

Scoring Systems: At the Extreme of Interpretable Machine Learning

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Can a typographical error lead to years of extra prison time?

Can a typographical error lead to years of extra prison time?

The New York Times

OP-ED CONTRIBUTOR

When a Computer Program Keeps You in Jail

By Rebecca Wexler

June 13, 2017



Glenn Rodriguez was denied parole because of a miscalculated “COMPAS” score.



- A black box model is a formula that is either too complicated for any human to understand or is proprietary.
- An **interpretable machine learning model** obeys a domain-specific set of constraints so that humans can better understand it.
- High-stakes decisions or troubleshooting
 - Criminal justice models, credit scoring, air pollution, airplane maintenance, many healthcare applications – anything high stakes

What happens when we use a black box?

THE SACRAMENTO BEE

How bad is Sacramento's air, exactly? Google results appear at odds with reality, some say

BY MICHAEL MCGOUGH

AUGUST 07, 2018 09:26 AM, UPDATED AUGUST 07, 2018 09:26 AM



Smoke is affecting air quality all over California. Here's what it looks like at the Carr Fire, north of Redding, on July 31, 2018.

BY PAUL KITAGAKI JR.



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Algorithm's 'unexpected' weakness raises larger concerns about AI's potential in broader populations

Matt O'Connor | April 05, 2021 | Artificial Intelligence



Deep learning detects intracranial hemorrhages

And this is the tip of the iceberg...

The New York Times

OP-ED CONTRIBUTOR

When a Computer Program Keeps You in Jail

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Glenn Rodriguez was denied parole because of a miscalculated “COMPAS” score.

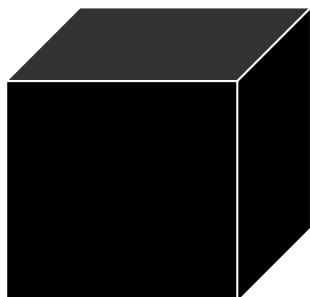


How accurate is COMPAS? Data from Florida can tell us...

COMPAS vs. CORELS



COMPAS: (Correctional Offender
Management Profiling for
Alternative Sanctions)

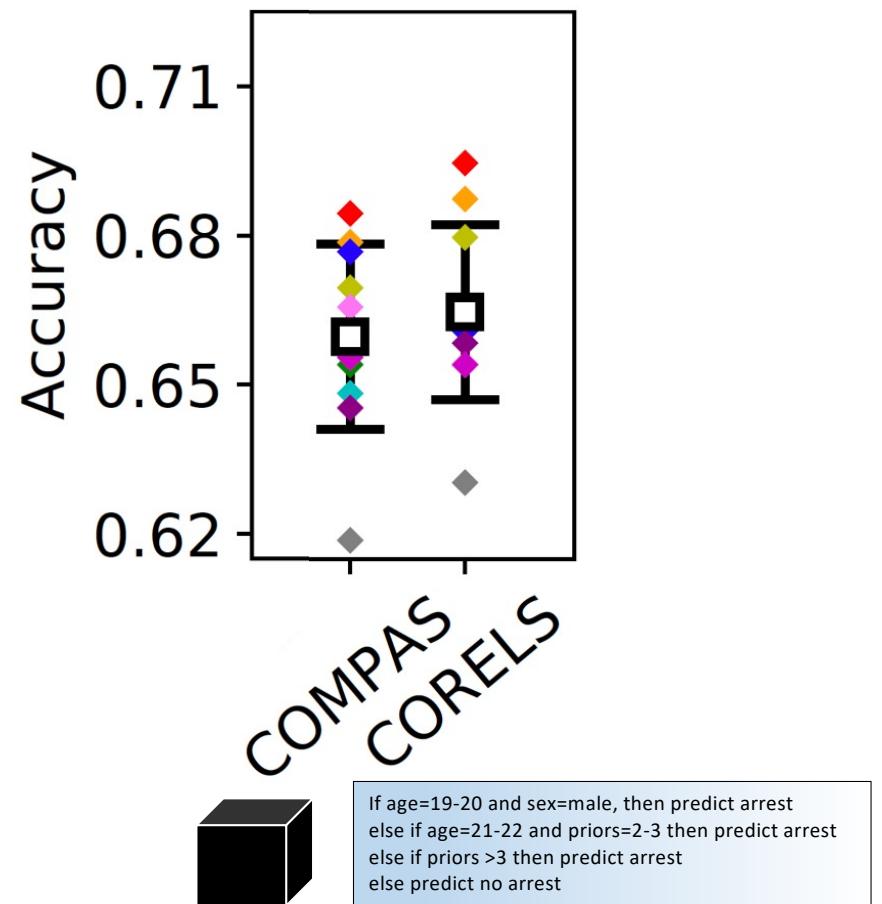


CORELS: (Certifiably Optimal Rule ListS, with Elaine
Angelino, Nicholas Larus-Stone, Daniel Alabi, and
Margo Seltzer, KDD 2017 & JMLR 2018)

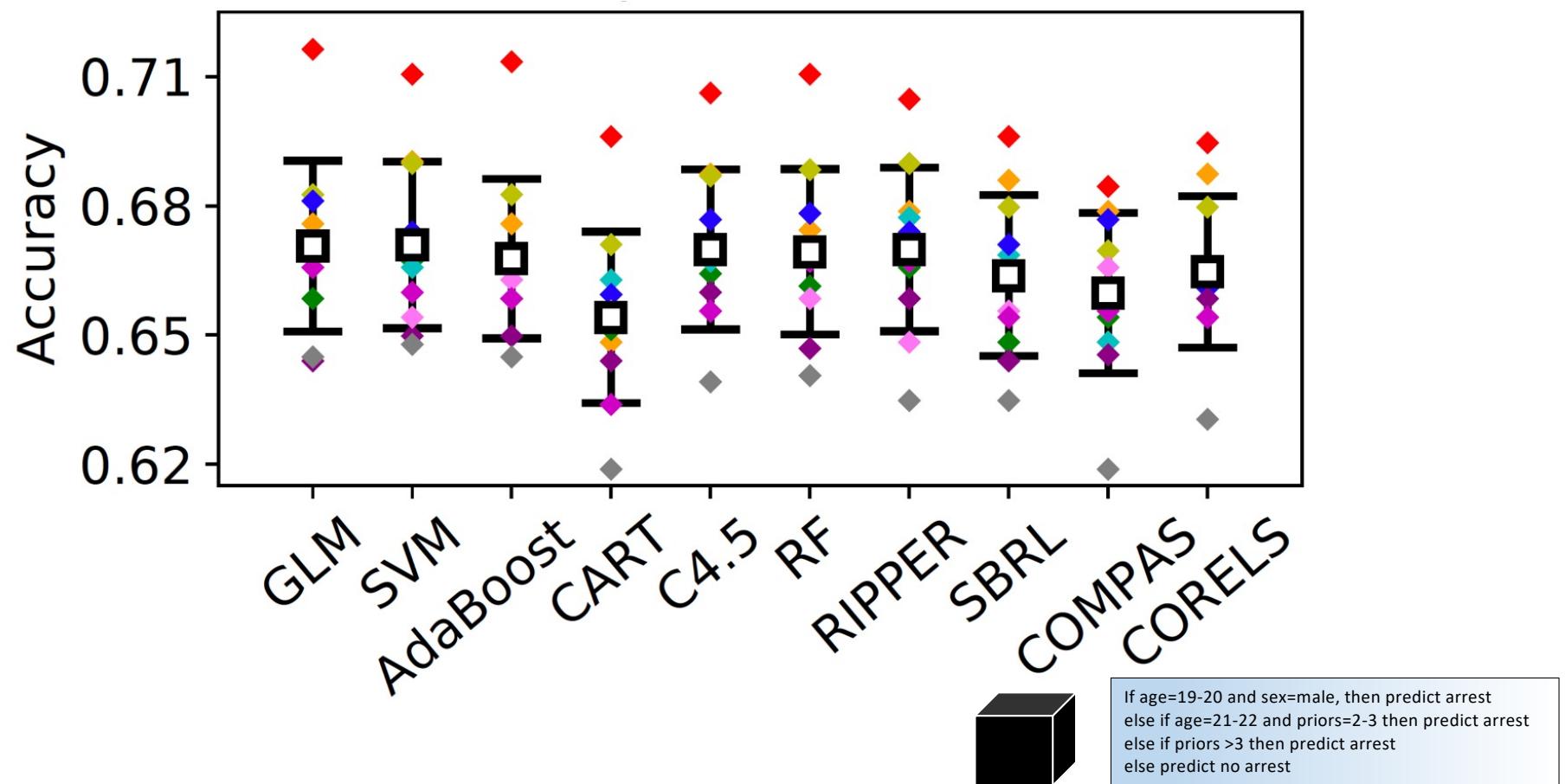
Here is the machine learning model:

```
If age=19-20 and sex=male, then predict arrest  
else if age=21-22 and priors=2-3 then predict arrest  
else if priors >3 then predict arrest  
else predict no arrest
```

Prediction of re-arrest within 2 years



Prediction of re-arrest within 2 years



Problem spectrum

age 45

congestive heart failure? yes

takes aspirin

smoking? no

gender M

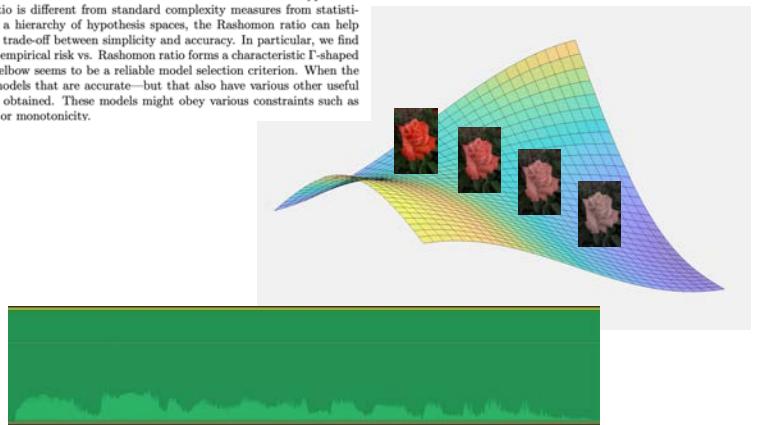
exercise? yes

allergies? no

number of past strokes 2

diabetes? yes

The *Rashomon effect* occurs when many different explanations exist for the same phenomenon. In machine learning, Leo Breiman used this term to characterize problems where many accurate-but-different models exist to describe the same data. In this work, we study how the Rashomon effect can be useful for understanding the relationship between training and test performance, and the possibility that simple-yet-accurate models exist for many problems. We consider the *Rashomon set*—the set of almost-equally-accurate models for a given problem—and study its properties and the types of models it could contain. We present the *Rashomon ratio* as a new measure related to simplicity of model classes, which is the ratio of the volume of the set of accurate models to the volume of the hypothesis space; the Rashomon ratio is different from standard complexity measures from statistical learning theory. For a hierarchy of hypothesis spaces, the Rashomon ratio can help modelers to navigate the trade-off between simplicity and accuracy. In particular, we find empirically that a plot of empirical risk vs. Rashomon ratio forms a characteristic I-shaped *Rashomon curve*, whose elbow seems to be a reliable model selection criterion. When the Rashomon set is large, models that are accurate—but that also have various other useful properties—can often be obtained. These models might obey various constraints such as interpretability, fairness, or monotonicity.



Tabular:

- many problems in criminal justice, healthcare, social sciences, equipment reliability & maintenance, etc.
- features include counts, categorical data

Raw:

- pixels/voxels, words, parts of sound waves

Problem spectrum

Very sparse models (trees, scoring systems)

With minor pre-processing, all methods have similar performance

Neural networks

Tabular:

- many problems in criminal justice, healthcare, social sciences, equipment reliability & maintenance, etc.
- features include counts, categorical data

Raw:

- pixels/voxels, words, parts of sound waves

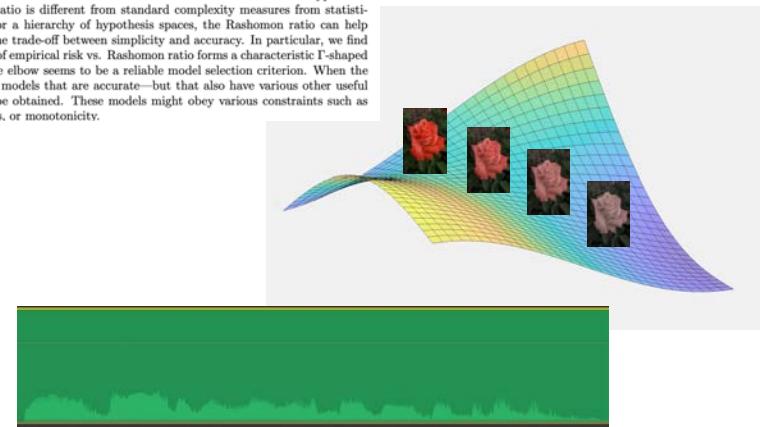
Problem spectrum

age 45
congestive heart failure? yes
takes aspirin
smoking? no
gender M
exercise? yes
allergies? no
number of past strokes 2
diabetes? yes

Tabular:

- many problems in criminal justice, healthcare, social sciences, equipment reliability & maintenance, etc.
- features include counts, categorical data

The *Rashomon effect* occurs when many different explanations exist for the same phenomenon. In machine learning, Leo Breiman used this term to characterize problems where many accurate-but-different models exist to describe the same data. In this work, we study how the Rashomon effect can be useful for understanding the relationship between training and test performance, and the possibility that simple-yet-accurate models exist for many problems. We consider the *Rashomon set*—the set of almost-equally-accurate models for a given problem—and study its properties and the types of models it could contain. We present the *Rashomon ratio* as a new measure related to simplicity of model classes, which is the ratio of the volume of the set of accurate models to the volume of the hypothesis space; the Rashomon ratio is different from standard complexity measures from statistical learning theory. For a hierarchy of hypothesis spaces, the Rashomon ratio can help modelers to navigate the trade-off between simplicity and accuracy. In particular, we find empirically that a plot of empirical risk vs. Rashomon ratio forms a characteristic I-shaped *Rashomon curve*, whose elbow seems to be a reliable model selection criterion. When the Rashomon set is large, models that are accurate—but that also have various other useful properties—can often be obtained. These models might obey various constraints such as interpretability, fairness, or monotonicity.



Raw:

- pixels/voxels, words, parts of sound waves

Predictive modeling over the last century



Scoring systems

The most widely-used predictive model in healthcare? →

Not an ML model →

CHADS2 Score (Gage et al., 2001)

1. <i>Congestive Heart Failure</i>	1 point	...
2. <i>Hypertension</i>	1 point	+
3. <i>Age ≥ 75</i>	1 point	+
4. <i>Diabetes Mellitus</i>	1 point	+
5. <i>Prior Stroke or Transient Ischemic Attack</i>	2 points	+
ADD POINTS FROM ROWS 1–5		SCORE
		= ...

SCORE	0	1	2	3	4	5	6
STROKE RISK	1.9%	2.8%	4.0%	5.9%	8.5%	12.5%	18.2%

Burgess. Factors determining success or failure on parole. 1928

Accordingly, twenty-one factors were selected by which each man was graded, in comparison with the average for the 1,000 cases, upon the probabilities of making good or of failing upon parole.

I point if person
has social type
with below
average parole
violation rate

SOCIAL TYPE	VIOLATION RATE
All persons.....	26.5%
Na'er-do-well.....	25.6
Mean citizen.....	30.0
Drunkard.....	38.9
Gangster.....	23.2
Recent immigrant.....	16.7
Farm boy.....	10.2
Drug addict.....	66.7

	POINTS FOR NUMBER OF FACTORS	Per Cent Non- violators of Parole
total score	16-21	98.5
over all 21 significant factors predicts success at parole	14-15	97.8
	13	91.2
	12	84.9
	11	77.3
	10	65.9
	7-9	56.1
	5-6	33.9
	2-4	24.0

Burgess. Factors determining success or failure on parole. 1928

Pennsylvania Commission
on Sentencing, 2013

FACTOR	Score *	Risk score	N	% Arrested
Gender				
Female	0	0	3	0.0
Male	1	1	47	17.0
Age				
Less than 24	3	2	181	9.9
24-29	2	3	436	23.6
30-49	1	4	737	24.8
50+	0	5	1,036	32.4
County				
Rural counties	0	6	1,067	40.7
Smaller, urban count	1	7	1,434	47.2
Allegheny and				
Philadelphia	2	8	1,934	55.5
Counties				
Total number of prior arrests				
0	0	9	2,103	62.3
1	1	10	1,829	69.9
2 to 4	2	11	1,098	72.2
5 to 12	3	12	278	79.1
13+	4	13	25	80.0
Prior property arrests				
No	0	14	3	66.7
Yes	1			
Prior drug arrests				
No	0			
Yes	1			
Property offender				
No	0			
Yes	1			
Offense gravity score (OGS)				
4+	0			

Violence Risk Appraisal Guide (Quinsey et al, 2006)

<p>1. Lived with both biological parents to age 16 (except for death of parent): Yes -2 No +3 Evidence:</p> <p>2. Elementary School Maladjustment: No Problems -1 Slight (Minor discipline or attendance) or Moderate Problems +2 Severe Problems (Frequent disruptive behavior and/or attendance or behavior resulting in expulsion or serious suspensions) +5 (Same as CATS Item)</p> <p>3. History of alcohol problems (<i>Check if present</i>): Parental Alcoholism Teenage Alcohol Problem Adult Alcohol Problem Alcohol involved in prior offense Alcohol involved in index offense No boxes checked -1 1 or 2 boxes checked 0 3 boxes checked +1 4 or 5 boxes checked +2 Evidence:</p> <p>4. Marital status (at the time of or prior to index offense): Ever married (or lived common law in the same home for at least six months) -2 Never married +1 Evidence:</p> <p>5. Criminal history score for nonviolent offenses prior to the index offense Score 0 -2 Score 1 or 2 0 Score 3 or above +3 (from the Cormier-Lang system, see below)</p> <p>6. Failure on prior conditional release (includes parole or probation violation or revocation, failure to comply, bail violation, and any new arrest while on conditional release): No 0 Yes +3 Evidence:</p> <p>7. Age at index offense Enter Date of Index Offense: ____/____/ Enter Date of Birth: ____/____/ Subtract to get Age: 39 or over -5 34 - 38 -2 28 - 33 -1 27 0 26 or less +2</p>	<p>8. Victim Injury (for index offense; the most serious is scored): Death -2 Hospitalized 0 Treated and released +1 None or slight (includes no victim) +2 Note: admission for the gathering of forensic evidence only is NOT considered as either treated or hospitalized; ratings should be made based on the degree of injury. Evidence:</p> <p>9. Any female victim (for index offense) Yes -1 No (includes no victim) +1 Evidence:</p> <p>10. Meets DSM criteria for any personality disorder (must be made by appropriately licensed or certified professional) No -2 Yes +3 Evidence:</p> <p>11. Meets DSM criteria for schizophrenia (must be made by appropriately licensed or certified professional) Yes -3 No +1 Evidence:</p> <p>12. a. Psychopathy Checklist score (if available, otherwise use item 12.b. CATS score). 4 or under -3 5 - 9 -3 10-14 -1 15-24 0 25-34 +4 35 or higher +12 Note: If there are two or more PCL scores, average the scores. Evidence:</p> <p>12. b. CATS score (from the CATS worksheet) 0 or 1 -3 2 or 3 0 4 +2 5 or higher +3</p> <p>12. WEIGHT (Use the highest circled weight from 12 a. or 12 b.) _____</p> <p>TOTAL VRAG SCORE (SUM CIRCLED SCORES FOR ITEMS 1 – 11 PLUS THE WEIGHT FOR ITEM 12): _____</p>
--	---

VRAG Score	Category of Risk
-24	Low
-23	Low
-22	Low
-20	Low
-19	Low
-18	Low
-17	Low
-16	Low
-15	Low
-14	Low
-13	Low
-12	Low
-11	Low
-10	Low
-9	Low
-8	Low
-7	Medium
-6	Medium
-5	Medium
-4	Medium
-3	Medium
-2	Medium
-1	Medium
0	Medium
1	Medium
2	Medium
3	Medium
4	Medium
5	Medium
6	Medium
7	Medium
8	Medium
9	Medium
10	Medium
11	Medium
12	Medium
13	Medium
14	High
15	High
16	High
17	High
18	High
19	High
20	High
21	High
22	High
23	High
24	High
25	High
26	High
27	High
28	High
29	High

**Violence Risk Appraisal Guide
(Quinsey et al, 2006)**

1. Lived with both biological parents to age 16 (except for death of parent):	
Yes	-2
No	+3
Evidence:	
2. Elementary School Maladjustment:	
No Problems.....	-1
Slight (Minor discipline or attendance) or Moderate Problems.....	+2
Severe Problems (Frequent disruptive behavior and/or attendance or behavior resulting in expulsion or serious suspensions)	+5
(Same as CATS Item)	
3. History of alcohol problems (<i>Check if present</i>):	
~ Parental Alcoholism ~ Teenage Alcohol Problem	
~ Adult Alcohol Problem ~ Alcohol involved in prior offense	
~ Alcohol involved in index offense	
No boxes checked.....	-1
1 or 2 boxes checked	0
3 boxes checked	+1
4 or 5 boxes checked	+2
Evidence:	
4. Marital status (at the time of or prior to index	

VRAG Score	Category of Risk
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-14	Low
-13	Low
-12	Low
-11	Low
-10	Low
-9	Low
-8	Low
-7	Medium
-6	Medium
-5	Medium
-4	Medium
-3	Medium
-2	Medium

8. Victim Injury (for each serious injury scored):

Death.....

Hospitalized.....

Treated and released.....

None or slight (incidental).....

Note: admission for treatment or hospitalization evidence only is NOT treated or hospitalized made based on the evidence:

9. Any female victim:

Yes

No (includes no victim):

Evidence:

10. Meets DSM criteria for disorder (must be licensed or certified):

No.....

Yes

Evidence:

11. Meets DSM criteria for disorder to be made by appropriate certified professional:

No.....

