

#### UNCERTAINTY AND THE MEDICAL INTERVIEW

#### TOWARDS SELF-ASSESSMENT IN MACHINE LEARNING MODELS

Jakob D. Havtorn

DTU Compute

Department of Applied Mathematics and Computer Science

#### **Outline of Part**



Introduction

# Healthcare



Healthcare is the improvement of health via the prevention, diagnosis, treatment, amelioration or cure of disease, illness, injury, and other physical and mental impairments in people.

# corti DTU

# Medical dialogue





# Medical dialogue

- Failure of communication is a leading cause of medical error contributing to two out of three adverse events [4].
- 2 Between 9% and 16.6% of all hospital admissions had preventable adverse outcomes (AU, UK, NZ, DK) [15].

# corti DTU

# Types of dialogue

- Context: Controlled / Chaotic
- Domain: Specialized / General
- Person: Nurse, doctor, midwife, caregiver, psychiatrist, insurance professional
- Purpose: Triaging, diagnosis, treatment, follow-up, documentation, coding, billing



#### Part I

### Unsupervised Out-of-Distribution Detection

#### **Outline of Part**



- Out-of-distribution detection
- Latent variable models
- Identifying the issue
- The  $\mathcal{L}^{>k}$  likelihood bound
- Likelihood ratio

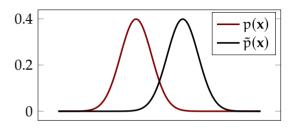
### **Defining OOD detection**

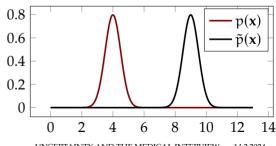


Out-of-distribution (OOD) detection is about enabling models to distinguish the training data distribution p(x) from any other distribution  $\tilde{p}(x)$ .

We are concerned with doing this on a per-observation basis, i.e. answering the question:

"Was x sampled from p(x) or not?"





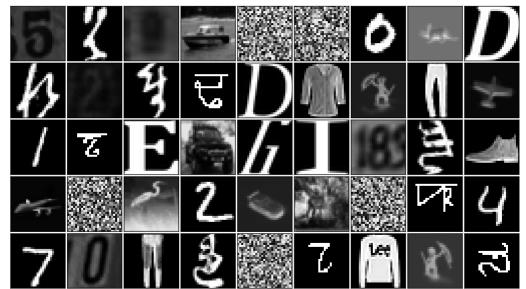


#### **Problem and Contributions**

- Deep generative models often fail at OOD detection task when using their likelihood estimate as the score function [9] by, perhaps surprisingly, assigning **higher likelihoods** to the OOD data.
- Contributions:
  - We present a fast and fully unsupervised method for OOD detection competitive with the state-of-the-art
  - We provide evidence that out-of-distribution detection fails due to learned low-level features that generalize across datasets.

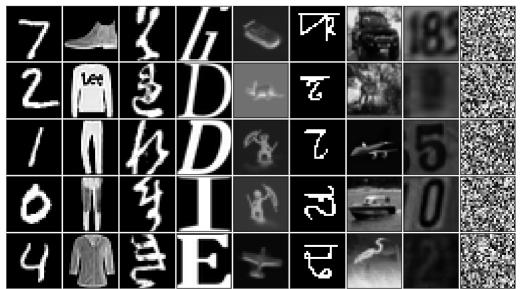
# corti

#### In distribution?



# corti DT

#### Out of distribution?



# Hierarchical VAE



We choose the hierarchical VAE as our model [2, 3].

$$p_{\theta}(\mathbf{x}) = \int p_{\theta}(\mathbf{x}, \mathbf{z}) d\mathbf{z} = \int p_{\theta}(\mathbf{x} | \mathbf{z}) p_{\theta}(\mathbf{z}) d\mathbf{z}$$

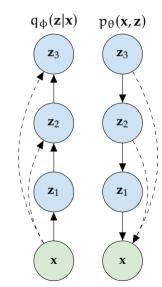
#### Specifically we use

• a three-layered hierarchical VAE with bottom-up inference and deterministic skip-connections for both inference and generation.

