Empirical Bayes

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April 19, 2023

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Introduction

- Researchers increasingly have access to detailed, large data with unit identifiers
- ► The units (e.g., physicians, hospitals) may matter for outcomes of interest
- Developments in computing power allow analysis accounting for units
- A recent body of work on empirical Bayes (EB) methods provides tools for analyzing unit-specific parameters when observations per unit are finite

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Note: this cyberseminar borrows heavily from Gu (2022) and Walters (2022)

How familiar are you with empirical Bayes methods?

- 1. I have used empirical Bayes methods in my work
- 2. I have some understanding of empirical Bayes methods but have not used them in my work
- 3. I have only heard of the term empirical Bayes
- 4. I have not heard of the term empirical Bayes

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Basic Setup

- Patients i, assigned to one of J physicians
 - Assignment function j(i); $N_j = \sum_i \mathbf{1} (j(i) = j)$ is count of patients assigned to j
- $Y_i(j)$ is the outcome (e.g., spending) for patient *i* when assigned to physician $j \in \{1, ..., J\}$
- Simple additive model of potential outcomes:

$$Y_{i}(j) = \beta_{j} + \varepsilon_{i}$$

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- \triangleright β_j is the **value-added** of physician *j*
- ▶ $\beta_j \beta_{j'}$ represents a treatment effect of being assigned to physician *j* instead of *j'*
- ε_i represents other patient characteristics. Normalize $E[\varepsilon_i] = 0$.

Object of Interest

- The object of interest in this model is a *unit-specific parameter* β_j or the set $\{\beta_j\}_{j \in \{1,...,J\}}$
- Contrast this with models for other empirical questions, e.g.,

$$Y_i = \beta D_i + \alpha_{j(i)} + \varepsilon_i$$

- Object of interest may be the effect β of a treatment D_i
- α_j would be a nuisance parameter
- When interested in {β_j}_{j∈{1,...,J}}, important to ask how large is J and how many observations for each j
 - Fundamental issue in empirical Bayes: finite sample of observations for each j

Relevant Research and Policy Questions

Questions

- What is the value-added for a particular physician, e.g., β_1 ?
- What does the distribution of $\{\beta_j\}_{j \in \{1,...,J\}}$ look like? Are there outliers?
- Which physicians can we classify as being high performers, e.g., the top 10%?

- With infinite observations for each physician, these questions would be trivial
 - In practice, we have finite observations, sometimes very few, for each physician

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Empirical Bayes methods can provide tools to answering these questions

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Value-Added Model Regression

Recall the value-added model:

$$Y_i(j) = \beta_j + \varepsilon_i$$

Assume that patients are randomly assigned to physicians

Then can estimate value-added in an OLS regression:

$$Y_i = \beta_{j(i)} + \varepsilon_i$$

b By random assignment, $\varepsilon_i \perp \beta_{j(i)}$ (can relax this with more complicated causal models)

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Fixed Effects and Random Effects

- Two statistical assumptions about β_1, \ldots, β_J :
 - Fixed effects: β_1, \ldots, β_J are treated as unknown parameters
 - ▶ Random effects: β_1, \ldots, β_J are treated as random variables with distribution *G* (i.e., $\beta_j \sim_{i.i.d.} G$)
- Two corresponding estimators:
 - Fixed effect estimator:

$$\hat{eta}_{j}^{\textit{FE}}\left(\mathbf{Y}\right)=rac{1}{N_{j}}\sum_{i}\mathbf{1}\left(j\left(i
ight)=j
ight)Y_{i}$$

Uses only data corresponding to j(i) = j.

Empirical Bayes estimator with linear shrinkage (assume $E[\beta_j] = 0$):

$$\hat{\beta}_{j}^{\textit{EB}}\left(\mathbf{Y}\right) = \lambda\left(\mathbf{Y}\right)\hat{\beta}_{j}^{\textit{FE}}\left(\mathbf{Y}\right)$$

 λ (**Y**) uses all data.

