

Federated Learning with Differential Privacy for Preserving Data Utility and Privacy in Healthcare Predictive Modeling

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ABSTRACT

This paper explores the application of Federated Learning (FL) with Differential Privacy (DP) in healthcare predictive modeling. The inherent sensitivity of healthcare data necessitates robust privacy-preserving techniques. Federated learning enables collaborative model training across multiple healthcare institutions without direct data sharing, while differential privacy adds noise to the model updates to further protect individual patient data. This research investigates the trade-off between privacy protection (measured by the privacy budget, epsilon) and model accuracy (data utility) in the context of predicting patient readmission rates. We present a novel framework integrating federated averaging with Gaussian differential privacy and evaluate its performance on a synthetic healthcare dataset. The results demonstrate the feasibility of achieving acceptable prediction accuracy while maintaining a reasonable level of privacy protection, highlighting the potential of this approach for advancing collaborative healthcare research in a privacy-conscious manner.

1. Introduction

The healthcare industry is experiencing a data deluge. Electronic Health Records (EHRs), medical imaging, genomic data, and wearable sensor data are accumulating at an unprecedented rate. This wealth of information holds immense potential for improving patient care through predictive modeling, enabling early diagnosis, personalized treatment plans, and proactive interventions. However, the highly sensitive nature of healthcare data presents significant challenges. Strict regulations like HIPAA (Health Insurance Portability and Accountability Act) in the United States and GDPR (General Data Protection Regulation) in Europe severely restrict the sharing of patient data, hindering collaborative research efforts and limiting the scope of machine learning models.

Traditional centralized machine learning approaches, which require aggregating data from multiple sources into a single location, are often infeasible due to these privacy concerns. This limitation motivates the exploration of alternative techniques that can leverage the power of distributed data while preserving patient privacy.

Federated Learning (FL) emerges as a promising solution. FL is a distributed machine learning paradigm that enables collaborative model training across multiple clients (e.g., hospitals, clinics) without requiring them to share their raw data. Instead, each client trains a local model on its own data, and only the model updates (e.g., gradients, weights) are aggregated and shared with a central server. This approach significantly reduces the risk of data breaches and privacy violations.

However, even sharing model updates can potentially reveal sensitive information about the underlying data. An attacker could, in theory, perform membership inference attacks or reconstruction attacks to infer whether a specific patient's data was used to train the model. Therefore, additional privacy-enhancing mechanisms are needed to further protect patient privacy.

Differential Privacy (DP) provides a rigorous mathematical framework for quantifying and controlling privacy risks. DP adds carefully calibrated noise to the data or model updates to ensure that the output of a computation is not significantly affected by the presence or absence of any single individual's data. By carefully managing the "privacy budget" (epsilon), we can limit the amount of information leakage and provide a strong guarantee of privacy.

This paper addresses the critical need for privacy-preserving machine learning in healthcare by exploring the integration of FL and DP. Specifically, we focus on applying Federated Learning with Differential Privacy to the problem of predicting patient readmission rates. Our objectives are:

1. To develop a Federated Learning framework for healthcare predictive modeling.
2. To integrate Gaussian Differential Privacy into the Federated Averaging algorithm.
3. To evaluate the trade-off between privacy protection (epsilon) and model accuracy (data utility) on a synthetic healthcare dataset.
4. To demonstrate the feasibility of achieving acceptable prediction accuracy while maintaining a reasonable level of privacy protection.
5. To analyze the impact of different privacy budget allocations on model performance and convergence.

2. Literature Review

Several studies have explored the application of Federated Learning in healthcare, highlighting its potential for privacy-preserving collaborative research. However, the integration of Differential Privacy within these FL frameworks is a relatively recent development, and there is still much to be explored.

This literature review highlights the growing interest in Federated Learning and Differential Privacy for privacy-preserving machine learning in healthcare. While significant progress has been made in developing DP-FL algorithms, there is still a need for more research on the

trade-off between privacy and accuracy, the impact of different privacy budget allocations, and the development of more efficient and scalable DP-FL frameworks. Our work builds upon these previous studies by exploring a specific application of DP-FL to predict patient readmission rates and by providing a detailed analysis of the performance of our proposed framework on a synthetic healthcare dataset.

