

Computers are Social Actors: Digital Coaches for Patients and Health Professionals

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Computers are social actors

What does that mean?



Computers are Social Actors

Clifford Nass, Jonathan Steuer, and Ellen R. Tauber

- 5 lab experiments, overall 180 participants
- Main finding: **Human-computer relationships** are **social**.
- What can we do with this finding for our purposes?
- Well, we know that the **doctor-patient relationship** is also **social** and robustly linked to **treatment success**.
(Di Blasi 2001; Flückiger et al. 2018)

Di Blasi, Z., Harkness, E., Ernst, E., Georgiou, A. and Kleijnen, J. (2001) 'Influence of context effects on health outcomes: a systematic review', *Lancet*, Vol. 10, No. 357, pp.757-762. (25 RCTs)

Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy*, 55(4), 316-340. (295 studies, Internet-based similar link, i.2. 0.27 as face-to-face consultations)

Computers are social actors

Voice assistants and chatbots are all around us



+



amazon alexa

Alexa, what are the warning signs of a stroke?

<https://www.amazon.com/dp/B06WP3HFCK>

“These first aid skills are for informational and educational purposes only”



Hey Siri

Apple.com



Hi, how can I help?

Google.com



Hey Cortana

Microsoft.com

Smartphones, The Web, TVs, Cars, etc.

buoy

buoyhealth.com

lark

web.lark.com

SENSELY

sense.ly

babylon

babylonhealth.com

Computers are social actors

The “healing” car



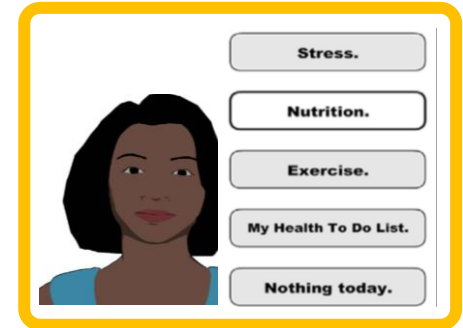
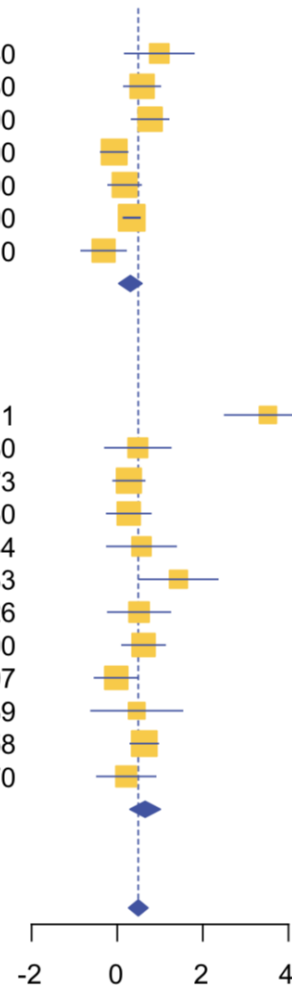
Hey Mercedes,
make it cooler and
play my music!



**Haben Sie schon einmal einem digitalen
Assistenten eine Frage zu Ihrer Gesundheit
gestellt?**

A Meta-Analysis of 19 RCTs with Digital Coaches

Study	Total	Experimental		Total	Control		SMD
		Mean	SD		Mean	SD	
PEI = Wellness							
Ly et al., 2017	13	-12.38	5.00	14	-17.14	4.40	0.98
Bickmore et al., 2016	43	3.70	1.60	46	2.70	1.80	0.58
Bickmore et al., 2016	43	4.80	1.70	46	3.40	1.90	0.77
Bickmore et al., 2013	79	4418.00	2298.00	79	4603.00	2847.00	-0.07
Bickmore et al., 2013	53	4204.00	2806.00	52	3741.00	2487.00	0.17
Friederichs et al., 2014	162	4.60	1.60	192	4.00	1.90	0.34
Gardiner et al., 2017	28	-20.00	3.10	29	-19.00	3.10	-0.32
PEI = Clinical							
Andrade et al., 2015	22	90.90	3.22	19	79.52	3.11	3.52
Burton et al., 2016	13	-13.90	8.10	14	-17.60	6.80	0.48
Craig et al., 2018	57	-22.18	11.12	58	-25.18	10.73	0.27
Gordon et al., 2017	28	-11.00	29.70	31	-26.00	70.30	0.27
Hopkins et al., 2011	11	6.57	2.28	14	5.18	2.44	0.57
Hopkins et al., 2011	13	9.54	2.34	11	6.08	2.33	1.43
Im et al., 2016	15	0.88	0.31	15	0.73	0.26	0.51
Park et al., 2011	33	88.00	6.00	31	82.90	10.00	0.62
Ruiz et al., 2014	30	24.93	6.24	30	25.06	4.97	-0.02
Leff et al., 2013	7	-29.25	4.86	7	-31.75	5.39	0.46
Shamekhi et al., 2017	75	1.10	1.60	79	0.09	1.58	0.63
Utami et al., 2017	17	-27.80	8.90	16	-29.70	8.70	0.21
							0.49



