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Q-learning for Optimal Treatment Rules

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Suppose we want to know...

- > Does caffeine increase work efficiency?**
 - what about for someone who hasn't slept for 3 days?**
 - someone who can't consume caffeine?**
 - who should / shouldn't drink caffeine?**

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OPTIMAL TREATMENT RULES

Our interest: apply treatment rule that is best for individuals

Causal inference conditions:

- 1. potential outcome matches observed outcome**
- 2. no confounding**
- 3. positive probability of being assigned to each of the treatment levels**



Q-Learning

X: covariate
A: treatment
 β : parameters

1. Outcome Y which we wish to maximize:
 - $Y = \beta_0 + \beta_1 X + (\beta_2 + \beta_3 X)A$
 - terms relate solely to the patient's information
 - interaction between patient and treatment A
2. obtain parameter estimates (β_2, β_3)
3. estimate the optimal treatment decision rule
 - "Treat (A = 1) if $\beta_2 + \beta_3 X > 0$; no treatment (A = 0) otherwise."



Simulation

- > evaluate the performance of our statistical methods
- > how do we use them:
 - generating data using random sampling
 - estimate outcome models using simulated data
 - Compare estimated rules to the true optimal rule

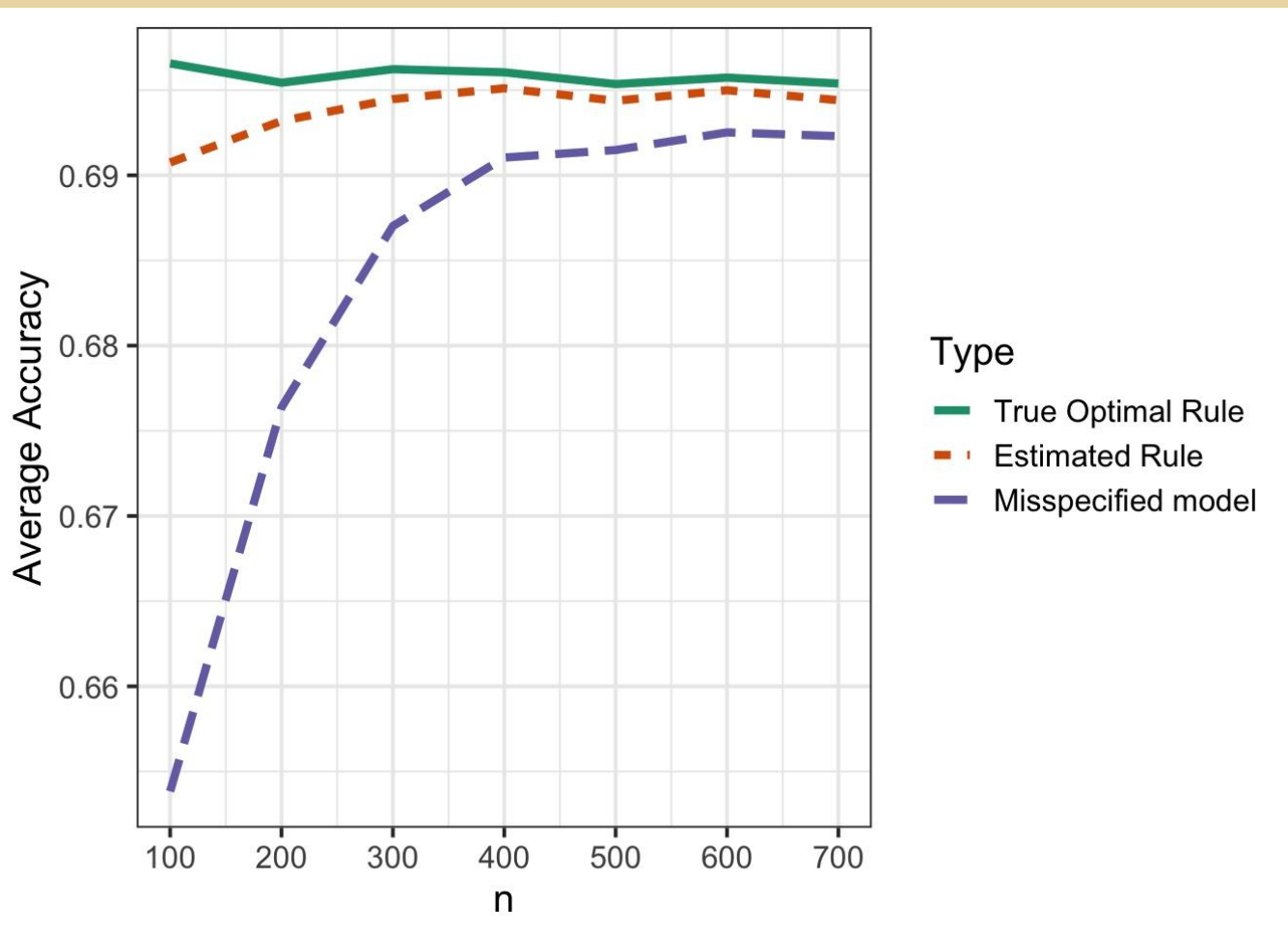


Simulation Setup (one of many ways)

