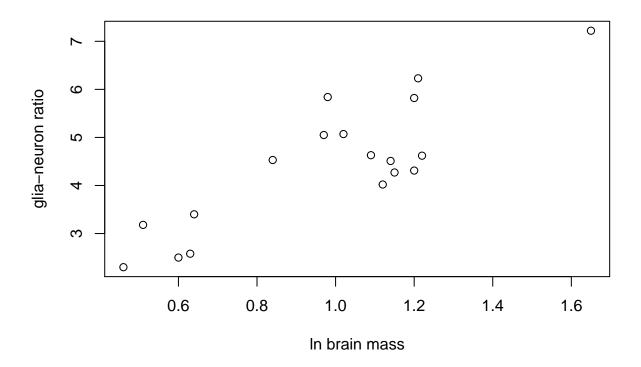
# Bios Methods Homework 4

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## Problems 1 & 2

See hand-written scanned section to follow...

### Problem 3



```
nonhuman = brain_data %>% filter(species != "Homo sapiens")
```

### Part A - Regression

```
brain_reg = lm(glia_neuron_ratio ~ ln_brain_mass, data = nonhuman)
summary(brain_reg)
##
## Call:
## lm(formula = glia_neuron_ratio ~ ln_brain_mass, data = nonhuman)
##
## Residuals:
                       Median
##
        Min
                  1Q
##
  -0.24150 -0.12030 -0.01787 0.15940 0.25563
##
## Coefficients:
                 Estimate Std. Error t value Pr(>|t|)
##
```

```
## (Intercept) 0.16370 0.15987 1.024 0.322093 ## \ln_{\text{brain}} mass 0.18113 0.03604 5.026 0.000151 *** ## --- ## Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1 ## ## Residual standard error: 0.1699 on 15 degrees of freedom ## Multiple R-squared: 0.6274, Adjusted R-squared: 0.6025 ## F-statistic: 25.26 on 1 and 15 DF, p-value: 0.0001507 The regression equation is \hat{Y}=0.1637+0.18113\mathbf{X_i}
```

#### Part B - Prediction

For humans,  $\ln(\text{brain mass}) = 7.22$ , so the regression equation would predict a glia neuron ratio of 0.1637 + 0.18113(7.22) = 1.471

#### Part C - Prediction Interval

The most meaningful estimate would be a prediction interval rather than a confidence interval at the given brain mass.

### Part D - 95% Interval

We find that our 95% prediction interval for the human glia-neuron ratio is (1.036, 1.907). The actual measured ratio is 1.65, which is within this range, so we conclude that humans are not abnormal compared to other primates.

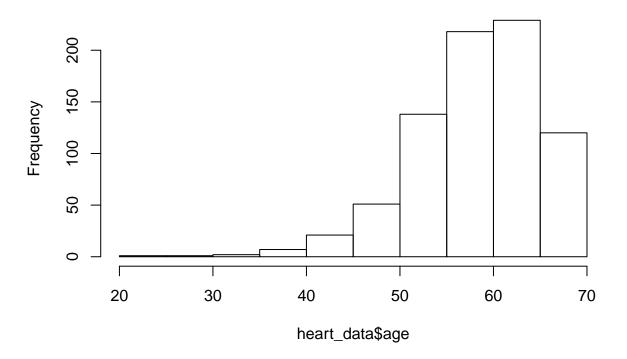
Since the human data point is somewhat of an outlier we should be cautious since the regression line might not accurately apply to a value of ln(brain mass) that is so high

### Problem 4

```
heart_data = read_csv(file = "./HeartDisease.csv")
## Parsed with column specification:
## cols(
     id = col_double(),
##
##
     totalcost = col_double(),
##
     age = col_double(),
##
     gender = col_double(),
##
     interventions = col_double(),
##
     drugs = col_double(),
##
     ERvisits = col_double(),
```

```
complications = col_double(),
##
##
     comorbidities = col_double(),
##
     duration = col_double()
## )
heart_data %>%
  count(gender)
## # A tibble: 2 x 2
##
     gender
##
      <dbl> <int>
## 1
          0
              608
## 2
          1
              180
hist(heart_data$age)
```

### Histogram of heart\_data\$age



```
summary(heart_data$ERvisits)
     Min. 1st Qu. Median
                             Mean 3rd Qu.
            2.000
                    3.000
##
     0.000
                            3.425
                                    5.000 20.000
summary(heart_data$totalcost)
##
     Min. 1st Qu. Median
                             Mean 3rd Qu.
##
           161.1
                   507.2 2800.0 1905.5 52664.9
```

### Part A - Description

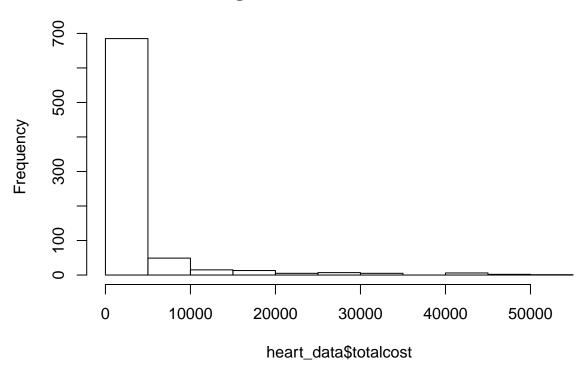
The dataset contains data on 788 patients who made insurance claims for coronary heart disease. The main predictor is the number of ER visits, and the main outcome is total cost. Covariates include age, gender, number of complications, and condition duration.

