

ASSESSING THE IMPACT OF THE CHOICE OF MODELLING STRATEGY FOR QUANTITATIVE COVARIATES ON RISK ADJUSTMENT

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Context

- Observational study
- Exposure (E) – Disease (D) association
- Adjustment for Risk Factors (RF)
- E and D are binary, RF are quantitative
- RF have non-linear association with response



Methods for modelling RF

1. Single linear term?
2. Dummy variables on categories?
3. Fractional polynomials?
4. Generalized Additive Models?



OBJECTIVE

Evaluate whether GAM can offer better risk adjustment than single linear terms, dummy variables on categories, and FP



METHODS



Study population

- Quebec Trauma Registry 1999-2006
- Regionalized inclusive trauma system
- 59 trauma centers (level I, II, III, and IV)
- Mandatory participation of all trauma centers
- Uniform inclusion criteria
- Standardized data collection protocols



Analysis



Risk adjustment

1. Randomly select 2 hospitals
2. Derive an adjusted OR of hospital mortality
3. Compare OR obtained with GAM to that obtained with 3 other modelling strategies
4. Repeat 1-3 100 times by resampling with replacement



Single Linear Term

$$\text{Logit } \pi_i = \alpha + \beta_1 \text{AGE}_i + \beta_2 \text{ISS}_i + \beta_3 \text{GCS}_i + \beta_4 \text{RR}_i + \beta_5 \text{SBP}_i + \beta_6 \text{HOSP}_i$$



Dummy variables on categories

$$\begin{aligned}\text{Logit}\pi_i = & \alpha + \beta_1 \text{AGE}_{55-64i} + \beta_2 \text{AGE}_{65-74i} + \beta_3 \text{AGE}_{75-84i} + \beta_4 \text{AGE}_{>84i} \\ & + \beta_5 \text{ISS}_{9-15i} + \beta_6 \text{ISS}_{16-24i} + \beta_7 \text{ISS}_{25-40i} + \beta_8 \text{ISS}_{>40i} \\ & + \beta_9 \text{GCS}_{9-12i} + \beta_{10} \text{GCS}_{6-8i} + \beta_{11} \text{GCS}_{4-5i} + \beta_{12} \text{GCS}_{3i} \\ & + \beta_{13} \text{RR}_{0i} + \beta_{14} \text{RR}_{1-5i} + \beta_{15} \text{RR}_{6-9i} + \beta_{16} \text{RR}_{>29i} \\ & + \beta_{17} \text{SBP}_{0i} + \beta_{18} \text{SBP}_{1-49i} + \beta_{19} \text{SBP}_{50-75i} + \beta_{20} \text{SBP}_{76-89i} + \beta_{21} \text{HOSP}_i\end{aligned}$$



Fractional Polynomials

$$\text{Logit } \pi_i = \alpha + \beta_1 \text{AGE}_i^{p1} + \beta_2 \text{AGE}_i^{p2} + \beta_3 \text{ISS}_i^{p1} + \beta_4 \text{ISS}_i^{p2} + \beta_5 \text{GCS}_i^{p1} + \beta_6 \text{GCS}_i^{p2} + \beta_7 \text{RR}_i^{p1} + \beta_8 \text{RR}_i^{p2} + \beta_9 \text{HOSP}_i$$



Generalized Additive Model

$$\text{Logit } \pi_i = \alpha + \beta_1 \text{HOSP}_i + s(\text{AGE}_i) + s(\text{ISS}_i) + s(\text{GCS}_i) + s(\text{RR}_i) + s(\text{SBP}_i)$$



