



Regression Discontinuity Designs

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Presentation Overview

- Introduction to RD
- An Example Study on BC's Fair Pharmacare Program
- How to model an RD

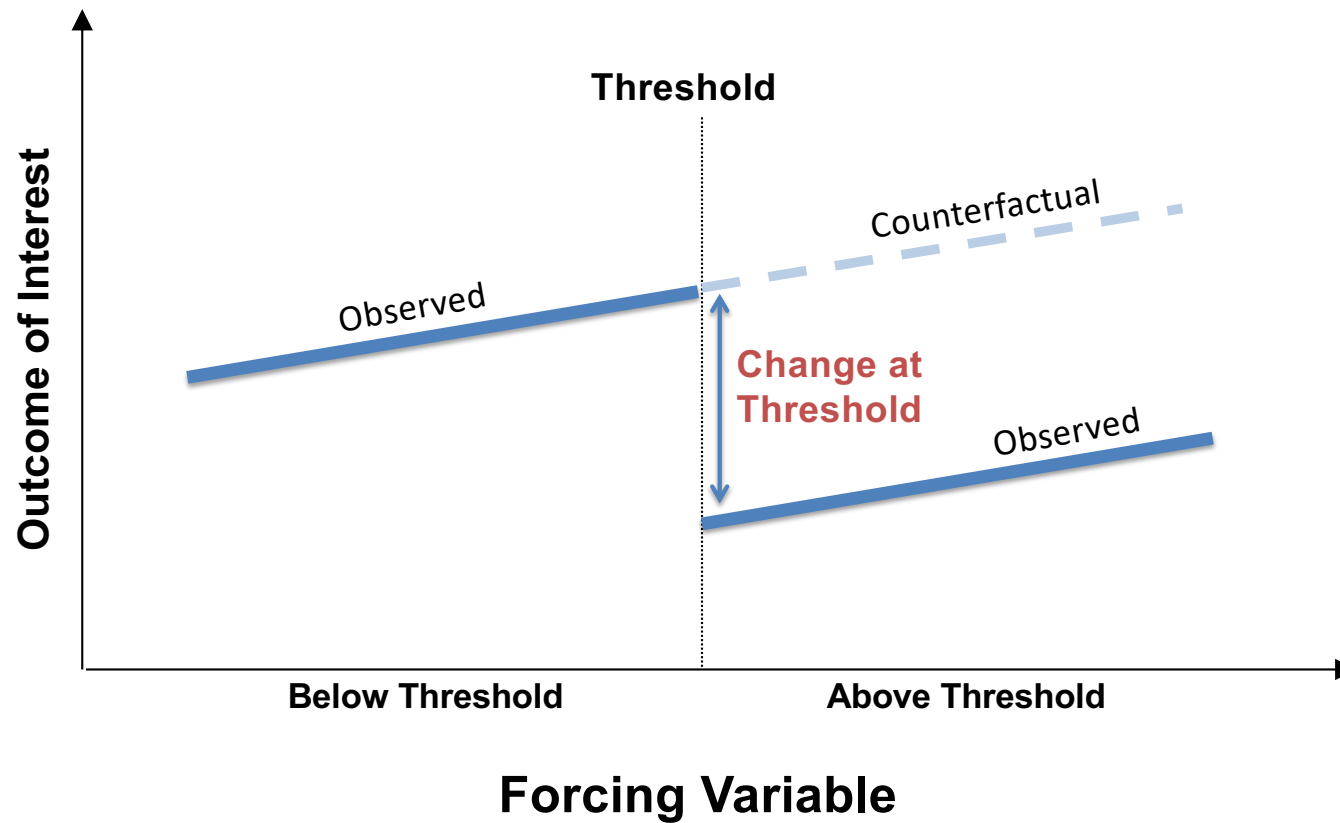


Regression Discontinuity (RD)

- Design
 - Compare trends in an outcome above and below a threshold in a forcing variable
- Counterfactual Assumption
 - The existing trend in the outcome above/below the threshold would have been smooth absent the change at the threshold



Regression Discontinuity





RD Estimates

- RDs estimate what's known as a local average treatment effect (LATE)
- Interpretation:
 - The effect of the receipt of the intervention for those who would not have received it absent the change in eligibility at the threshold



Potential RD Biases

1. Co-intervention (Non-smooth curve)
 - Something aside from the intervention affects the outcome and changes at the same threshold as the intervention
2. Instrumentation
 - The method of measurement differs above and below the threshold
3. Ascertainment
 - Individuals are differentially included in the sample on either side of the threshold



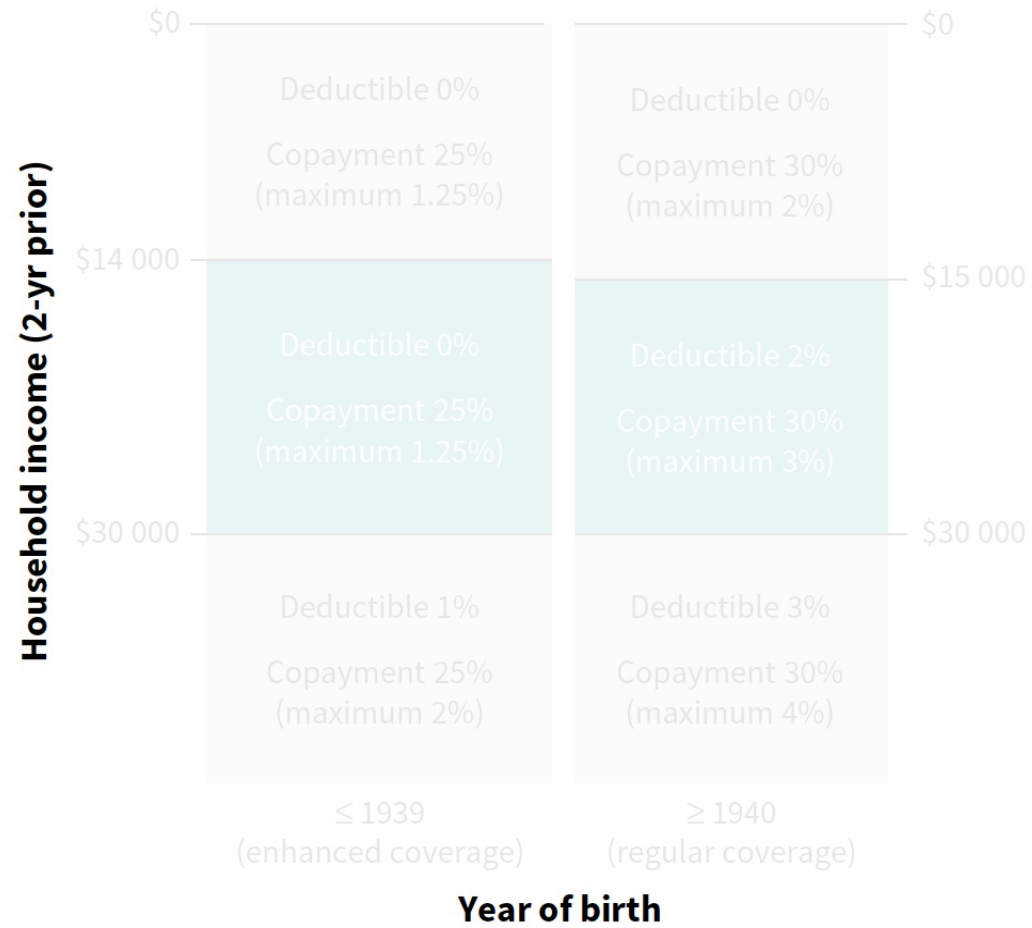
Example from BC Fair Pharmacare

- Several Canadian public drug plans charge income-based deductibles before coverage starts
 - In BC, 3-4% of household income
- Question: What is the impact of these deductibles on drug use and use of other health care services?



Methods







RESEARCH

Impact of income-based deductibles on drug use and health care utilization among older adults

Michael R. Law PhD, Lucy Cheng MSc, Heather Worthington MSc, Muhammad Mamdani PharmD MPH, Kimberlyn M. McGrail PhD, Fiona K.I. Chan BSc (Pharm), Sumit R. Majumdar MD MPH

■ Cite as: *CMAJ* 2017 May 15;189:690-6. doi: 10.1503/cmaj.161119

See related article at www.cmaj.ca/lookup/doi/10.1503/cmaj.170169

ABSTRACT

BACKGROUND: Income-based deductibles are present in several provincial public drug plans in Canada and have been the subject of extensive debate. We studied the impact of such deductibles in British Columbia's Fair PharmaCare plan on drug and health care utilization among older adults.

