Let the Patient Talk: using dialog to collect important patient information

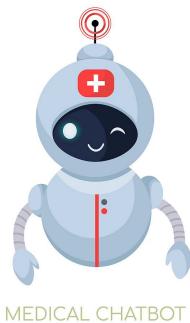
Anna Liednikova

## Hello!

- 3rd year industrial PhD student at LORIA in Synalp team and french start-up ALIAE
- Under supervision of Claire Gardent (CNRS) and Philippe Jolivet (ALIAE)
- Thesis topic:
  - Human-Machine Dialog in the Medical Domain. Using Dialog to collect important patient information

## Context

- Follow up of patients between 2 medical visits (clinical studies)
- Patients should fill the questionnaires
- It's also important to gather serendipitous information that is medically relevant
  - Mood  $\bigcirc$
  - Anxiety levels
  - Leisure activities
  - Daily life
  - Sleeping patterns
- This requires keeping the user engaged and prompting him/her with relevant follow-up questions



## Related work

Classical approach is ensemble of task-based bot + open-domain chit-chat bot (Yu et al. (2017))

Task-based bot is very restricted in topic coverage

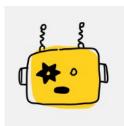
Open-domain bot is very broad and goes away from the health topic

We see the need for closed-domain chit-chat bot that will ask follow-up questions

We propose an ensemble:

- Task-based
- Follow-up
- Social bot









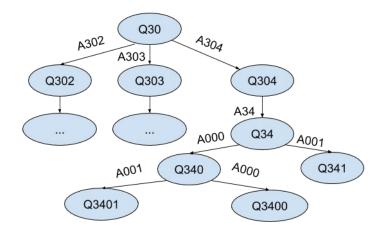
Zhou Yu, Alan W. Black, and Alexander I. Rudnicky.2017. Learning conversational systems that inter-leave task and non-task content. In Proceedings of the 26th International Joint Conference on Artificial Intelligence, IJCAI'17, page 4214–4220. AAAI Press.

# ComBot

- Medical Bot
- Follow-up Bot
- Empathy Bot

## Medical Bot

- Zero-shot retrieval model
- ConveRT embeddings (Henderson et al., 2019)
- MedTree Corpus (Liednikova et al., 2020)
- 168 context-question pairs
- <u>Context</u>: patient-doctor-patient
- Question: following doctor question
- Comparing contexts to retrieve the question
- Conversation starts with random initial question (root of domain tree)
- <u>Domains</u>: sleep, mood, anxiety, daily tasks, leisure activities



<Q30> <tree\_pos> What is the most difficult for you about your sleep?

<a304> <tree\_pos> I wake up early in the morning

<Q304> <tree\_pos> What time did you wake up today ?

<A34> <tree\_pos> I woke up at 5 am

<Q34> <tree\_pos> Do you wake up spontaneously but without enough sleep to feel rested all day long?

<A000> <tree\_pos> no

<Q340> <tree\_pos> Could you describe how do you wake up?

<A001> <tree pos> yes, the alarm clock wakes me up

<Q3401> <tree\_pos> Thanks to these informations, your physician will have more information at his disposal for your next visit

GENERAL Over 2 years

### General skin problems

Changes in the skin, including rashes and spots. For children under 2 years, see the chart SKIN PROBLEMS IN YOUNG CHILDREN, p. 350. See also the section VISUAL AIDS TO DIAGNOSIS starting on page 117

START

Does the skin problem mainly affect the skin on your face?



See the chart FACIAL SKIN PROBLEMS, p. 250.

Do you have a red rash?

Is your temperature 100°F or higher?



See the chart RASH WITH FEVER, p. 254.

Does the problem affect only the skin on

See the chart FOOT PROBLEMS, p. 320.



Do you have one or more raised spots or lumps on your skin?



See the chart. RAISED SPOTS AND LUMPS, p. 255.



Does your skin itch but look normal?

See the chart ITCHING WITHOUT A RASH, p. 221.



Go to next page. first column

Does the rash itch?



See the chart richy spors AND RASHES, p. 252.

Are you currently taking any medication?



See your doctor. Some drugs can cause rashes in susceptible people. Your doctor may need to adjust the dosage of your medication or prescribe a different drug.

Go to next page. second column

Continued from previous page, first column





Are you over



Do you have a new mole, or has an existing mole changed in appearance?



See a doctor immediately. You could have skin cancer. See MALIGNANT MELANOMA (p. 1069), See also VISUAL AIDS TO DIAGNOSS (p. 119).