RESULTS

- N = 88,235
- 4731 (5.4%) hospital deaths
- Crude mortality: 1.3% to 14.3%

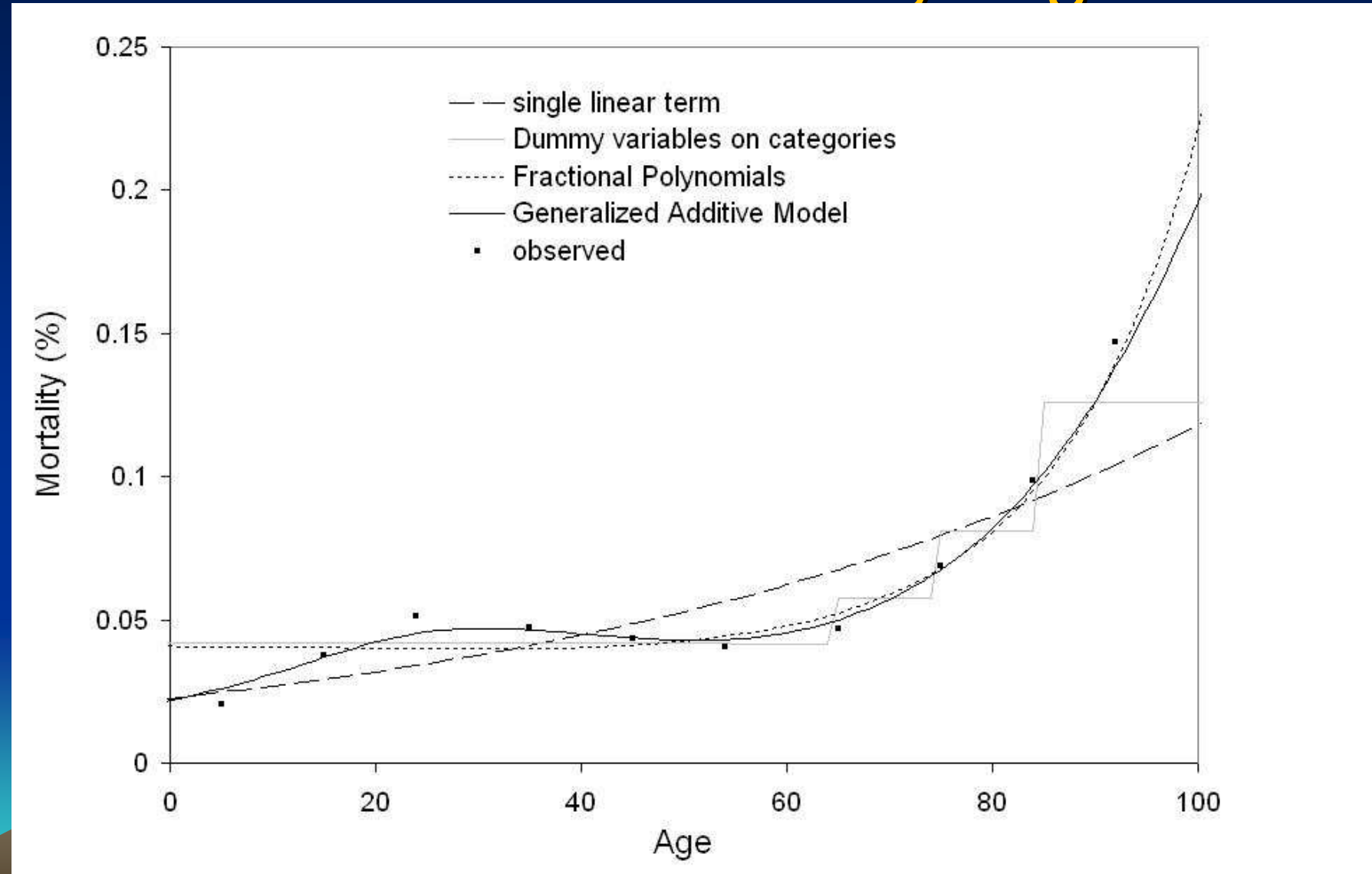
Predictive accuracy

Discrimination and model fit in the whole study sample (n=123 732) according to the four modeling strategies

Model	AUC	AIC
Single linear term	0.886 (0.882-0.889)*	37944
Dummy variables on categories	0.894 (0.891-0.897)*	35364
FP	0.901 (0.898-0.904)	35054
GAM	0.901 (0.898-0.905)	34908

*p<0.0001 when compared to the generalized additive model

Predictive accuracy: Age



Risk adjustment

Median changes in Odds Ratio (OR), Standard Error (SE), and statistical significance ($p < 0.05$) over 100 risk-adjusted hospital comparisons.

Model	Median absolute % change in OR* (q1;q3)	Median % change in SE*	% changed statistical significance*
No adjustment	30.60 (12.13 ; 46.56)	-25.66 (-30.76 ; -21.12)	48
Single linear term	9.94 (4.26 ; 28.84)	-4.62 (-7.73 ; -3.29)	13
Categories	3.74 (1.93 ; 6.75)	0.48 (-0.89 ; 1.46)	15
FP	3.59 (1.30 ; 6.18)	0.83 (0.31 ; 2.40)	2
GAM	0	0	0

*Compared to the Generalized Additive Model

In summary

Results suggest that:

- Single linear term:
 - most parsimonious model
 - can lead to residual confounding
- Dummy variables on categories:
 - Similar effect estimates
 - Change in statistical significance
 - Clinically implausible step functions
- FP :
 - equivalent risk adjustment to GAM



