

Asthma Analysis

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Date

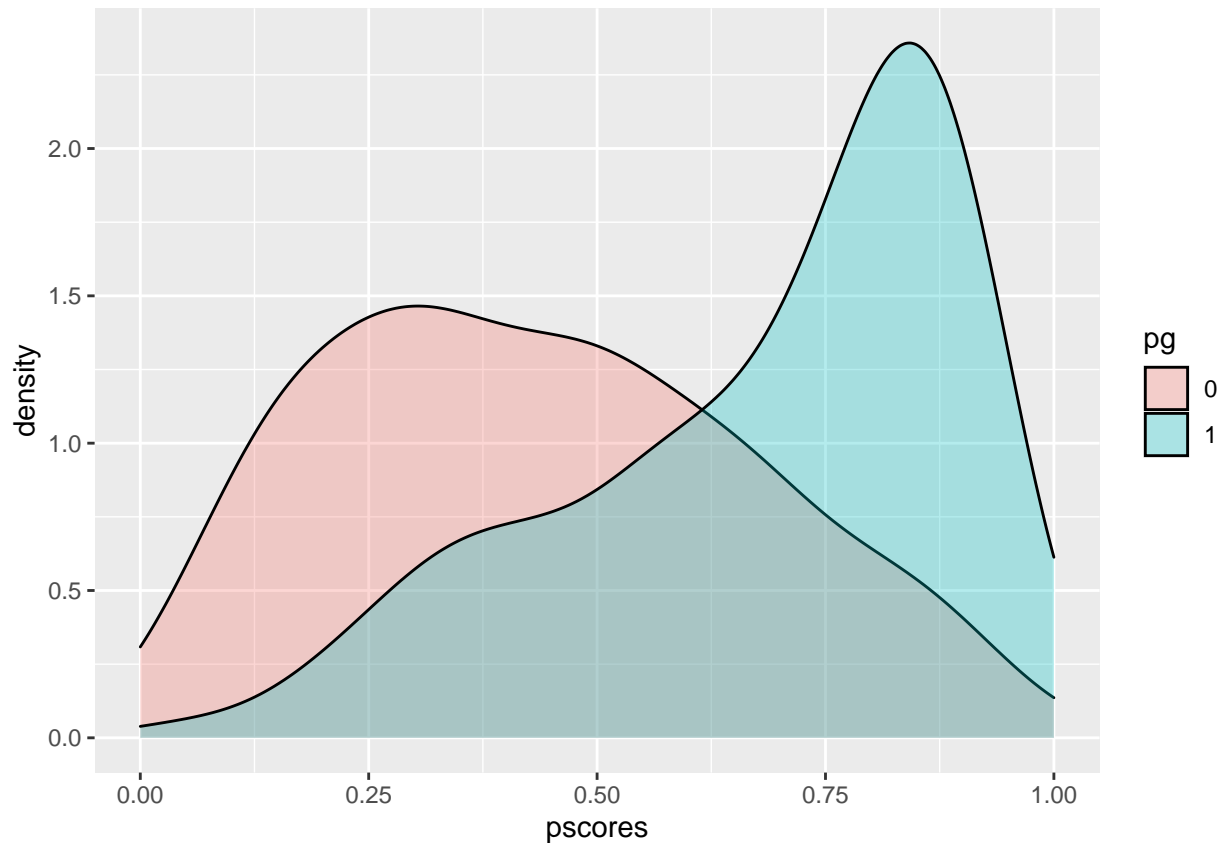
Question 1:

Unbalanced covariates are `i_sex`, `i_race_1`, `i_race_2`, `i_educ_4`, `i_educ_5`, `com_t` and `pcs_sd`. I use `bal.tab` to print mean differences for all predictors and levels. Predictors/levels have absolute value of mean difference greater than 0.1 are considered to be unbalanced.

