



# Microsimulation modeling in R

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41st Annual North American Meeting of the Society  
for Medical Decision Making

Portland, October 2019

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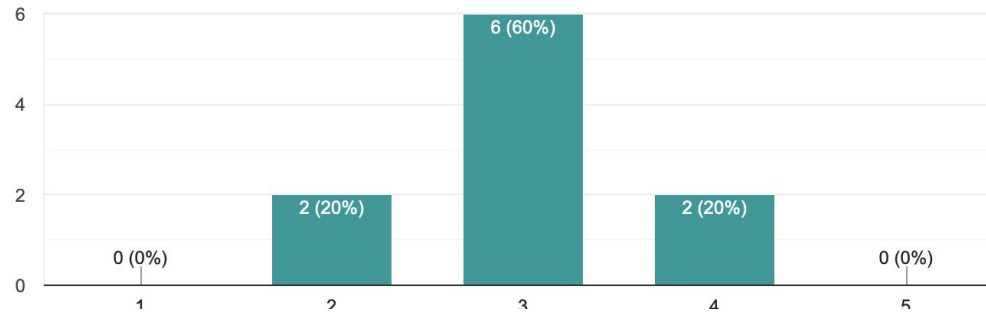


# Student introduction

Image: freepik.com

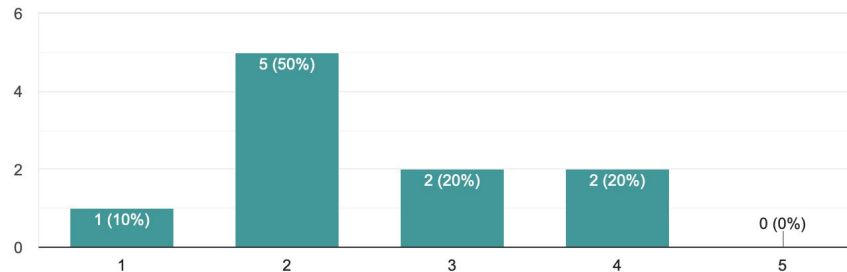
## How would you rate your programming language skills?

10 responses



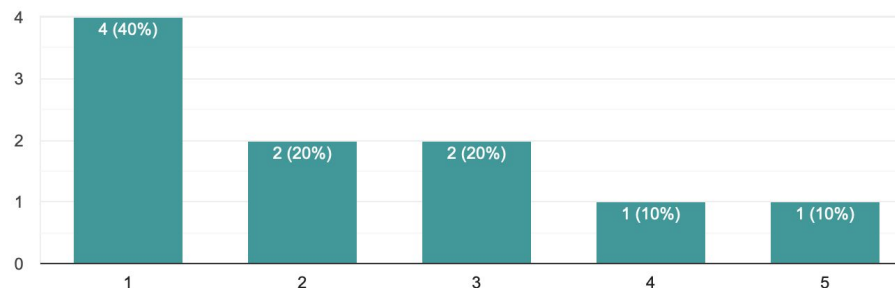
## How would you rate your theoretical knowledge about microsimulation models?

10 responses



## What is your experience with building decision models in programming languages?

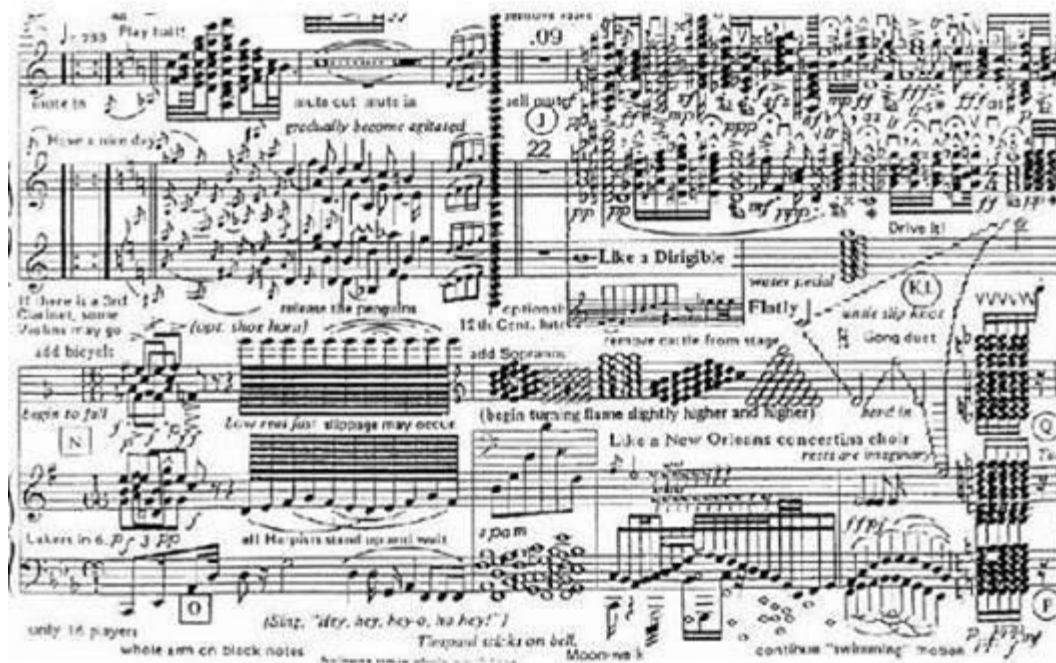
10 responses



# Survey results

1 is inexperienced 5 is expert

## HOW THE SHEET LOOKS WHEN YOU'RE SIGHT READING:



## HOW IT LOOKS AFTER YOU'VE PRACTICED:



# Today

## Part 1: Introduction + Model building

- Construct microsimulation models
- Visualize and analyze outputs
- Understand computational efficiency considerations in implementing a microsimulation

*Coffee break*

## Part 2: State-residency and PSA

- Appreciate the advantages and challenges of using R in decision modeling

# The DARTH Workgroup

- Materials for this workshop were largely developed by the Decision Analysis in R for Technologies in Health (DARTH) Workgroup
- Goals: To expand knowledge in decision analysis using R and develop educational materials to empower people to construct R-based decision models.

For more information

[www.darthworkgroup.com](http://www.darthworkgroup.com)

Tweet: @DARTHworkgroup

# The DARTH workgroup



F. Alarid-Escudero PhD



H. Jalal MD PhD



E. Enns PhD



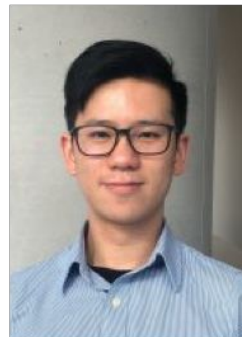
E. Krijkamp PhDc



M. Hunink MD



P. Pechlivanoglou PhD




Alan Yang MSc

# Attribution and Acknowledgement

- R code provided with this workshop are yours to reuse and modify

```
#####  
# Please cite our publications when using this code  
# - Jalal H, Pechlivanoglou P, Krijkamp E, Alarid-Escudero F, Enns E, Hunink MG.  
# An Overview of R in Health Decision Sciences. Med Decis Making. 2017; 37(3): 735-746.  
# - Krijkamp EM, Alarid-Escudero F, Enns EA, Jalal HJ, Hunink MGM, Pechlivanoglou P.  
# Microsimulation modeling for health decision sciences using R: A tutorial.  
# Med Decis Making. 2018;38(3):400-22.  
#####
```