Limitations

- One clinical context
- GAM gold standard?
- Care needed in fitting FP and GAM



CONCLUSION

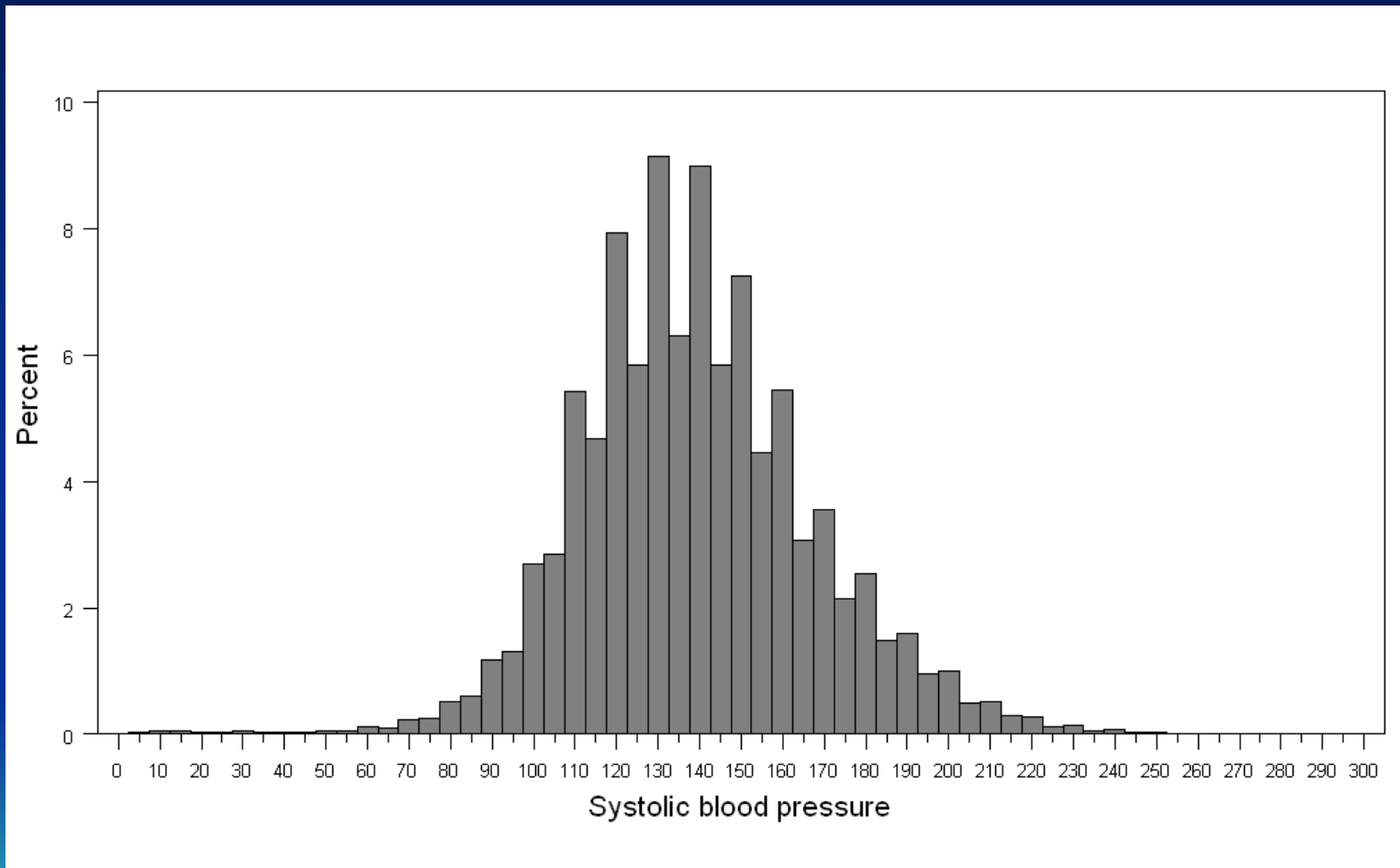
GAM and FP can both offer superior risk adjustment than the other modelling strategies tested but should be implemented with care!



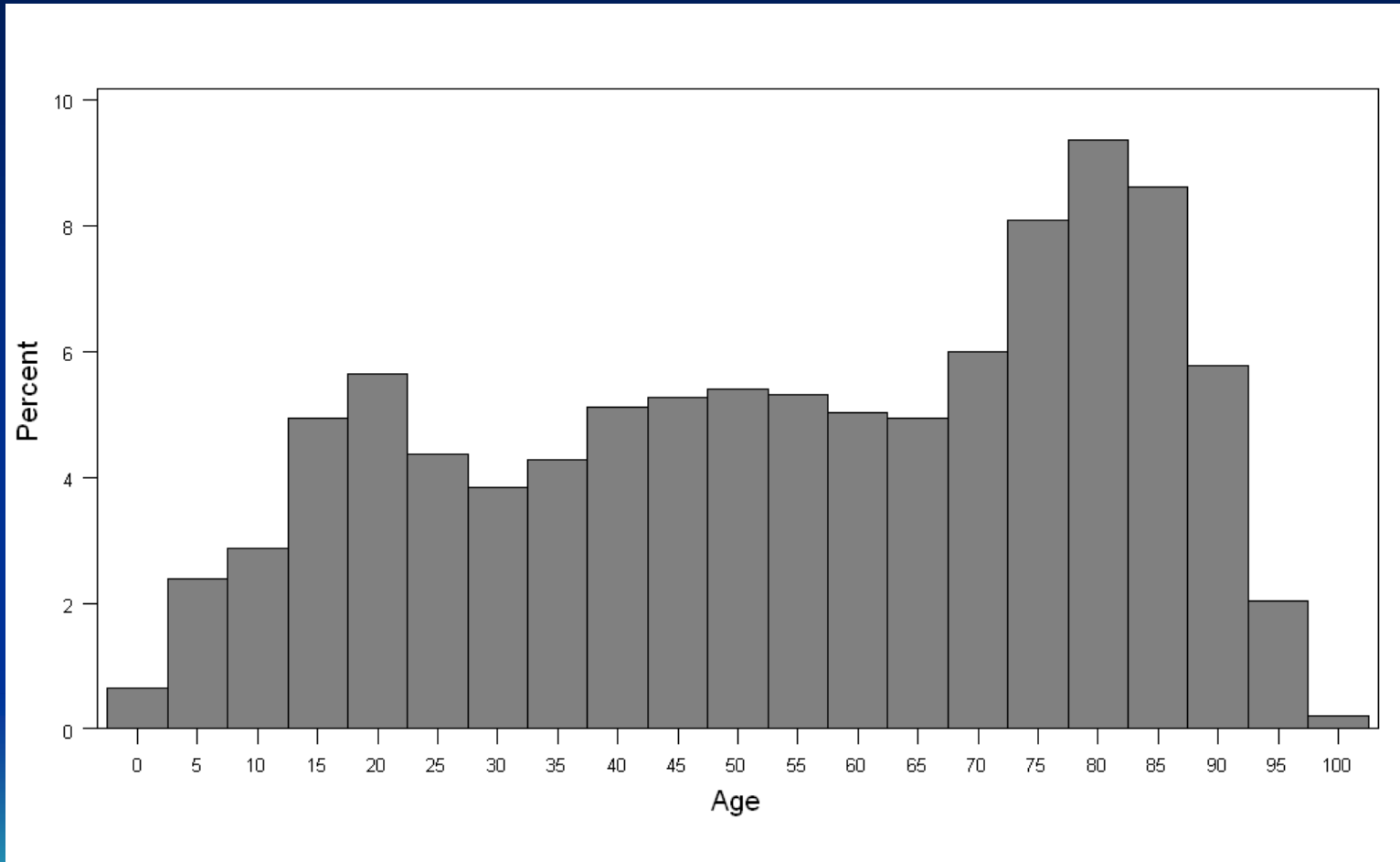
Thank You!



