



GRUPO ESPAÑOL DE DECISIÓN MULTICRITERIO

Portfolio decision analysis (PDA) with M-MACBETH

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Malaga, June 2017

PDA case-study selection

*Real-world applications of a multicriteria socio-technical approach
for PDA using the M-MACBETH DSS
in decision conferences*

CASE-STUDY I

**Model to select a R&D
portfolio of robotic
innovations for
minimal invasive
surgical
interventions...
...under a limited
budget**

(Hummel, Oliveira et al. 2017)

CASE-STUDY II

**Model to prioritize
community care
programmes...
... in view of allocating
human resources...
... to assist the Head of
the GHCC of Northern
Lisbon**

(Oliveira, Rodrigues et al.
2012)

CASE-STUDY III

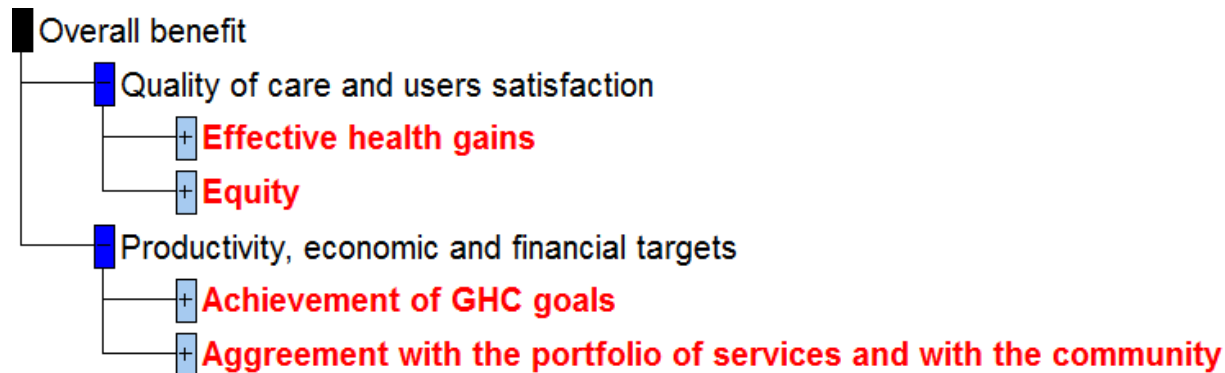
**Model to prioritize
health and competing
non-health
programmes...
...considering their
value-for-effort...
... to assist the Head of
the SEDSDH (Brazil)**

(Bana e Costa, Lourenço et al. 2014)



Prioritizing Health Care Interventions: A Multicriteria Resource Allocation Model to Inform the Choice of Community Care Programmes

Several benefit (and risk) criteria:



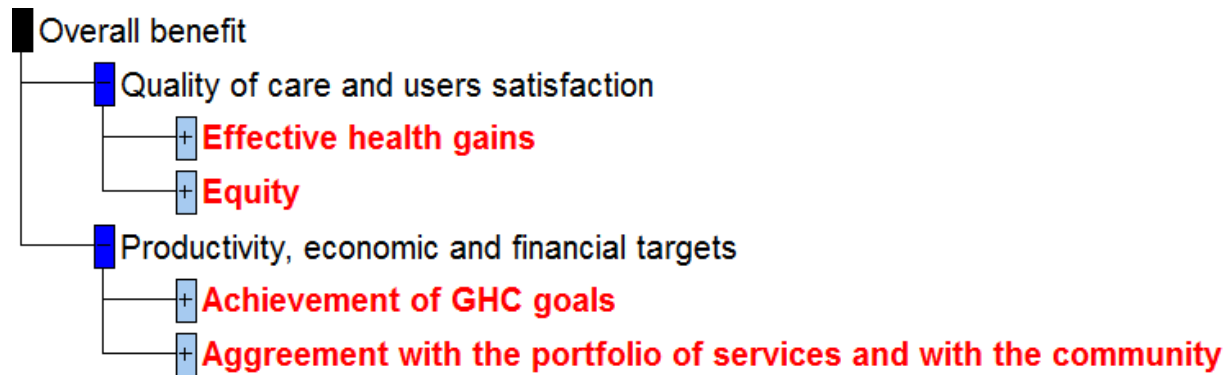
‘Cost’ constraint:
Limited number of nursing hours

12 Programmes

- P1 - Social integration income
- P2 - Domiciliary visits: healthy lives
- P3 - Physical exercise for the elderly
- P4 - Prevention of domestic accidents
for the elderly
- P5 - Reproductive health and family
planning
- P6 - Group support for teenagers
- P7 - Support to the child and youth
vulnerable groups
- P8 - Preparation for
maternity/paternity
- P9 - Preparation for post-delivery
- P10 - Integrated long-term care
- P11 - Health at home
- P12 - Promoting family parenting for
vulnerable families

Prioritizing Health Care Interventions: A Multicriteria Resource Allocation Model to Inform the Choice of Community Care Programmes

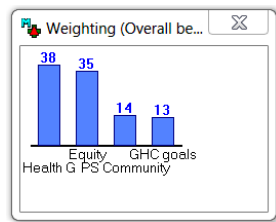
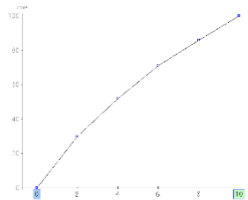
Several benefit (and risk) criteria:



