

# Using causal machine learning to explore heterogeneous responses to policies



**Noemi Kreif, PhD**

Research Fellow

Centre for Health Economics

University of York, UK

**RSS Interpretable Machine Learning & Causal Inference Workshop**  
**15/12/2020**

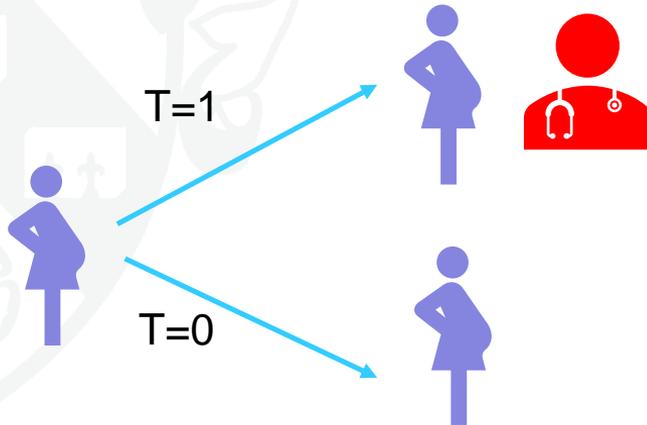
# Outline

**Objective:** to demonstrate how causal machine learning can support research in health policy evaluation

- **Target:** estimating heterogeneous policy effects
- **Method:** “Causal Forests” (Athey et al. 2019)
- **Application:** evaluation of the impact of public health insurance on maternal health care utilisation in Indonesia

# Motivation

- Most questions in the health and social sciences are of **causal** nature
  - Did a new a cancer drug improve survival of patients?
  - Did introducing sugar tax reduce obesity?
  - Did introducing universal health insurance improve access to health care ?



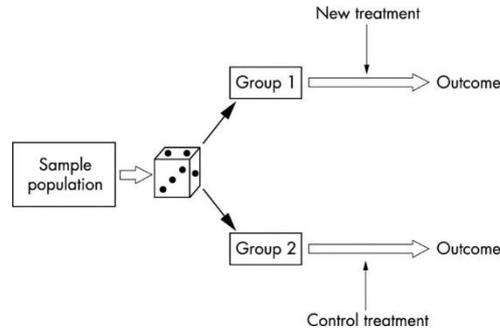
Ideally want to compare outcome in two worlds, one of which is counterfactual

**“fundamental problem of causal inference”**

# Motivation

- How we tend to address the fundamental problem of causal inference?

**– Randomise!**



The 2019 Nobel Memorial Prize in Economic Sciences was awarded to Abhijit Banerjee, Esther Duflo, and Michael Kremer “for their experimental approach to alleviating global poverty.”

# The research questions

- How we tend to address the fundamental problem of causal inference in observational studies?

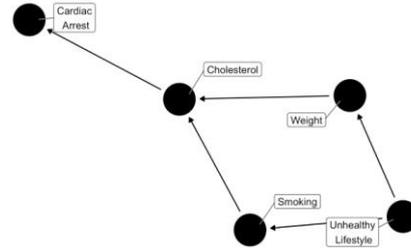
## – Make (untestable) assumptions!

- Using external knowledge, theory

+

## – Fit statistical models

- E.g. to adjust for differences between treated and control populations



essentially,  
all models are wrong,  
but some are useful

George E. P. Box



# Motivation

- Because of these challenges, policy evaluations often stop at *average* effects
- Policy maker needs information on heterogeneity in the treatment effects, to answer question such as
  - Did the policy work for a given group?
  - Who were the (relative) winners and losers?
  - How could the design of future programmes be improved?
- Pre-specified subgroup analysis restrictive...
  - Non-randomised evaluations rarely pre-specified -> “cherry picking”
  - Can use the data to learn about what drives differential responses to a policy
  - Requires flexible approaches -> Machine learning can help?
  - Recently a very **active area of methodological research** in causal inference (vanDerWeele et al. 2019, Kunzel et al. 2019, Athey, Wager et al 2019, etc...)

# Case study: the heterogeneous impacts of health insurance

Gradual expansion of Health insurance in Indonesia

- **Contributory** health insurance since the 1970s
- **Subsidised health insurance** for the poor since the 1990a
- 20% of population still uninsured

Questions:

- 1) Does health insurance improve access to health services on average?
- 2) Which type of health insurance worked better
- 3) How do these impacts vary among populations subgroups?

- poor versus rich
  - high versus low educated
  - rural versus urban
  - Other dimensions?
- 
- Data: Survey of ~10,000 births: health insurance (treatment), and skilled birth attendance (outcome) information, ~50 covariates



# Methods: potential outcomes and causal estimands

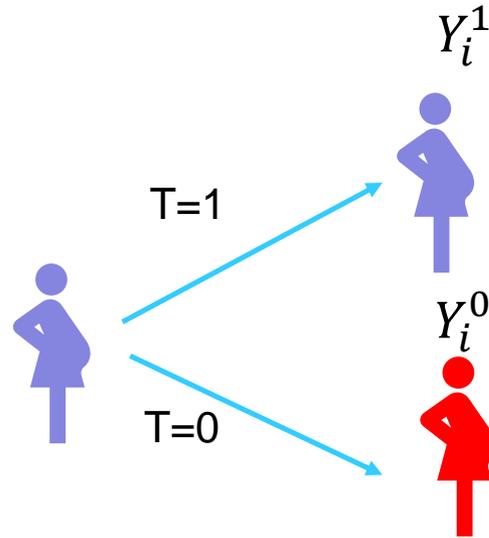
Potential  
outcomes

$$Y^1 = Y$$

$$Y^0 = ?$$

Giving birth assisted by a professional

- if insured
- **uninsured**



Individual level  
causal effect

$$Y_i^1 - Y_i^0$$

# Methods: potential outcomes and causal estimands

Potential  
outcomes

$$Y^1 = Y$$
$$Y^0 = ?$$



Causal estimand

(involves  
counterfactuals)

e.g. ATE

$$E[Y^1 - Y^0]$$

Average treatment effect

- Average benefit from **everyone** having insurance **vs. no one** having it

# Methods: potential outcomes and causal estimands

Potential  
outcomes

$$Y^1 = Y$$
$$Y^0 = ?$$



Causal estimand

(involves  
counterfactuals)

e.g. ATT

$$E[Y^1 - Y^0 | W = 1]$$

Average treatment effect **among the treated** (ATT)

- How much those who had health insurance have benefitted?

