

# Reinforcement learning

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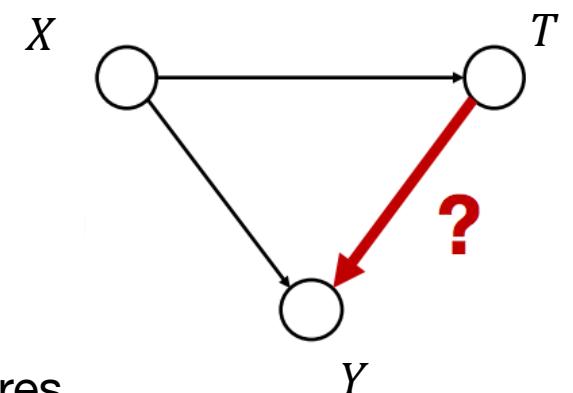
# Reminder: Causal effects

- ▶ Potential outcomes under treatment and control,  $Y(1), Y(0)$
- ▶ Covariates and treatment,  $X, T$
- ▶ Conditional average treatment effect (CATE)

$$CATE(X) = \mathbb{E}[Y(1) - Y(0) | X]$$

Potential outcomes

Features



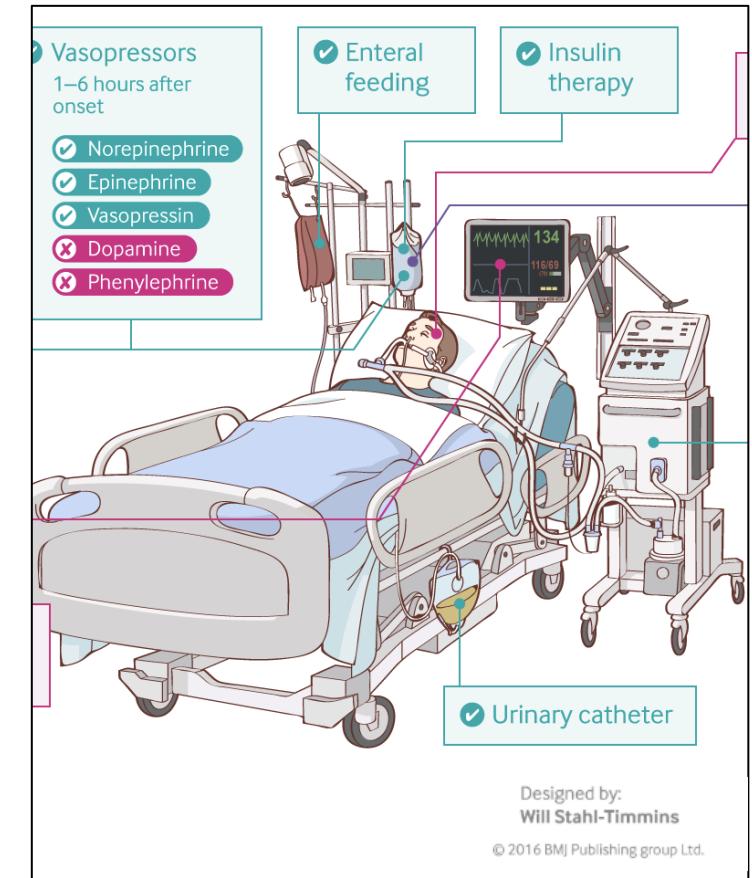
# Today: Treatment policies/regimes

- ▶ A **policy  $\pi$**  assigns treatments to patients (typically depending on their medical history/state)
- ▶ **Example:** For a patient with medical history  $x$ ,  
$$\pi(x) = \mathbb{I}[CATE(x) > 0]$$

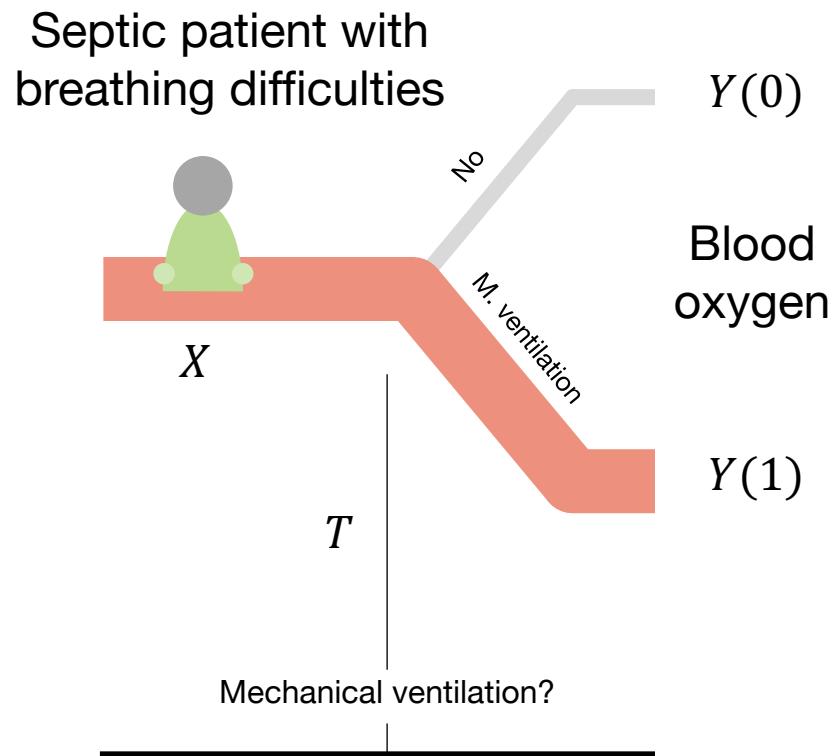
“Treat if effect is positive”
- ▶ Today we focus on policies guided by clinical outcomes (as opposed to legislation, monetary cost or side-effects)

# Example: Sepsis management

- ▶ **Sepsis** is a complication of an infection which can lead to massive organ failure and death
- ▶ One of the leading causes of death in the **ICU**
- ▶ The primary treatment target is the **infection**
- ▶ Other symptoms need **management**: breathing difficulties, low blood pressure, ...



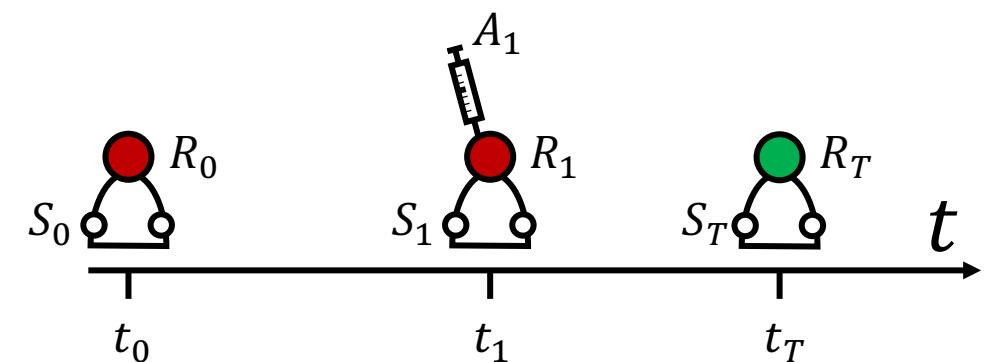
# Recall: Potential outcomes



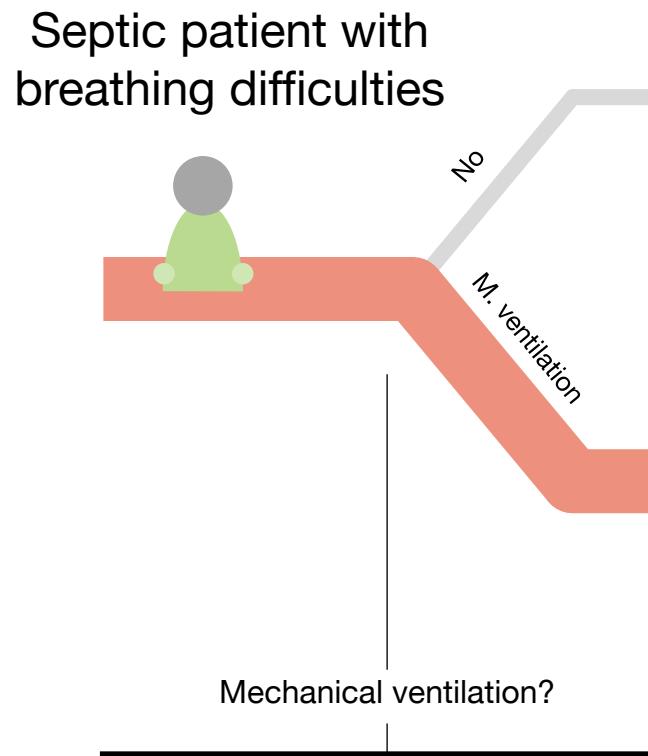
1. Should the patient be put on mechanical ventilation?

# Today: Sequential decision making

- ▶ Many clinical decisions are made in **sequence**
- ▶ Choices early **may rule out** actions later
- ▶ Can we optimize the **policy** by which actions are made?