Acknowledgement  
and citation  
information in  
code headers



# darthpack

PharmacoEconomics  
<https://doi.org/10.1007/s40273-019-00837-x>

## PRACTICAL APPLICATION



## A Need for Change! A Coding Framework for Improving Transparency in Decision Modeling

Fernando Alarid-Escudero<sup>1</sup> · Eline M. Krijkamp<sup>2</sup> · Petros Pechlivanoglou<sup>3</sup> · Hawre Jalal<sup>4</sup> · Szu-Yu Zoe Kao<sup>5</sup> · Alan Yang<sup>6</sup> · Eva A. Enns<sup>5</sup>

Prefix	Data type	Prefix	Variable type	Prefix	Variable type
<> (no prefix)	scalar	n	number	ly	life years
v	vector	p	probability	q	QALYs
m	matrix	r	rate	se	standard error
a	array	u	utility		
df	data frame	c	cost		
dtb	data table	hr	hazard ratio		
l	list	rr	relative risk		

### Abstract

Monday, October 21, 2019

5:45 PM - 6:00 PM

DoubleTree by Hilton - 3 Sisters/Mt. Bachelor, 2nd Level

# Introduction to discrete time microsimulation

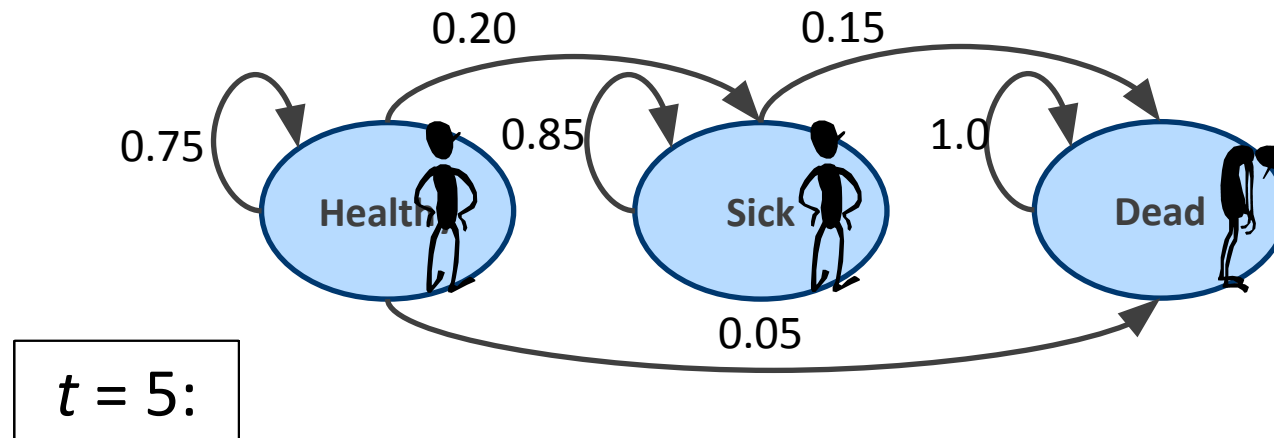
We thank Dr. Eva Enns from the DARTH workgroup for the basis of these microsimulation slides

# What is microsimulation?

- Micro = individual-level model
- Simulation = stochastic implementation of a dynamic process
  - Reflects events experienced by an individual

# Individual state-transition model

- Sometimes called “Markov Monte Carlo” or “First-Order Monte Carlo” or “Individual state transition model”
- Simulates *individual* disease progression through a state-transition model
  - Track individual’s health state over time (can only be in one state at any given time)



# General Microsimulation

- Need not explicitly follow a Markov model structure
- Track current state of individual as well as relevant history/characteristics
  - Need not be discrete categories; continuous measures possible
- Probabilities of simulated events can depend on
  - Individual characteristics (age, gender, etc.)
  - Full clinical history, time since clinical events

# Pros/Cons of Microsimulation

## Advantages

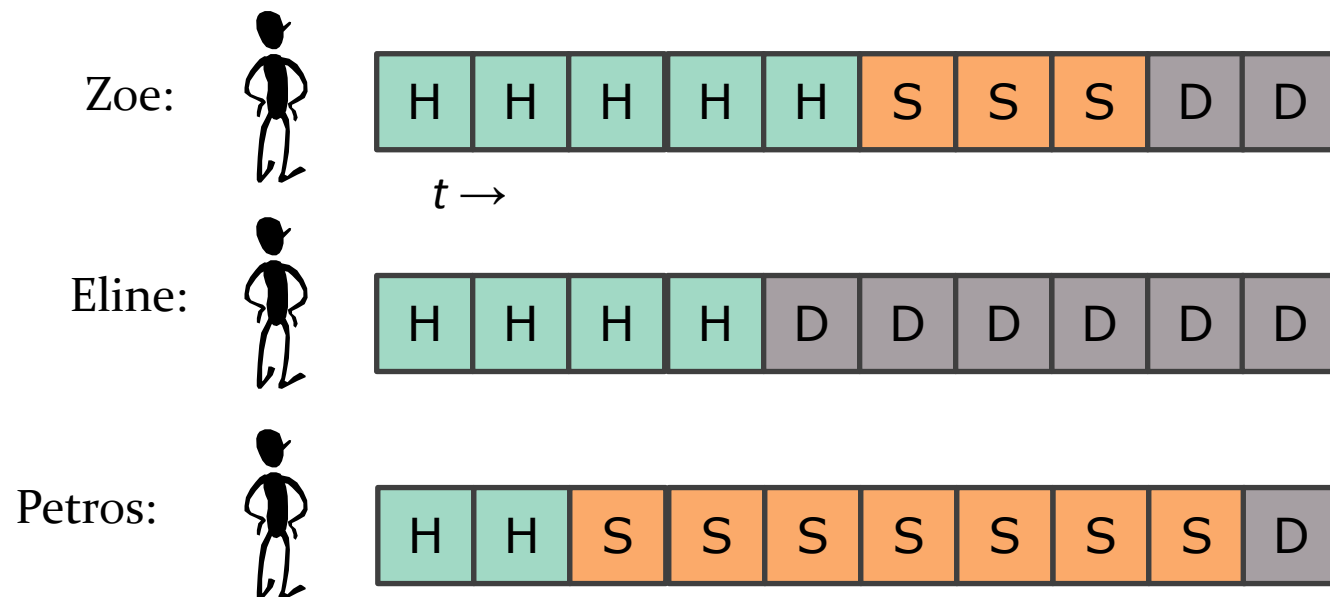
- Flexible model structure
- Easy to include:
  - Individual heterogeneity
  - Complex history-dependencies
  - Continuous health measures
  - Relation among individuals (network)

## Disadvantages

- Complex to implement
- Computationally intensive
- Requires more data to inform model parameter values

# Microsimulation Basics

- Simulate disease progression and health outcomes in an individual
- Simulate many individuals to estimate expected value and standard deviation of health outcomes over a large population





