

# Topics in Machine Learning

## Machine Learning for Healthcare

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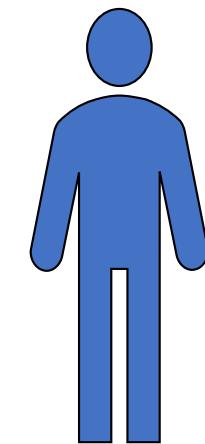
Computer science & Laboratory Medicine and Pathobiology



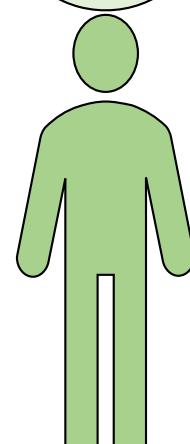
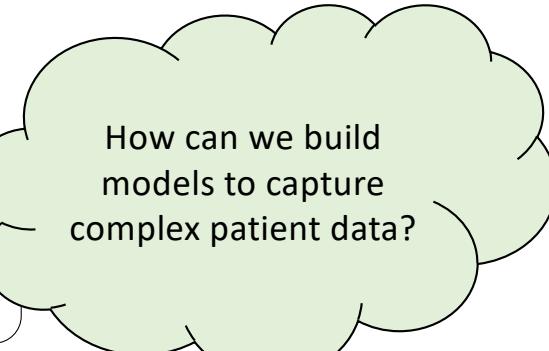
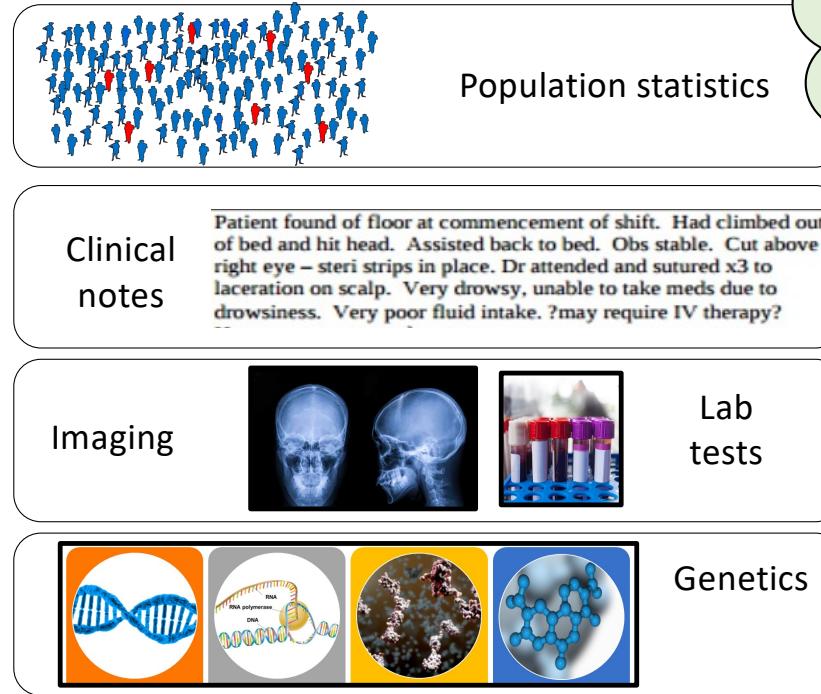
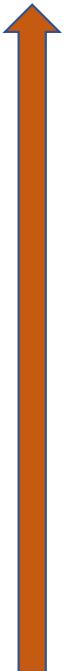
# Outline

- Time series data in healthcare
  - Data in cardiology
  - Data in chronic disease care
  - Tasks for machine learning
  - Univariate time series models
  - Multi-variate time series models

# Health is a multi-scale problem



Scales  
of the  
human  
body



Time/Severity of disease



# Time in healthcare

- If you're visiting the doctor just once, your visit may fall into one of the following:
  - Annual check up,
  - A minor issue that needs a referral,
  - A very severe issue (intensive trauma, late stage cancer) that is too late to be treated,
- In reality, **many** problems in healthcare involve time-varying (or longitudinal data).

# Time-series data in healthcare

- Population level:
  - Infection statistics for various diseases are tracked at the local, provincial, federal level
    - Used to inform and guide policy decisions
- Hospital level:
  - Weekly admission statistics to the emergency department are tabulated, tracked and forecast
    - Used to guide weekly staffing policies. e.g. nurse schedules
- Individual level:
  - Critical care
  - Chronic diseases

# Patients in critical care units

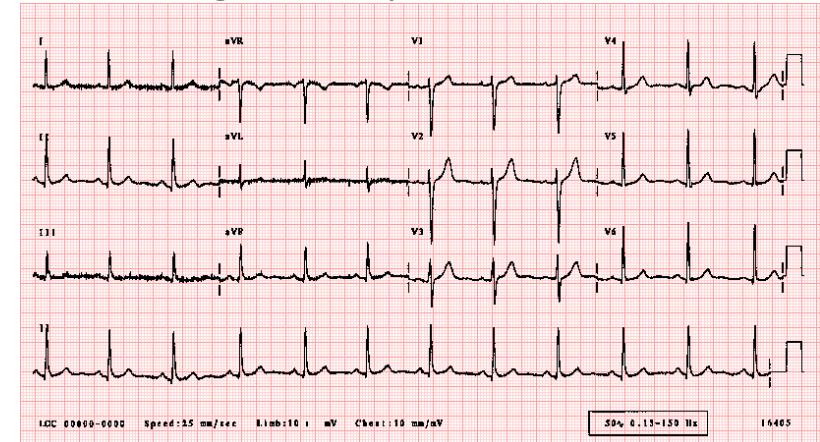


# Time-series data in critical care patients

- Often suffer from one or more severe conditions underlying the reason they are in the ICU,
- The goal of doctors in the ICU is often twofold:
  - Keep patient state stable
  - Treat the underlying disease burden
- Many different sensors, each tracking a different physiologic time-varying signal
- Many examples of data that are sampled and tracked at a high-frequency

