Building Efficient Microsimulation Models in R

Aaron N Winn
Abdullah I Abdelaziz
Wael Mohamed
Jyotirmoy Sarker
Robert Smith



The Department of Pharmacy Systems, Outcomes and Policy

Motivation

- Microsimulation is needed when individual-level variability matters.
 - Traditional Markov models assume memoryless transitions and population averages.
 - History dependence and individual heterogeneity require more flexible modeling.
 - Cannot capture history dependence, treatment waning, and comorbidities.
 - Workarounds (e.g., tunnel states) add complexity and explode state space.
- Off-the-shelf packages often aren't "quite right" and either require customization or more

For the 21-year-old version of myself





utorial

Aicrosimulation Modeling for Health Decision Sciences Using R: A Tutorial

line M. Krijkamp¹, Fernando Alarid-Escudero², Eva A. Enn **[unink^{5,6,7}, and Petros Pechlivanoglou^{8,9}**

bstract

dicrosimulation models are becoming increasingly common in ealth. Because microsimulation models are computationally more object models, the use of computer programming languages in emmon. R is a programming language that has gained recomposed in the capacity to perform microsimulation meanmonly used for decision modeling, incorporate statistical a roduce more transparent models and reproducible results. In this tut

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Brief Reports



A Multidimensional Array Representation of State-Transition Model Dynamics

Eline M. Krijkamp (D 1,*, Fernando Alarid-Escudero (D 2,*, Eva A. Enns 3, Petros Pechlivanoglou 4,5, M.G. Myriam Hunink 6,7, Alan Yang (D 8, and Hawre J. Jalal (D 9

Abstract

Cost-effectiveness analyses often rely on cohort state-transition models (cSTMs). The cohort trace is the primary outcome of cSTMs, which captures the proportion of the cohort in each health state over time (state occupancy). However, the cohort trace is an aggregated measure that does not capture information about the specific transitions among health states (transition dynamics). In practice, these transition dynamics are crucial in many applications, such as incorporating transition rewards or computing various epidemiological outcomes that could be used for model calibration and validation (e.g., disease





Objectives

- Prove that...
 - Microsims aren't hard in R
 - Vectorization a fancy word for something very simple and easy.
 - Including C++ using Rcpp isn't that hard.

Case Study: United Kingdom Prospective Diabetes Model (UKPDS)

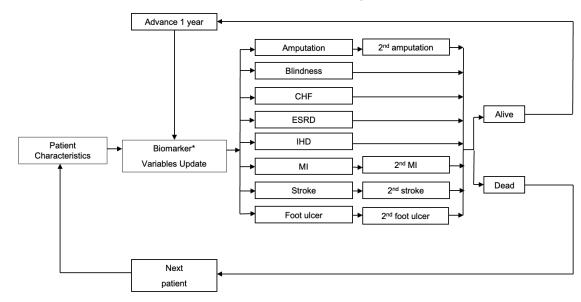
Well-known diabetes simulation model based on >5,000 patients.



Rich dataset with 30+ years of follow-up.



Includes equations for biomarkers and diabetes complications.





Building a Microsimulation

- Create or take existing patients
- Create a coefficient matrix
- Create equations for events, biomarkers, and mortality over time
- Simulate patients
- Store outputs and summarize costs and QALYs



What this looks like in Excel





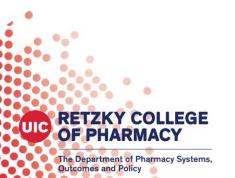


R: Coefficients

 Coefficient array: 2D (or 3D) (parameters × equations (x bootstrap))

```
# Step 1: Import the matrix of coefficients ####
# Read the coefficient matrix from a CSV or RData file
df_UKPDS_coef <- readr::read_csv("data/ukpds_coef.csv") # Load coefficient
matrix from CSV
# Replace NAs with 0s to avoid missing values in calculations
df UKPDS coef[is.na(df UKPDS coef)] <- 0</pre>
# Extract parameter names (used as row names)
v_coef_names <- df_UKPDS_coef$Parameter # Get row names from the 'Parameter'
column
# Determine the number of parameters (rows)
n_coef <- length(v_coef_names) # Count the number of parameters
# Extract factor names (used as column names), excluding the first column
v_factors_names <- colnames(df_UKPDS_coef[-1]) # Get column names excluding
'Parameter'
# Determine the number of factors (columns)
```