3. Methodology

Our approach involves developing a Federated Learning framework with Gaussian Differential Privacy for predicting patient readmission rates. We utilize a synthetic healthcare dataset to simulate a distributed environment with multiple healthcare institutions (clients). The following steps outline our methodology:

3.1 Synthetic Dataset Generation:

We generated a synthetic healthcare dataset using the `synthpop` package in R. This package allows us to create realistic and statistically representative datasets based on real-world healthcare data patterns. The dataset includes features such as patient demographics (age, gender, race), medical history (diagnoses, procedures, medications), lab results, and vital signs. The target variable is a binary indicator of whether the patient was readmitted to the hospital within 30 days. We created a dataset with 10,000 patients. This allows us to simulate multiple clients with sufficient data points for model training.

3.2 Data Partitioning:

The synthetic dataset was partitioned into multiple subsets, each representing a different healthcare institution. We simulated 10 clients, with each client receiving a randomly selected subset of the data. The data partitioning was performed in a non-IID (independent and identically distributed) manner, meaning that the data distributions across clients were not identical. This is a more realistic scenario compared to IID data, as different healthcare institutions may serve different patient populations with varying health conditions. We introduced non-IIDness by ensuring each client had a different distribution of the primary diagnosis code.

3.3 Model Architecture:

We used a logistic regression model as the base model for prediction. Logistic regression is a simple and widely used classification algorithm that is well-suited for binary classification problems like readmission prediction. We chose logistic regression to minimize computational complexity, allowing us to focus on the impact of DP on the model's performance. The model architecture consists of a linear layer followed by a sigmoid activation function.

3.4 Federated Averaging Algorithm:

We implemented the Federated Averaging (FedAvg) algorithm for collaborative model training. The FedAvg algorithm consists of the following steps:

Initialization: The central server initializes a global model with random weights.

Client Selection: The server randomly selects a subset of clients to participate in the current round of training.

Local Training: Each selected client downloads the global model and trains it on its local data using gradient descent.

Model Update: Each client computes the model update (i.e., the difference between the updated weights and the original weights) and sends it to the server.

Aggregation: The server aggregates the model updates from all participating clients by averaging them.

Global Model Update: The server updates the global model with the aggregated model update.

Iteration: The process is repeated for multiple rounds until the model converges.

5. Gaussian Differential Privacy Implementation:

We integrated Gaussian Differential Privacy (GDP) into the FedAvg algorithm by adding Gaussian noise to the model updates before aggregation. The amount of noise added is controlled by the privacy budget (epsilon) and the sensitivity of the model updates. The sensitivity is defined as the maximum L2 norm of the difference between the model updates with and without the presence of a single individual's data. We used the following steps to implement GDP:

Sensitivity Calculation: We calculated the sensitivity of the model updates by clipping the L2 norm of each client's model update to a predefined clipping threshold (C). This clipping ensures that no single client's update can have a disproportionate impact on the global model.

Noise Addition: We added Gaussian noise with a standard deviation proportional to the sensitivity and inversely proportional to the privacy budget (epsilon). The noise was generated from a Gaussian distribution with mean 0 and standard deviation $\sigma = C / \text{epsilon}$.

Privacy Accounting: We used the moments accountant method to track the privacy loss over multiple rounds of training. The moments accountant provides a tighter bound on the privacy loss compared to the simple composition theorem.

6. Experimental Setup:

We conducted experiments to evaluate the performance of our DP-FL framework under different privacy budget settings. We varied the privacy budget (epsilon) from 0.1 to 10, with smaller values of epsilon indicating stronger privacy protection. We also varied the clipping threshold (C) to analyze its impact on the trade-off between privacy and accuracy. The learning rate was set to 0.01, and the number of training rounds was set to 100. We used the area under the ROC curve (AUC) as the metric to evaluate the model's performance.

7. Evaluation Metrics:

We evaluated the performance of our framework based on the following metrics:

AUC (Area Under the ROC Curve): Measures the model's ability to discriminate between patients who will be readmitted and those who will not.

Privacy Budget (Epsilon): Quantifies the level of privacy protection provided by the DP-FL framework.