Do some areas of your skin look much paler or darker than usual?



See your doctor. You could have a skin pigment disorder. See annormat SKIN PIGMENTATION (p. 1058). See also VISUAL AIDS TO DIAGNOSIS (p. 118).



Do you have one or more red patches covered with white or silvery scales?



Do you have a blistering rash on one side of your body in an area that was painful over the past 2 to 4 days?



See your doctor. You may have PSORIASIS (p. 1064). See also VISUAL AIDS TO DIAGNOSIS (D. 123).



See your doctor. You could have SHINGLES (p. 936). See also VISUAL AIDS TO DIAGNOSIS (p. 124).

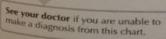


Do you have several oval, red, flaky patches on your chest, back, or abdomen?



You may have a rash called PITYRIASIS ROSEA (p. 1071). See also VISUAL AIDS TO DIAGNOSIS (p. 123).

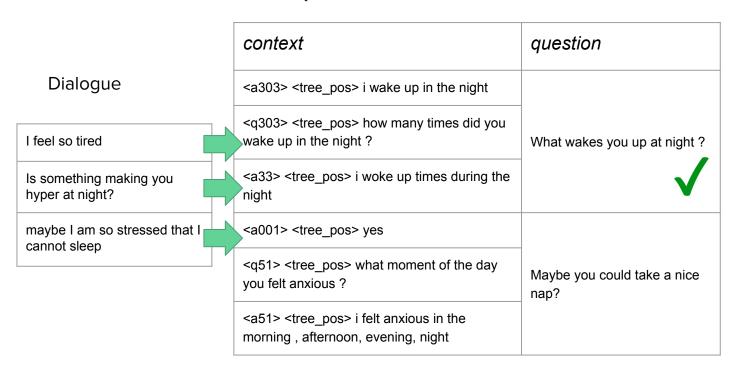
See your doctor.



Check your moles

See a doctor immediately if you have a new mole or a change in an existing mole. In rare cases, the development of a new mole after puberty or a change in the appearance of an existing mole may be a sign of skin cancer.

## Medical Bot example



## Questions asked before

What would you like to share today?

Is something making you hyper at night?

## Follow-Up Bot

- Zero-shot retrieval model
- ConveRT embeddings (Henderson et al., 2019)
- Created Healthboard Dataset
- 175 789 posts
- 3181 context-question pairs
  - Length < 100</li>
  - Similarity > 0.6
- <u>Context</u>: forum statement
- Question: closest question from the thread
- Comparing contexts to retrieve the question
- Filtering repetitions (MMR, similarity)

Category	Threads	Posts	Avg
anxiety	6852	38523	5.63
anxiety tips	42	71	1.69
chronic fatigue	670	3856	5.77
chronic pain	646	4893	7.59
depression	5327	32998	6.21
depression tips	27	51	1.89
exercise fitness	1583	8142	5.16
general health	7279	29858	4.11
healthy lifestyle	104	621	5.97
pain management	4985	38738	7.79
panic disorders	1314	8376	6.39
share your anxiety story	42	42	1
share your depression story	55	71	1.29
share your pain story	28	42	1.50
sleep disorders	1671	7656	4.59
stress	415	1973	4.76

Table 1: Forum Categories used for the Creation of the HealthBoard Dataset

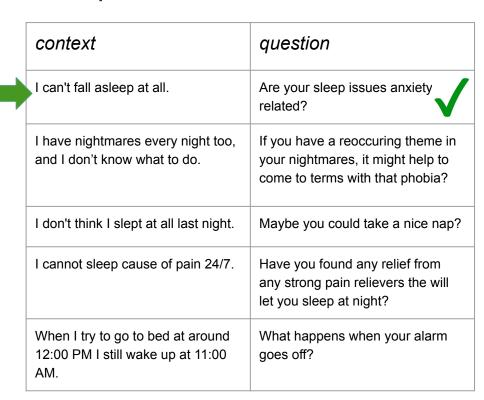
## Follow-Up Bot example

#### Dialogue

maybe I am so stressed that I cannot sleep

What wakes you up at night?

Nothing, I just can't fall asleep



## Questions asked before

What would you like to share today?

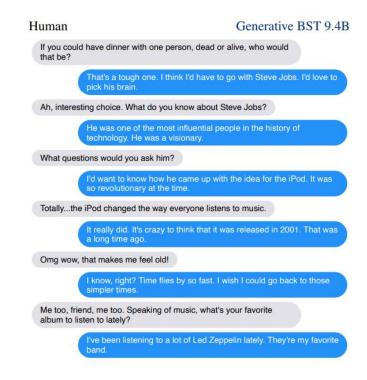
Is something making you hyper at night?