Valuing programme benefits and risks on a common basis

$$v_j = v_j(x_{1j}, \dots, x_{nj}) = \sum_{i=1}^n k_i v_i(x_{ij})$$

Multicriteria additive value model



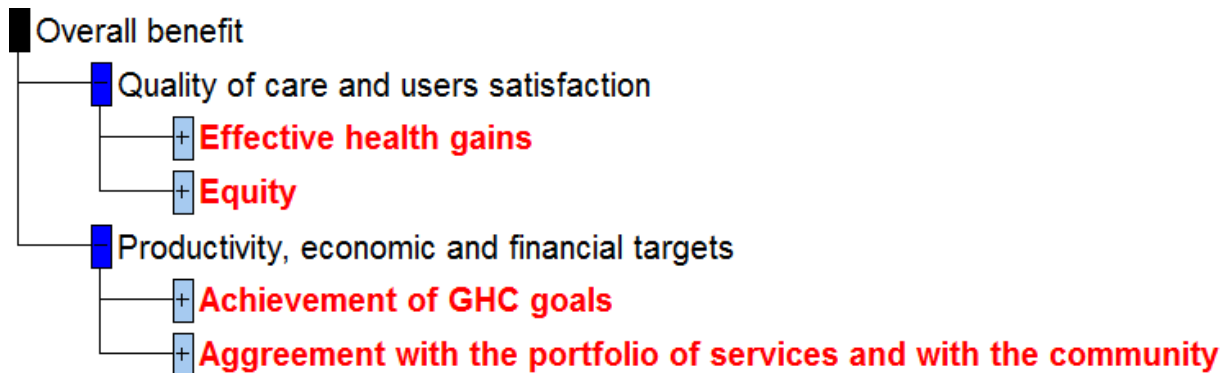
Options	Overall	Effective health gain	Equity	GHC goals	CCD services
P10	143.74	192.00	100.00	167.50	100.00
[all upper]	100.00	100.00	100.00	100.00	100.00
P7	69.59	41.26	100.00	30.00	100.00
P12	53.32	1.10	100.00	100.00	35.00
P2	53.28	1.00	100.00	100.00	35.00
P1	51.72	33.60	75.00	60.00	35.00
P5	51.55	10.12	100.00	60.00	35.00
P6	45.19	20.24	30.00	100.00	100.00
P4	44.35	0.40	90.00	60.00	35.00
P8	23.60	1.26	30.00	60.00	35.00
P9	23.07	9.92	30.00	30.00	35.00
P3	19.04	0.38	40.00	0.00	35.00
P11	4.90	0.00	0.00	0.00	35.00
[all lower]	0.00	0.00	0.00	0.00	0.00
Weights		0.3000	0.3500	0.1300	0.1400

12 Programmes

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Multicriteria additive value model

Options	Overall	Effective health gain	Equity	GHC goals	CCD services
P10	143.74	542.00	100.00	147.33	100.00
[All scores]	100.00	100.00	100.00	100.00	100.00
P7	68.58	41.24	100.00	30.50	100.00
P12	53.32	1.10	100.00	100.00	39.00
P2	79.18	1.00	100.00	100.00	39.00
P1	55.72	33.40	74.00	40.00	31.00
P5	55.50	10.12	100.00	40.00	31.00
P6	45.19	20.14	80.00	100.00	100.00
P4	44.35	0.40	80.00	40.00	31.00
P8	27.48	1.24	100.00	40.00	31.00
P9	23.07	9.82	30.00	30.00	31.00
P3	19.04	0.88	40.00	0.00	39.00
P11	4.00	0.00	0.00	0.00	39.00
[All scores]	0.00	0.00	0.00	0.00	0.00



'Cost' constraint:
Limited number of
nursing hours

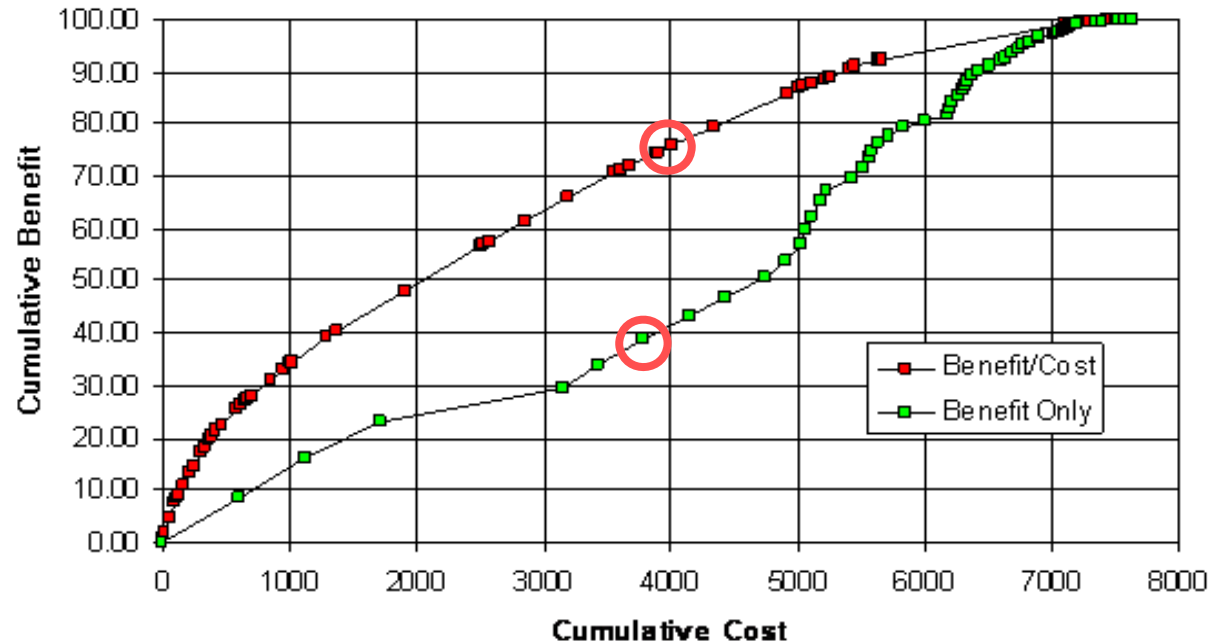
Which PDA approach?