### Part B - Total Cost

Altering total cost to ln(totalcost) makes a more normal distribution

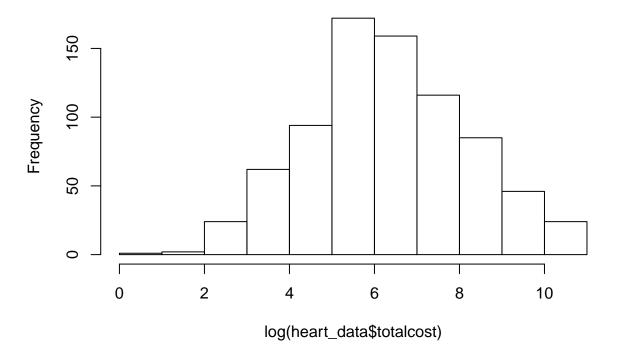
hist(heart\_data\$totalcost)

### Histogram of heart\_data\$totalcost



hist(log(heart\_data\$totalcost))

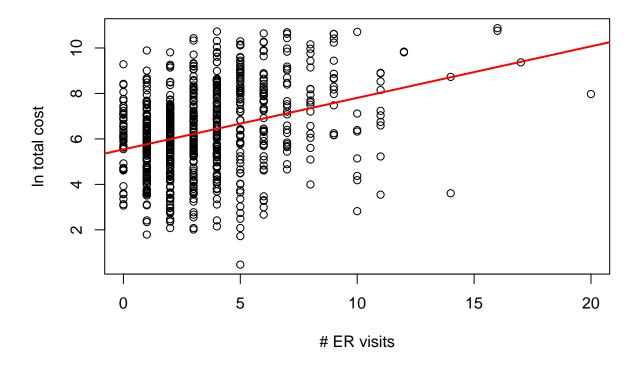
### Histogram of log(heart\_data\$totalcost)



### Part C - Complications Factor

### Part D - SLR

Note that in creating our new\_heart dataset above, we also excluded 3 data points where cost was 0, since these will not work with a log transformation. This seems reasonable since these ER costs are likely missing or were not recorded by the insurance company, so they are not helpful for our regression analysis.



### summary(slr\_heart)

```
##
## Call:
## lm(formula = lncost ~ ERvisits, data = new_heart)
##
## Residuals:
##
       Min
                1Q
                    Median
                                 3Q
                                        Max
   -6.2013 -1.1265
                   0.0191
                            1.2668
##
##
   Coefficients:
##
               Estimate Std. Error t value Pr(>|t|)
  (Intercept)
                5.53771
                           0.10362
                                      53.44
                                              <2e-16 ***
## ERvisits
                0.22672
                           0.02397
                                       9.46
                                              <2e-16 ***
## ---
## Signif. codes:
                   0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
## Residual standard error: 1.772 on 783 degrees of freedom
## Multiple R-squared: 0.1026, Adjusted R-squared: 0.1014
## F-statistic: 89.5 on 1 and 783 DF, p-value: < 2.2e-16
b1_simple = summary(slr_heart)$coefficients[2,1] #0.2267
```

The regression equation is  $\ln \hat{Y} = 5.537 + 0.226 X_i$ 

These results are highly significant, as a test of  $\hat{\beta}_1 = 0$  gives the test statistic 9.46 which is  $> t_{785-2,1-0.95/2} = 1.9629983$  so we conclude the slope is not 0.

Our estimated slope is 0.2267, meaning that for every 1 additional ER visit, we would predict that total cost

will increase by  $100(e^{0.2267} - 1) = 25.4\%$ .