Yes

Evidence:

Violence Risk Appraisal Guide (Quinsey et al, 2006)

<p>1. Lived with both biological parents to age 16 (except for death of parent):</p> <p>Yes -2 No +3</p> <p>Evidence:</p> <p>2. Elementary School Maladjustment:</p> <p>No Problems -1 Slight (Minor discipline or attendance) or Moderate Problems +2 Severe Problems (Frequent disruptive behavior and/or attendance or behavior resulting in expulsion or serious suspensions) +5 (Same as CATS Item)</p> <p>3. History of alcohol problems (<i>Check if present</i>):</p> <p>- Parental Alcoholism "Teenage Alcohol Problem - Adult Alcohol Problem "Alcohol involved in prior offense - Alcohol involved in index offense</p> <p>No boxes checked -1 1 or 2 boxes checked 0 3 boxes checked +1 4 or 5 boxes checked +2</p> <p>Evidence:</p> <p>4. Marital status (at the time of or prior to index offense):</p> <p>Ever married (or lived common law in the same home for at least six months) -2 Never married +1</p> <p>Evidence:</p> <p>5. Criminal history score for nonviolent offenses prior to the index offense</p> <p>Score 0 -2 Score 1 or 2 0 Score 3 or above +3 (from the Cormier-Lang system, see below)</p> <p>6. Failure on prior conditional release (includes parole or probation violation or revocation, failure to comply, bail violation, and any new arrest while on conditional release):</p> <p>No 0 Yes +3</p> <p>Evidence:</p> <p>7. Age at index offense</p> <p>Enter Date of Index Offense: ____/____/____ Enter Date of Birth: ____/____/____ Subtract to get Age: 39 or over -5 34 - 38 -2 28 - 33 -1 27 0 26 or less +2</p>	<p>8. Victim Injury (for index offense; the most serious is scored):</p> <p>Death -2 Hospitalized 0 Treated and released +1 None or slight (includes no victim) +2</p> <p>Note: admission for the gathering of forensic evidence only is NOT considered as either treated or hospitalized; ratings should be made based on the degree of injury.</p> <p>Evidence:</p> <p>9. Any female victim (for index offense)</p> <p>Yes -1 No (includes no victim) +1</p> <p>Evidence:</p> <p>10. Meets DSM criteria for any personality disorder (must be made by appropriately licensed or certified professional)</p> <p>No -2 Yes +3</p> <p>Evidence:</p> <p>11. Meets DSM criteria for schizophrenia (must be made by appropriately licensed or certified professional)</p> <p>Yes -3 No +1</p> <p>Evidence:</p> <p>12. a. Psychopathy Checklist score (if available, otherwise use item 12.b. CATS score):</p> <p>4 or under -3 5 - 9 -3 10-14 -1 15-24 0 25-34 +4 35 or higher +12</p> <p>Note: If there are two or more PCL scores, average the scores.</p> <p>Evidence:</p> <p>12. b. CATS score (from the CATS worksheet)</p> <p>0 or 1 -3 2 or 3 0 4 +2 5 or higher +3</p> <p>12. WEIGHT (Use the highest circled weight from 12 a. or 12 b.) _____</p> <p>TOTAL VRAG SCORE (SUM CIRCLED SCORES FOR ITEMS 1 – 11 PLUS THE WEIGHT FOR ITEM 12): _____</p>
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-4	Medium
-3	Medium
-2	Medium
-1	Medium
0	Medium
1	Medium
2	Medium
3	Medium
4	Medium
5	Medium
6	Medium
7	Medium
8	Medium
9	Medium
10	Medium
11	Medium
12	Medium
13	Medium
14	High
15	High
16	High
17	High
18	High
19	High
20	High
21	High
22	High
23	High
24	High
25	High
26	High
28	High
32	High



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➤ Intracerebral Hemorrhage

➤ Ischemic Stroke

➤ Movement Disorder

➤ Multiple Sclerosis & Demyelinating Disease

➤ Neurophysiology

➤ Seizure

2HELP2B Score

Phenytoin Adjustment in Renal Failure

Seizure vs Syncope

➤ Subarachnoid Hemorrhage

Obstetrics & Gynecology



Oncology



Orthopedics



Otolaryngology (ENT)



2HELP2B Score

Estimate duration of EEG monitoring needed to detect 95% of seizures



Si

US

Calculator

1. Frequency of any periodic or rhythmic pattern of more than 2 Hz except generalized rhythmic delta activity?

2. Independent sporadic epileptiform discharges?

3. Lateralized Periodic Discharges (LPDs), Bilateral Independent Periodic Discharges (BIPDs), or Lateralized Rhythmic Delta Activity (LRDA)?

4. "Plus" features: superimposed rhythmic, fast, or sharp activity only on LRDA, LPDs, or BIPDs?

5. Prior seizure: a history of epilepsy or recent events suspicious for clinical seizures?

6. BIRD: Brief potentially Ictal Rhythmic Discharges?

References/About

1. Frequency of any periodic or rhythmic pattern of more than 2 Hz except generalized rhythmic delta activity?

Yes

No

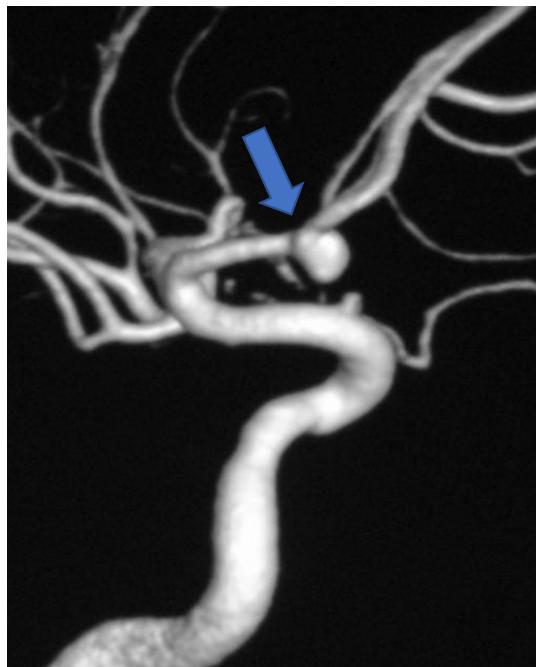
Next Question →

Created by QxMD

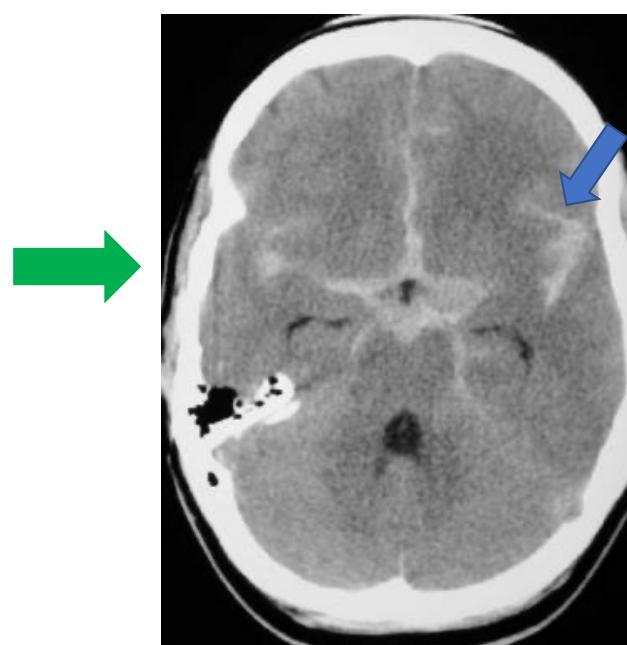


0/6 completed

Preventing Brain Damage in Critically Ill Patients



CT-angiography, Anterior Communicating Saccular Aneurysm



Head CT without contrast showing Subarachnoid Hemorrhage

- Seizures are common (20%)
- Seizure → Brain Damage
- Need EEG to detect seizures

Need to use EEG data to predict seizures, determine EEG duration

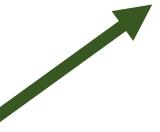
EEG is expensive and limited: 24hrs of monitoring is \$1600-\$4000

- 2HELPS2B was not created by doctors
- It is a ML model
- It is just as accurate as black box models.
- Doctors can decide themselves whether to trust it
- Doctors can calibrate the score with information not in the database
- Score can be explained to non-physicians

2HELPS2B

1. Any cEEG Pattern with Frequency 2 Hz	1 point	...
2. Epileptiform Discharges	1 point	+
3. Patterns include [LPD, LRDA, BIPD]	1 point	+
4. Patterns Superimposed with Fast or Sharp Activity	1 point	+
5. Prior Seizure	1 point	+
6. Brief Rhythmic Discharges	2 points	+
	SCORE	= ...

SCORE	0	1	2	3	4	5	6+
RISK	<5%	11.9%	26.9%	50.0%	73.1%	88.1%	95.3%



There are many
variables in the
database.

Variable
PDR
BRDs
Unreactive background
Prior Sz
GRDA
LRDA
GPDs
LPDs
BIPDs
Infection
Inflammation
Neoplasm
ICH
Metabolic encephalopathy
Stroke
SAH
SDH
TBI
Hypoxic/ischemic
IVH
Hydrocephalus
Discharges
Frequency (>2Hz) ^c

Designing an optimal scoring system is not easy

Key challenges:

- Accuracy
- Sparsity
- Constraints (e.g., FP<20%, fairness, etc.)
- Integer coefficients

Typical approaches:

panel of experts: (Gage et al., 2001), CHADS2 score for stroke prediction

ad hoc: feature selection, followed by logistic regression with the chosen features, scaling, and rounding (Antman et al., 2000), TIMI risk score for unstable angina/non-ST elevation MI

CHADS2 Score

1. <i>Congestive Heart Failure</i>	1 point	...
2. <i>Hypertension</i>	1 point	+
3. <i>Age ≥ 75</i>	1 point	+
4. <i>Diabetes Mellitus</i>	1 point	+
5. <i>Prior Stroke or Transient Ischemic Attack</i>	2 points	+
ADD POINTS FROM ROWS 1–5		SCORE = ...

SCORE	0	1	2	3	4	5	6
STROKE RISK	1.9%	2.8%	4.0%	5.9%	8.5%	12.5%	18.2%

Elastic Net

SCORE =	1.42	Rhythmic Patterns Include [BiPD, LRDA, LPD]
	+ 0.31	Prior Seizure
	+ 0.21	Epileptiform Discharges
	+ 0.26	Patterns Superimposed with Fast or Sharp Activity
	+ 0.25	Brief Rhythmic Discharges
	- 2.54	

Elastic Net + Rounding

SCORE	=	1	Rhythmic Patterns Include [BiPD, LRDA, LPD]
		+ 0	Prior Seizure
		+ 0	Epileptiform Discharges
		+ 0	Patterns Superimposed with Fast or Sharp Activity
		+ 0	Brief Rhythmic Discharges
		- 3	

Elastic Net

SCORE =	1.42	Rhythmic Patterns Include [BiPD, LRDA, LPD]
	+ 0.31	Prior Seizure
	+ 0.21	Epileptiform Discharges
	+ 0.26	Patterns Superimposed with Fast or Sharp Activity
	+ 0.25	Brief Rhythmic Discharges
	- 2.54	

Elastic Net + Scaling + Rounding

SCORE	=	14	Rhythmic Patterns Include [BiPD, LRDA, LPD]
		+ 3	Prior Seizure
		+ 2	Epileptiform Discharges
		+ 3	Patterns Superimposed with Fast or Sharp Activity
		+ 3	Brief Rhythmic Discharges
		- 25	

Elastic Net + Scaling + Rounding

SCORE	=	14	Rhythmic Patterns Include [BiPD, LRDA, LPD]
		+ 3	Prior Seizure
		+ 2	Epileptiform Discharges
		+ 3	Patterns Superimposed with Fast or Sharp Activity
		+ 3	Brief Rhythmic Discharges
		- 25	

2HELPS2B

1.	Any cEEG Pattern with Frequency 2 Hz	1 point	...
2.	Epileptiform Discharges	1 point	+
3.	Patterns include [LPD, LRDA, BIPD]	1 point	+
4.	Patterns Superimposed with Fast or Sharp Activity	1 point	+
5.	Prior Seizure	1 point	+
6.	Brief Rhythmic Discharges	2 points	+
		SCORE	= ...

SCORE	0	1	2	3	4	5	6+
RISK	<5%	11.9%	26.9%	50.0%	73.1%	88.1%	95.3%

Risk-Calibrated Supersparse Linear Integer Models (Risk-SLIM)

(Ustun and Rudin, Optimal Scoring Systems, Journal of Machine Learning Research, 2019)

$$\min_{\lambda \in L} \sum_{i=1}^n \log \left(1 + e^{-y_i x_i^\top \lambda} \right) + C \|\lambda\|_0$$

MINLP – really hard...

$\lambda \in L$ means that $\forall j, \lambda_j \in \{-10, -9, \dots, 0, \dots, 9, 10\}$

(optional: additional constraints)

Logistic Loss Model Size

Small Integer Coefficients

Solution uses our *Lattice Cutting Plane* Algorithm, discussed later.

Coefficient 2

6

5

4

3

5

6

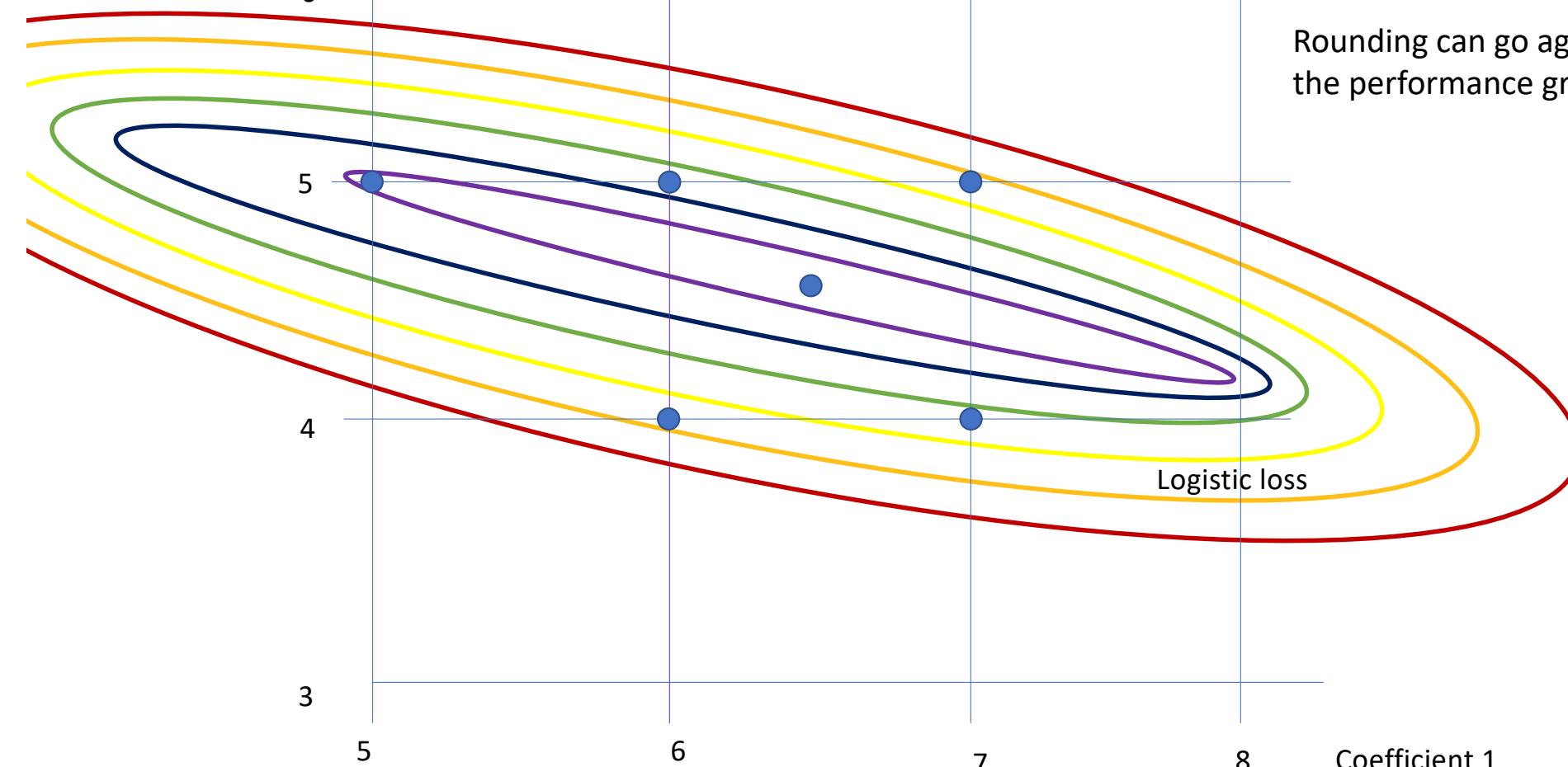
7

8

Coefficient 1

Rounding can go against
the performance gradient

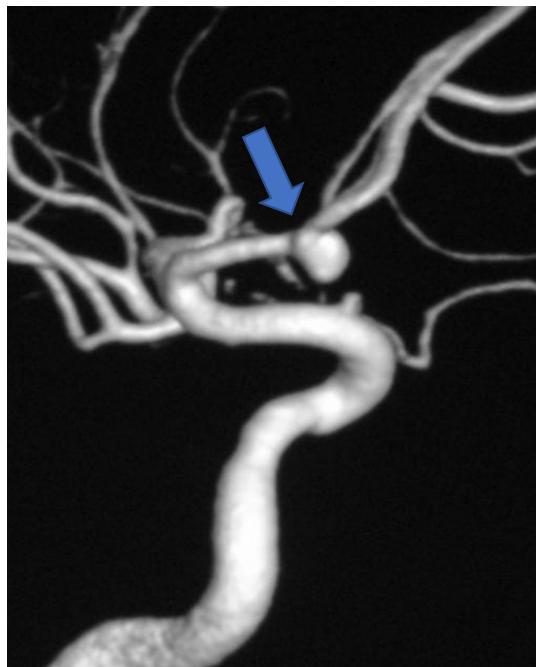
Logistic loss



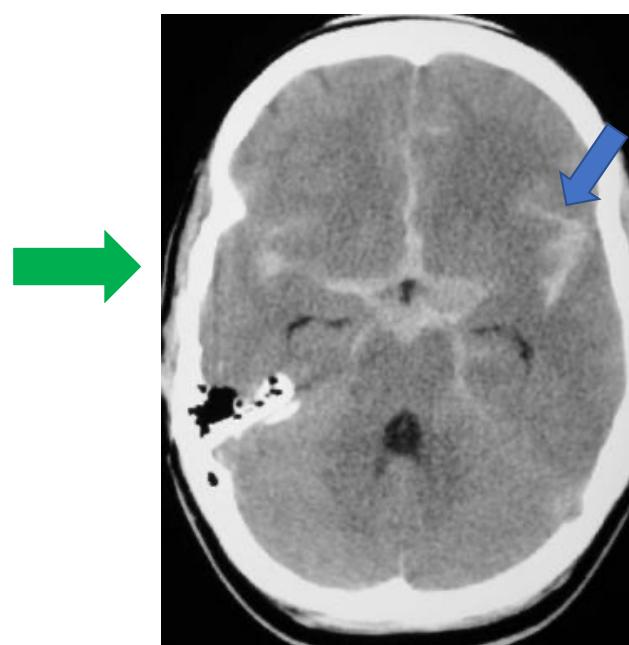
2HELPS2B

The screenshot shows a web page from JAMA Neurology. At the top, there is a navigation bar with a menu icon, the text "JAMA Neurology", a search bar labeled "Search All" with a dropdown arrow and placeholder "Enter Search Term", and a "FREE" badge. Below the header, the text "Original Investigation" is displayed next to a "FREE" badge. The date "December 2017" is shown. The main title of the article is "Association of an Electroencephalography-Based Risk Score With Seizure Probability in Hospitalized Patients". Below the title, the authors' names are listed: Aaron F. Struck, MD¹; Berk Ustun, PhD²; Andres Rodriguez Ruiz, MD³; Jong Woo Lee, MD, PhD⁴; Suzette M. LaRoche, MD^{3,5}; Lawrence J. Hirsch, MD⁶; Emily J. Gilmore, MD⁶; Jan Vlachy, MS⁷; Hiba Arif Haider, MD³; Cynthia Rudin, PhD⁸; M. Brandon Westover, MD, PhD⁹. Below the authors, there are links for "Author Affiliations" and "Article Information". The citation at the bottom is "JAMA Neurol. 2017;74(12):1419-1424. doi:10.1001/jamaneurol.2017.2459".