Significant positive effect of 0.49, p. < 0.01, 95% CI [.27, .72] of using Digital Coaches vs. non-Digital Coaches.

T. Ma, H. Sharifi & D. Chattopadhyay (2019) Virtual Humans in Health-Related Interventions: A Meta-Analysis, CHI'19 Extended Abstracts, May 4-9, 2019, Glasgow, Scotland UK., Glasgow, Scotland UK

These findings are consistent with findings from another review of Scholten et al. (2017)

Scholten, M.R., Kelders, S.M. and van Gemert-Pijnen, J.E.W.C. (2017). 'A Scoped Review of the Potential for Supportive Virtual Coaches as Adjuncts to Self-guided Web-Based Interventions' *PERSUASIVE 2017*, Berlin, Germany: Springer, 43-54.

A Selection of Our Digital Coaches



Overview of adherence and (medical) outcomes

#	Coach	Population	Duration	N	Adherence	Outcome
1	Anna & Lukas	Obese children	24 weeks	26	56% daily goal achievement	Muscle mass and physical capacities increased sig., fat mass decreased sig.
2	Ally	Adults (public health)	6 weeks	274	54% daily goal achievement	Physical activity increased (pre/post), data collected to increase adherence
3	Clara	Adult asthmatics	4 weeks	93	97% adherence to data collection protocol	Data for an asthma early-warning system (e.g., ca. 23K cough samples, self-reports)
4	Max	Children with asthma	3 weeks / 14 lessons	49	80% intervention completion rate	Asthma knowledge increased sig. (pre/post) and inhalation mistakes were reduced
5	Alex	Chronic back pain patients	4 weeks	1	92% exercise completion rate	Preference of Alex to video- and paper-based instructions / improved exercise performance
6	Selma	Individuals with chronic pain	8 weeks	59	52% adherence to conversations	Pain intensity was reduced sig. and well-being increased sig. (no delta to control group)
7	PEACH 1	Primarily students	2 weeks	185	59.5% completed intervention	Initial evidence for intentional change of self-discipline and openness
8	PEACH 2	Primarily students	10 weeks	1523	32.8% completed intervention	Approx. effect size of ca. 0.5 in personality change, final analyses ongoing
9	CAMP	Cardiac rehabilitation patients	4 weeks	114	56% adherence to data collection protocol	Observational study (final analyses ongoing)