# Methods: potential outcomes and causal estimands

Potential  
outcomes

$$Y^1 = Y$$
$$Y^0 = ?$$



Causal estimand

(involves  
counterfactuals)

e.g. ATC

$$E[Y^1 - Y^0 | W = 0]$$

Average treatment effect **among the controls** (ATC)

- How much those who did not have health insurance would have benefitted from having insurance?

# Methods: potential outcomes and causal estimands

Potential  
outcomes

$$Y^1 = Y$$

$$Y^0 = ?$$



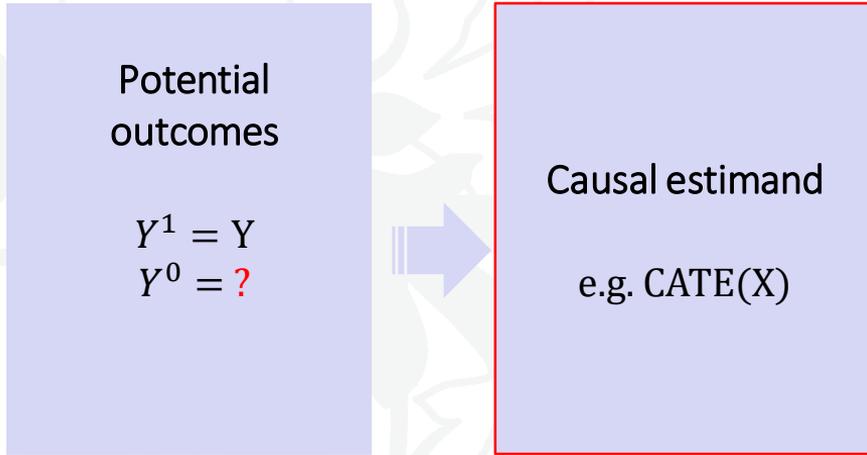
Causal estimand

e.g. CATE(X)

Conditional average treatment effect (CATE) function:

$$\tau(x) = E[Y_i(1) - Y_i(0) | X_i = x]$$

# Methods: potential outcomes and causal estimands



Conditional average treatment effect (CATE) function:

$$\tau(x) = E[Y_i(1) - Y_i(0) | X_i = x]$$

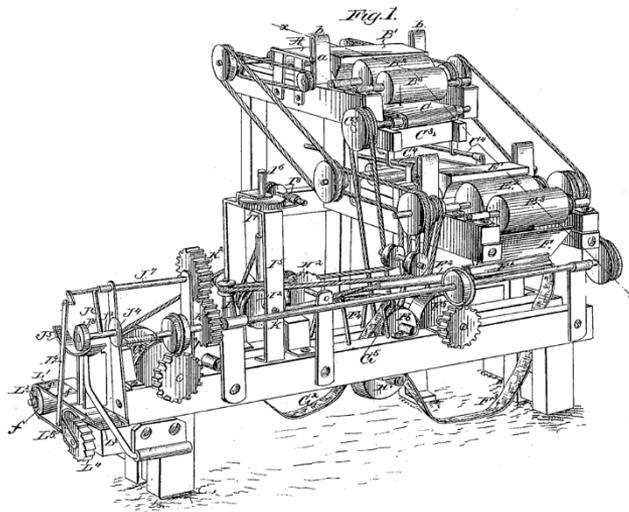
- e.g. Pre-specified subgroups of interest: wealth (quintiles), education, rural status
- High dimensional if many (multi-valued, continuous)  $X_s$  -> challenge

# The CATE estimand

Woman's characteristics

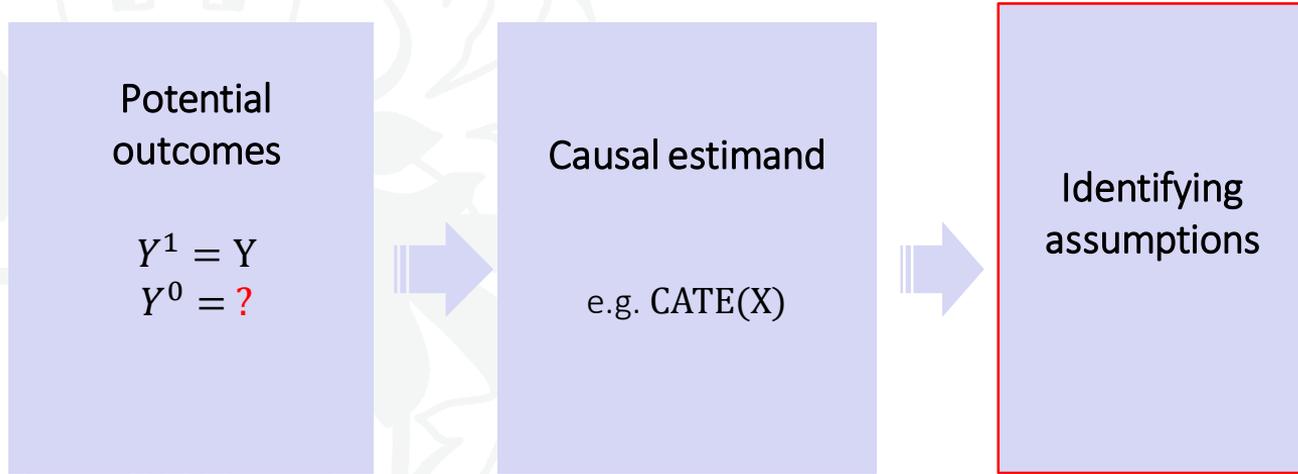


- Age
- Wealth
- Education
- Region
- Birth order
- Etc.