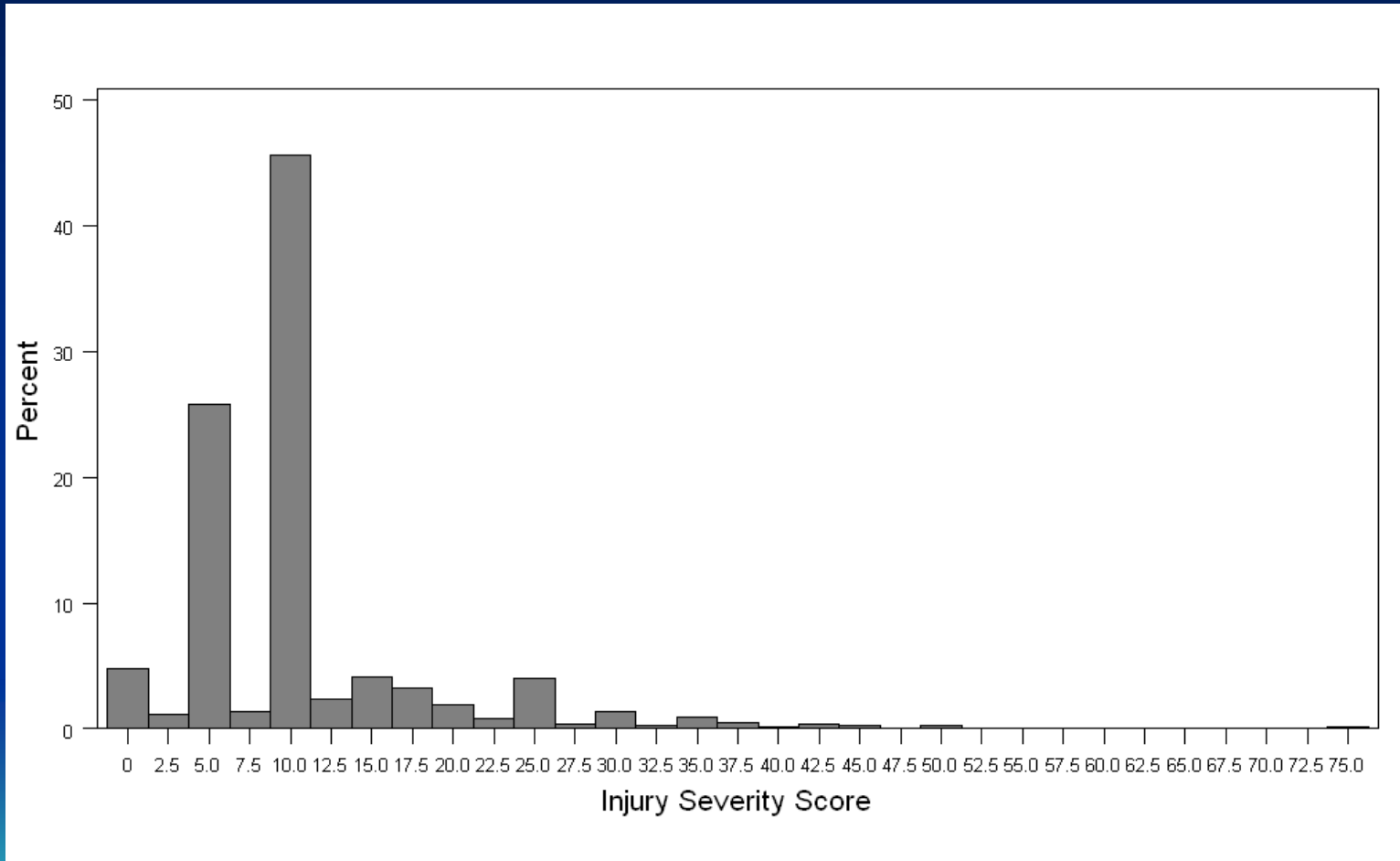
Systolic Blood Pressure



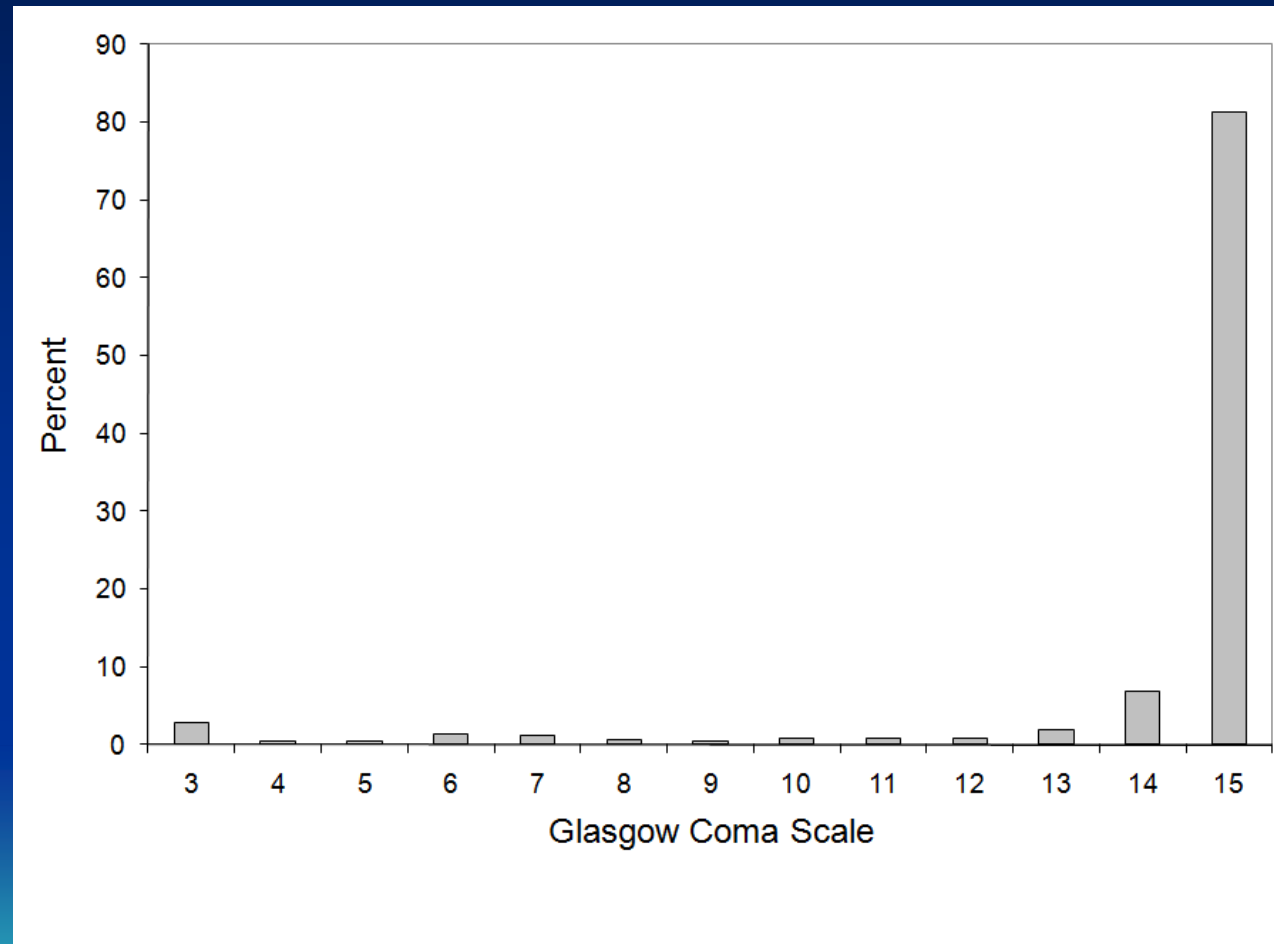
