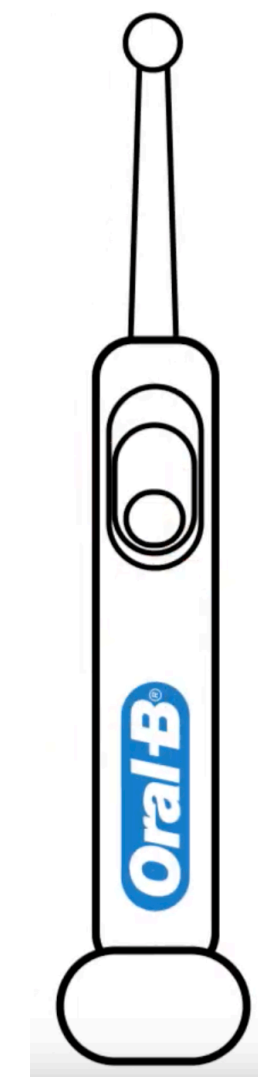


# Oralytics: A Mobile Health Study to Improve Oral Health Behaviors

Kelly W. Zhang, Anna Trella, Susan Murphy



**Harvard** John A. Paulson  
**School of Engineering**  
and Applied Sciences

November 10, 2021

# Statistical Reinforcement Learning Lab

- Mobile Health Clinical Trials
  - HeartSteps
  - Sense2Stop
  - Oralytics (focus of this talk!)





# Statistical Reinforcement Learning Lab

- Mobile Health Clinical Trials
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  - Sense2Stop
  - Oralytics (focus of this talk!)
- Developing Learning Algorithms for Personalization
  - Bandit / Reinforcement Learning



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  - Oralytics (focus of this talk!)
- Developing Learning Algorithms for Personalization
  - Bandit / Reinforcement Learning
- Methods for Statistical Analysis





# About this talk...

- Oralytics is a work in progress!
  - We are currently designing the algorithm for the trial which will go in the field spring 2022
  - We welcome and value your feedback!!

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- Oralytics is a work in progress!
  - We are currently designing the algorithm for the trial which will go in the field spring 2022
  - We welcome and value your feedback!!
- Goals of this talk
  - Introduce you to using RL / personalizing algorithms in mobile health studies through our Oralytics study
  - Describe and get feedback on the challenges we're facing



# Outline

## 1. Introduction to Oralytics

## 2. Just-In-Time Adaptive Interventions and Trial Overview

## 3. Design of Personalization / Reinforcement Learning Algorithm

# Oralytics Study Collaborators (big team)!

- **Dentists**
  - Led by Vivek Shetty at UCLA
- **Behavioral Scientists**
  - Led by Inbal Nahum-Shani at UMichigan
- **Personalization Algorithm (our team)**
- **Signal Processing Team**
  - Led by Vwani Roychowhury at UCLA
- **App Developers**
  - Led by Cody Diefenthaler





# The State of Dental Health

- \$108 billion spent annually on dental services in US (2011 CDC report)
  - 95% spent on treating consequences of oral diseases
  - <5% spend on oral health promotion and disease prevention

# The State of Dental Health

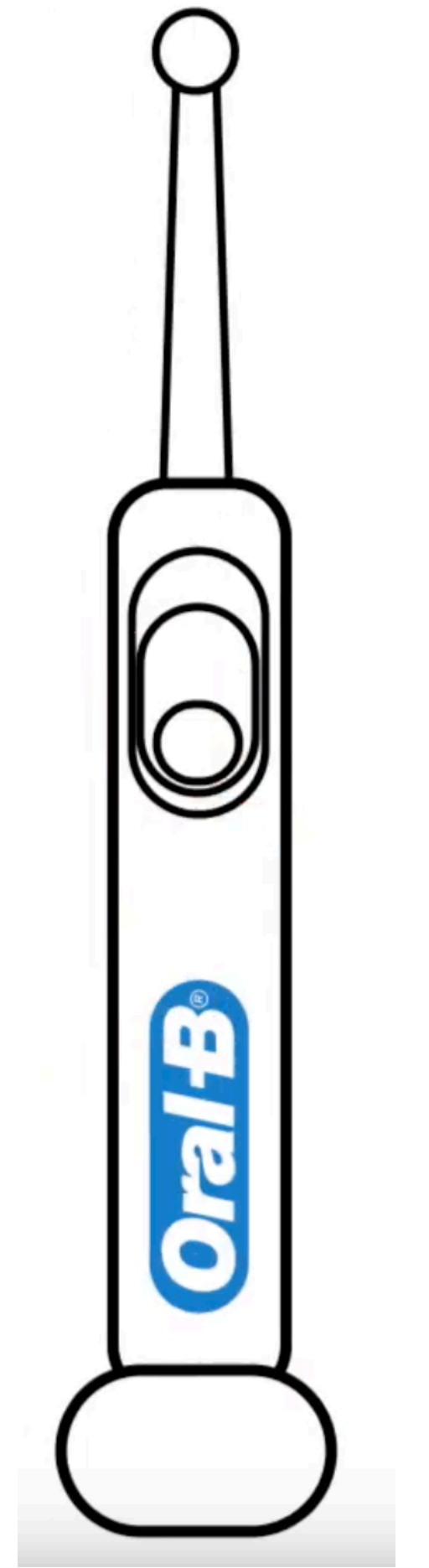
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  - 33% of men brushed only once a day
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- Dental disease burden falls disproportionately on vulnerable and underserved populations

# Oralytics Study Overview

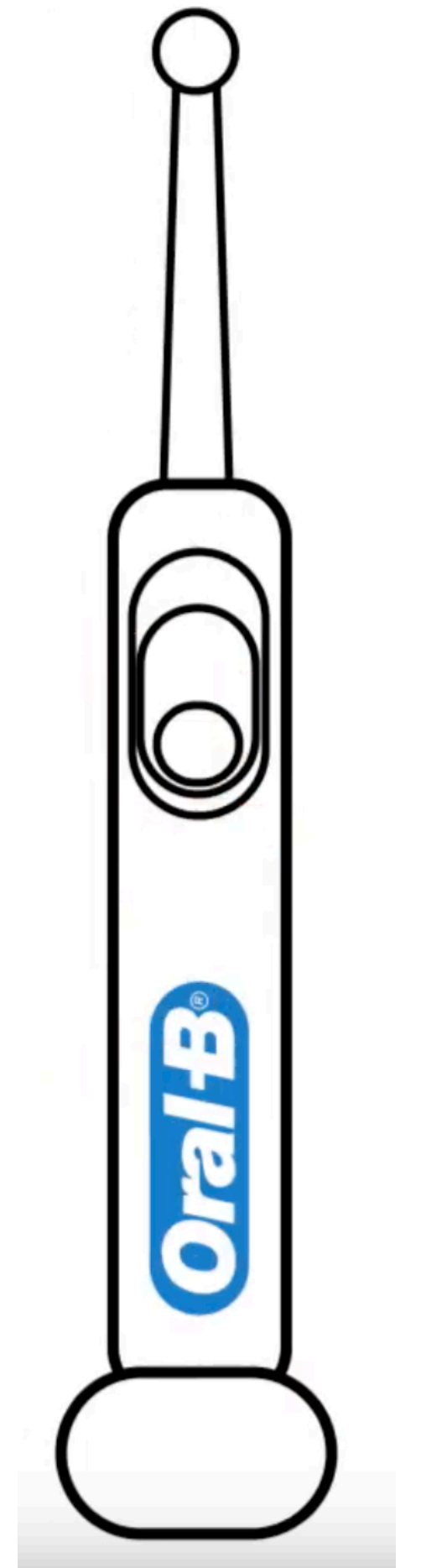
- Mobile health app to improve user's oral health behaviors