12 Programmes

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Resource allocation managers' common critical mistake in prioritizing projects:

Projects prioritized by decreasing benefit, until the budget is exhausted

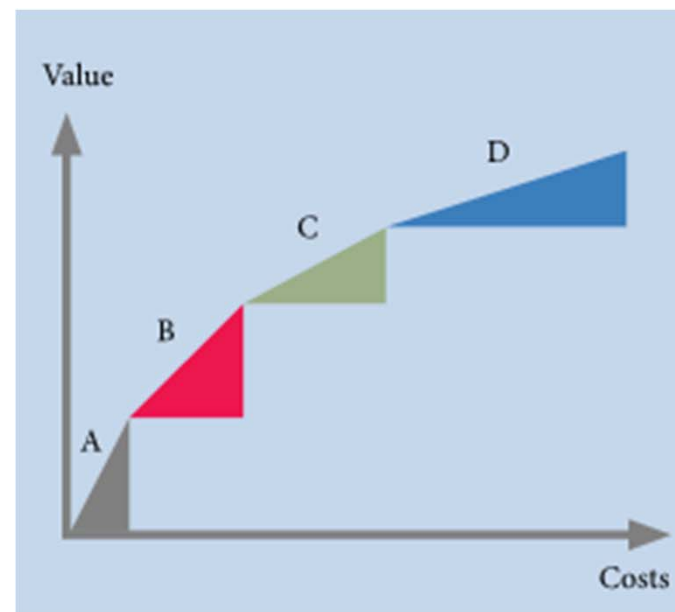
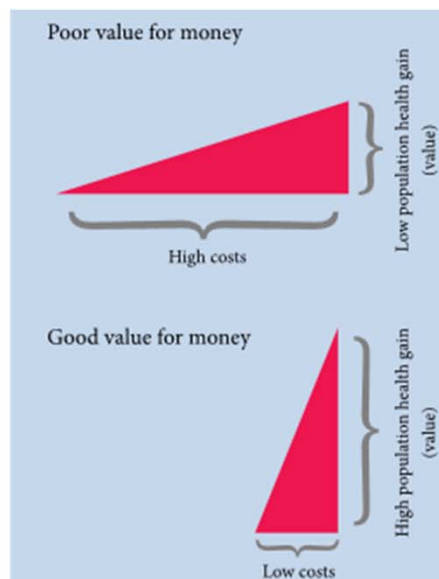


how do they do it in practice? Many different methods seem to be employed, but most are some variant of the following five steps: (1) List the projects (investments); (2) Determine the benefit that each project is expected to create; (3) Order the projects from most to least benefit; (4) Associate a forward cost for each project; (5) Go down the list, choosing projects until the budget is exceeded. In short, projects are prioritised on the basis of benefits only.

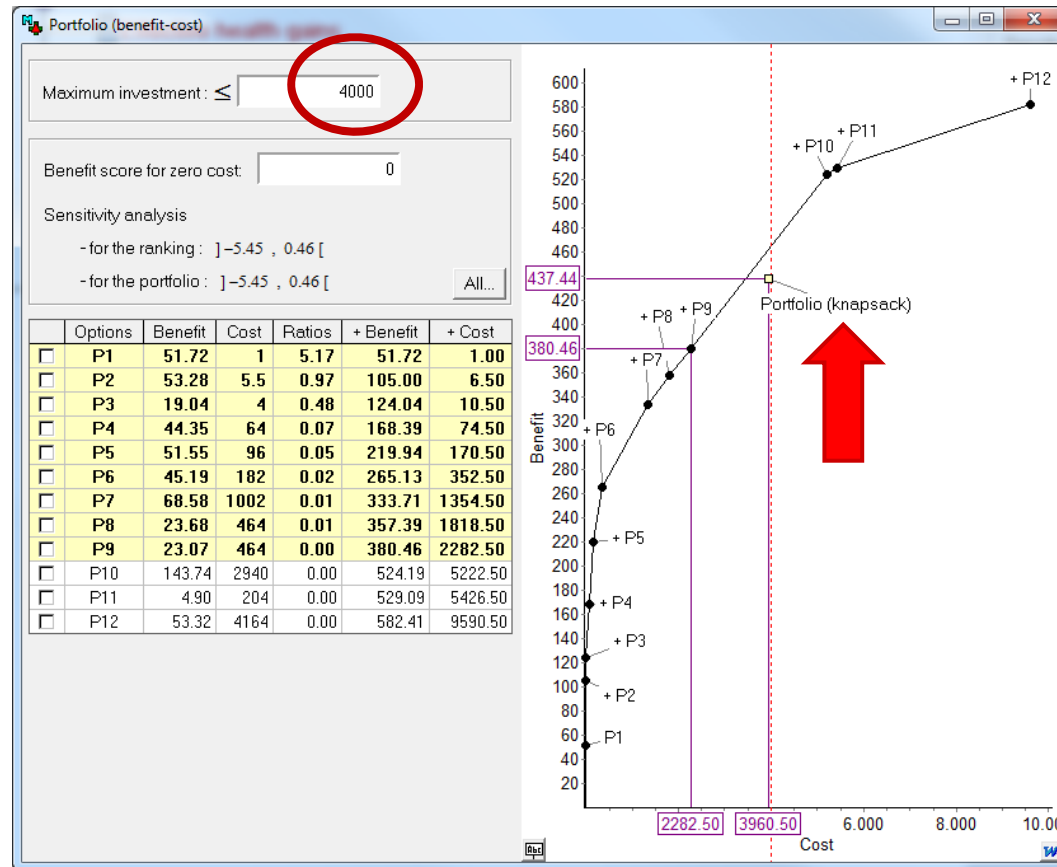
Under some conditions a simple alternative prioritization approach applies:

Programmes	Overall Benefit	Nursing hours required	Benefit/Cost ratio	Cum. Overall Benefit	Cum. Overall Cost
P1 - Social integration income	51.7	1	51.7	51.7	1
P2 - Domiciliary visits: healthy lives	53.3	5.5	9.69	105	6.5
P3 - Physical exercise for the elderly	19.0	4	4.76	124	10.5
P4 - Prevention of domestic accidents for the elderly	44.4	64	0.69	168.4	74.5
P5 - Reproductive health and family planning	51.6	96	0.54	220	170.5
P6 - Group support for teenagers	45.2	182	0.25	265.2	352.5
P7 - Support to the child and youth vulnerable groups	68.6	1002	0.068	333.8	1354.5
P8 - Preparation for maternity/paternity	23.7	464	0.051	357.5	1818.5
P9 - Preparation for post-delivery	23.1	464	0.050	380.6	2282.5
P10 - Integrated long-term care	143.7	2940	0.049	524.3	5222.5
P11 - Health at home	4.9	204	0.024	529.2	5426.5
P12 - Promoting family parenting for vulnerable families	53.3	4164	0.013	582.5	9590.5
TOTAL	582.5	9589.5	-	-	-

Projects prioritized by decreasing benefit/cost ratio, until the budget is exhausted