Age



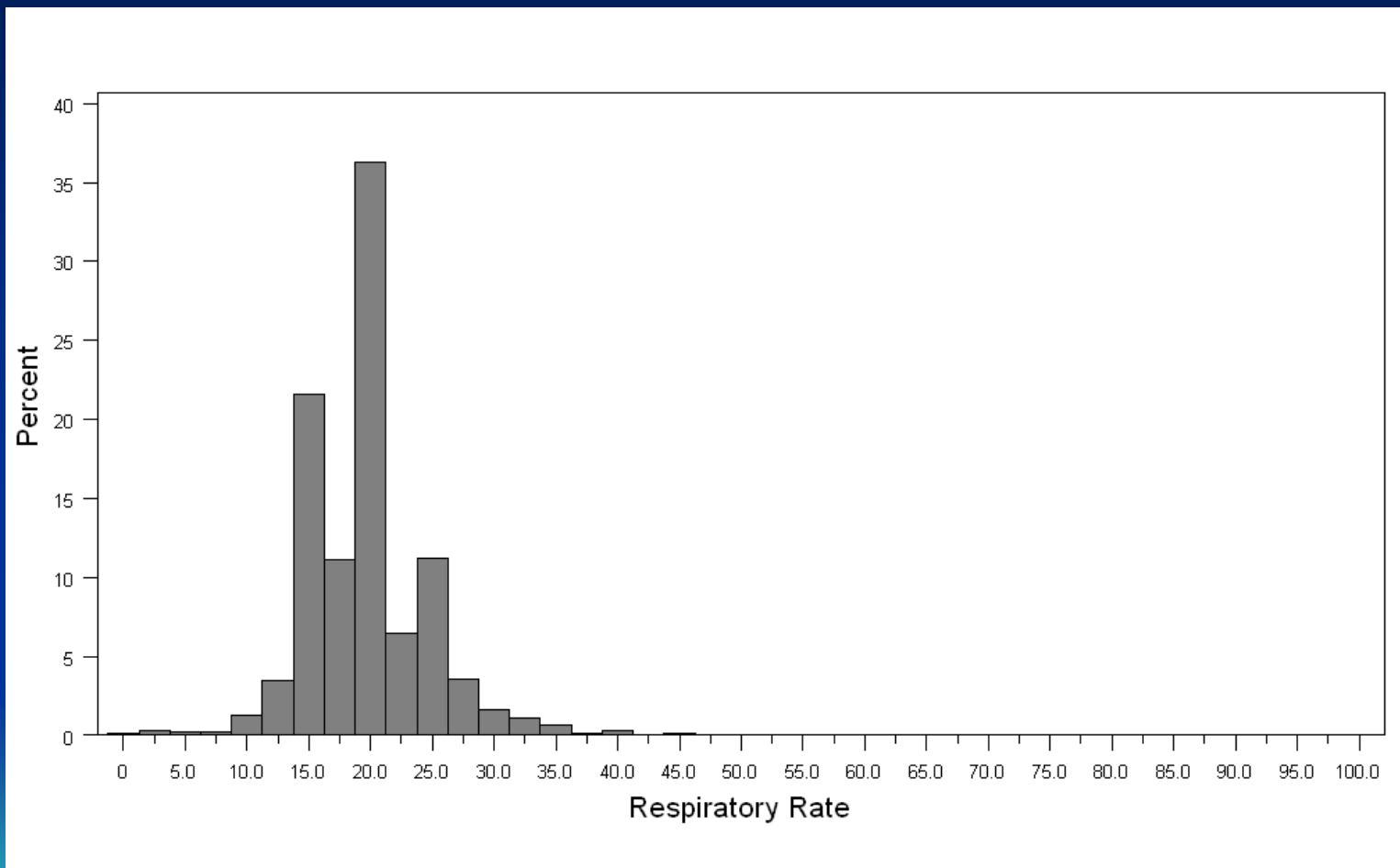
Injury Severity Score



