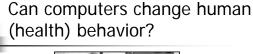


#### **Behavioral Informatics**

#### Timothy Bickmore, Ph.D.

Medical Information Systems Unit Boston University School of Medicine

http://www.misu.bmc.org/~bickmore/







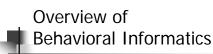
- About MISU
- Overview of Behavioral Informatics
- Challenge Problem
- Future Directions for Behavioral Informatics
- Telephone-Linked Care
- Relational Agents

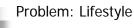


Medical Information Systems Unit Section of General Internal Medicine Department of Medicine

- Established 1980
- Focus: development and evaluation of computer- and telecommunications-based systems for monitoring, educating, and counseling patients
- 28 externally funded grants
- NLM medical informatics fellowship site







- In 2000, Tobacco use leading cause of death, killing 435,000 people, or 18.1% of everyone who died (CDCP, 2004 Web site)
- Poor diet and physical inactivity caused 400,000 deaths, or 16.6% of the total (up 100,000 deaths since 1990)
- 64% of the population, is overweight or obese, putting them at higher risk of heart disease, diabetes, some types of cancer
- Obesity & overweight cost the nation \$117 billion in 2000
- In 1998, the cost of obesity was about 78.5 billion which was 9% of the total annual US medical procedures (Finkelstein et al 2003)
- According to Rand Corporation that if Americans continue to get fatter at current rates, by 2020 about one in five health care dollars spent on people aged 50 to 69 could be due to obesity – 50% more than now.



#### Problem: Adherence

- Patients do not always take their medication as prescribed
- Especially crucial for chronic disease management
- Especially crucial for older adults
- 40% of chronic disease patients (45% of US) are non-adherent or poorly adherent
- 30-80% of adults in US have functional health literacy problems



#### "Gold Standard"

- "Gold standard" of health behavior change & education is 1-on-1 counseling
- Emulating this as closely as possible implies autonomous systems that interact with patients using dialogue (and nvb)
- Vast literature on provider-patient communication (AAPP)



# Problems with Face-to-face interventions

- Not enough counselors
- Too expensive







#### **Behavioral Informatics**

"the study of the uses of information and communication technologies by patients and health care providers as well as the study of the design, implementation, and evaluation of behavior change interventions delivered through advanced technologies..."

SBM Behavioral Informatics SIG



# Early example: tailored print

- Information acquired from user
- Information in letter or pamphlet is tailored based on
- Stage of change (for example)
- Progress since last assessment
- Several interventions and studies completed since 1990



#### Tailored print - results

- Review of the literature 6 out of 9 computer based materials had positive effects (p<.10). (Strecher, 1999)</li>
- Tailored print material resulted in higher cessation rates for light-mod smokers vs. non-tailored material (Strecher, 1994)
- Prochaska and colleagues (2001) compared tailored print vs. tailored print plus telephone counselor vs. counselor only.
  - tailored + counselor outperformed tailored alone at 0,6, 12 but not 18 month.
  - At 18 months the tailored print had abstinence rates of 23.2%



# Some Other Examples of Behavioral Informatics

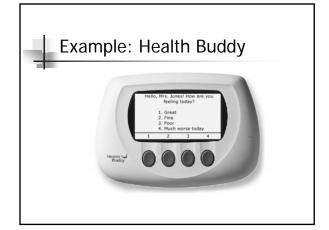
- Intelligent biomedical devices
- On-line support groups
- Automated therapy
- Pedagogical drama
- Web-based content





#### **Focus**

- Automated Systems that interact directly with patients using natural language to achieve health behavior change
  - Allows application of widest range of behavior change theories to widest range of patients
  - Lowest cost (no provider in the loop)
  - Most analogous to "gold standard"







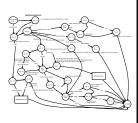




- Series of studies by Dr. Robert Friedman and colleagues at Boston University
- Since 1990's

### State of the Art: Scripted Interactions

- Scripts written by teams of experts
- Represented as flow charts or Augmented transition networks
- Implemented as state machines / ATNs / VXML



### Relevant Health Communication Issues

- Very rich set of phenomena to study
  - Social support
  - Negotiation of treatment regimens
  - Relational communication
  - Affective/empathetic communication
  - Long-term interactions
  - Long-term engagement
  - Understanding pt's disease model
  - Patient activation

### Research Community

- 80+ researchers
- 10++ companies
  - Pharmaceuticals
  - Gaming
  - Al
  - Health media
  - Robotics