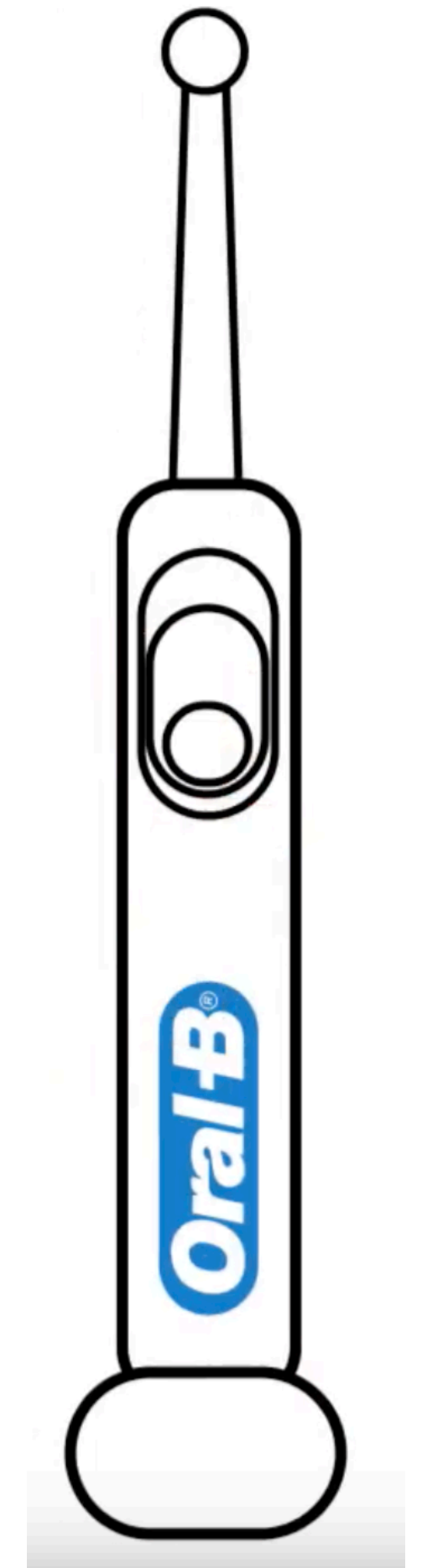
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- Mobile health app to improve user's oral health behaviors
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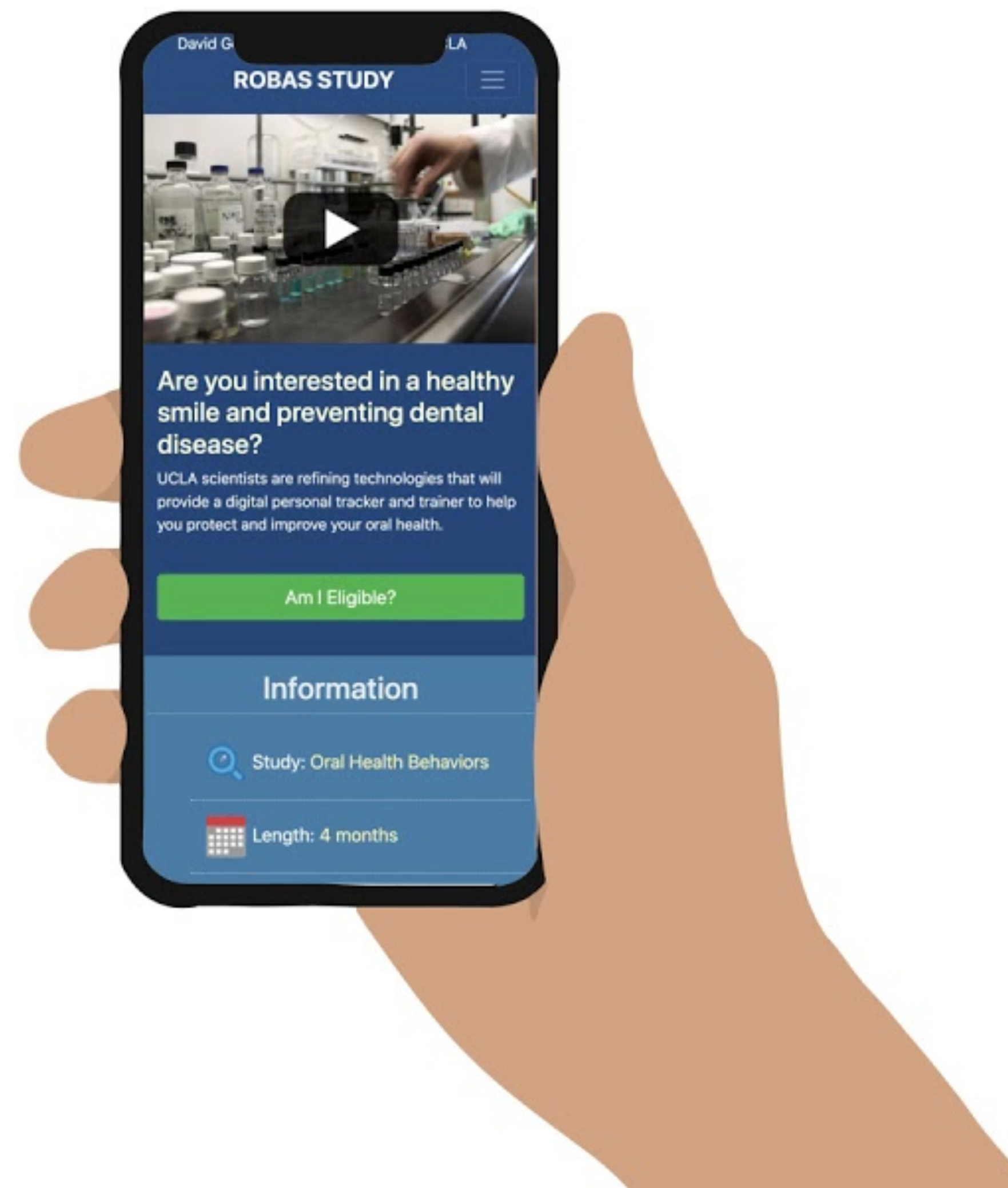
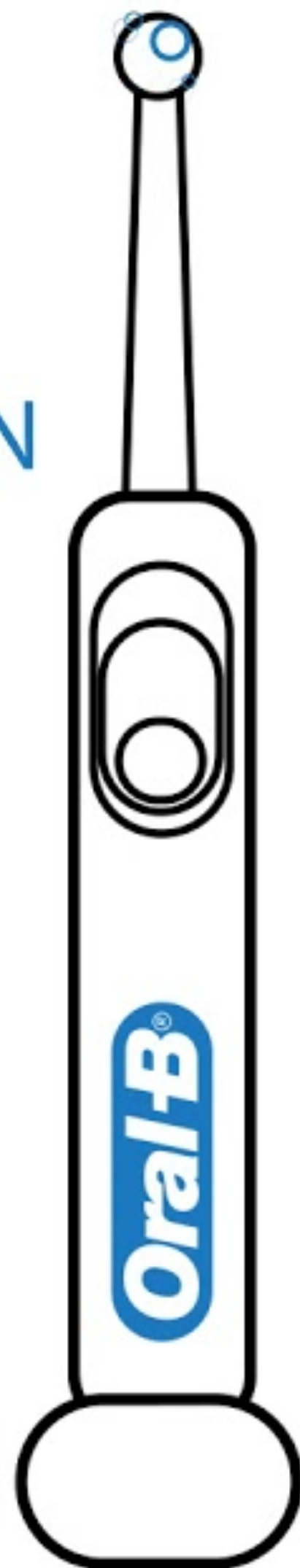