What wakes you up at night?

## Empathy Bot = Blender

We used a generative Blender model that was trained on with the Blended Skill Talk (BST). This model is capable for the following skills:

- Engaging use of personality (PersonaChat)
- Engaging use of knowledge (Wizard of Wikipedia)
- Display of empathy (Empathetic Dialogues)
- Ability to blend all three seamlessly (BST)



## Components of ComBot

#### MedBot:

- It starts the conversation
- It should ask questions from medical tree as soon as the user mentions a relevant problem

### FollowUpBot:

- retrieve health-related questions which naturally keeps up with the user's topic
- to get more information and come back to questionnaire

## • EmpathyBot:

- it should provide necessary empathy and understanding
- to make the user comfortable and eager to continue interaction



## Example of the dialogue

```
BOT: : [opening question] What would you like to share today?
USER: : i feel soo tired
BOT: : [FOLLOWUPBOT] Is something making you hyper at night?
USER: : maybe i am so stressed that i cannot sleep
BOT: : [MEDBOT] What wakes you up at night?
USER: : nothing, i just cannot fall asleep
BOT: : [FOLLOWUPBOT] Are your sleep issues anxiety related?
USER: : i think so
BOT: : [FOLLOWUPBOT] Also do you snore when you do sleep possibly sleep apnea?
USER: : i do not know
BOT: : [MEDBOT] Do you feel anxiety or stress during nights awakenings?
USER: : yes, a bit
BOT: : [MEDBOT] Anxiety and sleep may be connected, it is time to speak with your physician
USER: : okay
BOT: : [FOLLOWUPBOT] What about getting a second opinion from another doctor about your situation?.
USER: : why not
BOT: : /FOLLOWUPBOT/ What does your doctor say about coming off of them and then trying to go back on.
USER: : i do not know
BOT: : [MEDBOT] Are you not able to fall asleep regularly or punctually?
USER: : regularly
BOT: : [EMPATHYBOT] i hope things get better for you, and that you are able to enjoy your time with your family.
USER: : thank you
BOT: : [EMPATHYBOT] you are welcome, and i wish you the best of luck with the rest of your life.:)
```

# **Evaluation**

Human and automatic

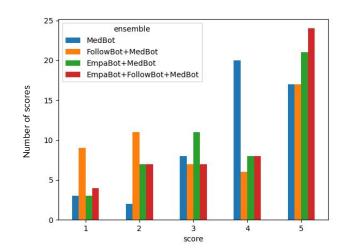
- MedBot
- MedBot + FollowUpBot
- MedBot + EmpaBot
- ComBot

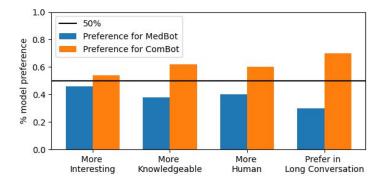
## Human evaluation

- 50 dialogues with Mturkers for each system
- Satisfaction score in the end (1-5)
- Compare two best systems with Acute-Eval setting Li et al.(2019):
  - Who would you prefer to talk to for a long conversation?
  - If you had to say one of the speakers is interesting and one is boring, who would you say is more interesting?
  - Which speaker sounds more human?
  - Which speaker has more coherent responses in the conversation?

#### Observation:

- behaviour of MedBot is restricted, the users didn't have high expectations and gave high scores
- With ComBot there are more lower score due to unsatisfied requests





## Automatic evaluation

- CoSim coherence of a dialog as the average of the cosine similarities between adjacent turns
- Slots medical items in all turns (users)

- **ConvLen** nb. of turns in the dialog
- *InfoGain* avg. tokens per dialog
- UserQ nb. of question the user asked

Model	Satisf.	CoSim	Slots	ConvLen	InfoGain	UserQ
МЕДВОТ	3.94	0.26	6.24 (1.68)	28.46	108.82 (3.82)	0.08 (4)
MEDBOT+ FOLLOWUPBOT	3.18	0.34	11.65 (3.22)	36.06	153.23 (4.25)	0.47 (23)
MEDBOT+ EMPATHYBOT	3.77	0.34	3.87 (1.46)	30.29	140.19 (4.63)	0.68 (33)
СомВот	3.72	0.36	7.12 (2.82)	21.96	124.82 (5.68)	0.48 (24)

