

Stochastic dynamic optimization under ambiguity

Lauren N. Steimle

Department of Industrial and Operations Engineering
University of Michigan



Optimal sequential decision-making under uncertainty

Finance



Inventory management

Machine maintenance



Medical decision making



Prevention of heart disease involves balancing benefits and harms of treatment



Uncertain Future Benefits

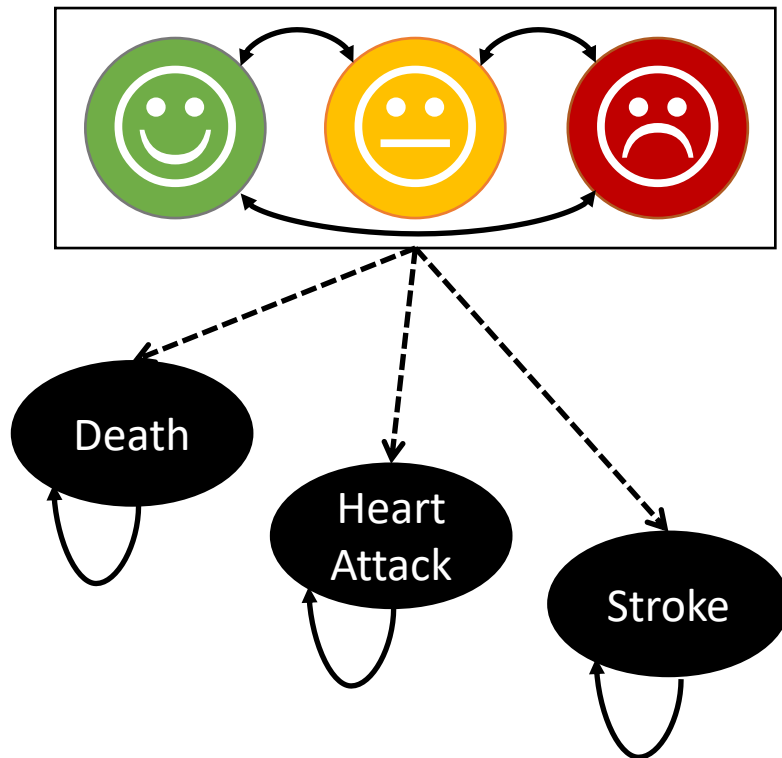
- Delay the onset of potentially deadly and debilitating heart attacks and strokes



Immediate harms

- Side effects (e.g., muscle pain, frequent urination)

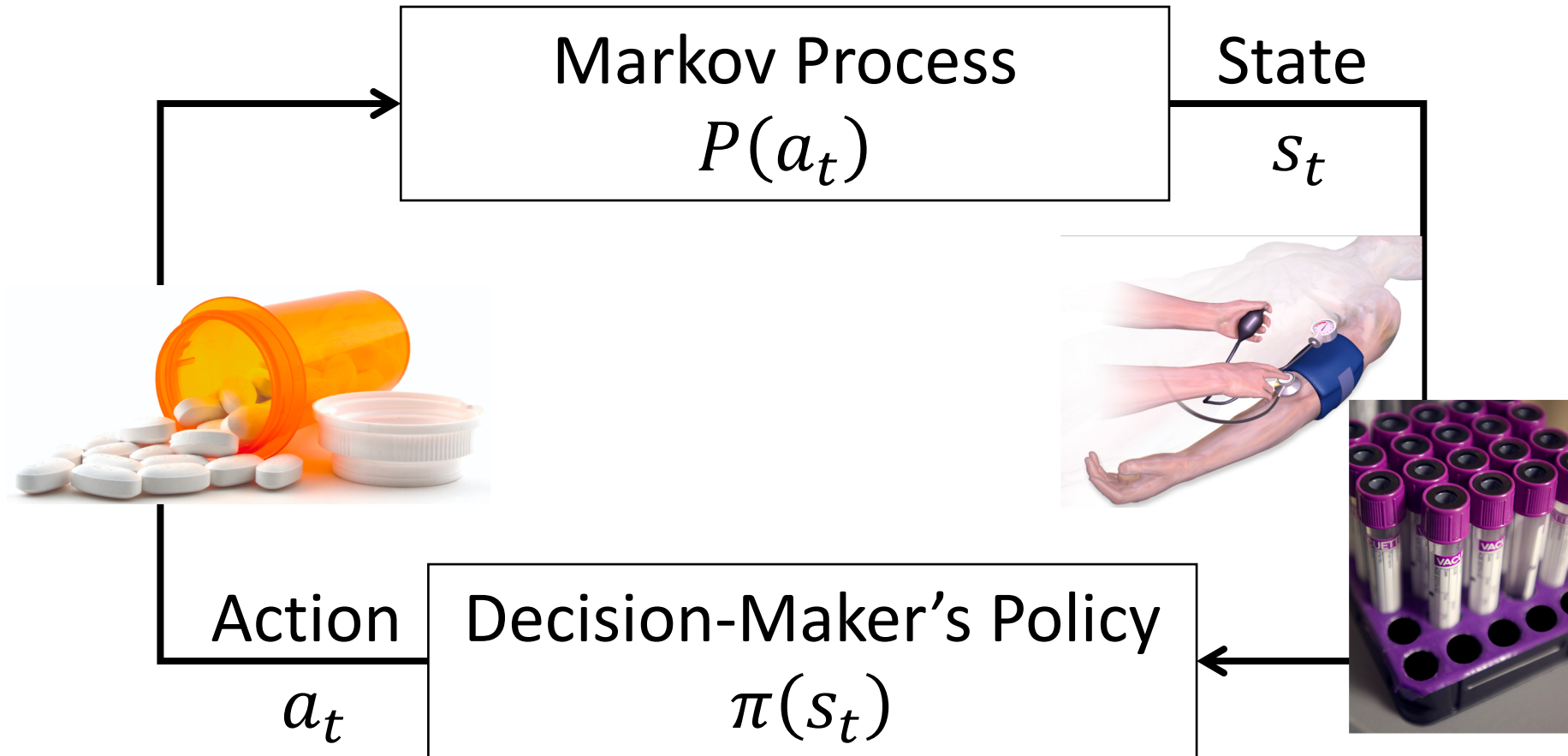
Markov decision processes generalize Markov chains to incorporate decisions



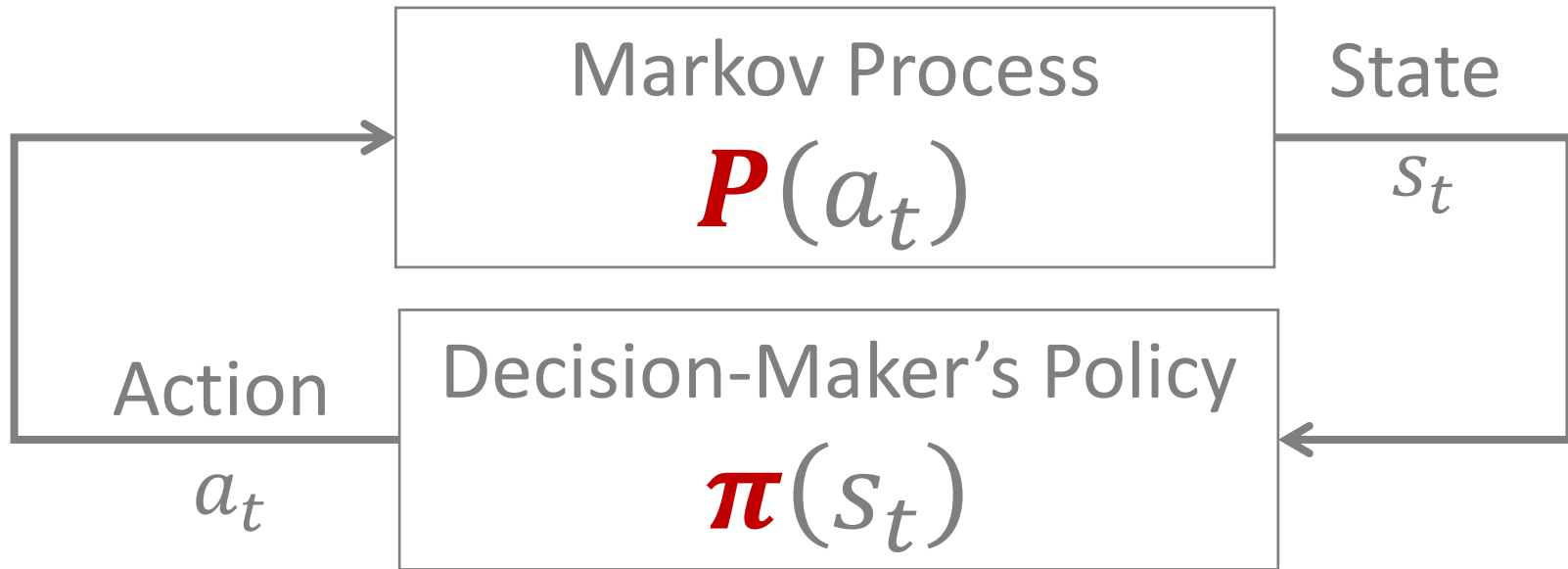
Health states

- Blood pressure levels
- Cholesterol levels
- Current medications

Markov decision processes can improve sequential decision making under uncertainty



Markov decision processes can improve sequential decision making under uncertainty



$$\max_{\pi \in \Pi} \left\{ \mathbb{E}^{\pi, P} \left[\sum_{t=1}^T r_t(s_t, a_t) + r_{T+1}(s_{T+1}) \right] \right\}$$

Clinical risk calculators are used to estimate a patient's risk

A screenshot of the ASCVD Risk Estimator Plus web application. The interface is divided into several sections. At the top, there's a header with the American College of Cardiology logo and the text "ASCVD Risk Estimator Plus". Below this, there's a large blue box with "Estimate Risk" and a large "8.2%" result. Below the header, there's a section for "Current 10-Year ASCVD Risk" which also shows "8.2%", and a "Previous 10-Year ASCVD Risk" section which shows "~%". Below these, there's a "Lifetime ASCVD Risk" section showing "50%". The main body of the form is divided into three sections: "Patient Demographics", "Current Labs/Exam", and "Personal History". The "Patient Demographics" section includes fields for "Current Age" (50), "Sex" (Male), and "Race" (White). The "Current Labs/Exam" section includes fields for "Total Cholesterol (mg/dL)" (185), "HDL Cholesterol (mg/dL)" (44), "LDL Cholesterol (mg/dL)" (80), and "Systolic Blood Pressure (mm of Hg)" (144). The "Personal History" section includes checkboxes for "History of Diabetes?", "On Hypertension Treatment?", and "Smoker: 0".