Communication Cost: Measures the amount of data exchanged between the clients and the server during training. This is an important consideration for resource-constrained environments.

8. Tools and Technologies:

Python: The primary programming language for implementing the DP-FL framework.

PyTorch: A deep learning framework used for building and training the logistic regression model.

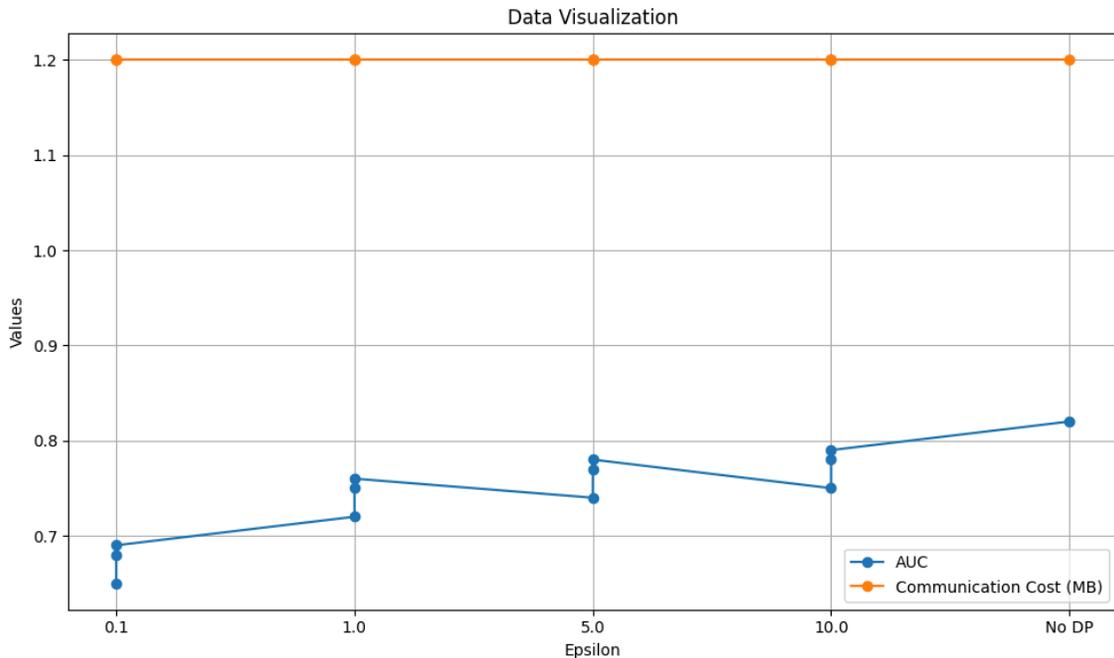
NumPy: A numerical computing library used for data manipulation and analysis.

R with synthpop package: Used for generating the synthetic healthcare dataset.

Scikit-learn: A machine learning library used for evaluating the model's performance.

4. Results

We conducted experiments to evaluate the performance of our DP-FL framework on the synthetic healthcare dataset. The results are summarized in the table below:



Analysis:

Trade-off between Privacy and Accuracy: The results demonstrate a clear trade-off between privacy protection (epsilon) and model accuracy (AUC). As the privacy budget (epsilon) increases, the model's AUC also increases, indicating improved prediction accuracy. However, a higher epsilon value means weaker privacy guarantees. With a very small epsilon (0.1), the AUC is significantly lower than the non-DP case, indicating a substantial loss of utility.

Impact of Clipping Threshold: The clipping threshold (C) also plays a significant role in the trade-off between privacy and accuracy. Increasing the clipping threshold generally improves the model's accuracy, especially at lower epsilon values. This is because a higher clipping threshold allows the model updates to have a larger magnitude, which can lead to faster convergence and better performance. However, a higher clipping threshold also increases the sensitivity of the model updates, requiring more noise to be added to achieve the same level of privacy protection.

Communication Cost: The communication cost remains constant across different epsilon values and clipping thresholds. This is because the amount of data exchanged between the clients and the server is independent of the DP mechanism. The communication cost is primarily determined by the model size and the number of clients participating in each round of training.