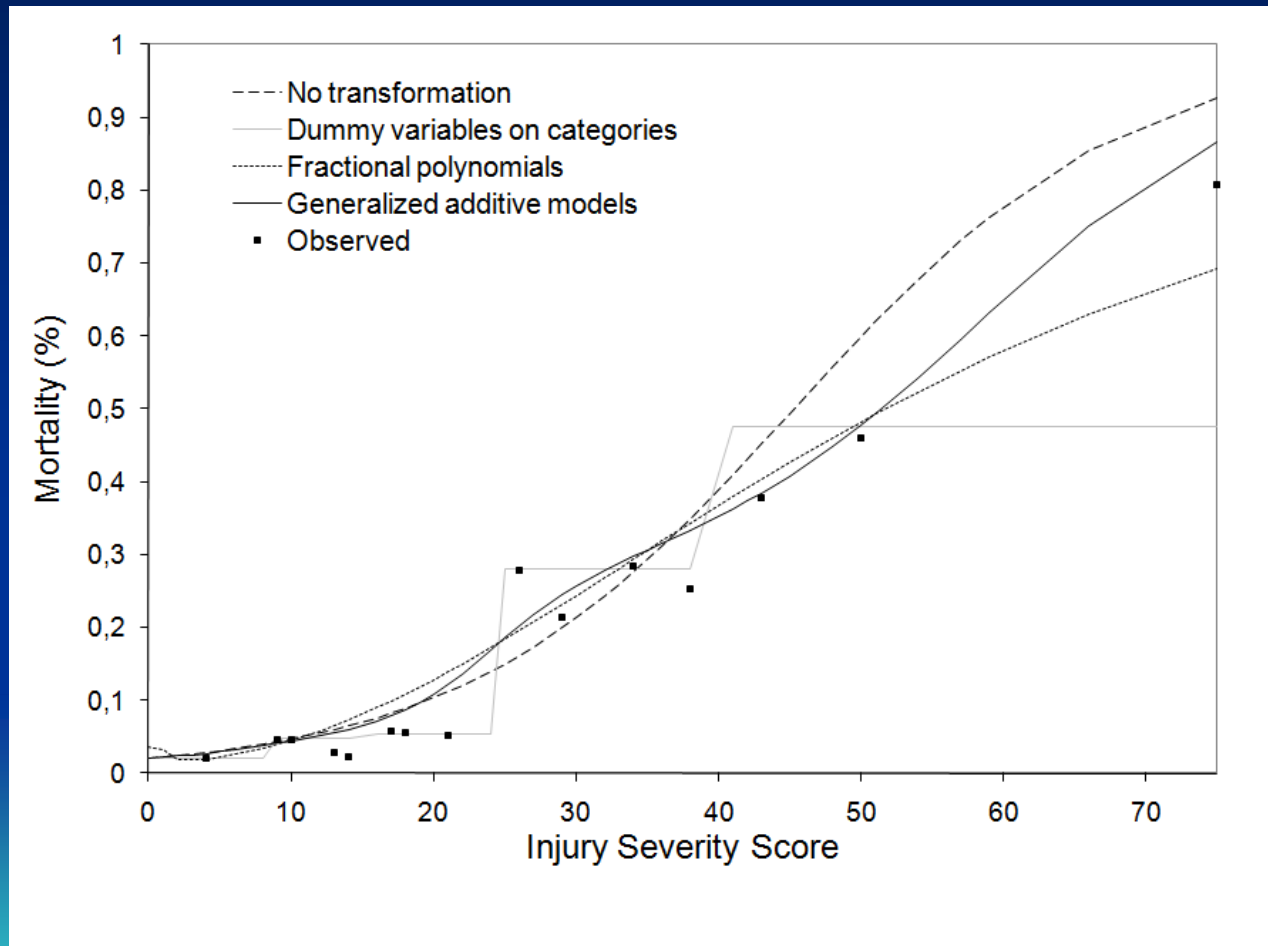
Glasgow Coma Scale score



