Reward Preferences in Reinforcement Learning

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About Me

Learning Treatment Policies from Data

- Informing treatment decisions in a non-myopic way
- Accommodating preferences
- Measures of confidence

Global Optimization

- Deciding which domain points to investigate next
- Fundamentals: Experimental evaluation, quantifying difficulty, invariant methods
- Application: Robot gait learning

Budgeted/Active Learning

- Deciding which data items to purchase next
- Budgeted learning in the naïve Bayes setting

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Health Informatics

• Development and application of computer science methods for problems that arise in health care.

A Healthcare "Problem": Evidence-Based Medicine

- "It's about integrating individual clinical expertise and the best external evidence."
- "Evidence based medicine is not restricted to randomised trials and meta-analyses."

¹D.L. Sackett et al., "Evidence-based Medicine: What It Is and What It Isn't" (Editorial), British Medical Journal 312, no. 7023 (1996): 71-72.

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 - "Personalized medicine"
- This does not integrate with individual clinical expertise
 - Input: Patient state, Output: Salient information about available treatments that reflects the evidence in the data.
- Approach: Modify methods and algorithms that recommend a single treatment to produce richer information about available treatments

- Chronic diseases are managed, not cured
 - Type 2 diabetes
 - Major depressive disorder
 - Schizophrenia
 - ...
- Treatment decisions should be:
- Personalized
 - Current treatment is chosen based on current patient state
- Non-myopic
 - Current treatment is chosen conditioned on future treatment strategy
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Challenges in Using Reinforcement Learning to Provide Evidence

- "Output-Related" Challenges
 - Conveying strength of evidence
 - Accommodating preferences
 - ...
- These are in addition to more usual "Input-Related" Challenges
 - Curse of dimensionality
 - Discovering good features
 - Missing data/partial observability
 - Causal inference
 - Computational tractability
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Preferences in Schizophrenia Treatment

- Many treatments available for managing schizophrenia (dozens)
- Consider two important objectives or rewards:
 - Symptom reduction, weight control
- No treatment is best by both measures
- Different doctors and patients have very different preferences about relative importance of rewards
- Preference information is absent from large schizophrenia datasets

The Inverse Preference Elicitation Project

 How can we provide salient information about available treatments that is non-myopic and that accommodates these preferences?

- Augment Q-Learning to allow for different reward preferences
 - Formalize preferences as a multi-objective optimization problem
- ② Develop an algorithm tailored to randomized trial data that provides information for each treatment for all preferences simultaneously

Example: Decision Aid for Choosing Antipsychotics

Possible decision aid:

| Initial Symptoms | Preference | | | |
|---------------------|----------------|-------------|----------------|--------|
| | Symptom Relief | | Weight Control | |
| | Strong | Mild | Mild | Strong |
| Good | Olan | Olan or Zip | Zip | Zip |
| Moderate | Olan | Olan or Zip | Zip | Zip |
| Bad | Olan | Olan | Risp or Zip | Zip |

Olan = Olanzapine, Zip = Ziprasidone, Risp = Risperidone

• This is harder than it looks

Q-Learning - Scalar Reward, Two Time Points

- Randomized trial data: (S_1, A_1, S_2, A_2, R) for each individual
 - $S_t \in \mathcal{S}_t$ "State" Patient features (prior treatments, test results, ...)
 - $A_t \in \mathcal{A}_t$ "Action" Treatment assigned by exploration policy
 - $R \in \mathbb{R}$ "Reward" Scalar clinical outcome, depends on (S_2, A_2)
- Want to find π^* that produces maximal expected reward
- A "policy" $\pi = \{\pi_1, \pi_2\}$ chooses actions given state
 - $\pi_t: \mathcal{S}_t \to \mathcal{A}_t$
 - π_1 influences distribution of S_2 by choosing A_1
 - π_2 influences distribution of R by choosing A_2

• Q-Learning is Dynamic Programming. Determine π_2^* , then π_1^* .

