Population allocation of scarce binary treatments Estimands for Settings with Limited Resources

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Motivation

Clinical and public health decision makers commonly contend with the challenge of resource limitations.



Motivation

Likewise, resource constraints present special challenges for causal inference:

Special challenge 1: Causal connections between patients



Implication: iid implausible in most settings with limited resources

Motivation

Likewise, resource constraints present special challenges for causal inference:

Special challenge 1: Causal connections between patients

Special challenge 2: Counterfactual regimes depend on features of all patients

Color Code and Level of Access	Assessment of Mortality Risk/Organ Failure
Blue No ventilator provided. Use alternative forms of medical intervention and/or palliative care or discharge. Reassess if ventilators become available.	Exclusion criterion OR SOFA > 11
Red Highest Use ventilators as available	SOFA < 7 OR Single organ failure ²
Yellow Intermediate Use ventilators as available	SOFA 8 – 11
Green Use alternative forms of medical intervention or defer or discharge. Reassess as needed.	No significant organ failure AND/OR No requirement for lifesaving resources

Table 9-11: Allocation of Livers from Non-DCD Deceased Donors at Least 18 Years Old and Less than 70 Years Old

Classification	Candidates with a MELD or PELD score of at least	And registered at a transplant hospital that is at or within this distance from a donor hospital	Donor blood type	Candidate blood type
1	Status 1A	SCONM	Any	Any
2	Status 1B	500NM	Any	Any
3	Status 1A	2,400NM and candidate is registered in Hawaii or 1,100NM and candidate is registered in Puerto Rico	Any	Any
4	Status 18	2,400NM and candidate is registered in Hawaii or 1,100NM and candidate is registered in Puerto Rico	Any	Any
5	37	150NM	0	O or B
6	37	150NM	Non-O	Any
7	37	250NM	0	O or B
8	37	250NM	Non-O	Any
9	37	500NM	0	O or B
10	37	SOONM	Non-O	Any

Implication: Individualized dynamic treatment rules are insufficient

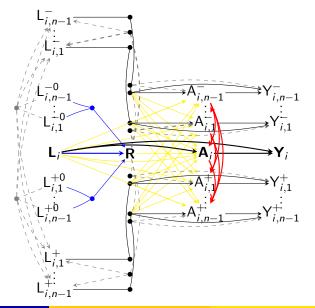
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Implication of limited resource settings require modifications to our usual approaches to recover the familiar and useful elements in our toolbox

	Usual	Modified
Unit of superpop.	Patient	Cluster (of patients)
# of obs. <u>units</u>	n	1
Relation btw units	iid	iid
# of obs. patients	n	n
Relation btw patients	iid	causal cnxs. ¹

1 With regularity conditions weaker than iid

Principles of Approach

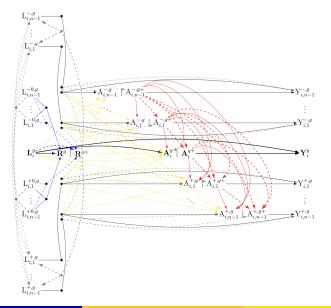


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		$\{\mathcal{L}\}^n \mapsto S(\{0,\ldots,n\})$

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Example Estimand	$\mathbb{E}[Y^g]$	$\mathbb{E}[\frac{1}{n}\sum_{i=1}^{n}Y_{i}^{g}]$

$$\frac{1}{n}\sum_{i=1}^{n}Y_{i}^{g}: \qquad \text{ Cluster av}$$

√ith regularity conditions weaker than iid Cluster average outcome

Theorem

Under Model \mathcal{M} (conditions in supp.), $\mathbb{E}[\frac{1}{n}\sum_{i=1}^{n}Y_{i}^{g}]$ is identified by

$$\Psi_n^g = \sum_{a_i \in \{0,1\}, \mathcal{L}_i} Q_Y(1, a_i, l_i) g_n^*(a_i, l_i) Q_L(l_i),$$

where $g_n^*(a_i, l_i)$ is identified from the observed data by

$$g_n^*(a_i, l_i) = \sum_{\mathcal{P}_L(l_i)} g_{n, \mathbb{I} = \{\mathbb{I}_{n-1}, l_i\}}^*(a_i, l_i) P(\mathbb{L}_{n-1} = \mathbb{I}_{n-1}),$$