# Physiological time-series data 1 [cardiology]

- **Electrocardiogram:**
  - A simple way to evaluate the functioning of the heart
  - Electrodes placed at different parts of the body and measure/interpret heart functioning
  - **Why does it work:** Natural electric impulses govern contractions of the heart. By measuring them, we can assess how fast it is beating, the rhythm of the heartbeat and the strength of the pulses
  - **Diseases:** Congestive heart failure
  - Type of data: continuous time



# Physiological time-series data 2 [cardiology]

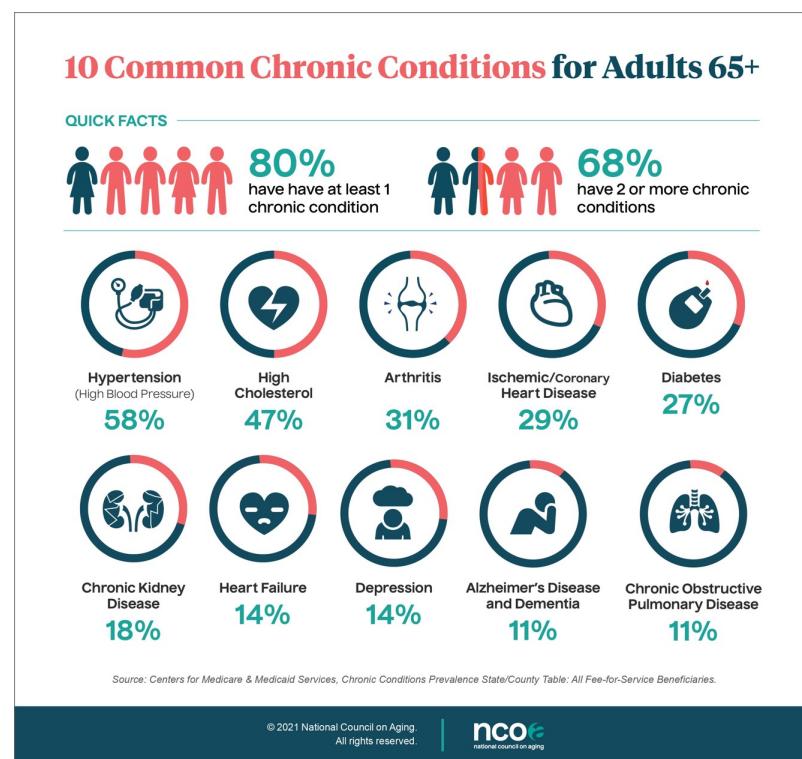
- Transthoracic **echocardiography** (TTE)
  - Widely used diagnostic tests in cardiology. Ultrasound of the heart
  - Characterize size and shape of the heart, pumping capacity, and the location of any tissue damage
- Type of data: video [time series of images]



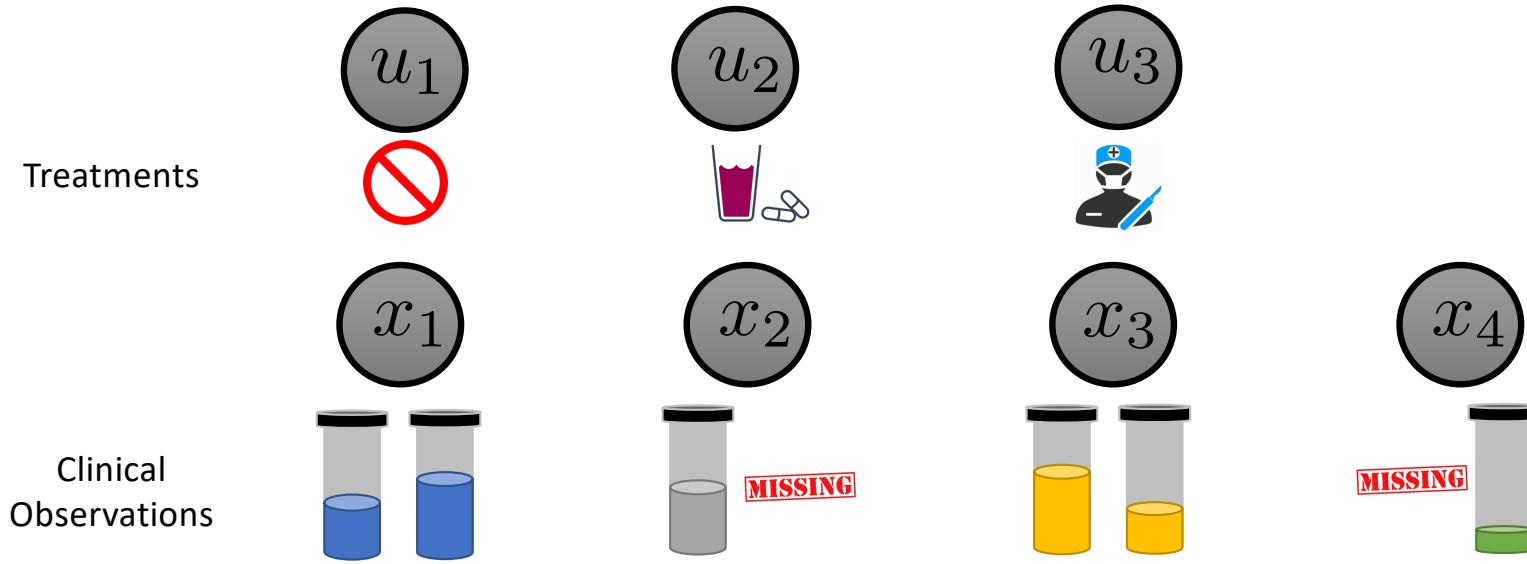
Source: **Role of Echocardiography in the Intensive Care Unit: Overview of the Most Common Clinical Scenarios**, Longobardo et. al, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6664324/>