Inputs:

- Age
- Sex
- Race
- Total Cholesterol
- HDL Cholesterol
- LDL Cholesterol
- Systolic Blood Pressure
- History of Diabetes
- On Hypertensive Treatment
- Smoker

Output:

Current 10-Year Risk

Well-established clinical studies give conflicting estimates about CVD risk



ASCVD Risk Estimator



Framingham Heart Study

A Project of the National Heart, Lung, and Blood Institute and Boston University

8.2%

AMERICAN COLLEGE of CARDIOLOGY ASCVD Risk Estimator Plus		Estimate Risk	Therapy Impact	Advice
Current 10-Year ASCVD Risk 8.2%		Previous 10-Year ASCVD Risk ~%		
Lifetime ASCVD Risk 50%				
Patient Demographics				
Current Age 50 <small>Age must be between 40-79</small>	Sex <input checked="" type="radio"/> Male <input type="radio"/> Female	Race <input checked="" type="radio"/> White <input type="radio"/> African American <input type="radio"/> Other		
Current Labs/Exam				
Total Cholesterol (mg/dL) 185 <small>Value must be between 130 - 320</small>	HDL Cholesterol (mg/dL) 44 <small>Value must be between 20 - 100</small>	LDL Cholesterol (mg/dL) ⓘ 80 <small>Value must be between 30-300</small>	Systolic Blood Pressure (mm of Hg) 144 <small>Value must be between 90-200</small>	
Personal History				
History of Diabetes?	On Hypertension Treatment?	Smoker: ⓘ		

1 Wilson et. al. Prediction of Coronary Heart Disease Using Risk Factor Categories. *Circulation*. 1998

Wolf et. al. Probability of stroke: a risk profile from the Framingham Study. *Stroke*. 1991

2 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. 2014

Well-established clinical studies give conflicting estimates about CVD risk



ASCVD Risk Estimator

8.2%



Framingham Heart Study

A Project of the National Heart, Lung, and Blood Institute and Boston University

17.8%

AMERICAN COLLEGE of CARDIOLOGY ASCVD Risk Estimator Plus

Estimate Risk Therapy Impact Advice

Current 10-Year ASCVD Risk **8.2%** Previous 10-Year ASCVD Risk ~% Lifetime ASCVD Risk 50%

Patient Demographics

Current Age: 50 Sex: ☒ Male ☐ Female Race: ☒ White ☐ African American ☐ Other

Current Labs/Exam

Total Cholesterol (mg/dL): 185 HDL Cholesterol (mg/dL): 44 LDL Cholesterol (mg/dL): 80 Systolic Blood Pressure (mm of Hg): 144

Personal History

History of Diabetes? On Hypertension Treatment? Smoker: ☐

General CVD Risk Prediction Using Framingham Study

Sex: ☒ M ☐ F

Age (years): 50

Systolic Blood Pressure (mmHg): 144

Treatment for Hypertension: ☐ Yes ☒ No

Current smoker: ☐ Yes ☒ No

Diabetes: ☒ Yes ☐ No

HDL: 44

Total Cholesterol: 185

Calculate

Your Heart/Vascular Age: 67

10 Year Risk

Your risk: 17.8%

Normal: 7.7%

Optimal: 4.1%

1 Wilson et. al. Prediction of Coronary Heart Disease Using Risk Factor Categories. *Circulation*. 1998

Wolf et. al. Probability of stroke: a risk profile from the Framingham Study. *Stroke*. 1991

2 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. 2014

Research Questions

How can we improve Markov decision processes to account for ambiguity?

How much benefit is there in doing so?

Stochastic dynamic optimization under ambiguity



Multi-model Markov decision processes

Decomposition methods

Other ambiguity-aware formulations

Stochastic dynamic optimization under ambiguity



Multi-model Markov decision processes

Decomposition methods

Other ambiguity-aware formulations

We have two layers of uncertainty in our problem

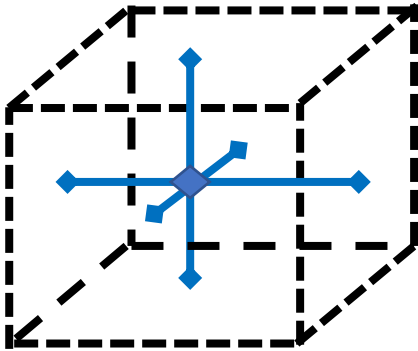
Optimal control of a **stochastic system...**

- Markov decision processes

...under parameter uncertainty

- Robust optimization
- Stochastic optimization

Robust optimization approach to ambiguity in Markov decision processes



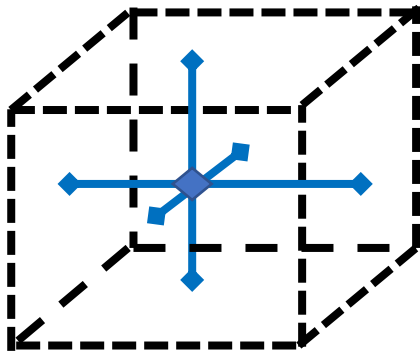
Assume that P lies within some *ambiguity set*

e.g., Interval Model

Goal is to maximize worst-case performance

(s,a) -rectangularity property gives a tractable model for MDPs

(s,a) -rectangularity is computationally attractive, but has its drawbacks

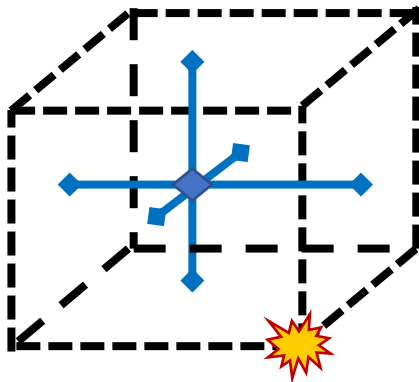


Leads to overly-protective policies

- Optimizing for case where all parameters take on worst-case values simultaneously

Transition matrices might lose known structure

- Ambiguity is realized independently across states, actions, and/or decision epochs



Relaxing (s,a) -rectangularity causes max-min problem to be NP-hard*

*Wiesemann, Wolfram, Daniel Kuhn, and Berç Rustem. "Robust Markov decision processes." *Mathematics of Operations Research* 38.1 (2013): 153-183.

The Multi-model Markov Decision Process is a new framework for handling ambiguity

Generalizes a Markov decision process

- State space, $\mathcal{S} \equiv \{1, \dots, S\}$
- Action space, $\mathcal{A} \equiv \{1, \dots, A\}$
- Decision epochs, $\mathcal{T} \equiv \{1, \dots, T\}$
- Rewards, $R \in \mathbb{R}^{S \times A \times T}$

Finite set of models, $\mathcal{M} = \{1, \dots, |\mathcal{M}|\}$

- Model m : An MDP $(\mathcal{S}, \mathcal{A}, \mathcal{T}, R, P^m)$
- Transition probabilities P^m are model-specific

The **weighted value problem** seeks to find a single policy that performs well in each model

Performance of policy π in model m

$$v^m(\pi) = \mathbb{E}^{\pi, P^m} \left[\sum_{t=1}^T r_t(s_t, a_t) + r_{T+1}(s_{T+1}) \right]$$

Weighted value of policy π

$$W(\pi) = \sum_{m \in \mathcal{M}} \lambda_m v^m(\pi)$$

Weighted value problem

$$W^*(\pi) = \max_{\pi \in \Pi} W(\pi) = \max_{\pi \in \Pi} \sum_{m \in \mathcal{M}} \lambda_m v^m(\pi)$$

We propose exact and approximate solution methods with bounds

Adaptive: Allow for history-dependent policies

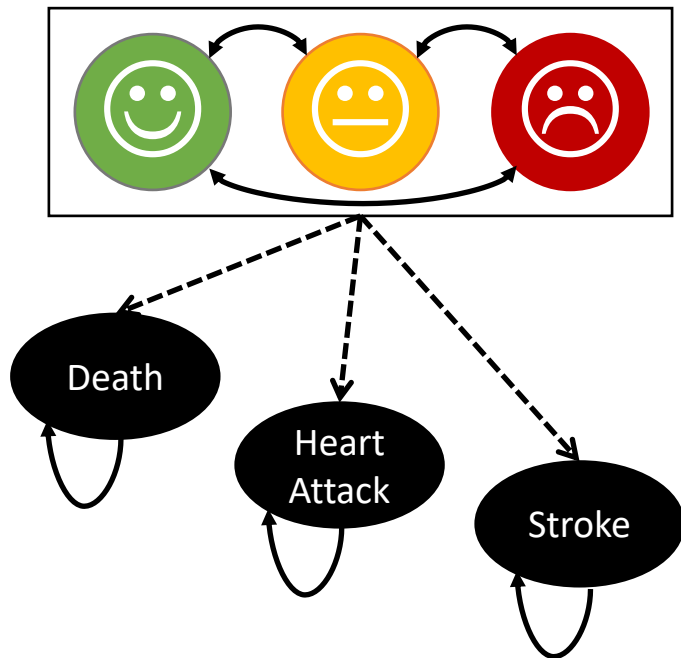
Outer linearization with state-wise pruning