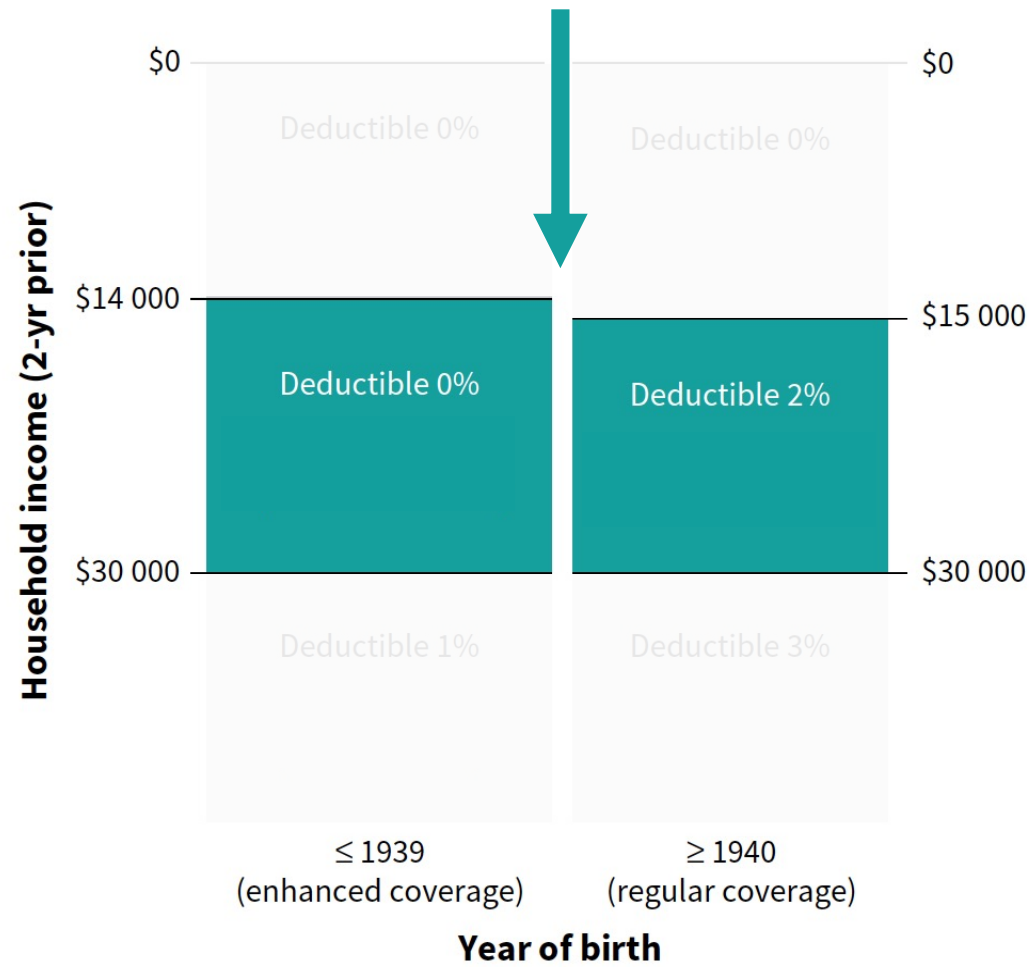
METHODS: We used a quasi-experimental regression discontinuity design to compare

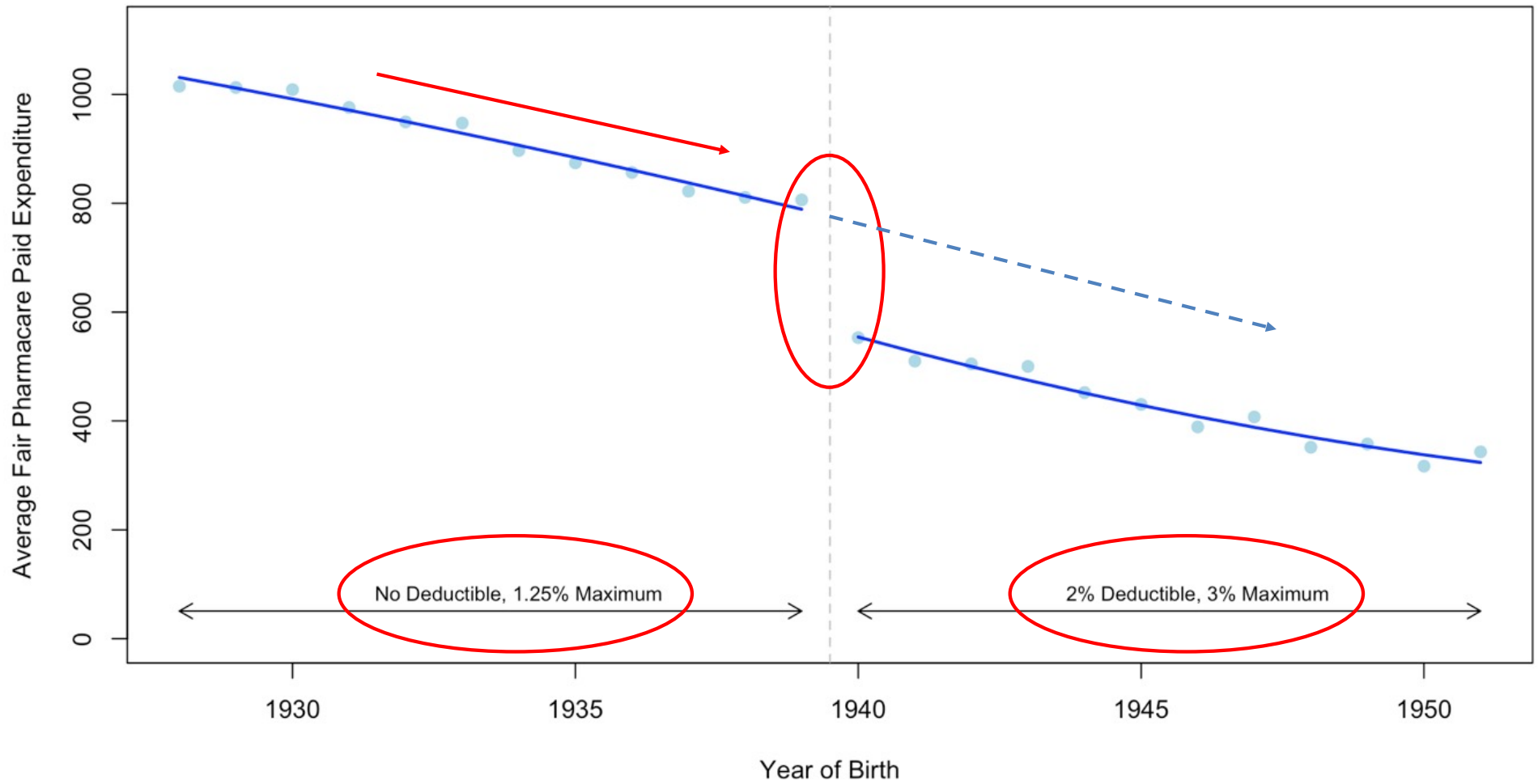
2% of household income). We used 1.2 million person-years of data between 2003 and 2015 to study public drug plan expenditures, overall drug use, and physician and hospital resource utilization in these 2 groups.