# Efficiency in Microsimulation

- Microsimulation can be computationally intensive
- Simulating one individual at a time is an intuitive, but inefficient, approach

```
for(i in 1:n_i) { # open individual loop
  for (t in 1:n_t) { # open time loop

    # simulation code here #

  } # close time loop
} # close individual loop
```

*Tutorial*

**Microsimulation Modeling for Health  
Decision Sciences Using R: A Tutorial**

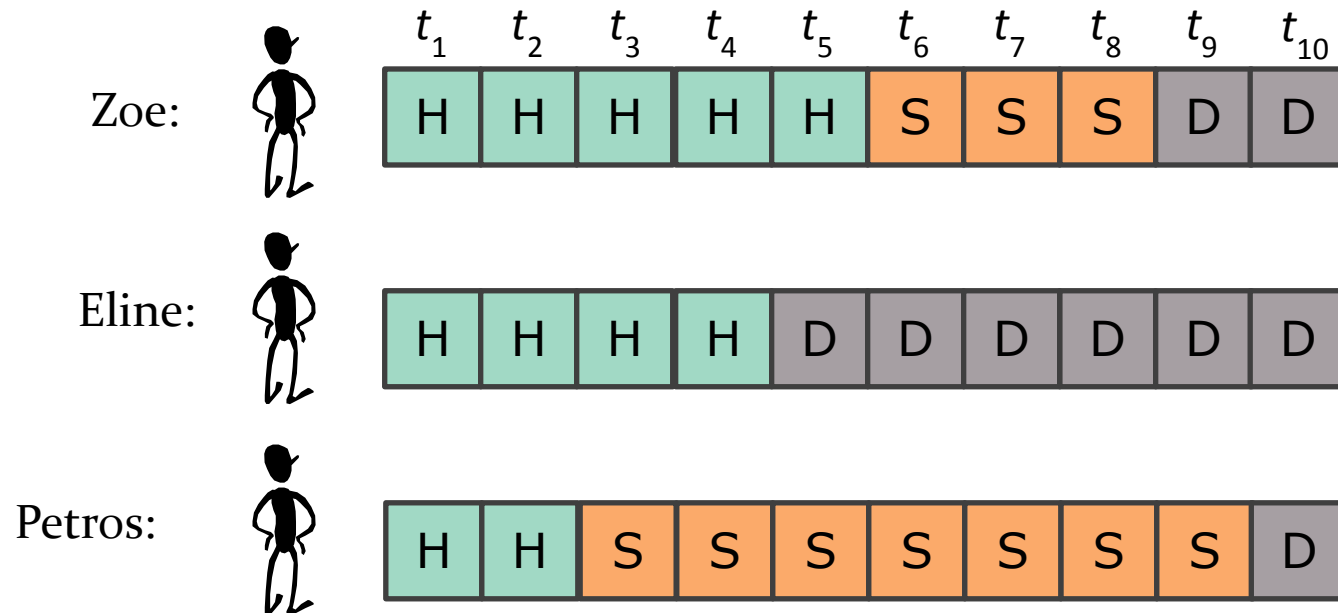
Eline M. Krijkamp, Fernando Alarid-Escudero, Eva A. Enns,  
Hawre J. Jalal, M. G. Myriam Hunink, and Petros Pechlivanoglou

**MDM**  
Medical Decision Making

*Medical Decision Making*  
2018, Vol. 38(3) 400-422  
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# Efficiency in Microsimulation

- "Batch process" individual at each time step (one for-loops)






# iterative vs vectorized

Sample size	Time to run (in seconds)	
	sample()	samplev()
1,000	5.42	0.16
10,000	38.41	1.21
100,000	378.76	11.71
1,000,000	4538.80	128.79

# Microsimulation in R

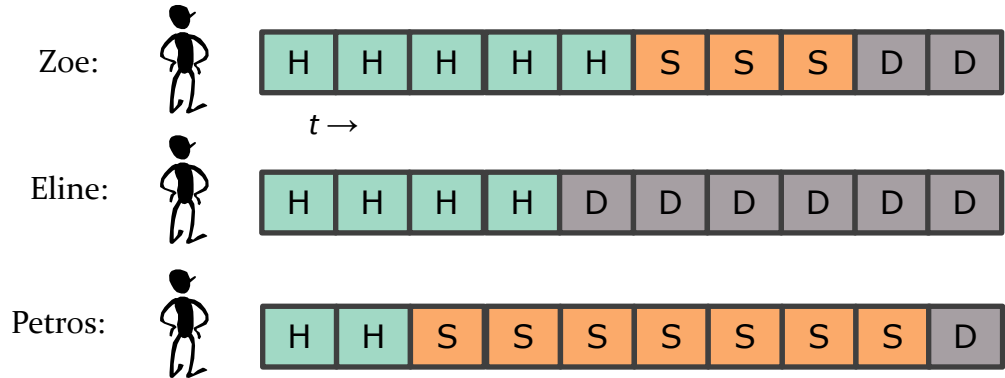
- Generate a representative, virtual population
  - Sample characteristics from demographic data
  - Age distribution, M:F ratio, etc.
- Simulate the occurrence of events
  - Write functions that calculate individual-specific probabilities of different events
  - $p_{event1} = f(\text{age, sex, health status, time since event, ...})$
  - Simulate events (and their consequences) over time using random numbers
- Calculate population-level outcomes by averaging individual outcomes

# Individuals Characteristics

		age	sex	height	Country of birth
Zoe:		35	Female	1.55	Taiwan
Eline:		28	Female	1.68	NL
Petros		36	Male	1.89	Greece

# Individuals Characteristics

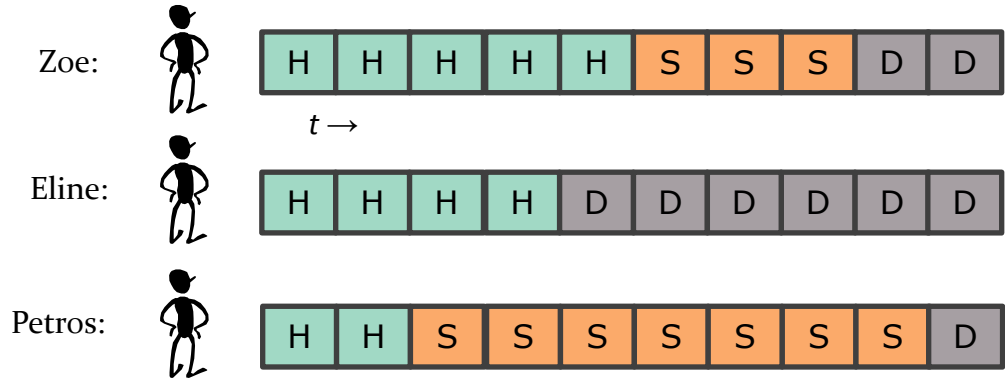
$t = 1$



	age	sex	height	Country of birth	time Sick	p_HS
Zoe:	35	Female	1.55	Taiwan	0	0.3
Eline:	28	Female	1.68	NL	0	0.3
Petros	36	Male	1.89	Greece	0	0.4