Generative model:  $p_{\theta}(\mathbf{x}|\mathbf{z}) = p_{\theta}(\mathbf{x}|\mathbf{z}_1)p_{\theta}(\mathbf{z}_1|\mathbf{z}_2)p(\mathbf{z}_3),$ 

 $\label{eq:energy_equation} \text{Inference model:} \quad q_{\varphi}(\mathbf{z}|\mathbf{x}) = q_{\varphi}(\mathbf{z}_1|\mathbf{x}) q_{\varphi}(\mathbf{z}_2|\mathbf{z}_1) q_{\varphi}(\mathbf{z}_3|\mathbf{z}_2).$ 

② a ten-layered layered Bidirectional-Inference Variational Autoencoder (BIVA) [8].





### What is wrong with the ELBO for OOD detection?

We can split the ELBO into two terms

$$\mathcal{L}(\mathbf{x}; \boldsymbol{\theta}, \boldsymbol{\phi}) = \mathbb{E}_{q_{\boldsymbol{\phi}}(\mathbf{z}|\mathbf{x})} \left[ \log \frac{p_{\boldsymbol{\theta}}(\mathbf{x}, \mathbf{z})}{q_{\boldsymbol{\phi}}(\mathbf{z}|\mathbf{x})} \right] = \underbrace{\mathbb{E}_{q_{\boldsymbol{\phi}}(\mathbf{z}|\mathbf{x})} [\log p_{\boldsymbol{\theta}}(\mathbf{x}|\mathbf{z})]}_{\text{reconstruction likelihood}} - \underbrace{D_{KL}(q_{\boldsymbol{\phi}}(\mathbf{z}|\mathbf{x})||p(\mathbf{z}))}_{\text{regularization penalty}} . \quad (1)$$

The first term is high if the data is well-explained by z.

The second term we can rewrite as,

$$D_{KL}(q_{\phi}(\mathbf{z}|\mathbf{x})||p(\mathbf{z})) = \mathbb{E}_{q_{\phi}(\mathbf{z}|\mathbf{x})} \left[ \sum_{i=1}^{L-1} \log \frac{p_{\theta}(\mathbf{z}_{i}|\mathbf{z}_{i+1})}{q_{\phi}(\mathbf{z}_{i}|\mathbf{z}_{i-1})} + \log \frac{p_{\theta}(\mathbf{z}_{L})}{q_{\phi}(\mathbf{z}_{L}|\mathbf{z}_{L-1})} \right]. \tag{2}$$

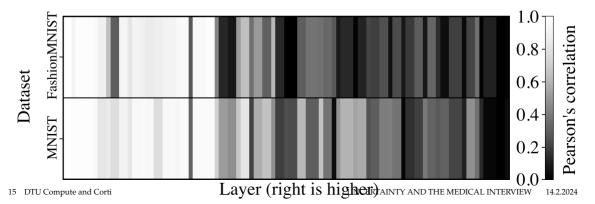
The absolute log-ratios grow with  $dim(\mathbf{z}_i)$  since the log probability terms are computed by summing over the dimensionality of  $\mathbf{z}_i$ .



#### What do the lowest latent variables code for?

Absolute Pearson correlations between data representations in all layers of the inference network of a hierarchical VAE trained on FashionMNIST and of another trained on MNIST.

Correlation computed between the representations of the two different models given the same data, FashionMNIST (top) and MNIST (bottom).



## An alternative likelihood bound, $\mathcal{L}^{>k}$



An alternative version of the ELBO that only partially uses the approximate posterior can be written as [8]

$$\mathcal{L}^{>k}(\mathbf{x}; \theta, \phi) = \mathbb{E}_{p_{\theta}(\mathbf{z}_{\leq k}|\mathbf{z} > k)q_{\phi}(\mathbf{z}_{>k}|\mathbf{x})} \left[ \log \frac{p_{\theta}(\mathbf{x}|\mathbf{z})p_{\theta}(\mathbf{z}_{>k})}{q_{\phi}(\mathbf{z}_{>k}|\mathbf{x})} \right]$$
(3)

Here, we have replaced the approximate posterior  $q_{\varphi}(\mathbf{z}|\mathbf{x})$  with a different proposal distribution that combines part of the approximate posterior with the conditional prior, namely

$$p_{\theta}(\mathbf{z}_{\leq k}|\mathbf{z}_{>k})q_{\phi}(\mathbf{z}_{>k}|\mathbf{x})$$

This bound uses the conditional prior for the lowest latent variables in the hierarchy.