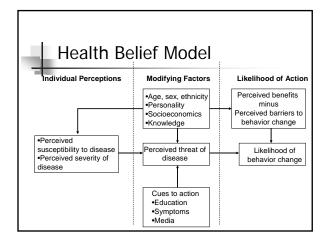
## Research Community

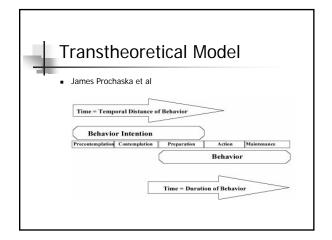
- Some Active Research Areas
  - Health Behavior Change
  - Health Education
  - Medication Adherence
  - Chronic Disease Self-Management
  - Assisted Cognition/Cognitive Orthotics
  - Eldercare



- Professional organizations
  - American Medical Informatics Association
    - Consumer Informatics SIG
  - Society for Behavioral Medicine
    - Behavioral Informatics SIG
  - AAAI Fall Symposium
    - Dialogue Systems for Health Communication







## TTM **Processes of Change**

- Consciousness raising
   Finding and learning new facts, ideas, and tips that support the health behavior change
- Self-liberation
  - Making a firm commitment to change Helping relationships
- Seeking and using social support
- Counterconditioning

  Substituting healthier alternative behaviors and cognitions for the unhealthy behaviors
- Reinforcement management
  - Increasing the rewards for the positive behavior change and decreasing the rewards of unhealthy behavior
- Stimulus control
  - Removing reminders or cues to engage in unhealthy behavior; adding cues to engage in healthy behavior

### Other Health Behavior Change **Theories**

- Behavior Modification
- Social Cognitive Theory
- Theory of Reasoned Action
- Theory of Planned Behavior
- Precaution Adoption Process Model
- Motivational Interviewing



### The science of persuasion

- Compliance gaining
  - Reciprocation
  - Consistency
  - Social validation
  - Liking
  - Authority
  - Scarcity



### Challenge problem

 Brainstorm on a technologies to motivate daily flossing



#### Use 1 or more of...

#### HBM

Susceptibility Severity Benefit Barriers

#### TTM

Consciousness raising Self-liberation Helping relationships Counterconditioning Reinforcement mgt Stimulus control

#### Persuasion

Reciprocity Consistency Social validation Liking Authority Scarcity



# The Future of Behavioral Informatics



# Future Directions for Behavioral Informatics

- New Media
  - Embodied Conversational Agents
  - Wearable / Portable Computers
- Next generation dialogue systems



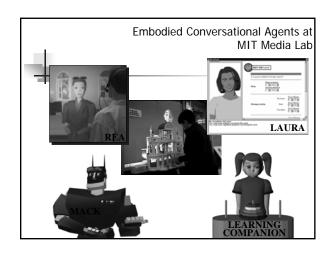
## Embodied Conversational Agents (ECAs)

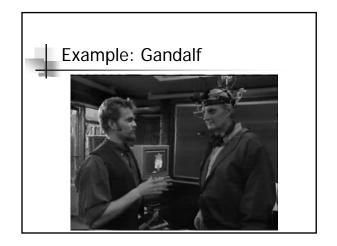
- Emulate human face-to-face conversation
- Focus on nonverbal communicative behavior
  - Hand gesture
  - Gaze
  - Eyebrow and head motion
  - Posture shifts
  - Intonation
  - Facial display

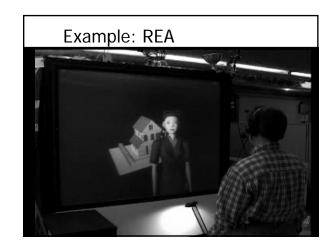


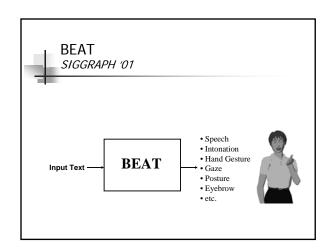


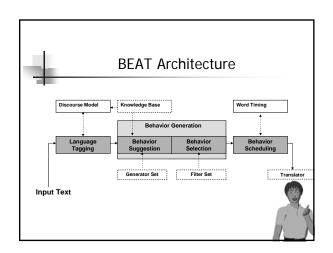
- Exploit natural tendency to anthropomorphize computer interfaces
- Provide natural, intuitive interface
- Robust
  - Multi-modal
  - Repair mechanisms
- Closest approximation to "gold standard" of face-to-face counseling