Objective of Effect Estimation

If we are only interested in one parameter (e.g., β₁), then we may have a loss function as

$$L\left(eta_{1},\hat{eta}_{1}\left(\mathbf{Y}
ight)
ight)=\left(eta_{1}-\hat{eta}_{1}\left(\mathbf{Y}
ight)
ight)^{2}$$

I.e., our objective is to minimize the expected difference between β_1 and $\hat{\beta}_1$. In this case, $\hat{\beta}_1^* = \hat{\beta}_1^{FE}(\mathbf{Y})$, as $E\left[\hat{\beta}_1^{FE}(\mathbf{Y})\right] = \beta_1$.

If we are interested in multiple parameters (e.g., β_1, \ldots, β_J), then we may have a loss function as

$$\frac{1}{J}\sum_{j=1}^{J}L\left(\beta_{j},\hat{\beta}_{j}\left(\mathbf{Y}\right)\right)$$

The expectation of this is known as **compound risk**, and minimizing it is a **compound decision problem**

Note: both of these are frequentist objectives

Theory

- Linear shrinkage estimator β^{EB}_j(Y) = λ(Y) β^{FE}_j(Y) (under E [β_j] = 0, can be relaxed) produces lower compound risk than the fixed-effect estimator for any J ≥ 3 (James and Stein 1961)
- Shrinkage estimator is biased for any individual β_j (i.e., E [β̂^{EB}_j(Y)] ≠ β_j) in return for better average performance over j ∈ {1,...,J}.
- Therefore, use empirical Bayes shrinkage when interested in performance of estimator over many units
- Empirical Bayes estimator uses all data:
 - "Borrowing strength from the ensemble" (Efron and Morris 1973; Morris 1983)
 - "Learning from the experience of others" (Efron 2012)

Philosophy of Random Effects

- Recall random effects definition: random variables with distribution G
- ▶ How do we think about the distribution *G*?
- Literal view: observed units are random draws from a larger population of units; may be unsatisfying depending on the context (e.g., units are VA hospitals)

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Philosophy of Random Effects

- Pragmatic view: even with a fixed number of units (e.g., VA hospitals), empirical Bayes allows provides useful insights
 - ► $\{\beta_j\}_{j=1}^J$ imply a (discrete) distribution *G* even with a fixed set of *j*; continuous modeling of *G* can be viewed as a useful approximation
 - What is the best set of predictions of {β_j}^J_{j=1} given the data? Other important policy-relevant questions can be illuminated by G
 - Distinction between random effects vs. fixed effects here is not about correlation with covariates but about focus on {β_j}^J_{i=1}

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Implementing Empirical Bayes

- Shrinkage depends on the distribution G, which is unknown
- Empirical Bayes involves plugging in estimates of G from the data Y (recall the simple linear shrinkage λ (Y))
- Parametric and non-parametric methods for approximating G

Parametric Normal-Normal Model

• Consider set of estimates of $\{\beta_j\}_{j=1}^J$ and corresponding standard errors: $\{(\hat{\beta}_j, s_j)\}_{j=1}^J$

Assume normal-normal hierarchical model:

$$egin{array}{rcl} eta_{j} &\sim & oldsymbol{N}\left(\mu,\sigma^{2}
ight) \ \hat{eta}_{j} \left| eta_{j},oldsymbol{s}_{j}^{2} &\sim & oldsymbol{N}\left(eta_{j},oldsymbol{s}_{j}^{2}
ight) \end{array}$$

• $G = N(\mu, \sigma^2)$ is a mixing distribution; $\hat{\beta}_j | s_j \sim F_j = N(\mu, \sigma^2 + s_j^2)$ (F_j is a mixture distribution)

Deconvolution: estimating *G* from $\left\{ \left(\hat{\beta}_{j}, s_{j} \right) \right\}_{j=1}^{J}$

• In parametric normal-normal model, this reduces to estimating hyperparameters μ and σ^2

Estimating Normal Hyperparameters

Common approach:

$$\hat{\mu} = \frac{1}{J} \sum_{j=1}^{J} \hat{\beta}_j$$
$$\hat{\sigma}^2 = \frac{1}{J} \sum_{j=1}^{J} \left[\left(\hat{\beta}_j - \hat{\mu} \right)^2 - s_j^2 \right]$$

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Subtract out s_i^2 to account for sampling error in $\hat{\beta}_i$ relative to β_i