Theorem

(cont.) and

$$g_{n,\mathbb{I}_n}^*(1,l_i) = \begin{cases} \frac{\kappa_n - nP_{n,\mathbb{I}_n}^*(\Lambda(L_i) > \omega_{n,\mathbb{I}_n})}{nP_{n,\mathbb{I}_n}^*(\Lambda(L_i) = \omega_{n,\mathbb{I}_n})}, & : \Lambda(l_i) = \omega_{n,\mathbb{I}_n}, \\ I(\Lambda(l_i) > \omega_{n,\mathbb{I}_n}), & : otherwise, \end{cases}$$

where

$$\omega_{n,\mathbb{I}_n}\inf\{c\in\mathbb{R}:nP^*_{n,\mathbb{I}_n}(\Lambda(L_i)>c)\leq\kappa_n\},\$$

- Approach introduced here presents opportunities to expand the scope of causal questions we seek to answer
- Bolder estimands for a complex social world
- Stay tuned for a series of forthcoming papers

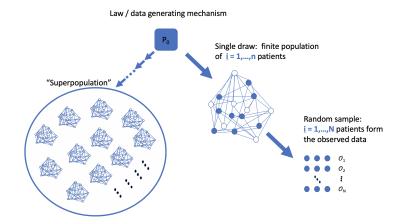
Thank you

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Section 1

Supplementary material

Supplementary material



- A1. Structural invariance: For each k and for for all i, j: $f_{V_{k,i}} = f_{V_{k,j}}$.
- A2. Conditional identically-distributed errors: For each pair of variables $(V_{k,i}, V_{k,j})$, for all i, j, and for all $pa(v_k)$, we have that: $\left(\epsilon_{V_{k,i}} \middle| Pa(V_{k,i}) = pa(v_k)\right) \sim \left(\epsilon_{V_{k,j}} \middle| Pa(V_{k,j}) = pa(v_k)\right)$.
- **A3**. Conditional noninterference: For all *i*, and all *k*, $Pa(L_{k,i}) \subseteq O_i$, and for each *k*, *m*, for all $i \neq j$, $\epsilon_{V_{k,i}} \perp \epsilon_{V_{m,j}}$.
- A4. Strict exogeneity of the randomizer: For all k, $Z_{k,i} = \epsilon_{Z_{k,i}}$.

Supplementary material

- **B1.** No unit-level confounding for covariates and outcomes: $\underline{L}_{k+1,i}^{g} \perp A_{k,i}^{g}, R_{k,i}^{g} \mid X_{k,i}^{g} = x_{k,i}, \overline{Z}_{k,i}^{g} = \overline{z}_{k,i}, \overline{R}_{k-1,i}^{g} = \overline{r}_{k-1} \text{ for all}$ $x_{k,i} \in \mathcal{X}_{k,i}, \overline{z}_{k,i} \in \overline{\mathcal{Z}}_{k,i}, \overline{r}_{k-1} \in \overline{\mathcal{R}}_{k,i}, t \in \{0, \dots, K\}, i \in \{1, \dots, n\}$
- **B2.** Rank and randomizer irrelevance: $\underline{L}_{k+1,i} \perp R_{k,i}, Z_{k,i} \mid A_{k,i} = a_{k,i}, X_{k,i} = x_{k,i}, \overline{R}_{k-1,i} = \overline{r}_{k-1,i}, \overline{Z}_{k-1,i} = \overline{z}_{k-1,i}$ for $a_{k,i} \in \mathcal{A}_{k,i}, x_{k,i} \in \mathcal{X}_{k,i}, \overline{r}_{k-1,i} \in \overline{\mathcal{R}}_{k-1,i}, \overline{z}_{k-1,i} \in \overline{\mathcal{Z}}_{k-1,i}$,
 - $a_{k,i} \in \mathcal{A}_{k,i}, x_{k,i} \in \mathcal{X}_{k,i}, r_{k-1,i} \in \mathcal{K}_{k-1,i}, z_{k-1,i} \in \mathcal{Z}_{k-1,i}, t \in \{0, \dots, K\}, i \in \{1, \dots, n\}.$
- **B3.** Positivity For each $i \in \{1, ..., n\}$, it holds that: $g_k(A_{k,i}^{g_+}, X_{k,i}^{g_+}) > 0$, w.p.1., for all $t \in \{0, ..., K\}$.
- **B4.** A-stability: There exists a function $\Lambda_k : \mathcal{X}_{k,i} \mapsto \{0, \dots, n^*\}$, with $n^* < n$, such that $\Lambda_k(X_{k,i}^{g+}) > \Lambda_k(X_{k,j}^{g+}) \implies \Lambda_{k,i}^*(X_k^{g+}, Z_k^g) > \Lambda_{k,j}^*(X_k^{g+}, Z_k^g)$, w.p.1. for all $i, j \in \{1, \dots, n\}$ and all $k \in \{0, \dots, K\}$.