Time 2

- Define $Q_2(s_2, a_2) = E[R|S_2 = s_2, A_2 = a_2]$
 - For state s_2 , this is *quality* of each $a_2 \in A_2$.
- $\pi_2^*(s_2) = \operatorname{argmax}_{a_2} Q_2(s_2, a_2)$
- $V_2^{\pi_2^*}(s_2) = \max_{a_2} Q_2(s_2, a_2)$ the value of being in s_2

- Define $Q_1(s_1, a_1) = E_{S_2}[V_2^{\pi_2^*}(S_2)|S_1 = s_1, A_1 = a_1]$
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Time 2:
$$Q_2(s_2, a_2) = E_R[R|S_2 = s_2, A_2 = a_2]$$

- Regress R on features $\phi_2(S_2, A_2)$ [R might be symptom reduction] to obtain $\hat{Q}_2(s_2, a_2; \hat{\beta}_2) = \hat{\beta}_2^{\mathsf{T}} \phi_2(s_2, a_2)$
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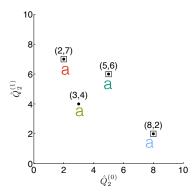
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Q-Learning - Beyond Scalar Rewards

- Learned policy $\hat{\pi}_t^*(s_t) = \operatorname{argmax}_{a_t} \hat{Q}_t(s_t, a_t)$ is constructed to maximize long-term expected reward, i.e. is *non-myopic*
- Dynamic programming "trick" is to maximize over a₂ first
 - Key step: Set $\hat{V}_2^{\hat{\pi}_2^*}(s_2) = \max_{a_2} \hat{Q}_2(s_2, a_2)$
 - Only makes sense if R is scalar
- What if there is more than one R of interest?

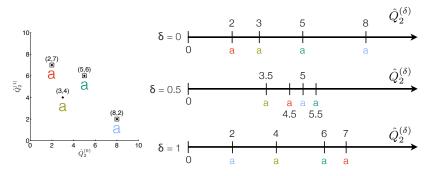
Time 2 Policy - Two Rewards

- Suppose two rewards $R^{(0)}$ and $R^{(1)}$ are of interest, e.g. symptom reduction and weight control
- Below, $(\hat{Q}_2^{(0)}, \hat{Q}_2^{(1)})$ for patient with $S_2 = s_2$, four different actions
- What should $\hat{\pi}_2^*(s_2)$ be?



Formalizing Preference

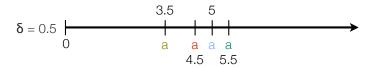
- Define a scalar reward $R^{(\delta)} = (1 \delta)R^{(0)} + \delta R^{(1)}$
- $0 \le \delta \le 1$
- Proceed as before to get $\hat{Q}_2^{(\delta)}$



• δ represents "How much do I care about $R^{(1)}$?"

Preference Elicitation

- Function $R^{(\delta)}$ is an Aggregate Objective Function (many names...) familiar in multi-objective optimization
- Preference Elicitation Approach:
 - ullet Figure out the decision maker's δ
 - Define a scalar reward $R^{(\delta)} = (1 \delta) \cdot R^{(0)} + \delta \cdot R^{(1)}$
 - Use Q-learning to estimate the optimal policy for that reward
- Resulting policy is Pareto optimal
- E.g., for $\delta = 0.5$



Preference Elicitation

- E.g., "Consider two actions. You can have (8,5), or you can have (5,x). What value of x makes you indifferent to this choice?" 2
- Find δ so that $R^{(\delta)}$ is equal for the two points

•
$$(1 - \delta) \cdot 8 + \delta \cdot 5 = (1 - \delta) \cdot 5 + \delta \cdot x$$

- Doubt about whether or not this actually works
- Has nothing to do with the actions that are actually available, i.e. does not provide salient information about available treatments.

²Actual question would be more subtle.

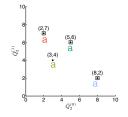
- Preference Elicitation
 - "Give me your δ , I will tell you the right action."
- Infinite number of δ , but only 4 actions
- Inverse Preference Elicitation
 - "Given each available action, I will tell you the δ for which that action is optimal."
 - This is our salient information

- "Given each available action, I will tell you the δ for which that action is optimal."
- Each action is optimal over a range of δ



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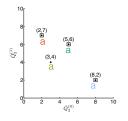




• Note action a does not appear

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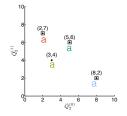




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- Can see sensitivity of action choice w.r.t. preference

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- Note action a does not appear
- Can see sensitivity of action choice w.r.t. preference
- Decision aid from the beginning is a coarsened version of a picture like this