Shrinkage and Posterior Means

• Posterior mean of β_j , given known hyperparameters and $(\hat{\beta}_j, s_j)$:

$$\beta_j^* = \boldsymbol{E}\left[\beta_j | \hat{\beta}_j, \boldsymbol{s}_j\right] = \left(\frac{\sigma^2}{\sigma^2 + \boldsymbol{s}_j^2}\right) \hat{\beta}_j + \left(\frac{\boldsymbol{s}_j^2}{\sigma^2 + \boldsymbol{s}_j^2}\right) \mu$$

► Shrinkage factor $\lambda = \frac{\sigma^2}{\sigma^2 + s_i} \in [0, 1]$ reflects signal-to-noise ratio

- ► Linear regression interpretation: λ is coefficient in linear regression of β_j on $\hat{\beta}_j \Rightarrow$ in class of linear functions, β_j^* minimizes MSE for even non-normal *G*
- Empirical Bayes posterior mean plugs in estimated hyperparameters $(\hat{\mu}, \hat{\sigma}^2)$:

$$\hat{\beta}_{j}^{*} = \left(\frac{\hat{\sigma}^{2}}{\hat{\sigma}^{2} + \mathbf{s}_{j}}\right)\hat{\beta}_{j} + \left(\frac{\mathbf{s}_{j}^{2}}{\hat{\sigma}^{2} + \mathbf{s}_{j}}\right)\mu$$

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Incorporating Unit Covariates

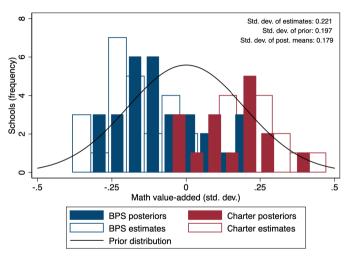
- May observe different groups of units (e.g., nurse practitioners and physicians) or characteristics of units (e.g., provider gender, age); can use these for shrinkage
 - Akin to asking which other units should we learn from (c.f., Efron 2012)
- Can model G with mean (and variance) accounting for covariates X_i:

$$\begin{array}{lcl} \beta_{j} | \, \mathbf{X}_{j} & \sim & \mathbf{N} \left(\mathbf{X}_{j}^{\prime} \gamma, \sigma_{r}^{2} \right) \\ \\ \hat{\beta}_{j} \Big| \, \beta_{j}, \mathbf{s}_{j} & \sim & \mathbf{N} \left(\hat{\beta}_{j}, \mathbf{s}_{j}^{2} \right) \end{array}$$

- Estimate γ from regressing β_j on X_j; deconvolve residuals r̂_j = β̂_j X'_jγ (with knowledge of s_j) to estimate σ²_r. For groups (e.g., nurse practitioners and physicians), could model group-specific σ²_{r(j)}.
- Empirical Bayes posterior mean:

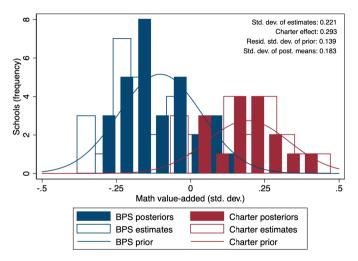
$$\hat{\beta}_{j}^{*} = \left(\frac{\hat{\sigma}_{r}^{2}}{\hat{\sigma}_{r}^{2} + \mathbf{s}_{j}}\right)\hat{\beta}_{j} + \left(\frac{\mathbf{s}_{j}^{2}}{\hat{\sigma}_{r}^{2} + \mathbf{s}_{j}}\right)\mathbf{X}_{j}^{\prime}\hat{\gamma}$$

School Value-Added (Angrist et al. 2017)



Source: Walters (2022)

School Value-Added (Angrist et al. 2017)



Source: Walters (2022)

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EB for Bias Correction

- Can use EB framework to improve predictions of parameters when we have multiple estimates, some possibly biased (Angrist et al. 2017)
 - Suppose we have a precise but biased OLS estimate for β_j , with bias b_j :

$$\left| \hat{\beta}_{j}^{OLS} \right| eta_{j}, oldsymbol{b}_{j}, oldsymbol{s}_{j,OLS}^{2} \sim oldsymbol{N} \left(eta_{j} + oldsymbol{b}_{j}, oldsymbol{s}_{j,OLS}^{2}
ight)$$

Suppose we also have a noisy but (asymptotically) unbiased IV estimate:

$$\left| \hat{\beta}_{j}^{IV} \right| \beta_{j}, \boldsymbol{s}_{j,IV}^{2} \sim \boldsymbol{N} \left(\beta_{j}, \boldsymbol{s}_{j,IV}^{2} \right)$$

Suppose Hausman test rejects equality of $\hat{\beta}_i^{OLS}$ and $\hat{\beta}_i^{IV}$. Should we throw away $\hat{\beta}_i^{OLS}$?