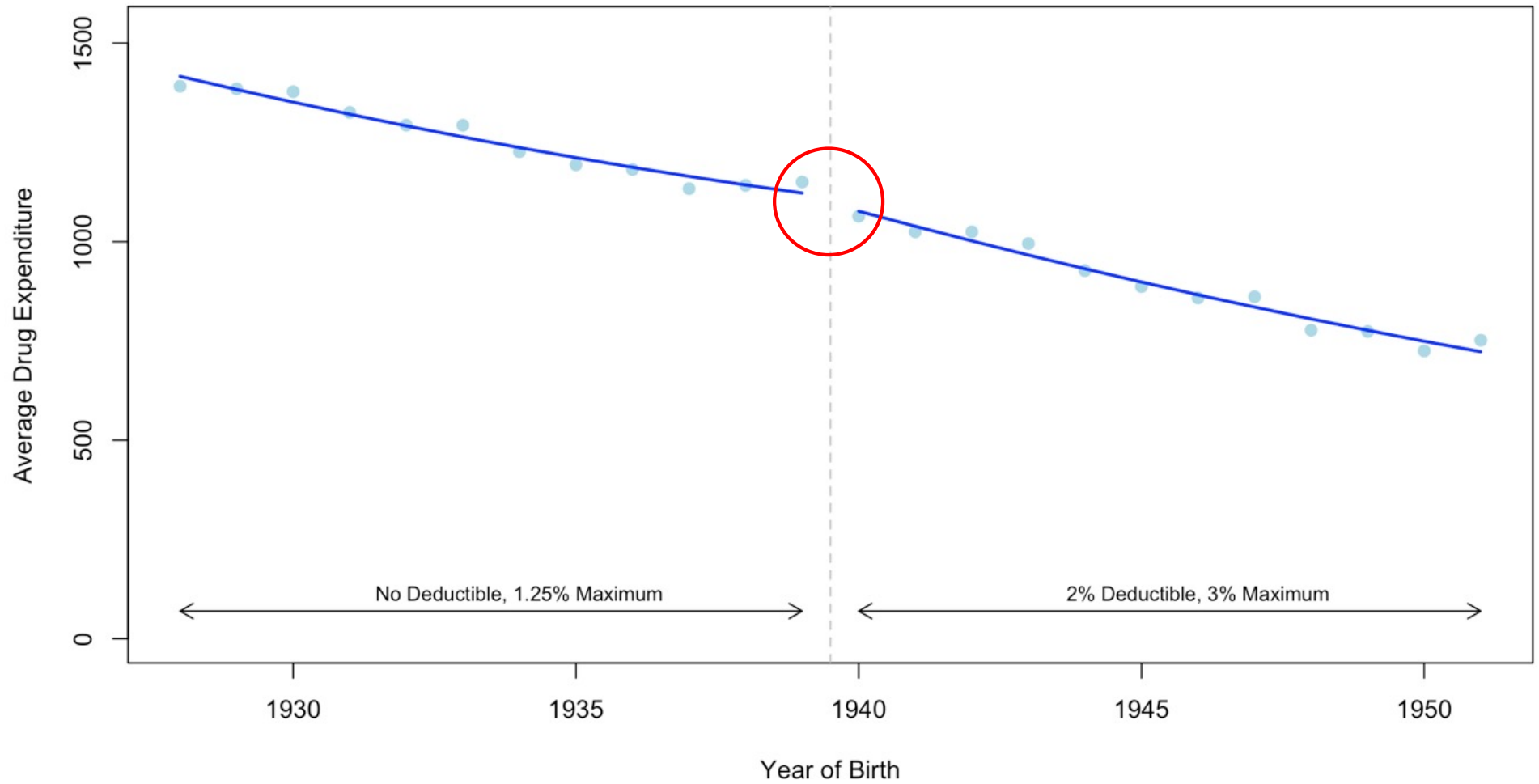
RESULTS: The income-based deductible led to a 28.6% decrease in person-years in which public drug plan benefits were received (95% confidence interval [CI]

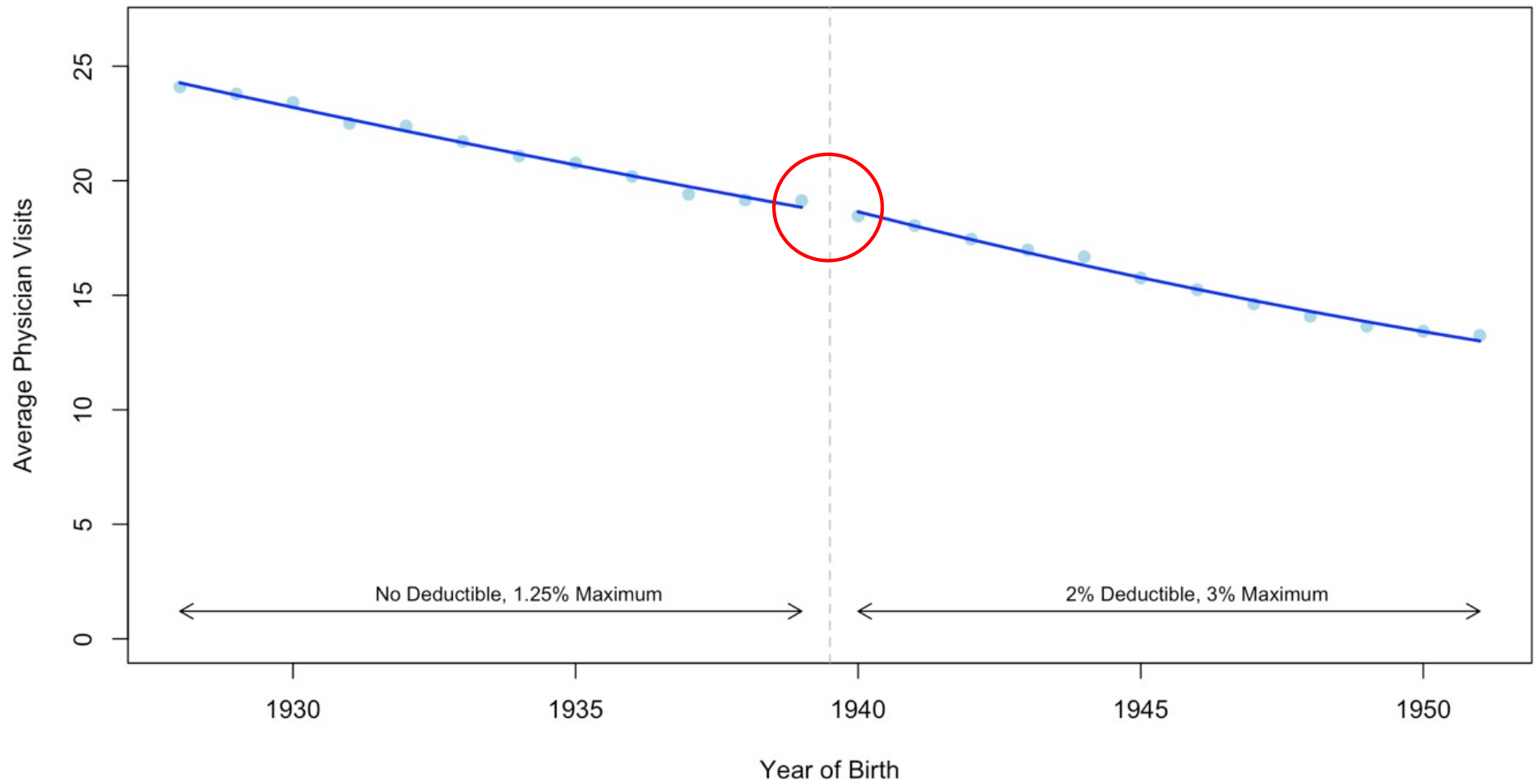
total drug spending once privately paid amounts were accounted for ($p = 0.4$ and 0.8 , respectively). Further, we found only small or nonexistent changes in health care resource utilization at the 1939 threshold.

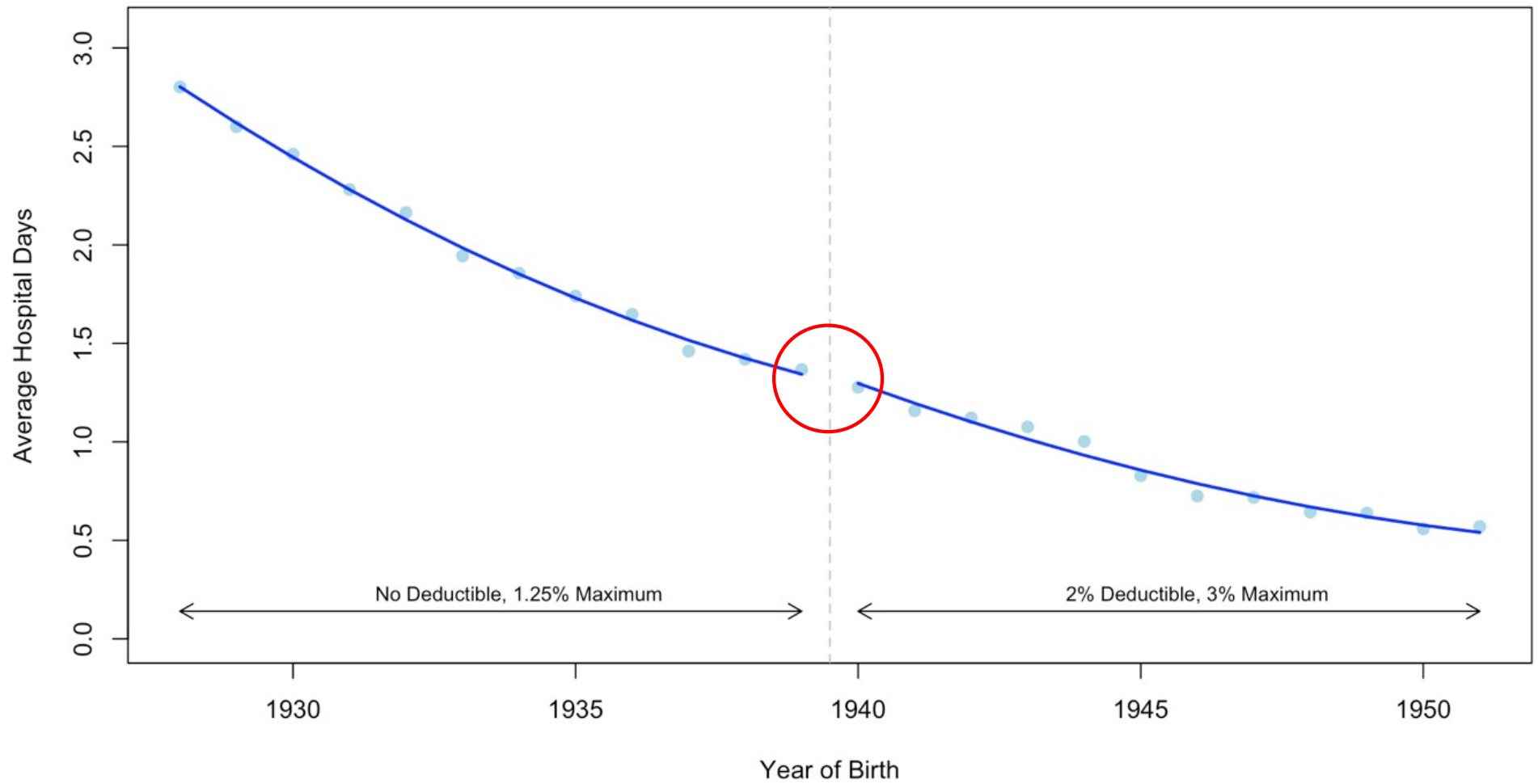
INTERPRETATION: A modest income-based deductible had a considerable impact on the extent of public subsidy for prescription drugs. However, it had













