## **Tariff**

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### Outline

Background

2 Derive Tariff

Similarities between Tariff and InterVA

## Background

#### Tariff

- Developed by IHME [1] and is relatively new
- Was not used extensively in its original form, but is beginning to be used in an evolved form called 'Tariff 2.0' [2]
- IHME distributes propriety software called 'SmartVA-Analyze' that implements the Tariff 2.0 algorithm

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#### Notation

- I causes of death indexed by i
- J binary-coded symptoms indexed by j
- K deaths indexed by k
- R binary-coded VA responses, one for each symptom j, indexed by r

NB: staying close-ish to the paper by James et al. [1]

### PHRMC 'Gold-standard' data and Tariff Values

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Using the PHMRC data, calculate  $x_{ij}$  as the fraction of deaths with cause i and symptom j

$$x_{ij} = \frac{\sum_{k=1}^{K} r_{ij}}{K} \tag{1}$$

 $x_{ij}$  is proportional to the strength of relationship between cause i and symptom j

### PHRMC Gold-standard data and Tariff Values

Calculate Tariff  $T_{ij}$  for each cause/symptom combination as  $x_{ij}$  standardized across cause

This ensures the  $T_{ij}$  are on the same scale within cause

$$T_{ij} = \frac{x_{ij} - \mathsf{median}_i(x_{ij})}{IQR_i(x_{ij})} \tag{2}$$

### Tariff Score for each Death

Identification of a cause for each death *k* begins by calculating a 'Tariff Score' for each cause *i* 

$$S_{ki} = \sum_{j=1}^{J} T_{ij} \times r_{kj} \tag{3}$$

The Tariff Score is the sum of Tariffs for each death, one for each existing symptom

The Tariff Score reflects the joint relationship between existing symptoms and cause for each death, larger values indicating a stronger cumulative relationship across symptoms

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Because each cause has a set of typical symptoms and those symptoms are more predictive for some causes than others, the Tariff Score that is "big" for one cause might not be very large for another. Thus, Tariff scores cannot be compared without standardizing or normalizing them somehow

The authors of Tariff chose to do this in a slightly involved way

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The standardized Tariff Score  $Q_{ki}$  for death k and cause i is the quantile value of  $S_{ki}$  in the distribution of  $S_{*i}$  formed by a set of deaths sampled with replacement from the PHMRC data set so that they have a uniform cause distribution

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Values for  $Q_{ki}$  are bounded between 0 and 1 so they have the same scale and can be compared

The cause chosen for each death k is the one with the largest  $Q_{ki}$ 



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The central relationship in InterVA is

$$\Pr(c|\mathbf{s}) = \frac{\Pr(c)\prod_{s}\Pr(s|c)^{s}}{\sum_{c}\Pr(c)\prod_{s}\Pr(s|c)^{s}} \propto \prod_{s}\Pr(c)\Pr(s|c)^{s}$$
(4)

The central relationship in Tariff is

$$S_{ki} = \sum_{j=1}^{J} T_{ij} \times r_{kj} \tag{5}$$

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- Likewise for Pr(s|c) and  $T_{ij}$  call them symptom-cause-information or SCI
- InterVA calculates the score by multiplying SCI for existing symptoms
- Tariff calculates the score by summing SCI for existing symptoms

### Difference between InterVA and Tariff

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• InterVA uses physician-derived  $\Pr(s|c)$  obtained through an 'oracle' approach – doesn't require 'gold-standard' deaths, but relies on opinions; subjective and not representative

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# The most important difference between the two is the SCI they use

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- Tariff uses  $x_{ij}$  from 'gold-standard' deaths from PHMRC obtained through an empirical approach doesn't rely on opinion but does require 'gold-standard' deaths; hard to come by and not representative

### SmartVA-Analyze

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Should be ready during 2018 at some point

### References I

- [1] Spencer L. James, Abraham D. Flaxman, Christopher J. L. Murray, and PHMRC. Performance of the Tariff Method: validation of a simple additive algorithm for analysis of verbal autopsies. *Population Health Metrics*, 9, AUG 4 2011.
- [2] Peter Serina, Ian Riley, Andrea Stewart, Spencer L James, Abraham D Flaxman, Rafael Lozano, Bernardo Hernandez, Meghan D Mooney, Richard Luning, Robert Black, et al. Improving performance of the tariff method for assigning causes of death to verbal autopsies. *BMC medicine*, 13(1):291, 2015.