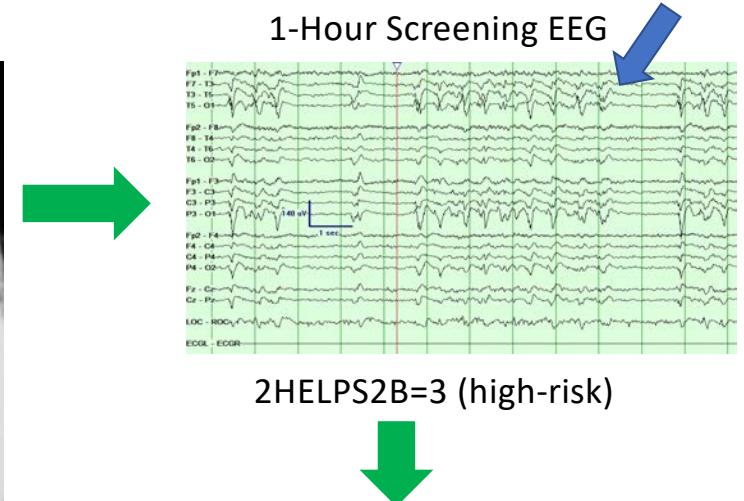
Preventing Brain Damage in Critically Ill Patients



CT-angiography, Anterior Communicating Saccular Aneurysm



Head CT without contrast showing Subarachnoid Hemorrhage



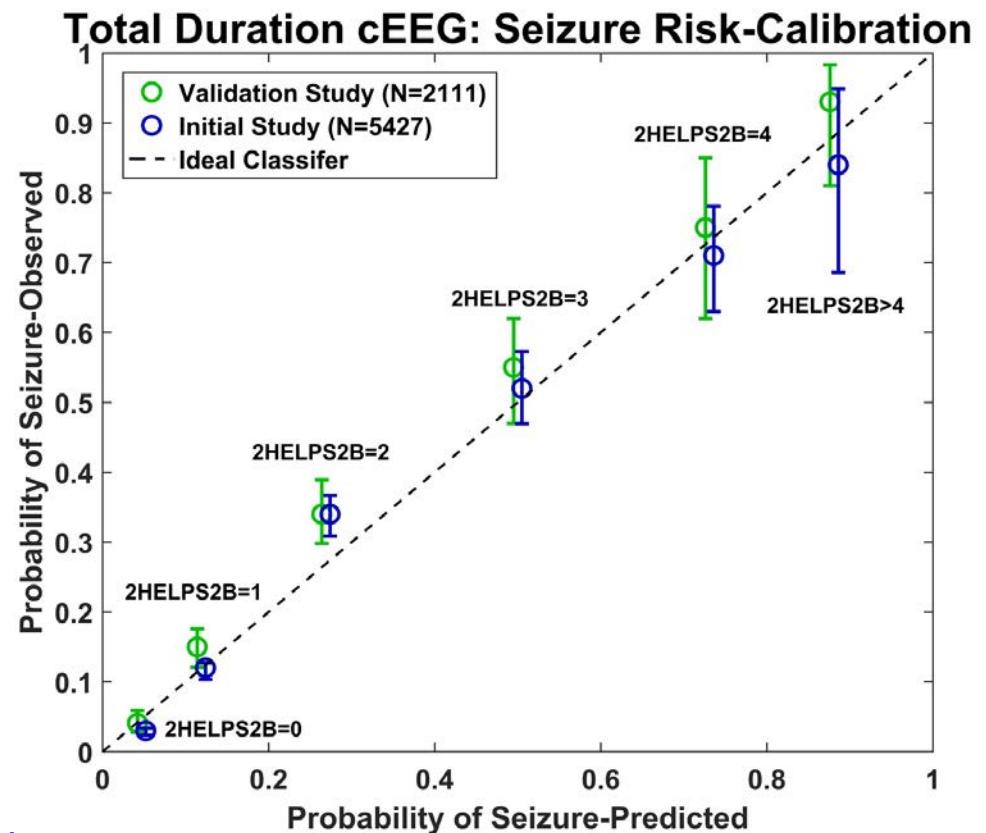
- Placed on Continuous EEG for >72H
- Start on preventative medications

So far...

- 2HELP2B validated on independent multicenter cohort (Struck et al. 2021, N=2111)



- Implemented: University of Wisconsin, Massachusetts General Hospital/Harvard Medical School
- Ongoing implementation: Emory University, Duke University, Medical University of South Carolina, Free University of Brussels (Belgium)
- Resulted in **63.6%** reduction in duration of EEG monitoring per patient
 - \$1,134.831 saving per patient¹
- **2.82 X** More Patients Monitored
- >\$6.1M estimated savings in FY 2018 at MGH,UW



¹2016 Medicare Reimbursement Most Common Professional Code

Risk-Calibrated Supersparse Linear Integer Models (Risk-SLIM)

(Ustun, R, 2019)

$$\min_{\lambda \in L} \sum_{i=1}^n \log(1 + e^{-y_i x_i^\top \lambda}) + C \|\lambda\|_0$$

$\lambda \in L$ means that $\forall j, \lambda_j \in \{-10, -9, \dots, 0, \dots, 9, 10\}$

(optional: additional constraints)

Logistic
Loss

Model
Size

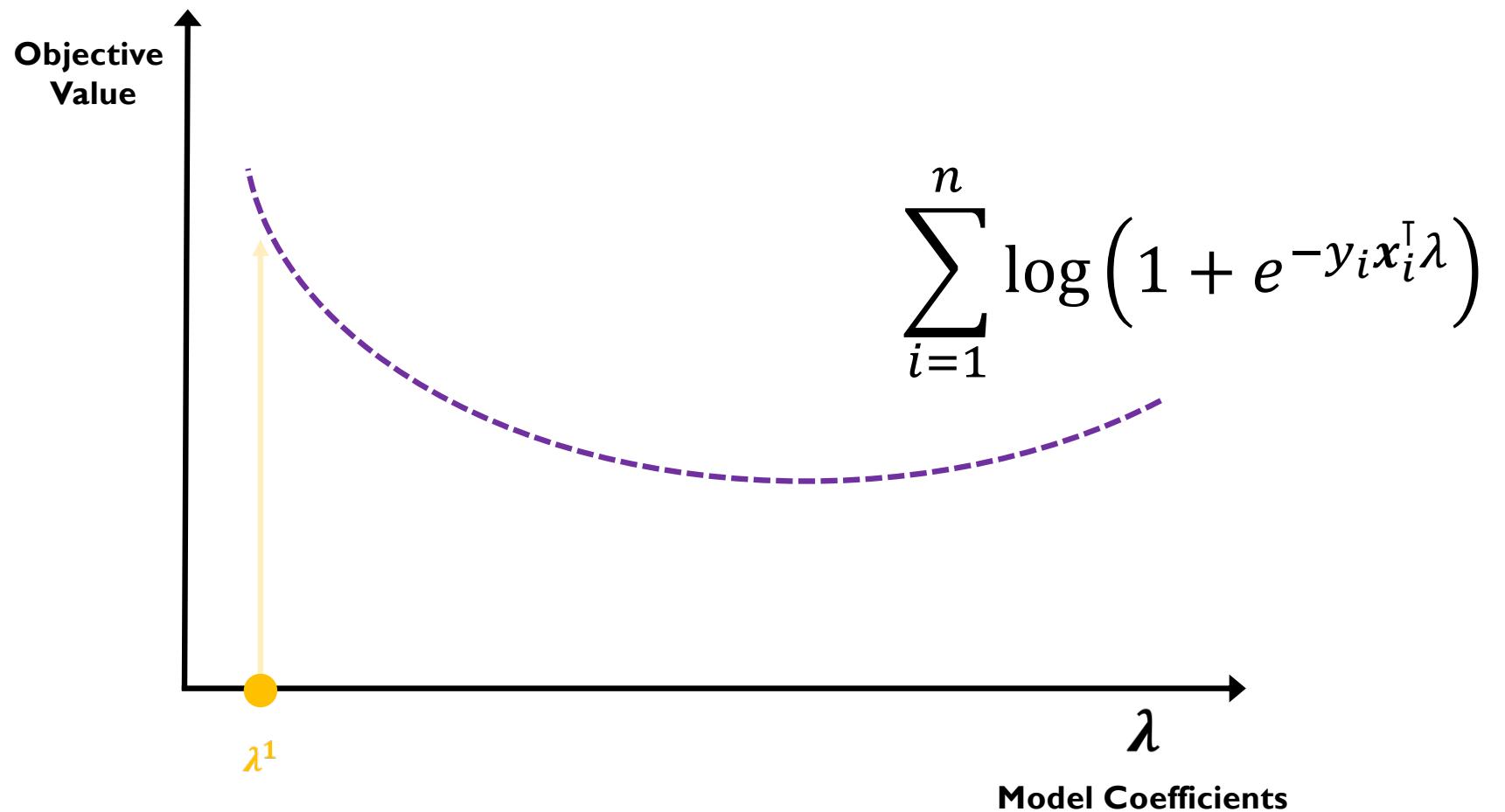
MINLP – really hard...

Small
Integer
Coefficients

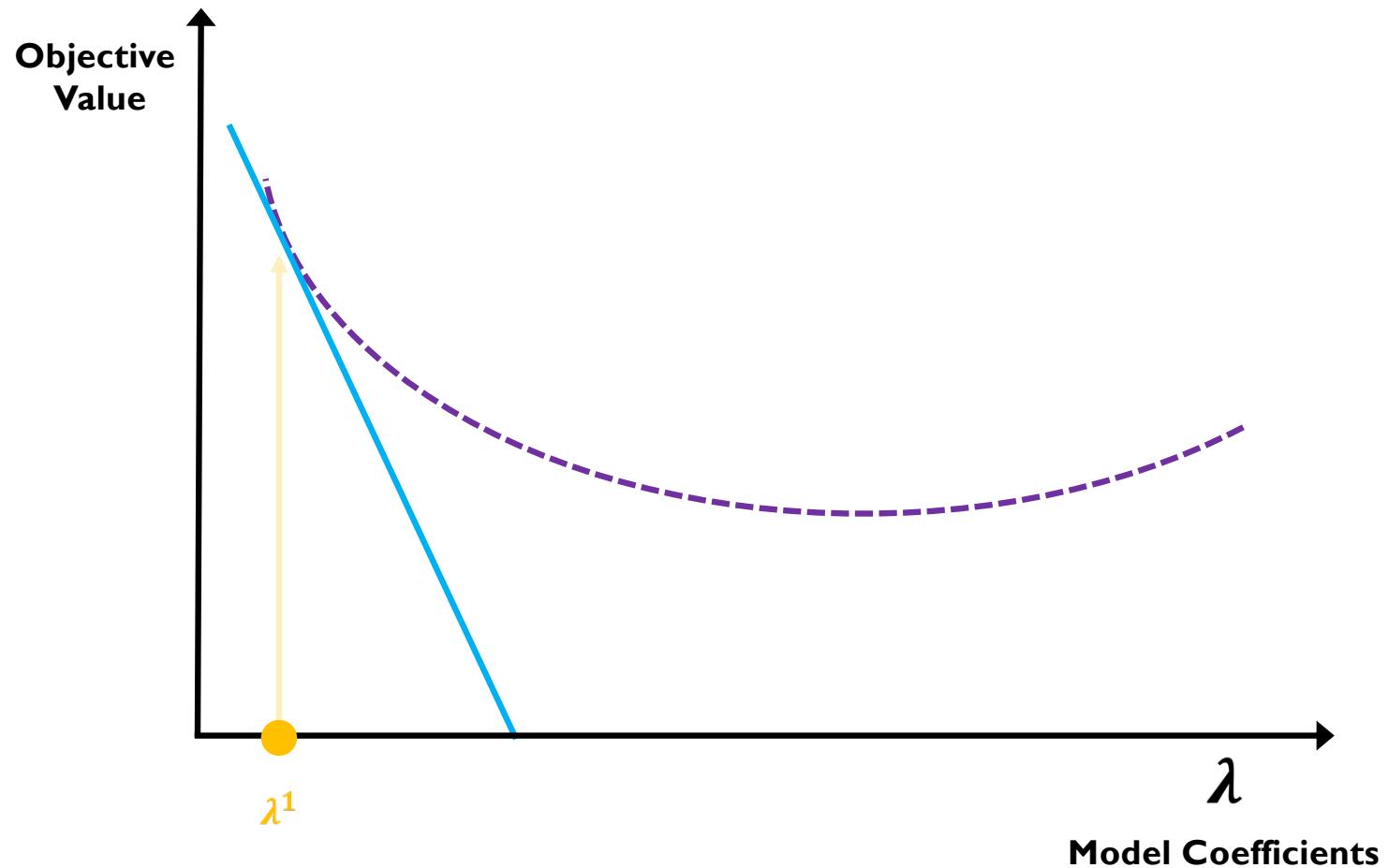
Cutting Planes (Traditional)