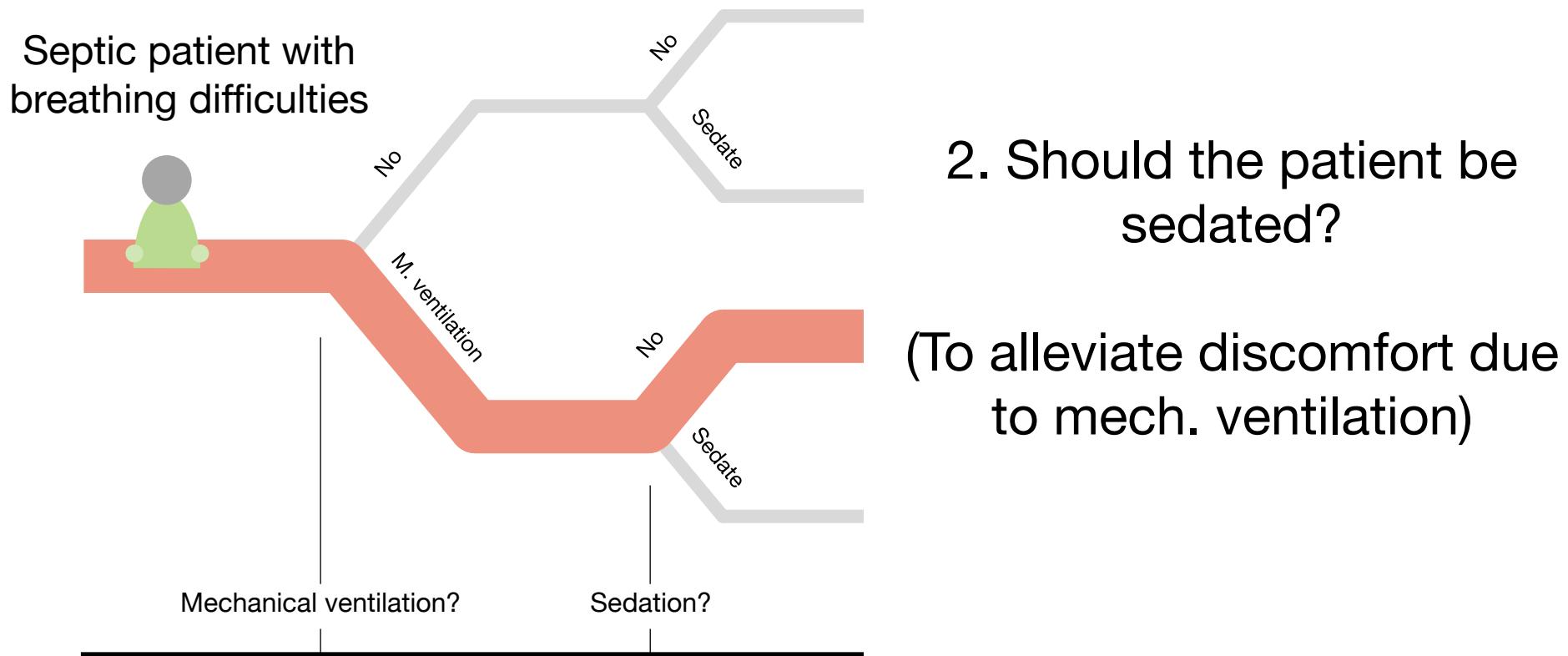


# Recall: Potential outcomes

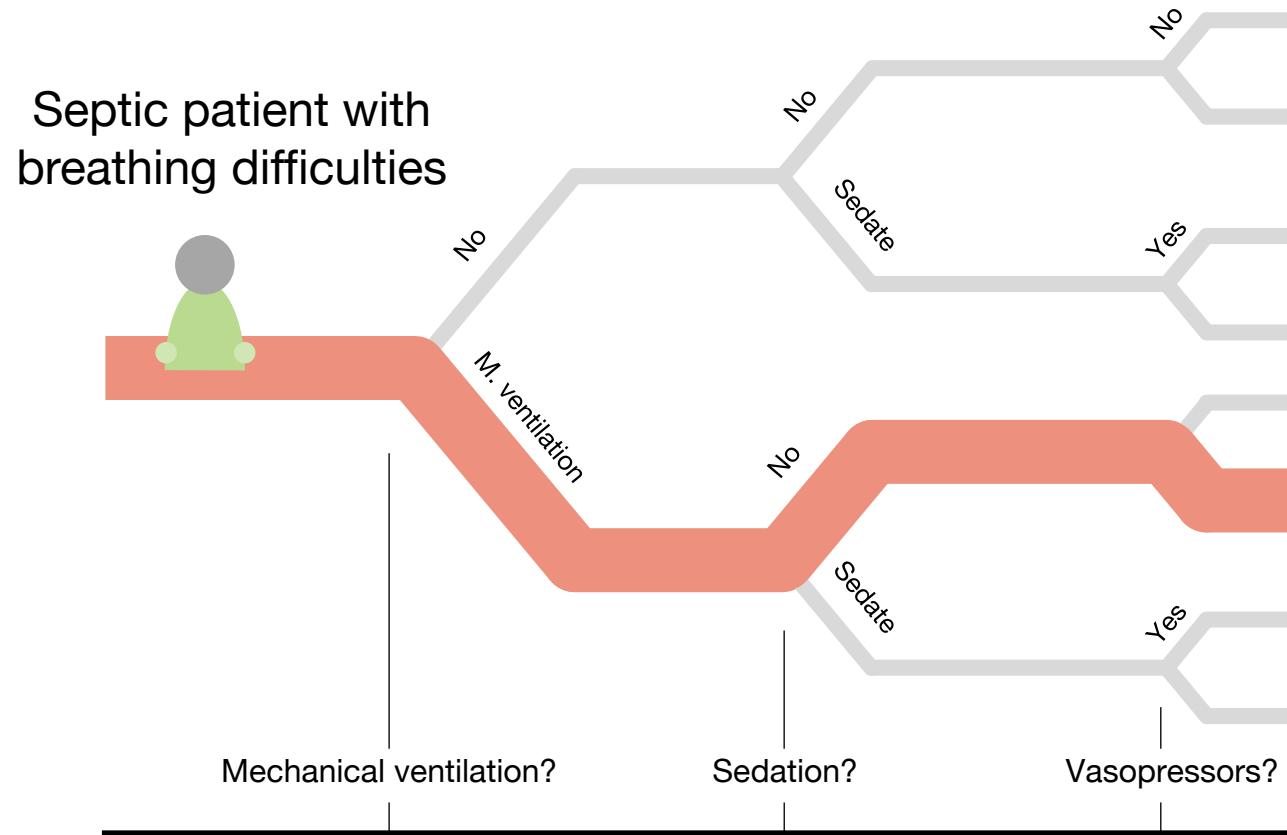


1. Should the patient be put on mechanical ventilation?

# Example: Sepsis management



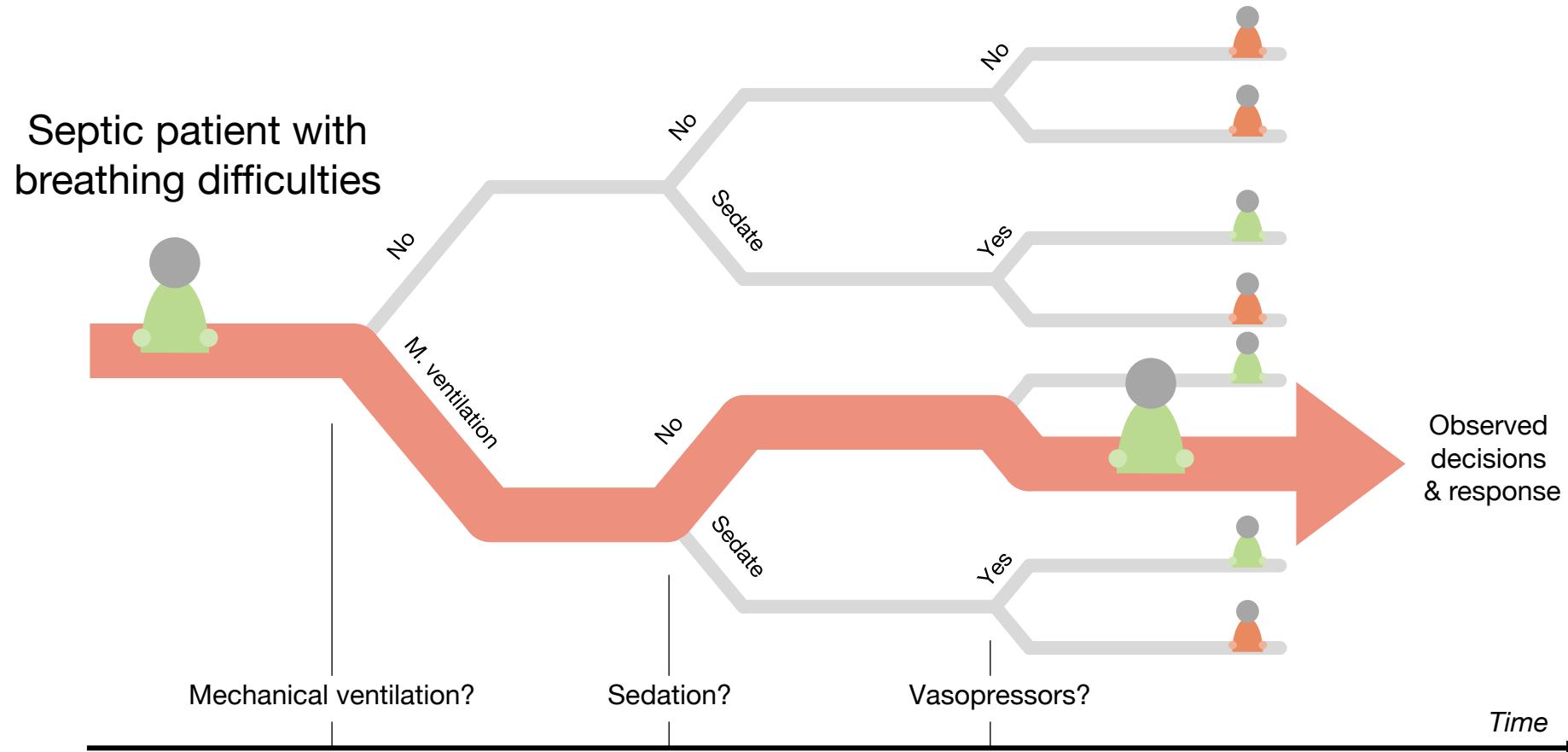
# Example: Sepsis management



3. Should we artificially raise blood pressure?

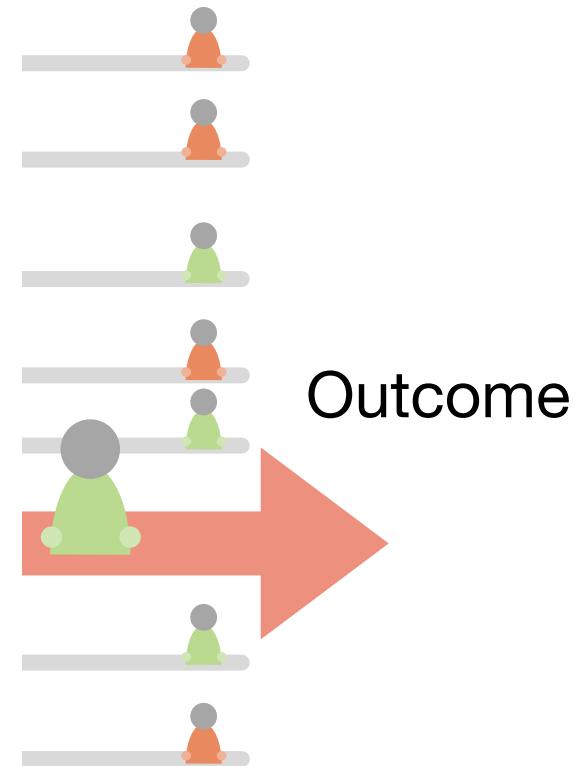
(Which may have dropped due to sedation)

# Example: Sepsis management



# Finding optimal policies

- ▶ How can we treat patients so that their outcomes are **as good as possible**?
- ▶ What are **good outcomes**?
- ▶ Which **policies** should we consider?



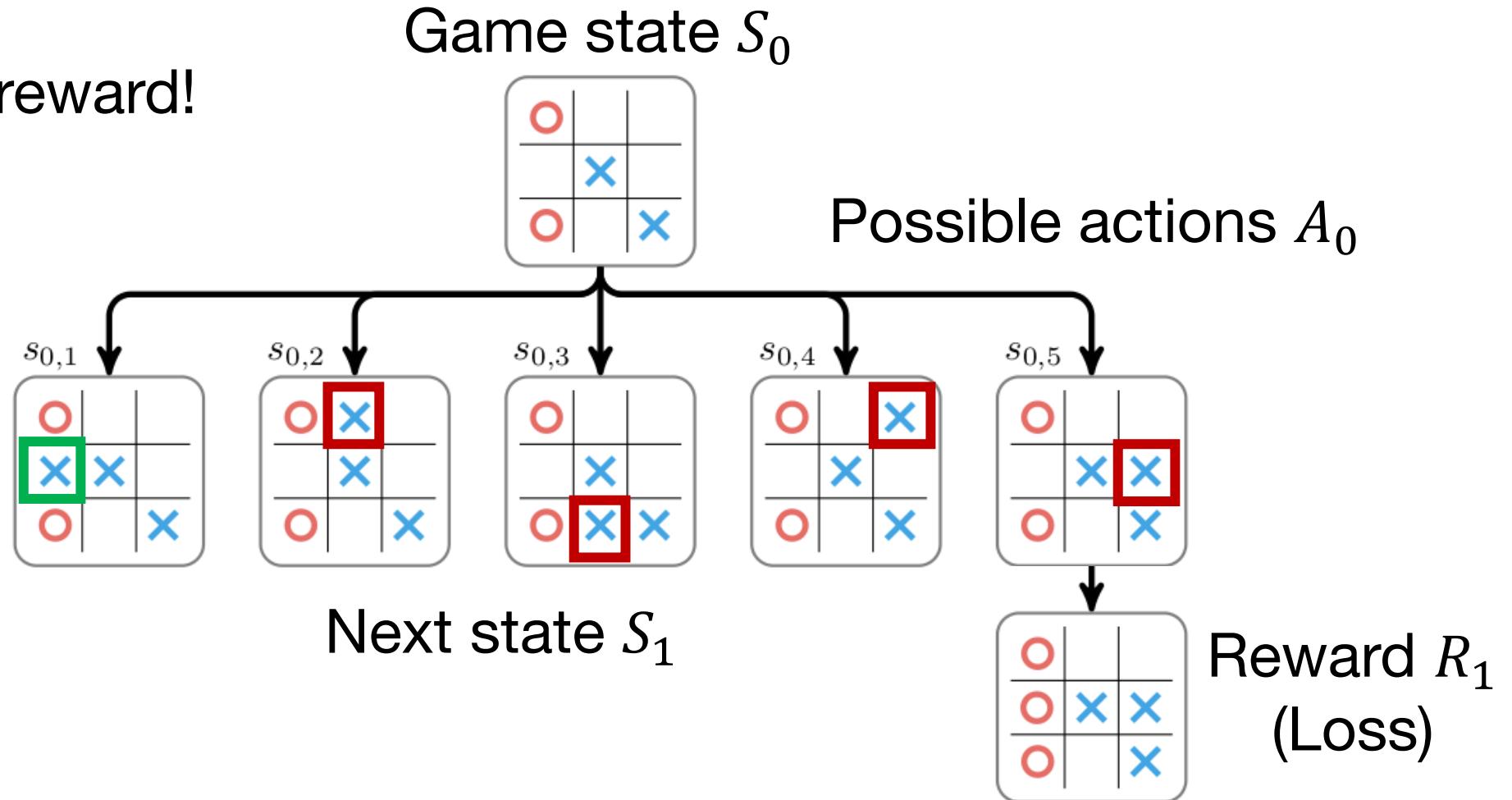
# Success stories in popular press

- ▶ AlphaStar
- ▶ AlphaGo
- ▶ DQN Atari
- ▶ Open AI Five



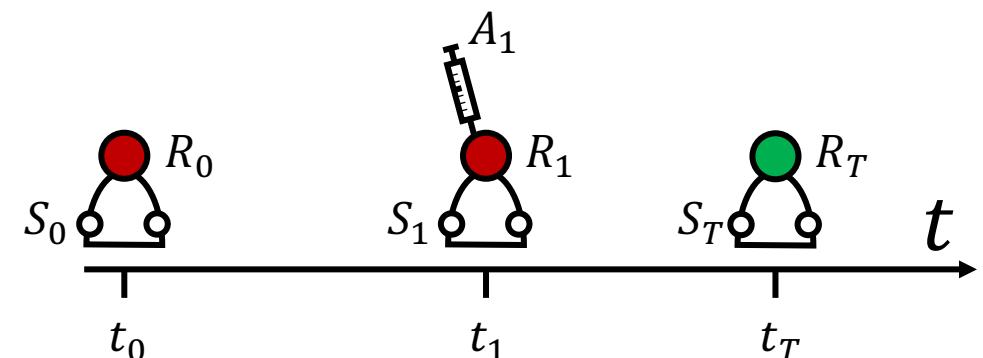
# Reinforcement learning

- Maximize reward!