Predicted,  
individual  
specific gain  
from **having**  
**health**  
**insurance**

# Methods: potential outcomes and causal estimands



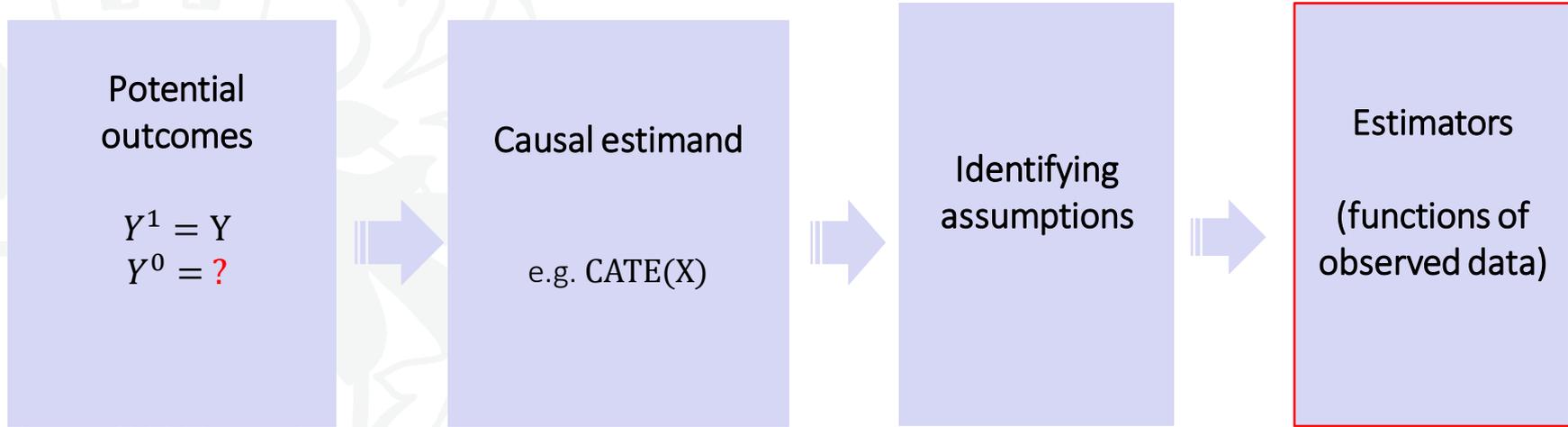
- No unmeasured confounders

$$Y^1, Y^0 \perp W \mid X$$

**X**: demographic, socioeconomic variables, availability of health services in community, birth year and province indicators

- Overlap (no characteristics perfectly predict insurance status)

# Methods: potential outcomes and causal estimands



- Many estimators of average treatment effects aim to adjust for  $x$  covariates
  - Regression, propensity score methods, double-robust methods
  - Machine learning has been playing an increasing role **in the construction of estimators of treatment effects**

# “Causal Machine learning” combines key strengths of the two fields

	<b>Machine learning for prediction</b>	<b>Causal inference</b>
Can we observe the “ground truth”?	Yes	No (“fundamental problem of causal inference) -assumptions
Inference (standard errors)	Not a priority	Priority/well developed
Model selection	Transparent Data adaptive	Based on “theory” (?) Can be subjective

# Causal Machine learning

- (1) ML for variable selection for confounding adjustment (e.g. double-lasso Belloni et al. 2014)
- (2) ML to estimate “nuisance parameters” (propensity scores, regression functions)
  - targeted learning (van der Laan and Rose, 2011), **double/debiased machine learning** (Chernozhukov et al, 2018)
- (3) **Modify loss function ML algorithms to minimise bias in causal parameters of interest**
  - E.g. Causal Forests (Athey et al. 2019), R-learning (Nie and Wager, 2017)

# Causal Forest to estimate CATEs

(Nie and Wager 2017, Athey et al. 2019)

Motivation: partially linear model

$$Y_i = f(X_i) + W_i\tau + \varepsilon_i$$

for now assume  $\tau$  homogenous

residualise  $Y_i$  and  $W_i$

$$W_i^{res} = W_i - p(X_i) \quad \text{where } p(X_i) = E[W_i | X_i] \quad (\text{the propensity score})$$

$$Y_i^{res} = Y_i - m(X_i) \quad \text{where } m(X_i) = E[Y_i | X_i]$$

- Nuisance parameters  $p(X_i)$  and  $m(X_i)$  estimated by machine learning

# Causal Forest to estimate CATEs

(Nie and Wager 2017, Athey et al. 2019)

$\tau$  can be estimated from the simple linear regression

$$Y_i^{res} = \tau W_i^{res} + \varepsilon_i \quad \rightarrow \quad \hat{\tau} = \frac{\sum\{W_i - E[W_i|X_i]\}\{Y_i - E[Y_i|X_i]\}}{\sum\{W_i - E[W_i|X_i]\}^2}$$

- Consistent, asymptotically linear
- Cross-fitting allows for the use of a wide range of ML algorithms

Double/debiased machine learning estimator described in Chernozhukov et al. 2018

# Causal Forest to estimate CATEs

(Nie and Wager 2017, Athey et al. 2019)

Extension of the partially linear model:

$$Y_i = f(X_i) + W_i \tau(X) + \varepsilon_i$$

$\tau(X)$  heterogenous

$\tau$  can be estimated from the simple linear regression in a small neighbourhood  $N(X)$