#### Likelihood ratios

We can use our new bound to compute the score used in a standard likelihood ratio test [1].

$$LLR^{>k}(x) \equiv \mathcal{L}(x) - \mathcal{L}^{>k}(x). \tag{4}$$

We can inspect what this likelihood-ratio measures by considering the exact form of our bounds.

$$\mathcal{L} = \log p_{\theta}(\mathbf{x}) - D_{KL} \left( q_{\phi}(\mathbf{z}|\mathbf{x}) || p_{\theta}(\mathbf{z}|\mathbf{x}) \right),$$

$$\mathcal{L}^{>k} = \log p_{\theta}(\mathbf{x}) - D_{KL} \left( p_{\theta}(\mathbf{z}_{\leq}|\mathbf{z}_{>k}) q_{\phi}(\mathbf{z}_{>k}|\mathbf{x}) || p_{\theta}(\mathbf{z}|\mathbf{x}) \right).$$
(5)

In the likelihood ratio the reconstruction terms cancel out and only the KL-divergences from the approximate to the true posterior remain.

$$LLR^{>k}(\mathbf{x}) = -D_{KL} \left( q_{\phi}(\mathbf{z}|\mathbf{x}) || p_{\theta}(\mathbf{z}|\mathbf{x}) \right)$$

$$+ D_{KL} \left( p_{\theta}(\mathbf{z}_{\leq}|\mathbf{z}_{>k}) q_{\phi}(\mathbf{z}_{>k}|\mathbf{x}) || p_{\theta}(\mathbf{z}|\mathbf{x}) \right) .$$
(6)

# corti

#### Importance sampling the ELBO

The well-known importance weighted autoencoder (IWAE) bound is tight with the true likelihood in the limit of infinite samples,  $S \rightarrow \infty$  [5],

$$\mathcal{L}_{S} = \mathbb{E}_{q(\mathbf{z}|\mathbf{x})} \left[ \log \frac{1}{N} \sum_{s=1}^{S} \frac{p(\mathbf{x}, \mathbf{z}^{(s)})}{q(\mathbf{z}^{(s)}|\mathbf{x})} \right] \leq \log p_{\theta}(\mathbf{x}),$$
 (7)

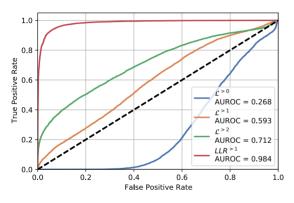
Consequently, by importance sampling the ELBO, the associated KL-divergence associated vanishes and our likelihood ratio reduces to the KL-divergence associated with  $\mathcal{L}^{>k}$ .

$$LLR_S^{>k}(\mathbf{x}) \to D_{KL}(p(\mathbf{z}_{\leq}|\mathbf{z}_{>k})q(\mathbf{z}_{>k}|\mathbf{x})||p(\mathbf{z}|\mathbf{x})). \tag{8}$$

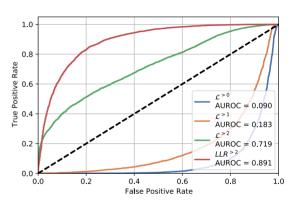
We can now see that  $LLR_S^{>k}(x)$  performs OOD detection based on the top-most latent variables.

### Results with $\coprod R^{>k}$





(a) FashionMNIST HVAE evaluated on MNIST



(b) CIFAR10 BIVA evaluated on SVHN

#### **Results with** LLR<sup>>k</sup>



The score has good performance across many datasets.