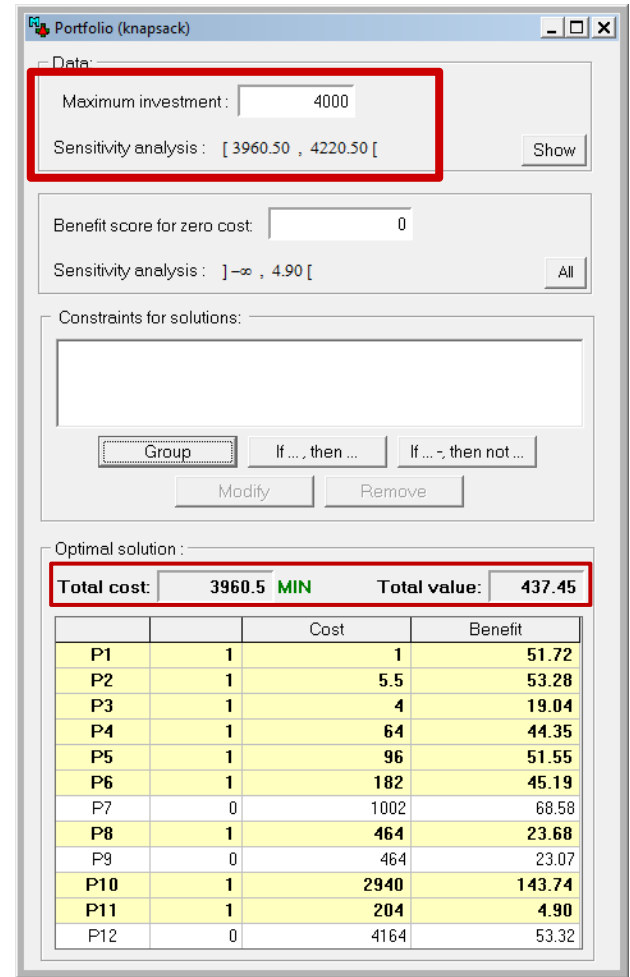
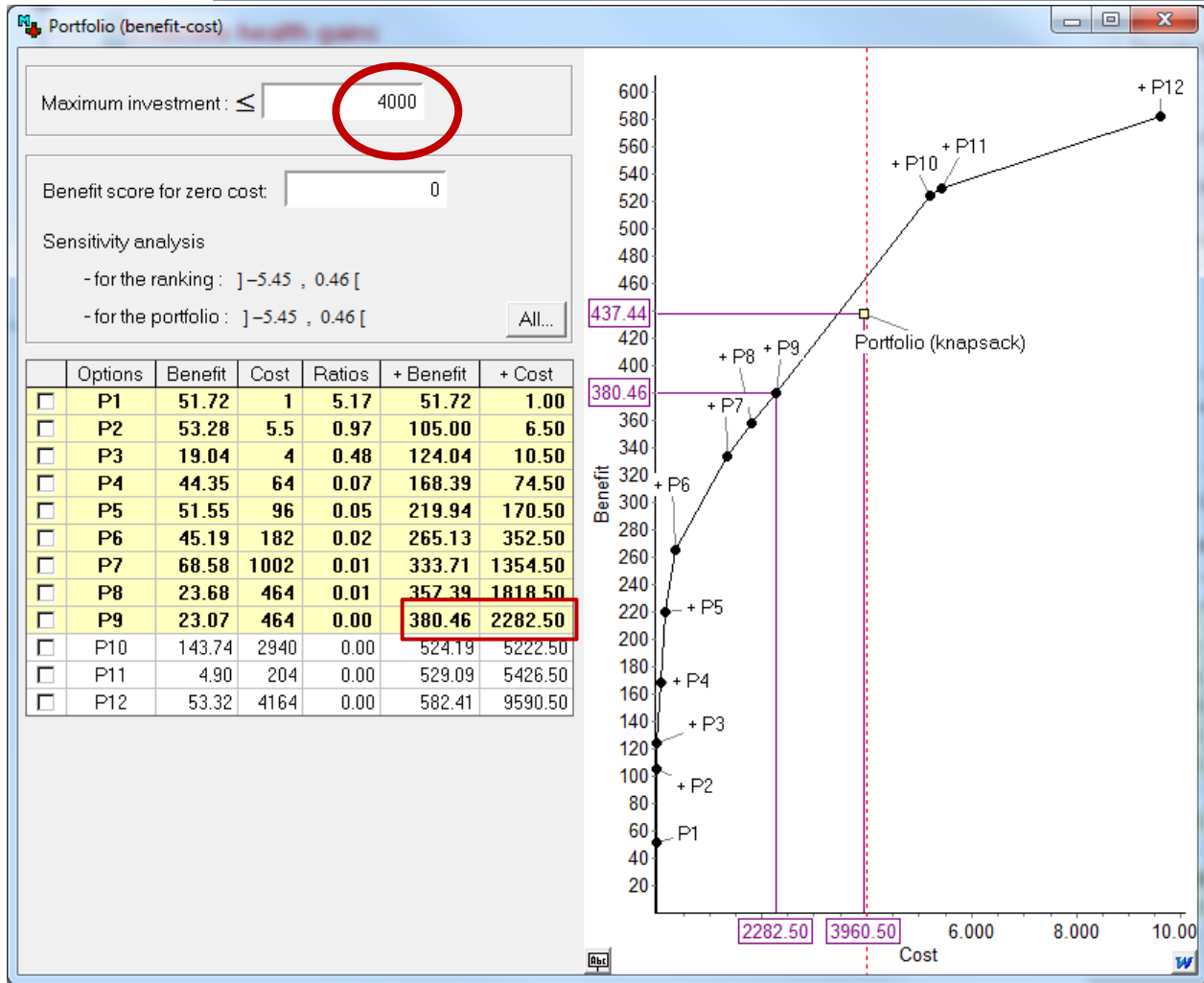
(The Health Foundation 2012)



Alternatively, the portfolio selected by the optimization approach is the optimal solution of the following binary integer programming problem (known as the “0–1 knapsack problem” [47]):