# Great! Now let's treat patients

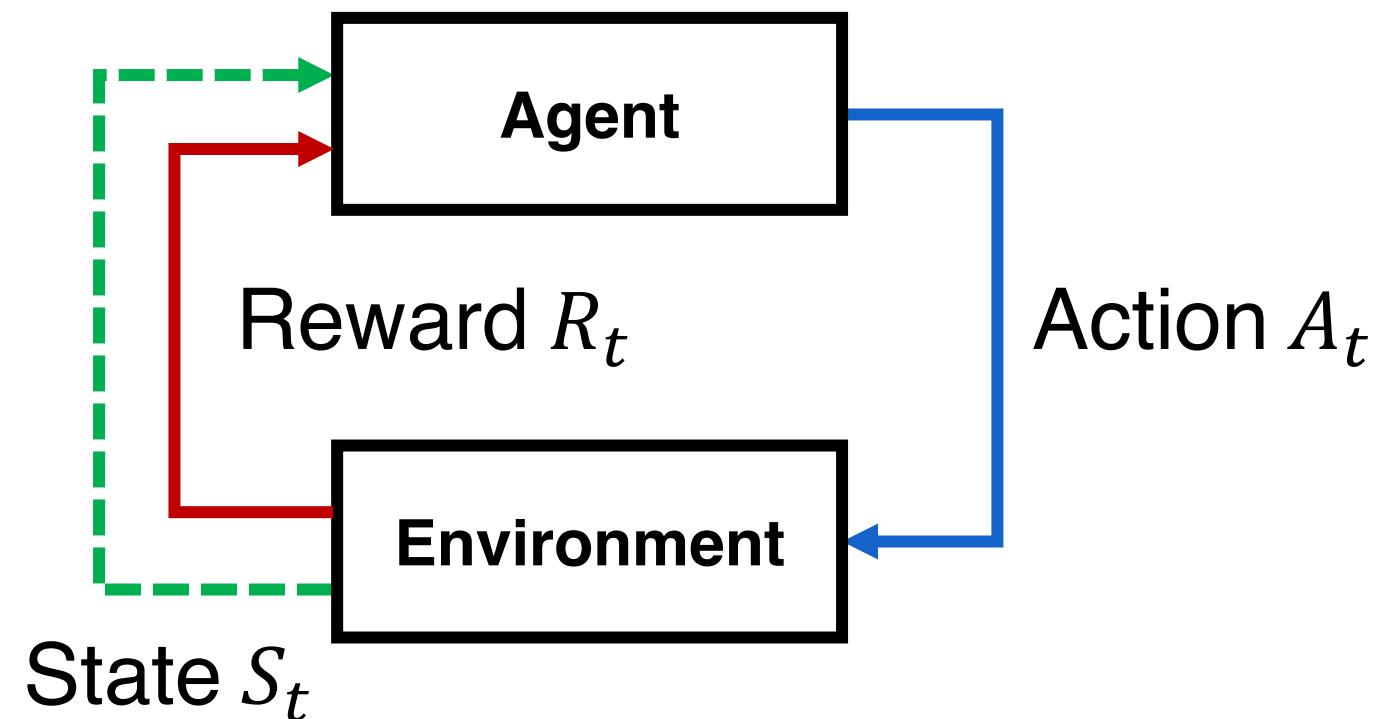
- ▶ Patient **state** at time  $S_t$  is like the game board
- ▶ Medical **treatments**  $A_t$  are like the actions
- ▶ **Outcomes**  $R_t$  are the rewards in the game
- ▶ What could **possibly** go wrong?



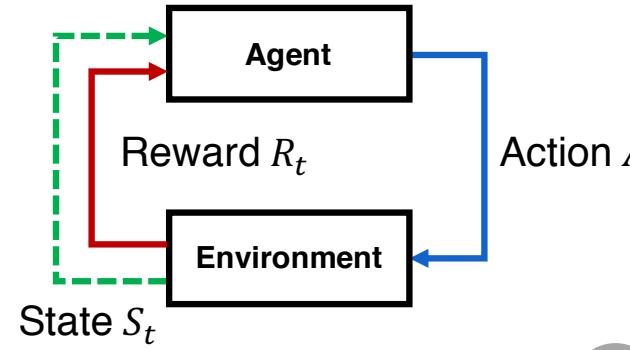
1. **Decision processes**
2. Reinforcement learning
3. Learning from batch (off-policy) data
4. Reinforcement learning in healthcare

# Decision processes

- An **agent** repeatedly, at times  $t$  takes **actions**  $A_t$  to receive **rewards**  $R_t$  from an **environment**, the **state**  $S_t$  of which is (partially) observed



# Decision process: Mechanical ventilation



$$R_t = R_t^{\text{vitals}} + R_t^{\text{vent off}} + R_t^{\text{vent on}}$$

**A Reinforcement Learning Approach to Weaning of Mechanical Ventilation in Intensive Care Units**

Niranjan Prasad, Princeton University; Li-Fang Cheng, Princeton University; Carey Chivers, Penn Medicine; Michael Drasgels, Penn Medicine; Barbara E. Engelhardt, Princeton University

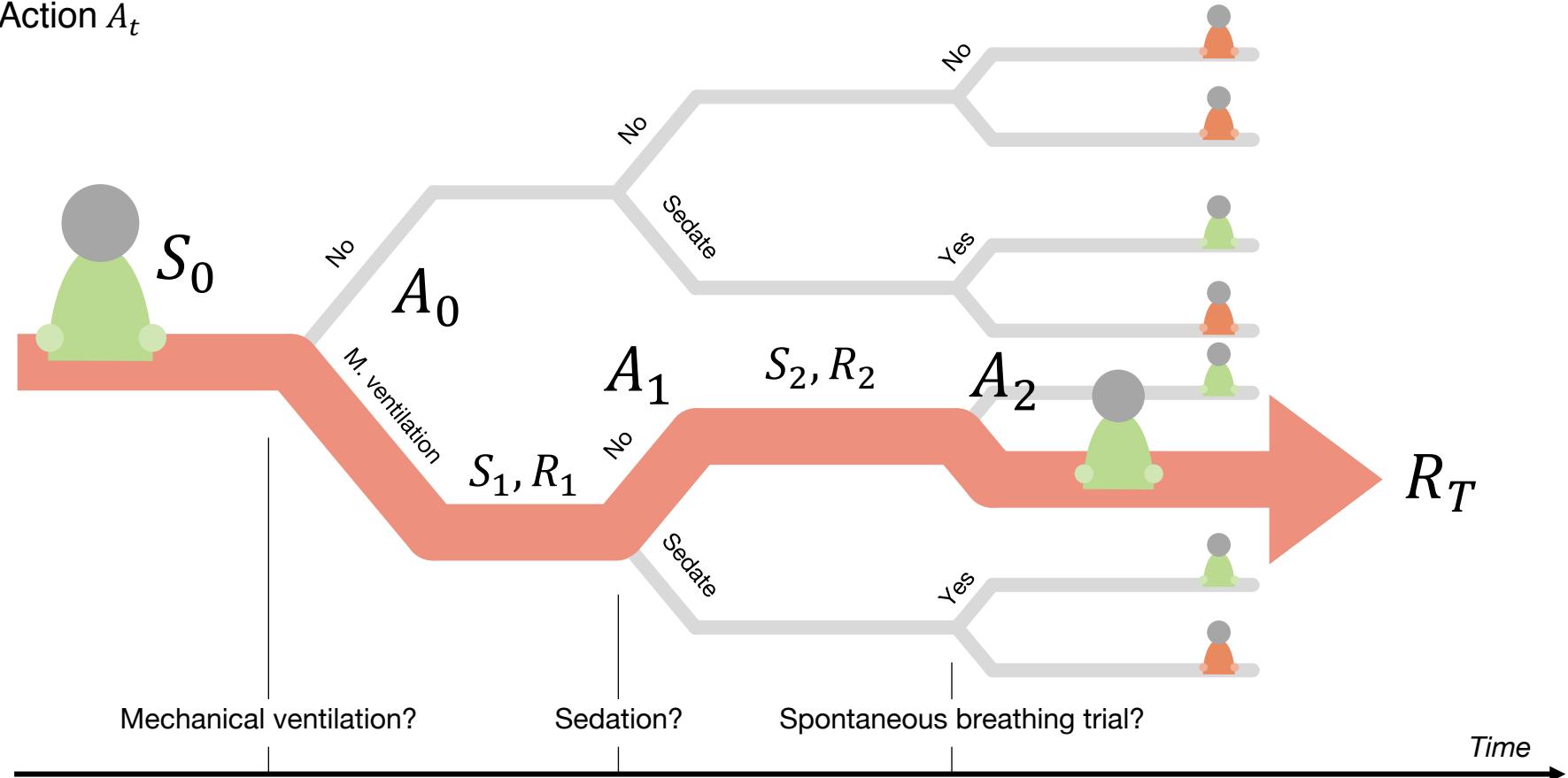
**Abstract**

The management of invasive mechanical ventilation, and the regulation of sedation and analgesia during ventilation, constitutes a major part of the care of patients admitted to intensive care units (ICUs). Weaning from mechanical ventilation and premature extubation are associated with increased risk of complications and hospital-acquired infections, but there is no clear best protocol for weaning patients off of a ventilator entirely. This work aims to develop a decision-making framework for weaning patients off of mechanical ventilation by using reinforcement learning to predict time-to-extubation readiness and to recommend a personalized regime of sedation and analgesia. We propose a three-stage approach: we use off-policy reinforcement learning algorithms to determine the best action at a given patient state; we then use a Q-learning algorithm to refine treatment policies from fitted Q-values; we finally evaluate, rank, and select the policies learned to provide an improved recommendation for weaning protocols with improved outcomes, in terms of minimizing rates of re-intubation and regulating physiological stability.

**1 Introduction**

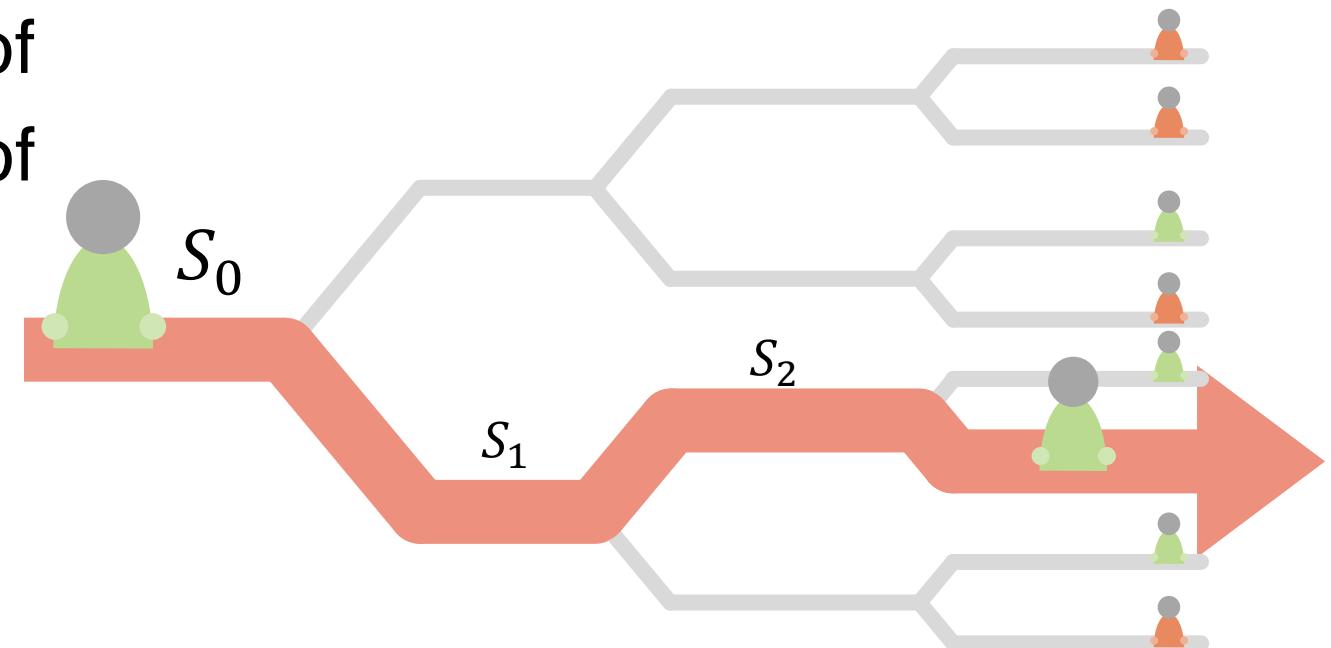
Mechanical ventilation is one of the most widely used interventions in admissions to the intensive care units (ICU); around 40% of patients in the ICU are supported on invasive mechanical ventilation at any given hour, accounting for approximately 10% of all hospitalizations (Ambrosino and Gabelli 2010; Wunsch et al. (2013)). These are typically patients with acute respiratory failure or conditions such as long term mechanical ventilation, heart disease, or cases in which breathing support is necessitated by neurological disorders, impaired consciousness, or weakness.