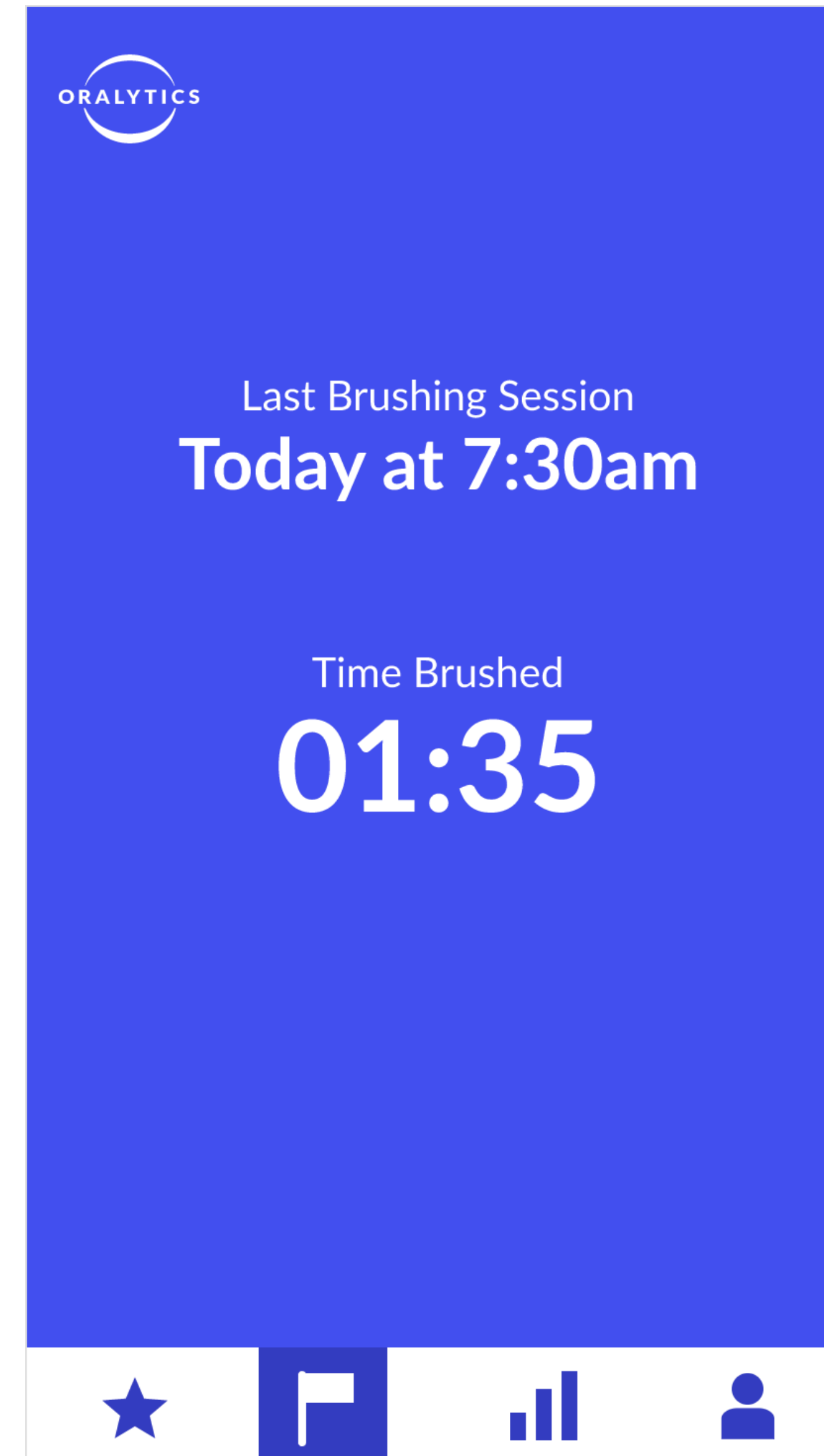
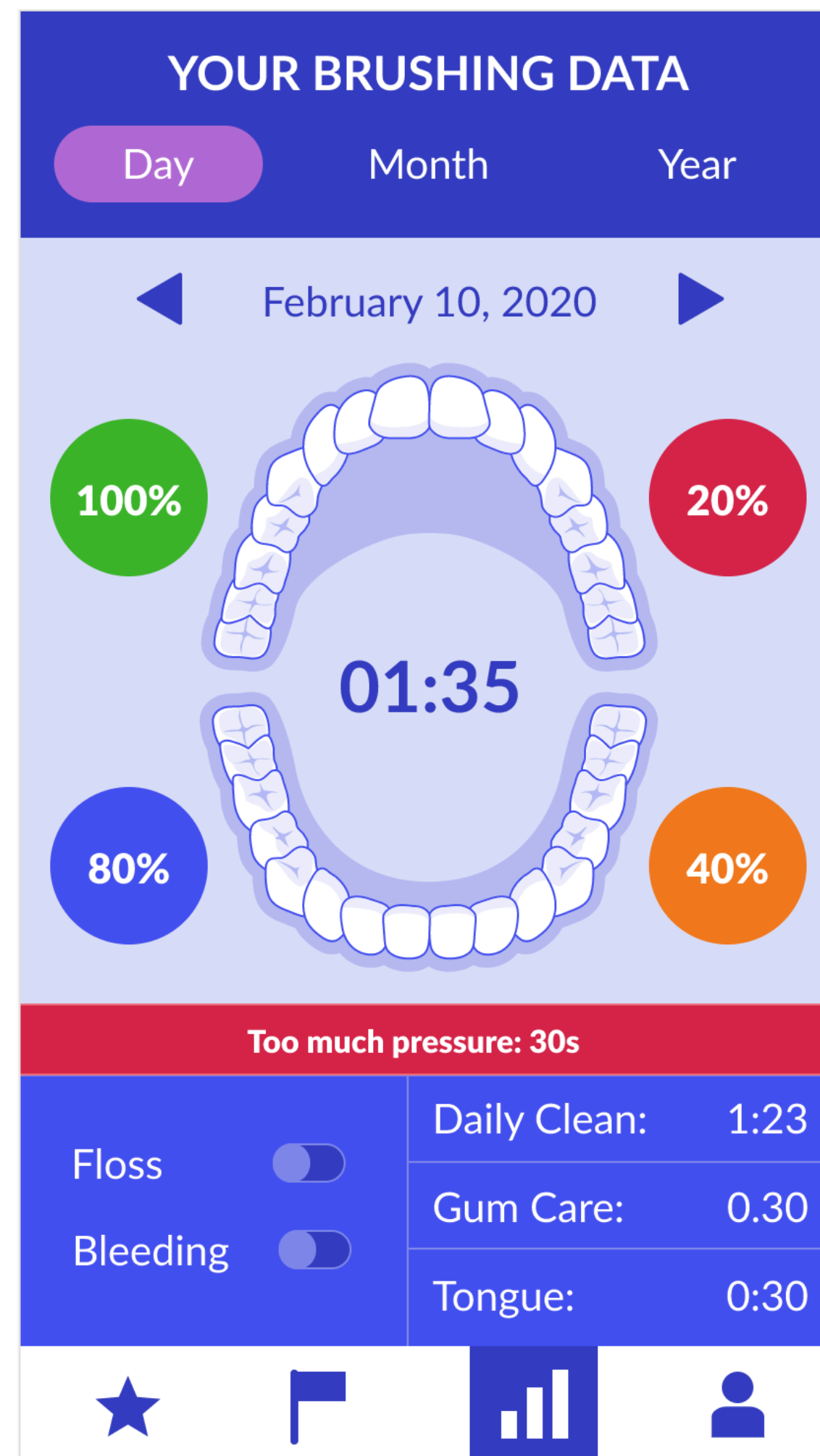
# Oralytics Study Overview

- Mobile health app to improve user's oral health behaviors
- **Digital Oral Health Intervention:** “push” messages to encourage toothbrushing
- Sensor data includes mobile phone and bluetooth enabled toothbrush



COLLECT  
INFORMATION





## We want you to make an impact!

Redeem an extra \$1 gift from Oralytics to your St. Jude Account.