Local Average Treatment Effect

- LATE: the impact of a 2% of household income deductible on individuals born in 1939/1940 with household incomes between \$15,000 and \$30,000.
- How useful is this estimate?



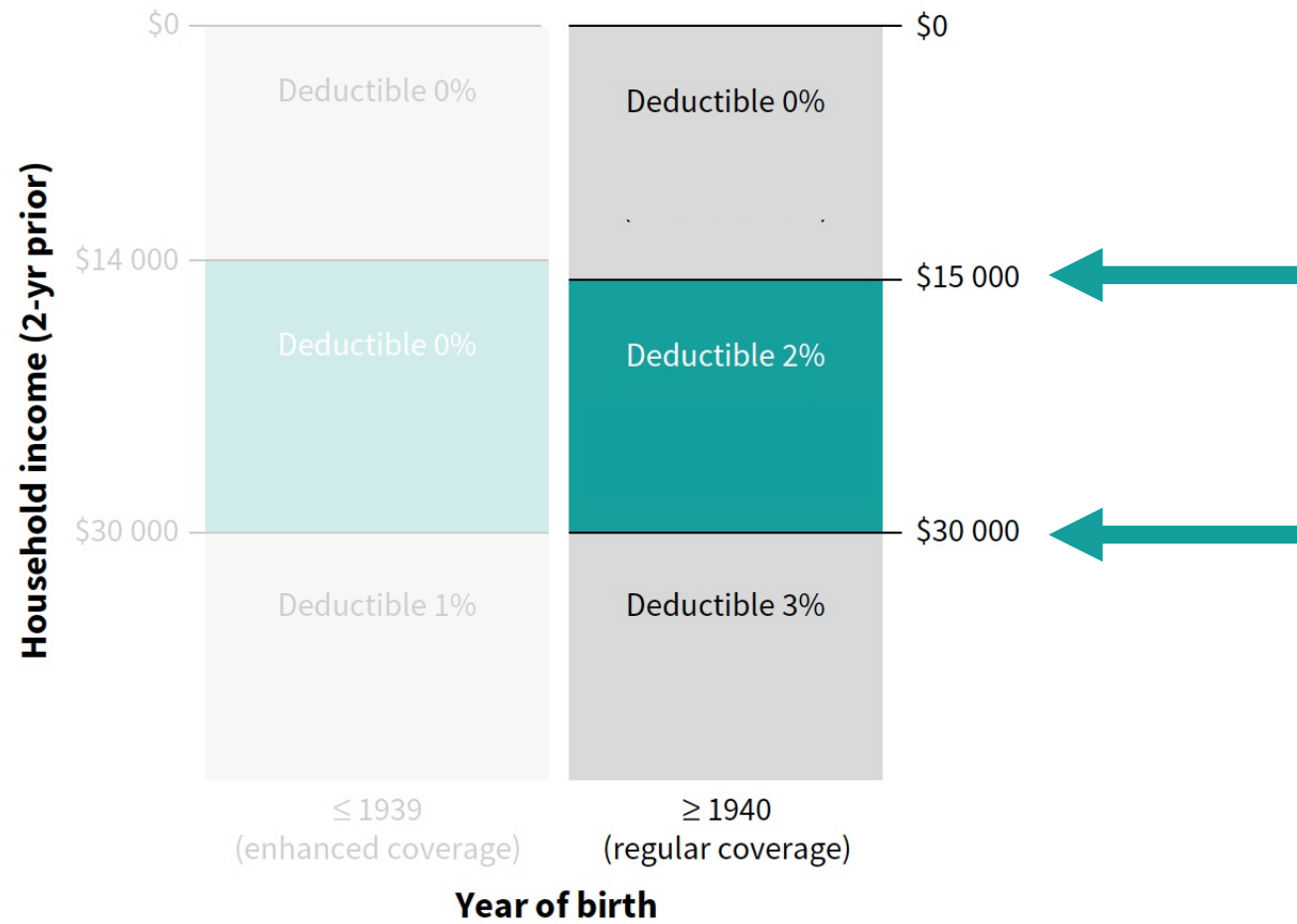
Impact of a household-level deductible on prescription drug use among lower-income adults: a quasi-experimental study

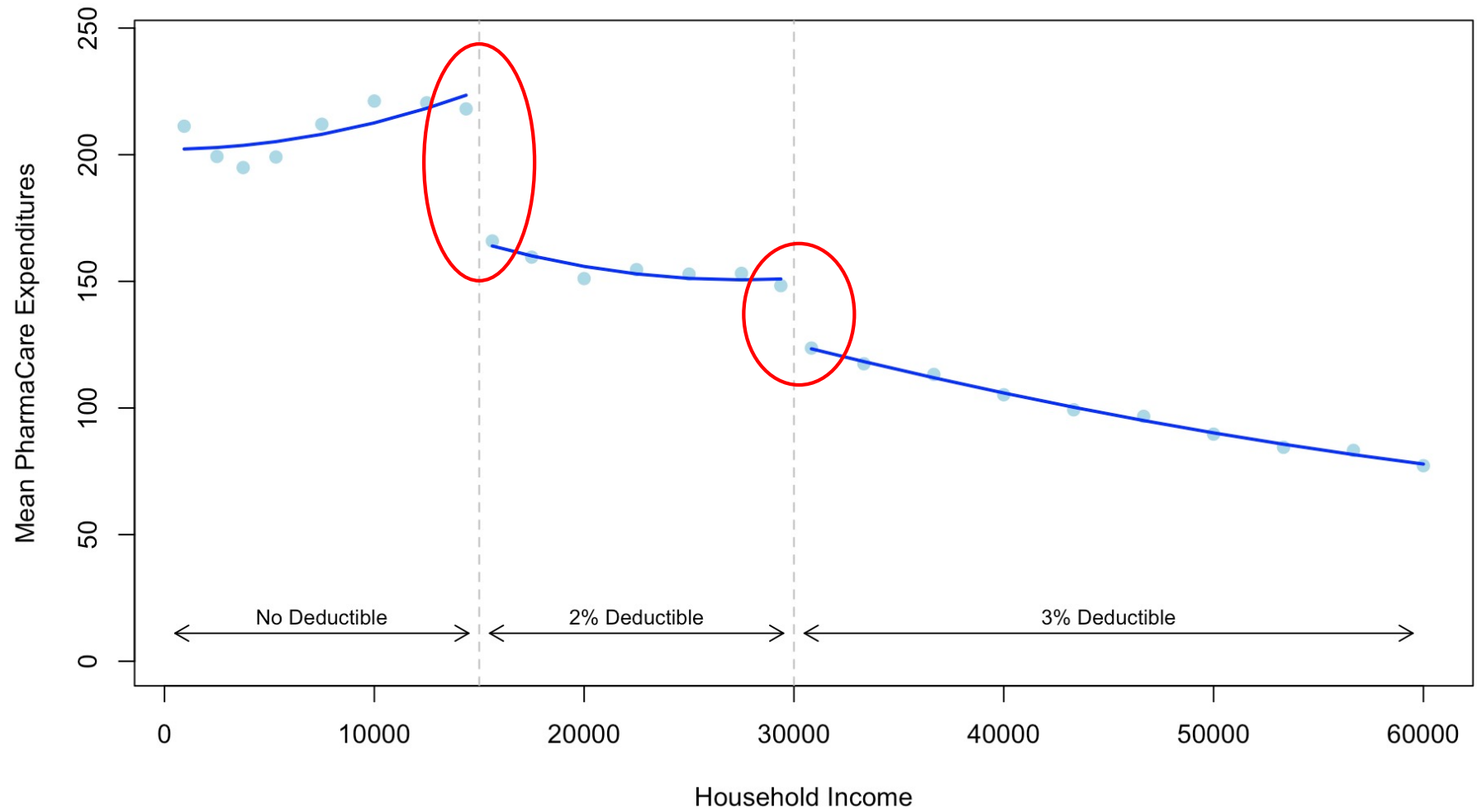
Michael R. Law PhD, Lucy Cheng MSc, Heather Worthington MSc, Sumit R. Majumdar MD MPH, Kimberlyn M. McGrail PhD, Fiona Chan MSc, Tracey-Lea Laba PhD, Muhammad Mamdani PharmD MPH