# Individuals Characteristics

$t = 2$

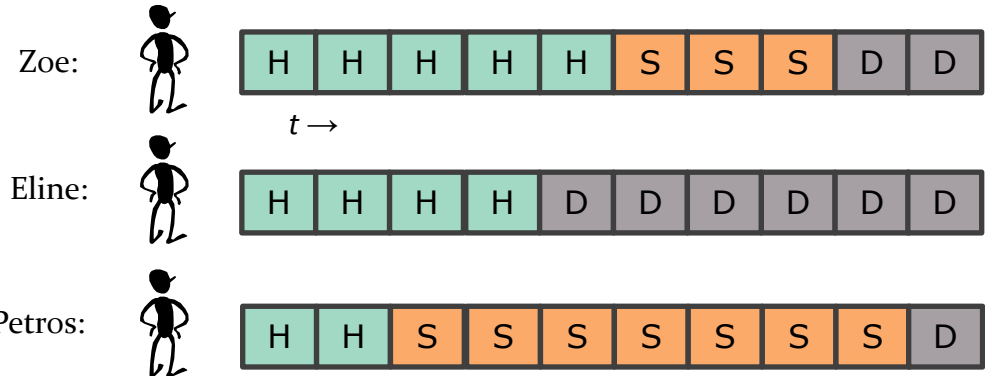


```
df_X$Age <- df_X$Age + 1
```




	age	sex	height	Country of birth	time Sick	p_HS
Zoe:	36	Female	1.55	Taiwan	0	0.3
Eline:	29	Female	1.68	NL	0	0.3
Petros	37	Male	1.89	Greece	0	0.4

# Individuals Characteristics

$t = 3$



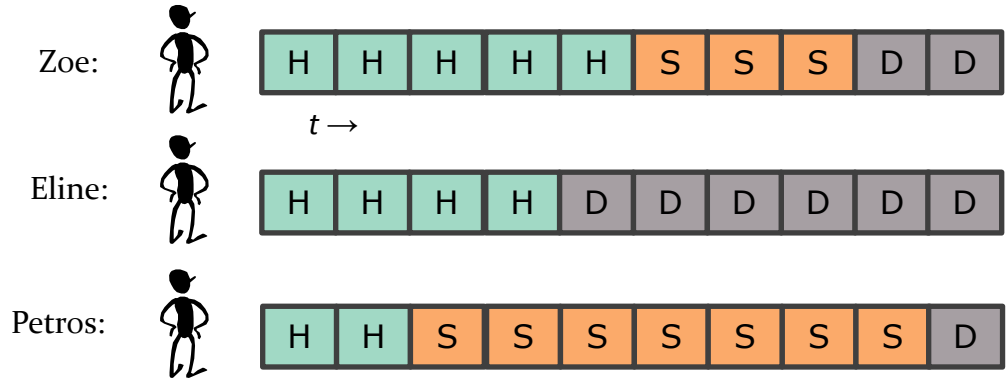
```
p_HD<- df_X$p_HD[m_M[, t] == "H"]
```

	age	sex	height	Country of birth	time Sick	p_HS
Zoe: 	37	Female	1.55	Taiwan	0	0.3
Eline: 	30	Female	1.68	NL	0	0.3
Petros 	38	Male	1.89	Greece	1	--



# Individuals Characteristics

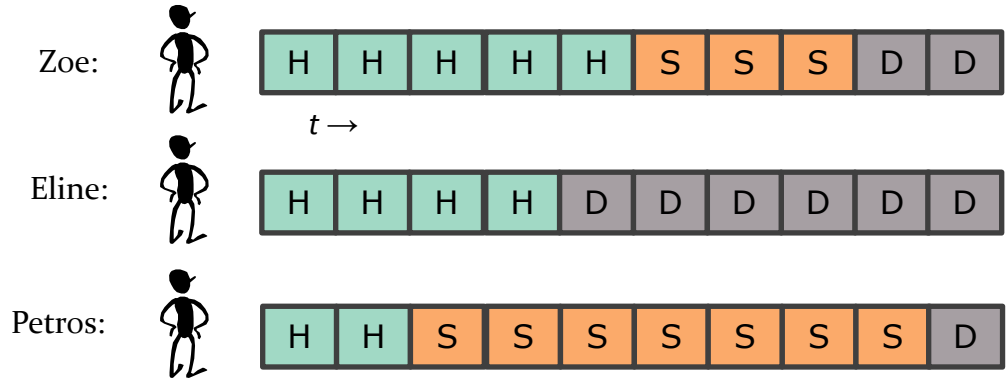
$t = 4$



	age	sex	height	Country of birth	time Sick	p_HS
Zoe:	38	Female	1.55	Taiwan	0	0.3
Eline:	31	Female	1.68	NL	0	0.3
Petros	39	Male	1.89	Greece	2	--

# Individuals Characteristics

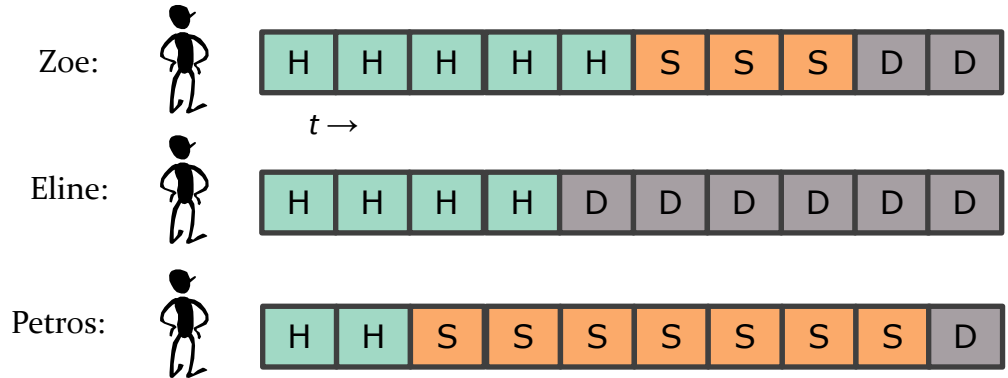
$t = 5$



	age	sex	height	Country of birth	time Sick	p_HS
Zoe:	39	Female	1.55	Taiwan	0	0.3
Eline:	32	Female	1.68	NL	0	--
Petros	40	Male	1.89	Greece	3	--