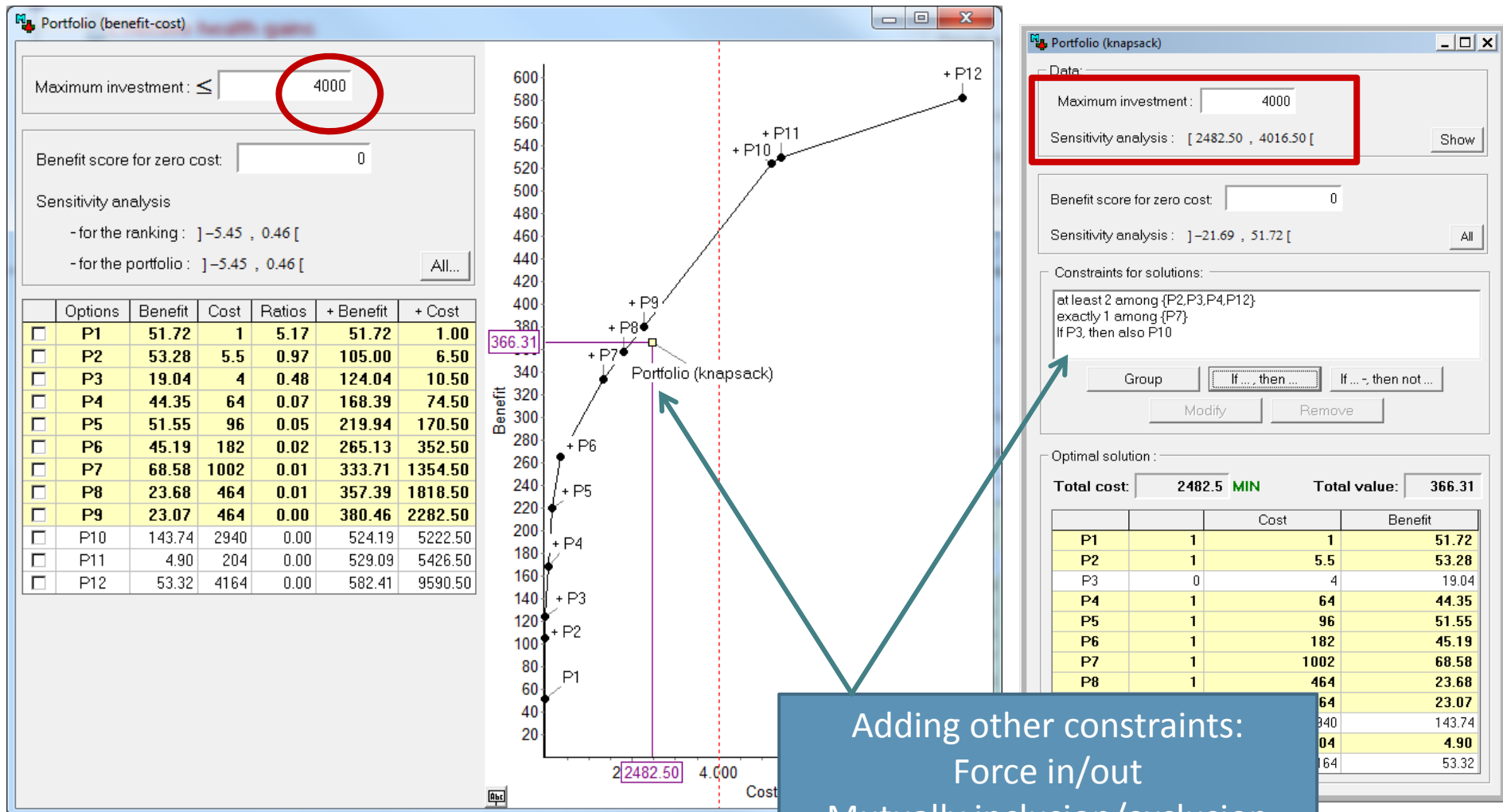
$$\begin{aligned}
 &\text{maximize} && \sum_{j=1}^m v_j x_j, \\
 &\text{subject to :} && \sum_{j=1}^m c_j x_j \leq B, \\
 &&& x_j \in \{0, 1\}, j = 1, \dots, m,
 \end{aligned} \tag{8}$$

PDA: Ratio prioritization or knapsack optimization...? M-MACETH answer: Both!