# Patients suffering from chronic diseases

- Chronic diseases are defined broadly as conditions that last 1 year or more and:
  - Require ongoing medical attention
  - Limit activities of daily living
  - Both of the above
- The American Cancer Society views cancer as a chronic disease when the cancer can be controlled with treatment, becomes stable, or reaches remission.



# Chronic Disease Management – (1)

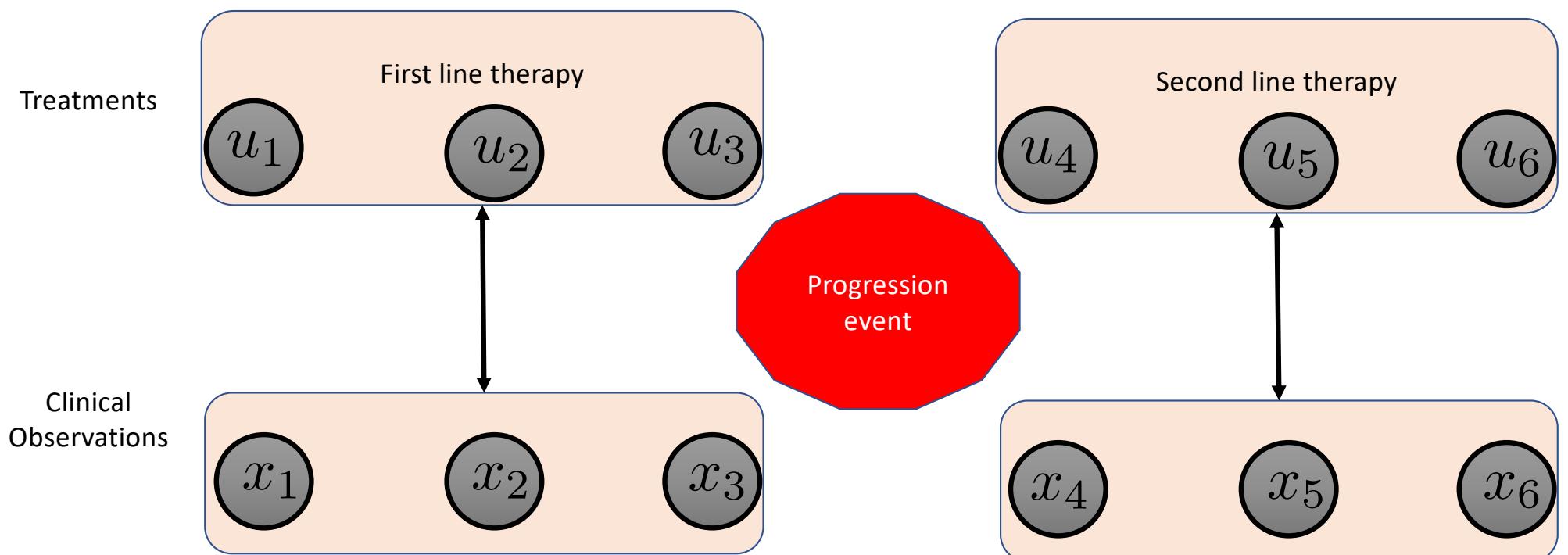


- Canonical picture that characterizes how healthcare data behave
- Interesting and useful structure in how chronic diseases are treated

## Chronic Disease Management – (2)

- Treatments are often grouped across time
- Each line denotes an implicit plan that the clinician has on how to treat a patient
- The first line of therapy is generally what is recommended by clinical trials based on a match between patient characteristics and trial cohorts

# Chronology of chronic disease therapy



# Progression events

- Progression events mark the failure of a line of therapy
  - Death
  - Patient did not respond
  - Patient cannot tolerate the medication
- Move onto the next line of medication
- Chronic disease care is personalized by care providers

# Diabetes care and management

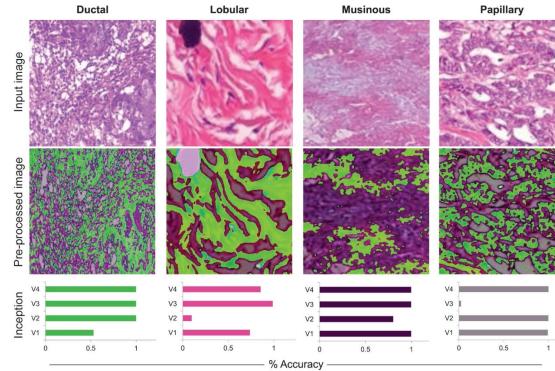
- Biomarkers:
  - Blood sugar (A1C) levels
- Interventions
  - First line: Metformin
  - Second line:
    - Combination therapy: Metformin + Sulfonylurea drug