M MAX
 DEIN ASTHMACOACH

UNIVERSITÄTS-
 KINDERSPITAL
 ZÜRICH

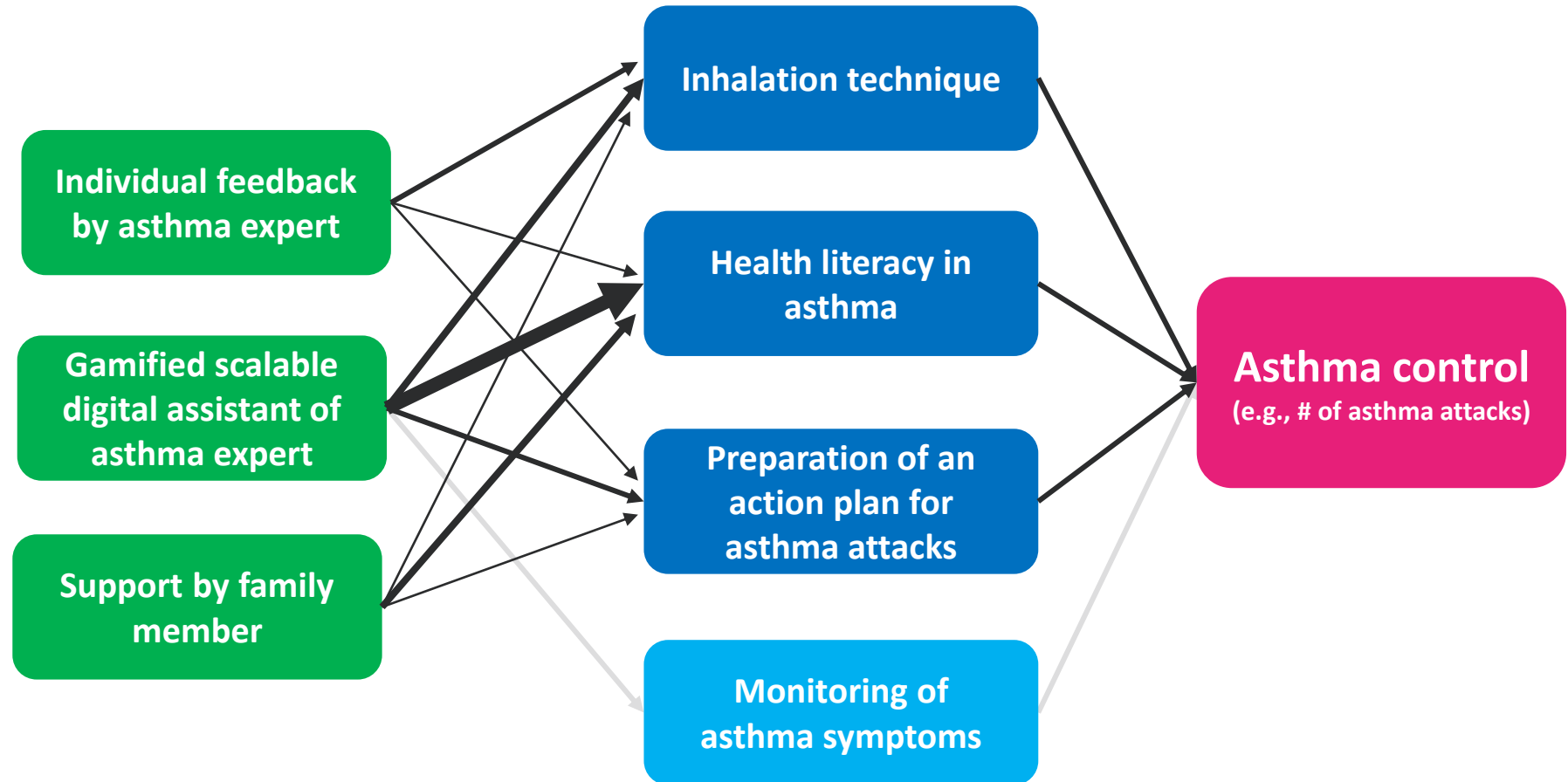
PD Dr. med. Alexander Möller
 Universitäts-Kinderspital Zürich