$$\min_{\lambda} \sum_{i=1}^n \log \left(1 + e^{-y_i x_i^\top \lambda} \right)$$

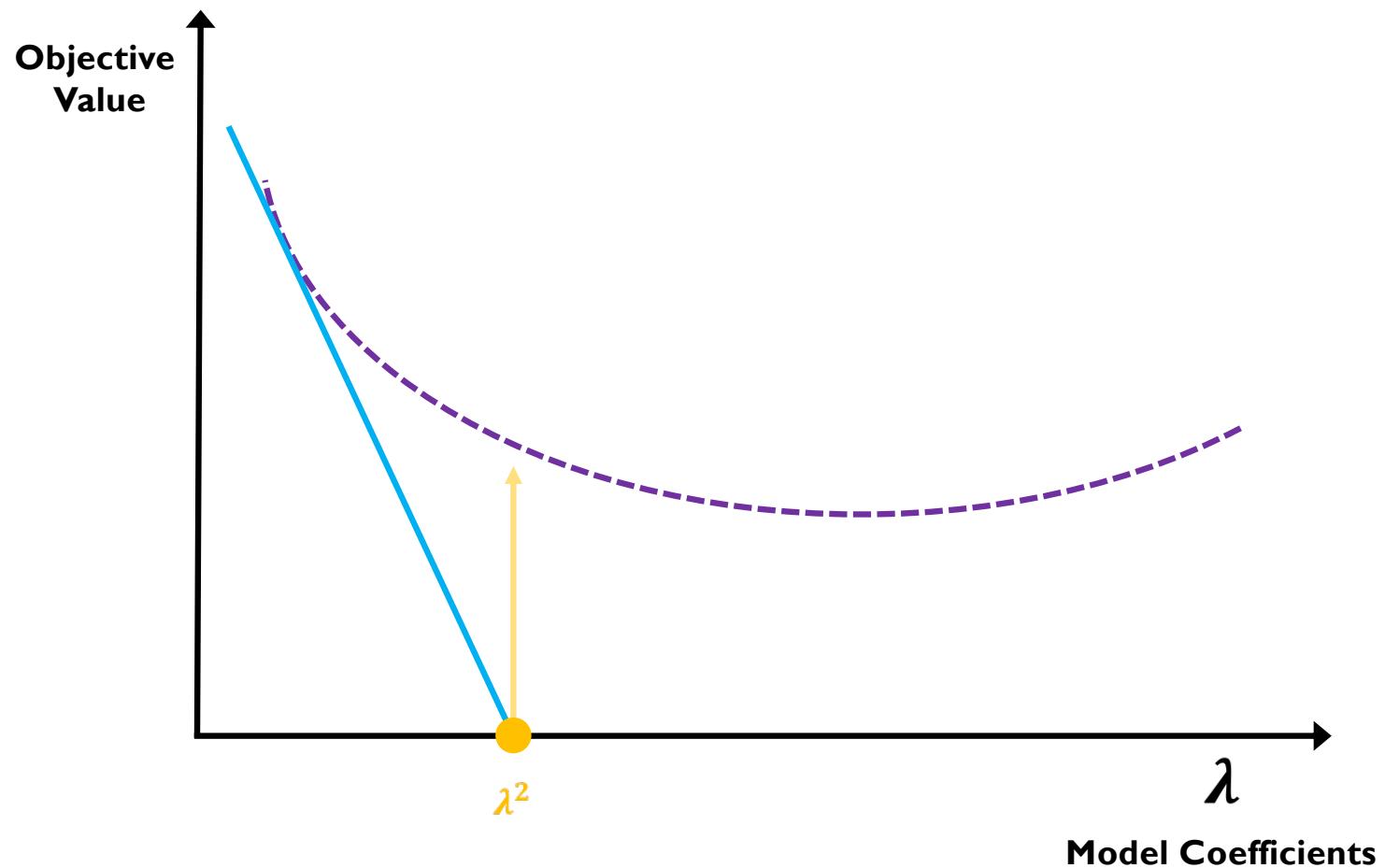
Traditional cutting planes



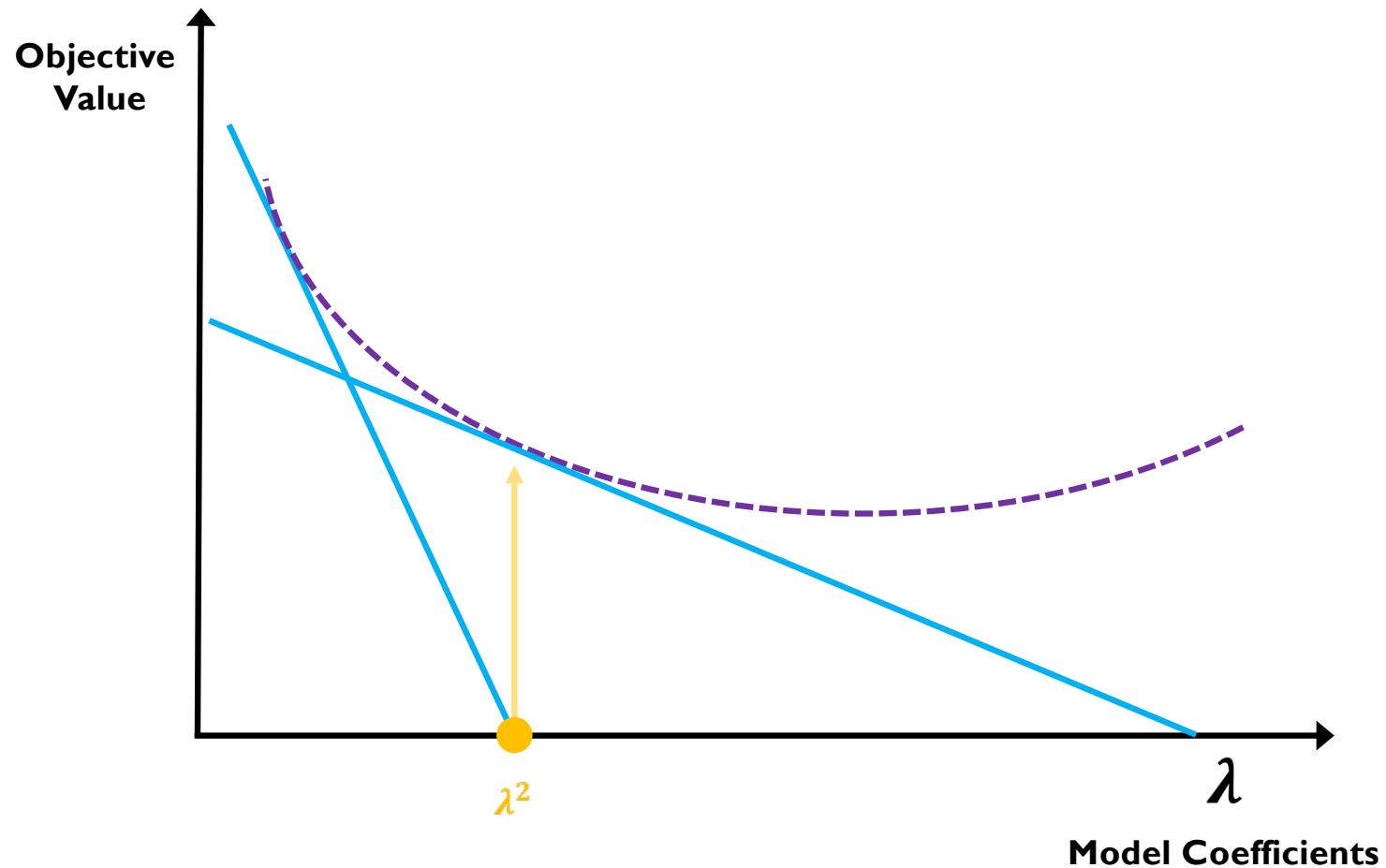
Traditional cutting planes



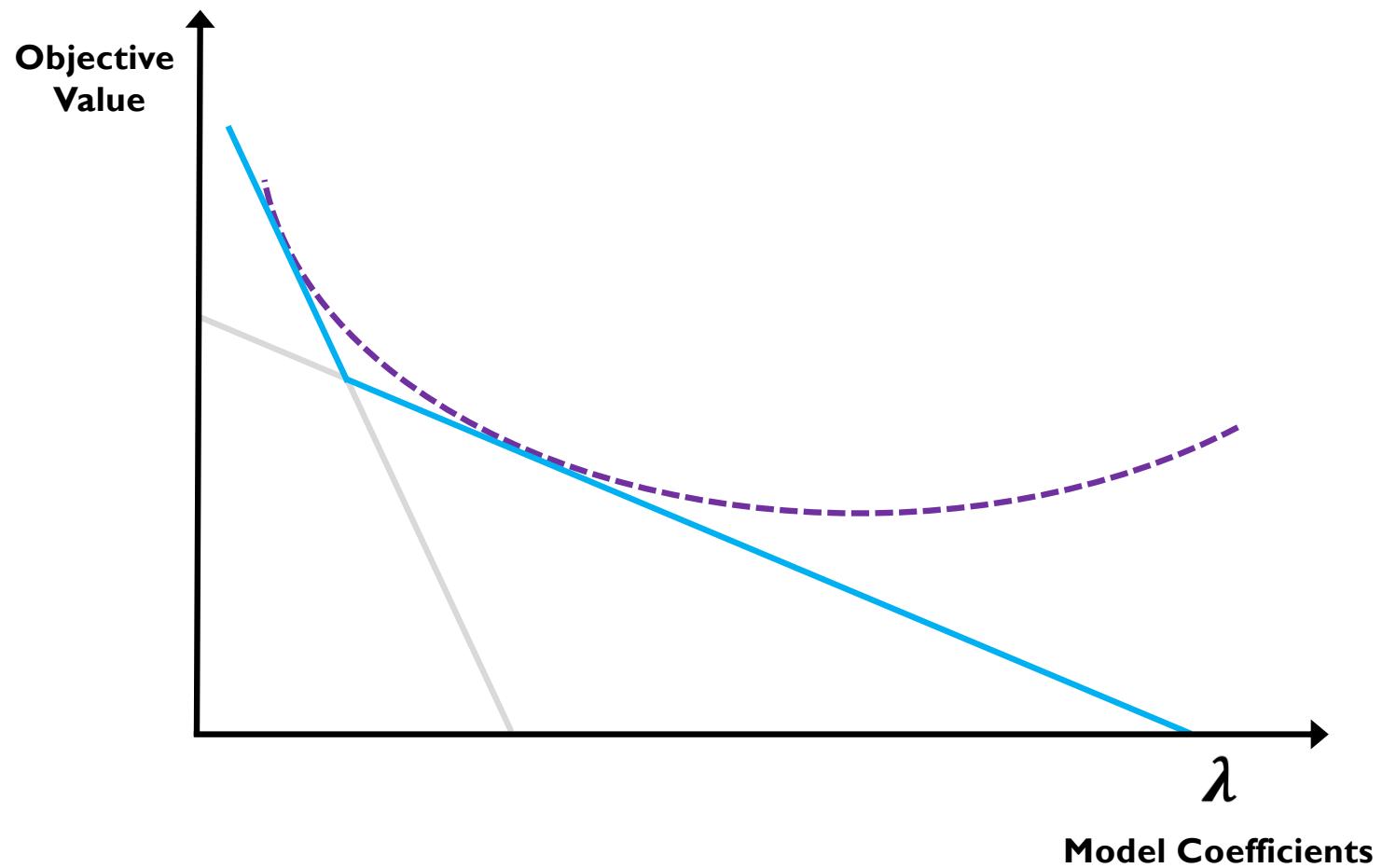
Traditional cutting planes



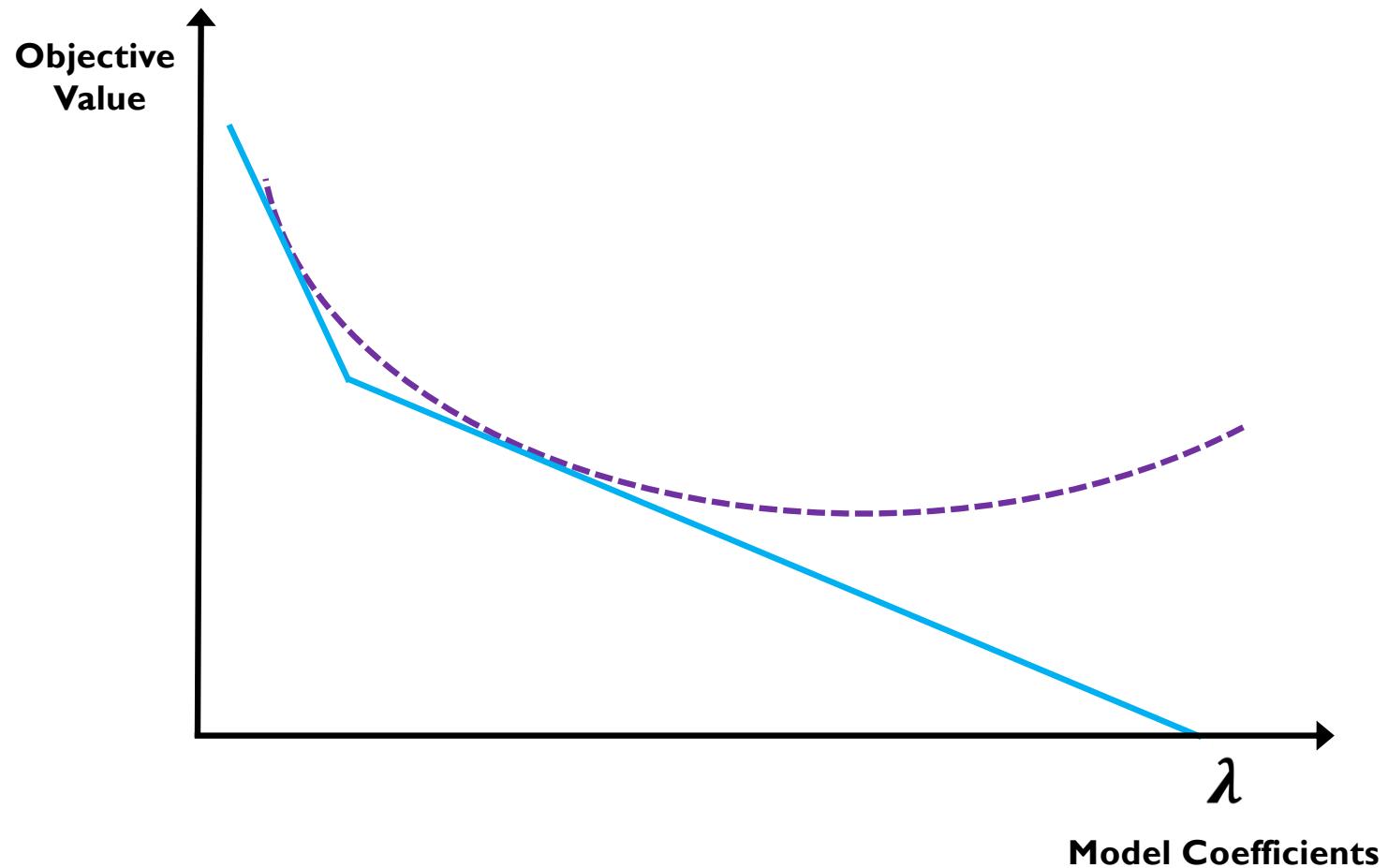
Traditional cutting planes



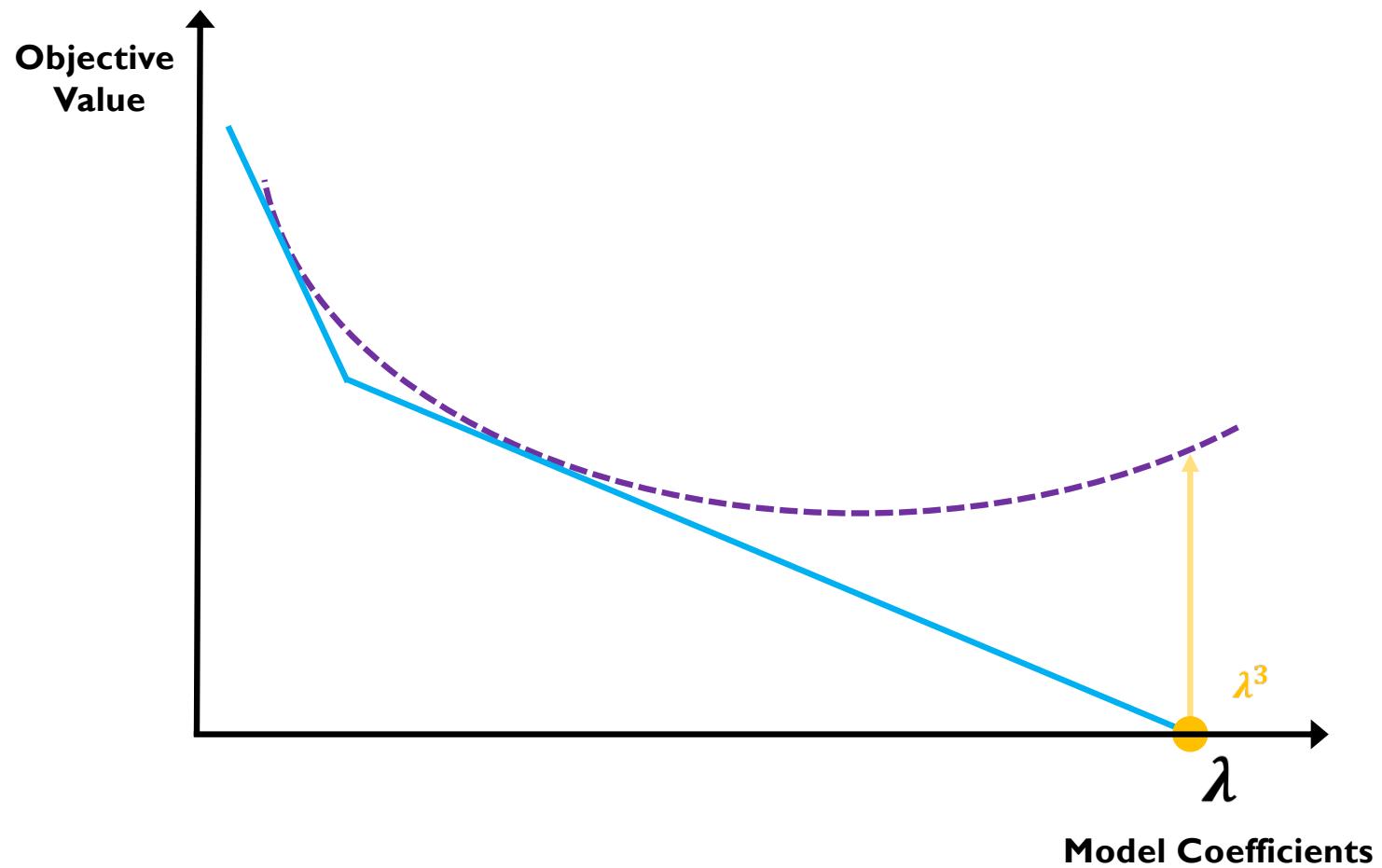
Traditional cutting planes



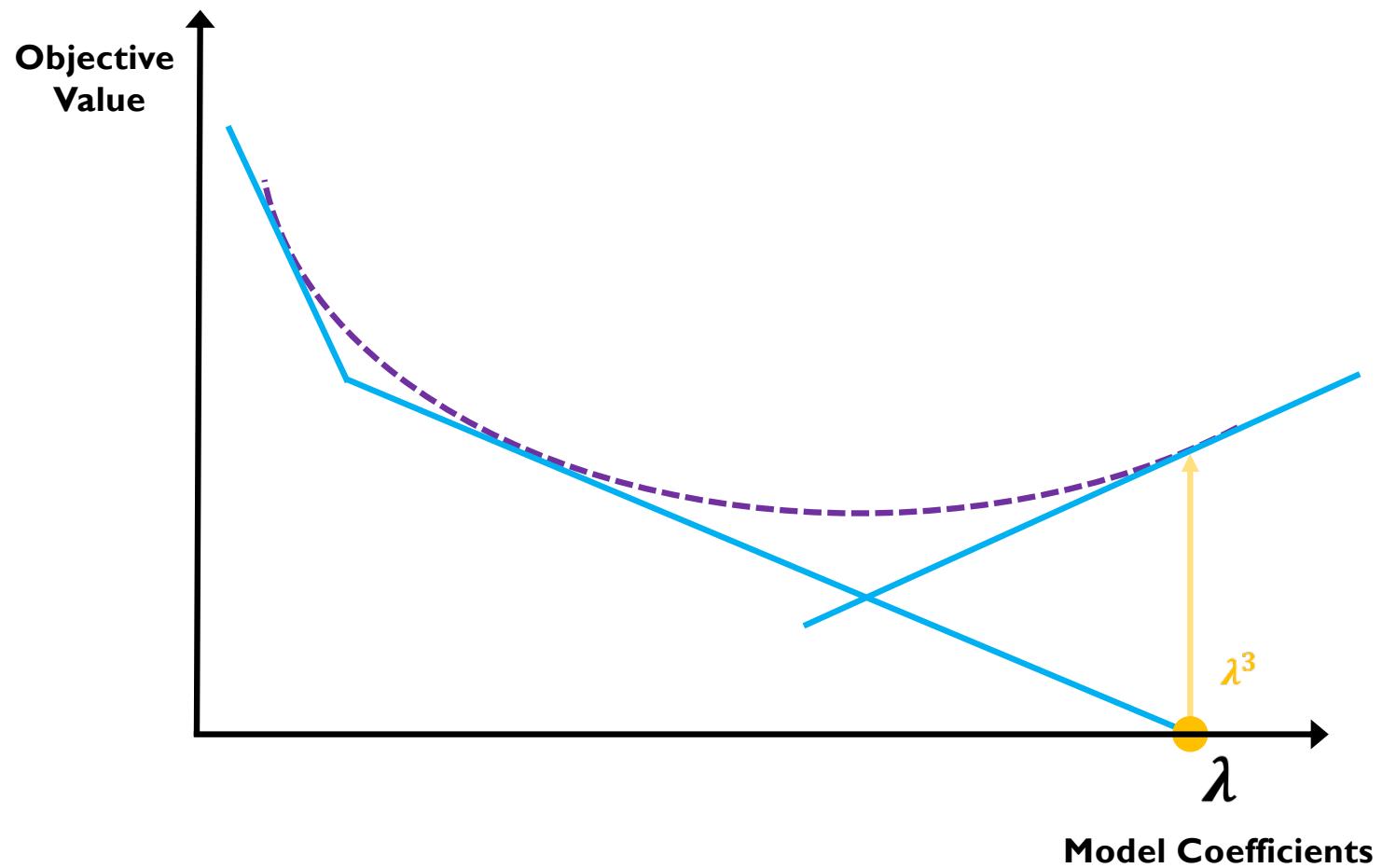
Traditional cutting planes



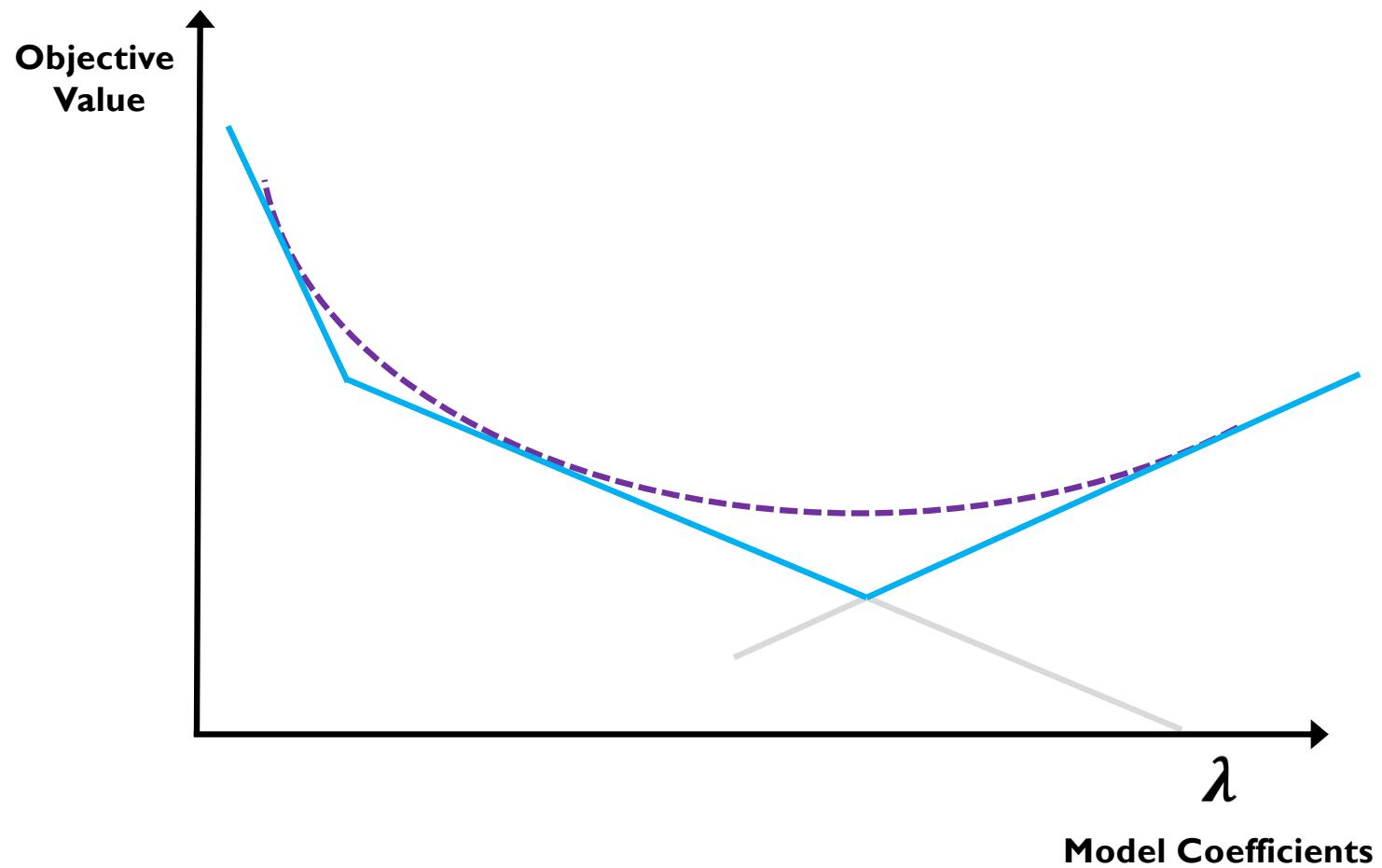
Traditional cutting planes



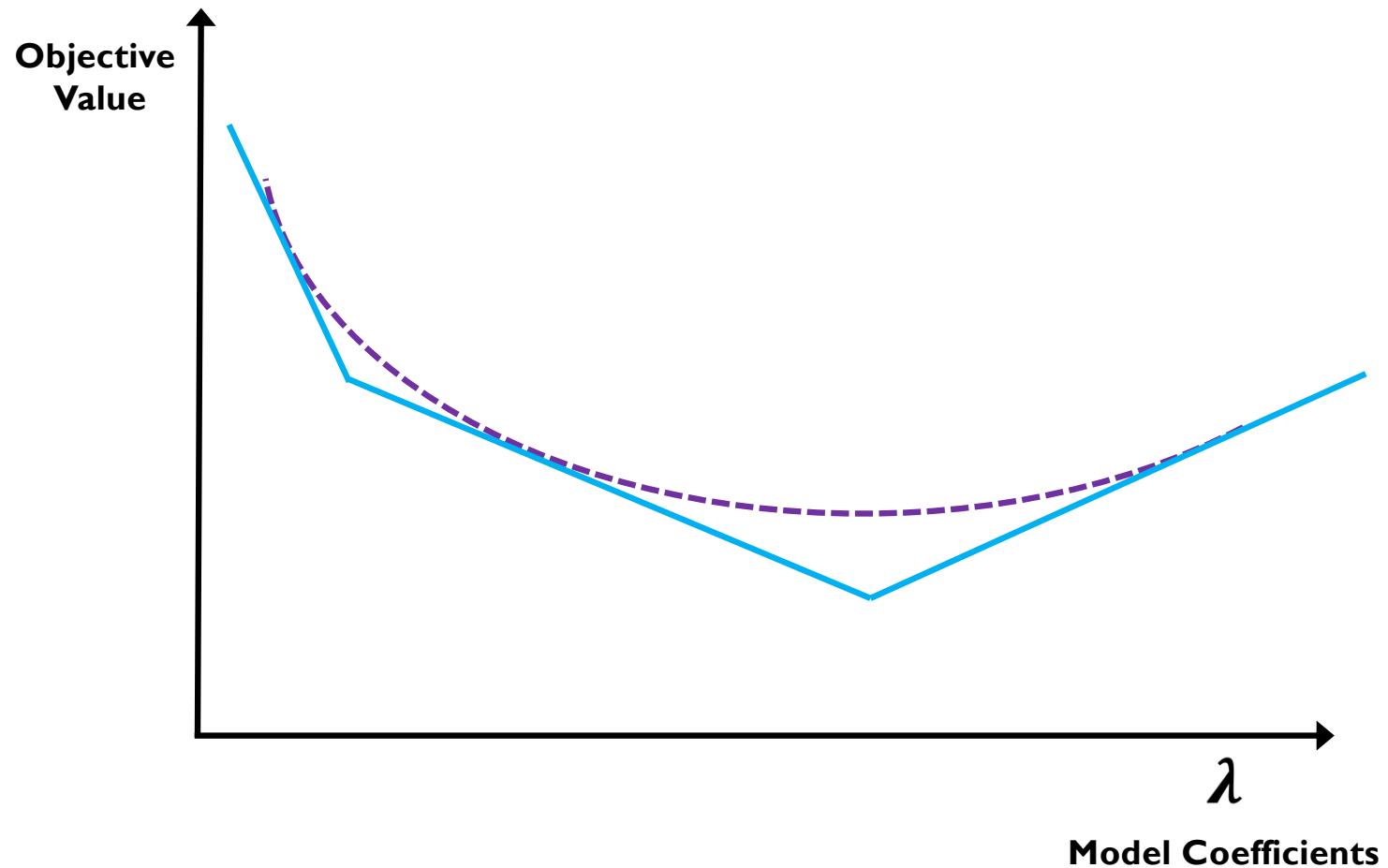