Source: [https://www.cadth.ca/sites/default/files/pdf/second\\_line\\_therapy\\_for\\_type\\_2\\_diabetes\\_in\\_brief\\_e.pdf](https://www.cadth.ca/sites/default/files/pdf/second_line_therapy_for_type_2_diabetes_in_brief_e.pdf)

# What does this mean for data?

- Chronic disease care involves data collection at regular time intervals
  - Typically, intervals between data are a few weeks or months
- Data types:
  - Longitudinal lab-values and treatments
  - Genetics
  - Imaging



# Tasks for machine learning

- Risk stratification with time-series data
  - All the same techniques we saw previously except our conditioning set  $x$  now comprises a time-series
- Pattern discovery in time-series data
  - K-means is easy to apply on static data
  - What about noisy, missing, time-varying data?
- Forecasting
  - Can we use statistical models to predict how a patient might evolve over time
  - Counterfactual reasoning is an important topic
    - Condition on aspects of the data that can change how observations behave over time

# Challenges for machine learning

- Clinical decision making is multi-modal
- Frequency of observations and interventions can vary dramatically:
  - Intensive care unit: Observations and interventions happening in real-time
    - High-frequency data
  - Chronic disease management: Observations and interventions happen over the span of months or years
    - Low-frequency data
- Missingness is rampant
  - ICU: sensor noise
  - Chronic disease management: administrative errors, access to health insurance

# Preprocessing for time-series data

- For static data:
  - Z-scoring
  - Min-max normalization
- For temporal data:
  - Normalization by standard reference measures (healthy values)
  - Log-transformation
  - Removing the mean of a time-series
  - Normalization to [-1 , 1]
  - Outlier removal
    - Not a good idea to remove if signal is in tails of the distribution
- Imputation for missing data:
  - Feed-forward imputation
  - Linear interpolation
  - Polynomial interpolation
  - We'll see more advanced imputation strategies later in the class

# Learning problems with time-series data

- One of the best ways to learn about statistical models for time-series data is to know what you can do with them,
  - Unsupervised learning
    - Forecasting – predict time-series into the future
    - Identify and detect patterns and clusters in time-series
  - Supervised learning:
    - Make predictions from time-series
- Lets turn our attention to focus on forecasting
  - To do forecasting, we often need a *model of the time-series*
  - *We'll start with the task of modeling a single biomarker*

# Univariate models of time series data

# Time-series regression with time-series features

$$y_t = c + \theta_1 x_{t-1} + \theta_2 x_{t-2} + \dots + \theta_k x_{t-k}$$

- Treat time-series modeling as a *linear* regression problem
- x: features (potentially time-varying)
- y: outcome of interest
- But what if we had no other features?

# ARIMA [AutoREgressive Integrated Moving Average]

$$y'_t = c + \phi_1 y'_{t-1} + \dots + \phi_p y'_{t-p} + \theta_1 \epsilon_{t-1} + \dots + \theta_q \epsilon_{t-q} + \epsilon_t$$

- ARIMA(p,d,q) model
  - p: order of autoregressive part
  - d: degree of differencing
  - q: order of moving average

Pro: Very flexible model of time-series data!  
Con: linear additive model

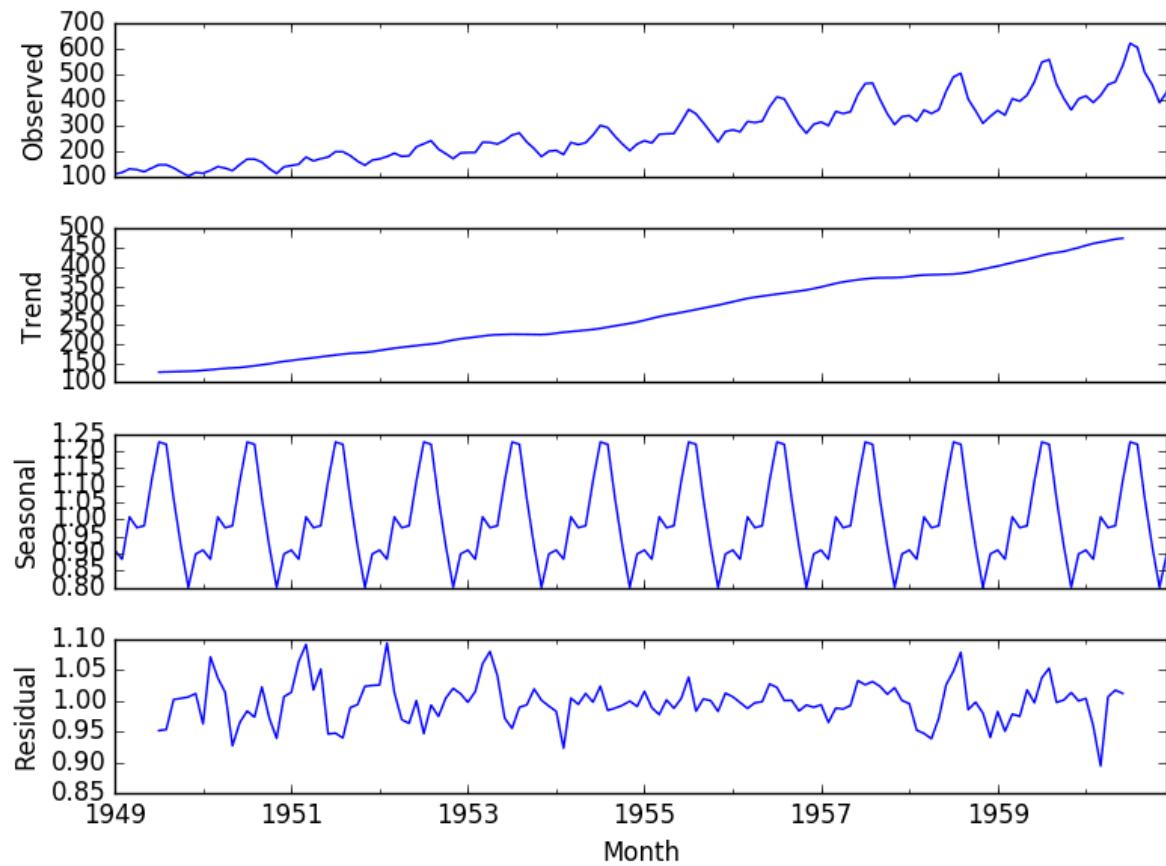
Reference: [Forecasting: Principles and Practice](#), Rob J Hyndman and George Athanasopoulos