# Individuals Characteristics

$t = 6$



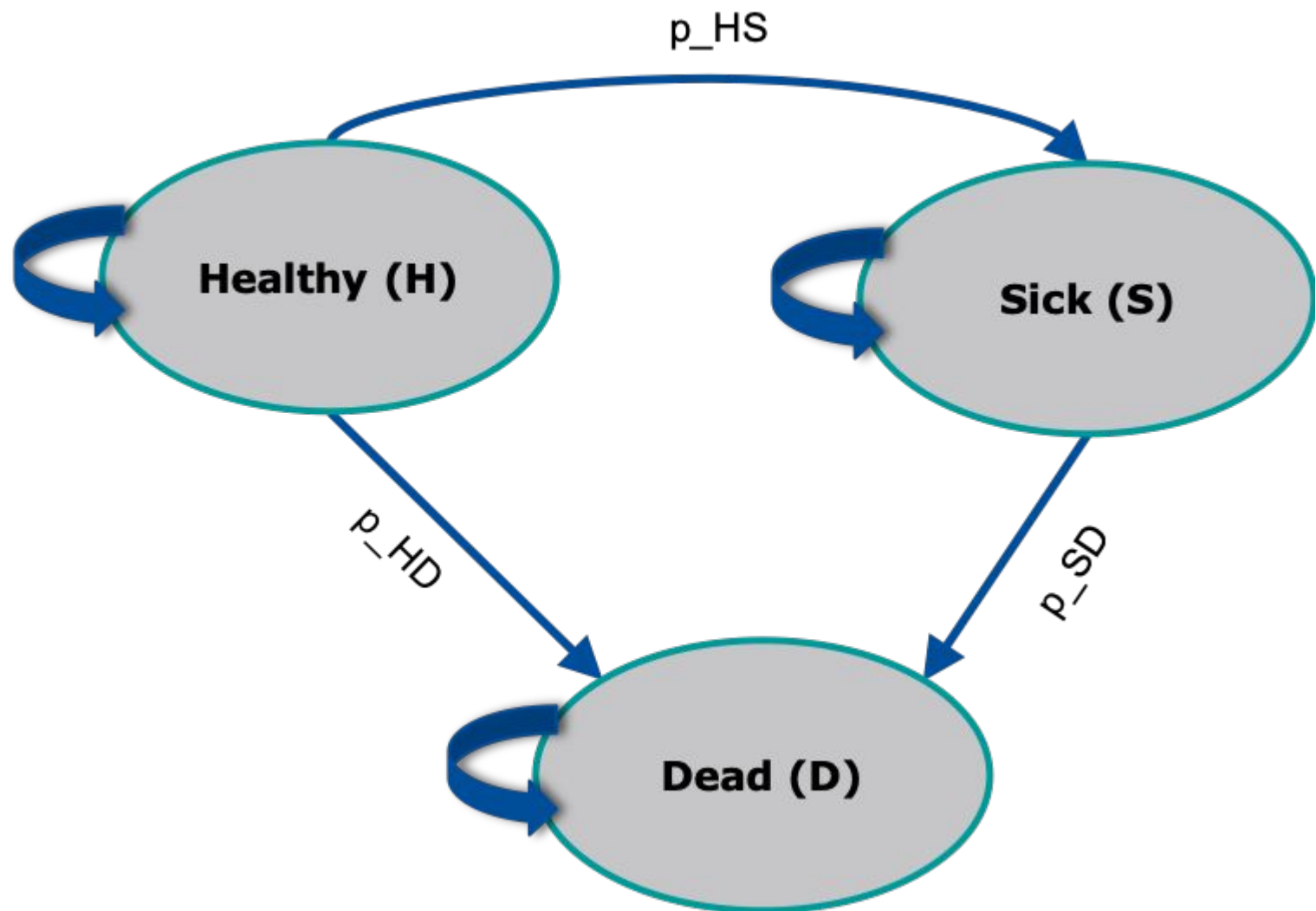
	age	sex	height	Country of birth	time Sick	p_HS
Zoe:	40	Female	1.55	Taiwan	1	--
Eline:	33	Female	1.68	NL	0	--
Petros	41	Male	1.89	Greece	4	--

# R session

# 3-state example

- Three-state model of disease: Healthy, Sick, Dead
- Simulate a population of 10,000 individuals
- Individual characteristics
  - Sex – assume equal proportion of women and men
- $p_{HD}$  is sex-dependent

Female	0.0382
Male	0.0463



# Functions

```
calculateMean <- function (x){  
  mean <- sum(x)/length(x)  
}
```

# Structure of our code

Specify all the input parameters

- transition probabilities, cycle length *etc*

Generate sample with individual (baseline) characteristics  $X$

- age, sex *etc*

Specify functions

- $Probs(m, x)$
- $Costs(m, x)$
- $Effs(m, x)$

*MicroSim()*

$$C_0 = Costs(M_0, X_0)$$

$$E_0 = Effs(M_0, X_0)$$

for  $t = 1$  to  $nt$  do

$$p = Probs(M_t, X_t)$$

$$M_{t+1} \sim \text{samplev}(n, p)$$

Update  $X_{t+1}$

$$C_{t+1} = Costs(M_{t+1}, X_{t+1})$$

$$E_{t+1} = Effs(M_{t+1}, X_{t+1})$$

End *MicroSim*

Run *MicroSim*



# Microsimulation exercise

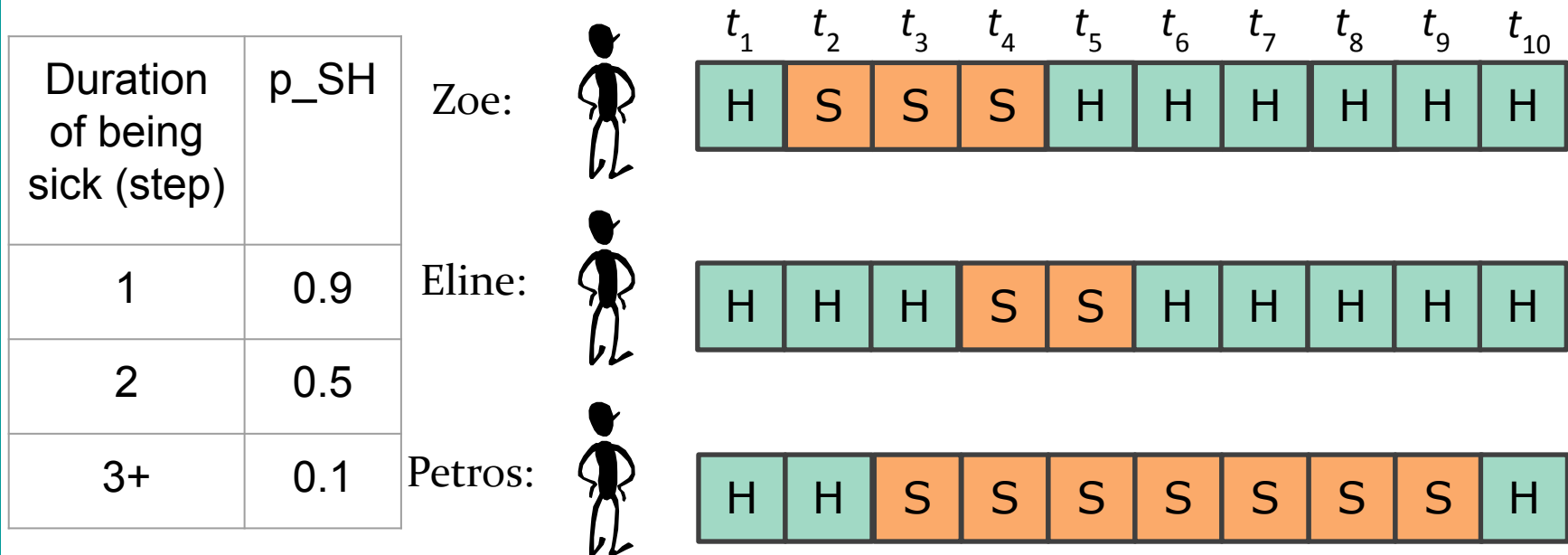
Sick – Sicker model  
See exercise instructions



