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# Counterfactual-Augmented Importance Sampling for Semi-Offline Policy Evaluation



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### **Evaluating RL Policies in Healthcare**



High-stakes environment

- Potentially unsafe to patients
- Disruptive to human users and clinical workflows

Wiens et al. "Do no harm: a roadmap for responsible machine learning for health care." Nature Medicine 2019.



### **Evaluating RL Policies in Healthcare**



Observational dataset

- Limited by available data
- May not reflect distribution shift induced by new policies



High-stakes environment

- Potentially unsafe to patients
- Disruptive to human users and clinical workflows

Wiens et al. "Do no harm: a roadmap for responsible machine learning for health care." *Nature Medicine* 2019. Gottesman et al. "Guidelines for reinforcement learning in healthcare." *Nature Medicine* 2019.



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## **Our Contributions**

We propose a **semi-offline evaluation scheme** that combines observational data with **human annotations** of counterfactuals



Observational data contains factual trajectories

Query domain experts for annotations of the counterfactual trajectories



## Augmenting Factual Data with Counterfactuals



Intuition: as if we collected **more data** 

How do we use both **counterfactual annotations** and **observational data** to evaluate policies?

> "Simply adding annotations as new data" ... is not theoretically valid.

#### **Key Idea: Augmenting Standard IS**

where 
$$ho = rac{\pi_e(a|s)}{\pi_b(a|s)}$$



#### Key Idea: Reweighted IS with Counterfactuals

where 
$$ho^{ ilde{a}}=rac{\pi_e( ilde{a}|s)}{\pi_b( ilde{a}|s)}$$



where 
$$w^a + \sum_{\tilde{a} \in \mathcal{A} \smallsetminus \{a\}} w^{\tilde{a}} = 1$$

## **Theoretical Insights**

$$\hat{v}^{\text{C-IS}} = w^a \rho^a r + \sum_{\tilde{a} \in \mathcal{A} \setminus \{a\}} w^{\tilde{a}} \rho^{\tilde{a}} g^{\tilde{a}}$$

Intuition: as if we collected more data

- More data for regions that lack support  $\rightarrow$  reduce bias
- Even more data for regions with support  $\rightarrow$  reduce variance

#### C-IS can achieve lower bias and lower variance than IS

## **Experimental Results**

#### Experiments conducted on the sepsis simulator

# Based on the sepsis simulator introduced by Oberst & Sontag, ICML 2019.

#### Simulate collection of

- Factual dataset
- Counterfactual annotations

to evaluate multiple treatment policies.

#### **Compare**

- Standard approach (PDIS)
- Proposed approach (C-PDIS)

#### **Metrics**

- ↓ Evaluation error (RMSE)
- ↑ Ranking ability (Spearman correlation)

with respect to ground-truth policy performance



#### **Experimental Results**

Estimator	$\downarrow$ Evaluation Error	↑ Ranking Ability
Baseline	0.113	0.596
Proposed	0.013	0.995

Our proposed approach **outperforms** the baseline method (without annotations) in terms of all metrics.

(under the assumption that annotations are "good")



#### **Experimental Results**

Estimator	$\downarrow$ Evaluation Error	$\uparrow$ Ranking Ability
Baseline	0.113	0.596
Proposed	0.013	0.995
Proposed (biased)	0.028	0.979
Proposed (noisy)	0.029	0.977
Proposed (missing)	0.067	0.823

Our proposed approach **remains competitive** to the baseline method even with imperfect annotations (biased, noisy, missing).



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#### Takeaways

We propose a **new estimator** for **semi-offline evaluation** that combines observational data with **human annotations** of counterfactuals

$$\hat{v}^{\text{C-IS}} = w^a \rho^a r + \sum_{\tilde{a} \in \mathcal{A} \setminus \{a\}} w^{\tilde{a}} \rho^{\tilde{a}} g^{\tilde{a}}$$

- Theoretical insights show potential to *reduce both bias and variance*
- Experiments demonstrate robustness to *bias, noise, and missingness* of annotations