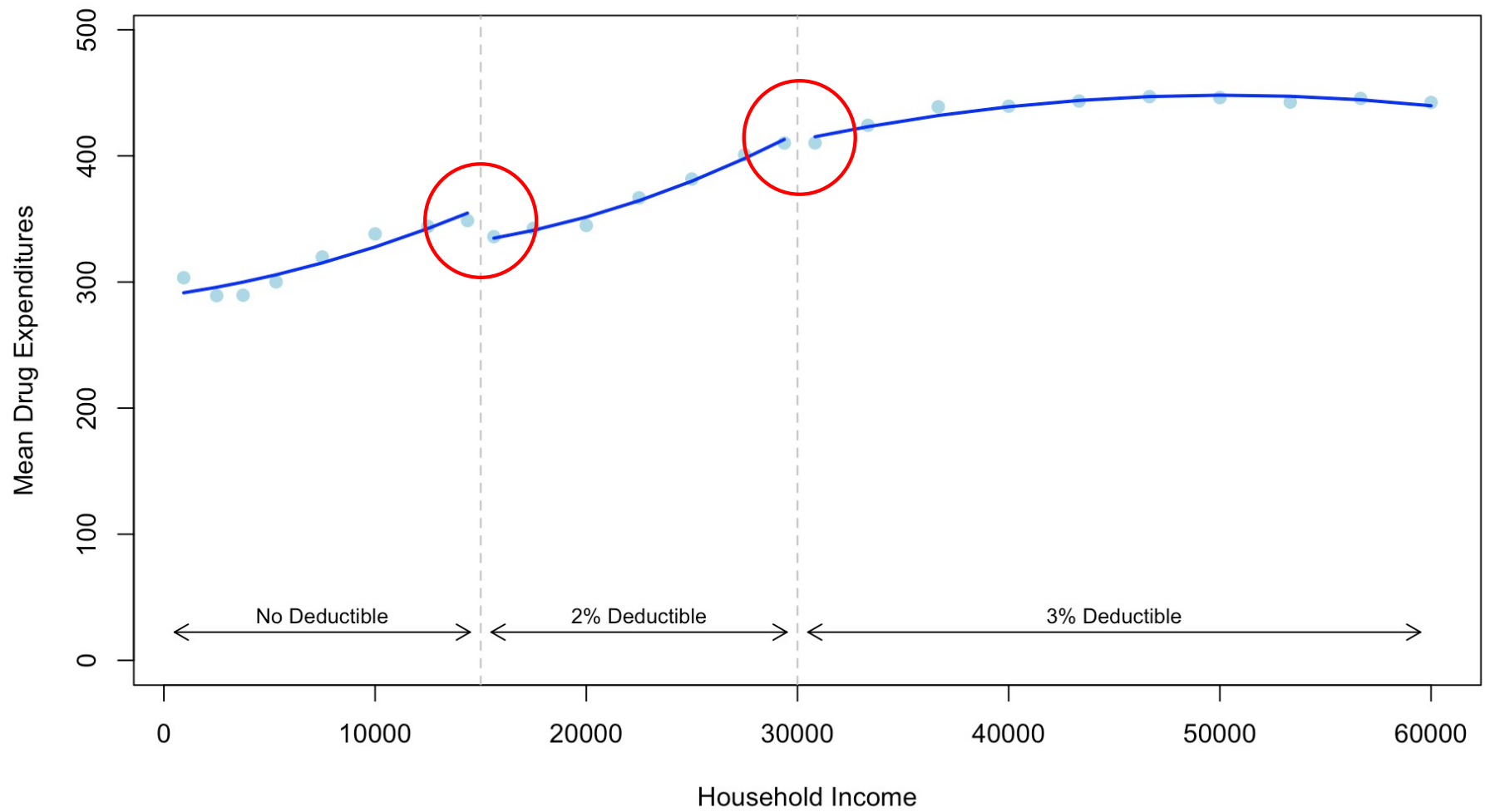
Abstract

Background: Several Canadian public drug plans have income-based deductibles, but we have limited data on their impact, particularly for vulnerable populations. Therefore, we studied the impact of deductibles in British Columbia's Fair PharmaCare program on drug use among lower-income adults.

Methods: We used a quasi-experimental regression discontinuity design to study the impact of BC rules that impose no deductible before receiving public coverage on households with incomes less than \$15 000, a deductible of 2% of household income on those with incomes between \$15 000 and \$30 000, and a deductible of 3% of household income on those with incomes above \$30 000. We studied the impact of these thresholds on public and total drug expenditures between 2003 and 2015 using 24 million person-









Sub-analyses

- Results persist across:
 - Age groups (< 65 vs. > 65)
 - Household size (kids vs. no kids)
 - Sex (male vs. female)
 - Drug type (generic vs. brand)
 - Drug importance (“essential” vs. “non-essential”)



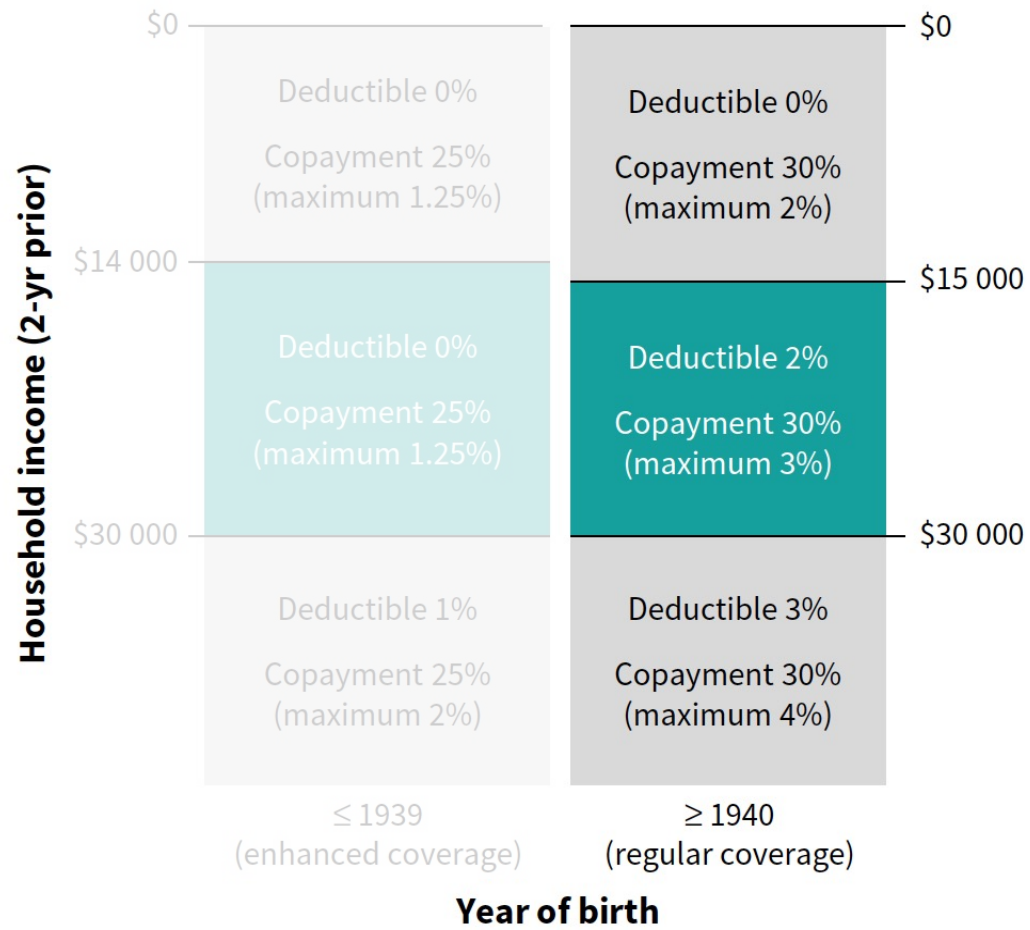
Local Average Treatment Effect

- LATE: the impact of a 2% of household income deductible on individuals with household incomes around \$15,000
- How useful is this estimate?