Traditional cutting planes



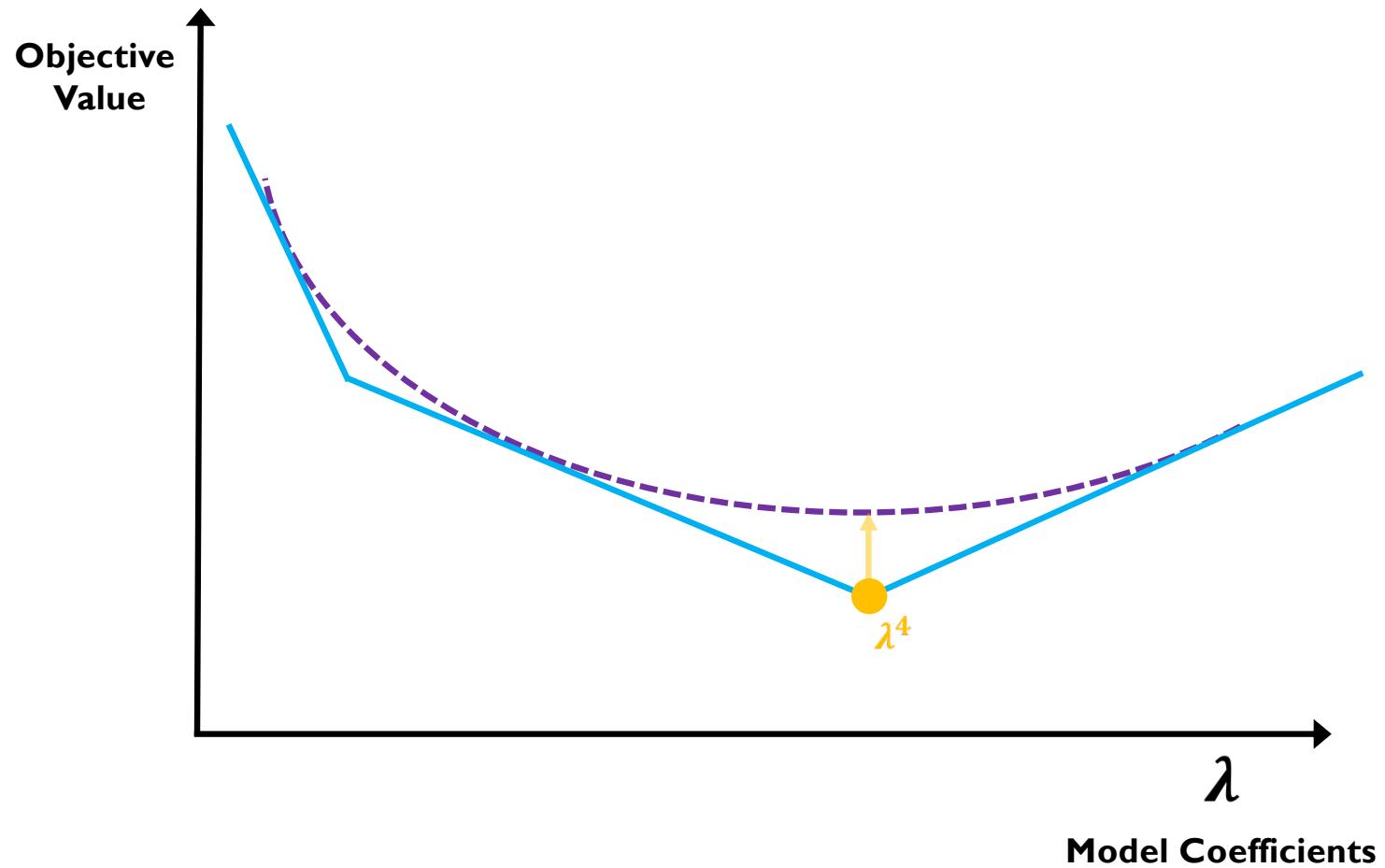
Traditional cutting planes



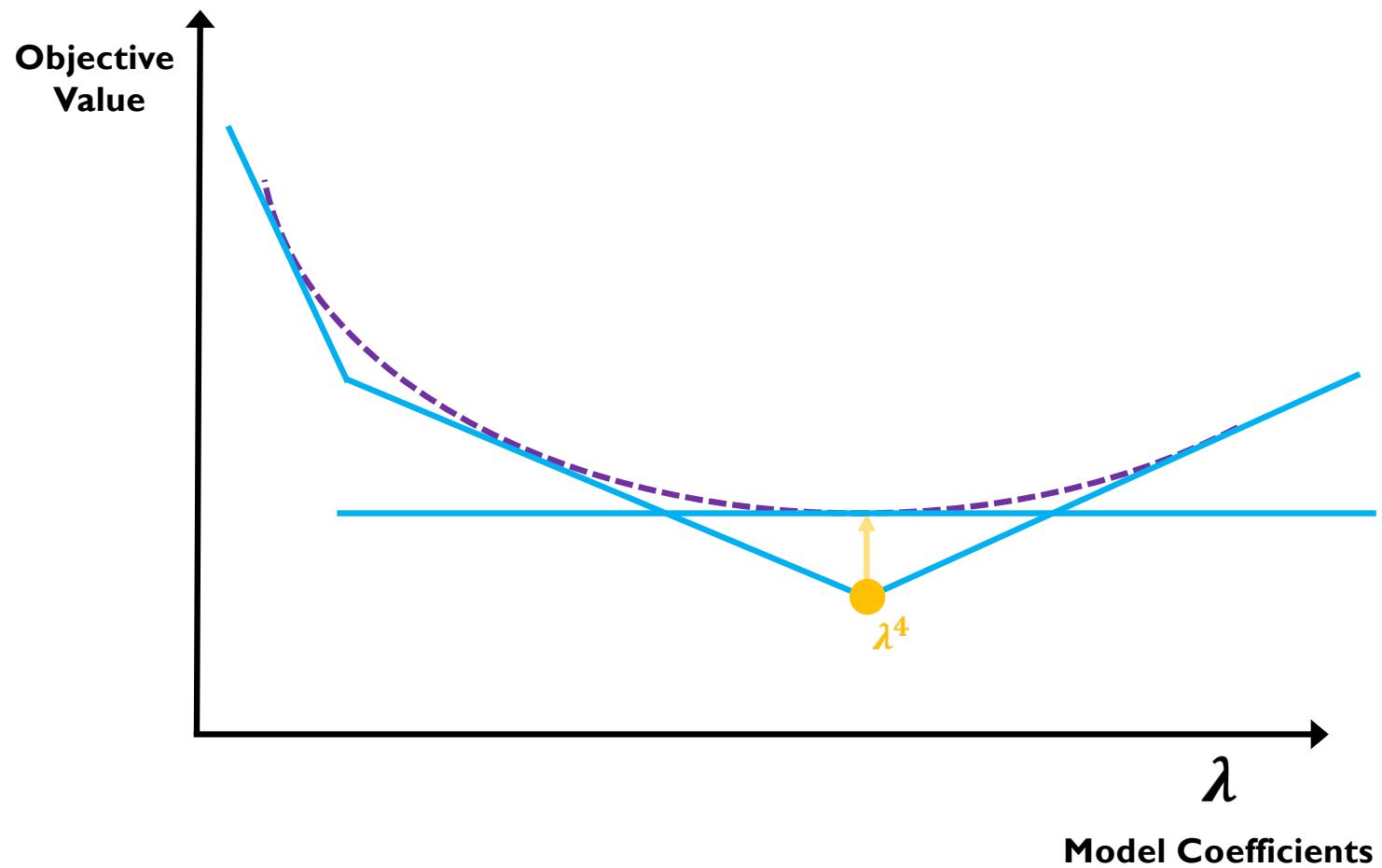
Traditional cutting planes



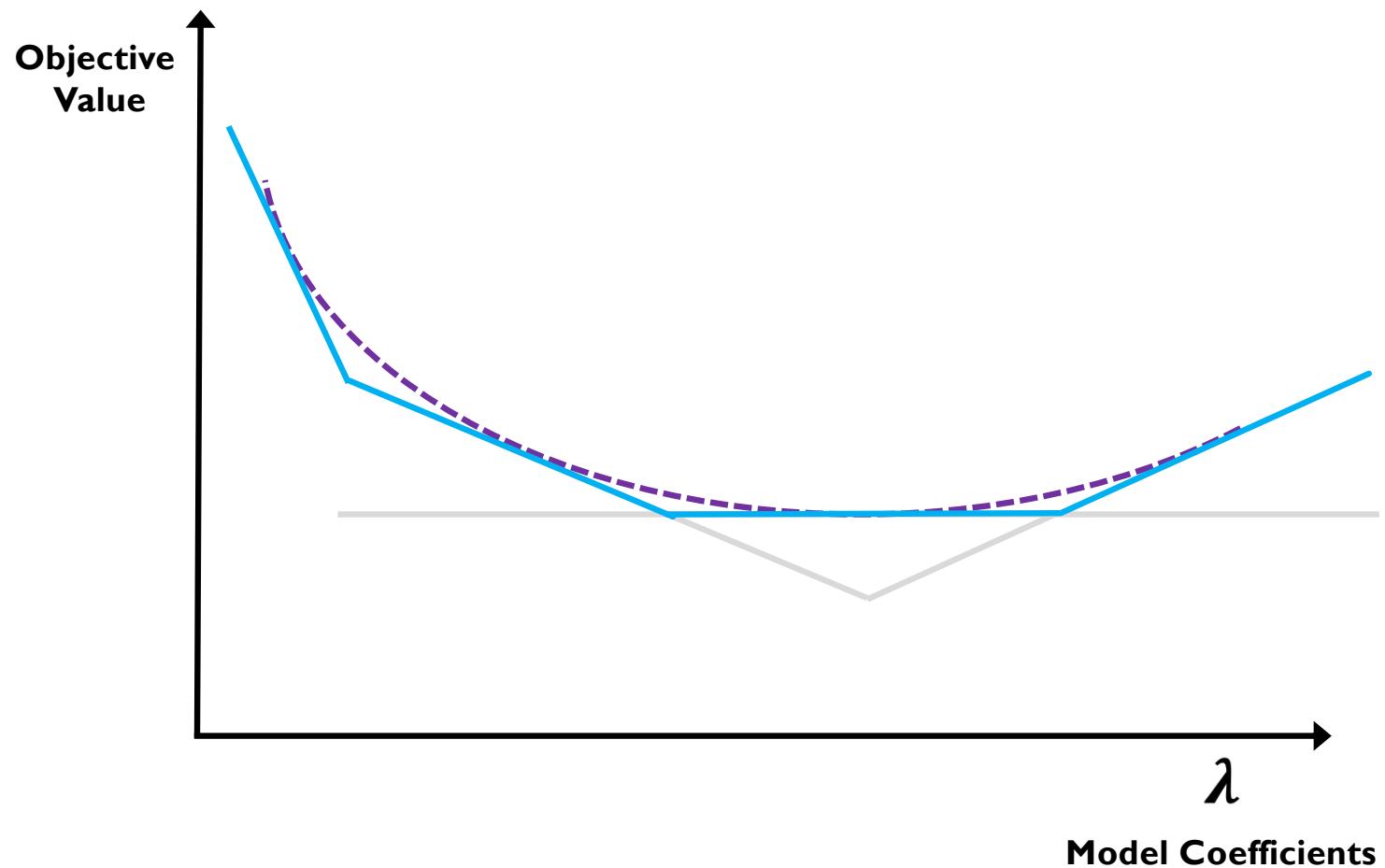
Traditional cutting planes



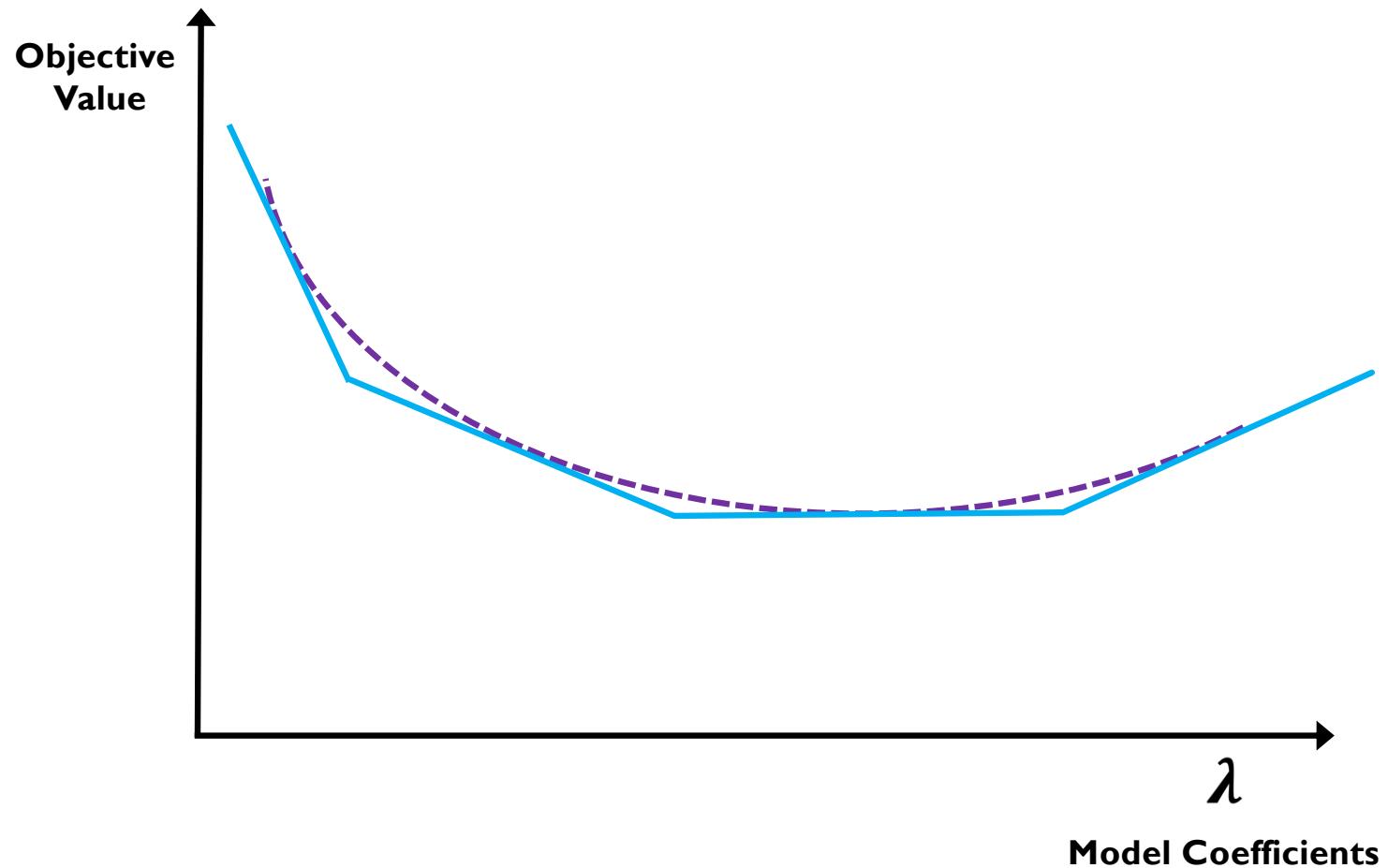
Traditional cutting planes



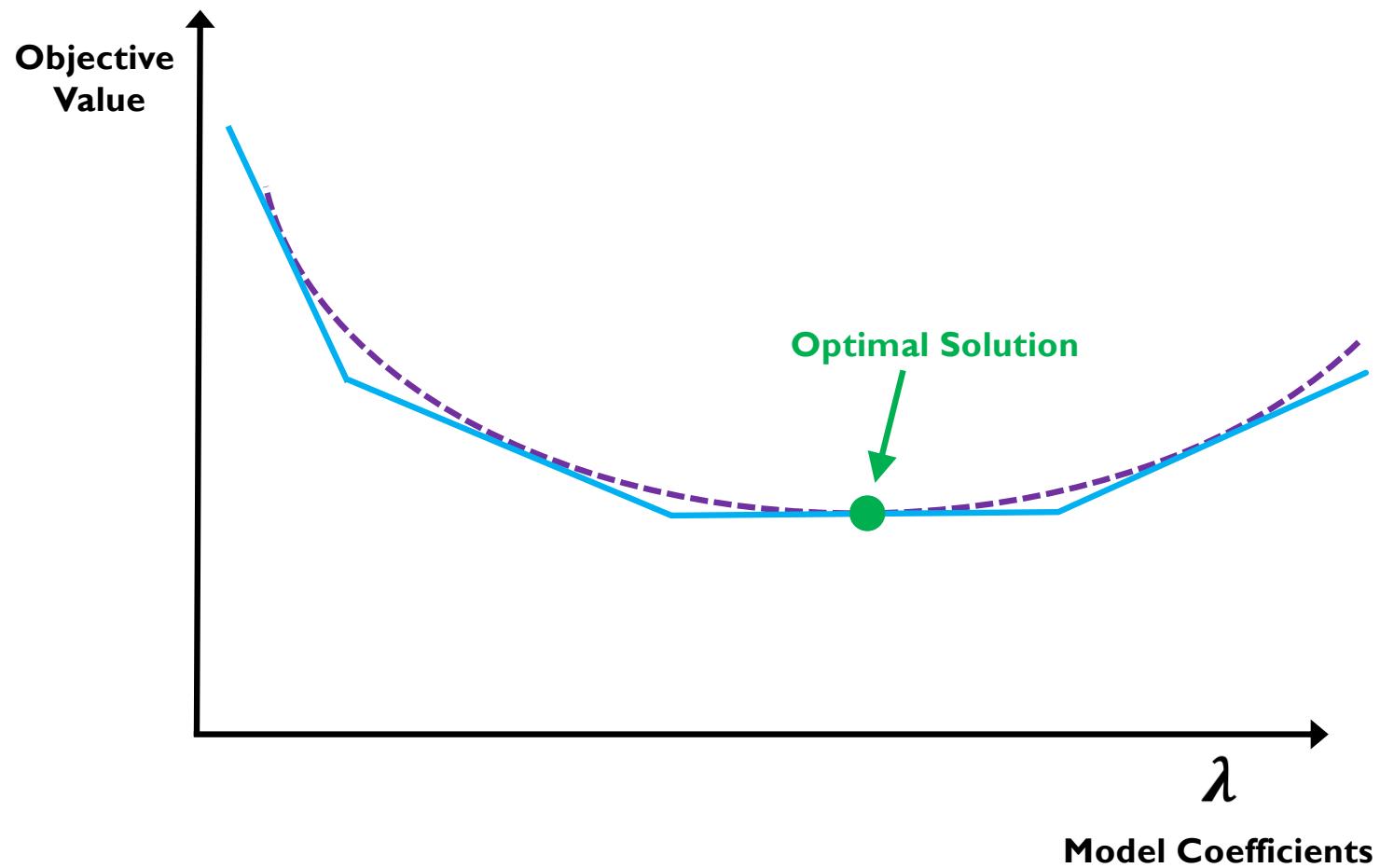
Traditional cutting planes



Traditional cutting planes

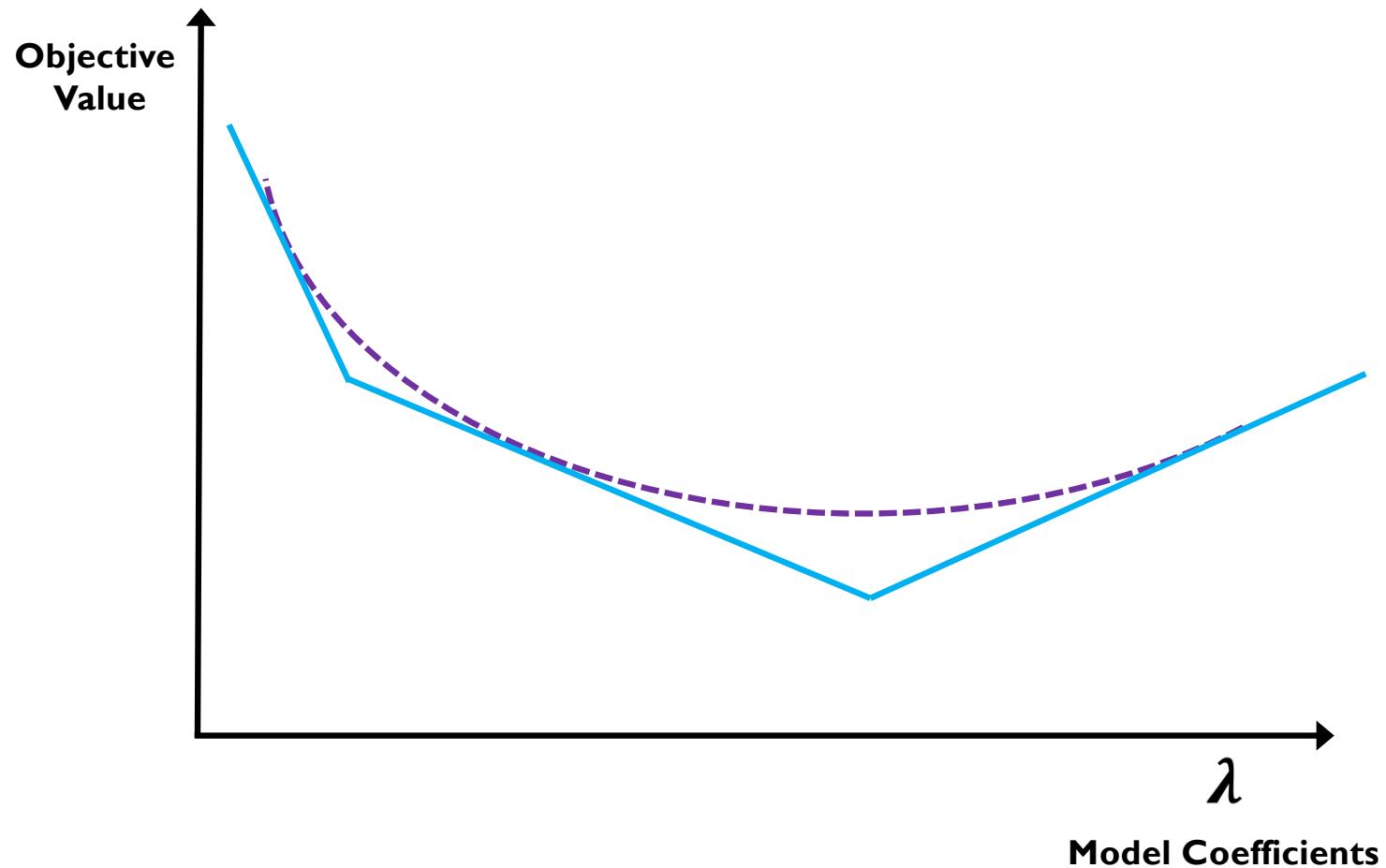


Traditional cutting planes

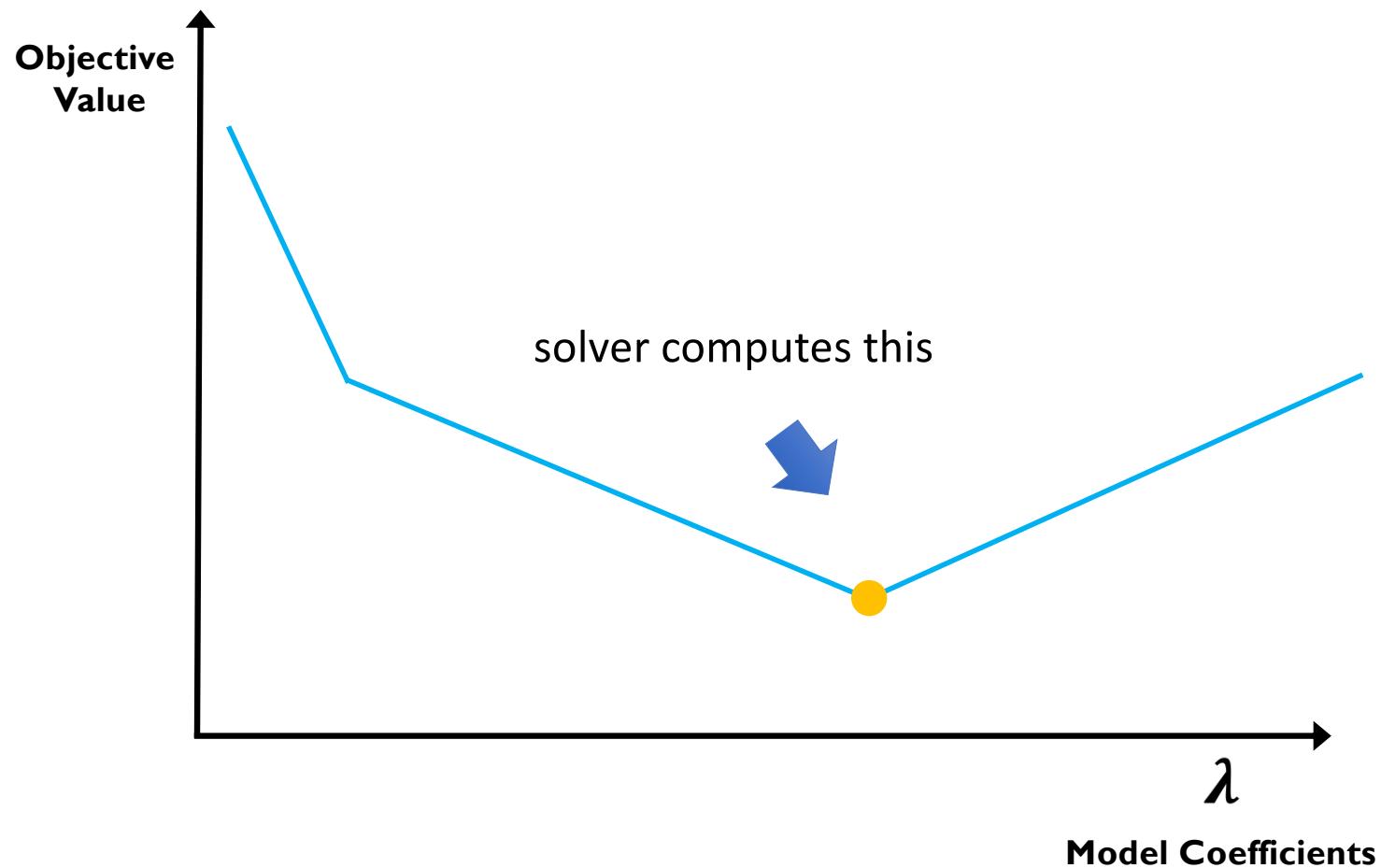


- Something goes wrong when creating models with integer coefficients.