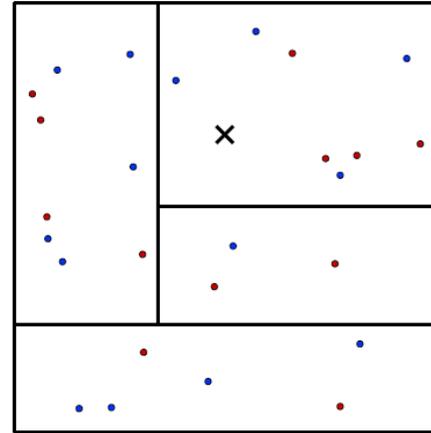
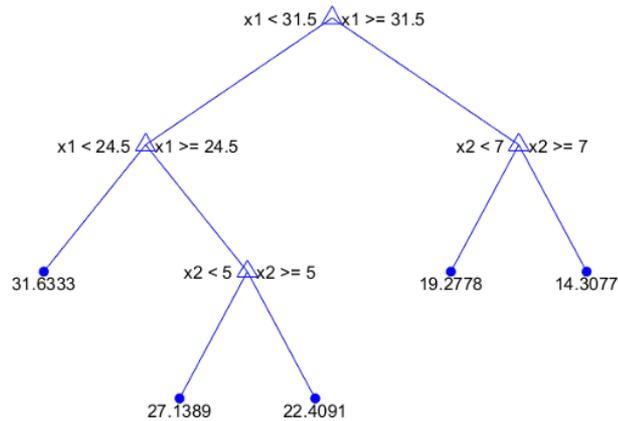
$$Y_i^{res} = \tau(X) W_i^{res} + \varepsilon_i \quad \rightarrow \quad \widehat{\tau(X)} = \frac{\sum\{W_i - E[W_i|X_i]\}\{Y_i - E[Y_i|X_i]\}}{\sum\{W_i - E[W_i|X_i]\}^2}$$

sums over  $x \in N(x)$

**How to choose  $N(X)$ ?**

Using an approach based on random forests -> **Causal Forest**

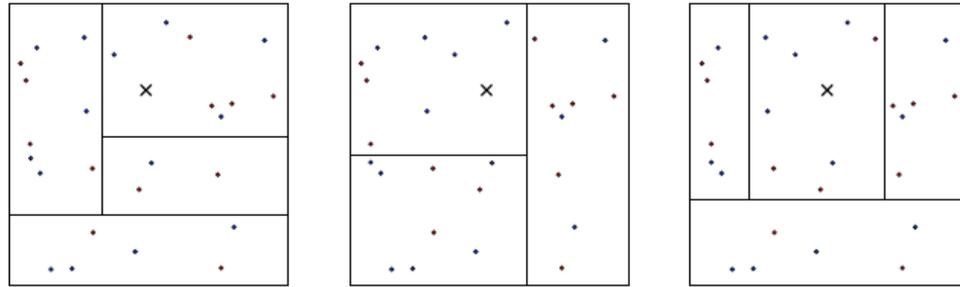
# Random forests for prediction (Breiman 2001)



**Regression tree** predicts the outcome of observation with  $X$  covariates based on average outcomes in a “leaf” of a tree, with similar  $X$ es

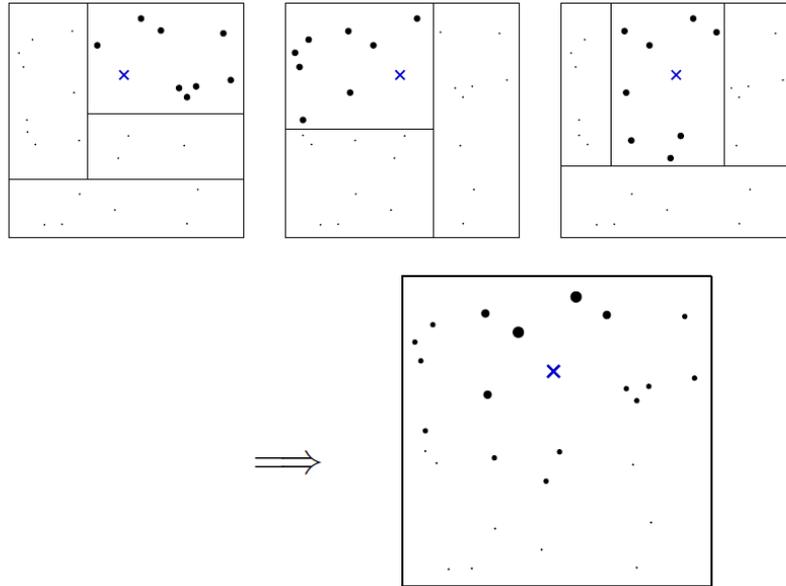
Tree structure (partitions) selected to minimise root mean squared prediction error (RMSE), in a new sample

# Random forests for prediction (Breiman 2001)



- To improve estimation performance, many trees built, on subsamples of the data and subsets of the covariates

# Random forests for prediction (Breiman 2001)



Combine trees into a forest:

“Neighbouring observations” get different weights in the final predictions, based on the frequency they have been selected to be on the same leaf as X

# Causal Forests for CATEs

(Wager and Athey 2018, Athey et al. 2019)

- Causal Forests modify the splitting criterion of random forest to maximise the treatment effect heterogeneity as opposed to minimising prediction RMSE
- “Causal Tree”
  - Treatment effects estimated on a partitions of the data (Im yres ~ wres)
  - Choose splits to maximise differences between estimated  $\tau$
- Do this many times -> **Causal Forest**
  - Save weights  $\alpha_i(X)$ : how often observation  $i$  was used to estimate treatment effect at  $X$

# Causal Forests for CATEs

(Wager and Athey 2018, Athey et al. 2019)