| | Type | Diff.Un |
|-----------------------|---------|---------|
| <code>i_age</code> | Contin. | -0.0940 |
| <code>i_sex</code> | Binary | -0.1087 |
| <code>i_race_0</code> | Binary | 0.0292 |
| <code>i_race_1</code> | Binary | -0.1965 |
| <code>i_race_2</code> | Binary | 0.2101 |
| <code>i_race_3</code> | Binary | -0.0456 |
| <code>i_race_4</code> | Binary | 0.0027 |
| <code>i_educ_5</code> | Binary | 0.1706 |
| <code>i_educ_1</code> | Binary | -0.0095 |
| <code>i_educ_2</code> | Binary | -0.0075 |
| <code>i_educ_3</code> | Binary | -0.0663 |
| <code>i_educ_4</code> | Binary | -0.1650 |
| <code>i_educ_6</code> | Binary | 0.0778 |
| <code>i_insu_1</code> | Binary | -0.0383 |
| <code>i_insu_2</code> | Binary | 0.0492 |
| <code>i_insu_3</code> | Binary | 0.0058 |
| <code>i_insu_5</code> | Binary | -0.0167 |
| <code>i_drug</code> | Binary | -0.0136 |
| <code>i_seve_3</code> | Binary | -0.0158 |
| <code>i_seve_1</code> | Binary | 0.0802 |
| <code>i_seve_2</code> | Binary | -0.0069 |
| <code>i_seve_4</code> | Binary | -0.0575 |
| <code>com_t</code> | Contin. | -0.9872 |
| <code>pcs_sd</code> | Contin. | 0.7537 |
| <code>mcs_sd</code> | Contin. | -0.0531 |

Question 2(a):

According to the range of propensity scores for two groups, there exist 8 outliers on the left tail and 40 outliers on the right tail. Therefore, we need to drop those observations to ensure the overlap.



Question 2(b):

After trying to identify potential interactions between variables, there are actually no interesting interactions can improve the quality of the matched dataset so I will stick to the original formula which includes all the variables.

After dropping 48 outliers from original dataset, covariates: `i_sex`, `i_educ_5`, `i_educ_4`, `i_educ_6`, `com_t`, `pcs_sd` and `mcs_sd` are still have Diff.Unit greater than 1, which means they are unbalanced. And most of the mean difference from summary are negative, which means the matched data has a even worse covariates balance. However, there is nothing we can do to improve it so we will go with what we had.

Question 2(c):

The causal effect Q is -0.20, which means patients' average satisfaction scores for physician group 1 is 0.20 lower than those for physician group 0 and the standard error is 0.07. The confidence interval for the causal effects are between -0.32 and 0.13, which means we are 95% confident that patients' average satisfaction scores for physician group 1 can be 0.32 lower than those for physician group 0 but also can be also 0.13 higher than those for physician group 0. And because the 95% confidence interval contains 0, we can't conclude there is a difference in patients' satisfaction scores between physical group 1 and 0.

| | Value |
|-----------------------|-------|
| Q | -0.20 |
| Standard Error | 0.07 |
| Conf.Intv.Lower_bound | -0.32 |
| Conf.Intv.Upper_bound | 0.13 |

Question 2(d):

The estimated causal odds ratio is 0.32. Therefore, if a patient is from physician group 1 and everything else staying the same, the odds of being satisfactory is decreased by 68%. pg is significant.

| Predictors | Odds Ratios | CI | p |
|-------------|--------------|---------------------|-------|
| (Intercept) | 0.00 | 0.00 – 14.94 | 0.129 |
| i_age | 1.03 | 0.97 – 1.10 | 0.334 |
| i_sex [1] | 1.08 | 0.48 – 2.45 | 0.849 |
| i_race [1] | 9.61 | 0.32 – 291.74 | 0.194 |
| i_race [2] | 0.00 | 0.00 – Inf | 0.994 |
| i_race [3] | 731240142.38 | 0.00 – Inf | 0.991 |
| i_race [4] | 7.22 | 0.60 – 86.84 | 0.119 |
| i_educ [2] | 12441481.44 | 0.00 – Inf | 0.993 |
| i_educ [3] | 0.67 | 0.04 – 11.76 | 0.784 |
| i_educ [4] | 1.27 | 0.14 – 11.50 | 0.830 |
| i_educ [6] | 0.51 | 0.21 – 1.25 | 0.141 |
| i_insu [2] | 1.25 | 0.30 – 5.31 | 0.760 |
| i_insu [5] | 2.63 | 0.26 – 26.42 | 0.411 |
| i_drug [1] | 41.69 | 0.56 – 3129.65 | 0.090 |
| i_seve [1] | 2.45 | 0.61 – 9.87 | 0.208 |
| i_seve [2] | 1.12 | 0.46 – 2.75 | 0.806 |
| i_seve [4] | 0.36 | 0.07 – 1.87 | 0.223 |
| com_t | 2.18 | 0.53 – 9.01 | 0.283 |
| pcs_sd | 0.90 | 0.78 – 1.04 | 0.168 |
| mcs_sd | 0.99 | 0.93 – 1.05 | 0.705 |
| pg [1] | 0.32 | 0.10 – 0.99 | 0.047 |
| distance | 553.72 | 0.00 – 164221158.76 | 0.326 |