n_equa <- length(v_factors_names) # Count the number of factors



R: Coefficients continued

```
# Allow for bootstrapped coefficients
n boot <- 1
# Create an array that holds onto everything!
a_coef_ukpds <- array(
 data = NA,
 dim = c(n_coef, n_equa, n_boot),
  dimnames = list(v_coef_names, v_factors_names, paste0("boot_rep_",
1:n_boot))
dimnames(a_coef_ukpds)
# Fill in the array with coefficients from the dataset
a_coef_ukpds[, v_factors_names, 1] <- as.matrix(
  df_UKPDS_coef[, v_factors_names, drop = FALSE]
# Extract individual characteristics at initial bootstrap slice
a_coef_ukpds_ind_traits<- a_coef_ukpds[1:62, , "boot_rep_1", drop = FALSE]
a_coef_ukpds_other_ind_traits<- a_coef_ukpds[63:65, , ,drop = FALSE]
```

R: Patients

- Import patient data and clean
- Load the individual patient
- Patient trace: 2D matrix (time × traits)

```
# Step 2: Load the patient dataset and save as matrix
m_ukpds_pop <- read_csv("data/population.csv") |>
  as.matrix()
       <- 1234
                                    # random number generator state
seed
num i <- 250000
                                         # number of simulated individuals
# Define the number of time points
num_cycles <- 20
                                    # maximum length of a simulation
set.seed(seed) # set the seed to ensure reproducible samples below
v_ids <- paste("id", 1:num_i,
                                   sep =" ")
v_cycle_nms <- paste("cycle", 0:num_cycles, sep ="_")</pre>
# Create matrix with columns for each variable and a row for each cycle
m_all_ind_traits <- matrix(
 data = NA,
  nrow = length(cycles),
  ncol = n_coef_names,
  dimnames = list(cycles, v coef names)
```



R: Loading a Patient Function

```
# need to select an individual patient from the dataset to simulate
#' Initialize baseline values for multiple patients
  @param num_patients The total number of patients to process.
#' @param ukpds pop A data frame containing patient characteristics.
#' @param m_ind_traits A matrix to store patient data.
#' @return The updated matrix with initialized patient data.
#' @export
initialize patients <- function(num patients, ukpds pop, m ind traits) {
patient<- num patients
 # 1. Create a vector of column names containing the individual
characteristics you want to copy:
 v_ind_traits <- c(
   "age", . . .
 # 2. Assign all these columns in a single step.
 m ind traits[1, v ind traits] <- m ukpds pop[patient, v ind traits]
# 3. Handle any variables that aren't in m_ukpds_pop.
 m_ind_traits[1, "heamo"] <- 15
 m_ind_traits[1, "heamo_first"] <- 15
   # Event history tracking
   event_vars <- c("amp_event", . . . "ulcer_hist")
   # rescale variables
   for (var in event_vars) {
      m ind traits[1, var] <- m ukpds pop[patient, var]
```

```
m_ind_traits[1, var] <- m_ukpds_pop[patient, var]</pre>
    m_ind_traits[1,"sbp_real"]<- m_ind_traits[1,"sbp"]*10
    m ind traits[1,"egfr real"]<- m ind traits[1,"egfr"]*10
    m_ind_traits[1,"hdl_real"]<- m_ind_traits[1,"hdl"]/10</pre>
    m_ind_traits[1,"heart_rate_real"]<- m_ind_traits[1,"heart_rate"]*10
    m ind traits[1,"ldl real"] <- m ind traits[1,"ldl"]/10
# Set default values for lambda, rho, and death
    # can i return 2 matrix in the final statement?
    m_other_ind_traits[1, "lambda"] <- 0
    m other ind traits[1, "rho"] <- 1
    m_other_ind_traits[1, "death"] <- 0
    # Atrial Fib and PVD do not update
    m_ind_traits[, "atria_fib"] <- m_ind_traits[1, "atria_fib"]</pre>
    m_ind_traits[, "pvd_event"] <- m_ind_traits[1, "pvd_event"]</pre>
  return(m_ind_traits)
```