# State-residence

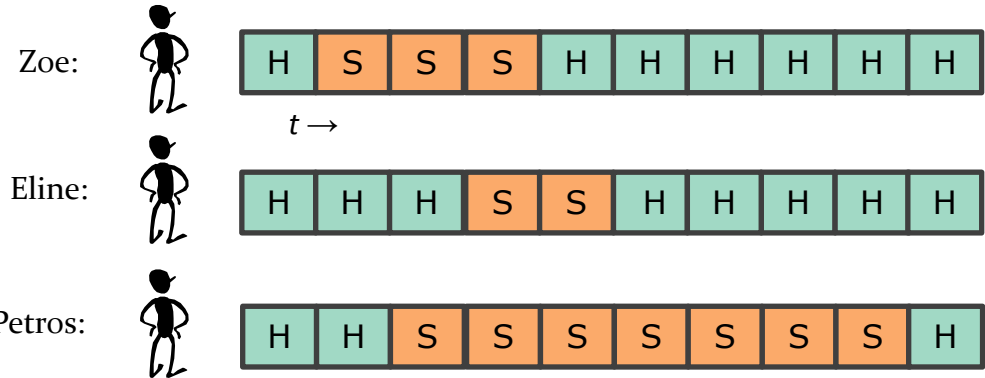
# State-residency




- Probability might be dependent on how long someone is in a state
  - The probability of recovery depends on the duration of being sick