Non-adaptive: Only Markov deterministic policies

Mixed-integer programming (MIP)

Weight-Select-Update (WSU)

We used an approximation algorithm to solve a heart disease management problem



Multi-model Markov decision process

- 4,096 states
- 64 actions
- 20 decision epochs
- 2 models

Case study data

- Longitudinal data from Mayo Clinic
- Framingham, ACC risk calculators
- Disutilities from medical literature

We compared our algorithm to policies that ignore ambiguity

Quality-Adjusted Life Years Gained
Over No Treatment, per 1000 Men

Optimal Decisions for FHS Model

MMDP Decisions

Optimal Decisions for ACC Model

In some cases, ignoring ambiguity has relatively minor implications

Quality-Adjusted Life Years Gained
Over No Treatment, per 1000 Men

Optimal Decisions for FHS Model

1,881

Framingham Heart Study Model

In some cases, ignoring ambiguity has relatively minor implications

Quality-Adjusted Life Years Gained
Over No Treatment, per 1000 Men

Optimal Decisions for FHS Model

1,881

Optimal Decisions for ACC Model

1,789 (-3%)

Framingham Heart Study Model

In some cases, ignoring ambiguity has relatively minor implications

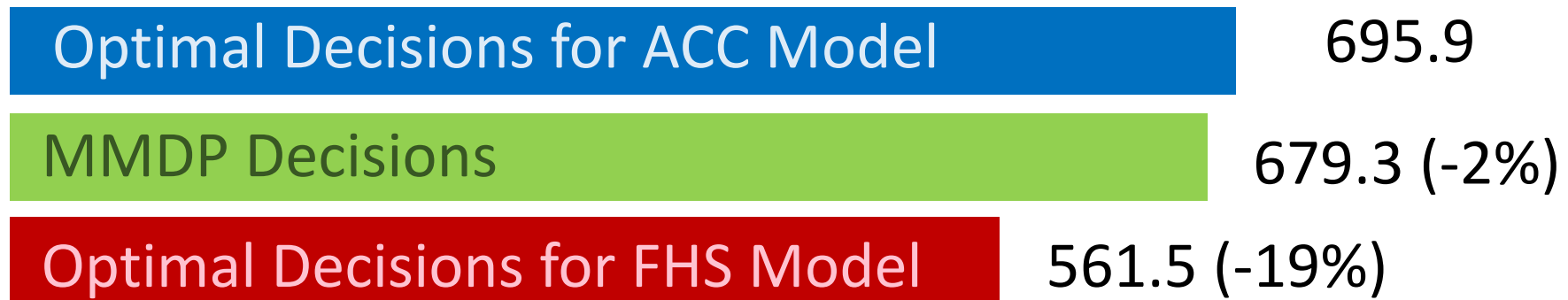
Quality-Adjusted Life Years Gained
Over No Treatment, per 1000 Men

Optimal Decisions for FHS Model	1,881
MMDP Decisions	1,841 (-2%)
Optimal Decisions for ACC Model	1,789 (-3%)

Framingham Heart Study Model

But in other cases, ignoring ambiguity can have major implications

Quality-Adjusted Life Years Gained
Over No Treatment, per 1000 Men



American College of Cardiology Model

Conclusions

The MMDP allows for multiple models of stochastic system in the design of policies

The MMDP is difficult to solve computationally

A polynomial-time approximation algorithm can provide near-optimal solutions in many instances

Using a CVD case study, we showed can be important to address ambiguity arising from multiple models

Stochastic dynamic optimization under ambiguity



Multi-model Markov decision processes

Decomposition methods

Other ambiguity-aware formulations

We have created exact solution methods
for solving the weighted value problem

Mixed-integer programming (MIP)

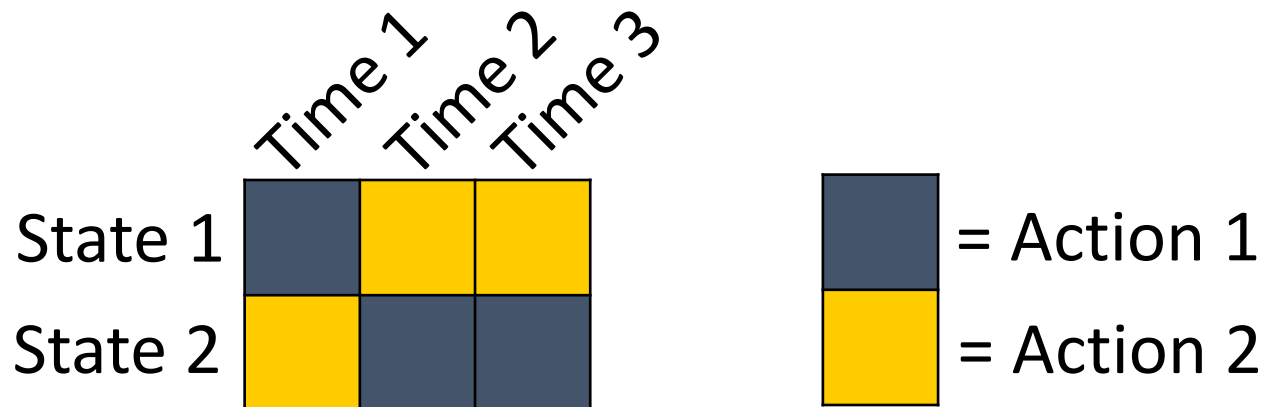
Branch-and-cut

Custom branch-and-bound

Branch-and-bound works towards finding policies that match across all models

Relax requirement that policy must be same in each model

Goal: Find an *implementable policy* (policy is the same in all models) that maximizes weighted value



B&B begins by solving each model independently

Partial Policy 0

\overline{W}^0

Model 1

Dark Blue	Yellow	Yellow
Yellow	Dark Blue	Dark Blue

Model 2

Yellow	Dark Blue	Dark Blue
Yellow	Dark Blue	Dark Blue

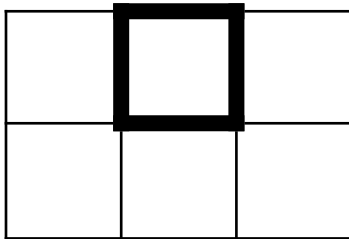
No actions have been fixed in this partial policy

Each model solved independently via backwards induction

Gives an upper bound \overline{W}^0

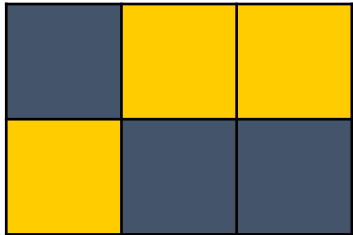
B&B proceeds by fixing a part of the policy that must match in all models

Partial Policy 0

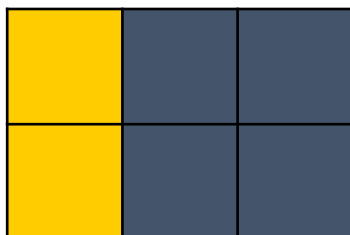


$\overline{W^0}$

Model 1

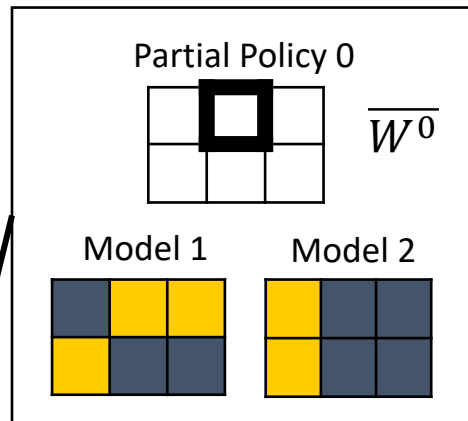


Model 2



Pick a state-time pair to branch on

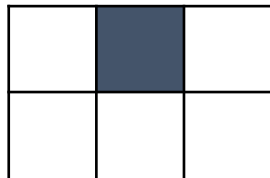
B&B proceeds by fixing a part of the policy that must match in all models



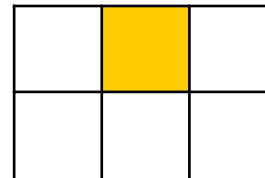
Pick a state-time pair to branch on

Fix an action to create add to the **partial policy**

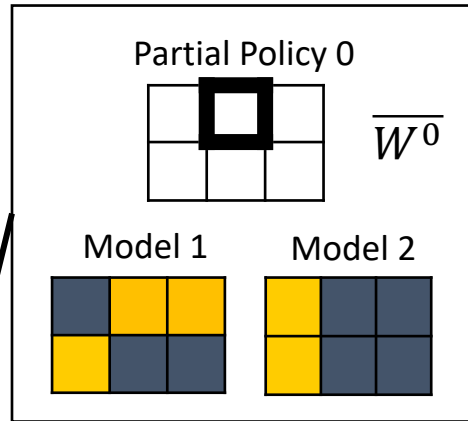
Partial Policy 1



Partial Policy 2



B&B solves a relaxation using backward induction to obtain upper bound



Solve each model's MDP with reduced action space for state-time pairs that are fixed