In this work, we aim to develop a decision support tool for weaning patients off of mechanical ventilation in the ICU setting to alert clinicians when a patient is ready for initiation of weaning, and to recommend a personalized treatment protocol. We explore the use of off-policy re-



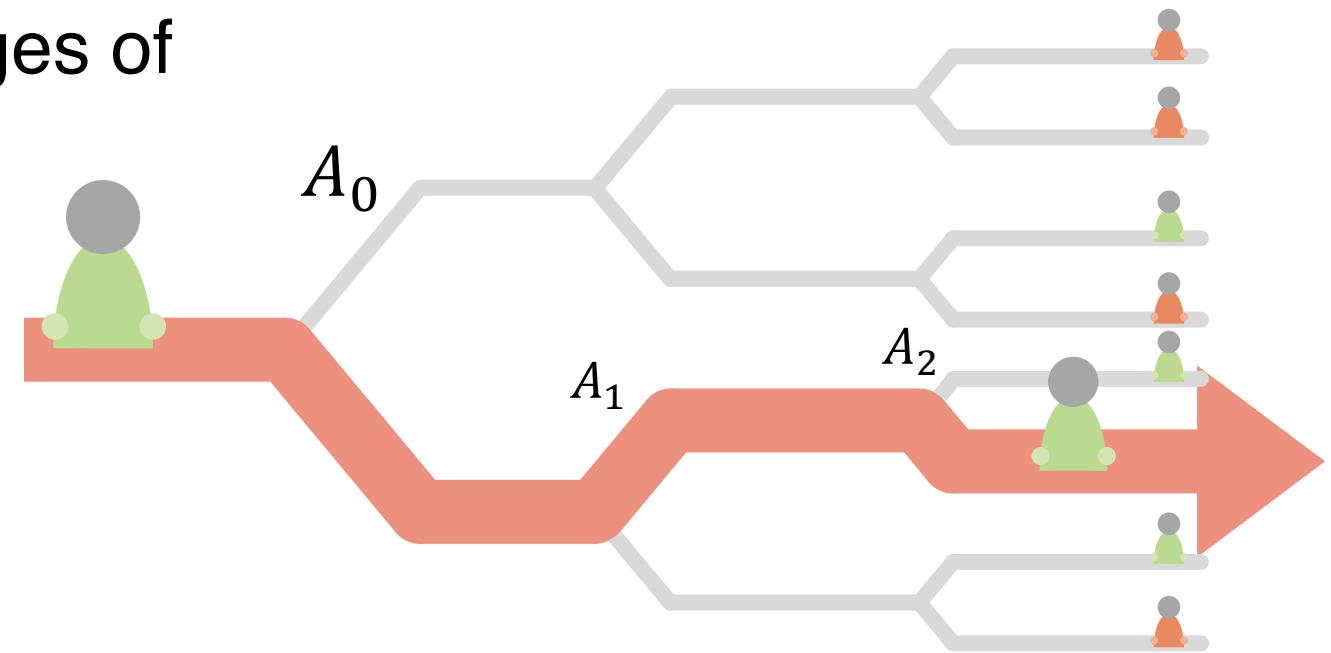
# Decision process: Mechanical ventilation

- **State**  $S_t$  includes demographics, physiological measurements, ventilator settings, level of consciousness, dosage of sedatives, time to ventilation, number of intubations



# Decision process: Mechanical ventilation

- **Actions**  $A_t$  include intubation and extubation, as well as administration and dosages of sedatives



# Decision processes

- ▶ A decision process specifies how states  $S_t$ , actions  $A_t$ , and rewards  $R_t$  are **distributed**:  $p(S_0, \dots, S_T, A_0, \dots, A_T, R_0, \dots, R_T)$
- ▶ The agent interacts with the environment according to a **behavior policy**  $\mu = p(A_t | \dots)^*$

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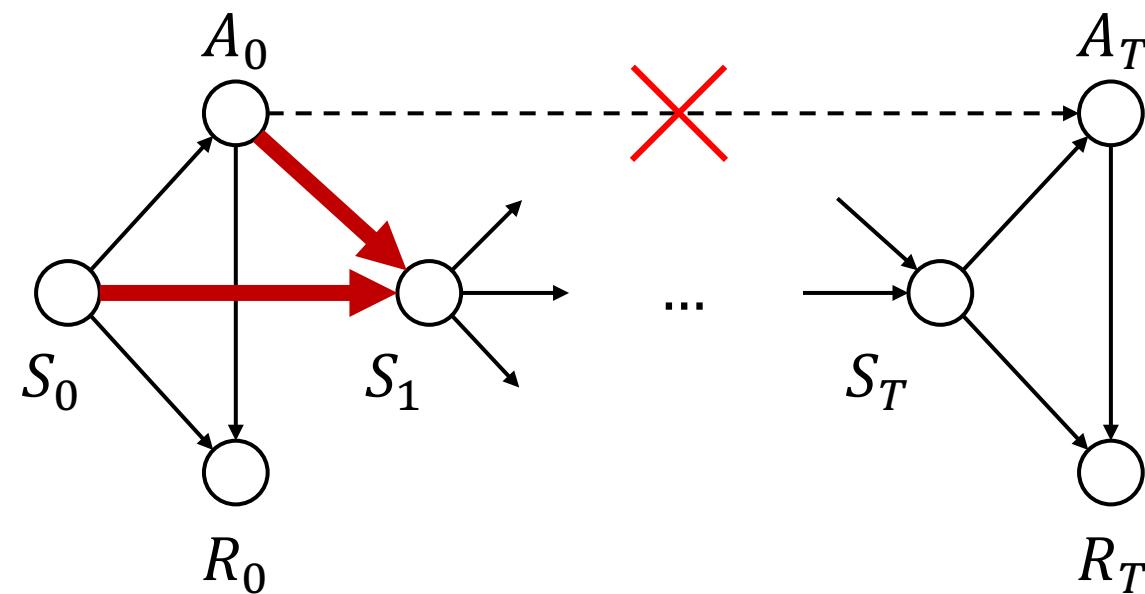
\* The ... depends on the type of agent

# Markov Decision Processes

- ▶ Markov decision processes (MDPs) are a special case
- ▶ Markov **transitions**:  
$$p(S_t | S_0, \dots, S_{t-1}, A_0, \dots, A_{t-1}) = p(S_t | S_{t-1}, A_{t-1})$$
- ▶ Markov **reward** function:  $p(R_t | S_t, A_t) = p(R_t | S_0, \dots, S_{t-1}, A_0, \dots, A_{t-1})$
- ▶ Markov **action** policy  $\mu = p(A_t | S_t) = p(A_t | S_0, \dots, S_{t-1}, A_0, \dots, A_{t-1})$

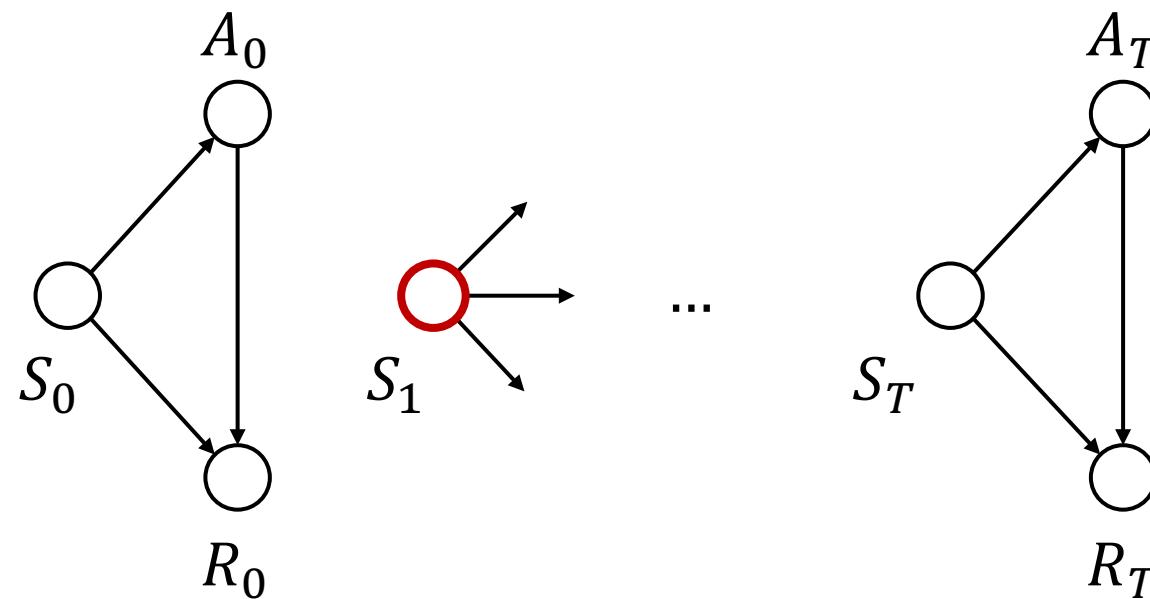
# Markov assumption

- ▶ State transitions, actions and reward depend only on most recent state-action pair



# Contextual bandits (special case)\*

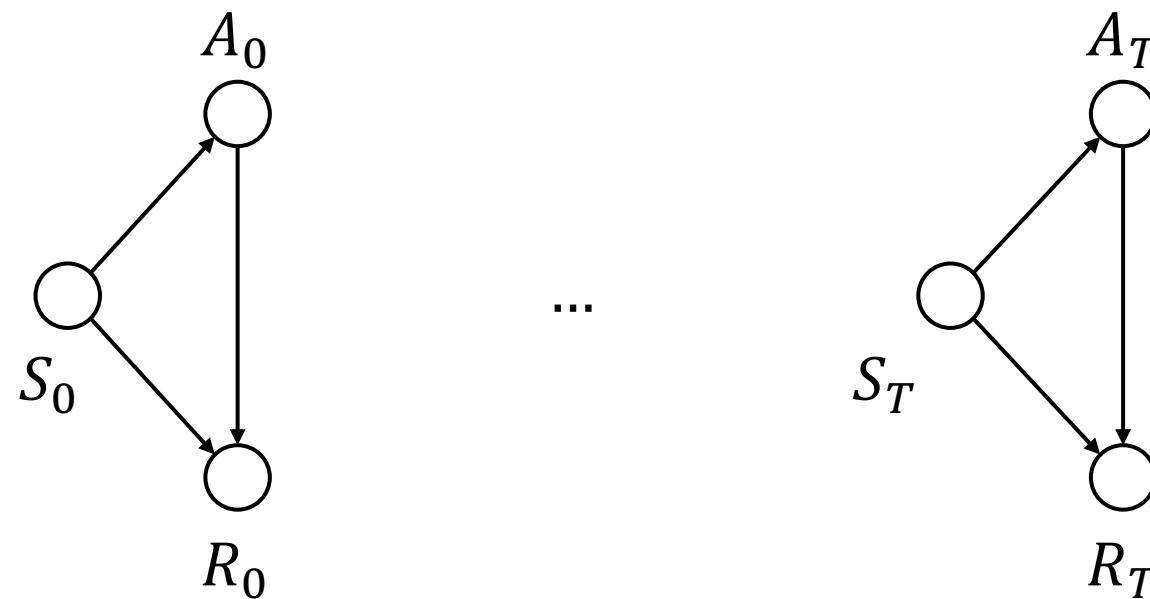
- ▶ States are independent:  $p(S_t | S_{t-1}, A_{t-1}) = p(S_t)$
- ▶ Equivalent to **single-step case**: potential outcomes!