Non-Myopic Inverse Preference Elicitation

- At each timepoint t, define $\hat{Q}_t(s_t, a_t; \hat{\beta}_t(\delta)) = \hat{\beta}_t^{\mathsf{T}}(\delta)\phi_t(s_t, a_t)$
- Perform Q-learning for all δ simultaneously
- At Time 2, finding ranges of δ is straightforward
 - ullet Use convex hull to identify regions of δ
- At Time 1, things get interesting
- Challenge: represent $\hat{Q}_1(s_1, a_1; \hat{\beta}_1(\delta))$
 - Exactly
 - Economically

Time 2:
$$Q_2(s_2, a_2; \delta) = E_R[R^{(\delta)}|S_2 = s_2, A_2 = a_2]$$

• For all $\delta \in [0, 1]$, regress $R^{(\delta)}$ on features $\phi_2(S_2, A_2)$ giving $\hat{Q}_2(s_2, a_2; \hat{\beta}_2(\delta)) = \hat{\beta}_2^{\mathsf{T}}(\delta)\phi_2(s_2, a_2)$

•
$$\hat{\beta}_2(\delta) = (\Phi_2^T \Phi_2)^{-1} \Phi_2^T ((1 - \delta) \vec{R}^{(0)} + \delta \vec{R}^{(1)})$$

• Notice that $\hat{Q}_2(s_2, a_2; \hat{\beta}_2(\delta)) = \phi_2(s_2, a_2)^T \hat{\beta}_2(\delta)$ is linear in δ so only compute $\hat{\beta}_2(0)$ and $\hat{\beta}_2(1)$.

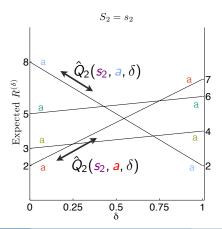
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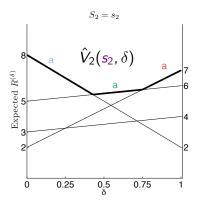
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- For all $\delta \in [0, 1]$, set $\hat{V}_2(s_2; \delta) \triangleq \max_{a_2} \hat{Q}_2(s_2, a_2; \delta)$. Note $\hat{V}_2(s_2; \delta)$ is piecewise linear in δ .
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- Notice that $\hat{\beta}_1(\delta)$ and $\hat{Q}_1(s_1, a_1; \hat{\beta}_1(\delta))$ are linear over regions of δ where elments of $\hat{\vec{V}}_2(s_2; \delta)$ are all simultaneously linear

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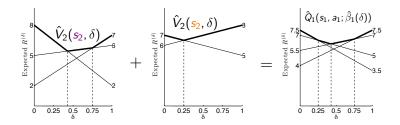


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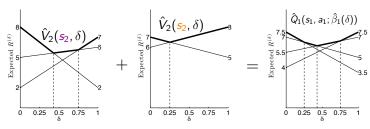
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• Only need to evaluate $\hat{\beta}_1(\delta)$ at union of knots in $\hat{V}_2(S_2;\delta)$

Convexity of \hat{Q}_t , \hat{V}_t



- $\hat{Q}_1(s_1, a_1; \hat{\beta}_1(\delta))$ is a weighted combination of the $\hat{V}_2(S_2; \delta)$, with weights $\phi_1(s_1, a_1)^{\mathsf{T}}(\Phi_1^{\mathsf{T}}\Phi_1)^{-1}\Phi_1^{\mathsf{T}}$
- Note that $\hat{Q}_1(s_1, a_1; \hat{\beta}_1(\delta))$ may not be convex in δ !
- \bullet Earlier work (Barrett and Narayanan 2008) relied on convexity, which restricts possible definitions of ϕ