# Nonlinear models of univariate time-series data

$$y_t = f(x_{t-1}, \dots, x_{t-k}; \theta)$$

- Very general formulation for a broad class of time series problems with nonlinear models
- Theta represent the parameters of this model
- Next, we'll study a single case study of the use of a such a non-linear model to make predictions from electrocardiogram data

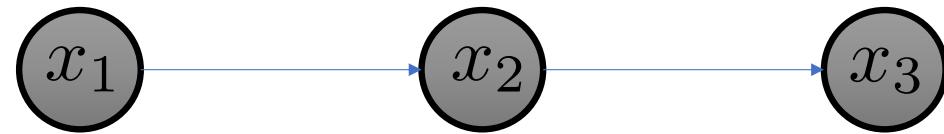
# General rule: Decompose time-series



When you think about modeling time-series data, think about trends and patterns that exist and how to design models to capture different variation.

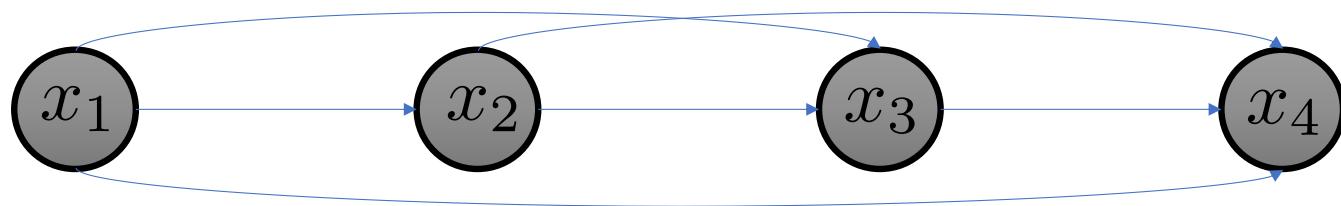
Multivariate models of time series data

# First-order Markov models



$$p(x_1, x_2, x_3) = p(x_1)p(x_2|x_1)p(x_3|x_2)$$

## K-gram models

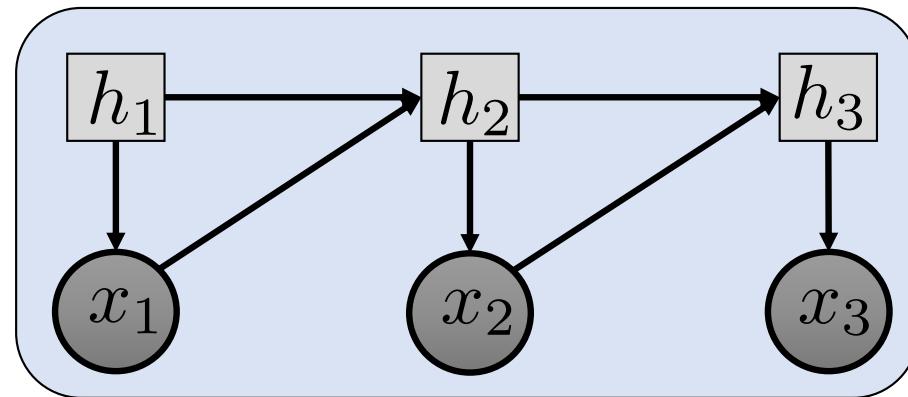


$$p(x_1, x_2, \dots, x_4) = p(x_1)p(x_2|x_1)p(x_3|x_{1\dots 2})p(x_4|x_{1\dots 3})$$

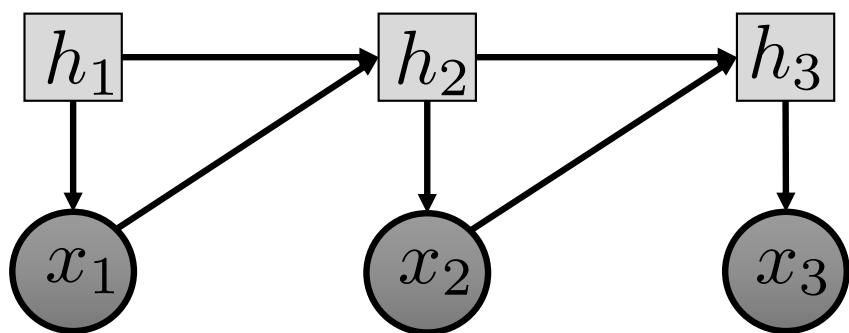
# Recurrent Neural Networks

- Auto-regressive sequential models of data
- Forward recurrent neural network model
  - Each **hidden state** summarizes all the variables in the **past**

$$p(x_1, x_2, x_3) = p(x_1|h_1)\hat{p}(h_2|h_1)p(x_2|h_2)\hat{p}(h_3|h_2)p(x_3|h_3)$$