OOD dataset	Metric	AUROC↑	AUPRC↑	FPR80↓					
Trained on CIFAR10									
SVHN CIFAR10	LLR <sup>&gt;2</sup> LLR <sup>&gt;1</sup>	0.811	0.837 0.479	0.394 0.835					
CIFAR10 LLR <sup>&gt;1</sup> 0.469 0.479 0.835  Trained on SVHN									
Hained on 5 v Hiv									
CIFAR10 SVHN	LLR <sup>&gt;1</sup> LLR <sup>&gt;1</sup>	0.939 0.489	0.950 0.484	0.052 0.799					

OOD dataset	Metric	AUROC↑	AUPRC↑	FPR80↓			
Trained on FashionMNIST							
MNIST	LLR>1	0.986	0.987	0.011			
notMNIST	LLR>1	0.998	0.998	0.000			
KMNIST	$LLR^{>1}$	0.974	0.977	0.017			
Omniglot28x28	LLR>2	1.000	1.000	0.000			
Omniglot28x28Inverted	$LLR^{>1}$	0.954	0.954	0.050			
SmallNORB28x28	LLR>2	0.999	0.999	0.002			
SmallNORB28x28Inverted	LLR>2	0.941	0.946	0.069			
FashionMNIST	LLR <sup>&gt;1</sup>	0.488	0.496	0.811			
Trained on MNIST							
FashionMNIST	LLR>1	0.999	0.999	0.000			
notMNIST	$LLR^{>1}$	1.000	0.999	0.000			
KMNIST	LLR>1	0.999	0.999	0.000			
Omniglot28x28	$LLR^{>1}$	1.000	1.000	0.000			
Omniglot28x28Inverted	LLR>1	0.944	0.953	0.057			
SmallNORB28x28	$LLR^{>1}$	1.000	1.000	0.000			
SmallNORB28x28Inverted	LLR>1	0.985	0.987	0.000			
MNIST	LLR>2	0.515	0.507	0.792			



### PART II

#### MEDICAL APPLICATIONS

#### **Outline of Part**



• A Retrospective Study on Machine Learning-Assisted Stroke Recognition for Medical Helpline Calls

A Retrospective Study on Machine Learning-Assisted Stroke Recognition for Medical Hells



#### Stroke

- Stroke is a leading cause of disability and death worldwide [12, 7, 6].
- Effective treatment is time-sensitive, and an optimal outcome is more likely when treatment is administered within the first four and a half hours from stroke onset [11, 10].
- The gateway to ambulance transport and hospital admittance is through prehospital telehealth services, including emergency medical call centers, nurse advice call lines, and out-of-hours health services.
- In the pre-hospital setting, the use of mobile stroke units has made it possible to deliver advanced treatment faster [13, 14].
- As the mobile stroke unit is only dispatched to patients with a suspected stroke, the impact of mobile stroke unit is directly influenced by accurate call-taker recognition of stroke [13, 14].
- Call-takers who can rapidly and accurately recognize stroke are therefore crucial in facilitating prompt care in both pre-hospital and in-hospital settings.





# Thank you for your attention

A Retrospective Study on Machine Learning-Assisted Stroke Recognition for Medical Hell Calls



## Bibliography I

- [1] Adolf Buse. "The Likelihood Ratio, Wald, and Lagrange Multiplier Tests: An Expository Note". In: *The American Statistician* 36 (3a 1982), pp. 153–157.
- [2] Diederik P Kingma and Max Welling. "Auto-Encoding Variational Bayes". In: Proceedings of the 2nd International Conference on Learning Representations (ICLR). International Conference on Learning Representations. Banff, AB, Canada, 2014. arXiv: 1312.6114. URL: http://arxiv.org/abs/1312.6114.
- [3] Danilo Jimenez Rezende, Shakir Mohamed, and Daan Wierstra. "Stochastic Backpropagation and Approximate Inference in Deep Generative Models". In: *Proceedings of the 31st International Conference on Machine Learning (ICML)*. International Conference on Machine Learning. Vol. 32. Beijing, China: PMLR, Jan. 16, 2014, pp. 1278–1286. URL: http://proceedings.mlr.press/v32/rezende14.pdf (visited on 08/12/2018).