R: Equation Functions

```
# biomarker function
#' @param m ind traits A matrix containing patient characteristics over time.
#' @param a_coef_ukpds_ind_traits A 3D array of coefficients used for
calculating risk.
#' @param biomarker_eq A character string specifying the health outcome
equation (e.g., "ihd").
#' @param time step An integer indicating the row in `m ind traits` to use
for calculations.
#' @return The updated biomarker is stored.
biomarker <- function(m ind traits,
                      a_coef_ukpds_ind_traits,
                       biomarker_eq,
                       time_step) {
  # Calculate patient-specific factors using model coefficients and patient
data
 updated_biomarker <- (m_ind_traits[max(1,time_step-1),] %*%
                              a coef ukpds ind traits[, biomarker eq, 1] +
                              a_coef_ukpds_other_ind_traits["lambda",
                              biomarker eq, 1] )
  return(updated_biomarker)
```

```
weibull_event <- function(m_ind_traits, a_coef_ukpds_ind_traits,</pre>
health outcome, health event, time step) {
  # Calculate patient-specific factors using model coefficients and patient
data
  patient_factors <-
               (m_ind_traits[time_step,] %*%
               a_coef_ukpds_ind_traits[, health_outcome, 1] +
               as.vector(a_coef_ukpds_other_ind_traits["lambda",
                               health outcome, 1])
  # Compute cumulative hazard at the current time step
  cum hazard t <-
               exp(patient_factors) *
               (m_ind_traits[time_step, "diab_dur"]^
                (a coef ukpds other ind traits["rho", health outcome, 1])
  # Compute cumulative hazard at the next time step (by adding 1 year to
diabetes duration)
  cum_hazard_t1 <-
               exp(patient_factors) *
               ((m_ind_traits[time_step, "diab_dur"] + 1)^
               (a coef ukpds other ind traits["rho", health outcome, 1]) )
  # Calculate transition probability
  trans prob <- 1 - exp(cum hazard t - cum hazard t1)
  # Simulate whether the event occurs by comparing with a random uniform
value
  event <- trans_prob > runif(1)
  # Return the updated matrix
  return(event)
```

Then, simulate individuals one at a time



Vectorization

• Simulate the entire cohort... using 3D arrays.



Instead of going "down" for time, imagine going "through"





Creating the Patient Trace

```
Vectorized approach
One at a time approach
# Create matrix with columns for each
                                        # Create AN ARRAY with columns for eac
variable and a row for each cycle
                                         variable, row for each person, and a
                                         # slice for each period
m_all_ind_traits <- matrix(</pre>
                                         a_all_ind_traits <- array(
  data = NA,
                                           data = NA,
  nrow = length(cycles),
                                           dim = c(num_i, n_coef, num_cycles +
  ncol = n_coef_names,
  dimnames =
                                           dimnames = list(v_ids, v_coef_names
list(v_cycle_nms,v_coef_names)
                                         v_cycle_nms )
```



Updating the biomarker function

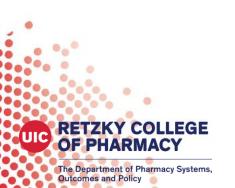
One at a time approach	Vectorized approach
biomarker <- function(biomarker <- function(
m_ind_traits,	m_ind_traits,
a_coef_ukpds_ind_traits,	a_coef_ukpds_ind_traits,
biomarker_eq,	a_coef_ukpds_other_ind_traits,
time_step) {	biomarker_eq) {
<pre># Calculate patient-specific factors using model coefficients and patient data updated_biomarker <- (m_ind_traits[max(1,time_step-1),] %*% a_coef_ukpds_ind_traits[, biomarker_eq, 1] +</pre>	<pre># Calculate patient-specific factors using model coefficients and patient data m_updated_biomarker <- m_ind_traits %*% a_coef_ukpds_ind_traits[, biomarker_eq, 1] +</pre>
<pre>a_coef_ukpds_other_ind_traits["lambda ", biomarker_eq, 1])</pre>	<pre>a_coef_ukpds_other_ind_traits["lambda ", biomarker_eq, 1]</pre>
return(updated_biomarker) }	return(m_updated_biomarker) }





Code Profiling

- Identify which parts of the code are most in need of optimization using the profvis package
- Once you've identified target sections of code, isolate them into standalone functions and begin developing more efficient versions
- Use tools like microbenchmark, bench, or tictoc to compare the runtimes of your original code and the optimized version