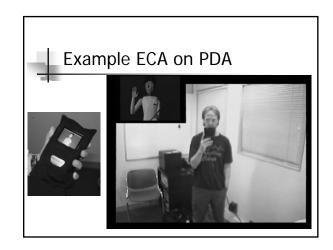


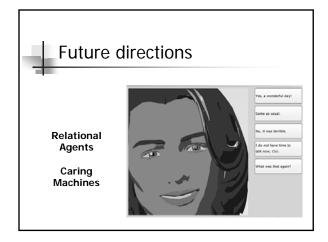


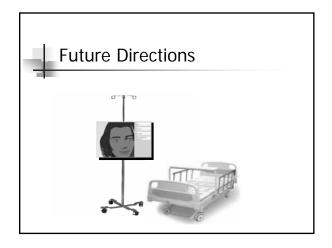


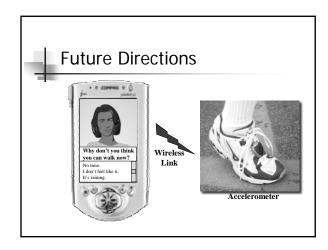
- Available at time and place of need
- Coupled with bio-sensors
  - Accelerometers to detect activity
  - Sensors to detect smoking
  - Daily schedule

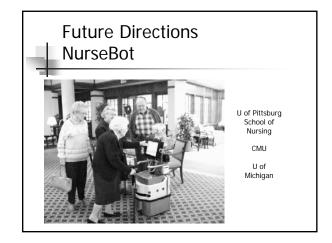


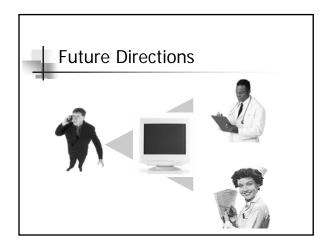


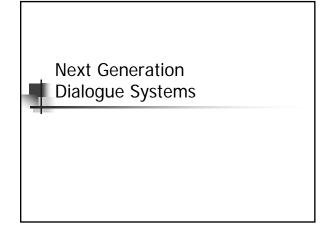






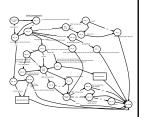






## State of the Art: **Scripted Interactions**

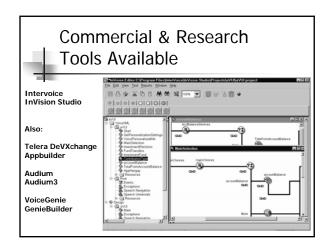
- Scripts written by teams of experts
- Represented as flow charts or Augmented transition networks
- Implemented as state machines / ATNs / VXML



### State of the Art: Limitations

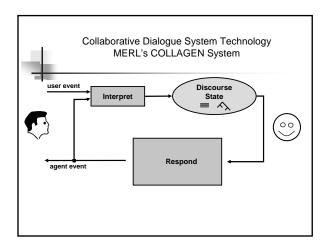
- Minimal Re-use
  - Could be supported at various levels of granularity:

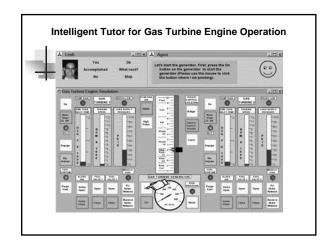
    - Adjacency pair
       Dialogue segment (e.g., determine stage of change)
    - Behavioral strategy
    - TheorySpecific intervention
- Approach is fundamentally unscalable
  - Combinatorics of addressing multiple diseases, multiple stages and other patient characteristics
  - Limited adaptivity
- Script writing requires both domain expertise and programming skills





- Ultimately, what is the best way to do this?
  - To support portability, arbitrary complexity
- Generating health behavior change dialogue from first principles
- 5 years out...
- In collaboration with Neal Lesh, Candy Sidner at Mitsubishi Electric Research Labs, Cambridge (MERL)





# Applying COLLAGEN to Health Communication Dialogue

- Objectives
  - Generate health behavior change dialogue from first principles
    - Explicit representation of
      - Theoretical constructs (stage, obstacle, goal)
      - Utterance semantics
    - Shared goals, private (agent) goals
    - Very narrow application domain
  - Begin ontology of therapeutic concepts
  - Better understanding of face-to-face therapy