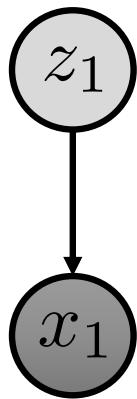


# Recurrent neural networks in action

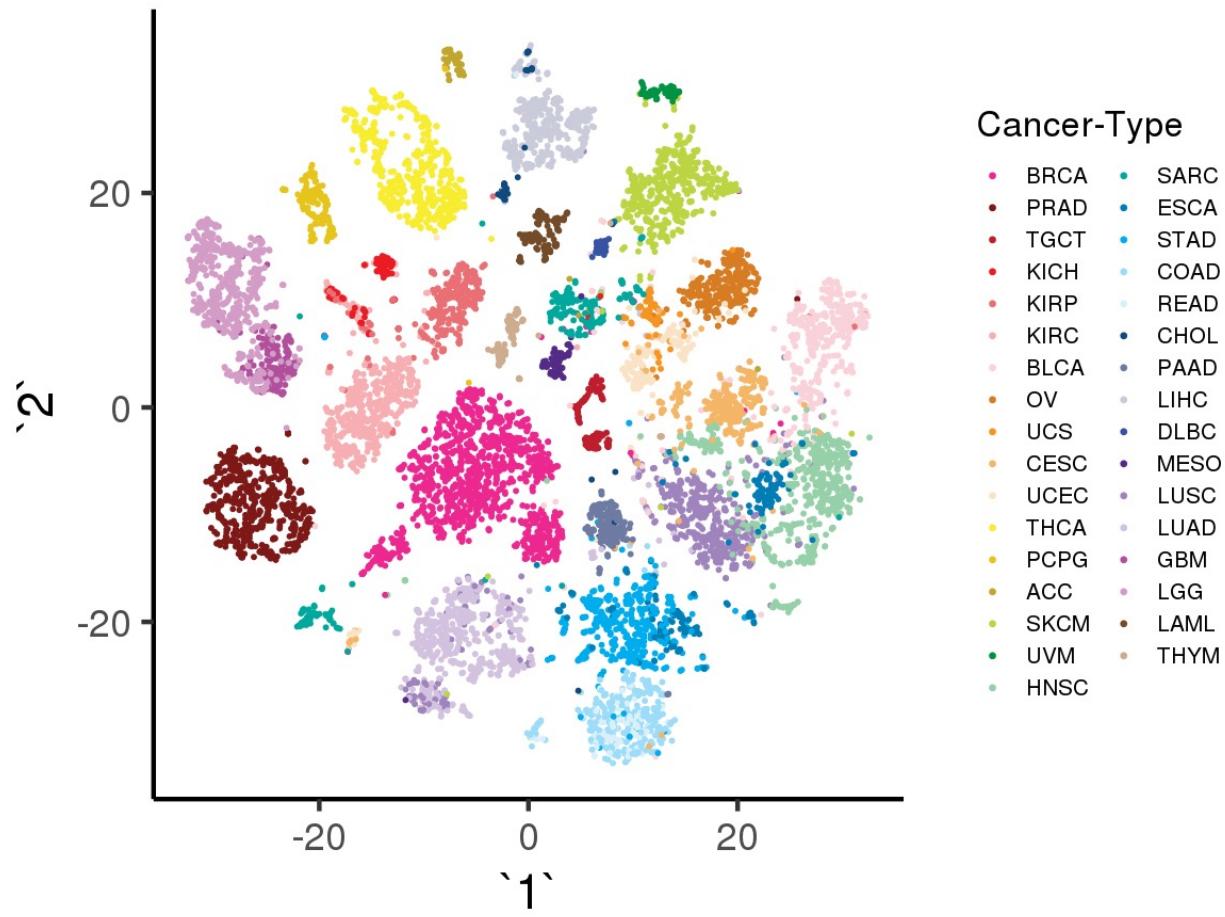


- Widely used for time-series modeling
- The parameterization of the functions that control how  $h$  behaves dictate the type of recurrent neural networks:
  - Long short-term memory (LSTM)
  - Gated recurrent units (GRU)

# Latent factor models

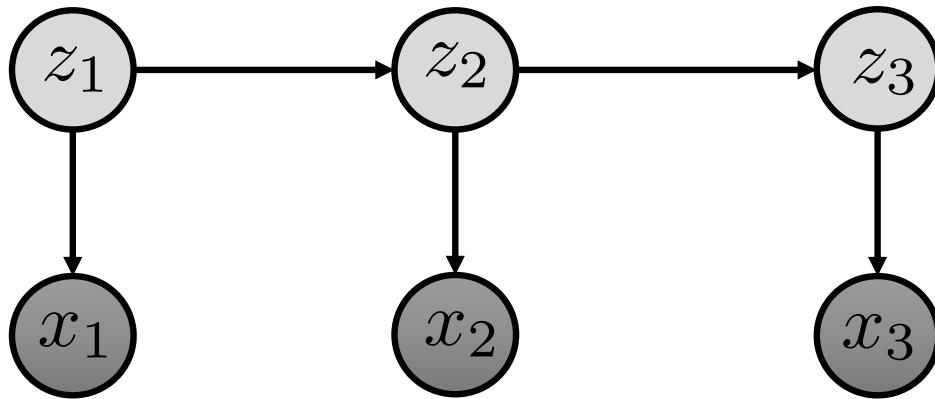


- Unsupervised models of (often high-dimensional data)
- Z: unobserved latent variation (often lower dimensional) than X (observed data)
- You may have encountered many variations of latent factor models:
  - Linear models:
    - Probabilistic PCA
    - Factor analysis
  - Non-linear models
    - Variational autoencoders



*Extracting a biologically relevant latent space from cancer transcriptomes with variational autoencoders*  
Way et. al , PSB 2014

# State space models



There are many different varieties of state space models.