\* The term “contextual bandits” has connotations of efficient exploration, which is not addressed here

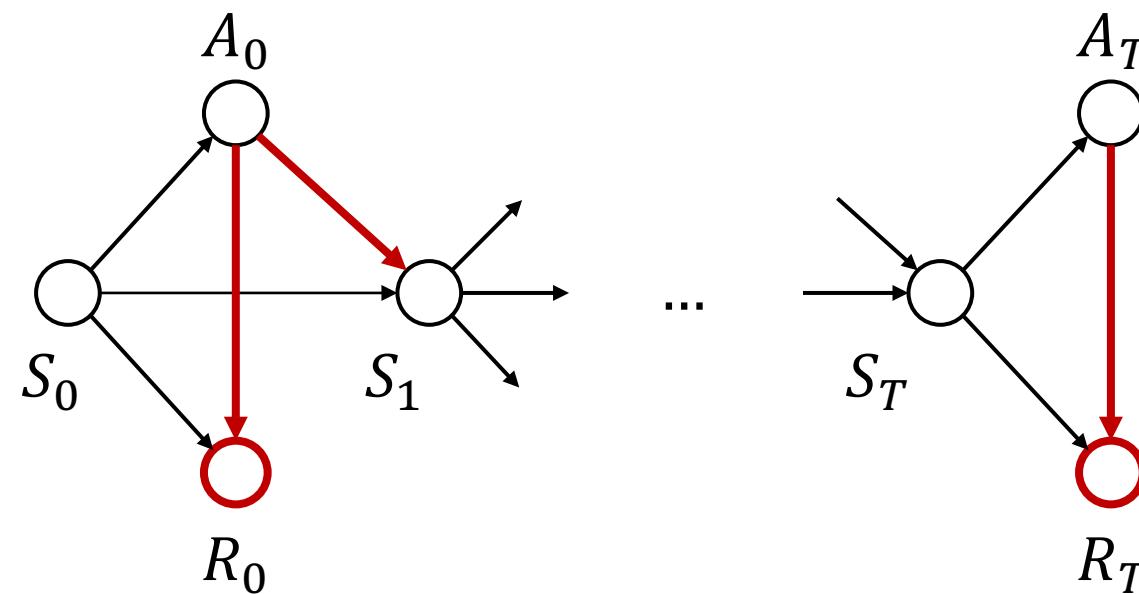
# Contextual bandits & potential outcomes

- ▶ Think of each state  $S_i$  as an i.i.d. patient, the actions  $A_i$  as the treatment group indicators and  $R_i$  as the outcomes



# Goal of RL

- ▶ Like previously with causal effect estimation, we are interested in the effects of actions  $A_t$  on future rewards

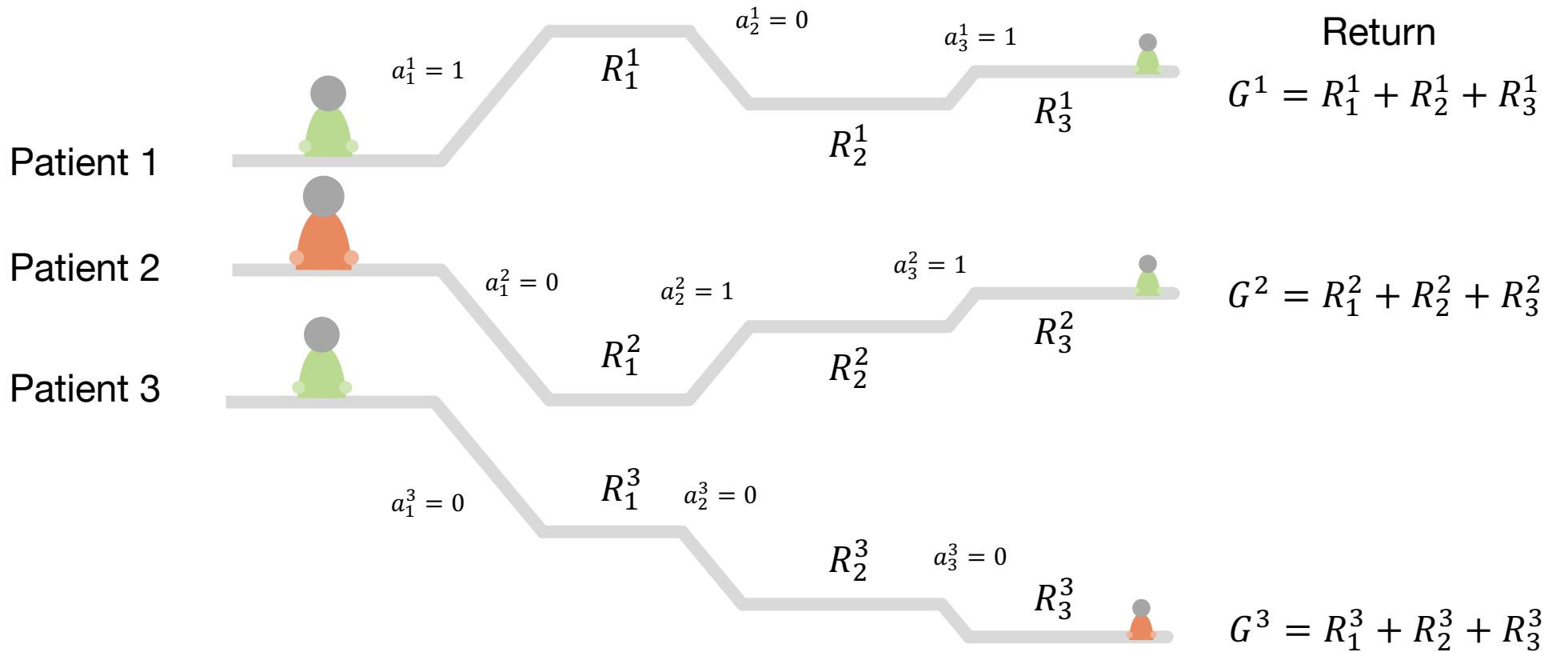


# Value maximization

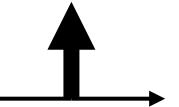
- ▶ The goal of most RL algorithms is to maximize the expected cumulative reward—the **value**  $V_\pi$  of its policy  $\pi$
- ▶ **Return:**  $G_t = \sum_{s=t}^T R_s$  ————— Sum of future rewards
- ▶ **Value:**  $V_\pi = \mathbb{E}_{A_t \sim \pi}[G_0]$  ————— Expected sum of rewards under policy  $\pi$
- ▶ The expectation is taken with respect to scenarios acted out according to the learned **policy**  $\pi$

# Example

- ▶ Let's say that we have data from a policy  $\pi$



# Robot in a room

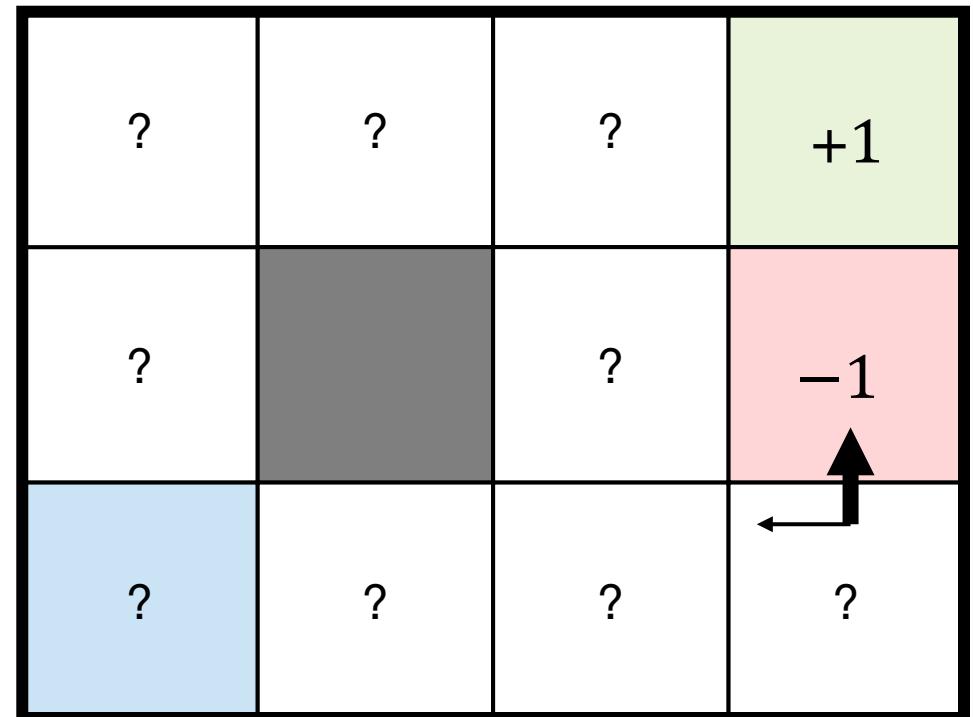
- ▶ Stochastic actions   
 $p(\text{Move up} \mid A = \text{"up"}) = 0.8$   
Available non-opposite moves have uniform probability
- ▶ Rewards:
  - +1 at [4,3] (terminal state)
  - 1 at [4,2] (terminal)
  - 0.04 per step



# Robot in a room

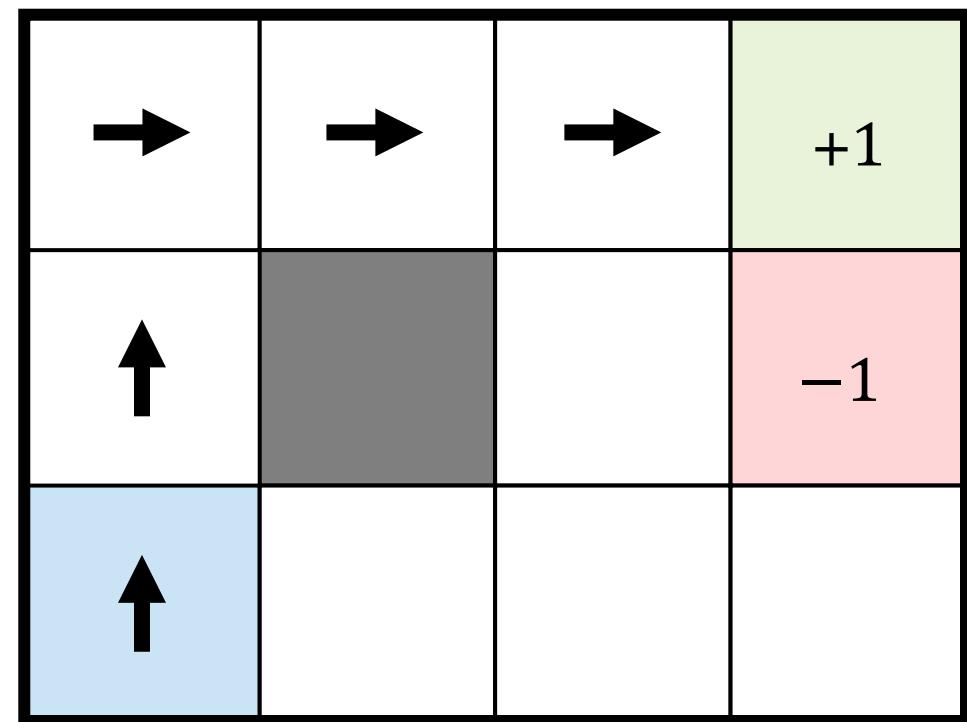
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Available non-opposite moves have uniform probability
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What is the optimal policy?



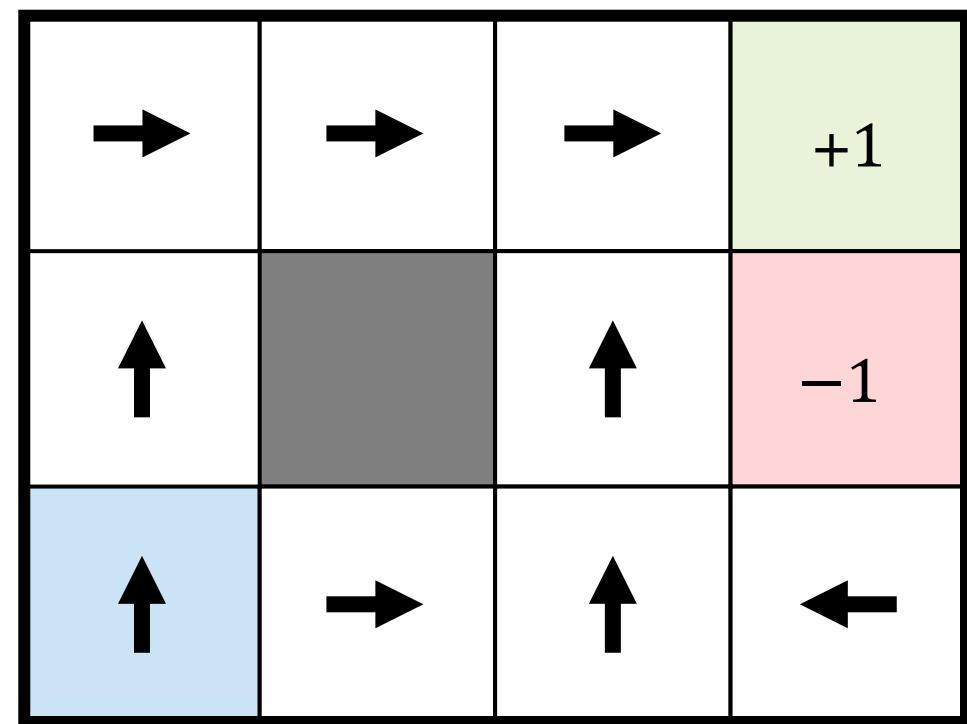
# Robot in a room

- ▶ The following is the optimal policy/trajectory under **deterministic transitions**
- ▶ Not achievable in our stochastic transition model



# Robot in a room

- ▶ Optimal policy
- ▶ **How can we learn this?**



1. Decision processes
2. **Reinforcement learning**
3. Learning from batch (off-policy) data
4. Reinforcement learning in healthcare

# Paradigms\*

## Model-based RL

Transitions

$$p(S_t \mid S_{t-1}, A_{t-1})$$

G-computation

MDP estimation

## Value-based RL

Value/return

$$p(G_t \mid S_t, A_t)$$

**Q-learning**

G-estimation

## Policy-based RL

Policy

$$p(A_t \mid S_t)$$

**REINFORCE**

Marginal structural models

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\*We focus on off-policy RL here