## Results

- ComBot provides a better basis for collecting information than MedBot
- ComBot collects information in a more user-friendly way and more efficient manner than MedBot + EmpathyBot
- ComBot allows for more coherent dialogs

Model	Satisf.	CoSim	Slots	ConvLen	InfoGain	UserQ
MEDBOT MEDBOT+ FOLLOWUPBOT MEDBOT+ EMPATHYBOT COMBOT	3.94	0.26	6.24 (1.68)	28.46	108.82 (3.82)	0.08 (4)
	3.18	0.34	11.65 (3.22)	36.06	153.23 (4.25)	0.47 (23)
	3.77	0.34	3.87 (1.46)	30.29	140.19 (4.63)	0.68 (33)
	3.72	0.36	7.12 (2.82)	21.96	124.82 (5.68)	0.48 (24)

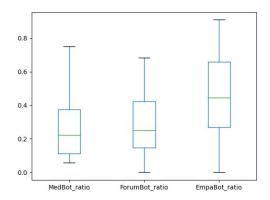
## Adaptiveness to users intents

#### Observations:

- In half of the cases EmpaphyBot led the conversation
- There were few dialogues where EmpaphyBot or FollowUpBot didn't appear at all
- MedBot is triggered more often after Follow-up Bot (30 cases) than after Empathy Bot (12 cases)
- The more specific the chatbot the less coherent reply it is able to generate to a diverse input.

#### Conclusion:

- The system is adapted to the user mood
- It does not push the Medbot if the user is not ready for that



Bot	% of cases
EmpaphyBot	55%
FollowUpBot	29%
MedBot	16%

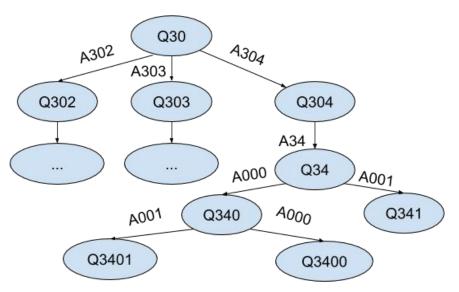
## **Future directions**

- Dealing with negation
  - Sometimes the model continues discussing a topic which was declared as irrelevant by the user
- Right time to stop
  - Long dialogues are good to complete the task, but bad for people who are ready to finish conversation but feel forced to continue
- Taking care of emotional balance
  - An interaction with the bot might highlight a health issue the user was not aware of resulting in increased user stress
- Giving advice
  - Providing the user with some useful information or advice which can help her/him face the situation and if possible, incite her/him to act to improve her/him health

Creating Dialog Data Through

Paraphrasing Expert Knowledge

## **Expert Medical Tree**



<Q30> <tree\_pos> What is the most difficult for you about your sleep?

<A304> <tree\_pos> I wake up early in the morning

<Q304> <tree\_pos> What time did you wake up today ?

<A34> <tree\_pos> I woke up at 5 am

<Q34> <tree\_pos> Do you wake up spontaneously but without enough sleep to feel rested all day long?

<A000> <tree\_pos> no

<Q340> <tree\_pos> Could you describe how do you wake up?

<A001> <tree pos> yes, the alarm clock wakes me up

<Q3401> <tree\_pos> Thanks to these informations, your physician will have more information at his disposal for your next visit

Q30: What is the most difficult for you about your	Q30: What is the most difficult for you about your
sleep?	sleep?
A303: I wake up in the night	A303: Then, the problem hit me where it hurtsat
	night when I am trying to sleep.
Q33: What wakes you up at night?	Q33: What wakes you up at night?
<b>A332</b> : Pain	A332: I wake up in the middle of the night with
	pangs.
Q332: Is there a specific event or a change in your	Q332: Is there a specific event or a change in your
activity which could explain this pain ?	activity which could explain this pain?
A001: yes	A001: This may help find out why the pain started.
Q33201: Can you describe more these changes in	Q33201: Can you describe more these changes in
your activity?	your activity?
<b>A000</b> : no	<b>A000</b> : no
Q3321: Is it known or related to one of the major	Q3321: Is it known or related to one of the major
areas ?	areas ?