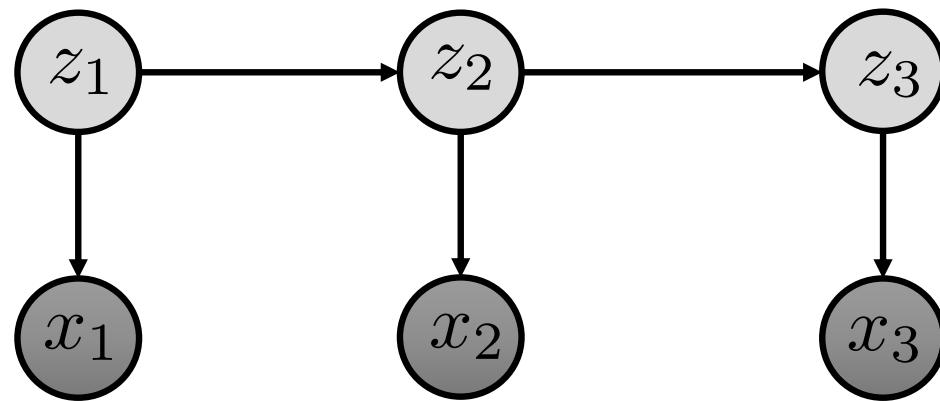
Each one makes different assumptions on how the probabilities behave and are transformed.

$$\begin{aligned} p(x_1, x_2, x_3) &= \int_{z_1, z_2, z_3} p(x_1, x_2, x_3, z_1, z_2, z_3) \\ &= \int_{z_1, z_2, z_3} p(z_1)p(z_2|z_1)p(z_3|z_2) \prod_{k=1}^3 p(x_k|z_k) \end{aligned}$$

# Hidden Markov Model

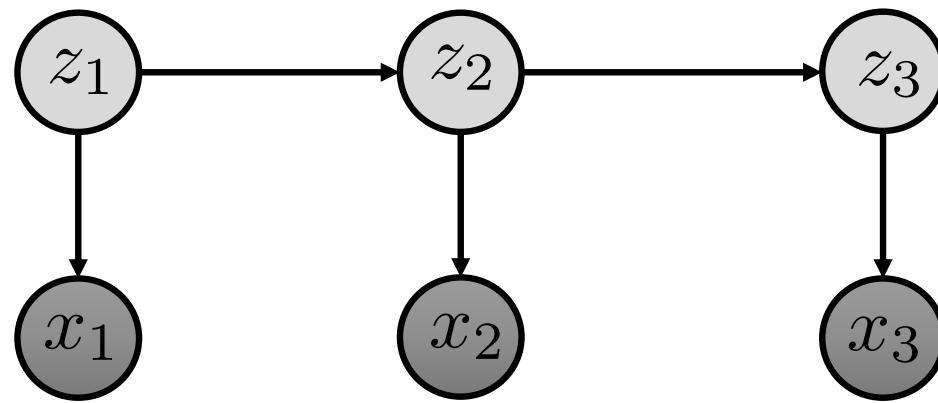
Z are discrete random variables (often categorical)

Edges denote transition matrices



# Linear Gaussian State Space Model

Z are continuous valued  
random variables  
(Gaussian)