# Paradigms\*

## Model-based RL

Transitions

$$p(S_t | S_{t-1}, A_{t-1})$$

G-computation

MDP estimation

## Value-based RL

Value/return

$$p(G_t | S_t, A_t)$$

**Q-learning**

**G-estimation**

## Policy-based RL

Policy

$$p(A_t | S_t)$$

**REINFORCE**

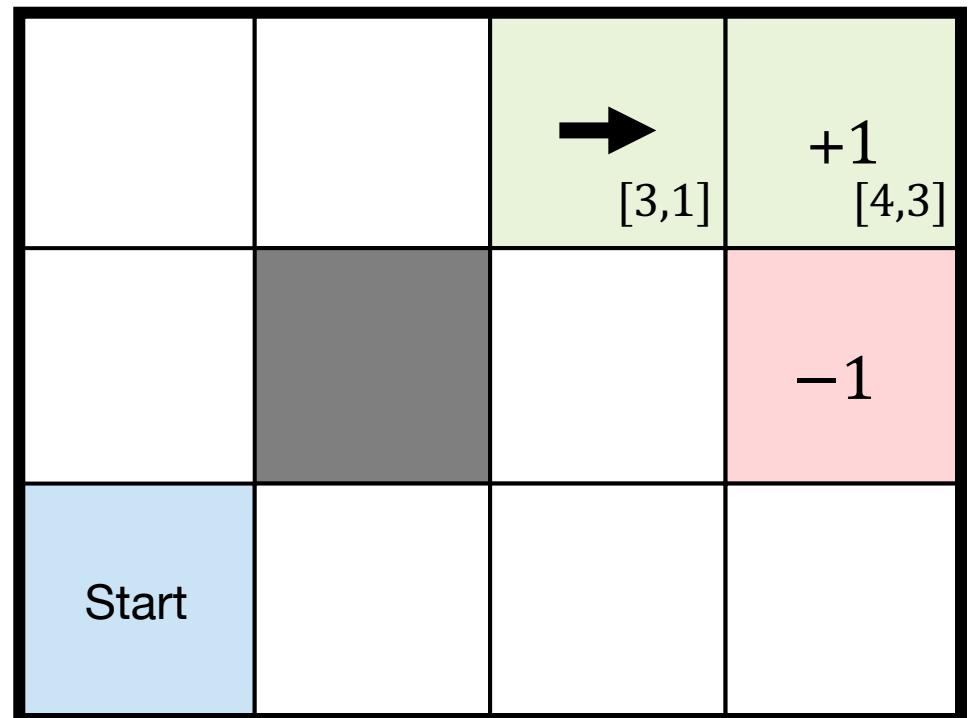
Marginal structural models

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\*We focus on off-policy RL here

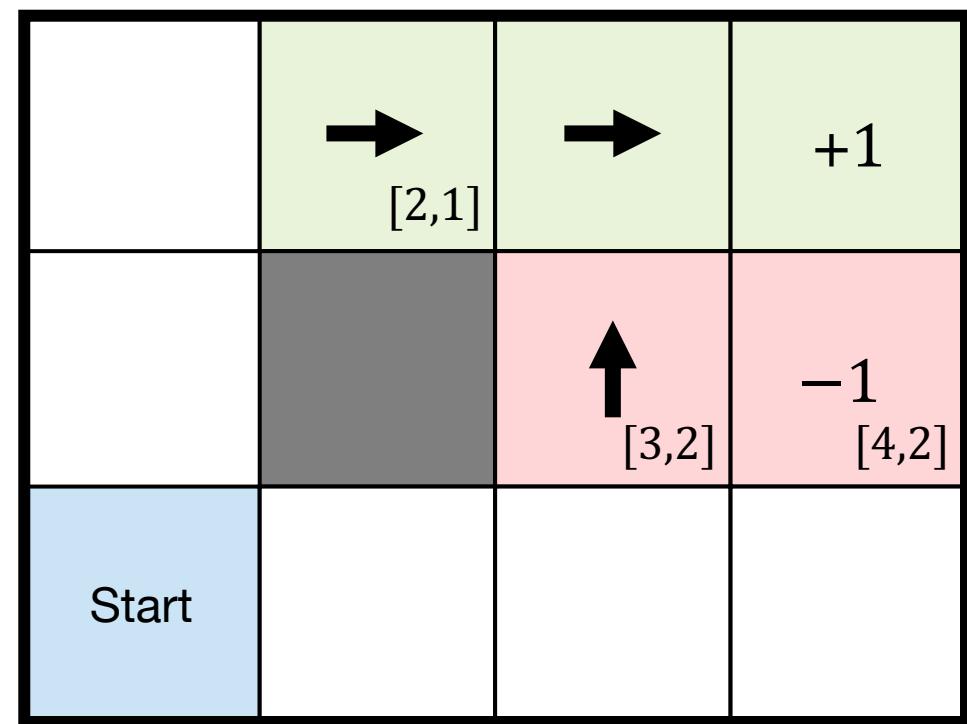
# Dynamic programming

- ▶ Assume that we know how good a state-action pair is
- ▶ **Q:** Which end state is the best? **A:** [4,3]
- ▶ **Q:** What is the best way to get there? **A:** Only [3,1]



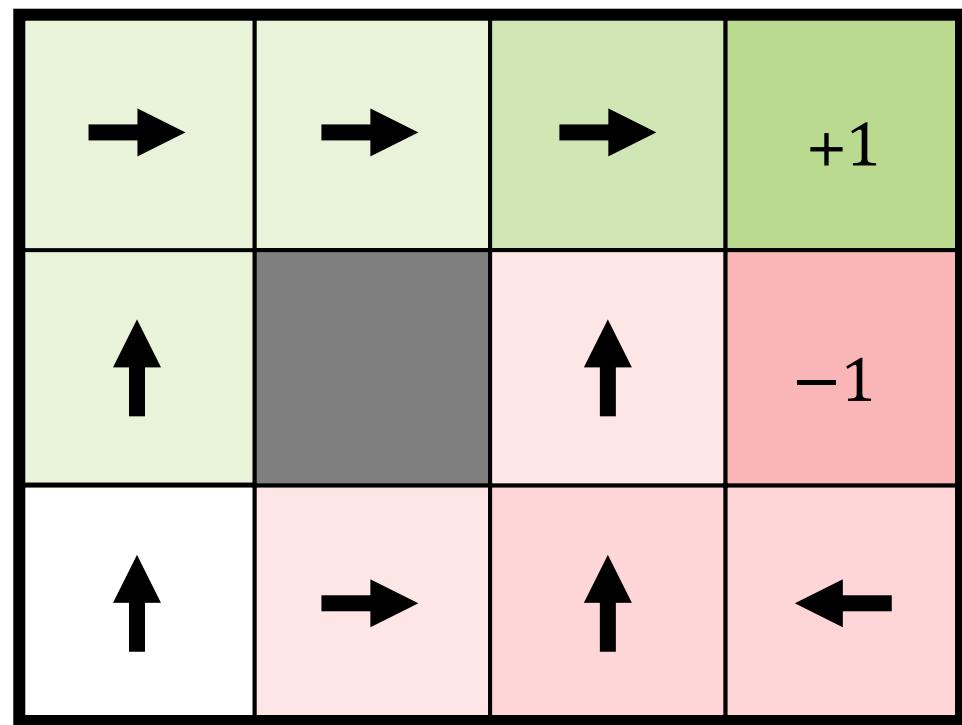
# Dynamic programming

- ▶ [2,1] is slightly better than [3,2] because of the risk of transitioning to [4,2] from [3,2]
- ▶ Which is the best way to [2,1]?



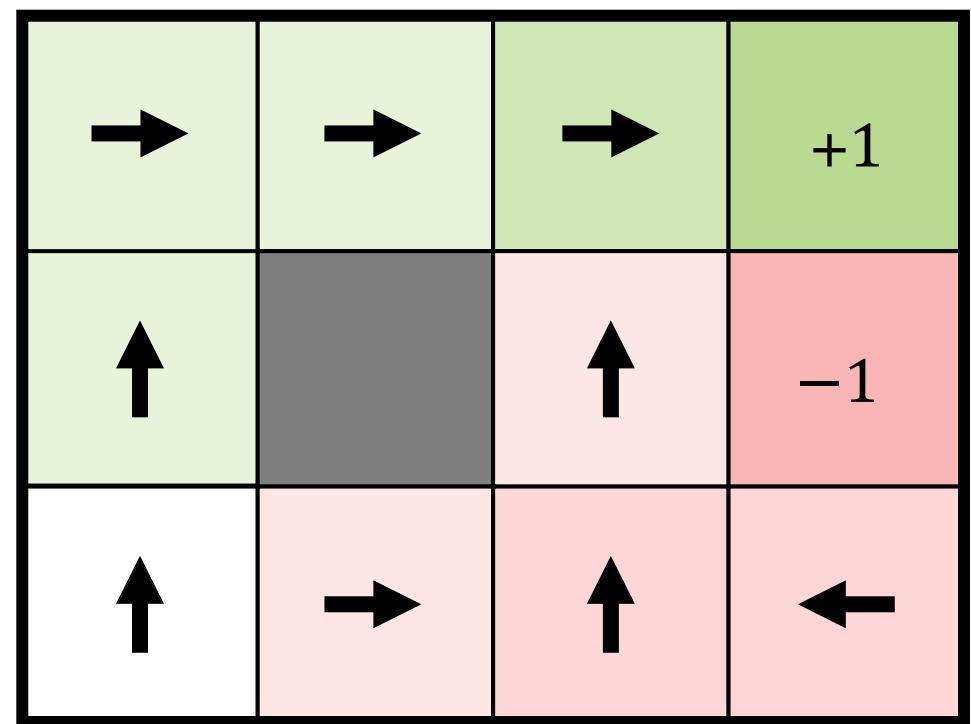
# Dynamic programming

- ▶ The idea of dynamic programming for reinforcement learning is to **recursively** learn the best action/value in a previous state given the best action/value in future states



# Dynamic programming

- ▶ **Next:** How do we get the value of each state?



# Q-learning

- ▶ Q-learning is a value-based reinforcement learning method
- ▶ **Recall:** The value of a state  $s$  under a policy  $\pi$  is

$$v_\pi(s) := \mathbb{E}_\pi[G_t \mid S_t = s] := \mathbb{E}_\pi[\sum_{j=0}^{\infty} \gamma^j R_{t+j} \mid S_t = s]$$

|  
Reward discount factor\*

---

\*Mathematical tool more than anything

# Q-learning

- ▶ Q-learning is a value-based reinforcement learning method
- ▶ The value of a **state**  $s$  under a policy  $\pi$  is

$$v_\pi(s) := \mathbb{E}_\pi[G_t \mid S_t = s] := \mathbb{E}_\pi[\sum_{j=0}^{\infty} \gamma^j R_{t+j} \mid S_t = s]$$

Reward discount factor\*

- ▶ The value of a **state-action pair**  $(s, a)$  is

$$q_\pi(s, a) := \mathbb{E}_\pi[G_t \mid S_t = s, A_t = a]$$

---

\*Mathematical tool more than anything

# Q-learning

- ▶ Q-learning attempts to **estimate  $q_\pi$**  with a function  $Q(s, a)$  such that  $\pi$  is the deterministic policy

$$\pi(s) = \arg \max_a Q(s, a)$$

- ▶ The best  $Q$  is the best **state-action value** function

$$Q^*(s, a) = \max_\pi q_\pi(s, a) =: q^*(s, a)$$

# Bellman equation

- ▶ For the optimal Q-function  $q^*$ , “**Bellman optimality**” holds\*

$$q^*(s, a) = \mathbb{E}_\pi \left[ R_t + \gamma \max_{a'} q^*(S_{t+1}, a') \mid S_t = s, A_t = a \right]$$

State-action value

Immediate reward

Future (discounted) rewards\*

- ▶ Look for functions with this property!