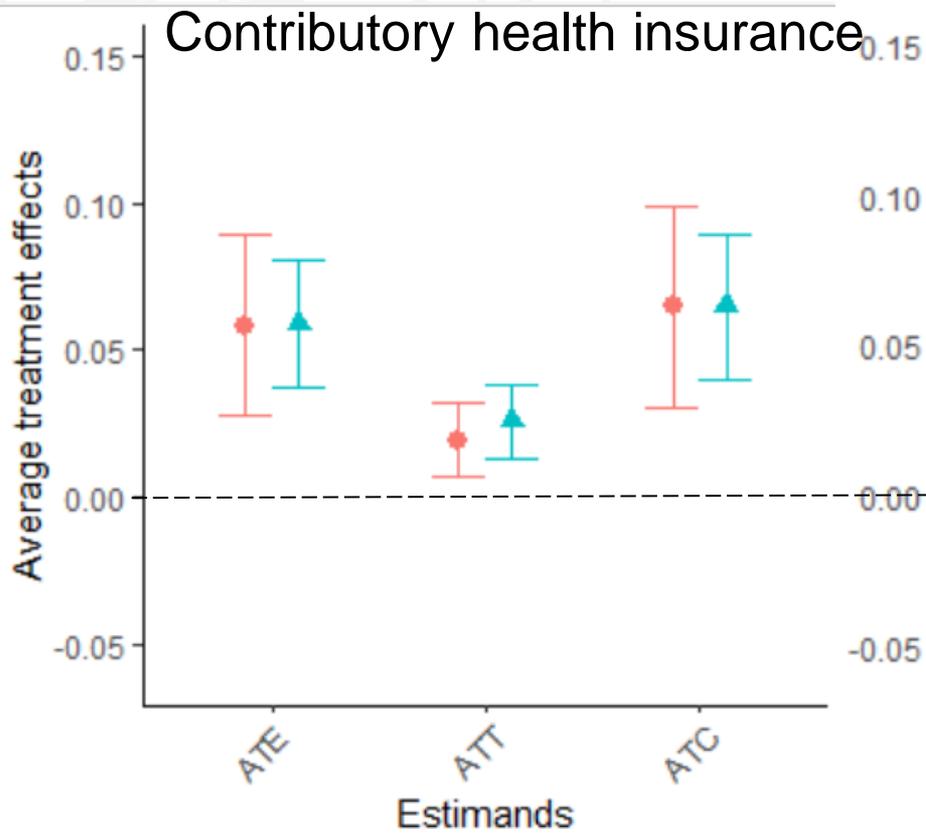
- Weights “plugged in” the residual on residual regression, resulting in

$$\widehat{\tau}(X) = \frac{\sum \alpha_i(X) \{W_i - E[W_i|X_i]\} \{Y_i - E[Y_i|X_i]\}}{\sum \alpha_i(X) \{W_i - E[W_i|X_i]\}^2}$$

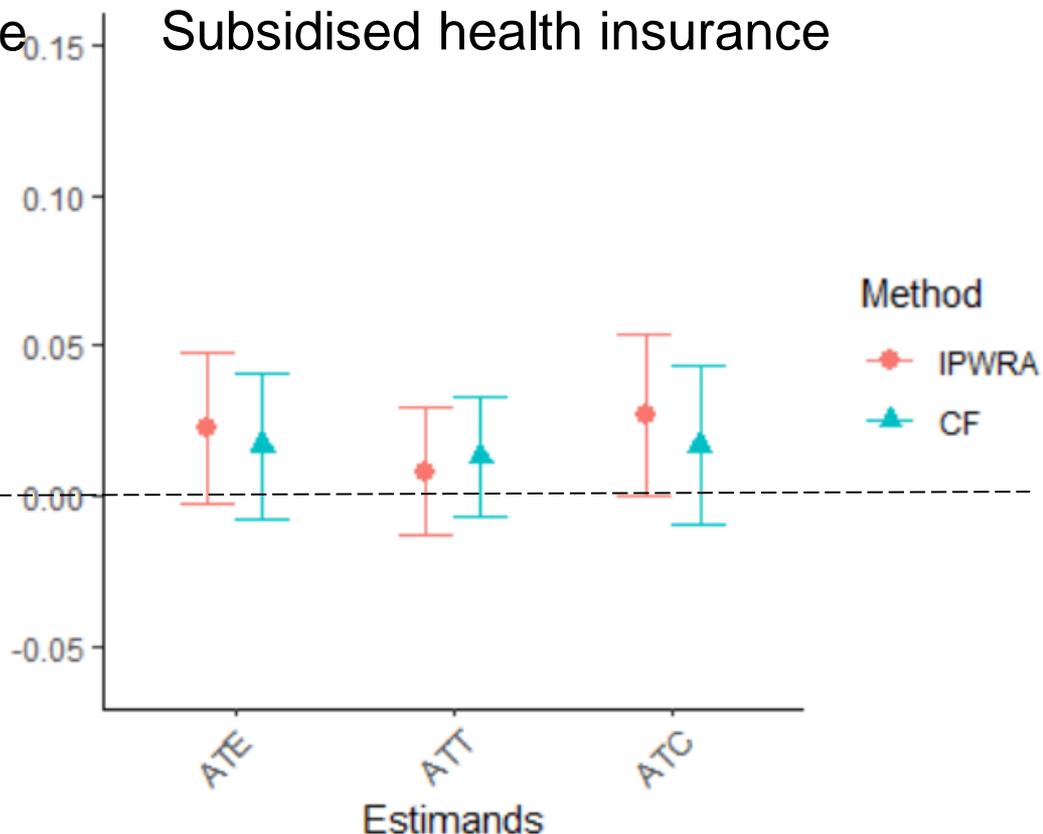
- Asymptotic normality of estimator, inference based on resampling from forests

