

Diabete expert focus group 02-12

Part 1: Current state

Starting points:

Pre-diasnostic phase

- Conversational AI: now you have thuisarts □ could be more advances with conversational AI

Diagnosis:

- GP and patient talk □ glucose is measured
- Second step: referral from the lab
- Challenges
 - o Often its too late when the patient sees the GP
 - o People can also only suffer from impaired glucose tolerance which he lab doesn't find
 - o Patient not following up diagnosis
 - o If patients are invited based on BMI or something, the challenge is if they will actually come, if they don't have direct symptoms, they don't deem it necessary

Initial Treatment:

- Awareness; purpose or assisting method?
- Plan voor zorg op maat □ seeing what's best for him/her
 - o Maturity of disease
 - o Comorbidities
 - o Not really standardized in a sense that there is a tool used by everyone
- Purpose could be that there is an individualized treatment plan
- Wilma: either lifestyle changes or medication immediately
 - o Several groups of patient and that influences what healthcare providers are involved

Objectives in chronic phase

- Prevent heavy medication

Values:

- Motivational interviews are used and these elements will come back in these interviews
- Importance really depends on the person that you are talking to
- Schilderswijk: most patients health literacy
- Wilma: what you mentioned is more in the knowledge domain □ not enough to change behaviour
- Here are a lot of overlapping things
- Norms is important but the social influences broader than social support are important
- If someone has a partner and you eat together that is a larger influence
- Emotional consequences and value system not very often discussed
- First they tell plusses minuses, underlying values and emotions are hardly touched upon in the conversation
- But if people don't change than that might be a topic of conversation
- Timeline is very important; picking up on if it doesn't succeed, then you go layers deeper
 - o Nurse practitioner sees patients 3 times a year -> not often

- Strengths in conversational AI will be in between these moments
- I would not like the ConvAI to ask personal questions ; questions that
- People already behaved in a certain way; they do that for a reason □ what do you want to change □ a person has new experiences and you have to get into those experiences
- Not categorise in advance but you have to start somewhere
 - Health professional: which topic would they start on
- A lot of research done on this ; why are people not complying to their goal

Part 2: AI functionalities

Concluding questions

1. Importance for patients to learn about their own model

Good for the patient to learn why the information is collected – not sure if they have to know how the model is working but they need to know why some information is being asked for. Good that there is some notion on sharing it with GP so that there is more trust in the model. You should have something like informed consent – you HAVE to tell them, you are not allowed to not tell them. You should do that on a general level, and not go into detail about it. (GDPR). Level of detail required is personal, there should be an option to get more information but for most people that will be too complicated

Two levels

- Privacy GDPR
- Information need from user

2. How do the healthcare providers want the information presented?

360 degrees diagnose tool □ could be helpful to collect data that is relevant for that tool

Would look like report, similar to a report—overview of areas that are relevant with some concise points on what is important

Differs per healthcare provider what kind of information they need – only information on things that drive medical decisions and nothing else that or a lot that requires a lot of reading

Diabetes nurse would also like some information on norms, values, what are reasons not to adhere to certain behaviour

Could also be financial situation that is not an easy question and not common in healthcare setting

What is keeping them from healthy behaviour? That is important for providers

More contextual factors, normally not discussed during consultation

Consultation is sometimes only once a year and then only 10 minutes

Summarize in easy way, so that GP can only ask confirmation □ help getting to the problem quicker

Even if a GP has multiple of these agents like summarization of whole practice would be very helpful

- ❑ *What kind of patients are they treating? Are there similar patients* □ *steering practice of GP*
- ❑ *The you need to have all agents' information aggregated.*