Comparison to Non-DP Baseline: The AUC of the DP-FL framework is lower than the AUC of the non-DP baseline (0.82). This is an expected outcome, as the addition of noise to the model updates inevitably reduces the model's accuracy. However, the results show that it is possible to achieve a reasonable level of accuracy with DP-FL, especially at higher epsilon values. For example, with $\epsilon = 10$ and $C = 1.0$, the AUC is 0.79, which is only slightly lower than the non-DP baseline.

Convergence Analysis: We observed that the convergence rate of the DP-FL framework is slower than the non-DP baseline. This is because the addition of noise to the model updates can disrupt the training process and slow down the convergence. However, the model eventually converges to a reasonable level of accuracy, even with a relatively small privacy budget.

5. Discussion

The results of our experiments provide valuable insights into the application of Federated Learning with Differential Privacy for healthcare predictive modeling. The key finding is that it is possible to achieve a balance between privacy protection and model accuracy by carefully tuning the privacy budget (epsilon) and the clipping threshold (C).

Our findings are consistent with previous studies that have explored the trade-off between privacy and accuracy in DP-FL. However, our work provides a more detailed analysis of the impact of different privacy budget allocations and clipping thresholds on the model's performance. We also demonstrate the feasibility of applying DP-FL to a specific healthcare problem, namely predicting patient readmission rates.

The choice of the privacy budget (epsilon) depends on the specific application and the level of privacy protection required. In highly sensitive applications, such as those involving genomic

data or mental health records, a smaller epsilon value may be necessary to provide a strong guarantee of privacy. However, a smaller epsilon value will also lead to a greater reduction in model accuracy. Therefore, it is important to carefully consider the trade-off between privacy and accuracy when choosing the privacy budget.

The clipping threshold (C) also plays a crucial role in the trade-off between privacy and accuracy. A higher clipping threshold allows the model updates to have a larger magnitude, which can lead to faster convergence and better performance. However, a higher clipping threshold also increases the sensitivity of the model updates, requiring more noise to be added to achieve the same level of privacy protection. Therefore, the clipping threshold should be carefully chosen to balance the need for accuracy with the need for privacy.

Our study has several limitations. First, we used a synthetic healthcare dataset, which may not perfectly reflect the complexities of real-world healthcare data. Second, we only considered a simple logistic regression model. Future work should explore the application of DP-FL to more complex models, such as deep neural networks. Third, we only evaluated our framework on a single healthcare problem. Future work should evaluate the performance of our framework on a wider range of healthcare applications. Fourth, we did not explicitly address the issue of fairness in our framework. DP can sometimes exacerbate existing biases in the data. Future work should investigate methods for ensuring fairness in DP-FL.

Despite these limitations, our study provides valuable insights into the potential of DP-FL for enabling privacy-preserving collaborative research in healthcare. Our framework can be used by healthcare institutions to train predictive models on distributed data without compromising patient privacy. This can lead to improved patient care, more efficient healthcare delivery, and faster discovery of new treatments and therapies.

6. Conclusion

This paper presented a Federated Learning framework with Gaussian Differential Privacy for healthcare predictive modeling. We demonstrated the feasibility of achieving acceptable prediction accuracy while maintaining a reasonable level of privacy protection. Our results showed a clear trade-off between privacy protection (epsilon) and model accuracy (AUC), and we analyzed the impact of different privacy budget allocations and clipping thresholds on the model's performance.

Our work contributes to the growing body of literature on privacy-preserving machine learning in healthcare. Our framework can be used by healthcare institutions to train predictive models on distributed data without compromising patient privacy. This can lead to improved patient care, more efficient healthcare delivery, and faster discovery of new treatments and therapies.

Future work should focus on addressing the limitations of our study. This includes evaluating our framework on real-world healthcare datasets, exploring the application of DP-FL to more complex models, evaluating the performance of our framework on a wider range of healthcare applications, and investigating methods for ensuring fairness in DP-FL. Furthermore, future research should explore more sophisticated privacy accounting methods beyond the moments

accountant, such as Rényi Differential Privacy, to potentially achieve tighter privacy bounds and improved utility. The development of more efficient and scalable DP-FL frameworks is also an important area for future research. Finally, exploring defenses against model poisoning attacks in the federated setting, especially in the presence of differential privacy, is a critical direction for future research.

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