# Average treatment effects: traditional and ML methods give similar results

## Contributory health insurance



## Subsidised health insurance



# Results: variable importance from the Causal Forests

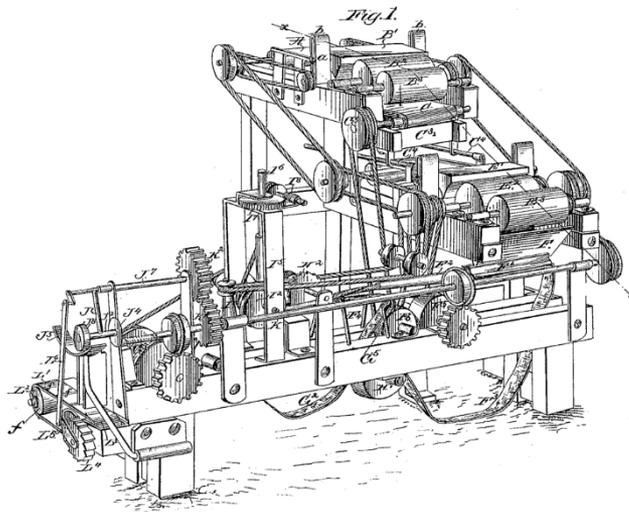
	Subsidised HI		Contributory HI	
Ranking	Variable importance measure	Variable	Variable importance	Variable
1	0.126	Birth order >=3	0.127	Province East Java
2	0.085	Birth year 2012	0.123	Higher education
3	0.084	Age >=31	0.083	Wealth quantile 4
4	0.075	Past covariates imputed	0.069	Province South Kalimantan
5	0.066	Cash transfer	0.066	Rural community
6	0.065	Poor card	0.060	Wealth quantile 5
7	0.063	Birth year 2014	0.055	Province West Sumatra
8	0.062	Birth order =2	0.049	Private practice in community
9	0.054	Province West Nusa Tenggara	0.048	Senior education
10	0.046	Natural disaster	0.045	Province Banten

# The CATE estimand

Woman's characteristics

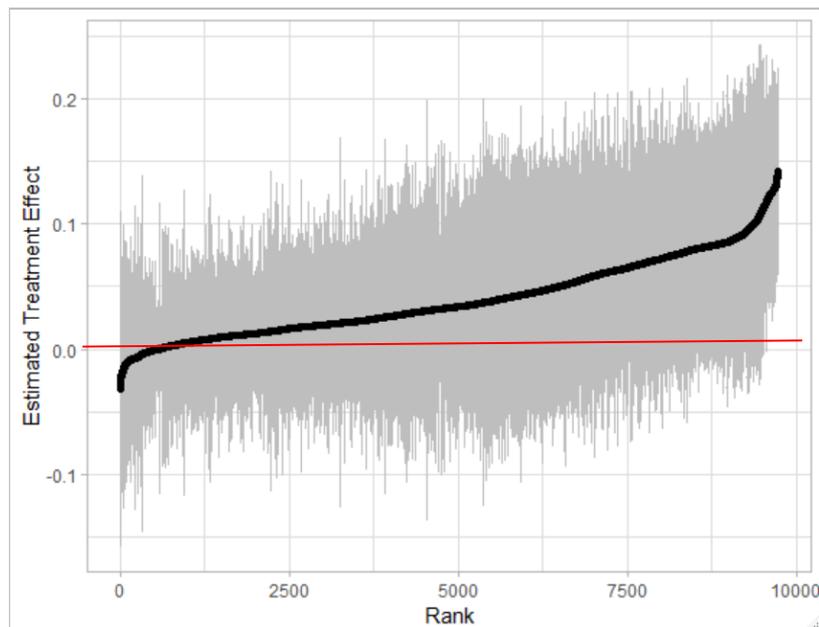
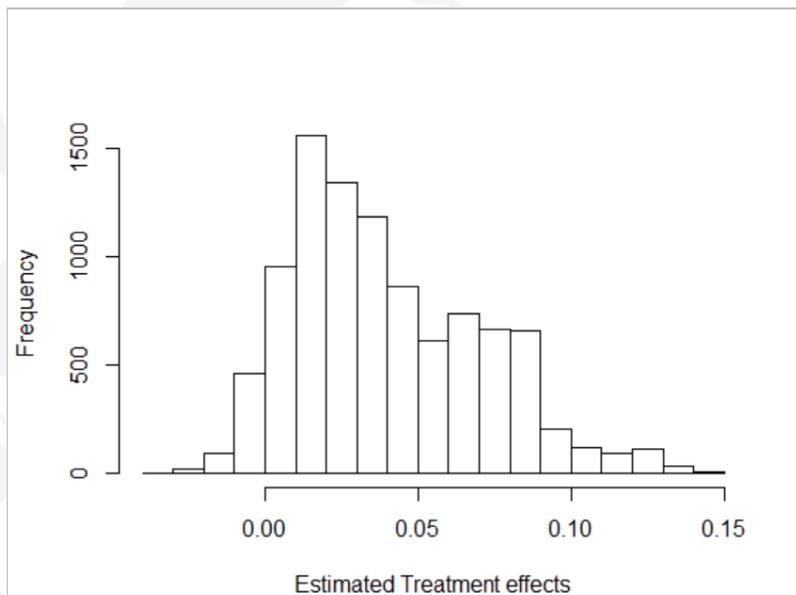


- Age
- Wealth
- Education
- Region
- Birth order
- Etc.



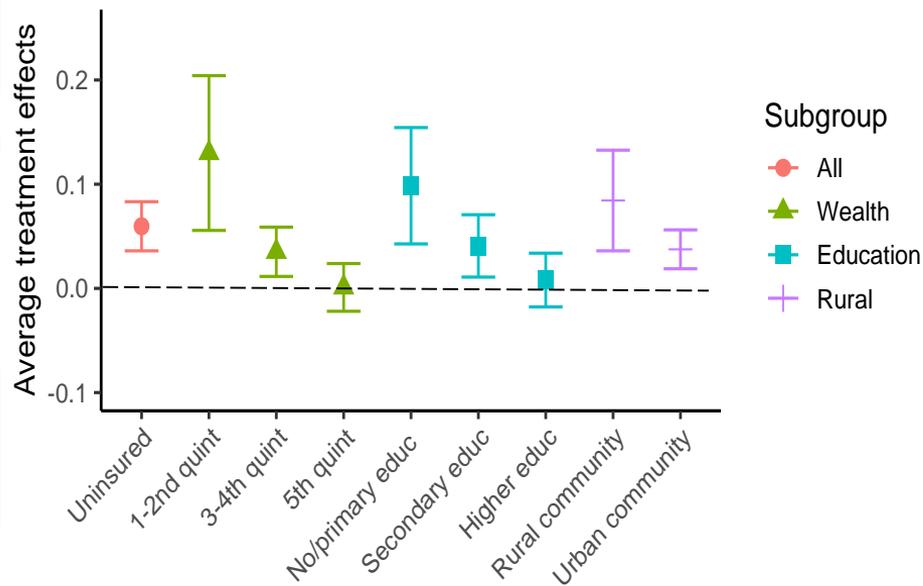
Predicted individual specific gain from **having health insurance**