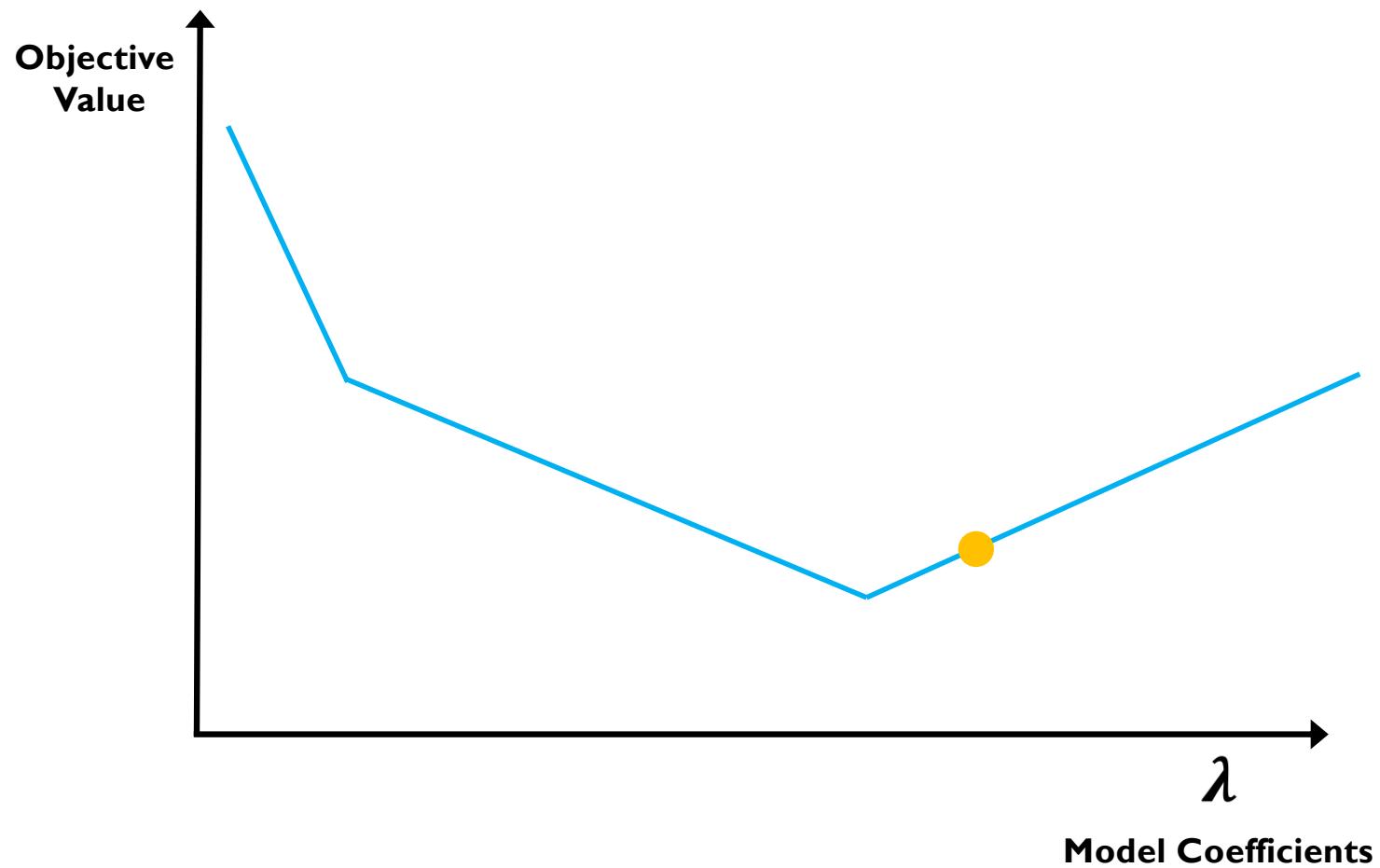
Traditional cutting planes



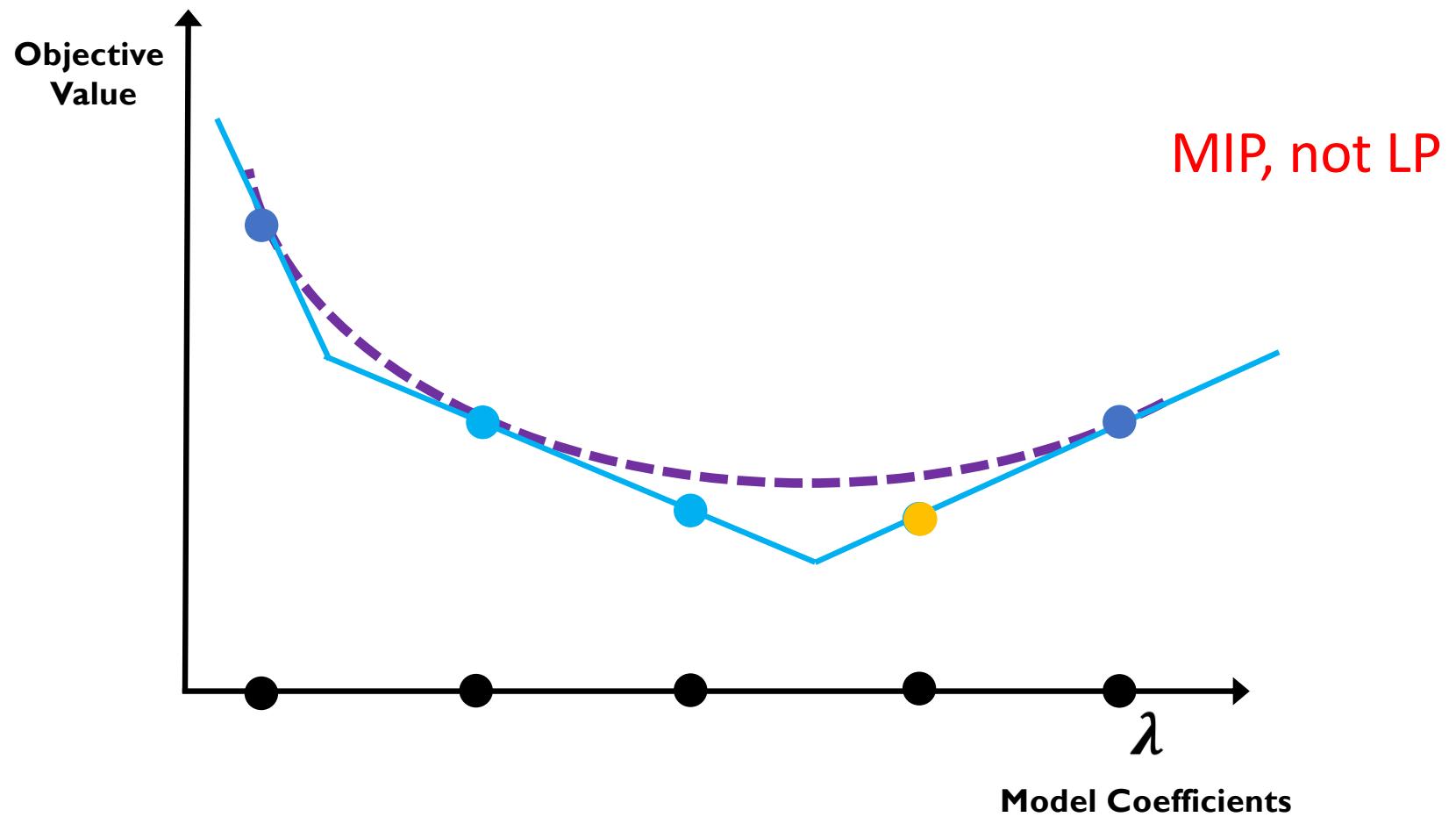
Traditional cutting planes



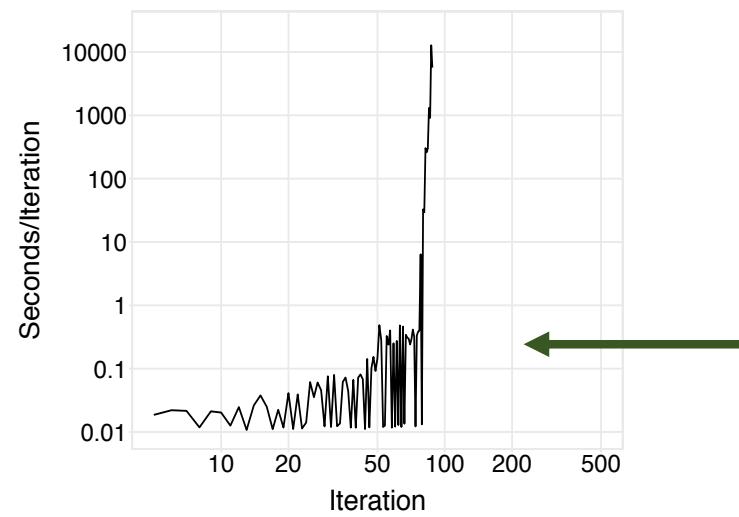
Traditional cutting planes



Traditional cutting planes



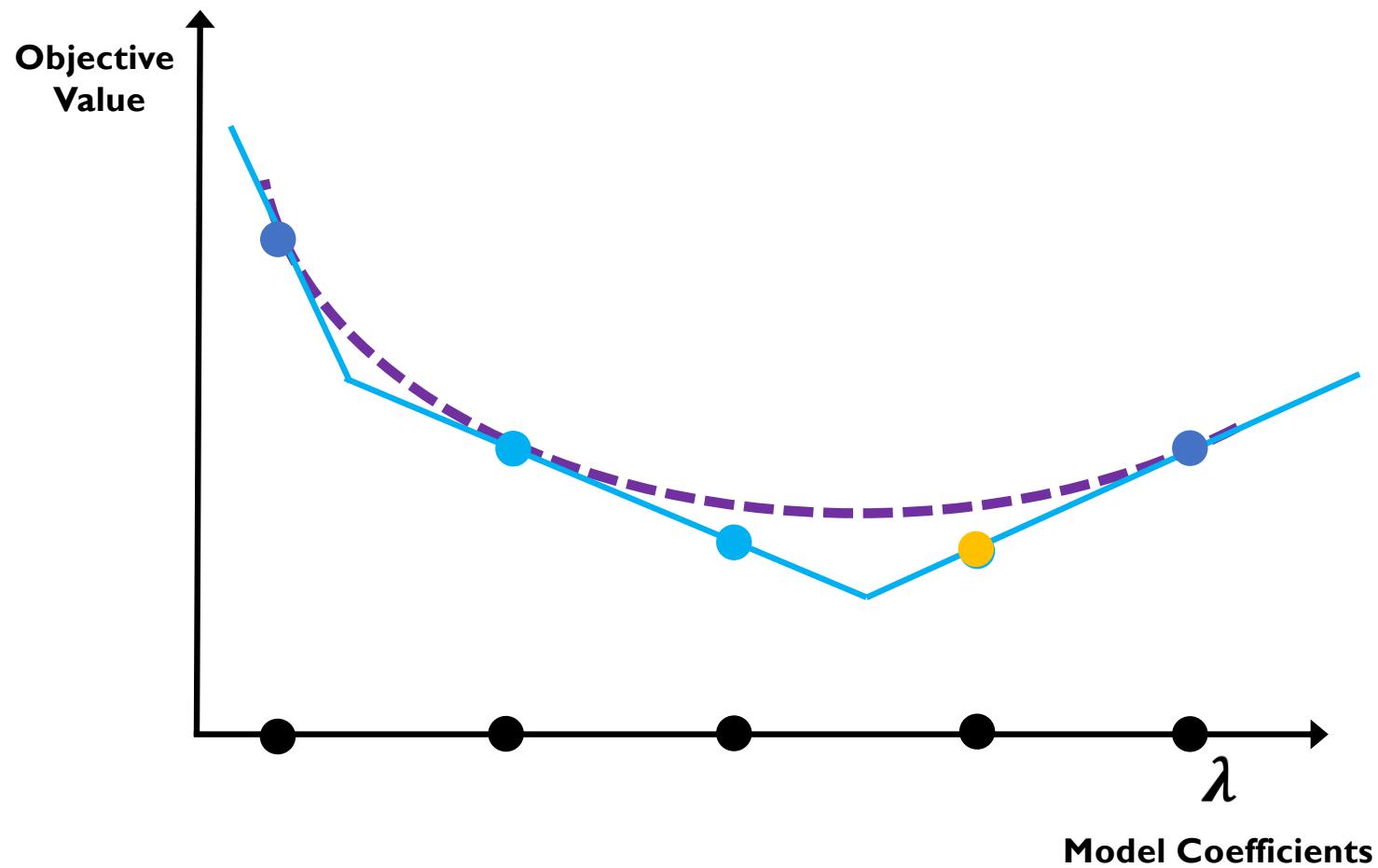
Seconds per iteration



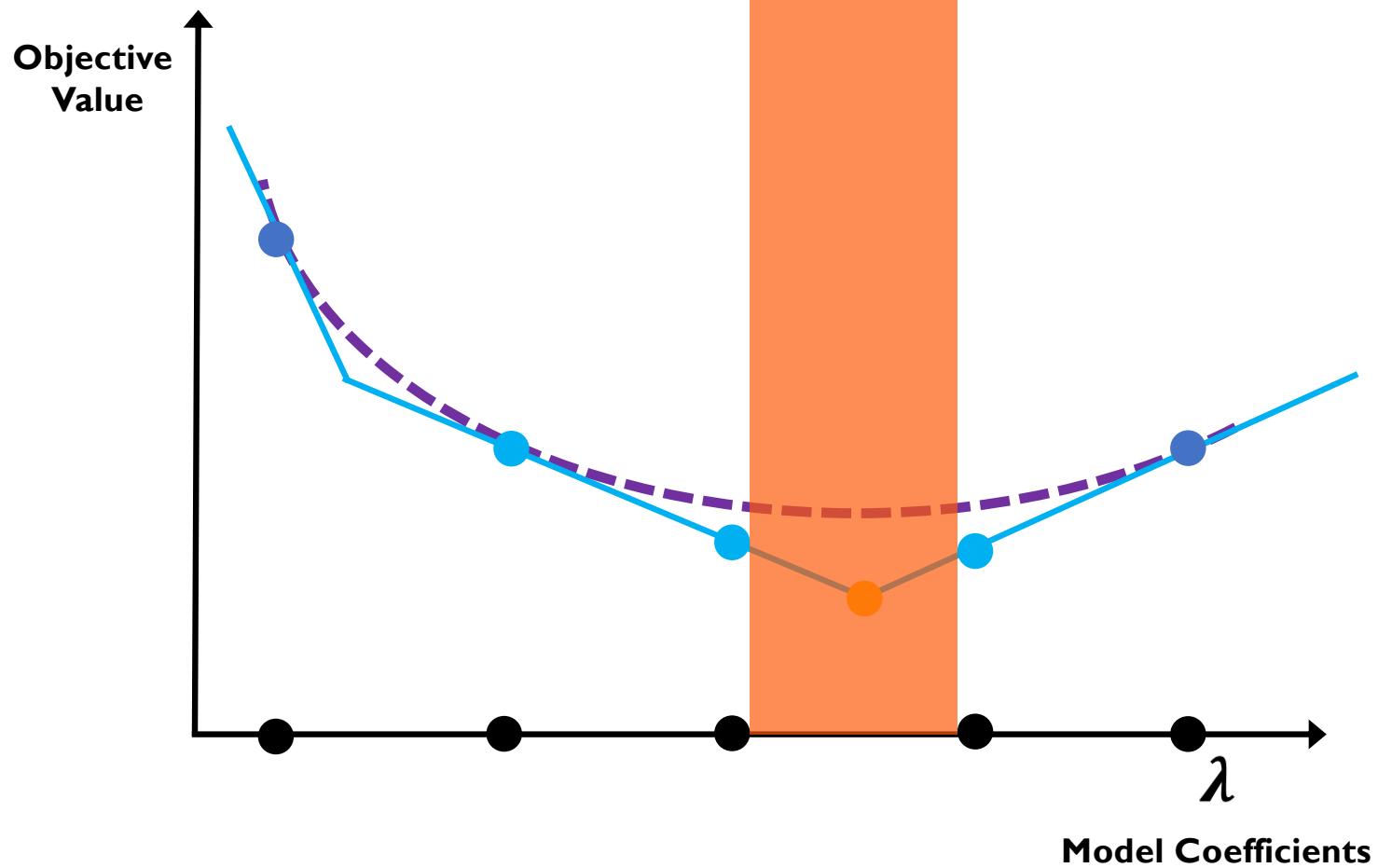
Stalling in traditional
cutting planes

**RiskSLIM's *Lattice Cutting Plane Algorithm*
(Ustun & Rudin, KDD 17)**

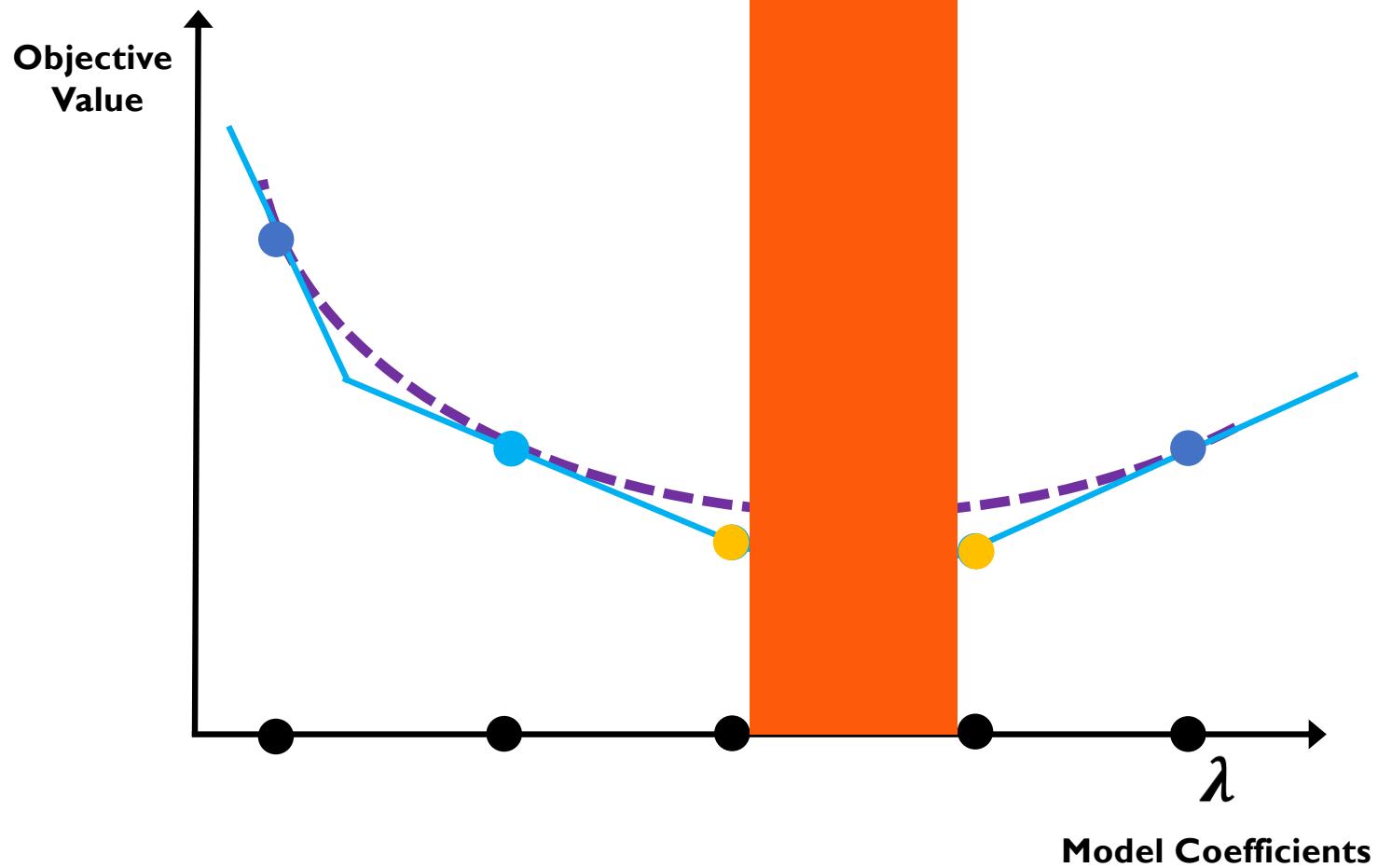
Lattice cutting plane algorithm



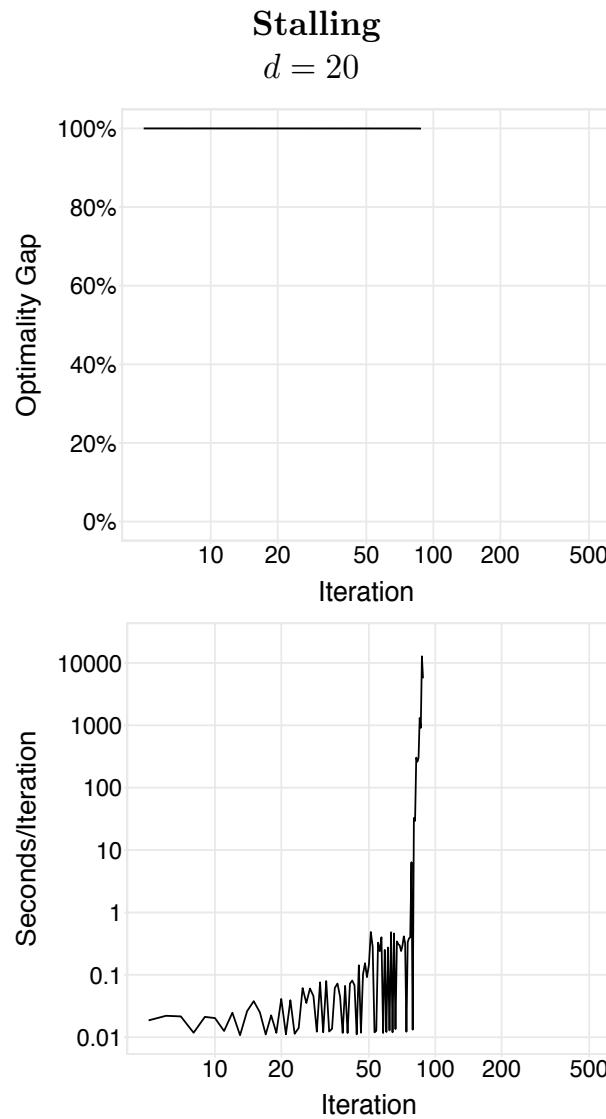
Lattice cutting plane algorithm



Lattice cutting plane algorithm

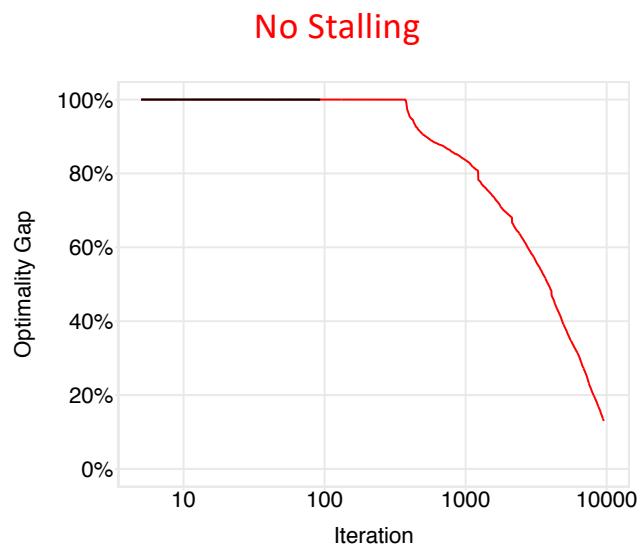


Optimality Gap

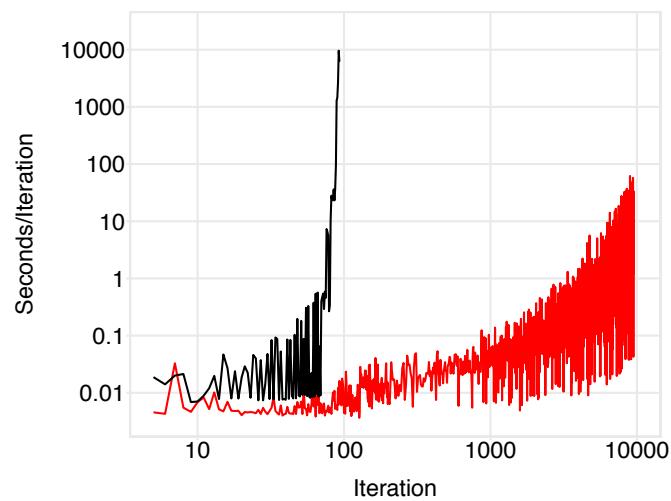


Seconds per iteration

Optimality Gap



Seconds per iteration



No Stalling for Lattice
Cutting Plane Algorithm

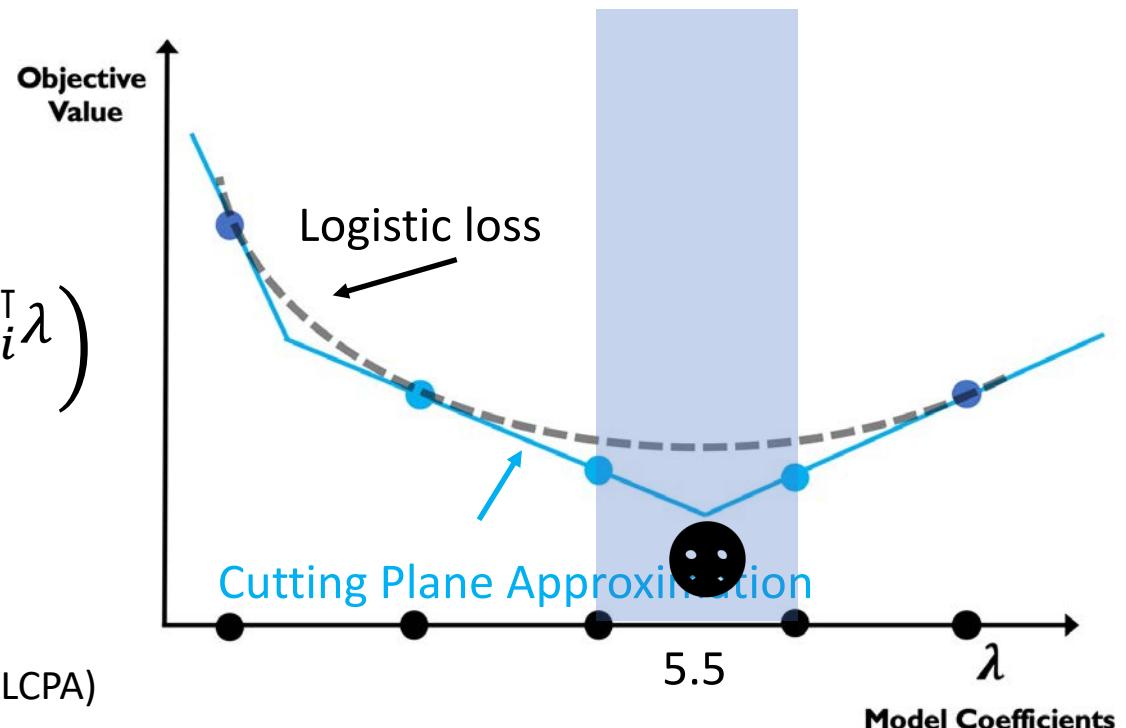
Risk-SLIM

(Ustun, R, JMLR 2019)

$$\min_{\lambda \in L} \sum_{i=1}^n \log \left(1 + e^{-y_i x_i^\top \lambda} \right)$$

RiskSLIM's Lattice Cutting Plane Algorithm (LCPA)

1	2	1	5.5	6.3
		\searrow	\searrow	
		≤ 5	≥ 6	
2 subproblems				



If a subproblem leads to a feasible integer solution,
add a cutting plane.
Otherwise split into 2 subproblems (linear programs).
If min cutting planes = objective, solved!

Risk-SLIM

(Ustun, R, JMLR 2019)

- LCPA is the only method that generates solutions within a reasonable time.
 - MINLP solvers don't work
 - standard cutting planes require solving larger and larger MIPs.

ADHD Screening

JAMA Psychiatry | Search All | Enter Search ↑

This Issue | Views 39,912 | Citations 82 | Altmetric 519

PDF | More | Cite | Permissions

Original Investigation | FREE

April 5, 2017

The World Health Organization Adult Attention-Deficit/Hyperactivity Disorder Self-Report Screening Scale for DSM-5

Berk Ustun, MS¹; Lenard A. Adler, MD^{2,3}; Cynthia Rudin, PhD^{4,5}; et al

npr HEAR EVERY VOICE WUNC NORTH CAROLINA PUBLIC RADIO

YOUR HEALTH

Do You Zone Out? Procrastinate? Might Be Adult ADHD

April 5, 2017 · 12:00 PM ET

REBECCA HERSHER



Do you pop up from your seat during meetings and finish other people's sentences? And maybe you also procrastinate, or find yourself zoning out in the middle of one-on-one conversations?

It's possible you have adult ADHD.

Six simple questions can reliably identify adults with attention-deficit/hyperactivity disorder, according to a World Health Organization advisory group working with two additional psychiatrists.

Clock Drawing Test

Learning Classification Models of Cognitive Conditions from Subtle Behaviors in the Digital Clock Drawing Test

William Souillard-Mandar · Randall Davis · Cynthia Rudin · Rhoda Au · David J. Libon · Rodney Swenson · Catherine C. Price · Melissa Lamar · Dana L. Penney ·

Sleep Apnea Screening

> J Clin Sleep Med. 2016 Feb;12(2):161-8. doi: 10.5664/jcsm.5476.

Clinical Prediction Models for Sleep Apnea: The Importance of Medical History over Symptoms

Berk Ustun ¹, M Brandon Westover ², Cynthia Rudin ³, Matt T Bianchi ^{2, 4}

Affiliations + expand

PMID: 26350602 PMCID: PMC4751423 DOI: 10.5664/jcsm.5476

Free PMC article

POPULAR SCIENCE | SCIENCE | TECH | DIY | REVIEWS

New Computer Tool Can Predict Dementia From Your Simple Drawings

An old test gets a techy update

BY ALESSANDRA OSSOLA AUGUST 13, 2015

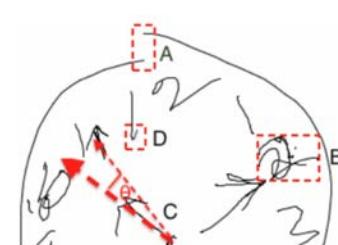
HEALTH



(a) Alzheimer's Disease

(b) Parkinson's Disease

The tests used to detect cognitive changes that often signal the onset of diseases like Alzheimer's or Parkinson's are surprisingly simple, usually only involving a pencil and paper. But they are very limited and not sensitive enough to pick up subtle neurological changes before disease fully sets in. Now researchers at MIT have created a model by using machine learning to assess the written tests so that clinicians can make diagnoses more quickly and objectively. The research was published recently in the journal *Machine Learning*.



Drawing elements recorded by the digital pen

Interpretable Classification Models for Recidivism Prediction

Jiaming Zeng[†], Berk Ustun[†], Cynthia Rudin