### Part E - MLR

```
mlr_heart = lm(lncost ~ ERvisits + compbin, data = new_heart)
summary(mlr_heart)
##
## Call:
## lm(formula = lncost ~ ERvisits + compbin, data = new_heart)
## Residuals:
                10 Median
##
       Min
                                 30
                                        Max
## -6.0741 -1.0737 -0.0181 1.1810 4.3848
## Coefficients:
##
               Estimate Std. Error t value Pr(>|t|)
                 5.5211
                             0.1013 54.495 < 2e-16 ***
## (Intercept)
## ERvisits
                 0.2046
                             0.0237
                                      8.633 < 2e-16 ***
## compbin1
                 1.6859
                             0.2749
                                      6.132 1.38e-09 ***
## ---
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
##
## Residual standard error: 1.732 on 782 degrees of freedom
## Multiple R-squared: 0.1437, Adjusted R-squared: 0.1416
## F-statistic: 65.64 on 2 and 782 DF, p-value: < 2.2e-16
b1_mult = summary(mlr_heart)$coefficients[2,1] #0.2046
Using multiple linear regression, our regression equation is
\ln \hat{Y} = 5.5211 + 0.2046 \mathbf{X_{i1}} + 1.686 \mathbf{X_{i2}}
where X_1 = \# ER visits, and X_2 = whether patient experienced complications (reference category = 0, no
complications)
i. Testing for interaction To test for interaction, we run a MLR with an interaction term
mlr_interact = lm(lncost ~ ERvisits*compbin, data = new_heart)
summary(mlr_interact)
##
## Call:
## lm(formula = lncost ~ ERvisits * compbin, data = new_heart)
## Residuals:
##
       Min
                1Q Median
                                 3Q
                                        Max
## -6.0852 -1.0802 -0.0078 1.1898 4.3803
## Coefficients:
                      Estimate Std. Error t value Pr(>|t|)
##
## (Intercept)
                       5.49899
                                  0.10349 53.138 < 2e-16 ***
## ERvisits
                       0.21125
                                  0.02453
                                             8.610 < 2e-16 ***
                                             3.992 7.17e-05 ***
## compbin1
                       2.17969
                                  0.54604
## ERvisits:compbin1 -0.09927
                                  0.09483 -1.047
                                                      0.296
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
##
```

```
## Residual standard error: 1.732 on 781 degrees of freedom
## Multiple R-squared: 0.1449, Adjusted R-squared: 0.1417
## F-statistic: 44.13 on 3 and 781 DF, p-value: < 2.2e-16
-0.1 + c(-1,1)*(0.09483)*qt(0.975,781)</pre>
```

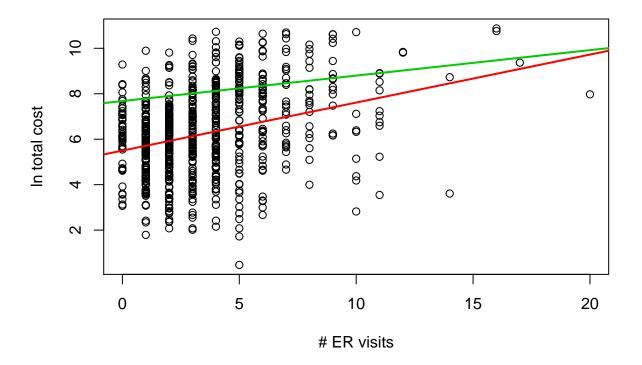
```
## [1] -0.28615187 0.08615187
```

This gives the model  $\ln \hat{Y} = 5.499 + 0.211 \mathbf{X_{i1}} + 2.18 \mathbf{X_{i2}} - 0.1 \mathbf{X_{i1}} \mathbf{X_{i2}}$ 

The interaction term = -0.1, with a t-value that is insignificant.

Also the confidence interval would be  $-0.1 + (0.09483)(t_{0.975,781}) = (-0.286, 0.862)$  which includes zero, so we conclude there is not a significant interaction between ER visits and complication status.

We can also look at the graph of  $\ln(\cos t)$  vs. # ER visits, stratified by compbin = 0 or 1, and the respective slopes of the regression lines



For the 742 observations without complications (compbin = 0, in red),  $\hat{\beta}_1 = 0.211$ For the remaining 43 observations with complications (compbin = 1),  $\hat{\beta}_1 = 0.112$ 

ii. Testing for confounding To test for confounding, we compare the SLR (ER visits as the only predictor

of cost) and MLR (adding in/adjusting for complications)

```
(b1_mult - b1_simple)/b1_simple #decreases by 9.75%
```

```
## [1] -0.09755288
```

In the simple linear regression, we found  $\hat{\beta}_1 = 0.2267$ .

Adding in the compbin variable and doing a multiple linear regression, now  $\hat{\beta}_1 = 0.2046$ , a 9.8% decrease, so I don't believe it is a significant confounder.