EB for Bias Correction

$$\begin{array}{lll} \left. \hat{\beta}_{j}^{OLS} \right| \beta_{j}, \boldsymbol{b}_{j}, \boldsymbol{s}_{j,OLS}^{2} & \sim & \boldsymbol{N} \left(\beta_{j} + \boldsymbol{b}_{j}, \boldsymbol{s}_{j,OLS}^{2} \right) \\ \left. \hat{\beta}_{j}^{IV} \right| \beta_{j}, \boldsymbol{s}_{j,IV}^{2} & \sim & \boldsymbol{N} \left(\beta_{j}, \boldsymbol{s}_{j,IV}^{2} \right) \\ \left. \beta_{j} & \sim & \boldsymbol{N} \left(\mu, \sigma^{2} \right) \end{array}$$

► Use
$$\left\{ \left(\hat{\beta}_{j}^{OLS}, \hat{\beta}_{j}^{IV}, s_{j,OLS}^{2}, s_{j,IV}^{2} \right) \right\}$$
 to estimate $G(\beta, b)$

• MSE-minimizing posterior $\hat{\beta}_{j}^{*} = E_{\hat{G}(\beta,b)} \left[\beta_{j} | \hat{\beta}_{j}^{OLS}, \hat{\beta}_{j}^{IV} \right]$

$$\hat{\beta}_{j}^{*} = \hat{\lambda}_{IV}\hat{\beta}_{j,IV} + \hat{\lambda}_{OLS}\left(\hat{\beta}_{j,OLS} - \hat{\boldsymbol{\mathcal{E}}}\left[\boldsymbol{b}_{j}\right]\right) + \left(\boldsymbol{1} - \hat{\lambda}_{IV} - \hat{\lambda}_{OLS}\right)\hat{\mu}$$

▶ Performs better than EB using only unbiased estimates, or $\hat{\beta}_{j,IV}^* = E_{\hat{G}(\beta)} \left[\beta_j | \hat{\beta}_j^{IV} \right]$

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Normal Transformations

Efron and Morris (1975): predict hits H_j out of N_j bats of baseball players for the remainder of the season

 $H_j \sim Binom(N_j, p_j)$

Transform H_i to an approximately normal distribution:

$$egin{array}{rcl} ilde{H}_j &=& \sqrt{N_j}\, ext{arcsin}\, (2H_j/N_j-1) pprox N\left(eta_j,1
ight), \ eta_j &=& \sqrt{N_j}\, ext{arcsin}\, (2p_j-1) \end{array}$$

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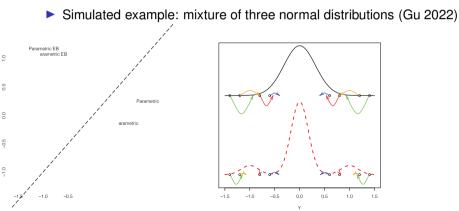
• Use realized $\hat{p}_j = H_j/N_j$ to calculate $\hat{\beta}_j$. $\beta_j \sim G = N(\mu, \sigma^2)$. Deconvolve to find G.

EB prediction p_i^* (**H**, **N**) performs much better than using \hat{p}_j alone to predict H_j

Non-Parametric G

Recent advances estimate more flexible non-parametric G

$$egin{array}{rcl} (eta_j, m{s}_j^2) & \sim & m{G} \ \\ \hat{eta}_j \Big| \, eta_j, m{s}_j^2 & \sim & m{N} \left(eta_j, m{s}_j^2\right) \end{array}$$



Non-Parametric G Techniques

$$egin{array}{rcl} z_{j} &= eta_{j}/s_{j} &\sim & G \ \hat{eta}_{j}\Big|\,eta_{j},s_{j}^{2} &\sim & oldsymbol{N}\left(eta_{j},s_{j}^{2}
ight.$$