[†]These authors contributed equally to this work.

Summary. We investigate a long-debated question, which is how to create predictive models of recidivism that are sufficiently accurate, transparent, and interpretable to use for decision-making. This question is complicated as these models are used to support different decisions, from sentencing, to determining release on probation, to allocating preventative social services. Each case might have an

Could interpretable models *really* be as accurate as black box models?

The screenshot shows a web browser window with the URL fico.force.com/FICOCommunity/s/explainable-machine-learning-challenge. The page has a blue header with the FICO logo, a search bar, and navigation links for Home, Ask a Question, Resources, Trials & Demos, Blogs, Events, Ideas, and Help. A banner at the top features a man working on a laptop. The main title 'Explainable Machine Learning Challenge' is displayed over the banner.

Home Equity Line of Credit (HELOC) Dataset

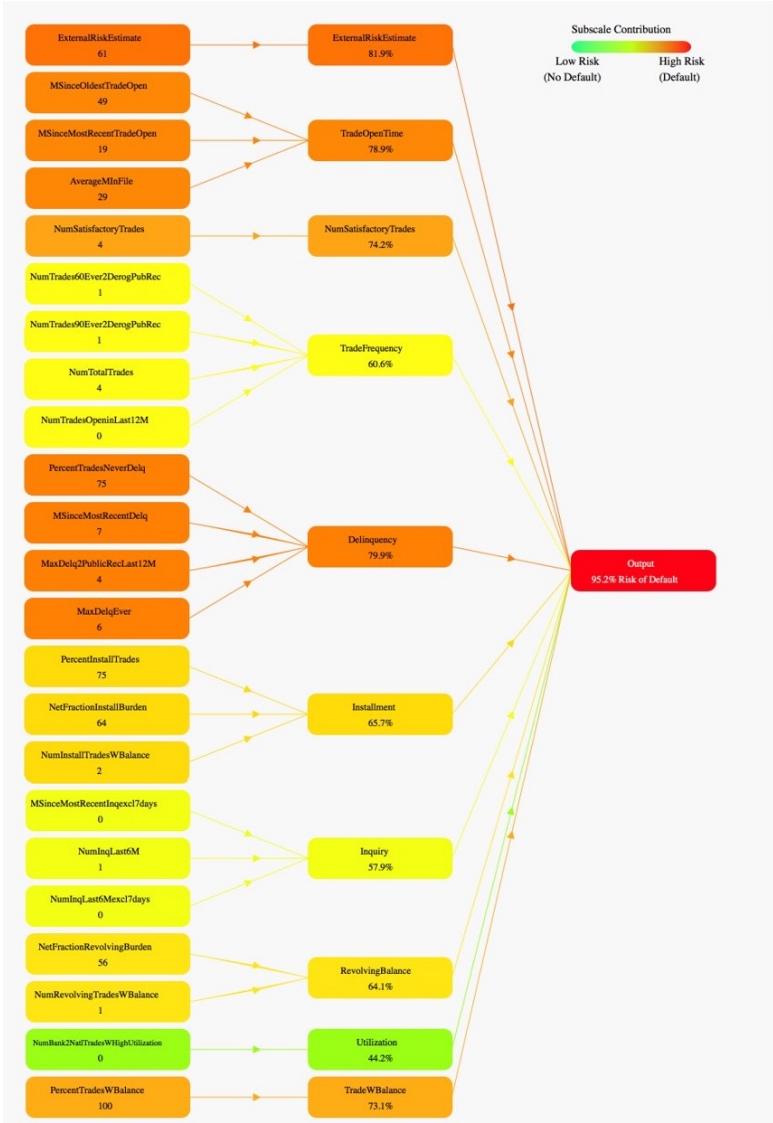
This competition focuses on an anonymized dataset of Home Equity Line of Credit (HELOC) applications made by real homeowners. A HELOC is a line of credit typically offered by a bank as a percentage of home equity (the difference between the current market value of a home and its purchase price). The customers in this dataset have requested a credit line in the range of \$5,000 - \$150,000. The fundamental task is to use the information about the applicant in their credit report to predict whether they will repay their HELOC account within 2 years. This prediction is then used to decide whether the homeowner qualifies for a line of credit and, if so, how much credit should be extended.

About the data

- ~10K loan applicants
- Factors:
 - External Risk Estimate
 - Months Since Oldest Trade Open
 - Months Since Most Recent Trade Open
 - Average Months In File
 - Number of Satisfactory Trades
 - Number Trades 60+ Ever
 - Number Trades 90+ Ever
 - Number of Total Trades
 - Number Trades Open In Last 12 Months
 - Percent Trades Never Delinquent
 - Months Since Most Recent Delinquency
 - Max Delinquency / Public Records Last 12 Months
 - Max Delinquency Ever
 - Percent Installment Trades
 - Net Fraction of Installment Burden
 - Number of Installment Trades with Balance
 - Months Since Most Recent Inquiry excluding 7 days
 - Number of Inquiries in Last 6 Months
 - Number of Inquiries in Last 6 Months excluding 7 days.
 - Net Fraction Revolving Burden. (Revolving balance divided by credit limit.)
 - Number Revolving Trades with Balance
 - Number Bank/Natl Trades with high utilization ratio
 - Percent of Trades with Balance

Best black box accuracy
(boosted decision trees) 73%

Best black box AUC
(2-layer neural network) .80



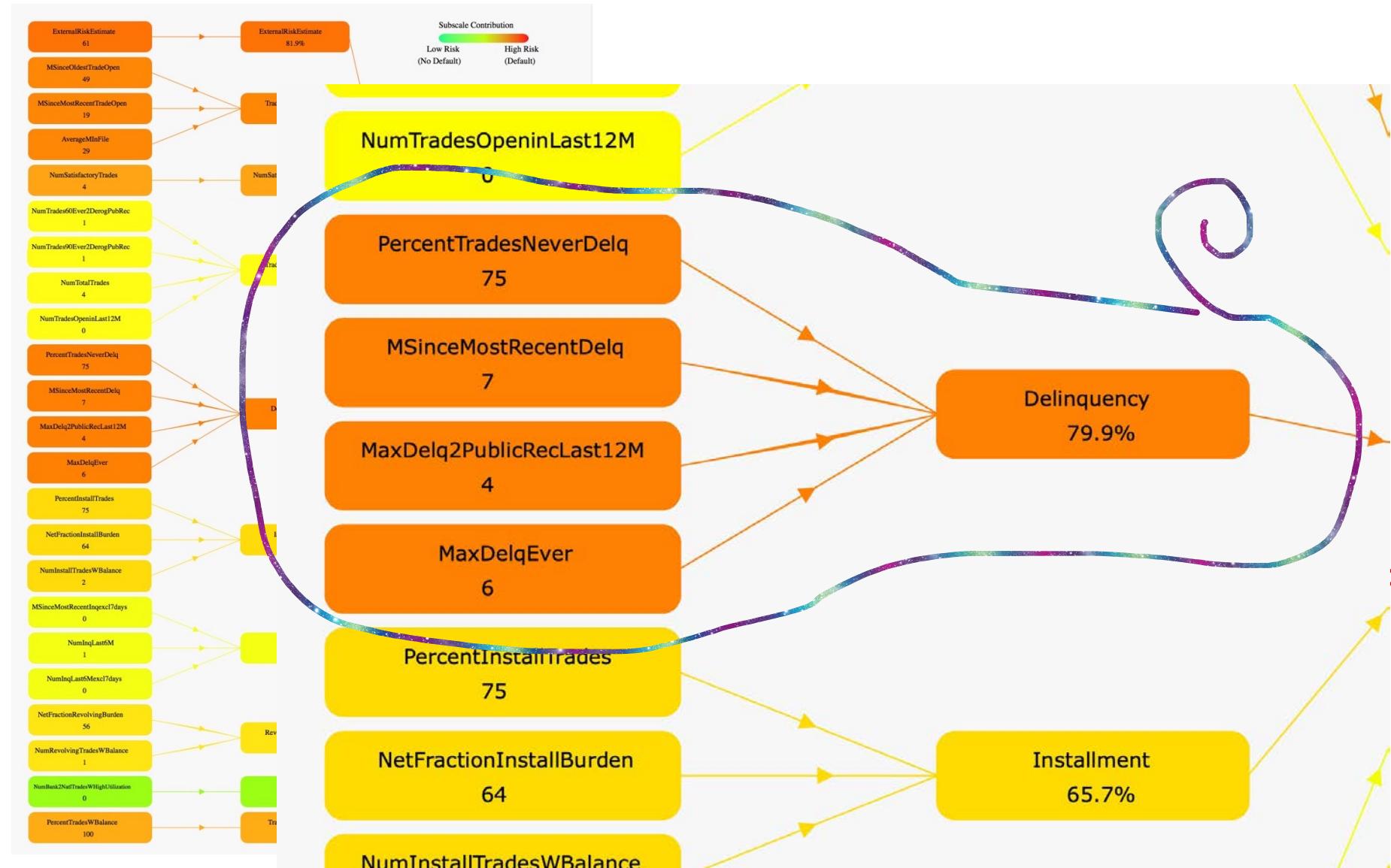
Best black box accuracy
(boosted decision trees) 73%

Best black box AUC
(2-layer neural network) .80

IBM model (First Prize): 6 questions
Accuracy = 71.8%
AUC = .62

Our entry (won FICO Recognition Prize):
Two-layer additive risk model
10 subscales + one final scoring model

Accuracy = 73.8%
AUC = .806



Delinquency Subscale

Intervals	Points
0-59	+1.567
59-84	+1.012
84-89	+0.601
89-96	+0.366
96-Inf	-0.147
-7	0
-8	0
-9	0

PercentTradesNeverDelq

Intervals	Points
0-8	-0.058
9-17	-0.058
18-32	-0.22
33-47	-0.392
48-Inf	-0.482
-7	+0.198
-8	+0.137
-9	0

MSinceMostRecentDelq

Intervals	Points
0-3	+0.806
4-5	+0.806
6	+0.408
7-8	-0.147
9-Inf	-0.147
-7	0
-8	0
-9	0

MaxDelq2PublicRecLast12M

Intervals	Points
0-2	-0.017
3	-0.147
4-5	-0.147
6	-0.147
7-Inf	-0.147
-7	0
-8	0
-9	0

MaxDelqEver

Overall Score

1.613

Bias

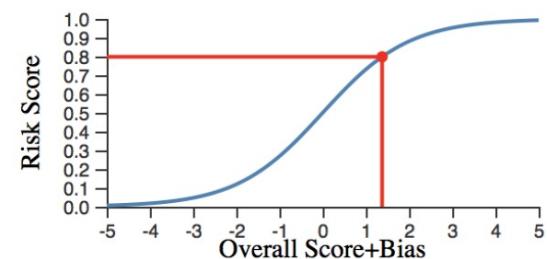
-0.237

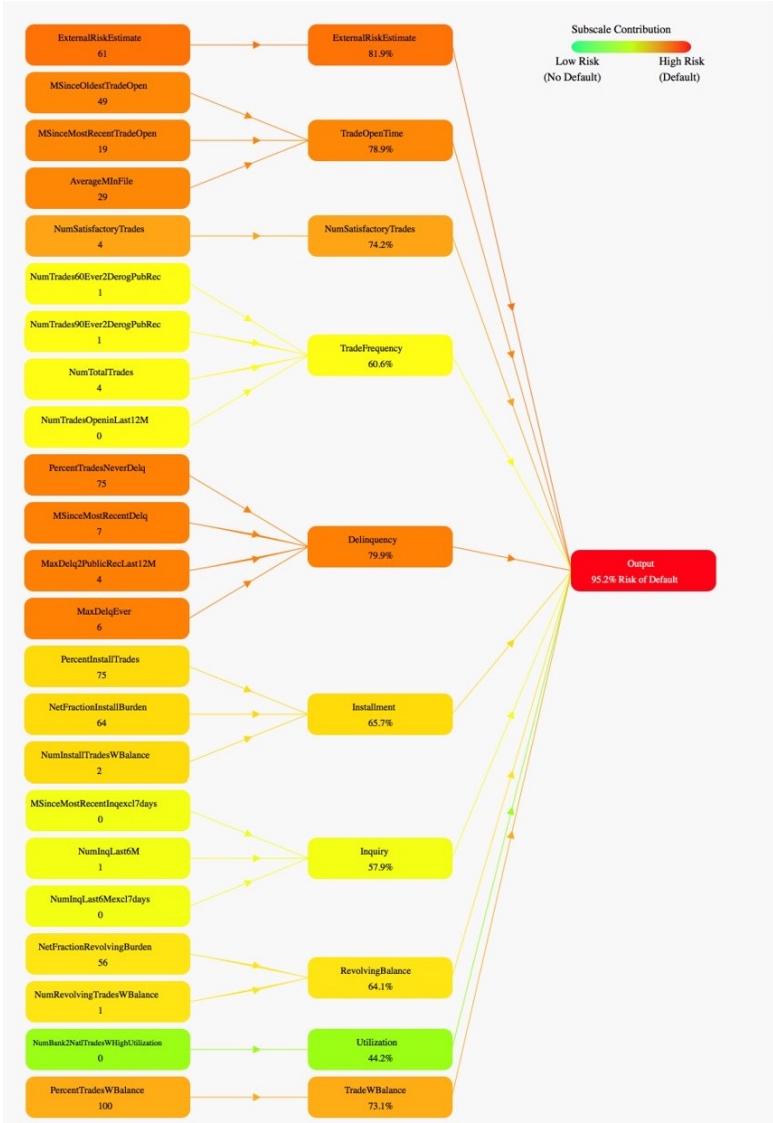
Associated Risk

79.8%

(for subscale Delinquency)

Activation Function





Best black box accuracy
(boosted decision trees) 73%

Best black box AUC
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10 subscales + one final scoring model

Accuracy = 73.8%
AUC = .806

Even on challenging benchmark datasets,
interpretable models' accuracy = black box accuracy.