#### iii. Compbin in the model

```
anova(slr_heart, mlr_heart)
```

```
## Analysis of Variance Table
##
## Model 1: lncost ~ ERvisits
## Model 2: lncost ~ ERvisits + compbin
              RSS Df Sum of Sq
##
    Res.Df
                                         Pr(>F)
## 1
       783 2459.8
       782 2347.0
                  1
                        112.84 37.598 1.379e-09 ***
## ---
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
partial_r2 = 112.84/2459.8 #= 0.0459
dfS = 785 - 1 - 1
dfL = 785 - 2 - 1
qf(0.95,dfS-dfL,dfL)
```

### ## [1] 3.853378

Testing the effect of the complications variable  $(X_2)$ ,

```
H_0: \beta_2 = 0
```

 $H_1: \beta_2 \neq 0$ 

 $F = MSR/MSE = 37.598 > F_{1,782,0.05} = 3.85$ , so we reject the null hypothesis and conclude that  $\beta_2$  is not equal to 0

We also calculate from the previous ANOVA tables the partial  $R^2$  from the marginal contribution of complin to be 112.84 / 2459.8 = 0.046.

In other words, about 4.6% of the variation in cost can be attributed to the complications factorm holding the ER visits variable fixed.

Because of this I would include compbin in our model, so  $\ln \hat{Y} = 5.5211 + 0.2046 \mathbf{X_{i1}} + 1.686 \mathbf{X_{i2}}$ 

### Part F - Final MLR

```
##
## Call:
## Im(formula = lncost ~ ERvisits + compbin + age + gender + duration,
## data = new_heart)
##
## Residuals:
## Min 1Q Median 3Q Max
## -5.0823 -1.0555 -0.1352 0.9533 4.3462
```

```
##
## Coefficients:
                   Estimate Std. Error t value Pr(>|t|)
##
## (Intercept) 6.0449619 0.5063454 11.938 < 2e-16 ***
## ERvisits
                  0.1757486 0.0223189
                                           7.874 1.15e-14 ***
                                           5.840 7.65e-09 ***
## compbin1
                  1.4921110 0.2554883
## age
                 -0.0221376 0.0086023
                                          -2.573
                                                     0.0103 *
## gender
                 -0.1176181 0.1379809
                                          -0.852
                                                     0.3942
## duration
                 0.0055406 0.0004848 11.428 < 2e-16 ***
## ---
## Signif. codes: 0 '***' 0.001 '**' 0.05 '.' 0.1 ' ' 1
## Residual standard error: 1.605 on 779 degrees of freedom
## Multiple R-squared: 0.268, Adjusted R-squared: 0.2633
## F-statistic: 57.03 on 5 and 779 DF, p-value: < 2.2e-16
\ln \hat{Y} = 6.05 + 0.176 \mathbf{X_{i1}} + 1.492 \mathbf{X_{i2}} - 0.022 \mathbf{X_{i3}} - 0.118 \mathbf{X_{i4}} + 0.0055 \mathbf{X_{i5}}
where
X_{i1} = \# ER \text{ visits}
X_{i2} = complications (yes compared to no)
X_{i3} = age (years)
X_{i4} = gender (male compared to female)
X_{i5} = duration (days)
```

The adjusted  $R^2$  is 0.2633, meaning 26.3% of the variation in cost can be attributed to these covariates as in this model.

### Which model to use?

Added Covariate	Adj R2
simple	0.1014291
compbin	0.1415533
age	0.1415764
gender	0.1407894
duration	0.2582995

I would include the complications and duration covariates to adjust the relationship between cost vs. ER visits for these factors. These increase the adjusted  $R^2$  value. Gender and age do not appear to have a significan affect. It's interesting to note that in the large model, age comes back with a significant p-value (0.0103), however because it does not affect the  $R^2$  I would not include it.

```
mlr_final = lm(lncost ~ ERvisits + compbin + duration, data = new_heart)
summary(mlr_final)
##
## lm(formula = lncost ~ ERvisits + compbin + duration, data = new_heart)
##
## Residuals:
##
       Min
                 1Q Median
                                  3Q
                                          Max
## -5.1450 -1.1008 -0.1479 0.9593 4.6166
##
## Coefficients:
                 Estimate Std. Error t value Pr(>|t|)
##
## (Intercept) 4.7605975
                           0.1163153 40.928 < 2e-16 ***
                                        7.684 4.62e-14 ***
## ERvisits
                0.1708778 0.0222372
## compbin1
                1.5285357 0.2559535
                                         5.972 3.56e-09 ***
## duration
                0.0053724 0.0004823 11.140 < 2e-16 ***
## Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
## Residual standard error: 1.61 on 781 degrees of freedom
## Multiple R-squared: 0.2611, Adjusted R-squared: 0.2583
## F-statistic: 92.01 on 3 and 781 DF, p-value: < 2.2e-16
Our final model then is
\ln \hat{Y} = 4.76 + 0.171 \mathbf{X_{i1}} + 1.529 \mathbf{X_{i2}} + 0.005 \mathbf{X_{i3}}
Using the formula % change in Y = 100(e^{\beta_1} - 1),
we conclude that an additional ER visit increases total cost by about 18%, having complications increases it
```

by 361%, and an additional day of stay increases it by 0.54%.