www.max-asthmacoach.ch



Health literacy intervention for children with asthma

Conceptual Model of MAX



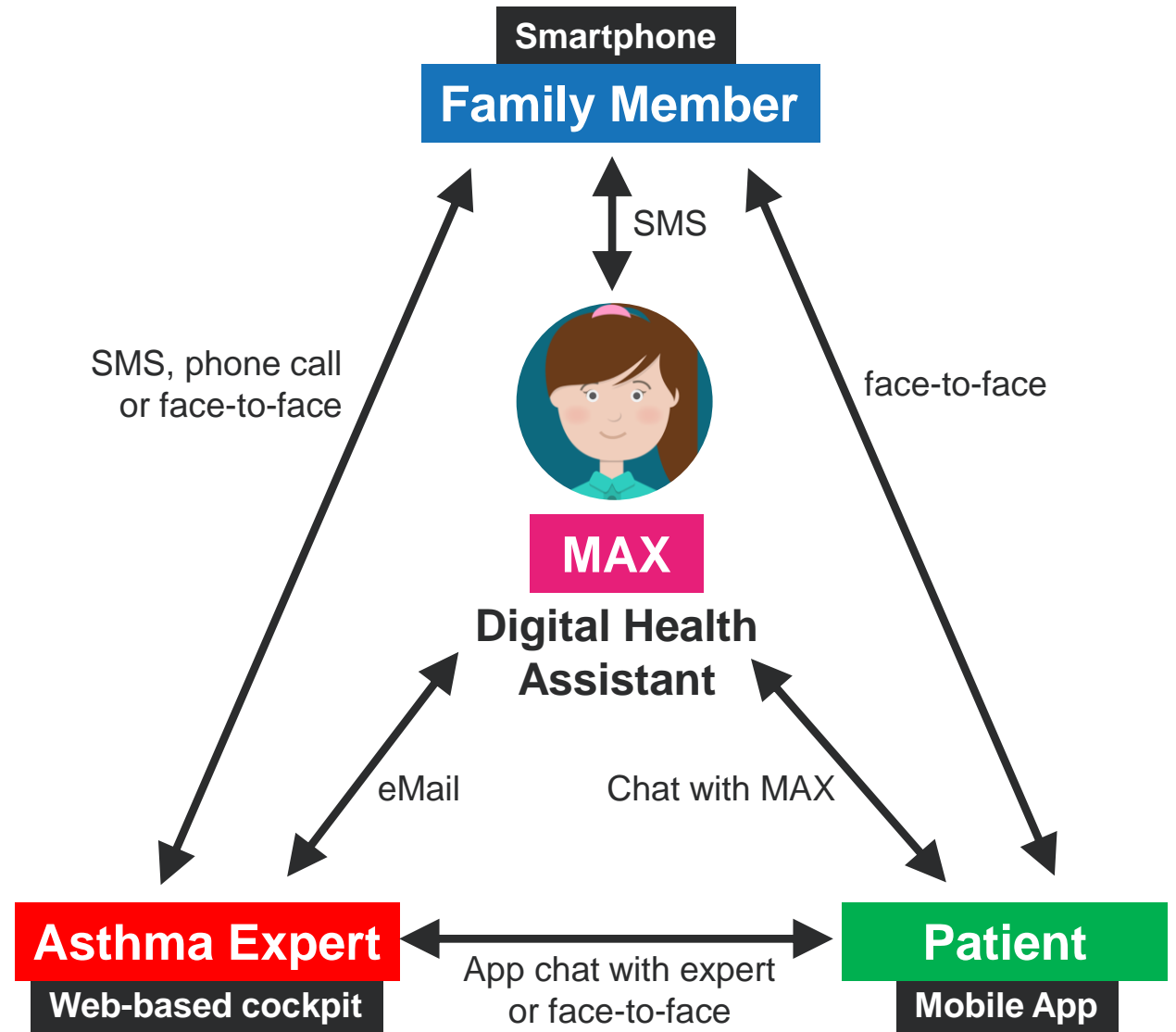
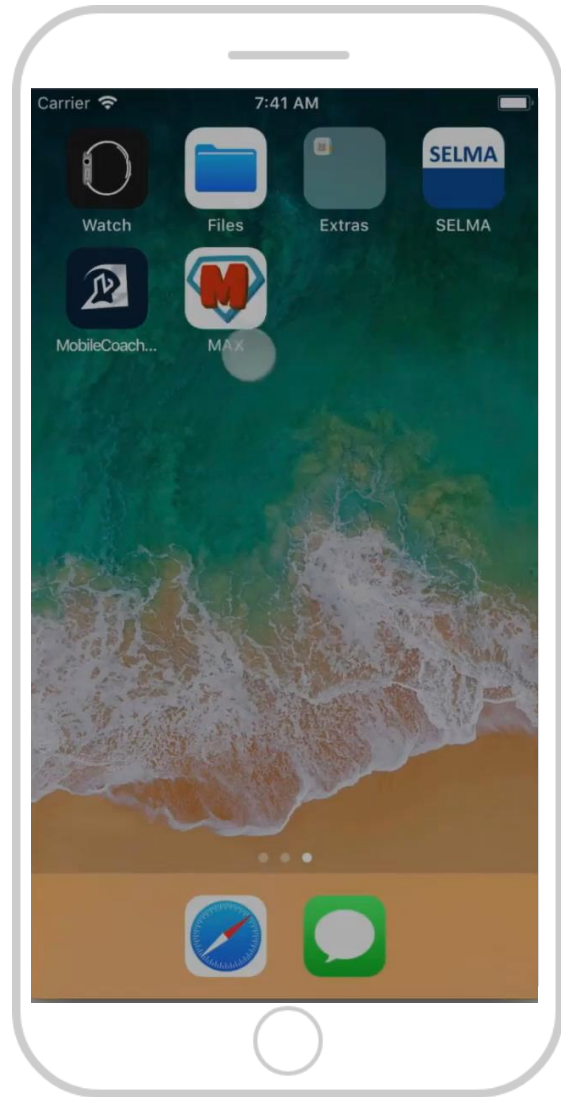
■ Intervention components