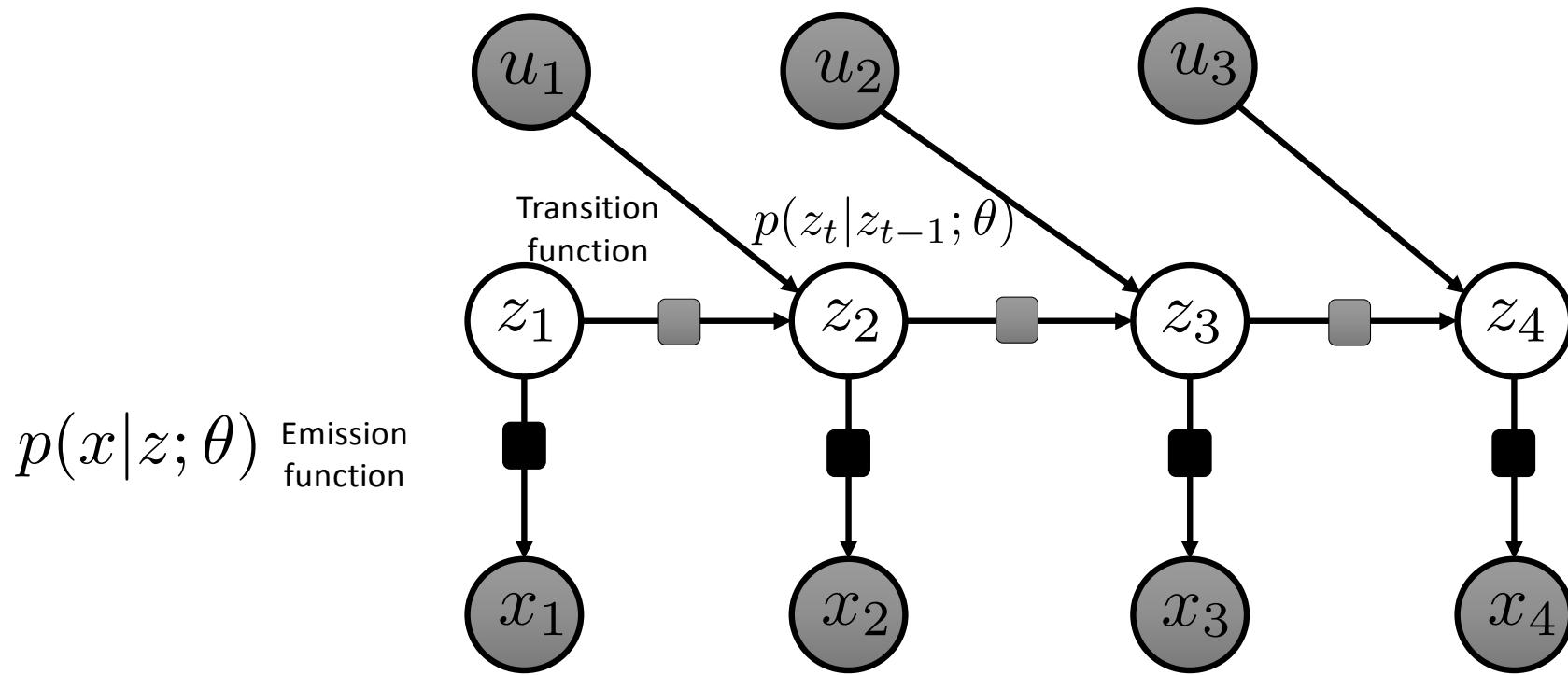


$$z_t = \mathcal{N}(\mu_t, \sigma)$$

$$\mu_t = Wz_{t-1} + b$$

$$\sigma = C$$

# Deep Markov Models



Structured Inference Networks for Nonlinear State Space Models, RGK, US, DS, AAAI 2017

# Learning time-series models

Univariate time-series

Multivariate time series

Regression

K-order Markov  
models

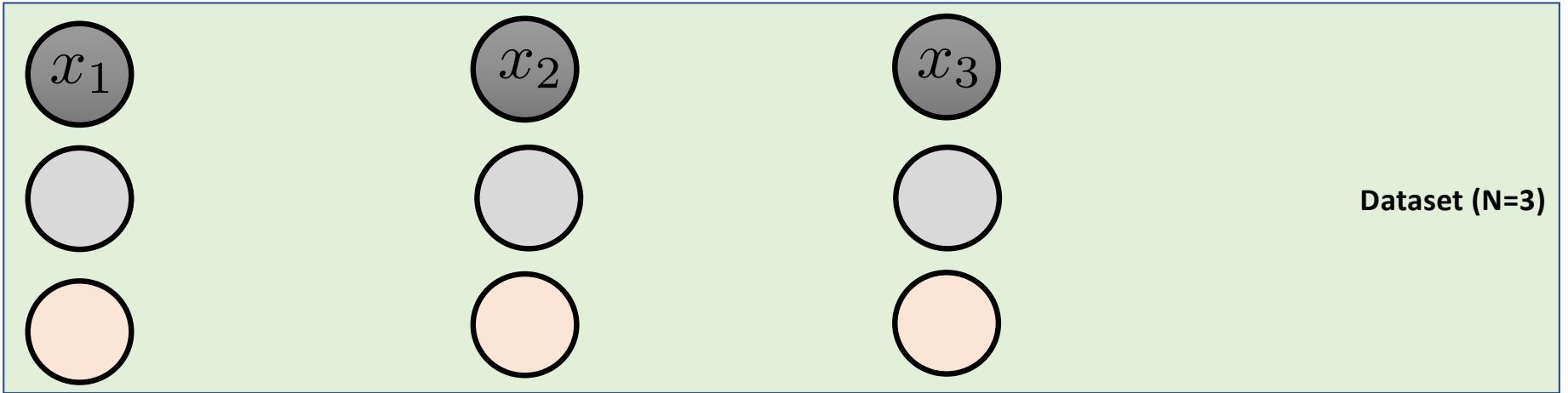
ARIMA

Recurrent neural  
networks

Nonlinear regression via conv. nets

State space models

# Learning via maximum likelihood estimation



- Model parameters are learned via **maximum likelihood estimation**

$$\mathcal{L}(x_1, \dots, x_T; \theta) = \log p(x_1, \dots, x_T; \theta)$$

Score function  
(high is good, low is bad)

$$\theta = \arg \max_{\theta} \sum_{i=1}^N \mathcal{L}(x_1^i, \dots, x_T^i; \theta)$$

Solve this optimization problem to **learn** the model. Often formulated as a minimization of the negative of the log-likelihood function

# Recipes for learning via maximum likelihood estimation

- Usually:
  - Write down the log likelihood as a function of the model parameters
  - Use stochastic gradient ascent to maximize log likelihood of observed data to learn parameters
- For latent variable models:
  - If the posterior distribution is tractable, often can write the log-likelihood in closed form or obtain an unbiased estimate via Monte-Carlo sampling
  - Else: approximate inference
    - Variational inference
    - Markov Chain Monte Carlo

# Evaluation of time-series models

- Mean-squared error
  - Forecasting on training data
  - Forecasting on held-out data
- Held-out log likelihood
- Introspection of model parameters