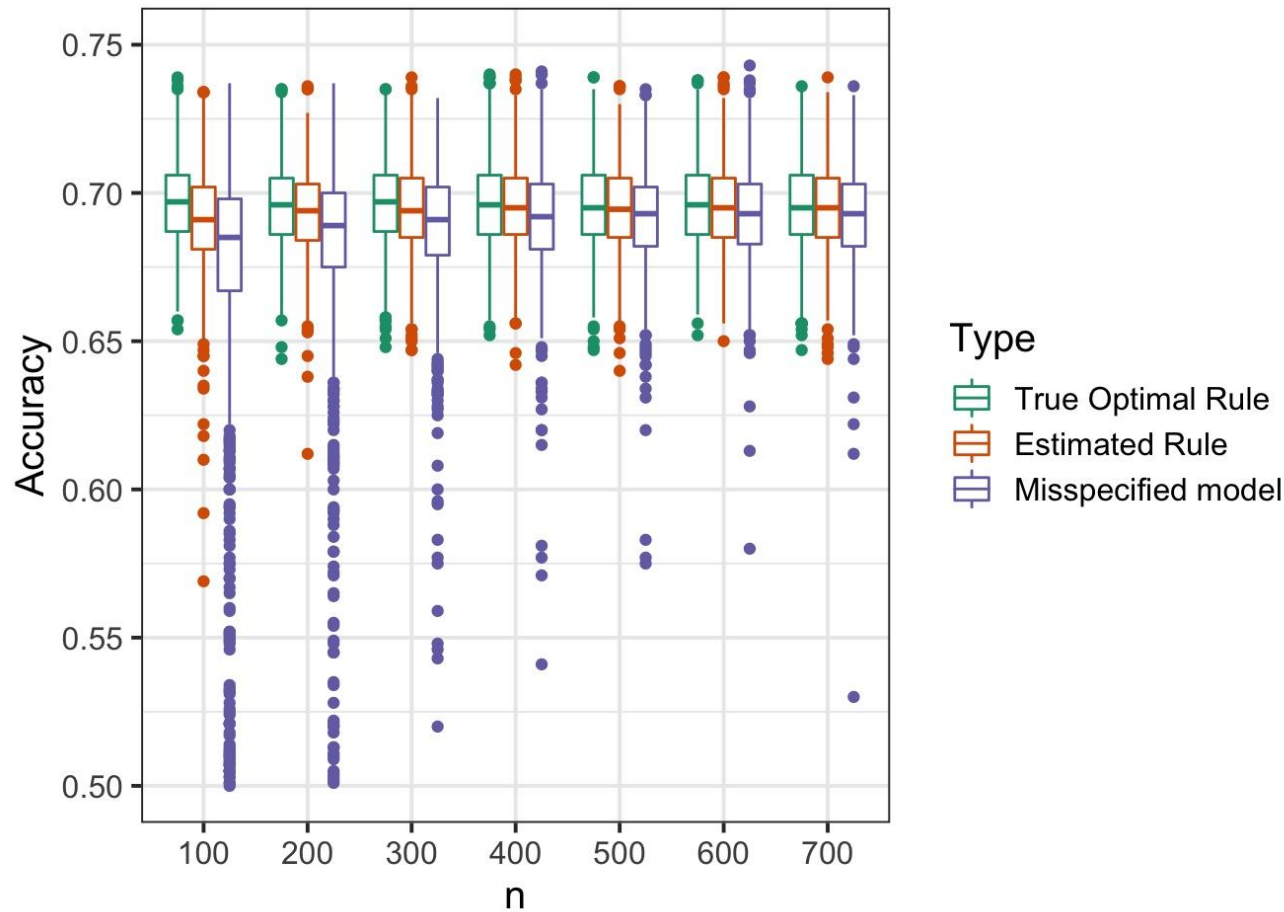
- > assign n random X & random treatments ($A=0, A=1$)
- > $E[Y|X,A] = 0 + 1*X + (0 + 1*X)A + 1*X^2$
- > consider 3 models to compare:
 - the estimated rule
 - > $E[Y|X,A] = \beta_0 + \beta_1X + (\beta_2 + \beta_3X)A + \beta_4X^2$
 - a rule based upon a mis-specified model
 - > $E[Y|X,A] = \beta_0 + \beta_1X + (\beta_2 + \beta_3X)A$
 - the true best rule (treat when $X > 0$)



Result



Result 2



Summary

- > Q-learning method:
 - Create a treatment rule without knowing the truth
 - Maximize the average outcome across all participants
- > disadvantage of q-learning:
 - vulnerable to model misspecification

sources: Hernán MA, Robins JM (2020). *Causal Inference: What If*.
Michael P. Wallace and Erica E. M. Moodie. *Adaptive Treatment Strategies in Practice*