■ Proximal outcomes

■ Future work

■ Distal outcome

Interaction with MAX



Inhalation Assessment of Norah, 12

Informed consent was received from patient and parent to use video, name and age for presentation purposes

1. Video recording by family member



2. Expert rating

1. Konnten Sie das Video betrachten?

Ja Nein

2. Ist die Qualität des Videos gut genug, so dass alle kritischen Inhalations-Schritte zu sehen sind?

Ja Nein

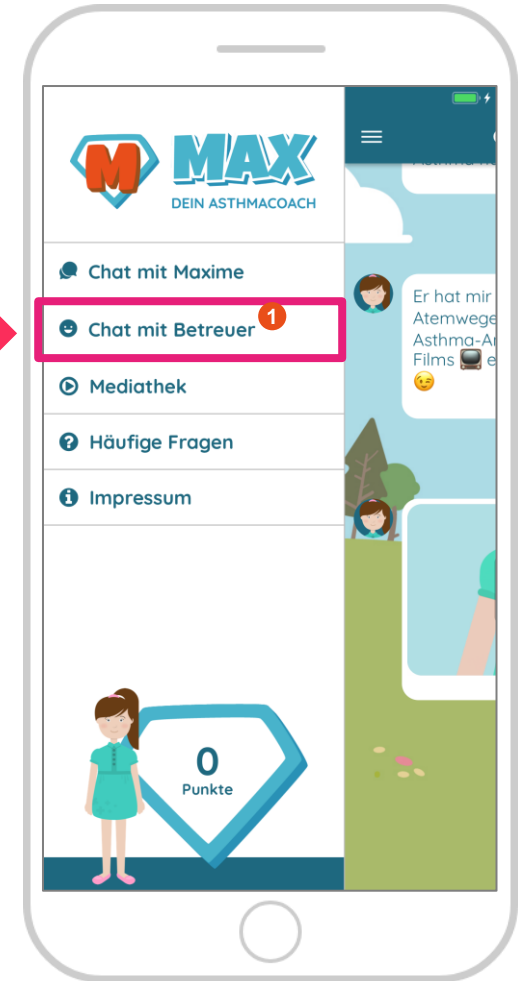
Prima!
Bitte beurteilen Sie nun die Inhalation anhand der folgenden Fragen. Würden Sie die Qualität der Inhalation im Kommentarfeld möglichst kurzen und prägnanten Hinweis zur korrekten Inhalation im Kommentarfeld kurz und prägnant darauf hin.

3. Hat Nathi die richtige Körperhaltung, d.h. einen aufrechten Oberkörper, während der Inhalation?

Ja
 Nein
 Nicht im Video gesehen

+
Automated
feedback generation
based on inhalation
guidelines

3. Feedback to Norah



Main results of the pilot study

1. Overall, **99 children** with asthma **have been approached** by asthma experts from **6 study centers**, within 4 months in 2019; **49 (49.5%)** subjects **started to interact** with MAX.
2. The average **adherence rate** of the **49 subjects** was **80.4%**.
3. The result of a **pre-post test** shows that **asthma knowledge** was **improved significantly** with a **large effect size** ($d=0.9$).
4. On average, **1 inhalation mistake** was identified in each **video clip**; **3 serious inhalation mistakes** could be directly **addressed and eliminated** by the experts' feedback in this trial.



Design of a prognostic digital biomarker for asthma control



University of
Zurich ^{UZH}



Overview of the asthma study with Clara

<https://vimeo.com/258412196>

Clara assessment by 88 adults with asthma



#	Item	Scale	Mean	SD
1	How satisfied were you with Clara?	1 = Not at all 7 = Very satisfied	5,95	1,23
3	How much would you like to continue working with Clara? (<i>n</i> = 87)	1 = Not at all 7 = Very much	4,87	1,72
4	How likely is it that you will follow Clara's advice?	1 = Not at all likely 7 = Very likely	5,59	1,56

Preliminary results of the study

Response rate to daily self-reported asthma control tests of 93 participants:

97.3% (2487 / 2557)