## Dataset construction

We retrieve all forum assertive utterances and then for each contextualized patient turn D + P:

- select all utterances U whose cosine similarity with D + P is higher than 0.70
- ullet add paraphrases U to subset U' until Maximal Marginal Relevance score becomes negative
- create dataset context-doctor pairs using P from U':  $(P_1' D_1 P_2', D_2)$
- keep only that paraphrased pairs for which coherence scores are higher than the corresponding scores for the initial pairs

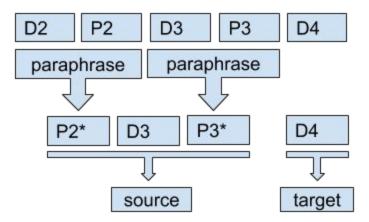
## LONG dataset

D1: Do you sleep well?

P1: No

D2: What keeps you awake?

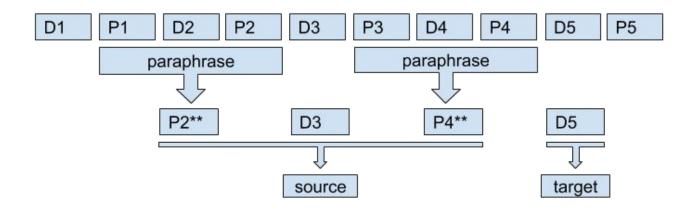
P2: I have pain in the legs



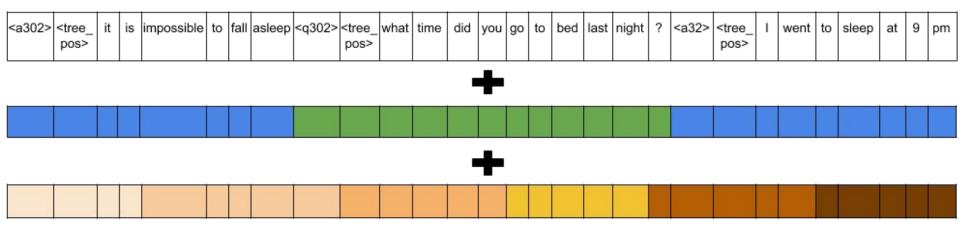
## SHORT dataset

D1: Do you sleep well?

P1D2P2: No, I have pain in the legs and that keeps me awake.



## Data format



## Models

#### **CLASSIF**

- a multi-class classifier with 58 target classes
- GPT-2 language model pre-trained on the BooksCorpus
- Input: the concatenation of the last 3 turns of a doctor-patient interaction
- Predict: a dialog state (one of 58 nodes)
- Output: the corresponding doctor query
- Output text is always correct

#### **GEN**

- TransferTransfo
- GPT-2 language model pre-trained on the BooksCorpus
- generates tree position and text based on the last 3 turns
- may output tree position and text that is not coherent
- may not output tree position
- may change the response from dataset

## **Evaluation**

We compute F1 on dialog state labels to analyse the coherence of the system response with the current dialog context, BLEU-4 and BertScore between the model output and the reference turn to assess the similarity of the generated output with the reference.

Model		F1		BLEU-4			BERTScore		
	L	S	A	L	S	A	L	S	A
CLASSIF Oracle	0.7943	0.4323	0.7794	0.8343	0.4228	0.7538	0.9668	0.9144	0.9674
CLASSIF	0.6259	0.3780	0.4780	0.6528	0.3897	0.4789	0.9460	0.9124	0.9217
CLASSIF (predict only)	0.6250	0.3697	0.4044	0.6553	0.3673	0.4166	0.9457	0.9088	0.9108
GEN Oracle	0.8269	0.6794	0.8545	0.6176	0.5240	0.6217	0.9595	0.9497	0.9652
GEN	0.6586	0.3942	0.4956	0.4889	0.3360	0.3689	0.9497	0.9269	0.9320
GEN (predict only)	0.6109	0.3765	0.4687	0.4619	0.1336	0.3530	0.9455	0.9228	0.9305
GEN (no d-state)		*	-	0.5202	0.3614	0.3987	0.8725	0.8530	0.8020

## Conversation between Human and GEN

Model: I am a bot and I will ask you some questions

about your health. What is the most difficult

for you about your sleep?

**Human:** I wake up multiple times during the night

Model: is there a specific event or a change in your

activity which could explain this pain?

**Human:** I believe it's because of my incoming exams

**Model:** are they frequent or infrequent?

**Human:** Only twice a year

**Model:** even if it is not always easy to treat chronic

sleep issues why don't you speak with

Human: I don't think it's that urgent for now

Model: okay! do you have any other things to tell

me?

**Human:** I really feel tired all day long

Model: would you agree to discuss anxiety and

stress?

Human: Sure!

**Model:** if you already feel those troubles for the last

days why don't you speak with your physi-

cian

**Human:** I don't think I really need it for now

Model: Do you feel like events have been able to af-

fect your mood lately?