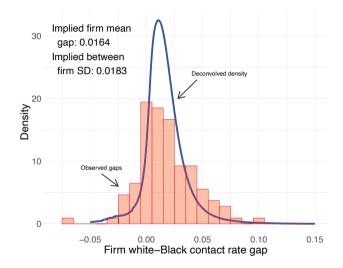
Efron (2016): approximate G with flexible splines

- Implement with deconvolveR R package (Narashimhan and Efron 2020)
- Non-parametric maximum likelihood estimator (NPMLE) (Robbins 1950): approximate G as discrete distribution with at most K mass points

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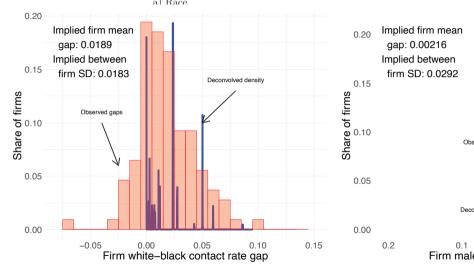
Implement with REBayes R package (Koenker and Gu 2017)

Non-Parametric G Illustration: Efron (2016)



Source: Kline et al. (2022)

Non-Parametric *G* Illustration: NPMLE



Source: Kline et al. (2022)

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Machine Learning

- EB methods are closely related to machine learning (ML) with regularized regressions
 - Both have many (J) parameters; goal of both to improve predictions with finite observations per J
- Consider normal-normal model with J physicians and N patients per physician:

$$\begin{array}{rcl} \boldsymbol{Y}_{i} & = & \beta_{j(i)} + \varepsilon_{i} \\ \varepsilon_{i} & \sim & \boldsymbol{N}\left(\boldsymbol{0}, \sigma_{\varepsilon}^{2}\right) \\ \beta_{j} & \sim & \boldsymbol{N}\left(\boldsymbol{0}, \sigma_{\beta}^{2}\right) \end{array}$$

- Recall unbiased fixed effect estimator: β^{FE}_j = 1/N Σ_i 1 (j (i) = j) Y_i; using it is akin to overfitting, a problem ML seeks to solve
- EB posterior distribution for β_j is normal ⇒ posterior mean β^{*}_j = posterior mode, also known as maximum a posteriori (MAP)

Machine Learning

Plugging in normal densities for ε_{ij} and β_j (i.e., *G*), we can solve for the MAP $(\beta_1^*, \ldots, \beta_J^*)$:

$$\begin{aligned} &\beta_{1}^{*}, \dots, \beta_{J}^{*}) &= \arg \min_{(\beta_{1}, \dots, \beta_{J})} \sum_{j=1}^{J} \sum_{i=1}^{N} \mathbf{1} \left(j(i) = j \right) \left(Y_{i} - \beta_{j} \right)^{2} + \frac{\sigma_{\varepsilon}^{2}}{\sigma_{\beta}^{2}} \sum_{j=1}^{J} \beta_{j}^{2} \\ &= \arg \min_{(\beta_{1}, \dots, \beta_{J})} \sum_{j=1}^{J} \sum_{i=1}^{N} \mathbf{1} \left(j(i) = j \right) \left(Y_{i} - \beta_{j} \right)^{2} + \lambda p \left(\beta_{1}, \dots, \beta_{J} \right) \end{aligned}$$

This is the solution to a regularized regression, with penalty $p(\cdot)$ and tuning parameter $\lambda = \sigma_{\varepsilon}^2/\sigma_{\beta}^2$

- The particular regularized regression is known as ridge regression
- In spirit of EB, data are used to choose λ

Machine Learning

- Thus, ML regularization often has EB interpretation
 - Ridge regression estimates (L2 penalization): posterior means/modes from a model with normal priors
 - LASSO regression estimates (L2 penalization): posterior modes from double exponential (Laplace) priors

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- ► May be useful to think about implicit EB prior distribution of parameters (i.e., G)
 - Some ML approaches will perform better under certain implicit parameter prior distributions (Abadie and Kasy 2019)

Multiple Hypothesis Testing

With Ĝ and (β̂_j, s²_j), can use EB to make relevant policy assessments that are compound decision problems, e.g.,

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- Which doctors are in the top quintile of performance $(\beta_j > G^{-1}(0.8))$?
- Which VA hospitals are discriminating against Black patients ($\beta_j > 0$)?
- Such problems are "large-scale inference" problems, closely related to multiple-testing problems (Efron 2012)