Using Rcpp and Armadillo for Speed

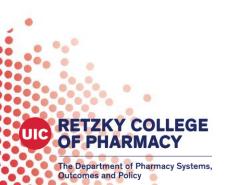


R Code (gompertz_event2)	C++ Code (gompertz_eventC)	Explanation
<pre>gompertz_event2 <- function(m_ind_traits, m_coef_ukpds_ind_traits, m_coef_ukpds_other_ind_trait health_outcome) {</pre>	<pre>// [[Rcpp::export]] auto gompertz_eventC(arma::mat& m_ind_traits, const arma::mat& m_coef_ukpds_ind_traits, const arma::mat& m_coef_ukpds_other_ind_traits, int health_outcome_index) {</pre>	The function is exported to R using Rcpp attributes. The input arguments are typed explicitly as Armadillo matrices. 'int health_outcome_index' replaces R's use of column names and is adjusted to 0-based indexing inside the function. It is worth mentioning that we are when adding the '&' it passing by reference instead of actually passing the matrix back and forth.
	<pre>int n_rows = m_ind_traits.n_rows;</pre>	Retrieves the number of individuals (rows in matrix). This is needed to generate a matrix of random uniform values using `arma::randu` later.
	<pre>int idx = health_outcome_index - 1;</pre>	Adjusts for 0-based indexing used in C++ (R is 1-based). This index is used to access columns in coefficient matrices.
<pre>patient_factors <- (m_ind_traits %*% m_coef_ukpds_ind_traits[, health_outcome] + as.vector(m_coef_ukpds_other_ d_traits["lambda", health_outcome]))</pre>	<pre>arma::vec coef = m_coef_ukpds_ind_traits.col(idx); double lambda = m_coef_ukpds_other_ind_traits(0 in , idx); arma::vec patient_factors = m_ind_traits * coef;</pre>	Performs matrix multiplication and adds the intercept. C++ breaks this into sequential steps with explicit types. 'col(idx)' extracts a single column as a vector. Matrix multiplication is performed using '*'. Scalars must be explicitly extracted. '+=' adds lambda to each element of the result vector.
Z Phanwas	<pre>patient factors += lambda;</pre>	

R Code (gompertz_event2)	C++ Code (gompertz_eventC)	Explanation
<pre>cum_hazard_t <- (1 / m_coef_ukpds_other_ind_traits["rho", health_outcome]) * exp(patient_factors) * (exp(m_ind_traits[, "age"] * m_coef_ukpds_other_ind_traits["rho", health_outcome]) - 1)</pre>	<pre>double rho = m_coef_ukpds_other_ind_traits(1, idx); double inv_rho = 1.0 / rho; const arma::vec& age = m_ind_traits.col(0); arma::vec patient_factors_exp = arma::exp(patient_factors); arma::mat p_t0 = arma::exp(age * rho) - 1.0; arma::mat cum_hazard_t = inv_rho * (patient factors exp % p t0);</pre>	Cumulative hazard at time t using Gompertz function. `col(0)` assumes the first column of m_ind_traits is age. Armadillo's `exp()` is element-wise. `%` denotes element-wise multiplication. Intermediate results are stored in named variables for clarity and performance.
<pre>cum_hazard_t1 <- (1 / m_coef_ukpds_other_ind_traits["rho", health_outcome]) * exp(patient_factors) * (exp((m_ind_traits[, "age"] + 1) * m_coef_ukpds_other_ind_traits["rho", health_outcome]) - 1)</pre>	<pre>arma::vec age1 = age + 1; arma::mat p_t1 = arma::exp(age1 * rho) - 1.0; arma::mat cum_hazard_t1 = inv_rho * (patient_factors_exp % p_t1);</pre>	Computes cumulative hazard at t+1. The logic is the same but is broken into parts.
<pre>trans_prob <- 1 - exp(cum_hazard_t - cum_hazard_t1)</pre>	<pre>arma::mat trans_prob = 1 - arma::exp(cum_hazard_t - cum_hazard_t1);</pre>	Both versions calculate transition probabilities from the difference in cumulative hazard. `arma::exp` is element-wise exponential.
<pre>event <- (trans_prob > runif(nrow(m_ind_traits))) * 1</pre>	<pre>arma::mat random_numbers = arma::randu(n_rows, 1); arma::umat event = trans_prob > random_numbers;</pre>	Generates uniform random draws and determines whether the event occurred. `arma::randu(n_rows, 1)` generates a matrix of random uniform values. Logical comparison returns a `umat` (unsigned int matrix) where 1 indicates event occurrence. Armadillo handles this natively.
colnames(event) <- health_outcome		Column names are omitted because Armadillo matrices do not store metadata like names. If needed, this must be added in R after returning the object.
return(event)	return event;	Returns the logical matrix indicating event occurrence for each individual.

Parallel Computing for PSA

- Use `future`, `furrr`, `parallel` for outer-loop PSA.
- Divide simulations across cores or nodes.
- Effective for scaling probabilistic sensitivity analysis.



Key Findings

- Excel is slow
- Microsimulations can easily be constructed in R by writing a handful of functions
- Converting a one-at-a-time to a vectorized microsimulation model requires minimal code modification
- Can increase speed with minimal use of C++