# Distribution of estimated individual level treatment effects from CF (**contributory** health insurance)

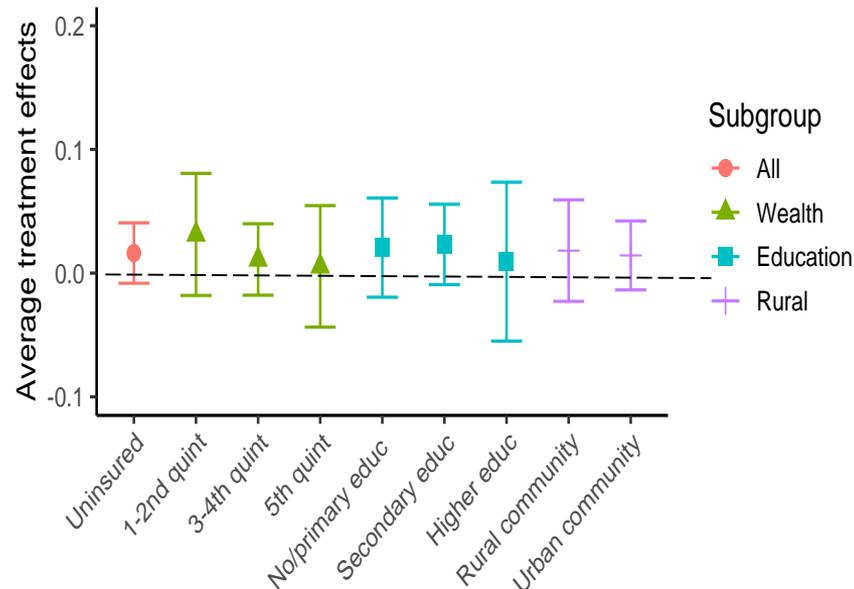


# Pre-specified subgroups CATCs from causal forests

## Contributory health insurance

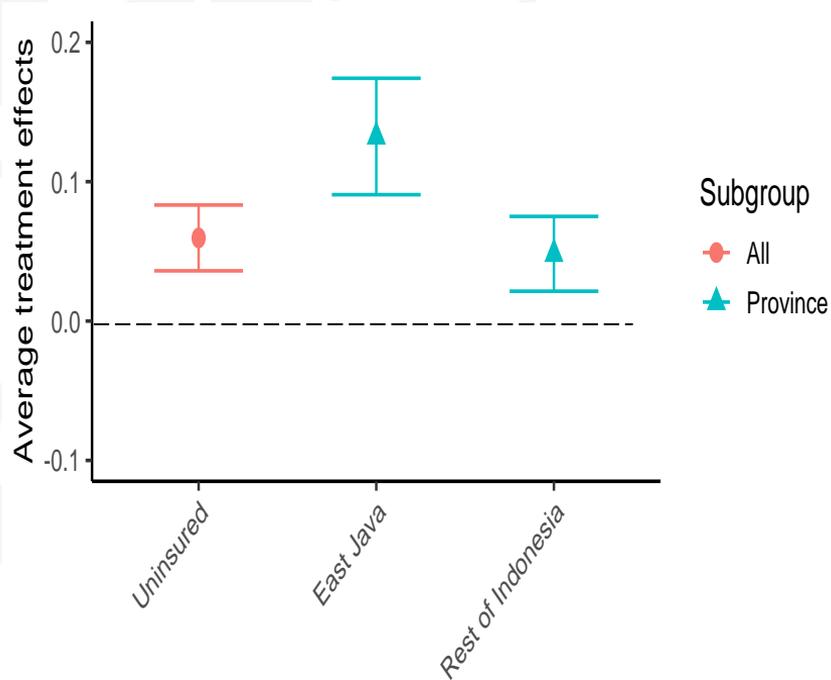


## Subsidised health insurance

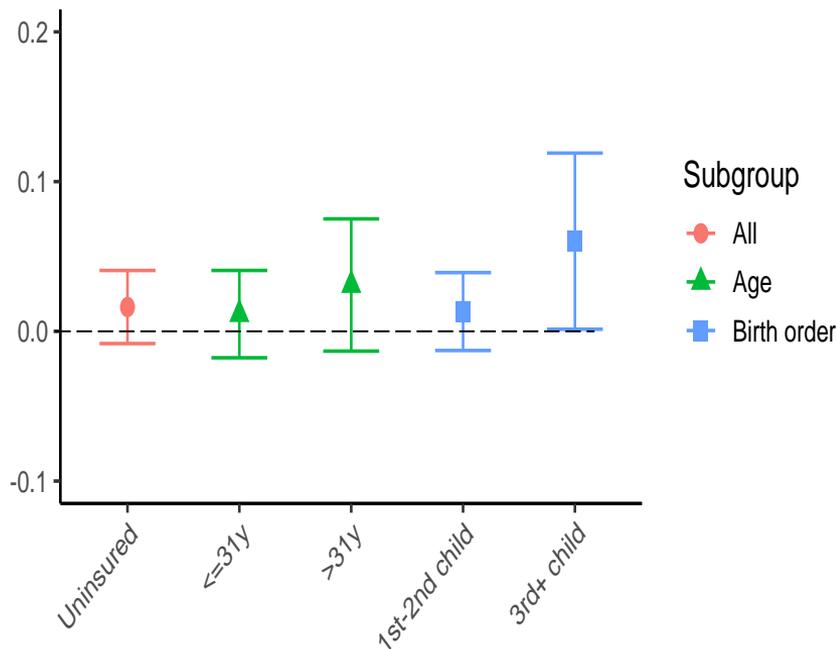


# (Some) “Discovered” subgroups CATCs from causal forests

## Contributory health insurance

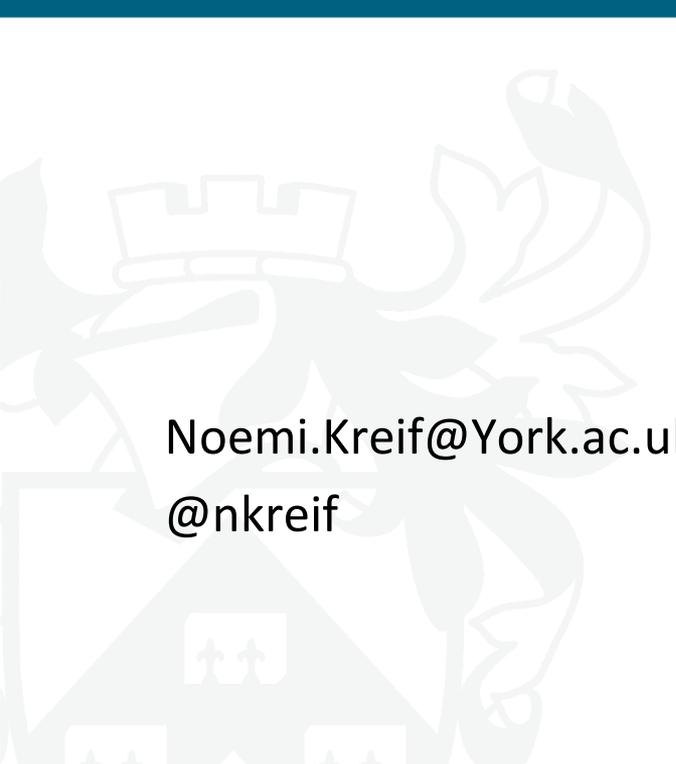


## Subsidised health insurance



# Discussion

- Crucial developments in linking ML and causal inference frameworks in health and social sciences
- Causal ML can help learning about treatment effect heterogeneity
- For Indonesian health insurance expansion CF uncovers heterogeneity in treatment effects, for contributory HI (pro poor)
- Null results of subsidised HI can be explained by not effective HI (due to supply side constraints)
- Future avenues: learn optimal policy allocation rules, respecting constraints
- Challenge in health and social sciences: strong assumptions of no unobserved confounding
  - ML developed for instrumental variable estimation and panel data settings



Noemi.Kreif@York.ac.uk  
@nkreif



New Investigator Research Grant: “Tailoring health policies to improve outcomes using machine learning, causal inference and operations research methods”

**Who Benefits from Health insurance?  
Uncovering Heterogeneous Policy Impacts Using Causal Machine Learning**

Noemi Kreif, Andrew Mirelman,  
Rodrigo Moreno-Serra, Taufik Hidayat,  
Karla DiazOrdaz, Marc Suhrcke

**CHE Research Paper 173**

# References

- VanderWeele TJ, Luedtke AR, van der Laan MJ, Kessler RC. Selecting optimal subgroups for treatment using many covariates. *Epidemiology*. 2019 May 1;30(3):334-41.
- Athey S, Tibshirani J, Wager S. Generalized random forests. *The Annals of Statistics*. 2019;47(2):1148-78
- Luedtke AR, Van Der Laan MJ. Statistical inference for the mean outcome under a possibly non-unique optimal treatment strategy. *Annals of statistics*. 2016 Apr;44(2):713.