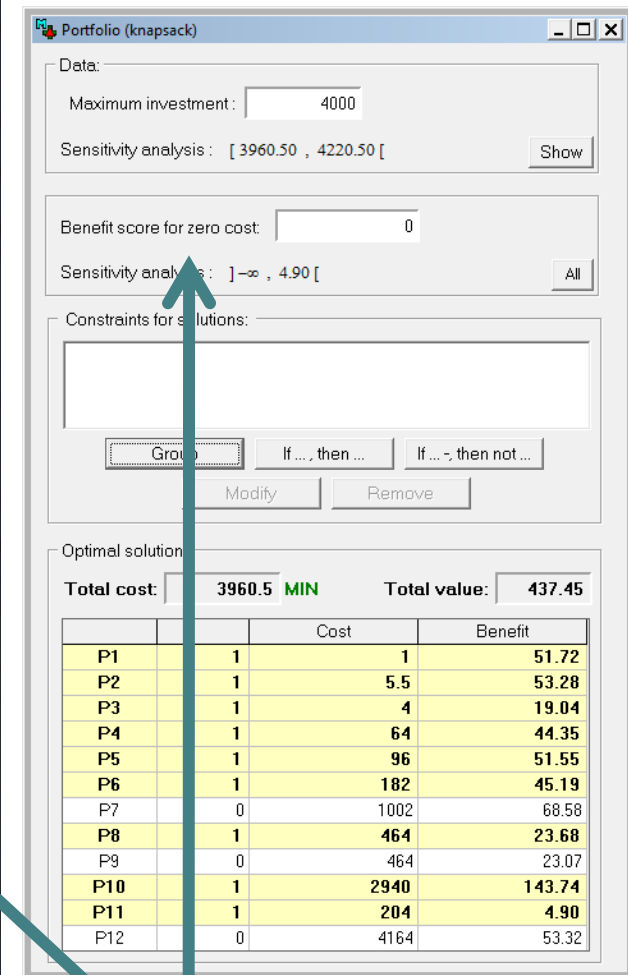
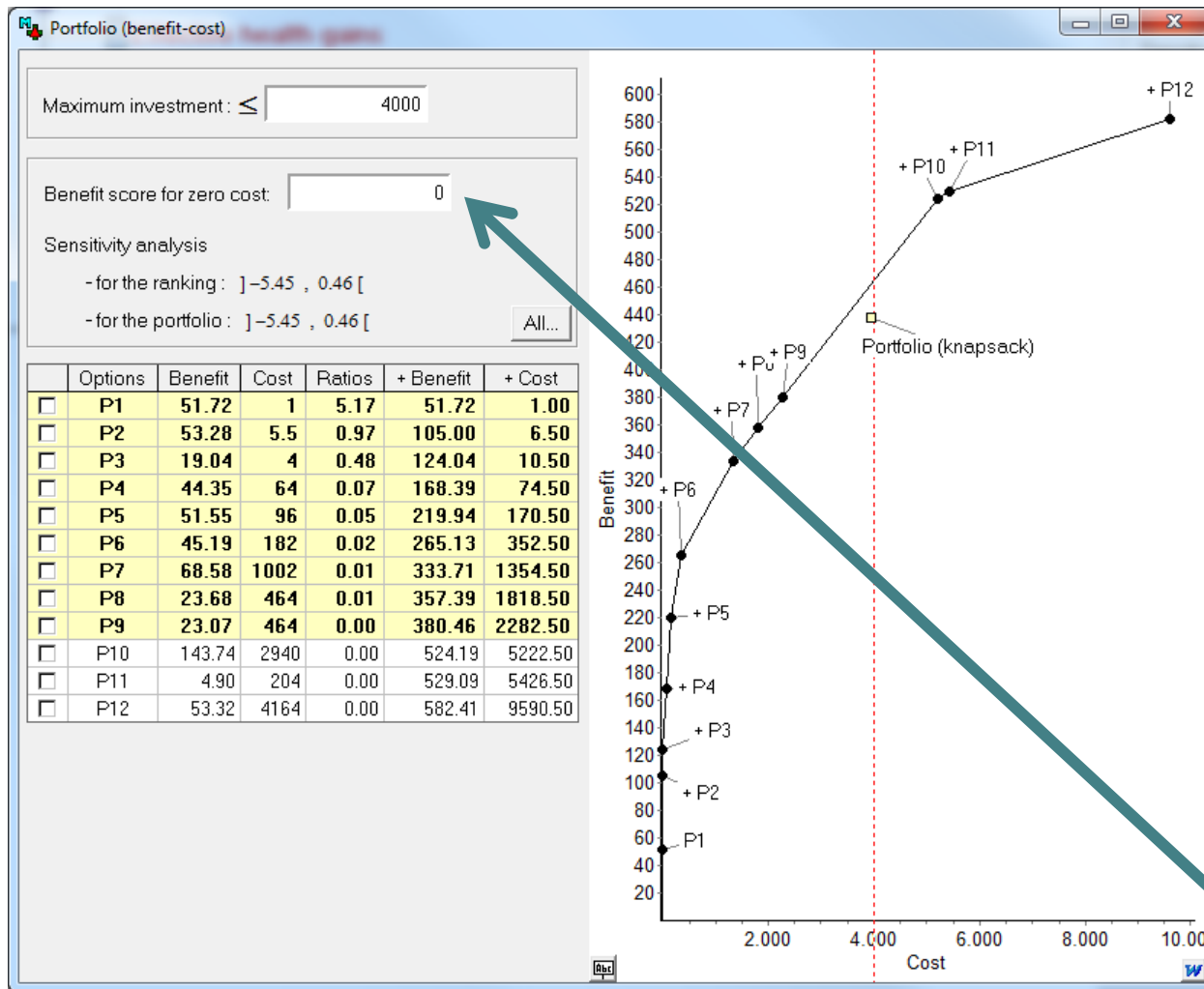
Justification for new software: Existing commercial DSS for multicriteria resource allocation do not combine interactively benefit /cost prioritization and optimization and, therefore, do not allow an on-the-spot discussion of the advantages of both approaches

Additional features: Adding other constraints



Adding other constraints:
Force in/out
Mutually inclusion/exclusion
Dependency between projects
Group constrains
...