**Human:** My exams

Model: do you ever find yourself thinking that it

would be best not to wake up the next mornin

**Human:** No, it's just my exams!!

**Model:** do you sometimes think about ending your

life?

**Human:** I just told you I'm ok

Model: in the long run remaining with such unpleas-

ant thoughts doesn't really seem to me to be

ten

**Human:** I think I should be good after my exams are

finished

**Model:** Were you rather anxious?

**Human:** Yes, I still am, I don't want to fail

**Model:** What activities you enjoy participating in?

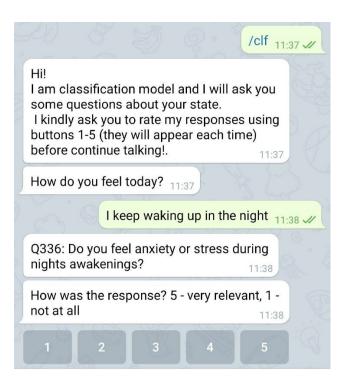
**Human:** I like to play baseball with my university's

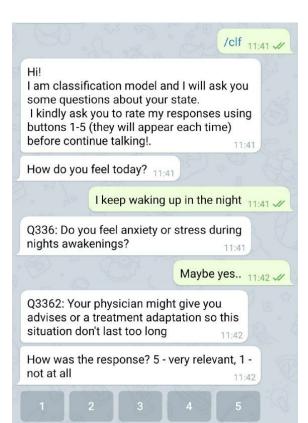
team

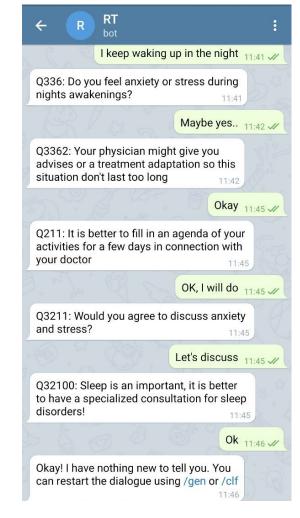
**Model:** Okay! Thank you for sharing. So far I have

nothing new to tell you.

## Human evaluation







## Human evaluation scores

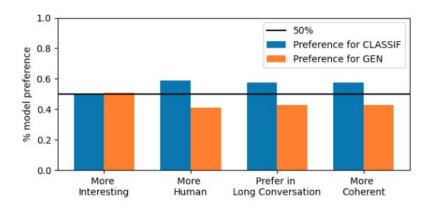


Table 5: Human Comparison of the two Models

 Long dialogues (24.42 for CLASSIF and 28.98 for GEN) indicates success of driving a non trivial conversation

Criteria	CLASSIF	GEN	
Responses			
Coherence	$3.14 \pm 1.43$	$3.32 \pm 1.40$	
Fluency	<u>=</u>	$4.08\pm1.28$	
Whole Dialogs			
Satisfaction	$3.12 \pm 1.19$	$3.38 \pm 1.03$	
User turn length	$4.92 \pm 3.93$	$5.04 \pm 4.24$	
dialog length	$24.42 \pm 3.79$	$28.98 \pm 5.63$	
Sequence rate	$0.35 \pm 0.13$	$0.26 \pm 0.12$	

Table 6: **Human Evaluation Scores** (differences are not significant)

 the user turns are much shorter than in our training dataset, so question optimization or better filtering needed

## Dialogue tree labels

- dialog state information helps improve performance, especially for oracle setting
- the dialog tree label helps guide learning, increases interpretability that lead to possible directions for improvement for models and expert tree itself
- The models have correctly learned transitions sequences (0.35 for CLASSIF and 0.26 for GEN) and they can deviate from those, learning new ways to conduct the dialog
- it is harder to handle compressed interactions (SHORT), since the model needs to handle patient turns which convey multiple information

Error Type	CLASSIF	GEN
Correct	62.59	65.86
Child Node	4.4	3.28
Parent Node	9.53	10.87
Same Gd Parent	1.69	1.31
Diff. Leaves	15.96	11.51
In Domain	4.28	6.65
Out of Domain	1.53	0.26

Table 4: Error Analysis on Predicted Dialog States (GEN and CLASSIF models trained on LONG)

# Current work and directions

## Topics

- Extending existing ensemble with new bots
  - Advice Bot
  - Questionnaire Bot
- Graph-based dialog management
- Keyword-based retrieval model
- Zero-shot retrieval model
- Dialog representation

# Thank you for your attention!