# Individuals Characteristics

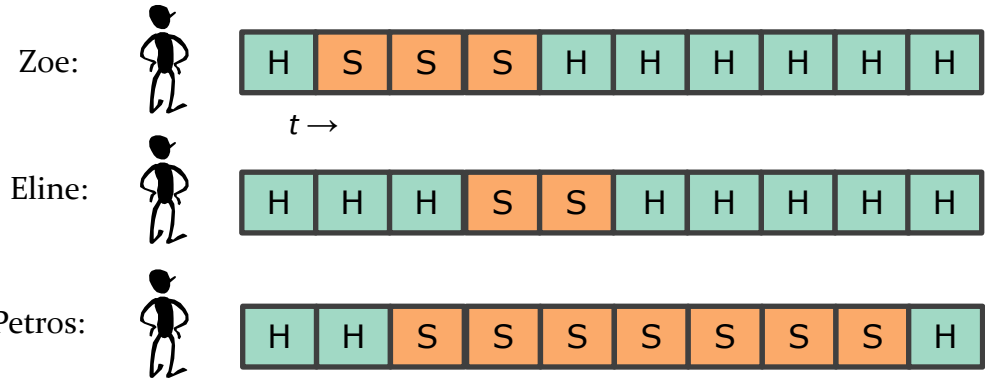
$t = 1$






		time Sick	p_SH
Zoe:		0	--
Eline:		0	--
Petros		0	--

# Individuals Characteristics

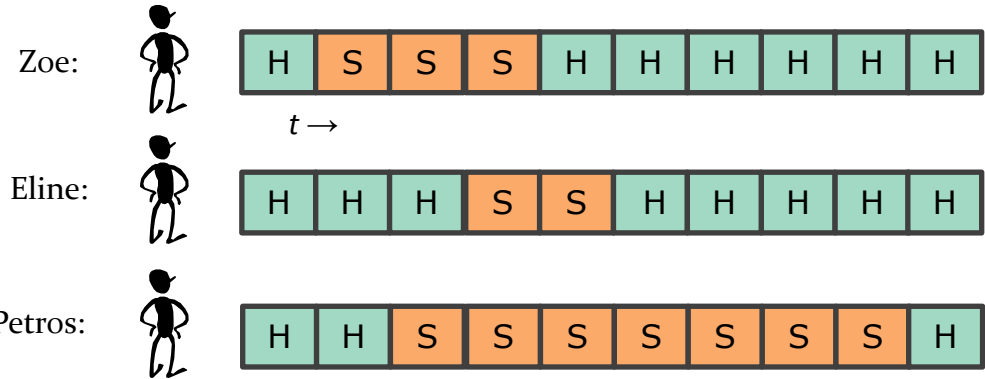
$t = 2$






		time Sick	p_SH
Zoe:		1	0.9
Eline:		0	--
Petros		0	--

# Individuals Characteristics

$t = 3$

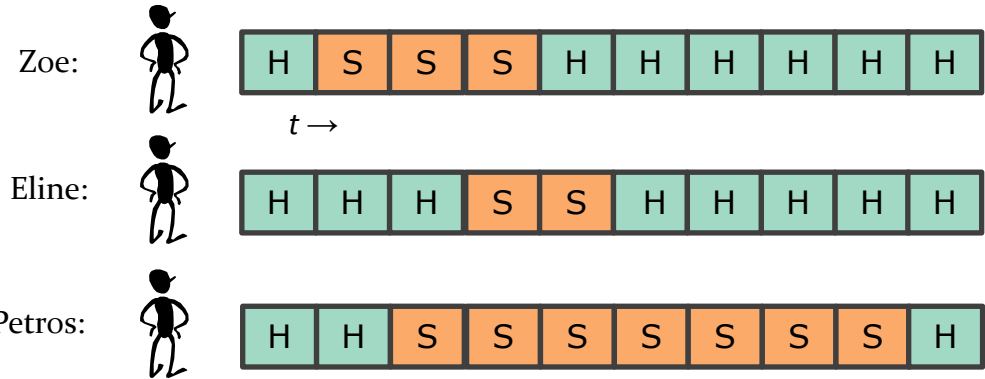


		time Sick	p_SH
Zoe:		2	0.5
Eline:		0	--
Petros		1	0.9



# Individuals Characteristics

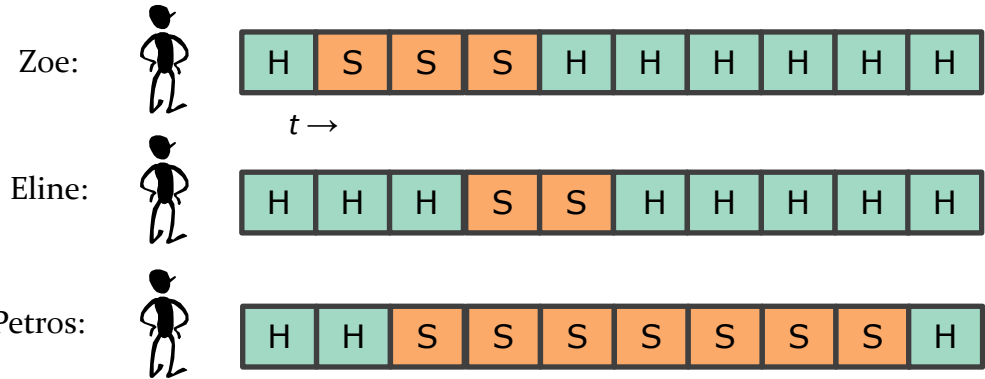
$t = 4$



	time Sick	p_SH
Zoe:	3	0.1
Eline:	1	0.9
Petros	2	0.5

# Individuals Characteristics

$t = 5$


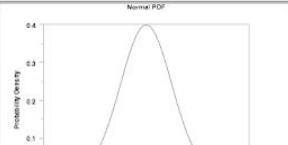



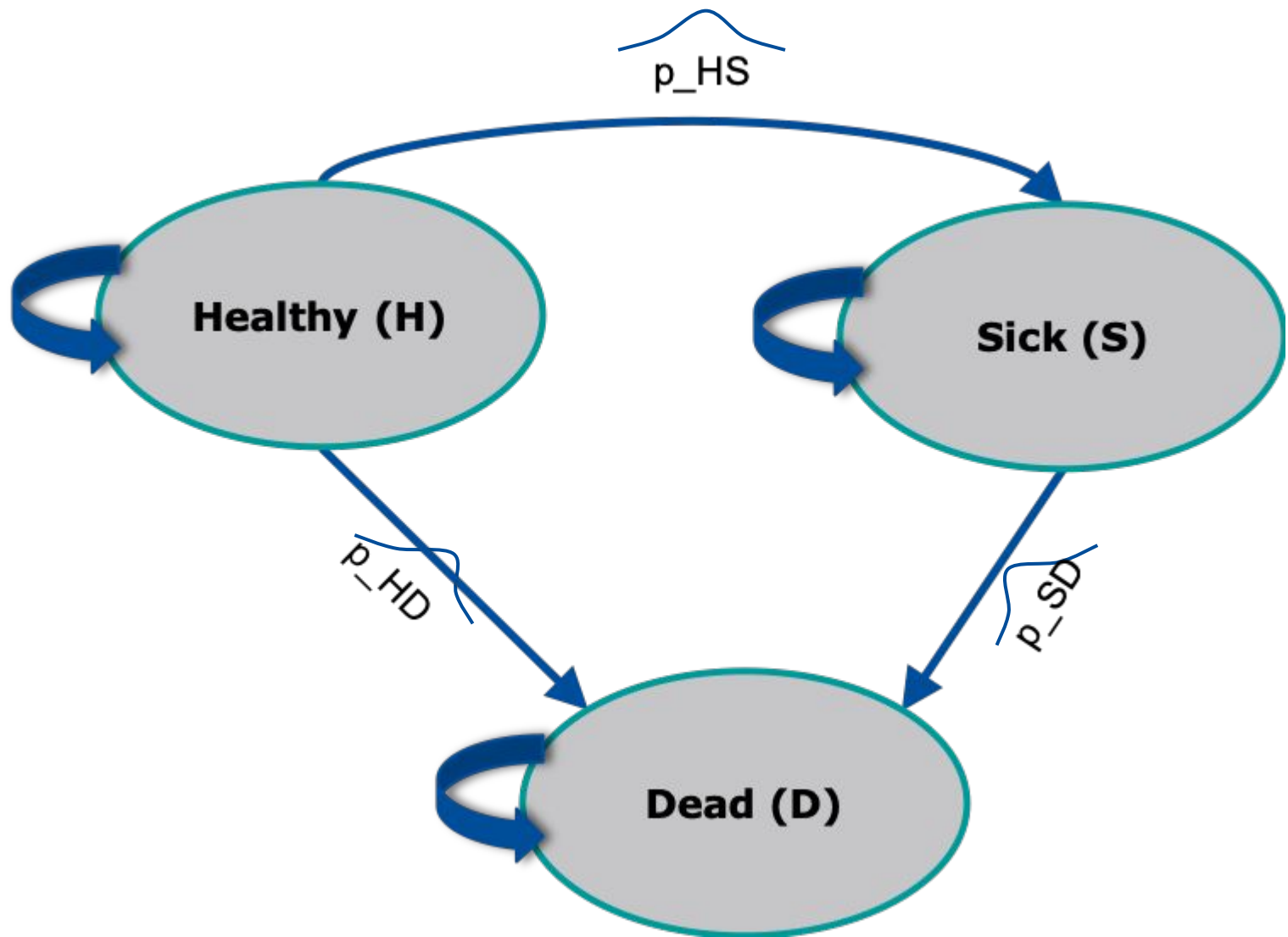
	time Sick	p_SH
Zoe:	0	--
Eline:	2	0.5
Petros	3	0.1