---

\*A necessary property for optimality of dynamic programming

# Q-learning with discrete states

- ▶ If states are **discrete**,  $s \in \{0, \dots, K\}$ , Q-learning can be solved exactly using dynamic programming (for small enough  $K$ )\*
- ▶ Initialize a **table** of  $Q(s, a)$
- ▶ Repeat

$$Q(S_t, A_t) \leftarrow Q(S_t, A_t) + \alpha \left[ R_t + \gamma \max_a Q(S_{t+1}, a) - Q(S_t, A_t) \right]$$

|  
Learning rate

---

\*Converges to the optimal  $q^*$  if all state-action pairs visited over and over again

# Q-learning with discrete states

1. Initialize  $Q(s, a) = 0$ , let  $\alpha, \gamma = 1$
2. Repeat

$$Q(S_t, A_t) \leftarrow Q(S_t, A_t) + \alpha \left[ R_t + \gamma \max_a Q(S_{t+1}, a) - Q(S_t, A_t) \right]$$

Assume that transitions are deterministic for now

Let each state-pair be visited in order, over and over\*

Q-table

-0.04	-0.04	-0.04	-0.04	0.96	+1
-0.04	-0.04	-0.04	-0.04	-0.04	-1
-0.04	-0.04	-0.04	-0.04	-1.04	-1.04
-0.04	-0.04	-0.04	-0.04	-0.04	-0.04

---

\* We will come back to this

# Q-learning with discrete states

1. Initialize  $Q(s, a) = 0$ , let  $\alpha, \gamma = 1$
2. Repeat

$$Q(S_t, A_t) \leftarrow Q(S_t, A_t) + \alpha \left[ R_t + \gamma \max_a Q(S_{t+1}, a) - Q(S_t, A_t) \right]$$

**Q-table**

-0.08	-0.08	<b>0.92</b>	-0.08	0.96	+1
-0.08		<b>0.92</b>		-1.04	-1
-0.08			-0.08		-1.04
-0.08	-0.08	-0.08	-0.08	-0.08	-0.08

# Q-learning with discrete states

1. Initialize  $Q(s, a) = 0$ , let  $\alpha, \gamma = 1$
2. Repeat

$$Q(S_t, A_t) \leftarrow Q(S_t, A_t) + \alpha \left[ R_t + \gamma \max_a Q(S_{t+1}, a) - Q(S_t, A_t) \right]$$

Q-table

0.88	-0.12	0.92	0.88	0.96	+1
-0.12		0.88	0.92	-1.04	-1
-0.12			-0.08		
-0.12	-0.12	-0.12	0.88	-1.04	-0.12

# Q-learning with discrete states

1. Initialize  $Q(s, a) = 0$ , let  $\alpha, \gamma = 1$
2. Repeat

$$Q(S_t, A_t) \leftarrow Q(S_t, A_t) + \alpha \left[ R_t + \gamma \max_a Q(S_{t+1}, a) - Q(S_t, A_t) \right]$$

Q-table

0.88	0.84	0.92	0.88	0.96	+1
-0.16	0.84		0.88	0.92	-1
0.84			0.92	-1.04	-1
-0.16	-0.16	0.84	-0.16	-0.16	0.84

# Q-learning with discrete states

1. Initialize  $Q(s, a) = 0$ , let  $\alpha, \gamma = 1$
2. Repeat

$$Q(S_t, A_t) \leftarrow Q(S_t, A_t) + \alpha \left[ R_t + \gamma \max_a Q(S_{t+1}, a) - Q(S_t, A_t) \right]$$

Q-table

0.88	0.84	0.92	0.88	0.96	+1
0.80	0.84	0.92	0.88	-1.04	-1
0.84	-0.18	0.84	0.84	-1.04	-1
-0.18	0.80	0.80	0.80	0.80	-1.04

# Q-learning with discrete states

1. Initialize  $Q(s, a) = 0$ , let  $\alpha, \gamma = 1$
2. Repeat

$$Q(S_t, A_t) \leftarrow Q(S_t, A_t) + \alpha \left[ R_t + \gamma \max_a Q(S_{t+1}, a) - Q(S_t, A_t) \right]$$

Q-table

0.88	0.84	0.92	0.88	0.96	+1
0.80			0.88		
0.84			0.92		-1
	0.76			-1.04	
0.80			0.84		
	0.80	0.76	0.84	0.80	0.80
			0.80	0.80	-1.04

# Fitted Q-learning (with function approximation)

- ▶ If the number of states  $K$  is large or  $S_t$  is not discrete, we cannot maintain a table for  $Q(s, a)$
- ▶ Instead, we may represent  $Q(s, a)$  by a **function**  $Q_\theta$  and minimize the risk

$$R(Q_\theta) = \mathbb{E}_\pi \left[ \left( R + \gamma \max_{a'} \hat{Q}(S', A') - Q_\theta(S, A) \right)^2 \right]$$

|                            |  
Old estimate of  $Q$       Current estimate

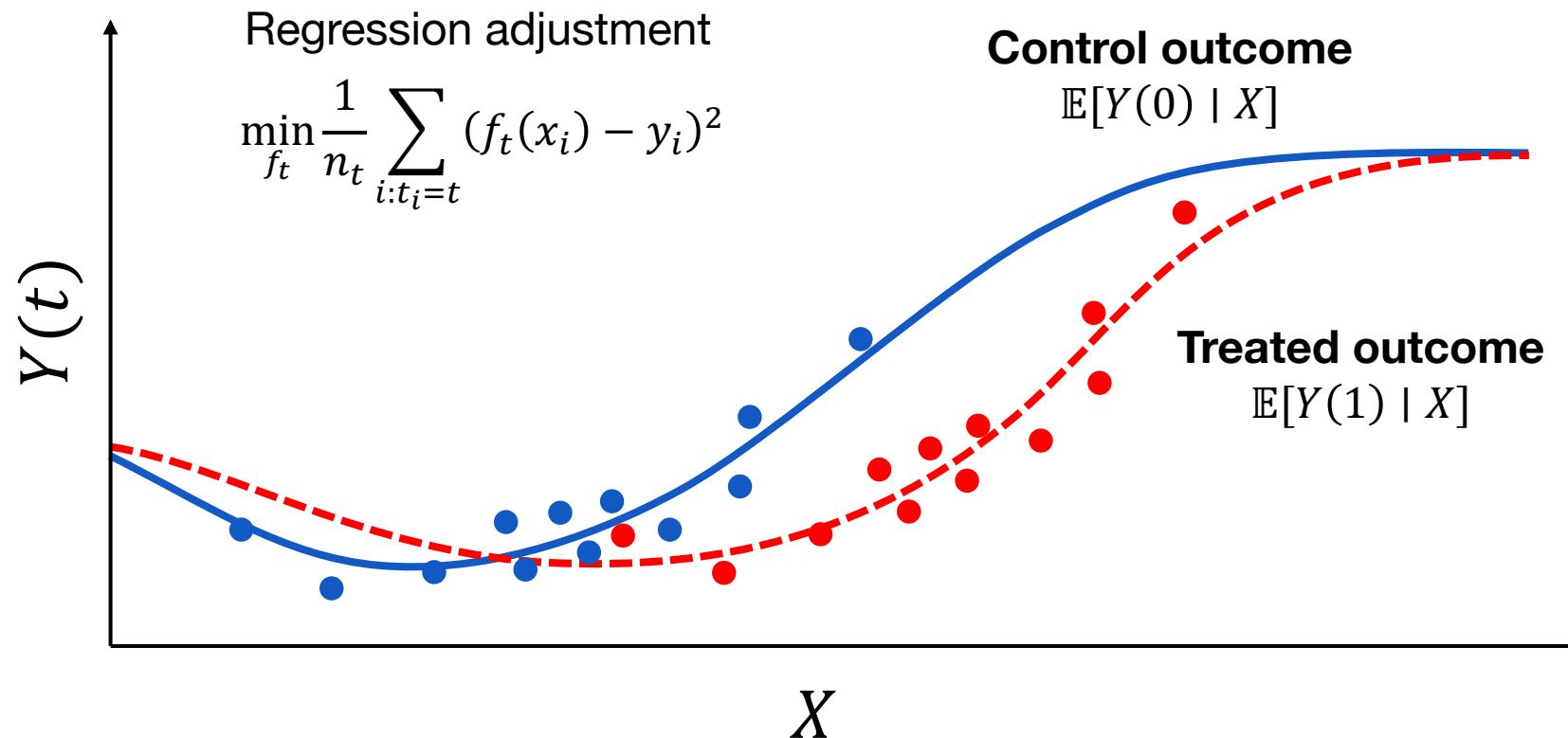
# Bellman equation (one step)

- ▶ In the one-step case (no future states)

$$\begin{aligned} R(Q_\theta) &= \mathbb{E}_\pi \left[ \left( R_t + \gamma \max_{a'} \hat{Q}(S', a') - Q_\theta(S, A) \right)^2 \right] \\ &= \mathbb{E}_\pi \left[ (R_t - Q_\theta(S, A))^2 \right] \end{aligned}$$

- ▶ Finding  $q(s, a)$  is analogous to finding expected potential outcomes  $\mathbb{E}[R(a) | S = s]$  in the one-step case!

# Recall: Potential outcomes



# Fitted Q-learning as covariate adjustment

- ▶ Fitted Q-learning is like covariate adjustment (regression) with a moving target (which is updated during learning)

$$R(Q_\theta) = \mathbb{E}_\pi \left[ \left( \hat{G}(S, A, S', R) - Q_\theta(S, A) \right)^2 \right]$$

Choice of loss, (here squared)

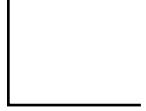
Expectation over transitions ( $s, a, s', r$ )      Target      Prediction

$\hat{G}(S, A, S', R) := R + \gamma \max_{a'} \hat{Q}(S', a')$

# Off-policy learning

- ▶ Where does our data come from?

$$R(Q_\theta) = \mathbb{E}_\pi \left[ \left( R + \gamma \max_{a'} \hat{Q}(S', a') - Q_\theta(S, A) \right)^2 \right]$$

 **How do we evaluate this expectation?**

- ▶ "What are the inputs and outputs of our regression?"
- ▶ Alternate between updates of  $\hat{Q}$  and  $Q_\theta$

# Exploration in RL

- ▶ Tuples  $(s, a, s', r)$  may be obtained by:
  - ▶ **On-policy exploration**—“Playing the game” with the current policy
  - ▶ **Randomized trials**—Executing a sequentially random policy
  - ▶ **Off-policy (observational)**—E.g., healthcare records
- ▶ The latter is most relevant to us!

1. Decision processes
2. Reinforcement learning paradigms
3. **Learning from batch (off-policy) data**
4. Reinforcement learning in healthcare

# Off-policy learning

- ▶ Trajectories  $(s_1, a_1, r_1), \dots, (s_T, a_T, r_T)$ , of states  $s_t$ , actions  $a_t$ , and rewards  $r_t$  observed in e.g. medical record
- ▶ Actions are drawn according to a behavior policy  $\mu$ , but we want to know the value of a new policy  $\pi$
- ▶ Learning policies from this data is **at least as hard** as estimating treatment effects from observational data

# Assumptions for (off-policy) RL

- Sufficient conditions for identifying value function

## Single-step case

**Strong ignorability:**

$$Y(0), Y(1) \perp\!\!\!\perp T \mid X$$

“No *hidden* confounders”

**Overlap:**

$$\forall x, t: p(T = t \mid X = x) > 0$$

“All actions possible”

## Sequential case

**Sequential randomization:**

$$G(\dots) \perp\!\!\!\perp A_t \mid \bar{S}_t, \bar{A}_{t-1}$$

“Reward indep. of policy given history”

**Positivity:**

$$\forall a, t: p(A_t = a \mid \bar{S}_t, \bar{A}_{t-1}) > 0$$

“All actions possible at all times”

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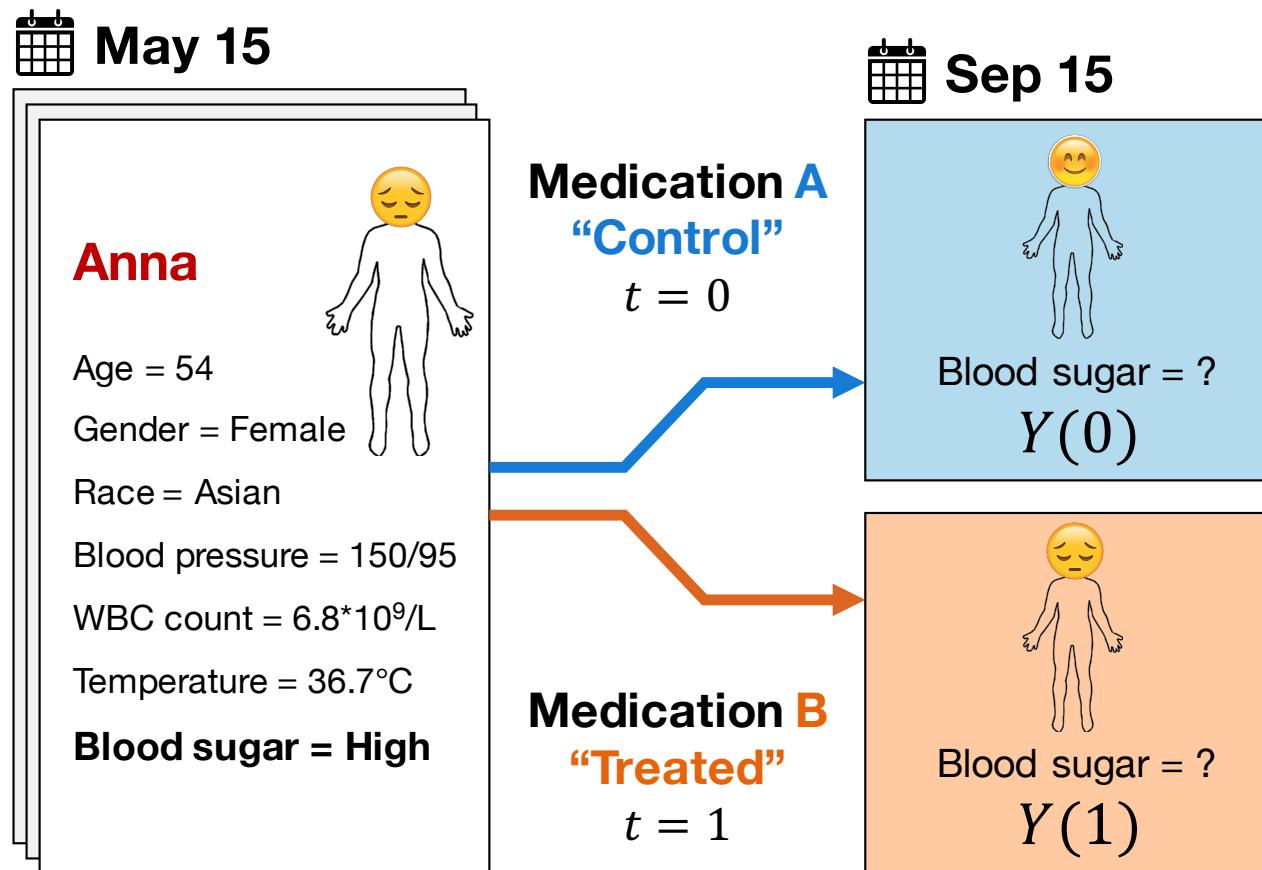
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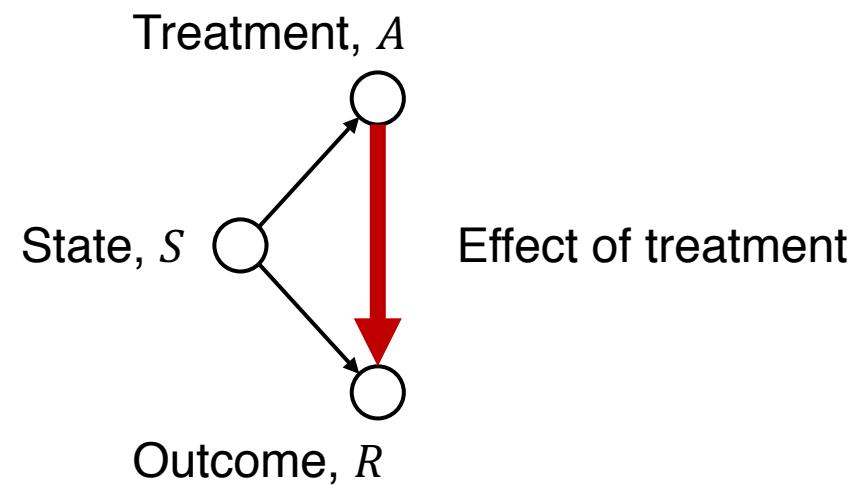
“All actions possible at all times”