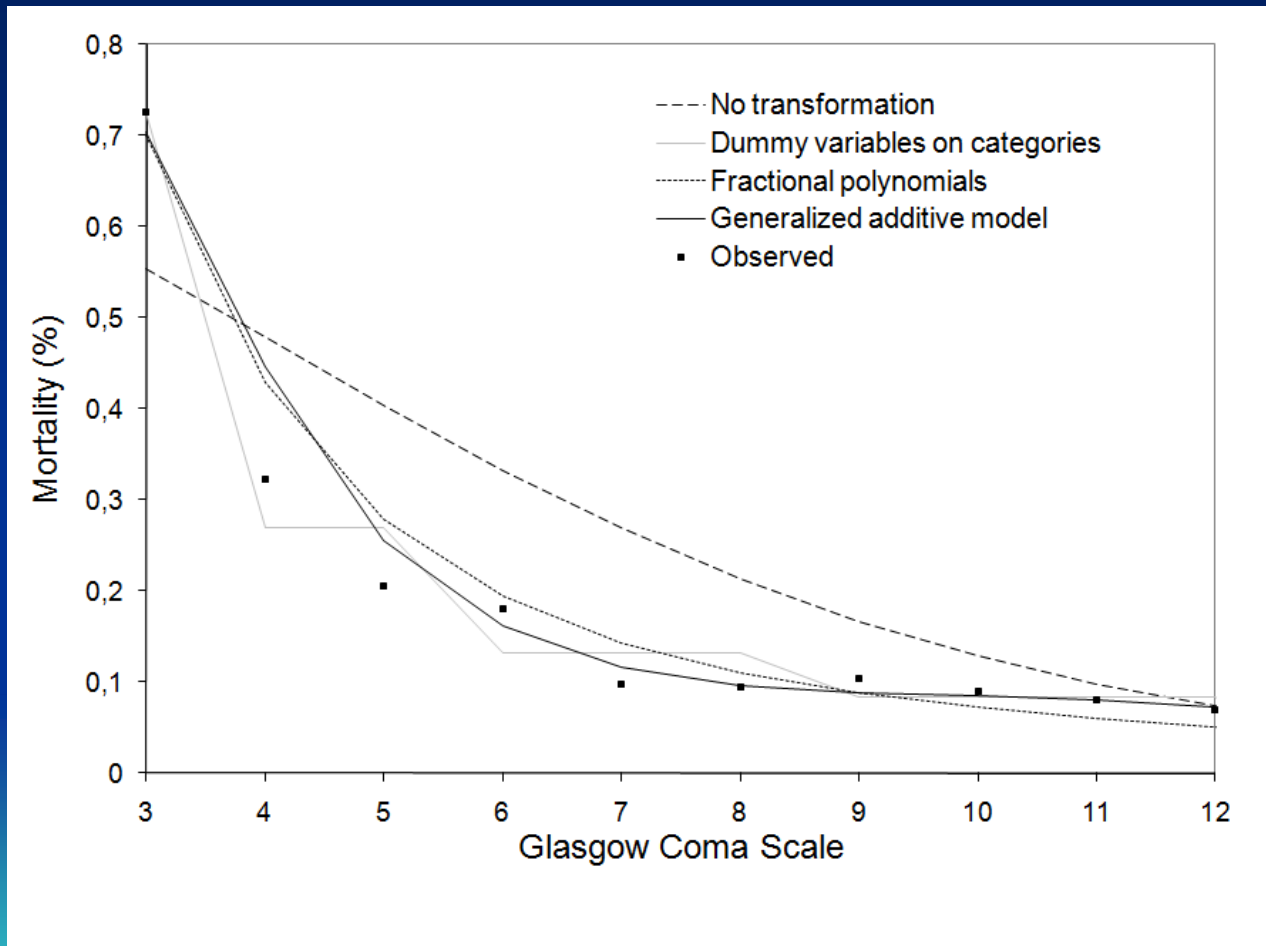
Respiratory Rate



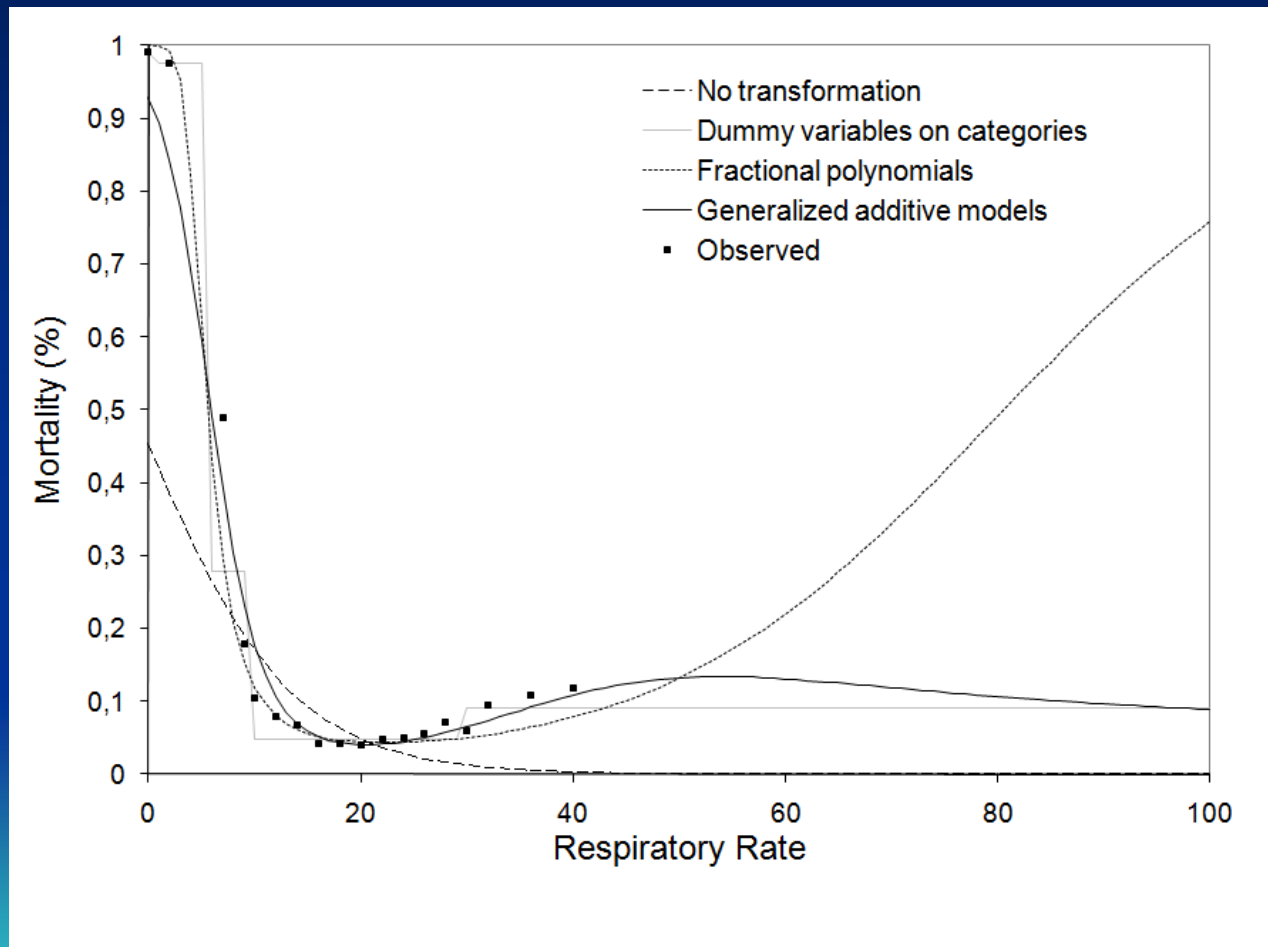
Injury Severity Score



Glasgow Coma Score



Respiratory Rate



Systolic Blood Pressure