Overall Interpretation

- Deductibles
 - Substantially reduced public drug spending
 - Reduced overall drug use, but only at lower incomes
- Limitations
 - LATEs limited to existing thresholds
 - No information on private drug coverage





BRINGING DOWN THE COST OF PRESCRIPTION DRUGS

- » People shouldn't have to choose between paying for their medications and putting food on the table. For many, the cost of prescription drugs and medical supplies has put serious strains on household budgets. The \$105 million investment in the **FAIR PHARMACARE** program will expand coverage for 240,000 B.C. families.
- » All families with household net incomes under \$45,000 will benefit from this investment.
- » Deductibles will also be eliminated entirely for families with net annual incomes between \$15,000 and \$30,000.

240,000 B.C. FAMILIES BENEFIT



DEDUCTIBLES ELIMINATED

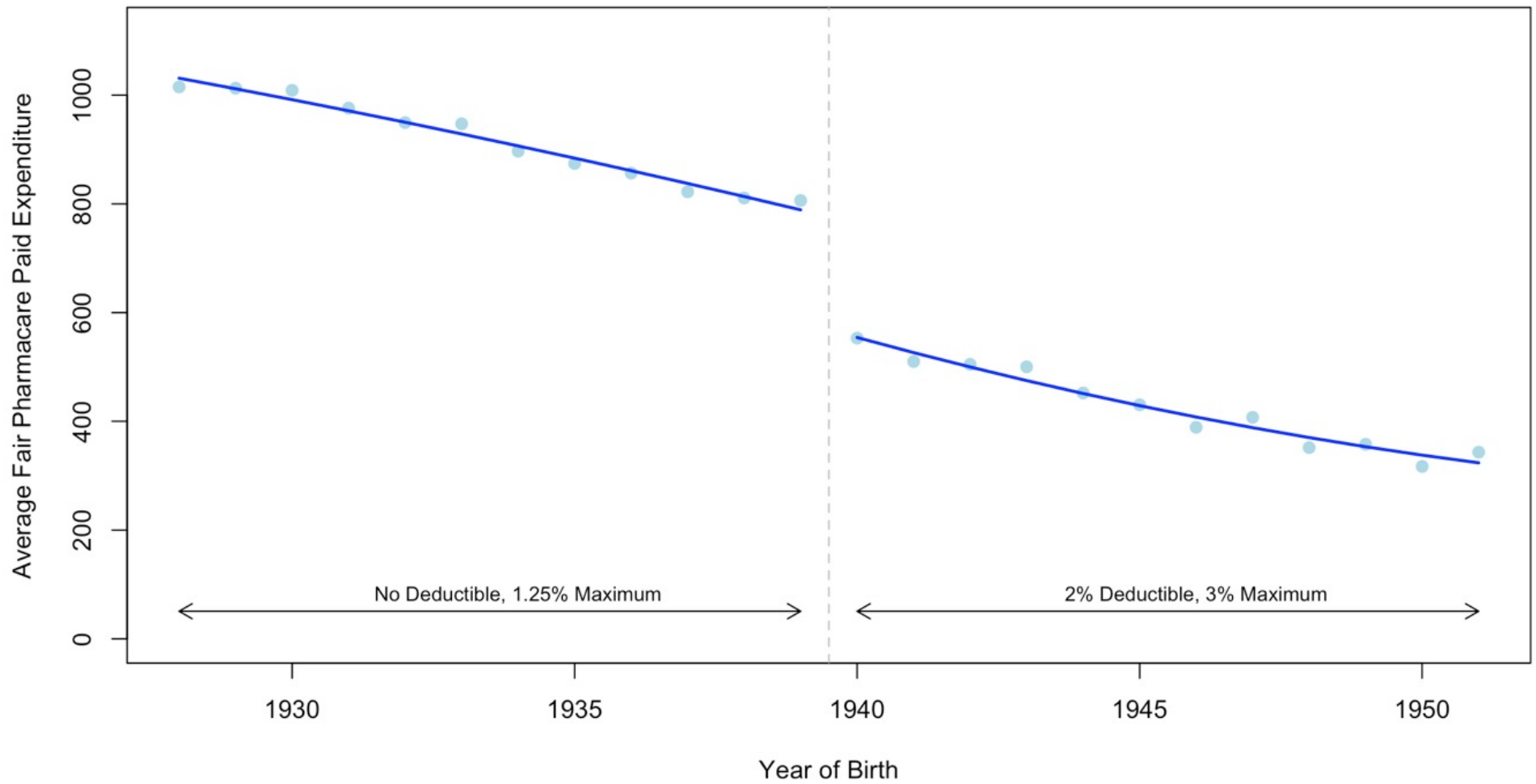
- » Families with net incomes below \$30,000.

DEDUCTIBLES REDUCED

- » Families with net incomes below \$45,000.



Performing an RD Analysis





Data setup

ID	Forcing (Year-1928)	Threshold (≥ 1940)	Forcing*Threshold	Outcome (\$)
1	11	0	0	456
2	2	0	0	523
3	24	1	24	34
4	19	1	19	37
5	5	0	0	20
6	10	0	0	54
7	14	1	14	902
...



Basic RD model

- For individual i with threshold j and forcing variable k :

$$outcome_{jk} = \beta_0 + \beta_1 \cdot (k - j) + \beta_2 \cdot [k > j] + \beta_3 \cdot [k > j] \cdot k + \varepsilon_{jk}$$

Predicted level at
smallest forcing
variable value

Pre-existing slope in the
outcome of interest

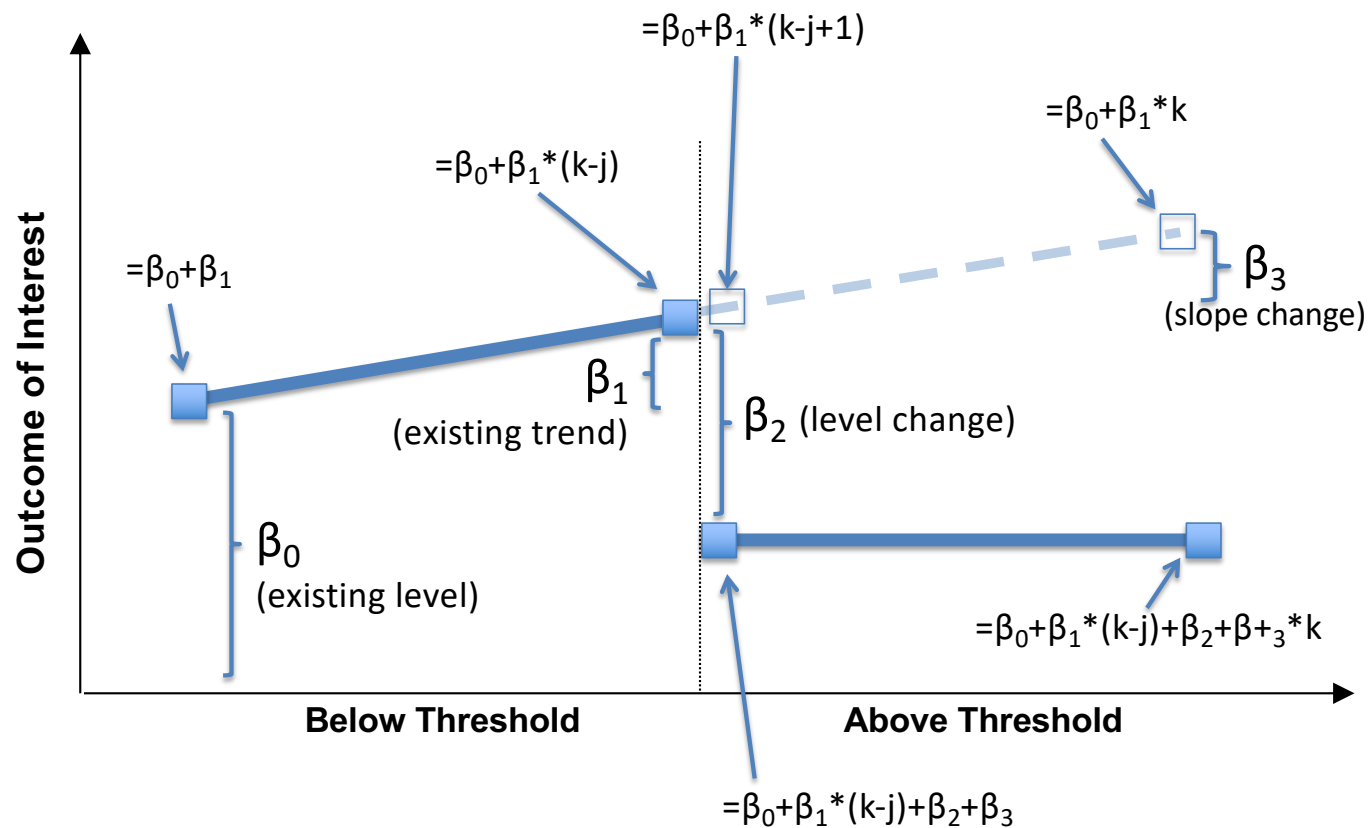
Change in the level
above the threshold
* Variable of interest