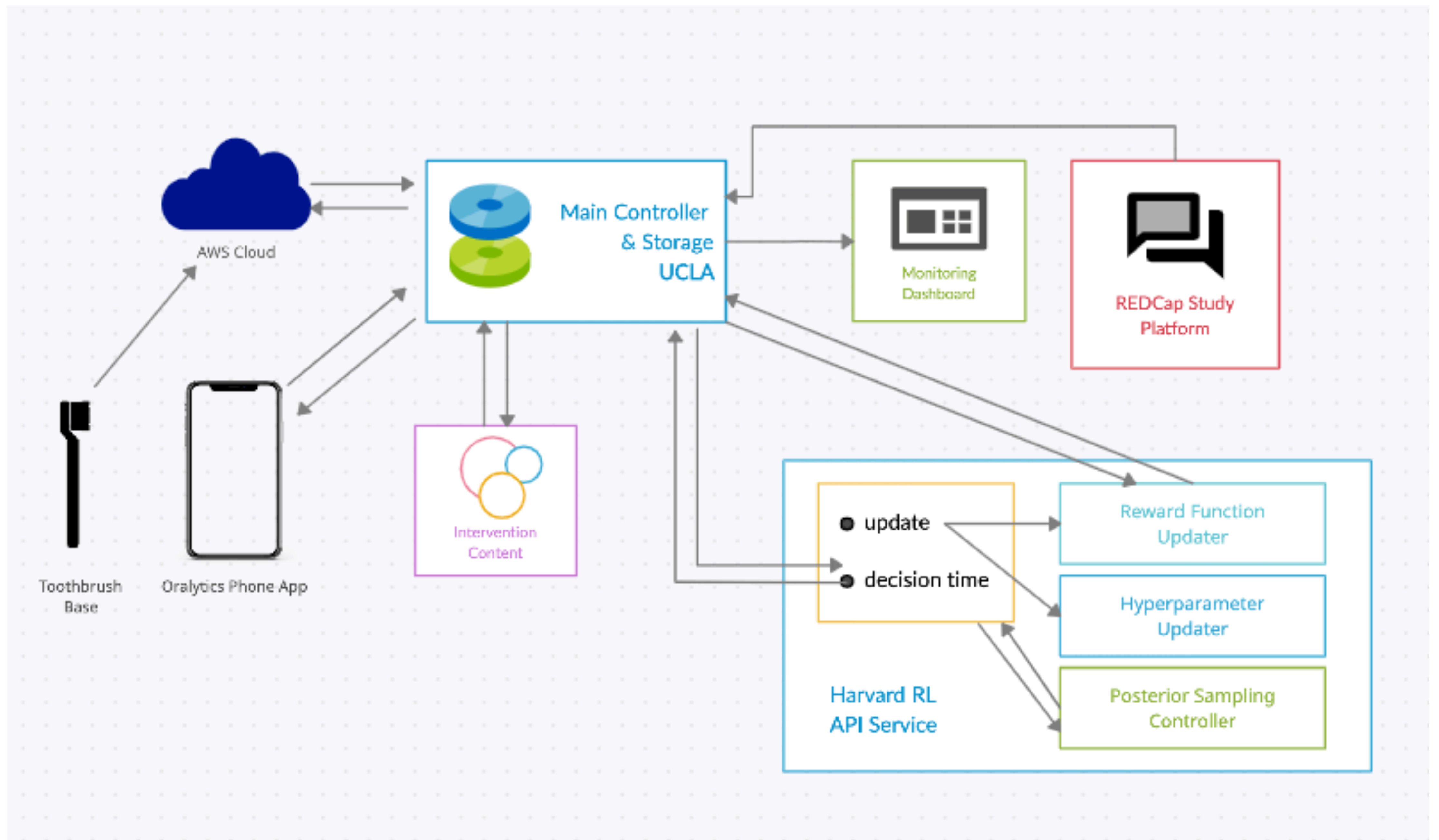
Redeem

## Redeemed!

Navigation icons: Star, Flag, Bar Chart, Person

Detailed description: This is a mobile app screen with a light blue background. It features the text "We want you to make an impact!" and "Redeem an extra \$1 gift from Oralytics to your St. Jude Account." Below this is a purple "Redeem" button. At the bottom, the text "Redeemed!" is displayed. A navigation bar at the very bottom contains four icons: a star, a flag, a bar chart, and a person.





# Outline

1. Introduction to Oralytics

**2. Just-In-Time Adaptive Interventions and Trial Overview**

3. Design of Personalization / Reinforcement Learning Algorithm

# Just-In-Time Adaptive Interventions (JITAs)

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# Just-In-Time Adaptive Interventions (JITAs)

- Interventions that are delivered **whenever and wherever needed**
- Motivation for JITAs
  - (1) Individuals may need support when it is difficult or expensive to provide otherwise
  - (2) Individuals are not always aware of when they need support
  - (3) Intervention options may have negative side effects (burden, habituation)

# Components of JITAIs

**Proximal (Near-Time) and Distal Outcomes**

**Decision Times**

**Tailoring / Contextual Variables**

**Intervention Options / Actions**

**Decision Rules**

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**Proximal (Near-Time) and Distal Outcomes**

**Decision Times**

**Tailoring / Contextual Variables**

**Intervention Options / Actions**

**Decision Rules**

**Distal Outcome:  
User's oral health**

**Proximal (Near-Time)  
Outcome:  
Brushing time at next  
brushing window**



# Components of JITAIs

**Proximal (Near-Time) and Distal Outcomes**

**Decision Times**

**Tailoring / Contextual Variables**

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**Decision Rules**

**Every Morning  
Before Brush Time**

**Every Evening  
Before Brush Time**

# Components of JITAIs

**Proximal (Near-Time) and Distal Outcomes**

**Decision Times**

**Tailoring / Contextual Variables**

**Intervention Options / Actions**

**Decision Rules**

**Time of Day**

**Previous Days Brush  
Times**

**User Engagement with  
Oralytics App**

# Components of JITAIs

**Proximal (Near-Time) and Distal Outcomes**

**Decision Times**

**Tailoring / Contextual Variables**

**Intervention Options / Actions**

**Decision Rules**

**No Message**

**Standard Reciprocity Prompt**

**Reciprocity by Proxy Prompt**

**Q&A Prompt (Morning)**

**Personalized Feedback (Evening)**

# Components of JITAIs

**Proximal (Near-Time) and Distal Outcomes**

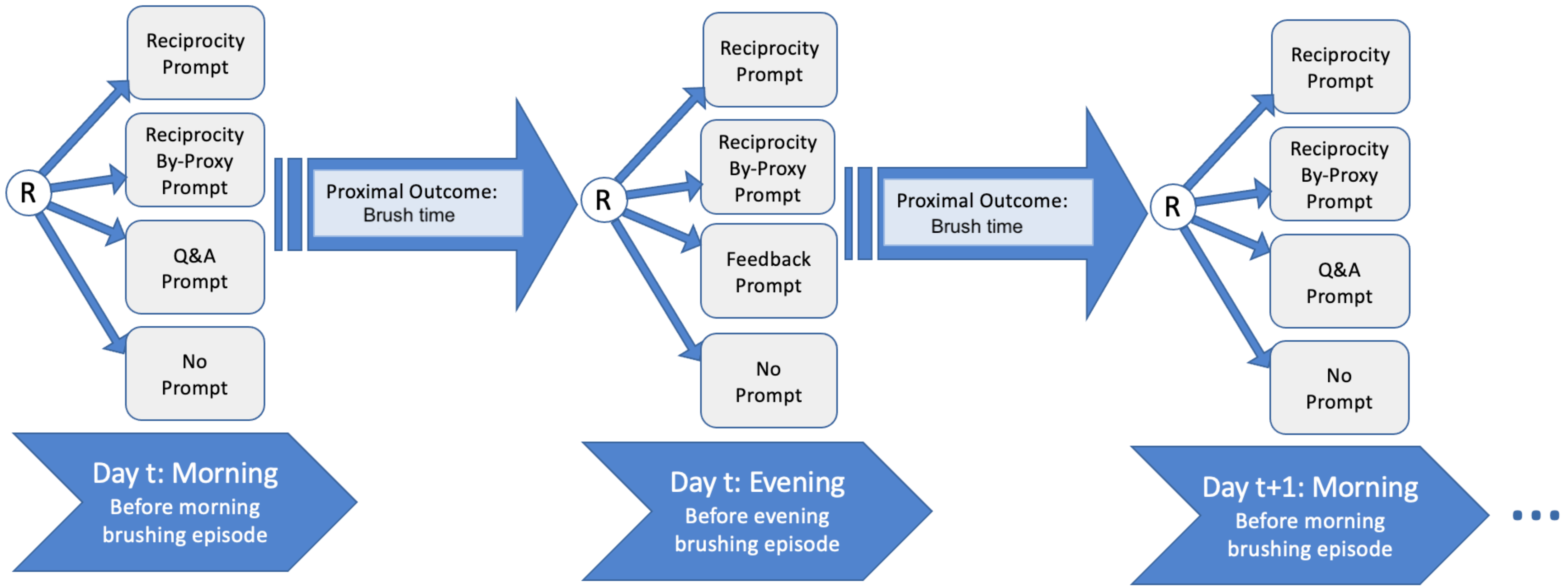
**Decision Times**

**Tailoring / Contextual Variables**

**Intervention Options / Actions**

**Decision Rules**

**Personalization /  
Reinforcement Learning  
Algorithm**



**Micro-Randomizations: every day over 10 weeks, day  $t = 1, \dots, 70$**

# Overview of Study

- **Micro-Randomized Trial (MRT)**
  - 10 week trial with ~75 users
  - Designed to (1) inform design of a JITAI for future use and (2) personalize message delivery (learning for each user)

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- **Micro-Randomized Trial (MRT)**
  - 10 week trial with ~75 users
  - Designed to (1) inform design of a JITAI for future use and (2) personalize message delivery (learning for each user)
- **Standard Clinical Trial will be run after the MRT**
  - Randomize between usual care versus the Digital Oral Health Intervention JITAI
  - Participants recruited from two large “safety net” dental clinical in Los Angeles
  - Evaluate effect on
    - (1) Dental plaque
    - (2) Gum inflammation



# Outline

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# Why use an RL algorithm in the MRT?