Question 2(e):

I used one-to-n matching here and there are still unbalanced covariates: i_educ_5, i_educ_4, com_t and pcs_sd. According to summary on matched, although there are several negative values such as i_age meaning the balance gets worse from matching, most of the covariates' Diff.Unit is till less than 0.1 so we don't have to worry about them.

The causal effect Q is -0.15, which means patients' average satisfaction scores for physician group 1 is 0.15 lower than those for physician group 0 and the standard error is 0.06. The confidence interval for the causal effects are between -0.28 and 0.13, which means we are 95% confident that patients' average satisfaction scores for physician group 1 can be 0.28 lower than those for physician group 0 but also can be also 0.13 higher than those for physician group 0. And because the 95% confidence interval contains 0, we can't conclude there is a difference in patients' satisfaction scores between physical group 1 and 0.

| | Value |
|-----------------------|-------|
| Q | -0.15 |
| Standard Error | 0.06 |
| Conf.Intv.Lower_bound | -0.28 |
| Conf.Intv.Upper_bound | 0.13 |

The estimated causal odds ratio is 0.46. Therefore, if a patient is from physician group 1 and everything else staying the same, the odds of being satisfactory is decreased by 54%. pg is significant.

| Predictors | Odds Ratios | CI | p |
|-------------|--------------|-------------------|-------|
| (Intercept) | 0.00 | 0.00 – 27.59 | 0.181 |
| i_age | 1.02 | 0.97 – 1.09 | 0.406 |
| i_sex [1] | 1.23 | 0.60 – 2.55 | 0.573 |
| i_race [1] | 5.99 | 0.29 – 124.45 | 0.248 |
| i_race [2] | 0.00 | 0.00 – Inf | 0.994 |
| i_race [3] | 226103326.88 | 0.00 – Inf | 0.991 |
| i_race [4] | 4.42 | 0.48 – 40.61 | 0.189 |
| i_educ [2] | 16684901.47 | 0.00 – Inf | 0.993 |
| i_educ [3] | 0.67 | 0.06 – 7.63 | 0.746 |
| i_educ [4] | 1.00 | 0.14 – 7.09 | 0.999 |
| i_educ [6] | 0.45 | 0.20 – 1.05 | 0.065 |
| i_insu [2] | 0.93 | 0.25 – 3.49 | 0.917 |
| i_insu [5] | 1.63 | 0.19 – 13.57 | 0.653 |
| i_drug [1] | 23.07 | 0.42 – 1269.75 | 0.125 |
| i_seve [1] | 2.24 | 0.63 – 7.92 | 0.211 |
| i_seve [2] | 1.22 | 0.55 – 2.72 | 0.628 |
| i_seve [4] | 0.43 | 0.10 – 1.78 | 0.244 |
| com_t | 1.85 | 0.53 – 6.46 | 0.337 |
| pcs_sd | 0.92 | 0.80 – 1.04 | 0.179 |
| mcs_sd | 0.99 | 0.93 – 1.04 | 0.616 |
| pg [1] | 0.46 | 0.22 – 0.99 | 0.048 |
| distance | 115.09 | 0.00 – 5028684.35 | 0.384 |

The results of using a one-to-n matching are the same the one-to-one matching method. Their causal effects both have a 95% confidence interval that contains 0 and pg is significant in both models.

Question 2(f):

I think **one-to-n** matching works better in this case because it has less unbalanced covariates compared to one-to-one matching in our example. Besides matching methodology, it's more appropriate to use **regression** to measure the causal effects compared to computer the average causal effect Q directly because there are unbalanced covariates in the data set.