Partial Policy 1



Action is fixed according to partial policy

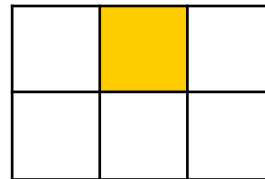
Model 1



Model 2



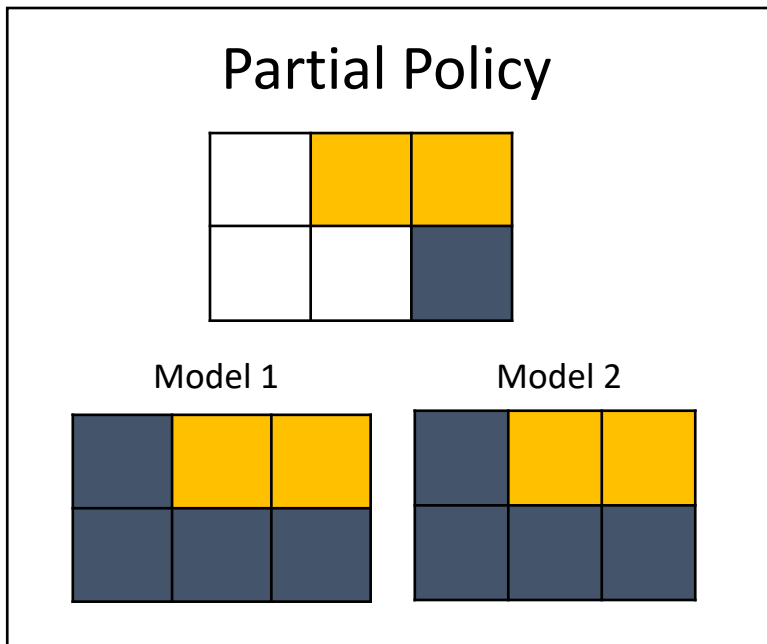
Partial Policy 2



Pruning eliminates the need to explore all possible policies

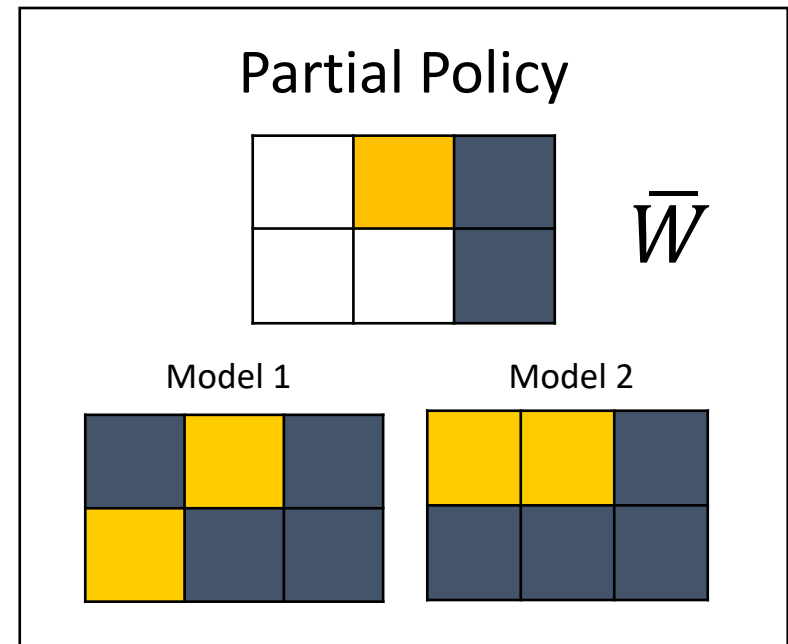
Prune by optimality

Solving the relaxation gives
an *implementable policy*



Prune by bound

The incumbent is better than
any possible completion of
the partial policy



We compared 3 exact methods on 240 instances of MMDPs

Solution Method	Implementation	% solved in 5 minutes?	Optimality Gap (avg.)
MIP Extensive Form	Gurobi		
MIP Branch-and-cut	Gurobi with Callbacks		
Branch-and-Bound	Custom code in C++		

[1] Steimle, L. N., Ahluwalia, V., Kamdar, C., and Denton B.T. (2018) "Decomposition methods for solving Multi-model Markov decision processes." *Optimization Online*.

[2] Gurobi Optimization, LLC (2018) "Gurobi Optimizer Reference Manual", <http://www.gurobi.com>

Our custom branch-and-bound approach
is the fastest of the solution methods

Solution Method	Implementation	% solved in 5 minutes?	Optimality Gap (avg.)
MIP Extensive Form	Gurobi	0%	12.2%
MIP Branch-and-cut	Gurobi with Callbacks	0%	13.1%
Branch-and-Bound	Custom code in C++	97.9%	1.11%

Conclusions

A custom branch-and-bound approach outperforms MIP-based solution methods

MMDPs tend to be harder to solve when there is more variance in the models' parameters

In many cases, the mean value problem provides an optimal or near-optimal solution.

Stochastic dynamic optimization under ambiguity



Multi-model Markov decision processes

Decomposition methods

Other ambiguity-aware formulations

So far, we have considered a decision-maker that maximizes expected value

Value of policy
 π in model m

$$v^m(\pi) = \mathbb{E}^{\pi, P^m} \left[\sum_{t=1}^T r_t(s, a) + r_{T+1}(s) \right]$$

Weighted value problem
maximizes expectation of
model performance

$$W^*(\pi) = \max_{\pi \in \Pi^{MD}} \{ \mathbb{E}^{\mathcal{M}} [v^m(\pi)] \}$$

What if the decision-maker wants to protection against undesirable outcomes resulting from ambiguity?

We modified the branch-and-bound algorithm to solve other ambiguity-aware formulations

Max-min

$$\max_{\pi \in \Pi^{MD}} \min_{m \in \mathcal{M}} v^m(\pi)$$

Min-max-regret¹

$$\min_{\pi \in \Pi^{MD}} \max_{m \in \mathcal{M}} \left\{ \max_{\bar{\pi} \in \Pi} v^m(\bar{\pi}) - v^m(\pi) \right\}$$

Percentile
optimization²

$$\begin{aligned} & \max_{z \in \mathbb{R}, \pi \in \Pi^{MD}} z \\ & \text{s. t.} \quad \mathbb{P}(v^m(\pi) \geq z) \geq 1 - \epsilon \end{aligned}$$

[1] Ahmed A, Varakantham P, Lowalekar M, Adulyasak Y, Jaillet P (2017) Sampling Based Approaches for Minimizing Regret in Uncertain Markov Decision Processes (MDPs). *Journal of Artificial Intelligence Research* 59:229–264

[2] Merakli, M. and Kucukyavuz, S. (2019) “Risk-Averse Markov Decision Processes under Parameter Uncertainty with an Application to Slow-Onset Disaster Relief.” *Optimization Online*.

These problems are still NP-hard. We compared to polynomial-time alternatives

Mean Value Problem

$$\max_{\pi \in \Pi^{MD}} \left\{ \mathbb{E}^{\pi, \bar{P}} \left[\sum_{t=1}^T r_t(s, a) + r_{T+1}(s) \right] \right\}$$

(s,a)-rectangular
finite scenario MDP*

$$\max_{a \in \mathcal{A}} \min_{p_t(s,a) \in \mathcal{P}_t(s,a)} \left\{ r_t(s, a) + \sum_{s' \in \mathcal{S}} p_t(s'|s, a) v_{t+1}(s) \right\}$$

We compared these formulations in two case studies



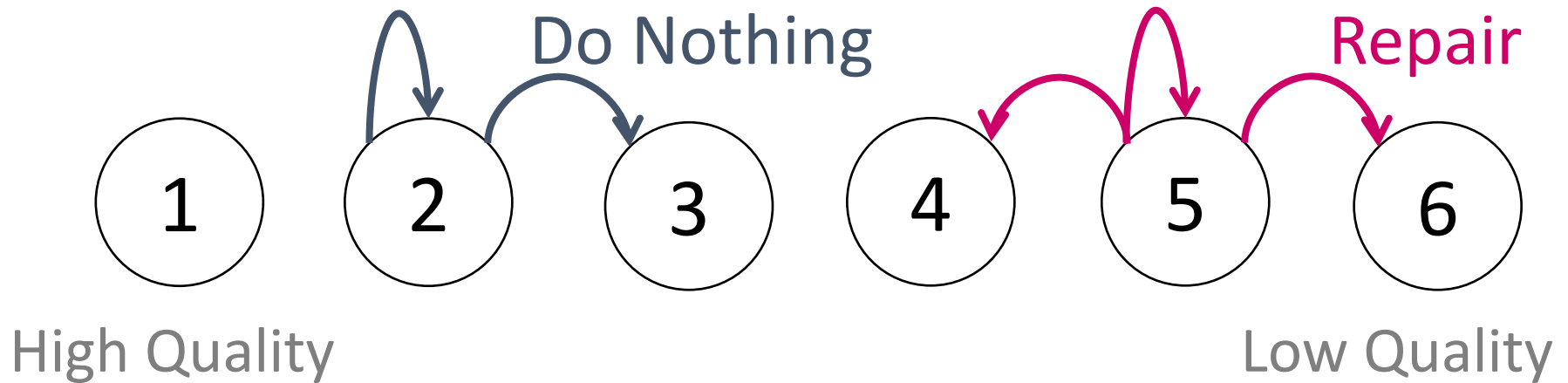
Machine maintenance



Cardiovascular disease management

Machine maintenance:

Optimal timing of machine repairs



Operating costs depend on quality of machine



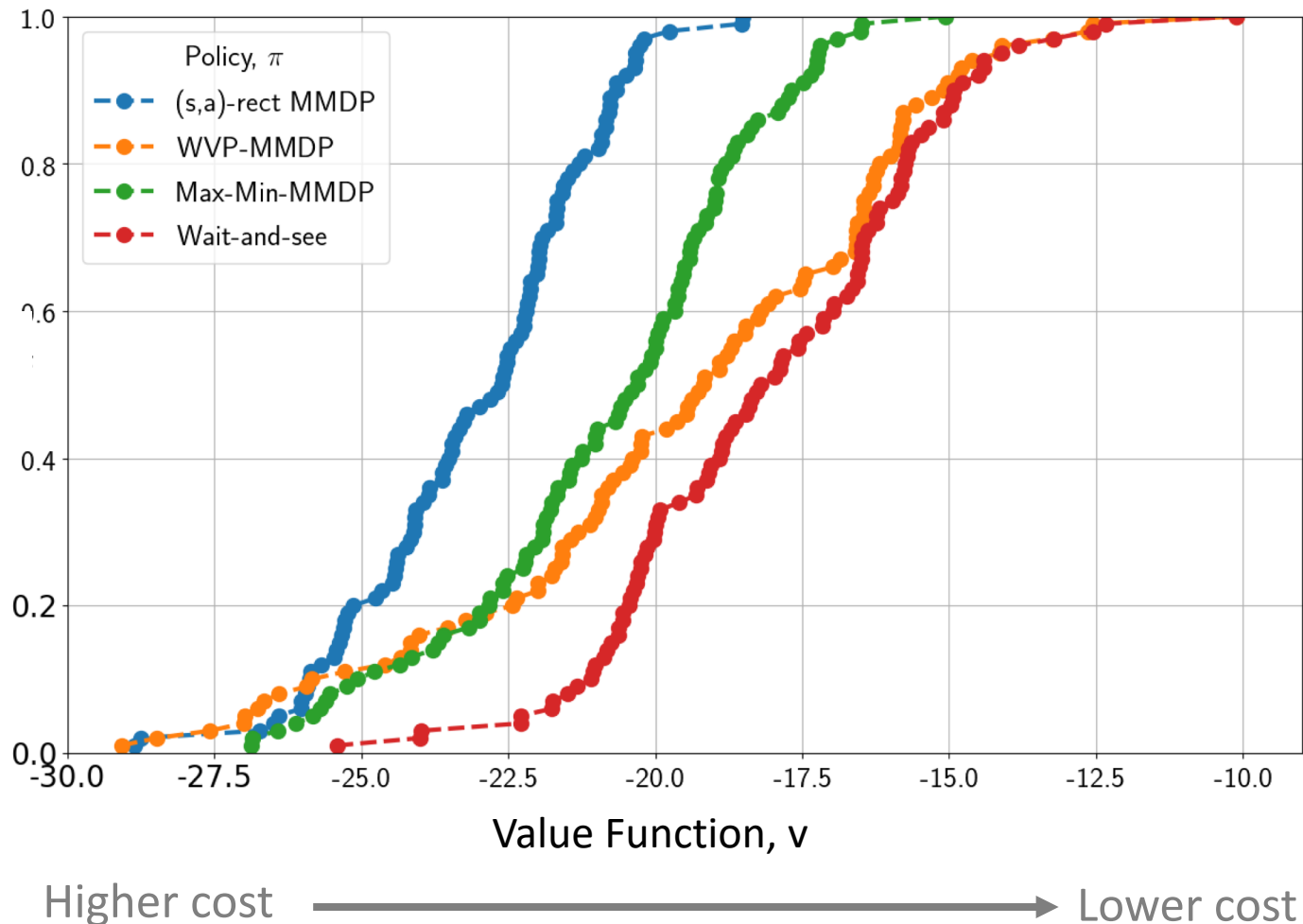
Options:

- Do Nothing at no cost
- Minor repair at low cost
- Major repair at high cost

The measure of protection against can distribution of performance among models

High Variance Instance

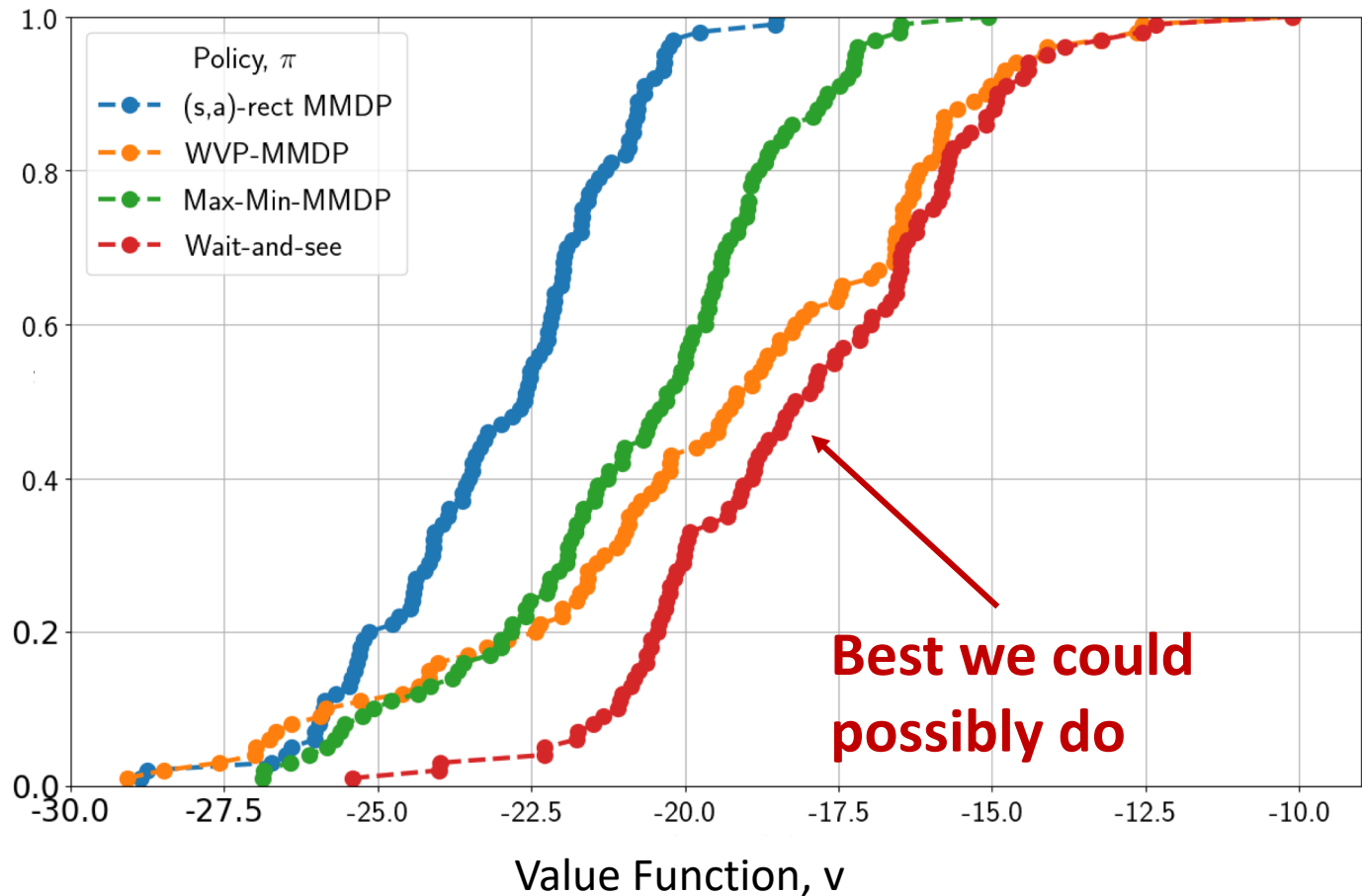
$$\mathbb{P}(v^m(\pi) \leq v)$$



The measure of protection against can distribution of performance among models

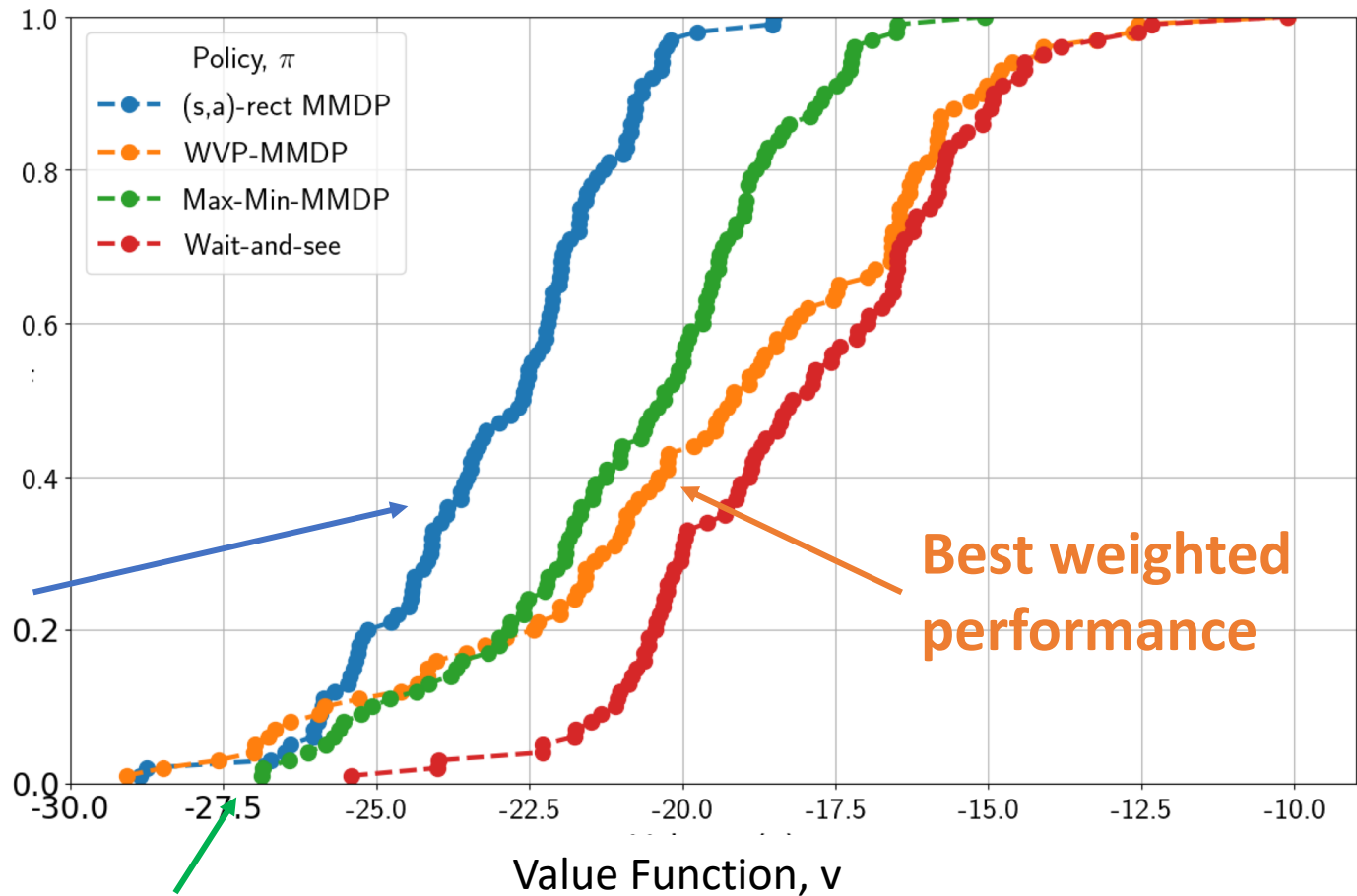
High Variance Instance

$$\mathbb{P}(v^m(\pi) \leq v)$$



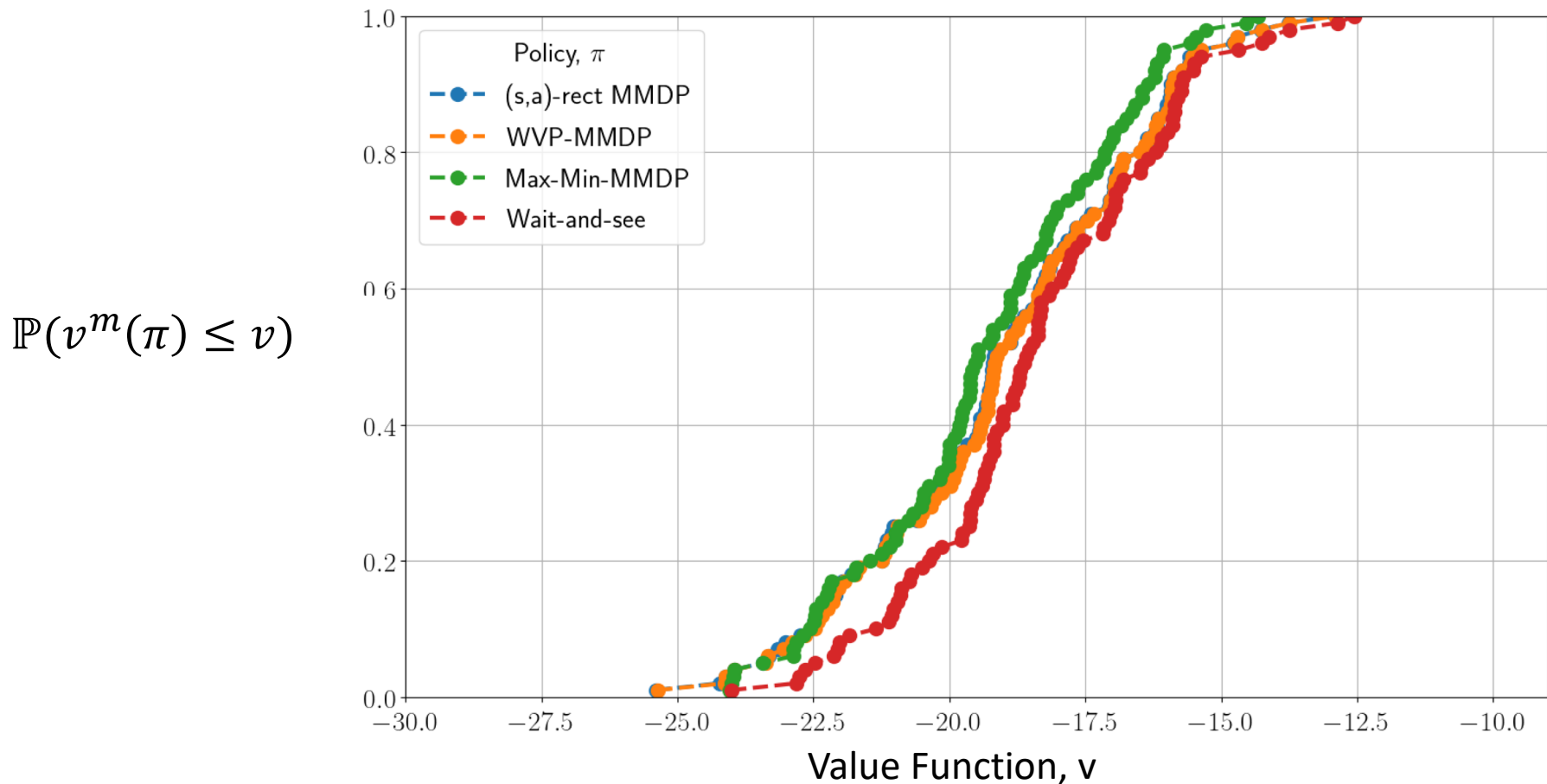
The measure of protection against can distribution of performance among models

High Variance Instance

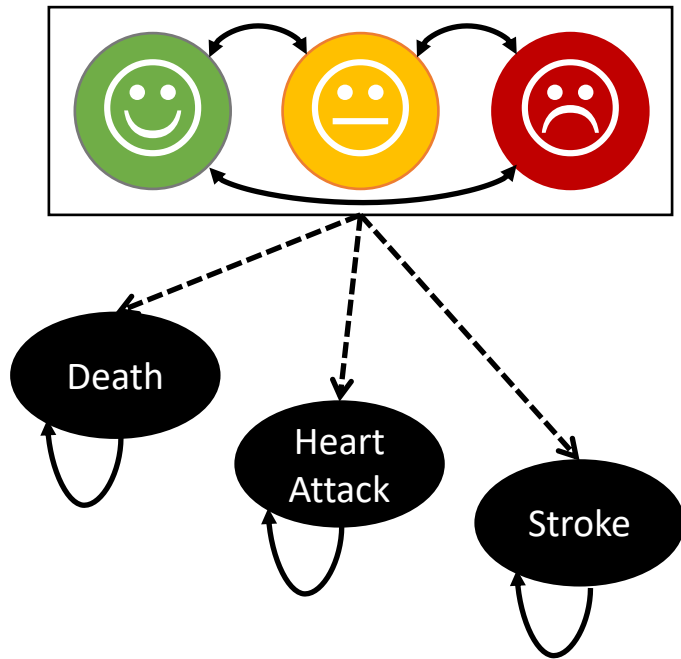


As **variance in models decreases**, the form of protection against ambiguity matters less