A Retrospective Study on Machine Learning-Assisted Stroke Recognition for Medical Hell



## **Bibliography II**

- [4] Amy J Starmer et al. "Changes in Medical Errors after Implementation of a Handoff Program". In: *New England Journal of Medicine* 371.19 (2014), pp. 1803–1812.
- [5] Yuri Burda, Roger Grosse, and Ruslan R. Salakhutdinov. "Importance Weighted Autoencoders". In: *Proceedings of the 4th International Conference on Learning Representations (ICLR)*. International Conference on Learning Representations. San Juan, Puerto Rico, 2016, p. 8. URL: https://arxiv.org/abs/1509.00519 (visited on 10/04/2017).
- [6] Mira Katan and Andreas Luft. "Global Burden of Stroke". In: *Seminars in Neurology*. Vol. 38. 02. Thieme Medical Publishers, 2018, pp. 208–211.

A Retrospective Study on Machine Learning-Assisted Stroke Recognition for Medical He Calls



## **Bibliography III**

- [7] Hmwe Hmwe Kyu et al. "Global, Regional, and National Disability-Adjusted Life-Years (DALYs) for 359 Diseases and Injuries and Healthy Life Expectancy (HALE) for 195 Countries and Territories, 1990–2017: A Systematic Analysis for the Global Burden of Disease Study 2017". In: *The Lancet* 392.10159 (2018), pp. 1859–1922.
- [8] Lars Maaløe et al. "BIVA: A Very Deep Hierarchy of Latent Variables for Generative Modeling". In: *Proceedings of the 32nd Conference on Neural Information Processing Systems (NeurIPS)*. Conference on Neural Information Processing Systems. Vancouver, Canada, Feb. 6, 2019, pp. 6548–6558. URL: http://arxiv.org/abs/1902.02102 (visited on 03/19/2019).

A Retrospective Study on Machine Learning-Assisted Stroke Recognition for Medical He



## Bibliography IV

- [9] Eric Nalisnick et al. "Do Deep Generative Models Know What They Don't Know?" In: Proceedings of the 7th International Conference on Learning Representations (ICLR). International Conference on Learning Representations. New Orleans, LA, USA, 2019. arXiv: 1810.09136. URL: http://arxiv.org/abs/1810.09136 (visited on 10/02/2019).
- [10] Guillaume Turc et al. "European Stroke Organisation (ESO)-European Society for Minimally Invasive Neurological Therapy (ESMINT) Guidelines on Mechanical Thrombectomy in Acute Ischemic Stroke". In: Journal of Neurointerventional Surgery 11.8 (2019), pp. 535–538.
- [11] Eivind Berge et al. "European Stroke Organisation (ESO) Guidelines on Intravenous Thrombolysis for Acute Ischaemic Stroke". In: European Stroke Journal 6.1 (2021), pp. I–LXII.

A Retrospective Study on Machine Learning-Assisted Stroke Recognition for Medical Hell Calls



## Bibliography V

- [12] GBD 2019 Stroke Collaborators et al. "Global, Regional, and National Burden of Stroke and Its Risk Factors, 1990–2019: A Systematic Analysis for the Global Burden of Disease Study 2019". In: *The Lancet Neurology* 20.10 (2021), pp. 795–820. ISSN: 1474-4422. DOI: 10.1016/S1474-4422(21)00252-0.
- [13] Praveen Hariharan et al. "Mobile Stroke Units: Current Evidence and Impact". In: *Current Neurology and Neuroscience Reports* 22.1 (2022), pp. 71–81.
- [14] Babak B Navi et al. "Mobile Stroke Units: Evidence, Gaps, and next Steps". In: *Stroke* 53.6 (2022), pp. 2103–2113.
- [15] Niki Carver, Vikas Gupta, and John E. Hipskind. "Medical Errors". In: StatPearls. Treasure Island (FL): StatPearls Publishing, 2024. pmid: 28613514. URL: http://www.ncbi.nlm.nih.gov/books/NBK430763/ (visited on 02/13/2024).