Multiple Hypothesis Testing

- Example: Kline et al. (2022) interested in classifying firms as discriminating against Black applicants (see also Gu and Koenker (2022))
 - Send random applications with Black-sounding vs. white-sounding names to J firms
 - Estimate $\left\{ \left(\hat{\beta}_j, s_j^2 \right) \right\}_{j=1}^J$ for *J* firms
 - Can perform one-tailed *t*-test: $\beta_j = 0$ vs. $\beta_j > 0$. Implies test statistic $z_t = \hat{\beta}_j / s_j$ and *p*-value $p_j = 1 \Phi(z_j)$.
- ▶ Decision rule: classify firm as discrimatory if $p_j \le \overline{p}$
 - How many mistakes do we expect to make (i.e., false discovery rate or FDR) for a given p
 ? What should we pick for p?

Multiple Hypothesis Testing

From definition of *p*-value, $\overline{p} = \Pr(p_j \le \overline{p} | \beta_j = 0)$; interested in $FDR = \Pr(\beta_j = 0 | p_j \le \overline{p})$

► By Bayes rule,

$$\begin{aligned} FDR\left(\overline{p}\right) &= & \Pr\left(\beta_{j}=0|\,p_{j}\leq\overline{p}\right) \\ &= & \frac{\Pr\left(p_{j}\leq\overline{p}|\,\beta_{j}=0\right)\Pr\left(\beta_{j}=0\right)}{\Pr\left(p_{j}\leq\overline{p}\right)} \\ &= & \frac{\overline{p}\Pr\left(\beta_{j}=0\right)}{\Pr\left(p_{j}\leq\overline{p}\right)} \end{aligned}$$

Pr ($p_j \ge \overline{p}$) is a function of the data; Pr ($\beta_j = 0$) depends on *G*

Set $FDR(\overline{p})$ based on cost of type I (false positives) vs. type II errors (false negatives)

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VA vs. Non-VA Care

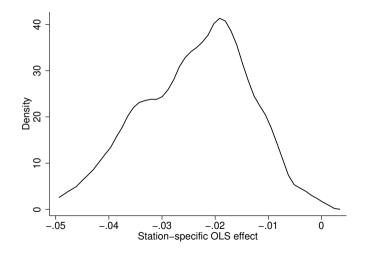
- Chan et al. (2022): quasi-experimental assignment of ambulances to dually eligible veterans above age 65
 - Veterans may receive care at VA or non-VA emergency departments (EDs)
 - IV approach: ambulances have different propensities to transport veterans to the VA
 - Condition on zip code: each location is part of a different quasi-experiment (each with its own VA and non-VA hospitals of interest)

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- Main finding: VA hospitals reduce mortality by 45% in IV design; robust 21% reduction in mortality by OLS
- How might this result vary across VA stations?

VA vs. Non-VA Care

Station-specific VA mortality effect (OLS design): all stations reduce mortality



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NP vs. Physician ED Productivity

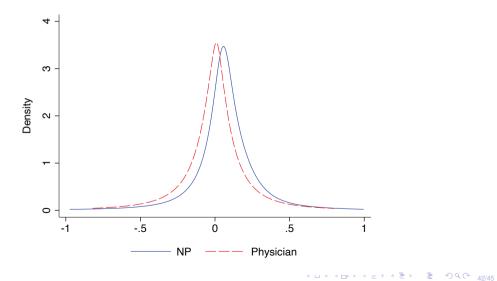
- Chan and Chen (2022): quasi-experimental assignment of ED patients to NPs vs. physicians
 - ► IV approach: availability of NPs and physicians at the time of patient arrival
- Main finding: on average, NPs have lower productivity, using more resources but achieving worse outcomes

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What about the productivity distribution within professions?

NP vs. Physician ED Productivity

Deconvolved distributions of productivity: 38% overlap in productivity



Conclusion

- Empirical Bayes methods provide tools to jointly assess effects across important units of interests (e.g., physicians, hospitals)
- The increasing granularity of data (including at the VA), combined with computational tools, has led to a rise in recent methods and applications

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Compound decision problems and large-scale inference made possible by these methods are extremely policy-relevant

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