- Biases micro-randomization probabilities based on the data collected so far
- Increase probability of sending messages in **contexts for which the data indicates sending a message will increase user brushing**
  - More likely for the intervention to be effective on average
- Decrease the probability of sending messages in contexts the data indicates messages will be less effective
  - Avoid burdening / annoying the user

# Approach to Designing the RL Algorithm

- **Develop a simulation environment using**
  - Available prior data
  - Domain expertise

## **Simulation Environment**

- Generates contexts and rewards under each action
- Heterogenous users

# Approach to Designing the RL Algorithm

- **Develop a simulation environment using**
  - Available prior data
  - Domain expertise
- **Evaluate RL Algorithms on Simulation Environment**
  - Select algorithm that performs well across simulation variants

## **Simulation Environment**

- Generates contexts and rewards under each action
- Heterogenous users

## **RL Algorithm**

Uses data accrued so far to form action selection probabilities for the current context

# ROBAS Dataset

- **Study goal:** Assessing the feasibility of passively tracking brushing behaviors in real world settings
  - 32 participants for 1 month

ROBAS paper: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7380983/>



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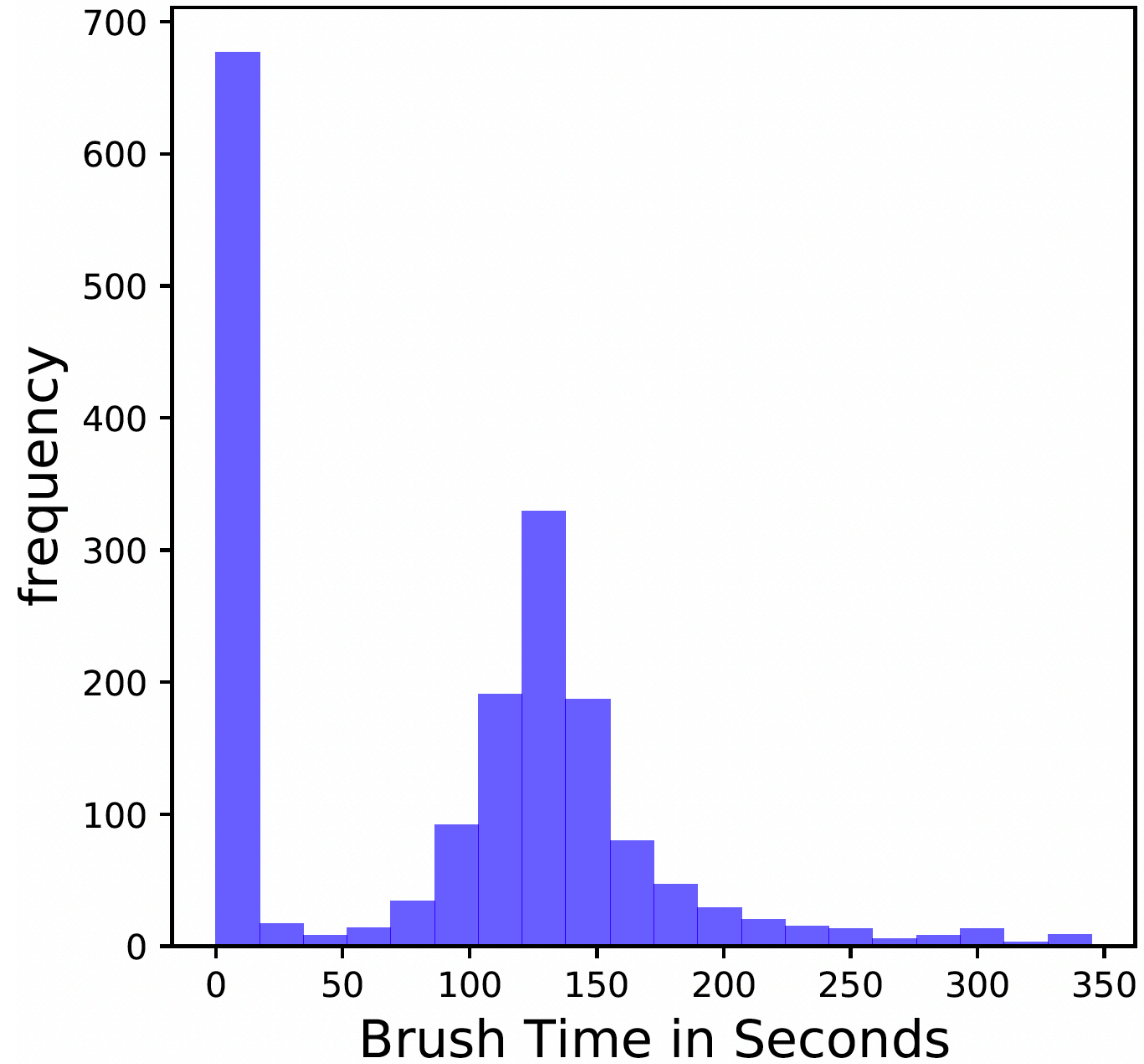
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- **Use data to model outcomes under no intervention**

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# Observation 1: Zero-Inflated Brush Time Outcomes