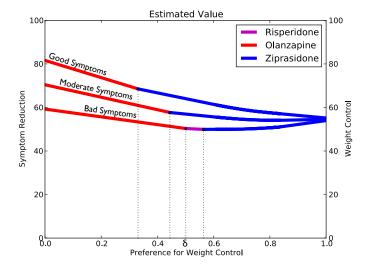
Complexity of \hat{Q}_t , \hat{V}_t

- In general, $\hat{Q}_t(s_t, a_t; \hat{\beta}_t(\delta))$ is piecewise linear in δ .
- For a T-timepoint analysis
 - $\hat{Q}_t(s_t, a_t; \hat{\beta}_t(\delta))$ has $O(n^{T-t}|\mathcal{A}|^{T-t})$ knots
 - New knots introduced by setting $\hat{V}_t \triangleq \max_{a_t} \hat{Q}_t(s_t, a_t; \hat{\beta}_t(\delta))$
 - $\hat{V}_t(s_t; \delta)$ has $O(n^{T-t}|\mathcal{A}|^{(T-t)+1})$ knots
 - ullet New knots introduced by taking union over state at the n data points
 - $\hat{Q}_{t-1}(s_{t-1}, a_{t-1}; \hat{\beta}(\delta))$ has $O(n^{(T-t)+1}|\mathcal{A}|^{(T-t)+1})$ knots
- Bookkeeping allows construction of \hat{Q}_t and \hat{V}_t in time linear in number of knots [Lizotte, Bowling, Murphy 2010]
- Earlier work (e.g. Barrett and Narayanan 2008) did not take advantage of piecewise linear structure, which increases computation time to quadratic in # of knots.

Example: CATIE

- Large (N = 1460) comparative effectiveness trial
- Most patients randomized two times:
 - First to one of 5 actions
 - Then, if desired, to one of 5 different actions
- Following is a highly simplified analysis
- Overall, the results are consistent with the literature
- Rewards: symptoms relief, weight control

Example: CATIE Inverse Preference Elicitation



Example: CATIE-based Decision Aid

• Possible decision aid: Coarse version of the plots

| Initial Symptoms | Preference | | | |
|---------------------|----------------|-------------|----------------|--------|
| | Symptom Relief | | Weight Control | |
| | Strong | Mild | Mild | Strong |
| Good | Olan | Olan or Zip | Zip | Zip |
| Moderate | Olan | Olan or Zip | Zip | Zip |
| Bad | Olan | Olan | Risp or Zip | Zip |

Olan = Olanzapine, Zip = Ziprasidone, Risp = Risperidone

• Thanks to Holly Wittemann, Brian Zikmund-Fisher, UMich SPH

Future Work

- Algorithms and Methods for Generating Evidence
 - More flexible models / approximation algorithms for preferences
 - Measures of uncertainty requires interesting optimization
 - Ask me about this!
 - "Classical" ML problems (feature selection/dimensionality reduction/model selection, feature extraction via NLP, accommodating missing data...)
 - Must still provide salient information!
- Clinical Science Applications
 - Schizophrenia CATIE
 - Major Depressive Disorder STAR*D
 - ICU data (non-randomized) MIMIC, MIMIC II
 - EHR?

Thank You

- Supported by National Institute of Health grants R01 MH080015 and P50 DA10075
- Daniel J. Lizotte, Michael Bowling, and Susan A. Murphy. Efficient Reinforcement Learning with Multiple Reward Functions for Randomized Clinical Trial Analysis. Proceedings of the Twenty-Seventh International Conference on Machine Learning (ICML), 2010.
- Related work:

Barrett, L. and Narayanan, S. *Learning all optimal policies with multiple criteria*. In Proceedings of the 25th International Conference on Machine Learning 2008.

Confidence Intervals for Q-Learning

- Question: In state s_t , is there evidence that a is really better than a?
- Classical approach: get confidence interval for $\hat{\beta}_t^{\mathsf{T}} \cdot (\phi(s_t, a) \phi(s_t, a))$
- For t = T, under mild assumptions on R, can use normal approximation or bootstrap
- For t < T, standard methods can fail even as $n \to \infty$
- Trouble arises when statistics (e.g. $\hat{\beta}_t$) are non-differentiable functions of the dataset
- $\hat{\beta}_1$ based on $\hat{V}_2(s_2) = \max_a \hat{Q}_2(s_2, a)$

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Adaptive Confidence Intervals for Q-Learning

- A method that produces correct coverage:
 - ullet Re-sample a dataset \mathcal{D}' with replacement
 - Compute $\tilde{\beta}_t = \arg\max_{\beta \text{ near } \hat{\beta}_t} f(\beta, \mathcal{D}')$
 - Repeat
- Use distribution of $\tilde{\beta}_t$ to make C.I.
- The arg $\max_{\beta \text{ near } \hat{\beta}_t} f(\beta, \mathcal{D}')$ problem is interesting
 - Non-convex
 - Piecewise linear but possibly not continuous
 - Can formulate as MIP, but maybe we can do better...