Change in the slope above
the threshold

- This allows you to predict 2 line segments
 - Some RDs do not use slope variables
 - Some use quadratic terms and other model modifications



$$outcome_{jk} = \beta_0 + \beta_1 \cdot (k - j) + \beta_2 \cdot [k > j] + \beta_3 \cdot [k > j] \cdot k + \varepsilon_{jk}$$





Problems with RD

- Often requires more data than comparable RCT
- Relies on smoothness over threshold
 - Not testable, can do falsification test
 - Concern: something like retirement age
- Requires technical skill to properly fit from a statistical standpoint
 - Many options for modeling technique, weighting, etc.



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Methods Readings

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- Venkataramani AS, Bor J, Jena AB. Regression discontinuity designs in healthcare research. *BMJ* (2016): 352:i1216.



Law MR, Cheng L, Worthington HC, Mamdani M, McGrail KM, Chan F, Majumdar SR. Impact of Income-based Deductibles on Drug Use and Health Care Utilization in Older Adults. CMAJ 2017; 189(19): E690-E696.

Law MR, Cheng L, Worthington HC, Majumdar SR, McGrail KM, Chan F, Laba T, Mamdani M. The Impact of a Household-level Deductible on Drug Use among Lower Income Adults. CMAJ Open 2019; 7(1): E167-E173.

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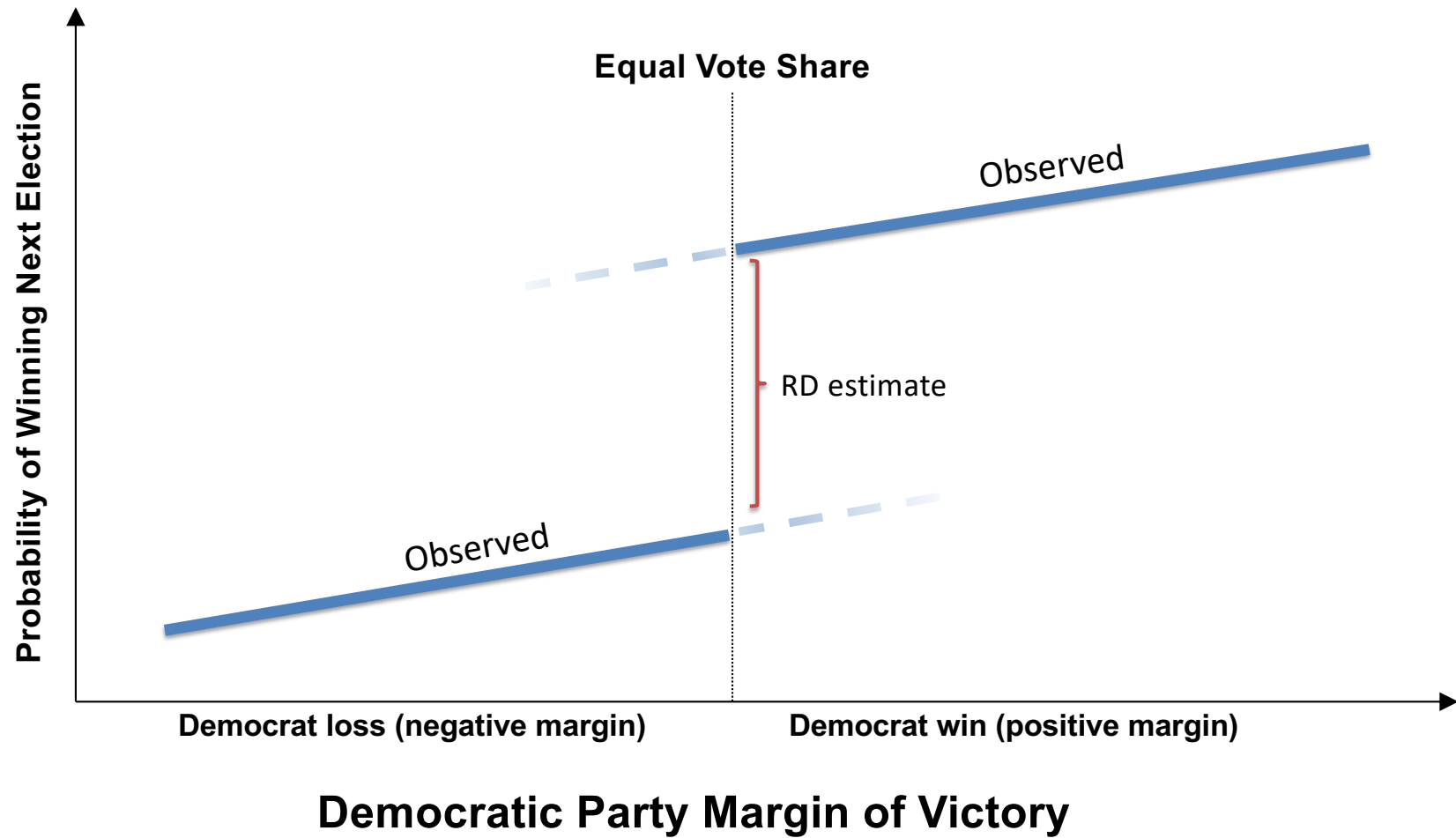


ANOTHER MODELING EXAMPLE



Lee (2008)

- Interested in the effect of incumbent party advantage
- Uses data from US House of Representatives elections
- Our data are from a replication by Caughey and Sekhon
 - Includes 7,598 elections from 1942 through 2006





Data Setup

state	year	dmargin	demwin	dwinnext	bin
...
5	1946	-6.218	0	0	22
5	1950	-4.146	0	0	23
5	1954	-5.118	0	1	23
5	1956	6.148	1	1	29
...