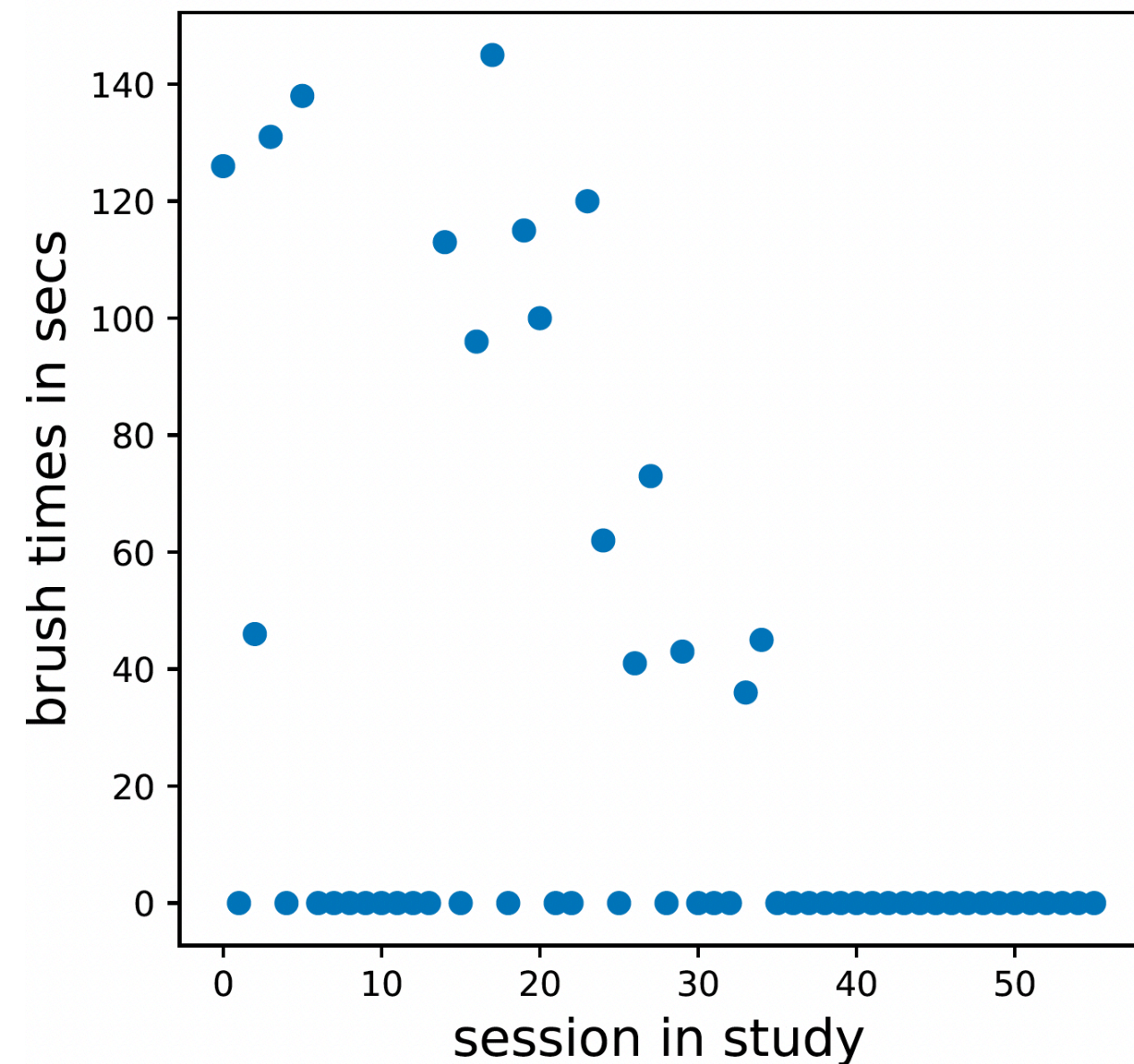
Histogram of Brush Times In ROBAS 2



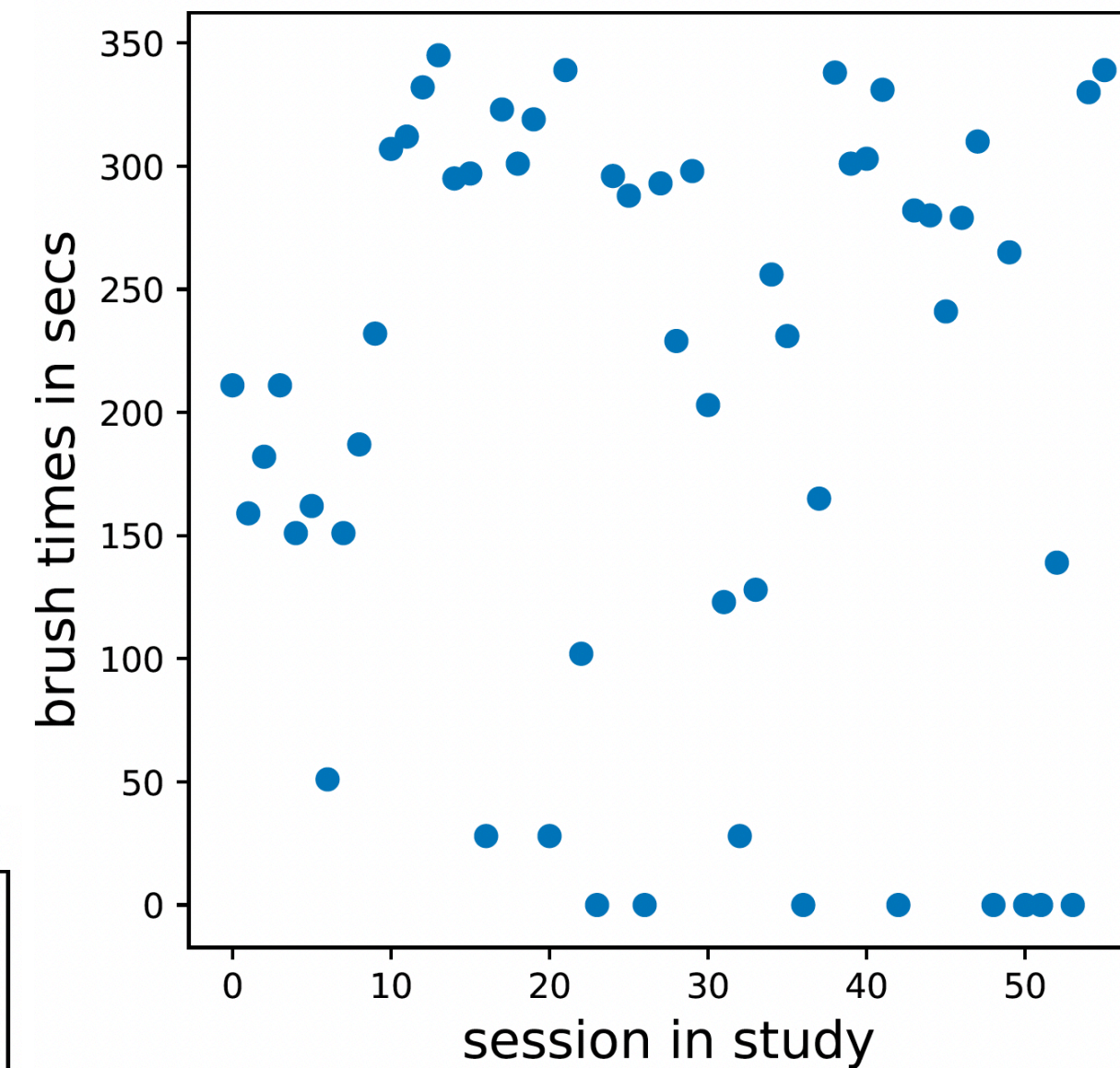


# Observation 2: User Heterogeneity

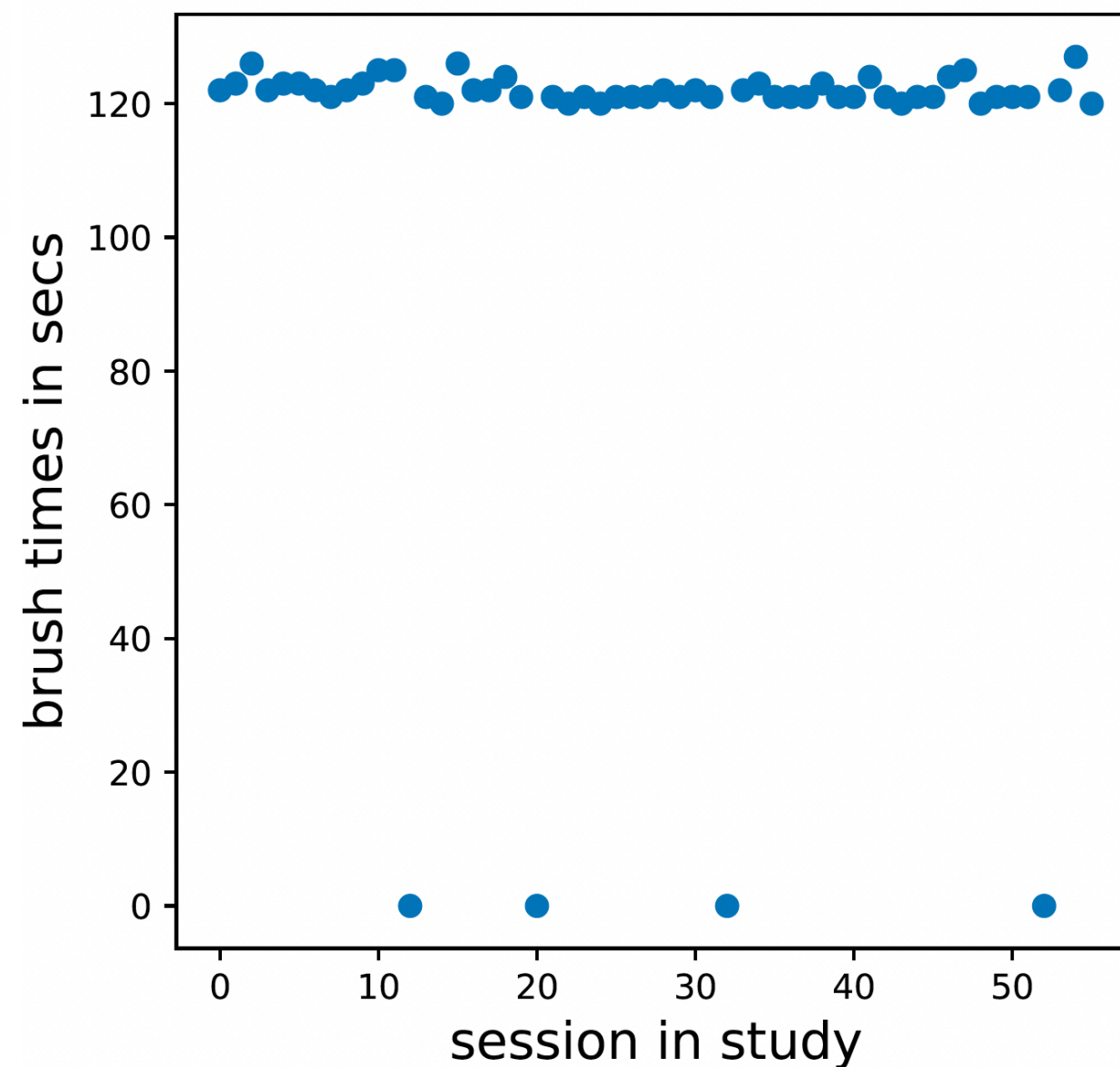
ROBAS 2 User: 14



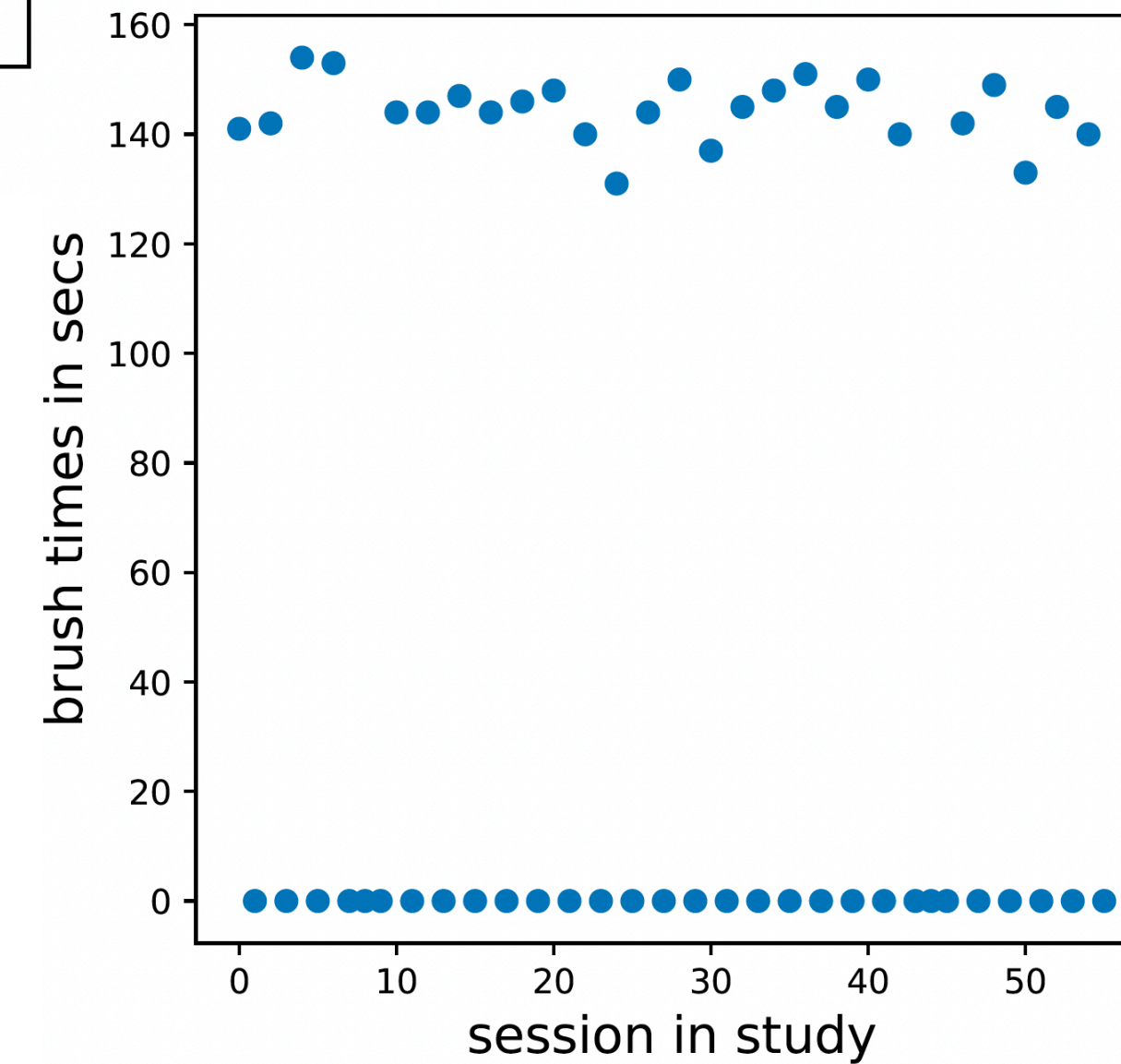
ROBAS 2 User: 23



ROBAS 2 User: 20



ROBAS 2 User: 29



# Decisions: The Simulation Environment

**Modeling Zero-Inflated Outcome**

**Forming Treatment Effects**

- Use ROBAS data to model **brush time in seconds under no message**



# Decisions: The Simulation Environment

**Modeling Zero-Inflated Outcome**

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- Use ROBAS data to model **brush time in seconds under no message**
- **Zero-Inflated Poisson model**
  - Model **whether user intends to brush as a binary outcome**
  - Model **brush time in seconds** when user intends to brush as a **Poisson outcome**