Low Variance Instance



We considered these formulations to determine the optimal time to start statins



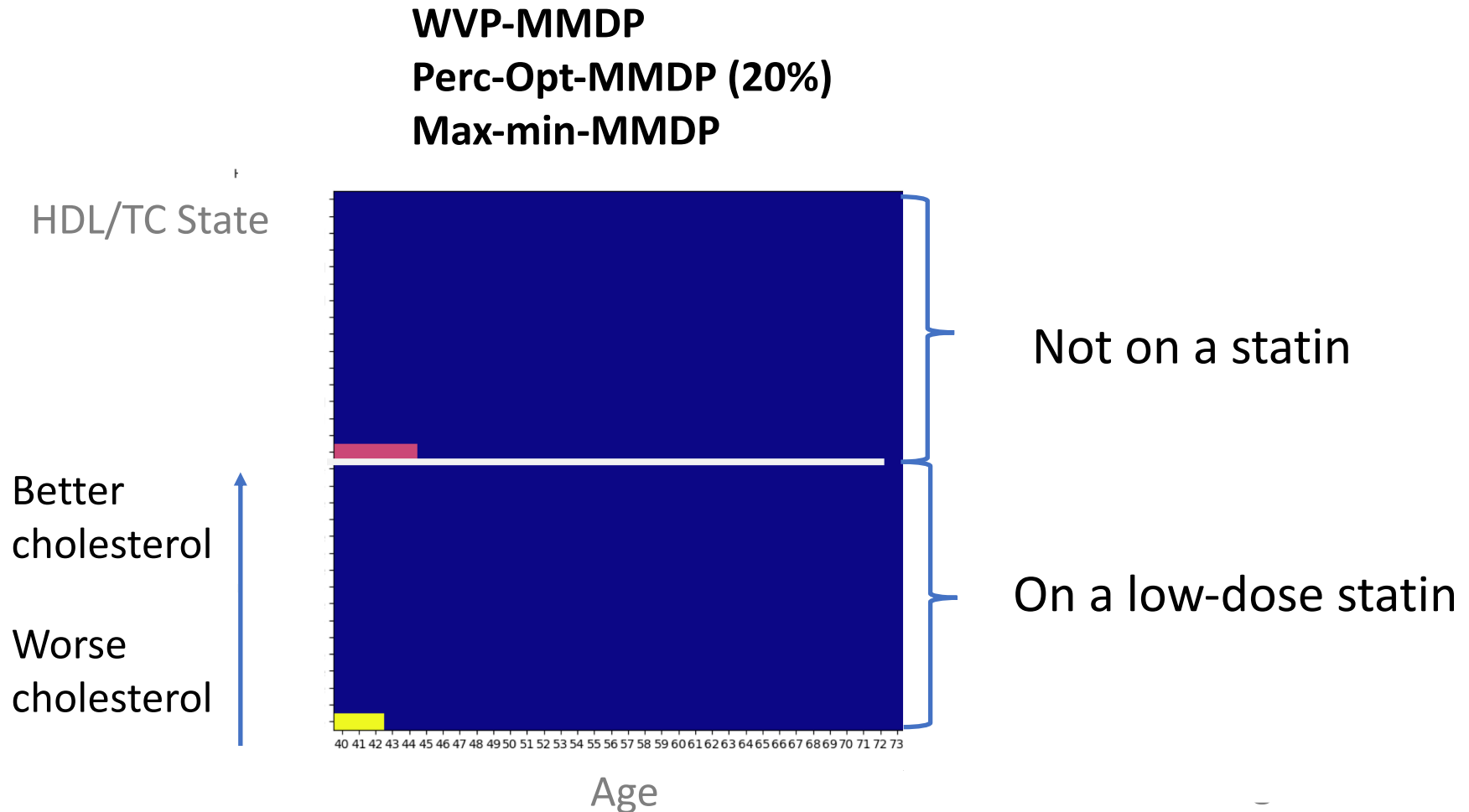
Multi-model Markov decision process

- 64 states (HDL/TC Levels)
- 3 actions (Wait, low-dose, high-dose)
- 34 decision epochs
- 30 models

Case study data

- Longitudinal data from Mayo Clinic
- ACC risk calculator
- Disutilities from medical literature

Most formulations of the MMDP recommend similar policies



Most MMDP policies are similar;
(s,a)-rect-MMDP treats more aggressively

WVP-MMDP

Perc-Opt-MMDP (20%)

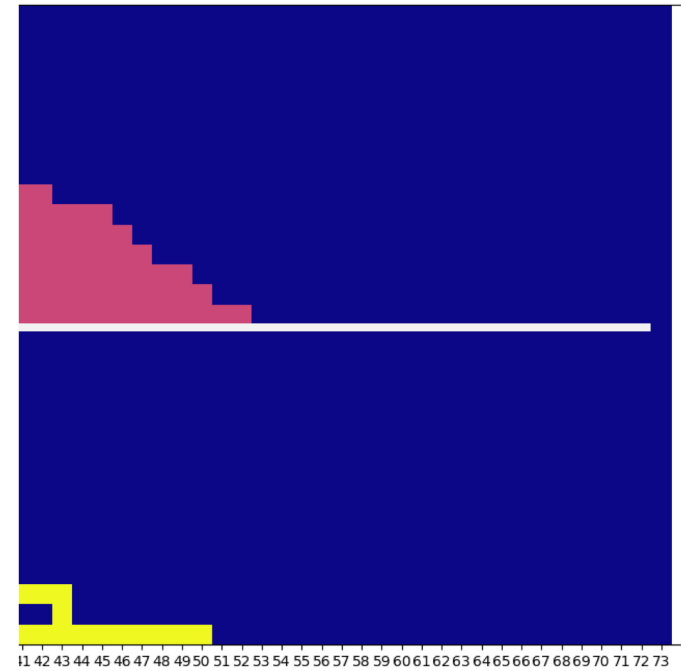
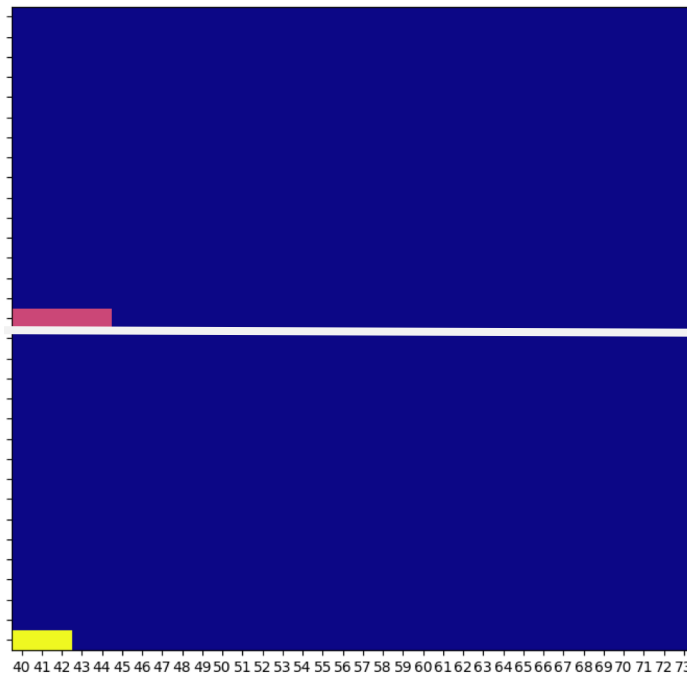
Max-min-MMDP

