tasks (transfer learning)
- Working example: dataset of bank loan decisions, protected group (S+) is women

Model Overview



Aims for Z:

- Lose information about S Group Fairness/Statistical Parity: P(Z|S=0) = P(Z|S=1)
- 2. Preserve information so vendor can max utility

Maximize MI(Z, Y); Minimize MI(Z, S)