Interpretable Classification Models for Recidivism Prediction

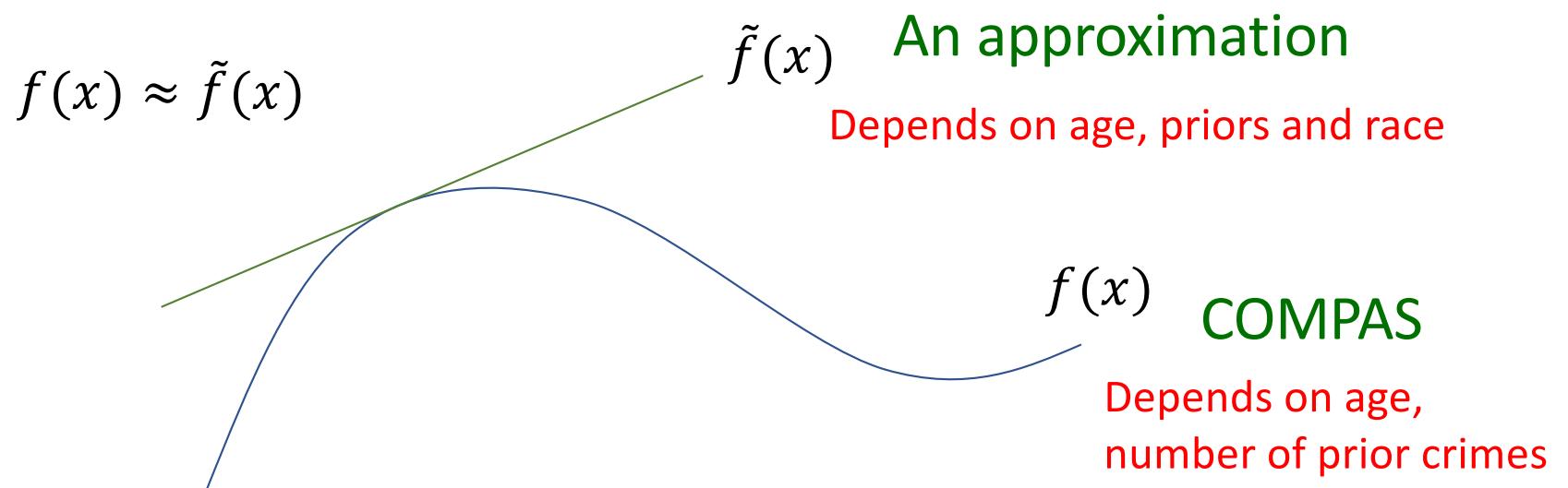
Jiaming Zeng[†], Berk Ustun[†], Cynthia Rudin

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Interpretable Models \neq Explanations of Black Box Models

Approximations are not “explanations”!





Bernard Parker, left, was rated high risk; Dylan Fugett was rated low risk. (Josh Ritchie for ProPublica)

Machine Bias

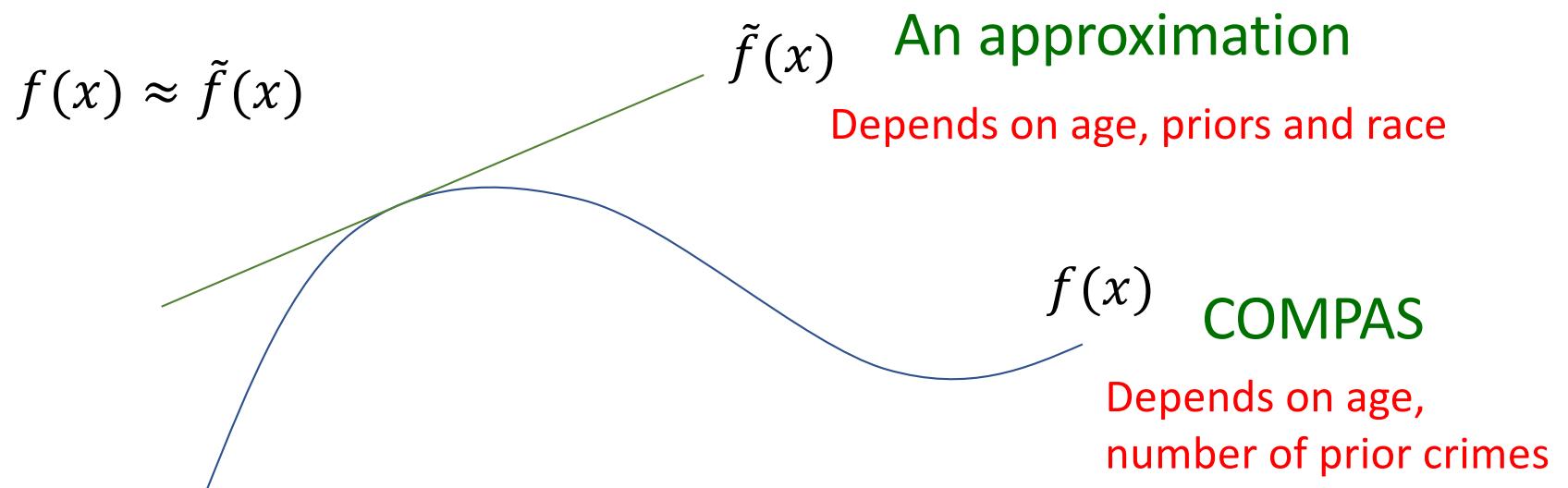
There's software used across the country to predict future criminals. And it's biased against blacks.

by Julia Angwin, Jeff Larson, Surya Mattu and Lauren Kirchner, ProPublica

May 23, 2016

Interpretable Models \neq Explanations of Black Box Models

- Approximations are not “explanations”!



What ProPublica Did

- They showed that FPR and FNR of COMPAS varied by race.
- They suggested maybe this might not be a good comparison, we should include age and number of priors and reexamine.
- After including age and number of priors, still found a linear approximation to COMPAS with a low pvalue for the race covariate.
 - We don't think COMPAS is linear
- Concluded that COMPAS depends on race.
 - Bad idea

A peek inside COMPAS?



Bernard Parker, left, was rated high risk; Dylan Fugett was rated low risk. [Josh Ritchie for ProPublica]

Machine Bias

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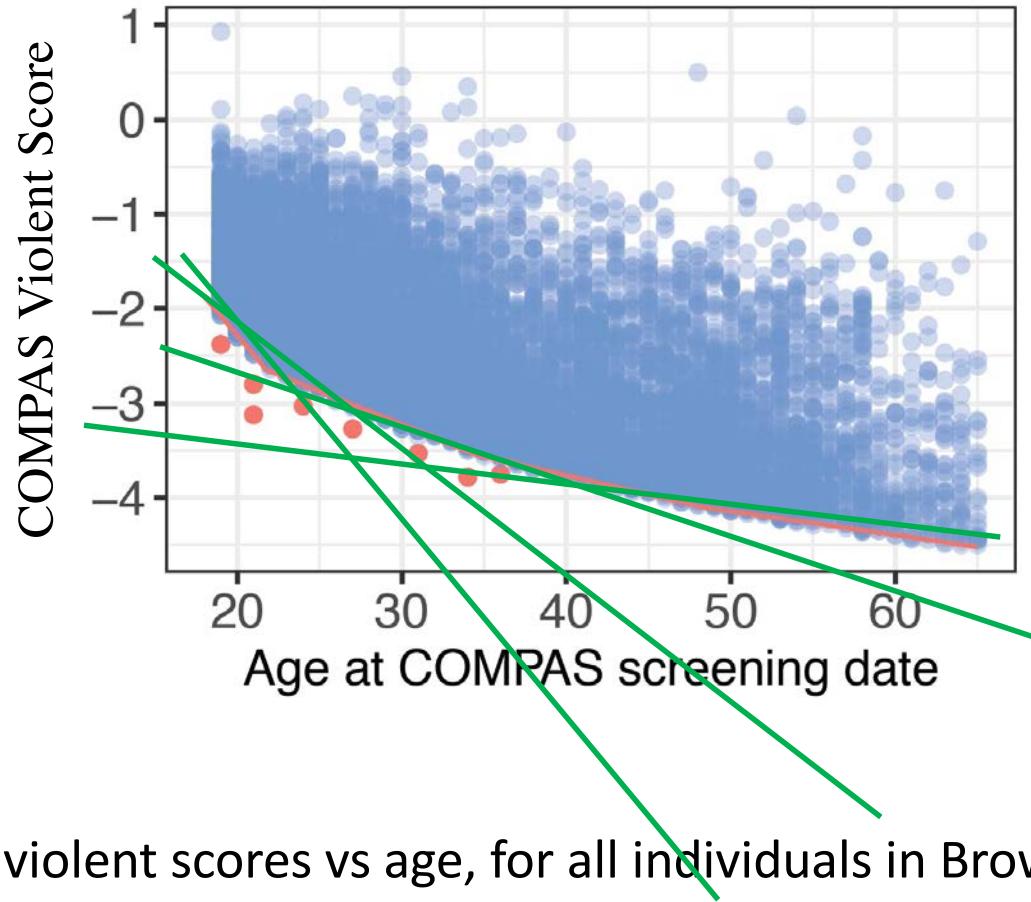


Broward County, Florida

broward.org

Broward County is a county located in the southeastern part of the U.S. state of Florida. [More at Wikipedia](#)





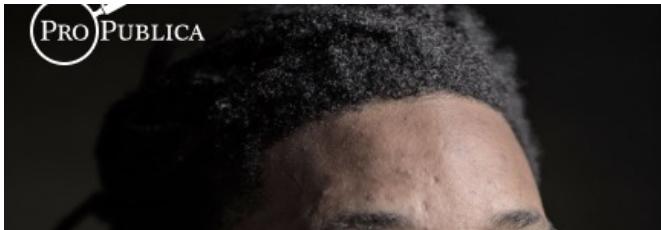
Rudin, Wang, and Coker. The Age of Secrecy and Unfairness in Recidivism Prediction. Harvard Data Science Review, 2020

A peek inside COMPAS?

Does COMPAS – f_{age} depend on race?

It doesn't seem to.

(We ran machine learning methods *with and without race* to see if they need race to predict COMPAS well. They performed similarly.)



Two Petty Theft Arrests

VERNON PRATER

Prior Offenses
2 armed robberies, 1 attempted armed robbery

Subsequent Offenses
1 grand theft

LOW RISK

3

BRISHA BORDEN

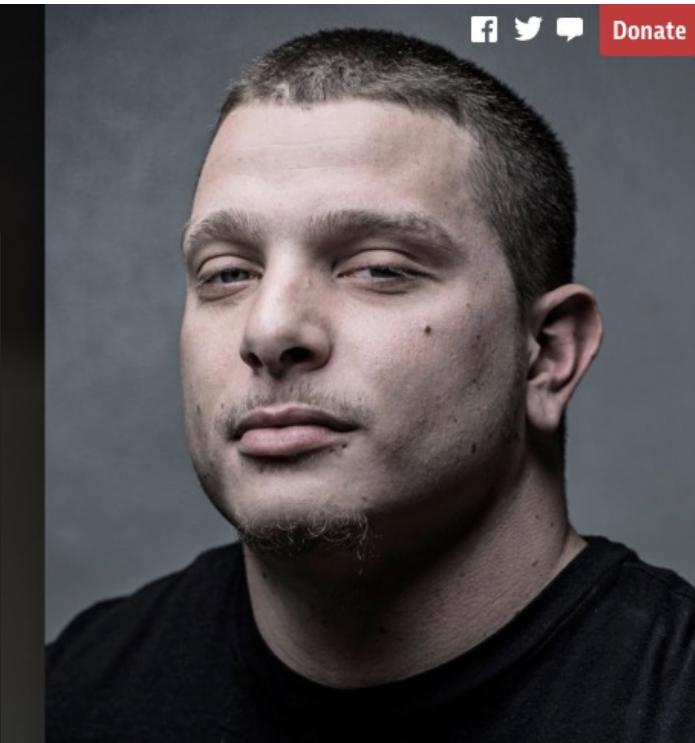
Prior Offenses
4 juvenile misdemeanors

Subsequent Offenses
None

HIGH RISK

8

Borden was rated high risk for future crime after she and a friend took a kid's bike and scooter that were sitting outside. She did not reoffend.



Prater, left, was rated high risk; Dylan Fugett was rated low risk. (Josh Ritchie for ProPublica)

Ine Bias

try to predict future criminals. And it's biased against blacks.

by Julia Angwin, Jeff Larson, Surya Mattu and Lauren Kirchner, ProPublica

May 23, 2016



Two Petty Theft Arrests

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LOW RISK

3

BRISHA BORDEN

Prior Offenses
4 juvenile misdemeanors

Subsequent Offenses
None

HIGH RISK

8

Borden was rated high risk for future crime after she and a friend took a kid's bike and scooter that were sitting outside. She did not reoffend.

Two Drug Possession Arrests

DYLAN FUGETT

Prior Offense
1 attempted burglary

Subsequent Offenses
3 drug possessions

LOW RISK

3

BERNARD PARKER

Prior Offense
1 resisting arrest without violence

Subsequent Offenses
None

HIGH RISK

10

Machine Bias

sed across the country to predict future criminals against blacks.

Julia Angwin, Jeff Larson, Surya Mattu and Lauren Kirchner, ProPublica

May 23, 2016

Fugett was rated low risk after being arrested with cocaine and marijuana. He was arrested three times on drug charges after that.

137 factors entered by hand for each survey

1% error rate → 75% chance of at least one typo on a survey

This is a serious disadvantage to complicated or proprietary models.

In Florida....?

The New York Times

OP-ED CONTRIBUTOR

When a Computer Program Keeps You in Jail

By Rebecca Wexler

June 13, 2017



Name	COMPAS Violent Decile	# Arrests	# Charges	Selected Prior Charges	Selected Subseq. Charges
Shirley Darby	1	2	4	Aggravated Battery (F,1), Child Abuse (F,1), Resist Officer w/Violence (F,1)	
Joseph Salera	1	8	14	Battery on Law Enforc Officer (F,3), Aggravated Assault W/Dead Weap (F,1), Aggravated Battery (F,1), Resist/obstruct Officer W/viol (F,1)	
Bart Sandell	1	9	15	Attempted Murder 1st Degree (F,1), Resist/obstruct Officer W/viol (F,1), Agg Battery Grt/Bod/Harm (F,1), Carrying Concealed Firearm (F,1)	Armed Sex Batt/vict 12 Yrs + (F,2), Aggravated Assault W/dead Weap (F,3), Kidnapping (F,1)
Miguel Wilkins	1	11	22	Aggrav Battery w/Deadly Weapon (F,1), Driving Under The Influence (M,2), Carrying Concealed Firearm (F,1)	
Jonathan Gabbard	1	7	28	Robbery / Deadly Weapon (F,11), Poss Firearm Commission Felony (F,7)	
Brandon Jackel	1	22	40	Resist/obstruct Officer W/viol (F,3), Battery on Law Enforc Officer (F,2), Attempted Robbery Deadly Weapon (F,1), Robbery 1 / Deadly Weapon (F,1)	
Fernando Galarza	2	2	6	Murder in the First Degree (F,1), Aggrav Battery w/Deadly Weapon (F,1), Carrying Concealed Firearm (F,1)	

Continued on next page

Name	COMPAS Violent Decile	# Arrests	# Charges	Selected Prior Charges	Selected Subseq. Charges
Nathan Keller	2	8	17	Aggravated Assault (F,5), Aggravated Assault W/dead Weap (F,2), Shoot/throw Into Vehicle (F,2), Battery Upon Detainee (F,1)	
Zachary Campanelli	2	11	21	Armed Trafficking In Cocaine (F,1), Poss Weapon Commission Felony (F,1), Carrying Concealed Firearm (F,1)	
Aaron Coleburn	2	16	25	Attempt Murder in the First Degree (F,1), Carrying Concealed Firearm (F,1), Felon in Pos of Firearm or Amm (F,1)	
Bruce Poblan	2	22	39	Aggravated Battery (F,3), Robbery / Deadly Weapon (F,3), Kidnapping (F,1), Carrying Concealed Firearm (F,2)	Grand Theft in the 3rd Degree (F,3)
Phillip Sperry	3	11	16	Aggravated Assault W/dead Weap (F,1), Burglary Damage Property>\$1000 (F,1), Burglary Unoccupied Dwelling (F,1)	
Dylan Azzi	3	11	17	Aggravated Assault W/dead Weap (F,2), Aggravated Assault w/Firearm (F,2), Discharge Firearm From Vehicle (F,1), Home Invasion Robbery (F,1)	Fail Register Vehicle (M,2)
Russell Michaels	3	9	23	Solicit to Commit Armed Robbery (F,1), Armed False Imprisonment (F,1), Home Invasion Robbery (F,1)	Driving While License Revoked (F,3)
Bradley Haddock	3	15	25	Attempt Sexual Batt / Vict 12+ (F,1), Resist/obstruct Officer W/viol (F,1), Poss Firearm W/alter/remov Id# (F,1)	
Randy Walkman	3	24	36	Murder in the First Degree (F,1), Poss Firearm Commission Felony (F,1), Solicit to Commit Armed Robbery (F,1)	Petit Theft 100–300 (M,1)
Carol Hartman	4	5	16	Aggrav Battery w/Deadly Weapon (F,1), Felon in Pos of Firearm or Amm (F,4)	Resist/Obstruct W/O Violence (M,1), Possess Drug Paraphernalia (M,1)

Possibly typos in the COMPAS documentation from Northpointe?

COMPAS Documentation

Violent Recidivism Risk Score

$$= (\text{age} * -w) + (\text{age-at-first-arrest} * -w) + (\text{history of violence} * w) \\ + (\text{vocation education} * w) + (\text{history of noncompliance} * w)$$

Corrected version?

Violent Recidivism Risk Score

$$= f(\text{age}) * -w + g(\text{age-at-first-arrest}) * -w + (\text{history of violence} * w) \\ + (\text{vocation education} * w) + (\text{history of noncompliance} * w),$$

where f and g are proprietary transformations of age, such as linear splines?

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by Eugenie Jackson and Christina Mendoza

Published on Mar 31, 2020

assumption regarding the age dependence in risk scores. The authors have taken a clearly informal description of the VRSS score in the *Practitioner's Guide to COMPAS Core* (Northpointe, 2019) for a complete technical description of the VRSS model. This guide is written for practitioners and is not intended to be a technical document. Discussions of appropriate variable transformations are beyond its scope and would not further its goals; however, we note that the skewed age variable is an ideal candidate for a normalizing transformation (see Figure A3 in authors' Appendix)¹².

So there *is* a typo in the practitioners guide!

4. Transparency

Striking a balance between protecting the investments made in developing the risk assessments and allowing increased transparency has been a goal of Northpointe for some time. Northpointe and its parent company, equivant, are pursuing copyrights for the GRRS and VRSS. A feature that has been

Whoa!!

Summary

Scoring systems are good, typos are bad

(when you optimize them)



(which happen more often with complicated or black box models)

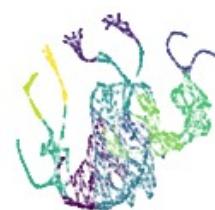
1. Any cEEG Pattern with Frequency 2 Hz	1 point	...
2. Epileptiform Discharges	1 point	+
3. Patterns include [LPD, LRDA, BIPD]	1 point	+
4. Patterns Superimposed with Fast or Sharp Activity	1 point	+
5. Prior Seizure	1 point	+
6. Brief Rhythmic Discharges	2 points	+
	SCORE	= ...
SCORE	0 1 2 3 4 5 6+	
RISK	<5% 11.9% 26.9% 50.0% 73.1% 88.1% 95.3%	

Interpretable Machine Learning Lab

SCORE	0	1	2	3	4	5	6+
RISK	<5%	11.9%	26.9%	50.0%	73.1%	88.1%	95.3%

Scoring Systems
(healthcare, criminal justice)

Data Visualization/
Dimension Reduction
(biology)

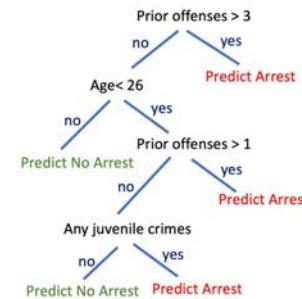
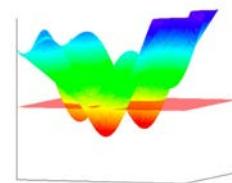


Thanks



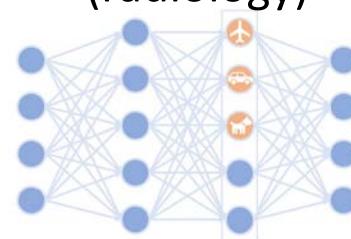
Almost Exact Matching for Causal Inference
(criminal justice)

Understanding the
Set of Good Models
and Importance of Variables



Optimal Sparse
Decision Trees
(materials science)

Interpretable Neural Networks for
Computer Vision
(radiology)



Neural Disentanglement