Paper	N subjects	N coughs
Vizel et al. 2010	12	n/a
McGuinness et al. 2012	10	n/a
Casaseca-de-La-Higuera et al. 2015	9	n/a
Monge-Alvarez et al. 2018	13	n/a
Swarnkar et al. 2013	3	342
Amoh et al. 2016	14	627
Birring et al. 2008	15	1.836
Barry et al. 2006	15	2.000
Amrulloh et al. 2015	24	2.090
Drugman et al. 2011	22	2.304
Liu et al. 2014	20	2.549
Larson et al. 2011	17	2.558
Coyle et al. 2005	8	3.645
Klco et al. 2018	18	5.200
Kadambi et al 2018	9	5.670
Our Clara study	> 77	23.188



Alex

Increasing adherence to home exercises in chronic back pain patients



Applied Health Care



University of
Zurich ^{UZH}



magic
leap



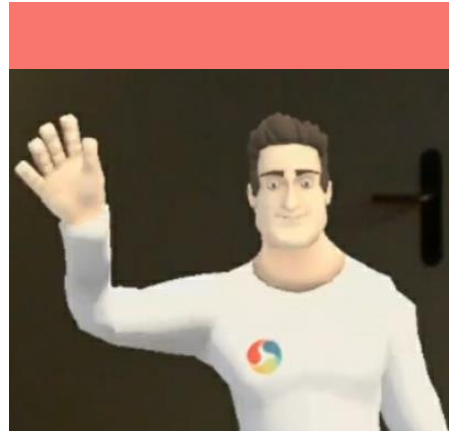
CSS
Insurance

Max – An augmented reality coach

SRF Puls, December 10, 2018 (extract)

Results from a lab experiment (N=15) & 4-week intervention in the field (N=1)

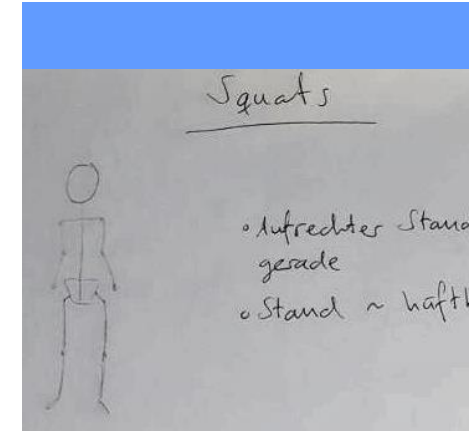
3 modes of instructions



Alex (Augmented Reality)

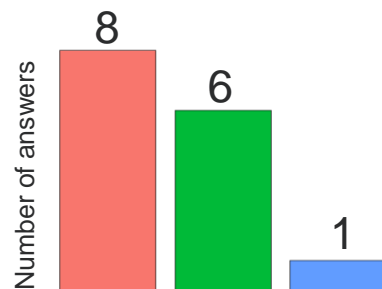


Video

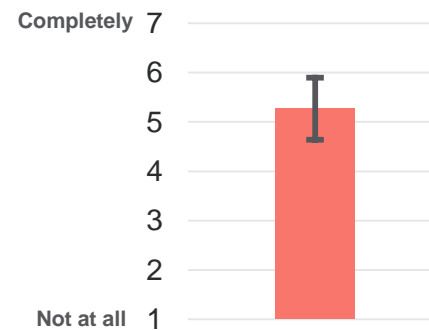


Paper

1. What is your preferred mode of instruction?



2. Session Alliance Inventory



Error bar indicates 95% confidence interval

4-week intervention study (N=1)

Goal: 3 sessions per week for 4 weeks

Adherence: 92% (11 of 12 sessions)

Feedback: Intention to continue with Alex

Potentials of Digital Coaches

1. Delivery of interventions

Frame **digital health interventions** as **digital coaches** of **physicians and other caregivers** that “**live**” in the **pockets of patients** and have the potential to **improve the doctor-patient relationship**, **intervention adherence** and **health outcomes**.



2. Medical research

Use **digital coaches** for **ecological momentary assessments**
(a) to better understand the **development of diseases** and
(b) to develop diagnostic or prognostic **digital biomarkers**.



**Können Sie sich vorstellen, in Zukunft mit
digitalen Gesundheits-Assistenten zu chatten?**



Ladina

Nr. 5145

Liebe Frau Mardaleet 13.3.19

Herzlichen Dank
Für die cole App
von Max.

Liebe



Grüsse

Ladina



Herzliche Danke!

Karin
Zeller

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<https://www.c4dhi.org> | <https://www.mobile-coach.eu> | tobias.Kowatsch@unisg.ch

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