

An Empirical Characteriz Learning for Clinica

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Key points

- The effects of imposing fairness constraints on clinical
- We conduct a large-scale empirical study to characteriz model performance and fairness
- We find that group fairness penalties generally
 - Degrade model performance for all groups
 - Introduce *relative calibration errors* that occurs ac calibration error
- Algorithmic fairness is incapable of auditing or correct criteria
 - *Upstream biases* due to the interaction of structura measurement
 - Downstream biases defined in terms of disparate i
- We encourage researchers to step outside of the algorit broader sociotechnical context of machine learning in l

Methods

- Apply regularized learning objectives to impose condit prediction parity
- Evaluate
 - Conditional prediction parity
 - Relative calibration error
 - Cross group ranking performance (xAUC)
 - Standard performance measures (AUROC, AP, etc)
- Repeat in a grid of 25 experimental conditions across datasets (STARR, Optum Clinformatics Data Mart, MIN III), clinical outcomes, and sensitive attributes



Fair Clinical Risk Prediction: Trade-offs and Alternatives

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cross groups independent of changes in absolute					
ting for <i>causal quantities</i> not captured by observational					
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Alternative Algorithmic Approaches for Reliable and Fair Clinical Risk Prediction

Key points

- If group-level model performance is a suitable proxy for benefit, then the algorithmic fairness approaches that we study generally introduce harm
 - Always critically evaluate this assumption in the context of the assumptions underlying problem formulation, measurement, and intended use of the intervention
- Increasing the effective size and diversity of datasets via pooling across siloes may improve model performance for underrepresented groups without the trade-offs of algorithmic fairness objectives
- Key barriers to pooling data across siloes
 - Ethical and legal necessity of respecting privacy constraints
 - Distribution shift and heterogeneity limit transfer across siloes
- **Hypothesis**: We may improve group-level model performance while achieving notions of algorithmic fairness by composing
 - Approaches to addressing privacy constraints in learning across siloes, such as federated and differentially private learning
 - Approaches to learning robust and transferable models
 - Approaches to imposing algorithmic fairness
- Invariance provides a common framework for fairness and distribution shift
 - We have a common algorithmic toolbox for these problems
 - Empirical characterization of trade-offs among fairness criteria informs our empirical understanding of invariance as a tool for addressing distribution shift
- **Proposal and on-going work:** Assessing the above hypothesis in several settings:
 - Learning robust and transferable ASCVD risk scores in multi-center EHR and large national claims databases without data sharing, partitioning by state, zip code, and care site
 - Benchmarking with mortality and length of stay outcomes in the eICU Collaborative Research DB

Invariance as a Common Framework Algorithmic Fairness Distribution Shift

Definition(s)	Name(s)	Definition(s)	Class of approach
$f(X)\perp A$	Demographic Parity	$Z\perp E$	Domain Adaptation
$f(X)\perp A\mid Y$	Equalized Odds	$Z\perp E\mid Y$	Conditional Domain Adaptation
$egin{array}{ll} Y \perp A \mid f(X) \ \mathbb{E}[Y \mid f(X), A] = f(X) \end{array}$	Sufficiency Calibration	$Y\perp E\mid Z$	Invariant Risk Minimization

BMIR Stanford Center for Biomedical Informatics Research

benefit, then the algorithmic fairness text of the assumptions underlying problem intervention pooling across siloes may improve model ade-offs of algorithmic fairness objectives straints cross siloes nance while achieving notions of algorithmic rning across siloes, such as federated and dels nd distribution shift roblems ness criteria informs our empirical g distribution shift thesis in several settings: s in multi-center EHR and large national claims e, zip code, and care site tcomes in the eICU Collaborative Research DB