Setup Variables

```
# Setup square term for forcing variable
dataset$dmargin2 <- dataset$dmargin^2

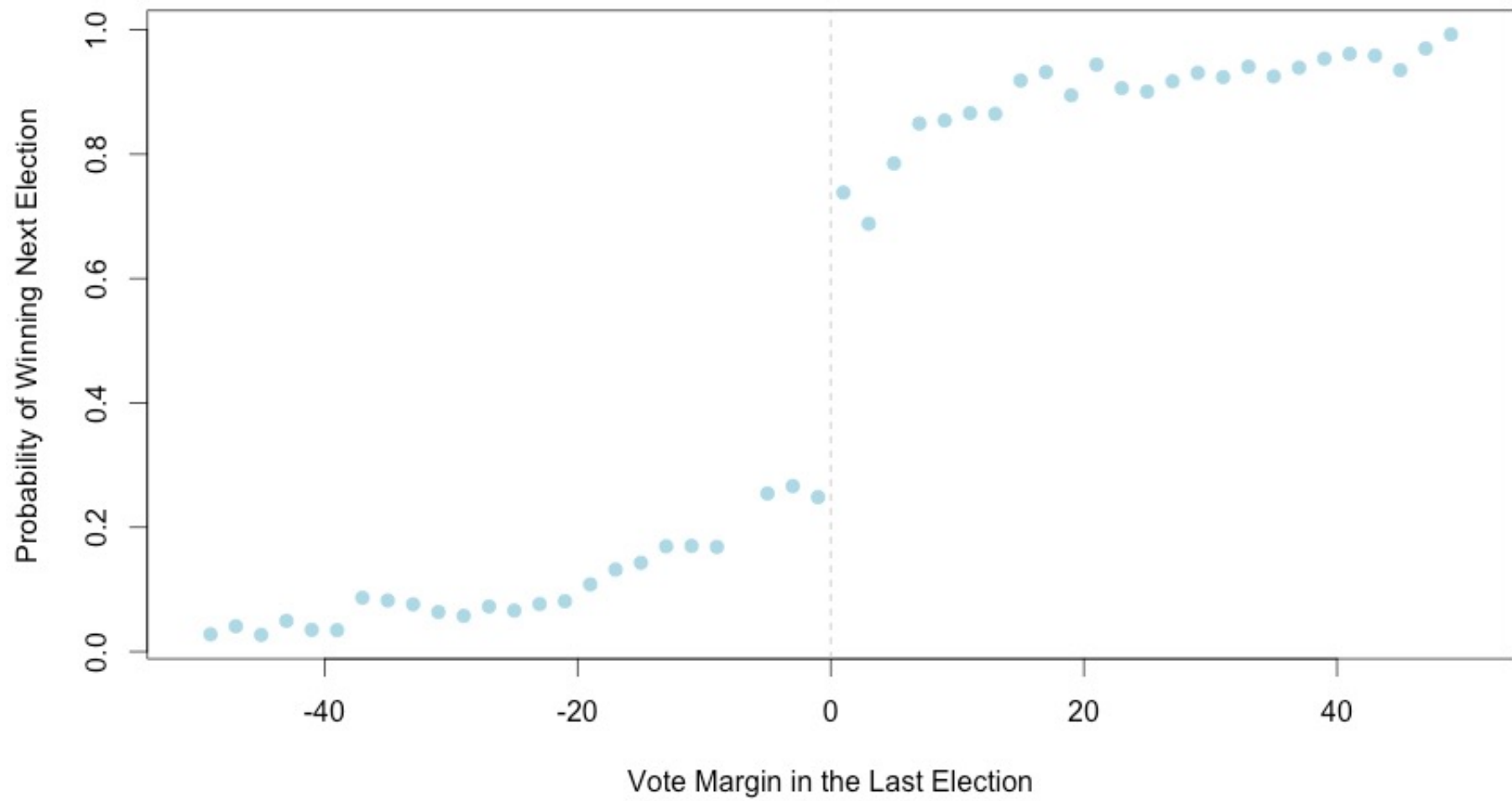
# Setup interaction between forcing variable and threshold
dataset$dmargin_demwin <- dataset$dmargin * dataset$demwin

# Setup square terms for forcing variable * threshold
interactions
dataset$dmargin_demwin2 <- dataset$dmargin_demwin^2
```



Preliminary Plot

```
#####  
# Preliminary Plot  
#####  
  
# Setup bins for plotting  
bins <- seq(-49,49,2)  
  
# Get the mean within each bin  
means <- tapply(dataset$dwinnnext,dataset$bin,mean)  
  
# Plot the results  
plot(bins,means,  
      pch=19,  
      ylab="Probability of Winning Next Election",  
      xlab="Vote Margin in the Last Election",  
      xlim=c(-50,50),  
      col="lightblue")  
  
# Add line at zero  
abline(v=0,lty=2,col="grey")
```



Run Basic Model

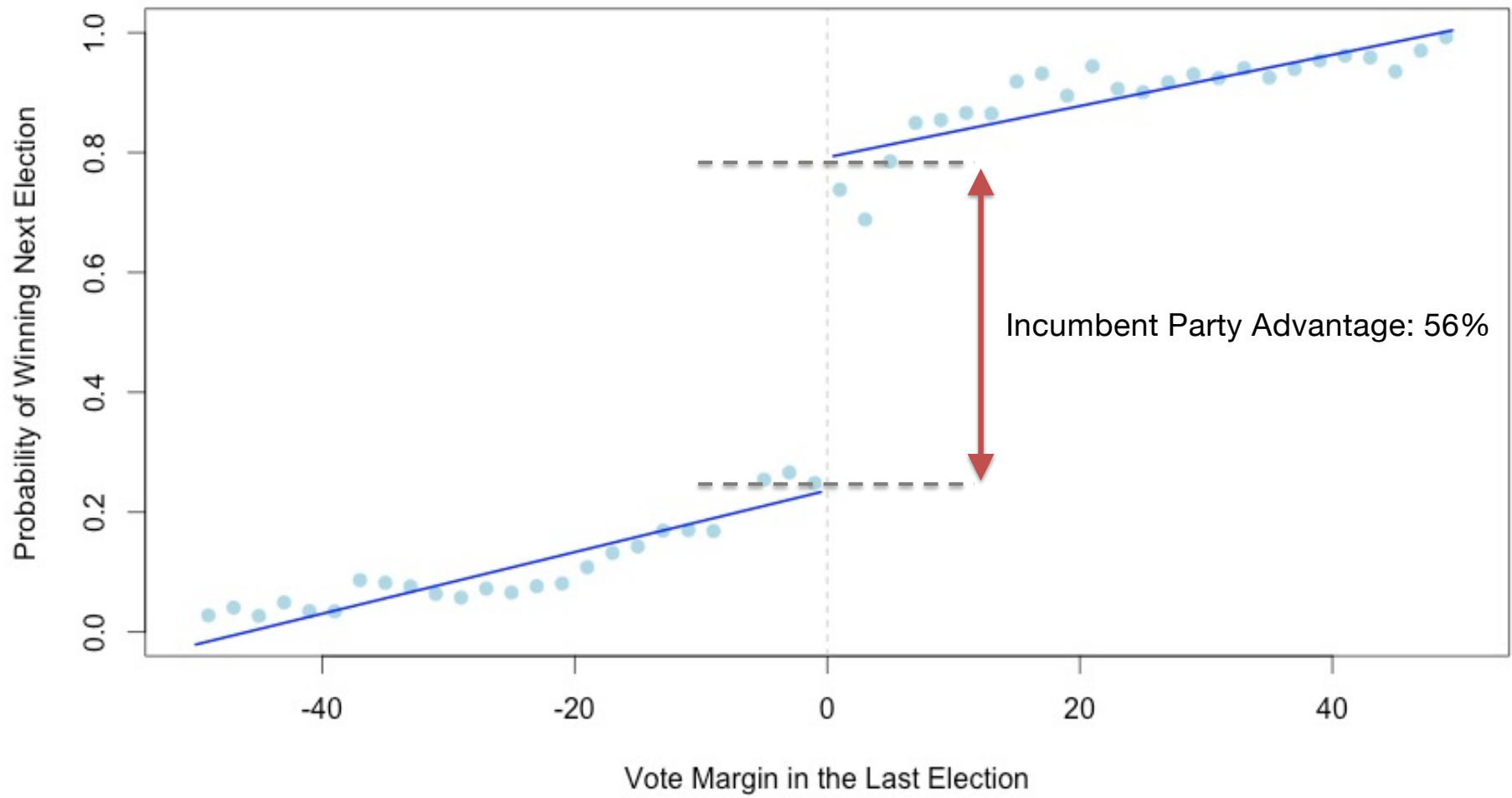
```
#####  
# Modeling  
#####  
  
model <- lm(dwinnext ~ dmargin + demwin + dmargin_demwin,  
            data=dataset)  
  
summary(model)
```



Model 1 Results

Coefficients:

	Estimate	Std. Error	t value	Pr(> t)	
(Intercept)	0.2362171	0.0096311	24.526	<2e-16	***
dmargin	0.0051402	0.0003727	13.790	<2e-16	***
demwin	0.5558085	0.0139324	39.893	<2e-16	***
dmargin_demwin	-0.0008619	0.0005163	-1.669	0.0951	.





Add square terms

```
# Add square terms
model2 <- lm(dwinnext ~ dmargin + dmargin2 +
             demwin + dmargin_demwin + dmargin_demwin2,
             data=dataset)
summary(model2)

# Compare versus model 1
anova(model1, model2)
```



Model 2 Results

Coefficients:

	Estimate	Std. Error	t value	Pr(> t)	
(Intercept)	0.28847535	0.01425106	20.242	< 2e-16	***
dmargin	0.01172643	0.00137841	8.507	< 2e-16	***
dmargin2	0.00014036	0.00002829	4.962	7.14e-07	***
demwin	0.44811150	0.02054055	21.816	< 2e-16	***
dmargin_demwin	-0.00053605	0.00196543	-0.273	0.785	
dmargin_demwin2	-0.00028161	0.00003958	-7.114	1.23e-12	***



Model 1 vs. Model 2

Analysis of Variance Table

Model 1: $\text{dwinnext} \sim \text{dmargin} + \text{demwin} + \text{dmargin_demwin}$

Model 2: $\text{dwinnext} \sim \text{dmargin} + \text{dmargin2} + \text{demwin} + \text{dmargin_demwin} + \text{dmargin_demwin2}$

	Res.Df	RSS	Df	Sum of Sq	F	Pr(>F)
1	7593	732.19				
2	7591	727.33	2	4.8522	25.32	1.096e-11 ***