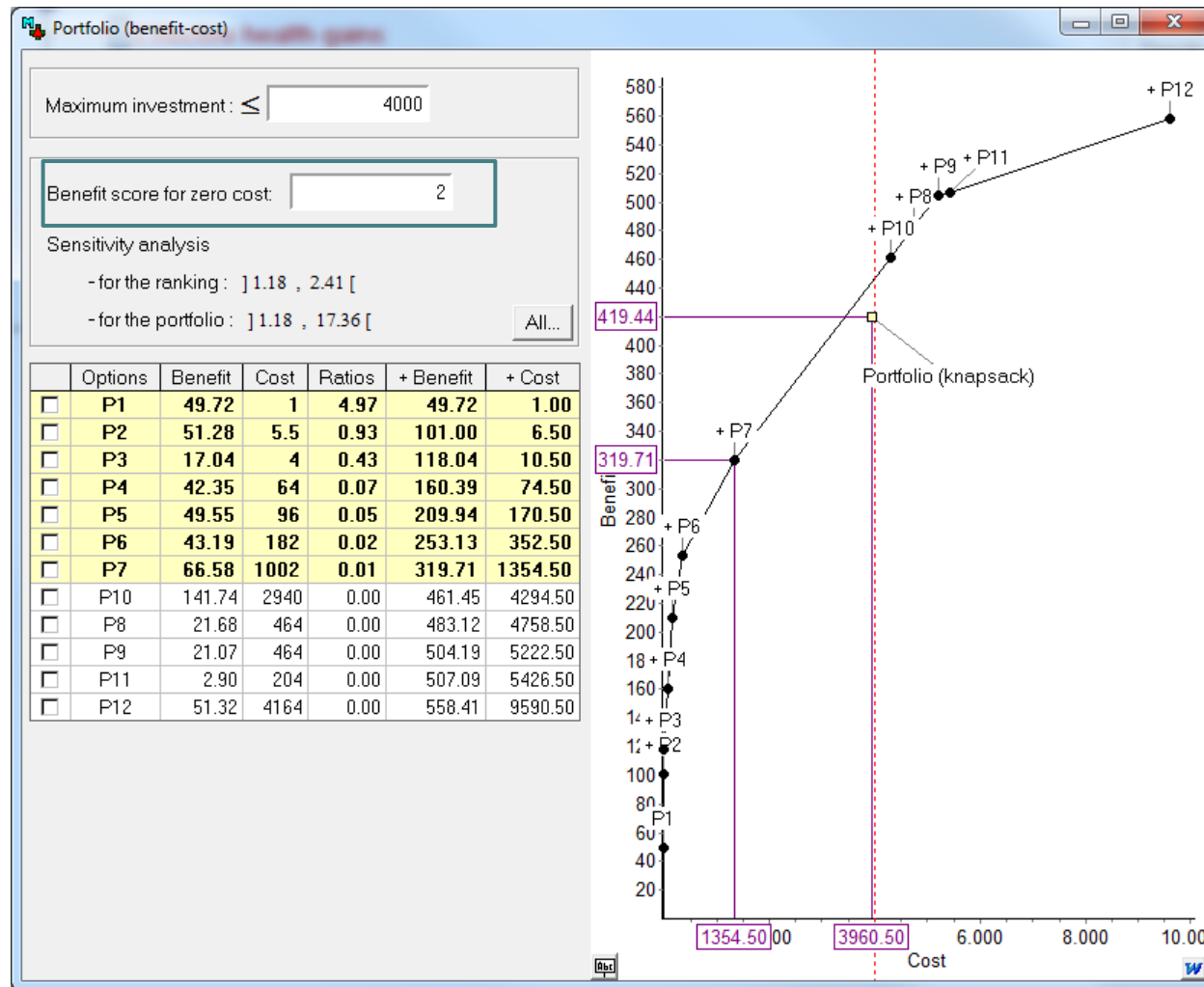
Additional features: Addressing the baseline problem



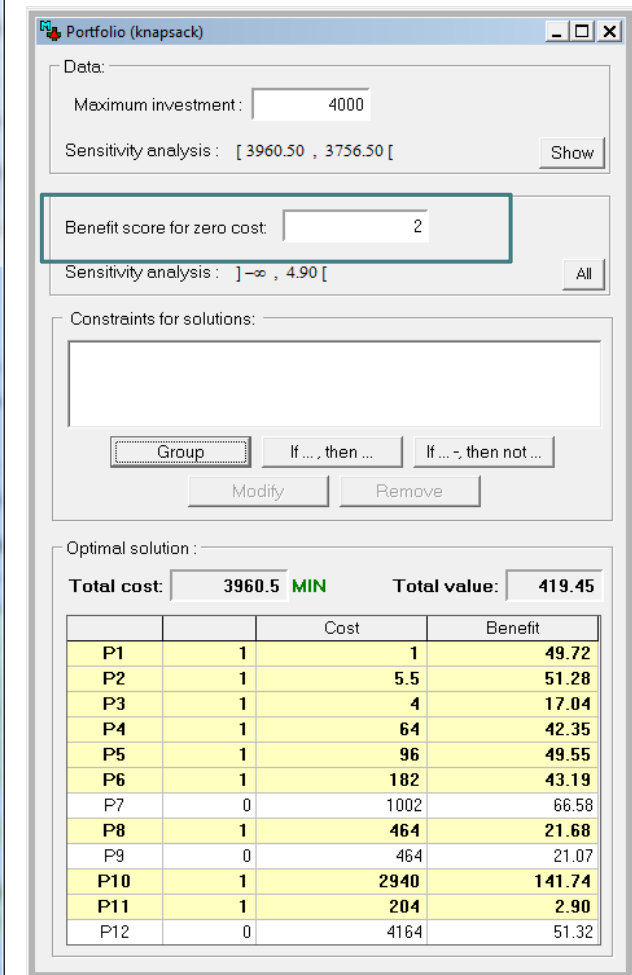
Addressing the baseline problem...

Lourenço, J.C., Bana e Costa, C.A., Soares, J.O. (2010), "Portfolio decision analysis with PROBE: Addressing costs of not financing projects", in L. Rogozea (ed.), *Advances in Mathematical and Computational Methods - 12th WSEAS International Conference on Mathematical and Computational Methods in Science and Engineering (MACMESE '10)*, University of Algarve, Faro, Portugal, November 3-5, 2010, WSEAS Press, pp. 340-344 (ISBN 978-960-474-243-1).

Addressing the baseline problem...



R. T. Clemen and J. E. Smith, On the choice of baselines in multiattribute portfolio analysis: A cautionary note, *Decision Analysis*, Vol. 6, No.4, 2009, pp. 256–262.



Mathematically, it is easy to reformulate the optimization problem (1) to allow nonzero values for not doing a project. If we let v_i^0 represent the value of not doing project i , the optimization problem can be rewritten as

$$\max_{x_i \in \{0, 1\}} \sum_i x_i v_i + (1 - x_i) v_i^0$$

subject to $\sum_i x_i d_i \leq 2,500$.

Addressing the baseline problem...