(s,a)-rect-MMDP

HDL/TC
State

Lower risk

Higher risk



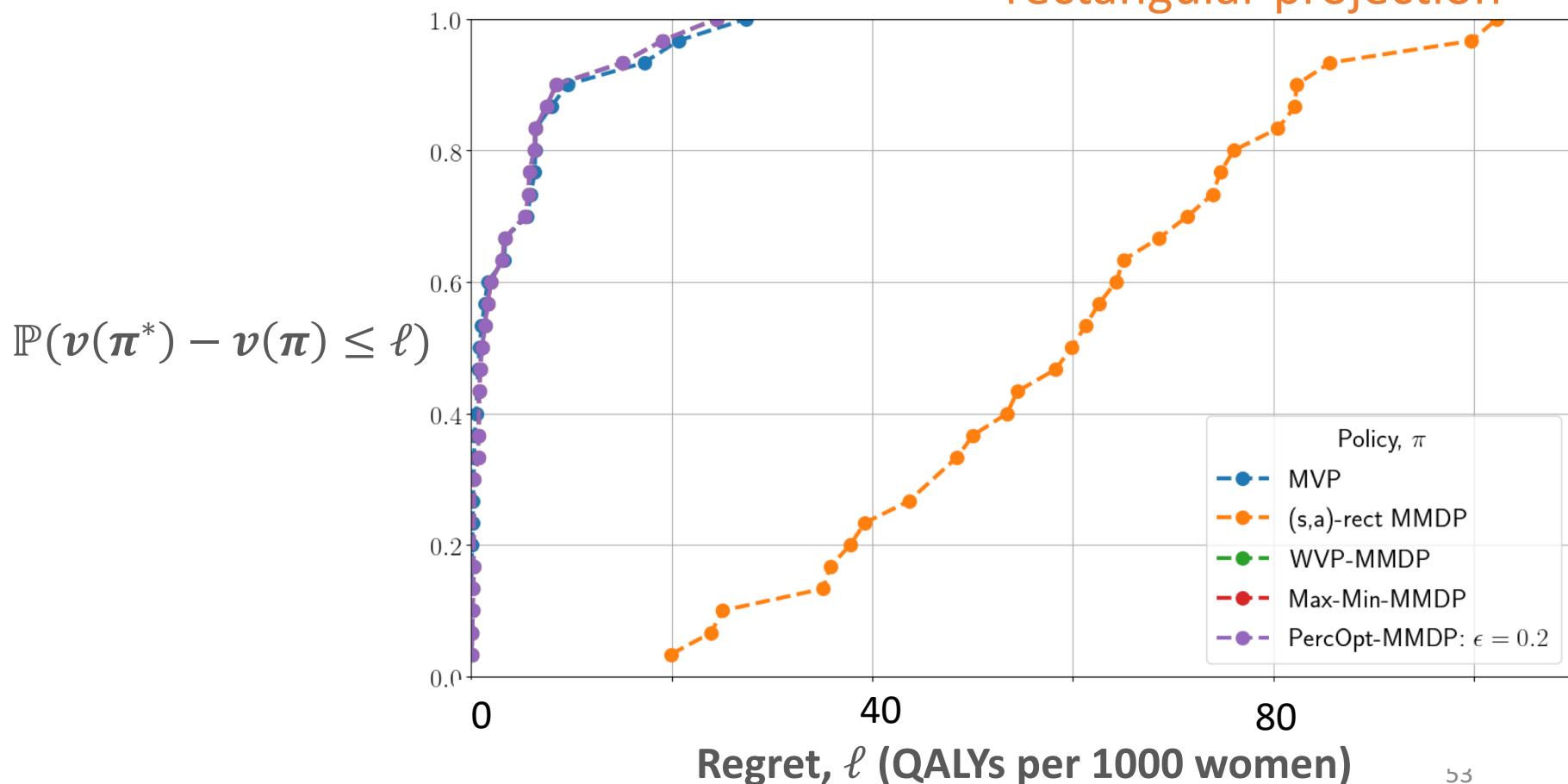
Age

Age

High variance instance

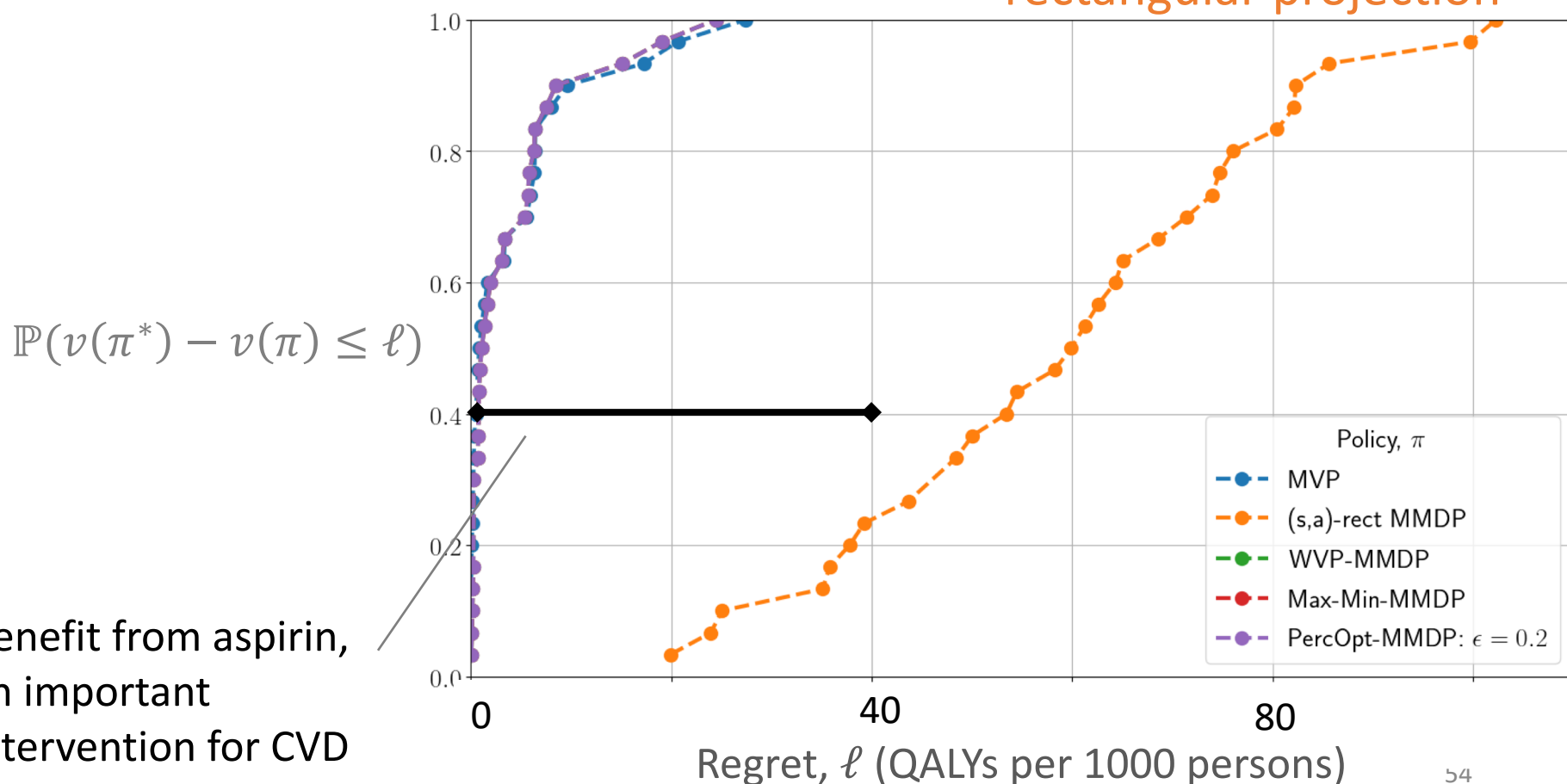
(s,a)-rect-MMDP can perform worse than MVP in all models

Regret from (s,a)-
rectangular projection



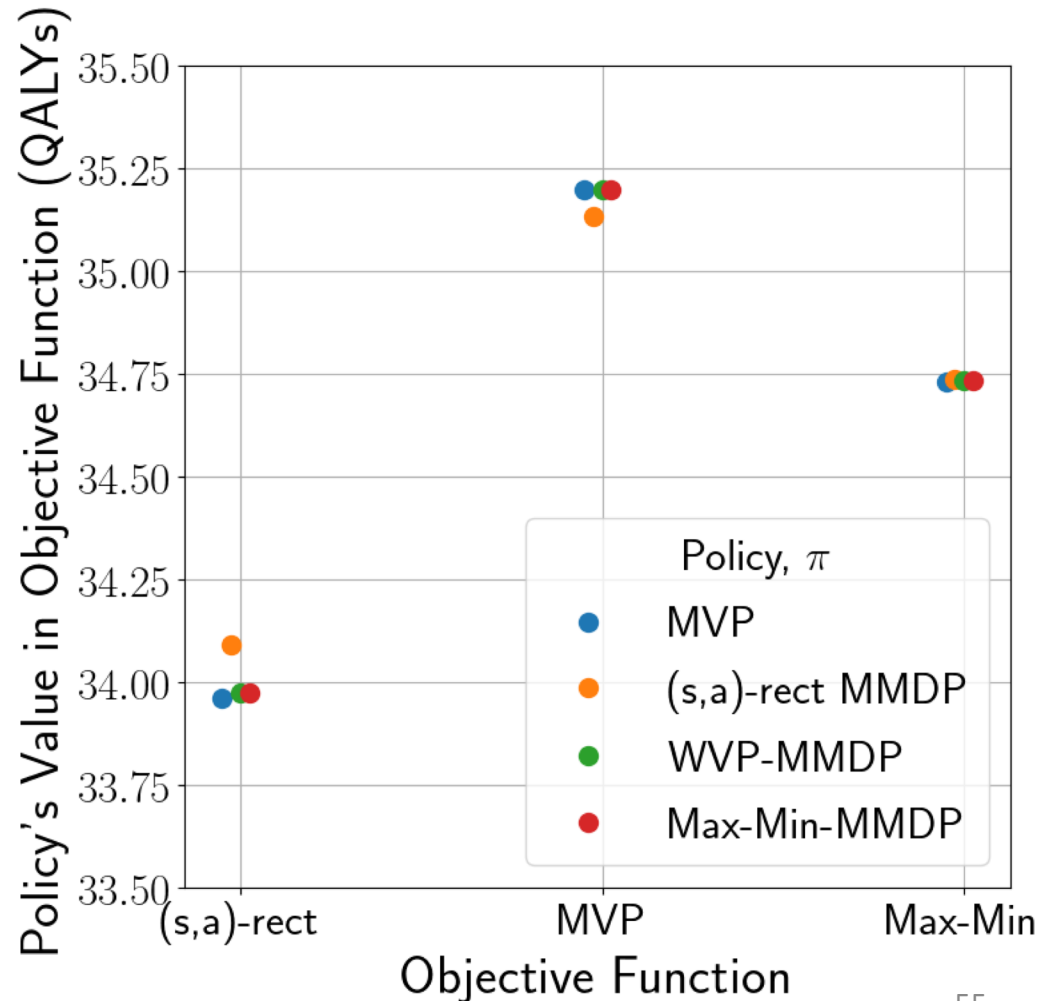
(s,a)-rect-MMDP can perform worse than MVP in all models

Regret from (s,a)-
rectangular projection



(s,a) -rect-MMDP may not be good indicator of worst-case performance

Difference between worst-case in (s,a) -rect-MMDP and max-min-MMDP



Conclusions

Branch-and-bound can be modified to incorporate other protective measures towards ambiguity

Considering multiple models is most important when the models are quite different; MVP tends to perform well for MDPs with imprecise parameters

Use caution before employing the (s,a) -rectangularity property if not a supported assumption

Summary of contributions

We considered the issue of ambiguity in MDPs arising from multiple plausible models

We created solution methods that allow for DM to consider performance in different models

We characterized when it is most important to consider ambiguity

Laid foundations for future work on incorporating ambiguity in stochastic dynamic optimization

Acknowledgments

Michigan Engineering

Brian T. Denton, Ph.D.

Vinayak Ahluwalia

Charmee Kamdar

UM-Dearborn School of Business

David Kaufman, Ph.D.

Mayo Clinic

Nilay Shah, Ph.D.

U.S. Department of Veterans Affairs

Rodney Hayward, MD

Jeremy Sussman, MD

This material is based upon work supported by the National Science Foundation under Grant Number CMMI- 1462060 (Denton) and Grant Number DGE-1256260 (Steimle). Any opinions, findings, and conclusions or recommendations expressed in this material are those of the authors and do not necessarily reflect the views of the National Science Foundation.





Lauren N. Steimle

Department of Industrial and Operations Engineering
University of Michigan, Ann Arbor, MI



steimle@umich.edu



[@LaurenSteimle](https://twitter.com/LaurenSteimle)



www.umich.edu/~steimle