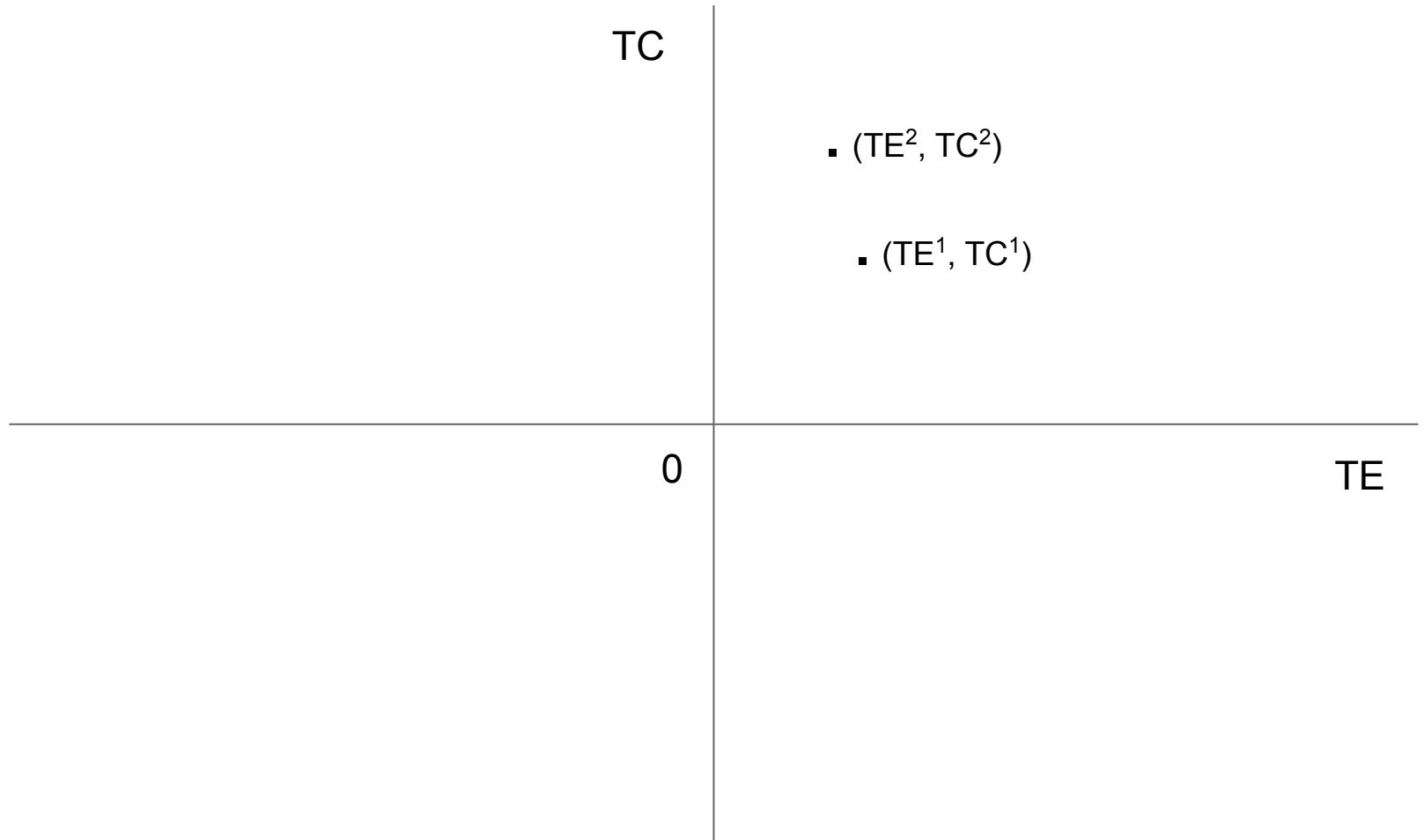
# PSA

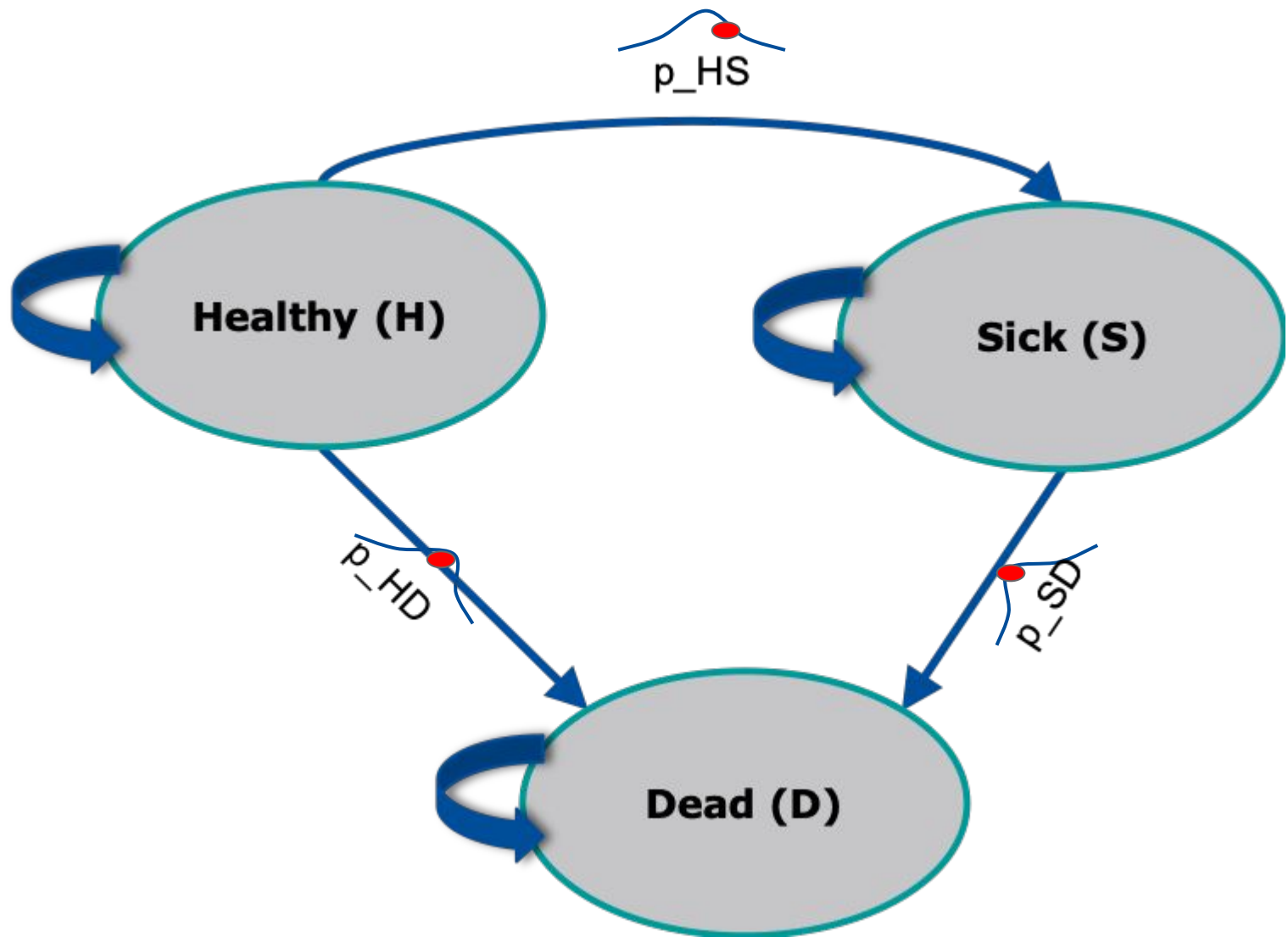
# Heterogeneity vs. uncertainty

Heterogeneity	
Probability/utility/costs depend on	<ul style="list-style-type: none"> <li>- age, sex, risk factors</li> <li>- events, treatment</li> <li>- duration in a state</li> </ul>
Uncertainty	
Stochastic uncertainty (1st order)	
Parameter uncertainty (2nd order)	
Model uncertainty	



# Presenting the PSA results





# Presenting the PSA results





# PSA in R

Common structure among (most of) distributions in R

- “q”+ *dist.* (e.g. `qnorm()`): quantile function
- “d”+ *dist.*(e.g. `dnorm()`): density function
- “p”+ ***dist.***(e.g. `pnorm()`): **c.d.f function**
- “r” + ***dist.***(e.g. `rnorm()`): **random number generating function**

`sample()`: Random number sampling with(out)  
replacement and weights

- multinomial distribution
- bootstrapping (if a dataset of parameters is available)

# DARTH Publications

## An Overview of R in Health Decision Sciences

*Hawre Jalal, MD, PhD, Petros Pechlivanoglou, MSc, PhD, Eline Krijkamp, MSc, Fernando Alarid-Escudero, MSc, Eva Enns, MS, PhD, M. G. Myriam Hunink, MD, PhD*

## Microsimulation Modeling for Health Decision Sciences Using R: A Tutorial

Eline M. Krijkamp, Fernando Alarid-Escudero, Eva A. Enns, Hawre J. Jalal, M. G. Myriam Hunink, and Petros Pechlivanoglou



Medical Decision Making  
2018, Vol. 38(3) 400–422  
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DOI: 10.1177/0272989X18754513  
journals.sagepub.com/home/mdm  
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Pharmacoeconomics  
<https://doi.org/10.1007/s40273-019-00837-x>

### PRACTICAL APPLICATION



## A Need for Change! A Coding Framework for Improving Transparency in Decision Modeling

Fernando Alarid-Escudero<sup>1</sup> · Eline M. Krijkamp<sup>2</sup> · Petros Pechlivanoglou<sup>3</sup> · Hawre Jalal<sup>4</sup> · Szu-Yu Zoe Kao<sup>5</sup> · Alan Yang<sup>6</sup> · Eva A. Enns<sup>5</sup>

New Results

[Comment on this paper](#)

## A Multidimensional Array Representation of State-Transition Model Dynamics

Eline M. Krijkamp, Fernando Alarid-Escudero, Eva A. Enns, Petros Pechlivanoglou, M.G. Myriam Hunink, Hawre J. Jalal

doi: <https://doi.org/10.1101/670612>





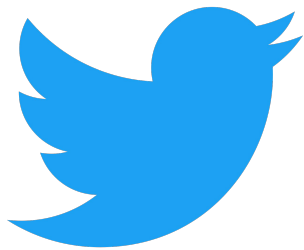


# Acknowledgement

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**MOORE**  
FOUNDATION



# Thank you



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