- Chernozhukov V, Demirer M, Duflo E, Fernandez-Val I. Generic machine learning inference on heterogeneous treatment effects in randomized experiments. *National Bureau of Economic Research*; 2018 Jun 7.
- Athey S, Wager S. Estimating Treatment Effects with Causal Forests: An Application. *arXiv preprint arXiv:1902.07409*. 2019 Feb 20.
- Wager S, Athey S. Estimation and inference of heterogeneous treatment effects using random forests. *Journal of the American Statistical Association*. 2018 Jul 3;113(523):1228-42.

# References

1. Nie X and Wager S. Quasi-oracle estimation of heterogeneous treatment effects. arXiv preprint arXiv:1712.04912 , 2017.
2. Chernozhukov V, Chetverikov D, Demirer M, Duflo E, Hansen C, Newey W, Robins J. Double/debiased machine learning for treatment and structural parameters. *The Econometrics Journal*, Volume 21, Issue 1, 1 February 2018, Pages C1–C68
3. Athey S, Tibshirani J, Wager S. Generalized random forests. *The Annals of Statistics*. 2019;47(2):1148-78
4. Künzel, Sören R., et al. "Metalearners for estimating heterogeneous treatment effects using machine learning." *Proceedings of the national academy of sciences* 116.10 (2019): 4156-4165.
5. Belloni A, Chernozhukov V, Hansen C. Inference on treatment effects after selection among high-dimensional controls. *The Review of Economic Studies*. 2014 Apr 1;81(2):608-50.

# Tuning parameters

Tuning parameter	grf package argument in <code>causal_forest()</code> function	Values (subsidised HI analysis)	Values (contributory HI analysis)
Fraction of the data used to build each tree	<code>sample.fraction</code>	0.472	0.500
Number of variables tried for each split	<code>mtry</code>	21	21
Minimum number of observations in each tree leaf	<code>min.node.size</code>	1	5
The fraction of data used for determining splits	<code>honesty.fraction</code>	0.620	0.500
Prunes the estimation sample tree such that no leaves are empty	<code>honesty.prune.leaves</code>	TRUE	TRUE
Maximum imbalance of a split	<code>alpha</code>	0.091	0.05
Controls how harshly imbalanced splits are penalized	<code>Imbalance.penalty</code>	0.061	0