

Discussion (10/15/2013)  
Statistical Methods in Geographic  
Variations by Thérèse A. Stukel

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# Important Events in 2013

- Jack E. Wennberg Conference
- International Year of Statistics (“Statistics2013”)
- 250 years since Bayes Theorem first presented publically
- 300 years since Jacob Bernoulli’s *Ars Conjectandi*, seminal work on probability (including law of large numbers)

# Why Model Provider Variations?

- Enable equitable comparisons between health units (hospitals, health plans, regions ...)
  - Account for differences in patient populations
- Identify sources/causes of variations
- Understand patterns of variation
  - Report rates with maximum precision

# Adjusting for Patient Case-mix

1. Model outcomes, then make predictions for target population
  2. Model selection, then weight observations to equate to standard population
  3. Combine the above two approaches
- First approach is most common; latter two seen more in survey analysis and causal inference

# Controversies

- Type of Adjustment
  - Indirect standardization
  - Fixed effects model
  - Random effects models
- Inclusion of unit-level predictors (e.g., hospital volume) in model
- Borrowing strength from prior years
- Use of Bayesian modeling

# An Experimental-design

- Randomly assign patients to hospitals (H)
- Measure outcome (Y) for each patient in each hospital
- Gain precision by adjusting for patient characteristics (X)
- Specification of H as random or fixed depends on target population of interest
  - These hospitals or all hospitals
  - Systematic and stochastic components of variation (McPherson, Wennberg et al 1982)

# Observational Data: Patients not randomly assigned to hospitals

- Model as for randomized design

$$Y_{jk} = \beta_0 + \theta_j + \beta_1 X_{jk} + e_{jk}$$

- $\theta_j$  is effect of  $j$ th hospital
- Assume  $X_{jk}$  independent of  $e_{jk}$  (and for FE)
- Assume  $\theta_j$  independent of  $e_{jk}$
- Assume  $X_{jk}$  independent of  $\theta_j$  ?
- Identification:  $\theta_j$  has normal distn

# Subtle Generalization of RE Model

- Repeated measures allow distinction between individual and group level effects

$$Y_{jk} = \beta_0 + \beta_b \bar{X}_j + \theta_j + \beta_w (X_{jk} - \bar{X}_j) + e_{jk}$$

- Now  $\theta_j$  independent of  $X_{jk} - \bar{X}_j$
- Perceived weakness of random effect modeling (Kalbfleisch and Wolfe, 2013) lessened/removed?
- Clarifies distinction between RE and FE!!!
- Ideally end up with  $\text{var}(\theta_j) = 0$

# Shrinkage is natural?

- If the model is correct you must win!
- The problem is really that the mean is not an adequate summary. Why not report:
  - 5% and 95% quintiles of posterior distribution too
  - Summarizing information multiple ways is not multiple testing!
- If concerned about outliers use a model that allows for outliers (Jones and Spiegelhalter, 2011; Ohlssen et al 2006; West 1986)

# Reduce shrinkage by allowing small hospitals to borrow from prior years

- Bidirectional smoothing (Jones and Spiegelhalter 2011)
- Use hierarchical model with time series component to yield better predictions of health care performance indicators

# Summary

- Modeling and reporting are distinct tasks
  - Mixing them up leads to confusion
  - Output from fitted model can be translated in multiple ways to effectively communicate to stakeholders
  - Only one model!
- Hierarchical models are flexible
  - Embrace and allow for heterogeneity!

# Another Generalization

- As in a randomized block design, allow interactions with block
- Random-intercept, random-slope model:

$$Y_{jk} = \beta_0 + \theta_{0j} + (\beta_1 + \theta_{1j})x_{jk} + e_{jk}$$

- Model identification:  $\theta_j = (\theta_{j0}, \theta_{j1})$  has bivariate normal distn

# Spatial statistics methods

- Geographic variations literature seldom uses models for spatial statistics
- If unit-level correlations dissipate smoothly with distance account, model spatial correlation and obtain more precise results
- Dilemma: Do you want to explain away spatial correlations?