# Decisions: The Simulation Environment

**Modeling Zero-Inflated Outcome**

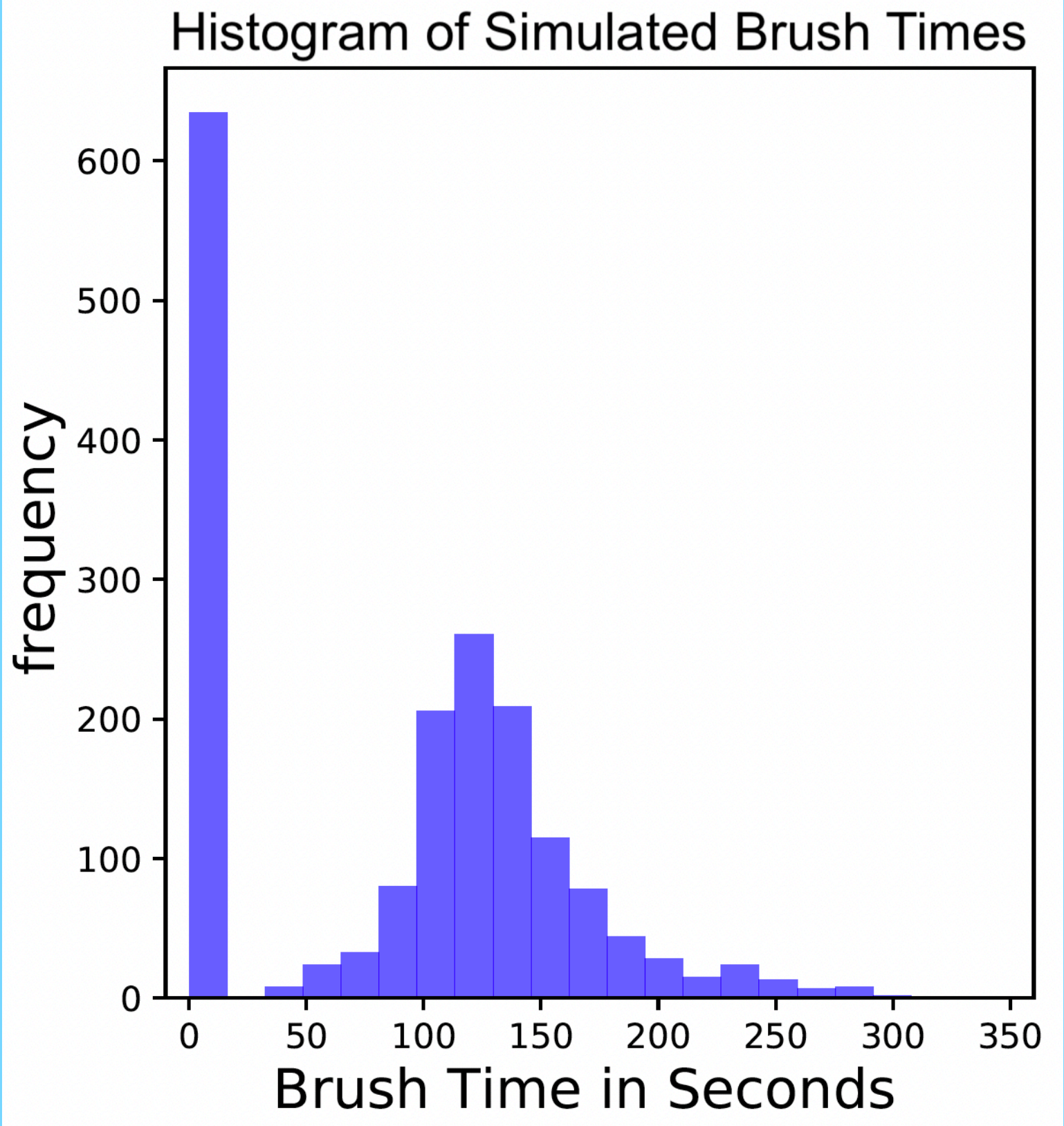
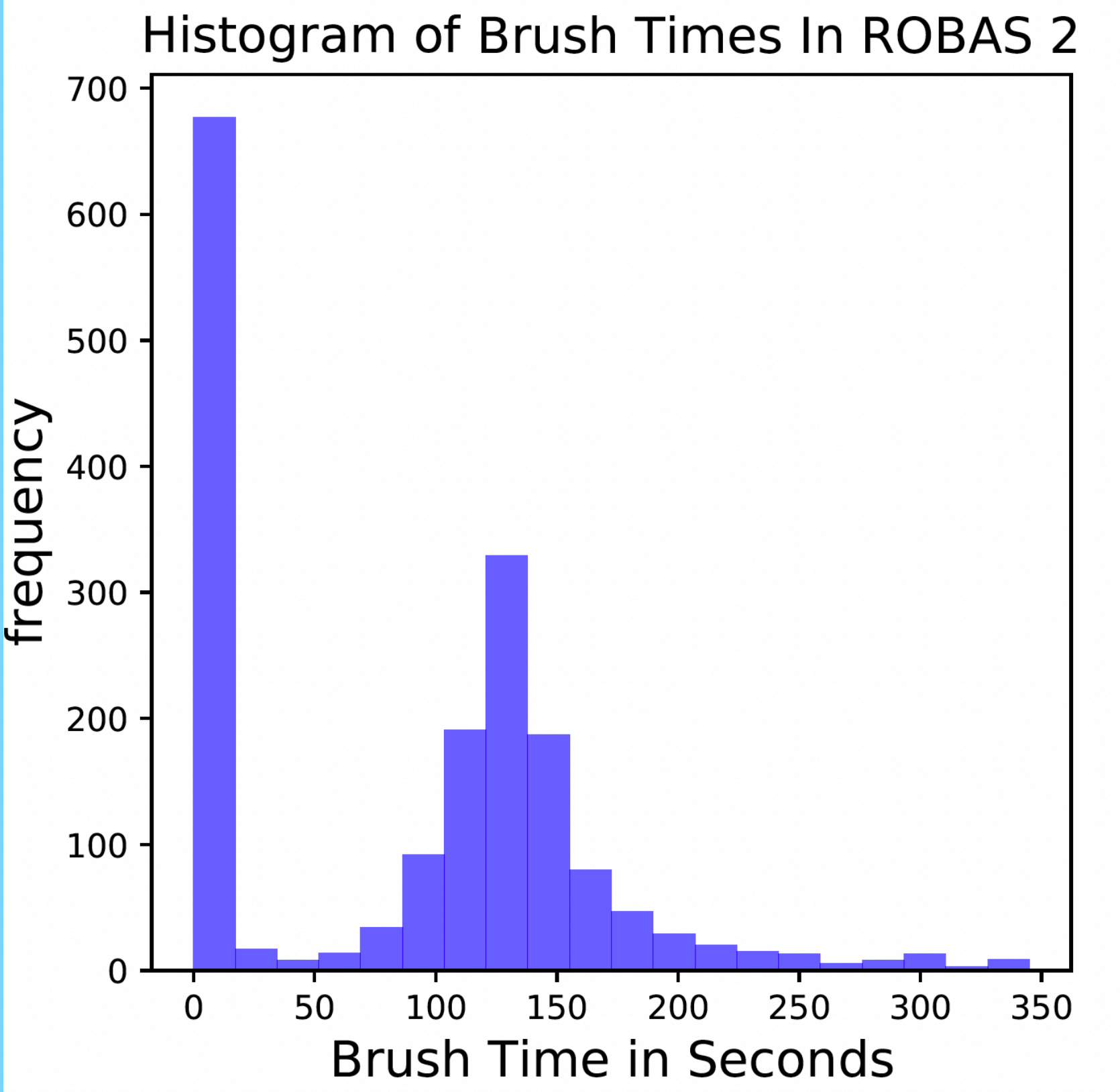
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- **Zero-Inflated Poisson model**
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- One model per user (32 total) to accommodate user heterogeneity

# Decisions: The Simulation Environment

**Modeling Zero-Inflated Outcome**

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# Decisions: The Simulation Environment

## Modeling Zero-Inflated Outcome

## Forming Treatment Effects

```
Count model coefficients (poisson with log link):  
                Estimate Std. Error  
(Intercept)      4.913283   0.006276  
Time.of.Day       0.081599   0.005468  
Prior.Day.Brush.Time.norm  0.138481   0.004236  
Proportion.Brushed.In.Past.7.Days -0.128480   0.009166  
Day.in.Study.norm  0.026660   0.005710  
Time.of.Day:Prior.Day.Brush.Time.norm -0.036234   0.005453
```

```
Zero-inflation model coefficients (binomial with logit link):  
                Estimate Std. Error  
(Intercept)      0.17941   0.10494  
Prior.Day.Brush.Time.norm -0.63728   0.05852  
Proportion.Brushed.In.Past.7.Days -1.65646   0.20382  
Day.in.Study.norm  0.91647   0.11126
```

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- Need to specify a model for the **brush time in seconds when a message is sent**

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- Conjecture: Messages will **increase the probability of intending to brush** rather than **increase brush times when intending to brush**
- How to construct treatment effects? Context-dependent effects?



# Decisions: The Simulation Environment

Modeling Zero-Inflated Outcome

Forming Treatment Effects

- Our Current Approach: **Population Treatment Effect**
  - Logistic regression model for whether the user brushes
- Our Current Approach: **User-Specific Treatment Effect**
  - Sample the treatment effect size for each user from  $\mathcal{N}(0.2, \sigma^2)$

# Two Components of RL Algorithms

**Fit Statistical Model**

**Action Selection Strategy**

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Fit model for expected reward conditional on context and action using all data collected so far (actions, context, rewards)

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Make Decisions every morning

Needs yesterday's outcome data

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Bayesian Model

“Posterior Sampling”

# Posterior Sampling Algorithm Example

- Consider one user with decision times  
 $t \in [1 : 70]$



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## Fit Statistical Model

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- **Model rewards as**  
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## Action Selection Strategy

Posterior probability that treatment effect is positive

$$\mathbb{P}(A_t = 1 | X_t, H_{t-1}) = \mathbb{P}(\tilde{\theta}_1^\top X_t > 0 | X_t, H_{t-1})$$

# Your Thoughts? Designing the RL Algorithm

**Bayesian Statistical Model**

**Pooling in Clusters**

## **(1) Model Zero-Inflated Brush Time Outcome?**

- No closed-form posterior for zero-inflated Poisson model



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- No closed-form posterior for zero-inflated Poisson model

## **(2) Model Brush Time as Continuous Outcome?**

- Ignores the zero-inflated nature of data

## **(3) Model Brushing as Binary Outcome?**

- Only model binary outcome of whether the user brushed

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**Bayesian Statistical Model**

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- The RL algorithm will **pool the data of users in the same cluster together** to fit one statistical model per cluster
  - Increase the speed of RL algorithm learning / reduce noise

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  - Incremental recruitment — limited by recruitment rate

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  - Increase the speed of RL algorithm learning / reduce noise
- Planning to cluster users by entry date into the study
  - Incremental recruitment — limited by recruitment rate
- How to choose the cluster size?

**Thank you!!**

**Back-Up Slides!!**



**“Micro-Randomized Trials [are] used to optimize JITAI decision rules, with the ultimate goal of developing an effective and efficient JITAI.” (Qian et al., 2021)**

**The Micro-Randomized Trial for Developing Digital Interventions: Experimental Design and Data Analysis Considerations:  
<https://arxiv.org/abs/2107.03544>**

# MRT Questions to Inform JITAI Design

- Which time-varying context is it best to send an intervention?

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- Which time-varying context is it best **not** to send an intervention?
- Do the intervention options differentially impact the proximal outcome?
- Does the main effect deteriorate with time (day since beginning intervention)?

# Oralytics MRT Scientific Questions

- **Primary Analysis:** “On average across time, does delivering messages increase the brushing quality at the next brushing window after the message is delivered, compared to no message?”

# Oralytics MRT Scientific Questions

- **Primary Analysis:** “On average across time, does delivering messages increase the brushing quality at the next brushing window after the message is delivered, compared to no message?”
- **Secondary Analysis:** Effect moderation
  - Previous day brush time at same time of day
  - Time of day
  - Engagement binary indicator prior to decision time.
  - Gender
  - Age
  - Ethnicity