# Recap: Learning potential outcomes



# Treating Anna once

- We assumed a simple causal graph. This let us identify the causal effect of treatment on outcome from observational data



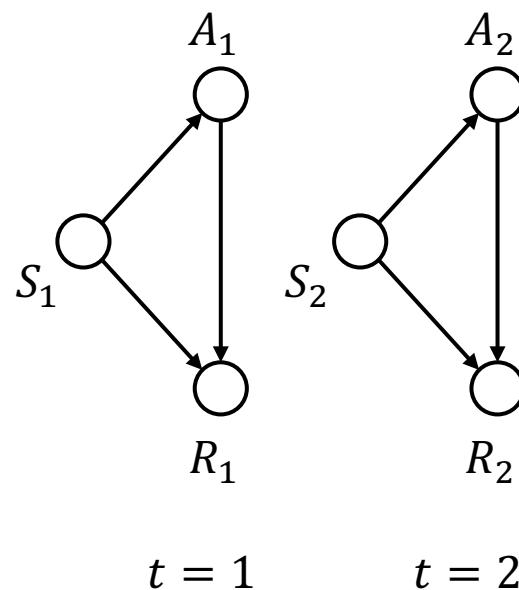
**Ignorability**

$$R(a) \perp\!\!\!\perp A \mid S$$

Potential outcome under  
action  $a$

# Treating Anna over time

- ▶ Let's add a time point...

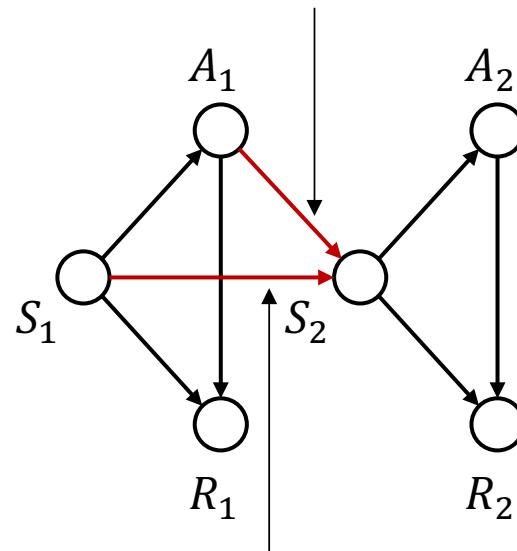


**Ignorability**  
 $R_t(a) \perp\!\!\!\perp A_t \mid S_t$

# Treating Anna over time

- ▶ What influences her state?

Anna's health status depends on how we treated her



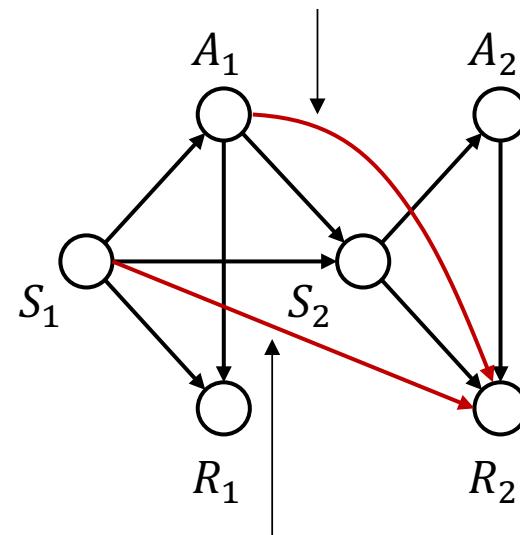
**Ignorability**  
 $R_t(a) \perp\!\!\!\perp A_t \mid S_t$

It is likely that if Anna is diabetic, she will remain so

# Treating Anna over time

- ▶ What influences her state?

The outcome at a later time point may depend on earlier choices



**Ignorability**  
 $R_t(a) \perp\!\!\!\perp A_t \mid S_t$

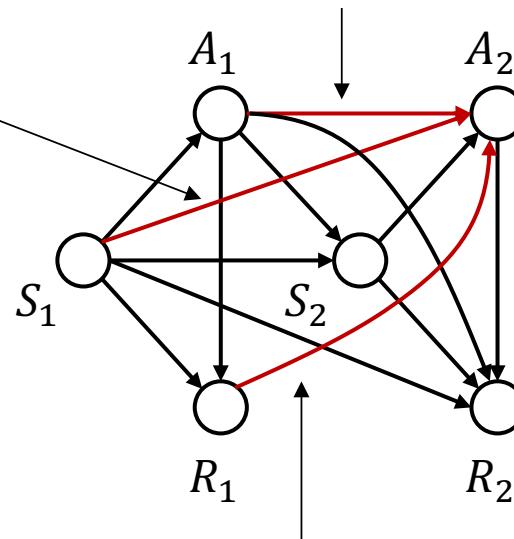
The outcome at a later time may depend on an earlier state

# Treating Anna over time

- What influences her state?

If we know that a patient had a symptom previously, it may affect future decisions

If we already tried a treatment, we might not try it again

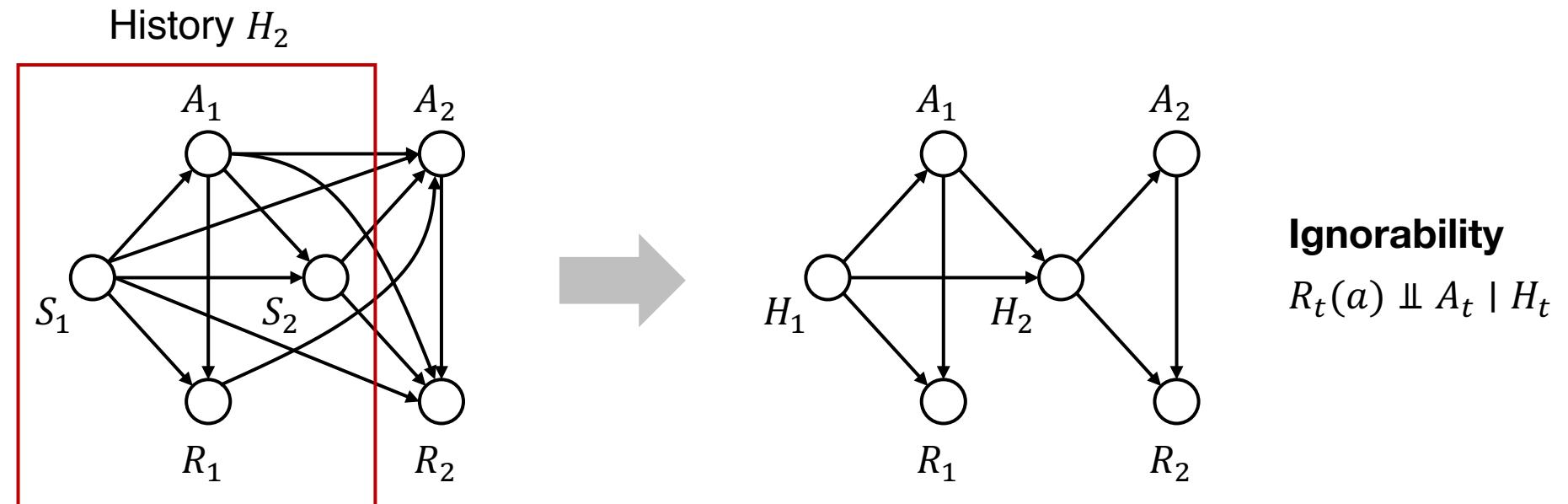


**Ignorability**  
 $R_t(a) \perp\!\!\!\perp A_t \mid S_t$

If the last treatment was unsuccessful, it may change our next choice

# State & ignorability

- To have sequential ignorability, we need to remember history!



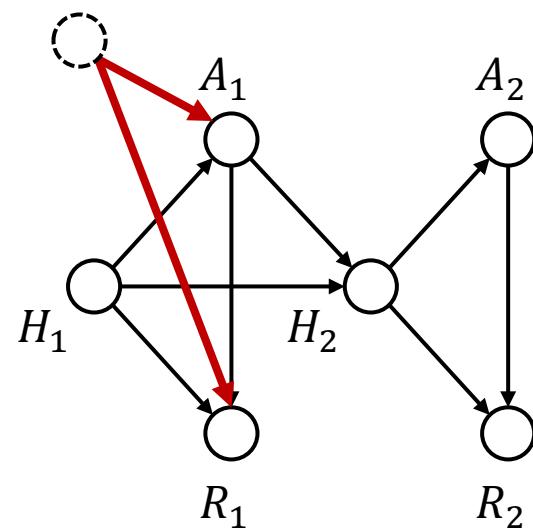
# Summarizing history

- ▶ The difficulty with history is that its **size grows with time**
- ▶ A simple change of the standard MDP is to store the states and actions of a **length  $k$  window** looking backwards
- ▶ Another alternative is to **learn a summary** function that maintains what is relevant for making optimal decisions, e.g., using an RNN

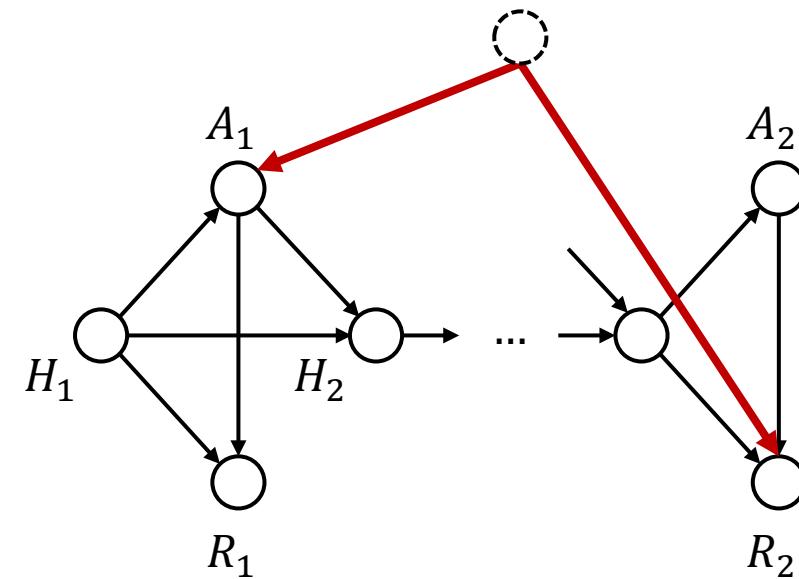
# State & ignorability

- We cannot leave out unobserved confounders

Unobserved confounder,  $U$



Unobserved confounder,  $U$



# What made success possible/easier?

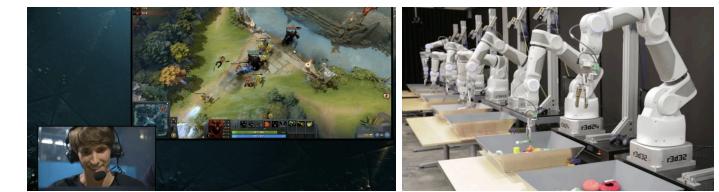
- ▶ **Full observability**

*Everything important to optimal action is observed*



- ▶ **Markov** dynamics

*History is unimportant given recent state(s)*



- ▶ Limitless **exploration** & self-play through simulation

*We can test “any” policy and observe the outcome*

- ▶ **Noise-less** state/outcome (for games, specifically)

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4. **Reinforcement learning in healthcare. Tomorrow!**