EEP 596: Al and Health Care || Lecture 13 Dr. Karthik Mohan

Univ. of Washington, Seattle

June 1, 2022



Topic modeling and topic segmentation

Today's Lecture

- 1
- Interpretable models in AI 2





- Legality
- 2 Liability

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- **3** Confidence in the models

- Legality
- Liability 2
- Wider Adoption Caplainability Interpretebility 3
- 4

- Legality
- 2 Liability
- Onfidence in the models
- **Wider Adoption**
- S Real learning vs spurious learning

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ICE #1

A/B testing

A clinic wants to incorporate a medical diagnostic tool into its workflow. The idea is to help support doctors making faster diagnosis. The clinic decides to do a A/B test where there is a treatment (using AI diagnostics in pipeline) and a control (status quo). Patients are randomly assigned to treatment or control. After a 4 week study, the clinic saw a 3 % improvement in F-score in treatment over control that was statistically significant. Should the clinic go ahead and replace the control with the treatment in their workflow?



- 🕘 No
- Needs further investigation
- Small difference so pick either

F-2cor pecali?

When multiple treatment options, there's a need to explain the pros and cons (conversation beford papert

Explaining Risk to Patients

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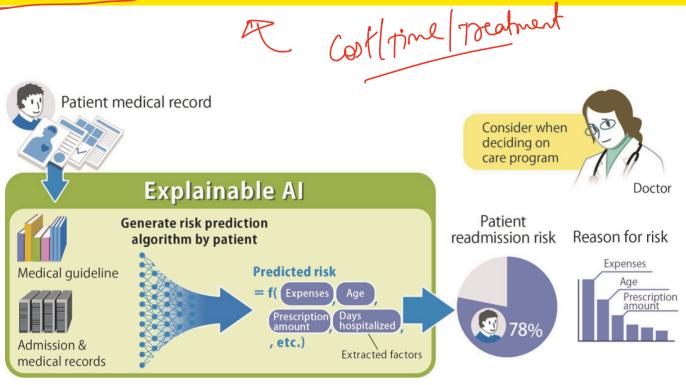
- Generic risk: Patients taking this treatment protocol have a 75% chance of success
- Personalized risk: Patients with your kind of profile that take this treatment have a 80% chance of success

Personalized risk/success model Finilia Demotived

Breakout brainstorm (5 mins)

Let's say you want to build a personalized risk/success assessment tool for different treatment protocols in a cancer clinic. Examples of protocols could include chemotherapy, biological drug therapies, radiation therapy and so on. A patient and their family might aim for a cure for cancer (maximize success) or aim for better quality of life (minimize risk to life). Given that the clinic records patient profiles and their disease and treatment history, how would you go about developing a explainable model to explain the risk/success for different patient profiles? Discuss the data, models and metrics you will use to measure the goodness of your AI explainable model.





Example use situation/case of this AI technology in predicting readmission risk

Saving costs and time

Partners Connected Health and Hitachi announced a AI based tech in 2017 to predict probability of readmission for heart failure patients. This led to significant time and cost savings for patients and hospitals using the model. They use deep models to predict but explainable models to explain it with AUC of 0.7!

Good models to explain patient risk?

ICE #2

Which model would more likely be implemented in a clincal setting to explain the personalized risk/success rate of treatments to patients?

- Oeep Learning
- Logistic Regression
- Oecision Trees
- 4 k-means

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Alternative models to explain black-box AI models

- Let's say a deep learning model attains high success rate for success assessment of treatment protocols
- Clearly, it's not a first choice from explainability standpoint
- Sor the sake of explain-ability, can a simpler model be used to correlate input features with the target?

Interpretable AI

Refers to models that are inherently interpretable, e.g. small decision trees or linear models with a small number of input variables.

Explainable AI

Refers to the process of applying a method that models the output of a more complex model after training of the complex model.

Explainable AI (XAI) vs Interpretable AI

Breakout brainstorm (5 mins)

You have a deep learning model that gives out personalized success percentage of a treatment protocol for patients. A patient asks to explain why the success of a particular treatment for her is higher than the average success rate? You look towards a simpler ML model to explain the results of a deep learning model. Can you think of designing a simpler ML model that can help identify which input features (e.g. age or medical history, past conditions, etc) are strongly connected to the target (high, medium or low success for example)?

SLIME Local Lines models

Train a DT model on training data along with the black box model

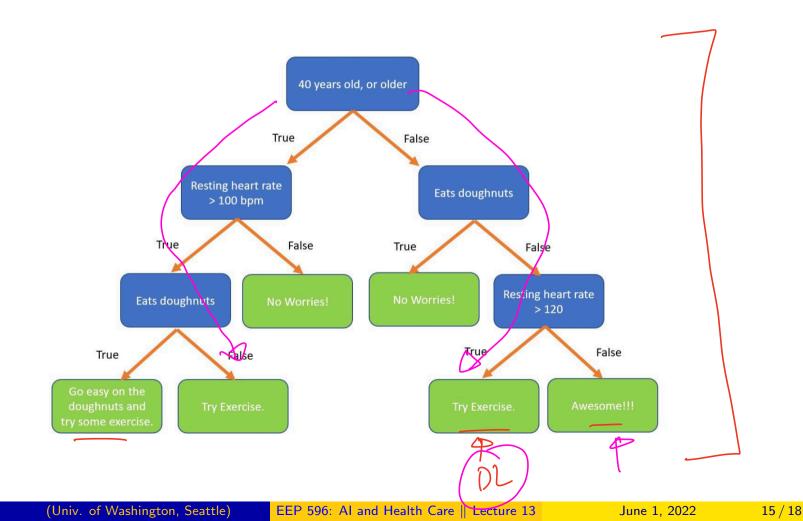
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- Use the DT model to find a "path" to explain the prediction of the black box model
- What are the pros and cons?
- Can we do better?
- Find a DT from a random forest that can explain the black-box model the best. More compute time but better explanation!

DT for explainability



Biases in Al

ICE #3

A clinic that primarily sees elderly patients with heart issues is starting to see anomaly in its AI predictions for young patients coming in with heart issues. The 5 year success rate of stent implant in heart for patients having *mytral valve regurgitation* (back flow of blood in heart, which can be fixed by a stent that keeps arteries unclogged) is consistently underestimated in the anomalous predictions. On their training and test data, the AI is able to gain more than 95% accuracy in risk/success assessment. What might be the most plausible reason for the AI model generating anomalous predictions?

- Random fluctuations in prediction accuracy
- Not enough data in training
- Age bias in data
- Unaccounted factors

Weight Constraints Interview Constraints Interv

Allignment 3 - D June 20!

References

- Explainability for artificial intelligence in health care: a multidisciplinary perspective
- ② Explainable AI model to predict acute illness from EHR
- 8 Readmission Risk assessment

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