WP5 Update

General Assembly, May 4, 2023

Overview

Personnel update

Patient Advisory Board

We completed data collection!

Status of the data analysis

WP5 papers

T5.3

If there's time: Overview of survey findings

Personnel Update

Theresa Ikegwuonu extended until July 31, 2023 - final extension possible

Maria Wolters is 80% at OFFIS, Germany and 20% at the University of Edinburgh until the end of IMMERSE (no new DPA!)

All other people working on WP5 are also allocated to other WPs, notably WP7

Patient Advisory Board Coordination

Coordination meeting to be scheduled during / after General Meeting

Sharing of best practice, supporting each other

Maria organises coordination - can help with / attend local meetings if needed, but no role in any local participant advisory boards as per Steering Committee decision

D5.1 Submitted on October 31, 2022 - We Did It!

All minimum targets achieved - except for 3 relating to supporters and admins

Most actual targets achieved or substantially overshot

[Reporting](#)

Everyone's hard work paid off!

Next: avoiding the data graveyard and T5.3.

Also, everyone working on Phase I data please read the deliverable

Status of Data Analysis

- Survey Data
    - Quantitative
    - Qualitative
- Interview Data
    - Transcription
    - Coding

Survey Data - Quantitative

- Complete raw data from DE, UK, SK including free text downloaded
- Analysis scripts:
    - Step 1 written by Martien, Step 2, including computation of scales and more in-depth data cleaning, written by Maria.
- Coding of patient conditions for BE, UK, SK

Still needed:

- Receive complete raw data from BE including free text
- Transformation into dataset for WP3
- Harmonisation of ethnicity / nationality
- Further free text coding

Timing:

- Creation of dataset for storage by WP3 2-3 weeks after full BE data have been received
- Coding of free survey text once interviews are done using same codebook

Survey Data - Qualitative

- Fields that are easy to code:
    - Patient conditions (done, still to do for DE)
    - Apps etc used (to do, can be done semi-automatically when prepping data for WP3)
- Fields that need to be coded with the interview codebook
    - Personal views and experiences
    - Comments

Survey Data - Resourcing

From KUL: sending data

From WP3:

- meeting about codebook and storage, request sent
- support with creating R scripts for data delivery. This will only work if the person from WP3 actually knows R - recreating everything in Python not a good use of time

From Postdoc / PhD students: coding free text, plans depend on resourcing of interview coding

Interview Data

Transcription is done in DE, UK, BE, and Bratislava

Coding is done in UK (100%) and nearly in Bratislava (85%), very good progress in BE (66%), good progress in DE (40%, Theresa to help), Kosice TBD

Qualitative papers always have consultation from / co-authorship by co-authors from countries whose data are used

Working on:

- qualitative research protocol format for osf.io, Theresa's paper as initial example
- Strategies for reusing existing high level codes for writing PhD / Postdoc papers. Workshop with Lena/Adam this Friday, workshop with others as needed

WP5 Papers

Core IMMERSE Papers - now, further discussion in afternoon session possible

PhD / Post Doc papers - see afternoon session

Adam Kurilla et al.

Lena de Thurah et al

Julia Schulte-Strathaus et al.

Theresa Ikegwuonu et al.

Core Papers

NASSS was planned into the quantitative and qualitative data collection and analysis.

Quantitative paper: Effect of aspects of NASSS covered by survey on intention to adopt and perceived potential benefit. ETA for submission: September 2023

Qualitative paper: Report of overall qualitative content analysis findings, using the top down codes that were derived from NASSS. ETA for submission: March 2024

Potential: Descriptive data set paper, December 2023

Core Paper Quantitative

What affects patients' and clinicians' intention to adopt DMMH and the perceived value they ascribe to it?

- Preliminary findings: see D5.1
- Changes:
    - Full dataset
    - Inclusion of Condition variables
    - Improved selection of variables that represent NASSS
    - Structural Equation Modelling?
- Suggested authors: Maria Wolters, Anita Schick, WP5 team, Ulrich Reininghaus
- Submission to DROPS this Friday after the meeting
- Help needed: SEM specialist

Core Paper Qualitative

What do we learn about stakeholder contexts, views, and requirements from the NASSS-led coding of the interviews in all sites?

High level reporting of key findings from patient, clinician, supporter, and admin interviews by domains

- Frequency of content analysis codes
- Second-level aggregation of findings into themes (more general than codes)

Suggested authors: Maria, Theresa (co-first), WP5 interviewers and coders, Anita, Uli

Help needed: Merge of all interviews into a single NVivo file for ease of analysis (hopefully Theresa)

Underlying issue: No site allows purchase of „the other" qualitative analysis package, but importing works.

T5.3: Appropriation

Interpretation of usage patterns from Human-Computer Interaction and Personal Informatics package

Looking for unexpected, innovative uses and informative usage patterns

Once data collection is underway and first Core paper is submitted, will need to scope what that might look like
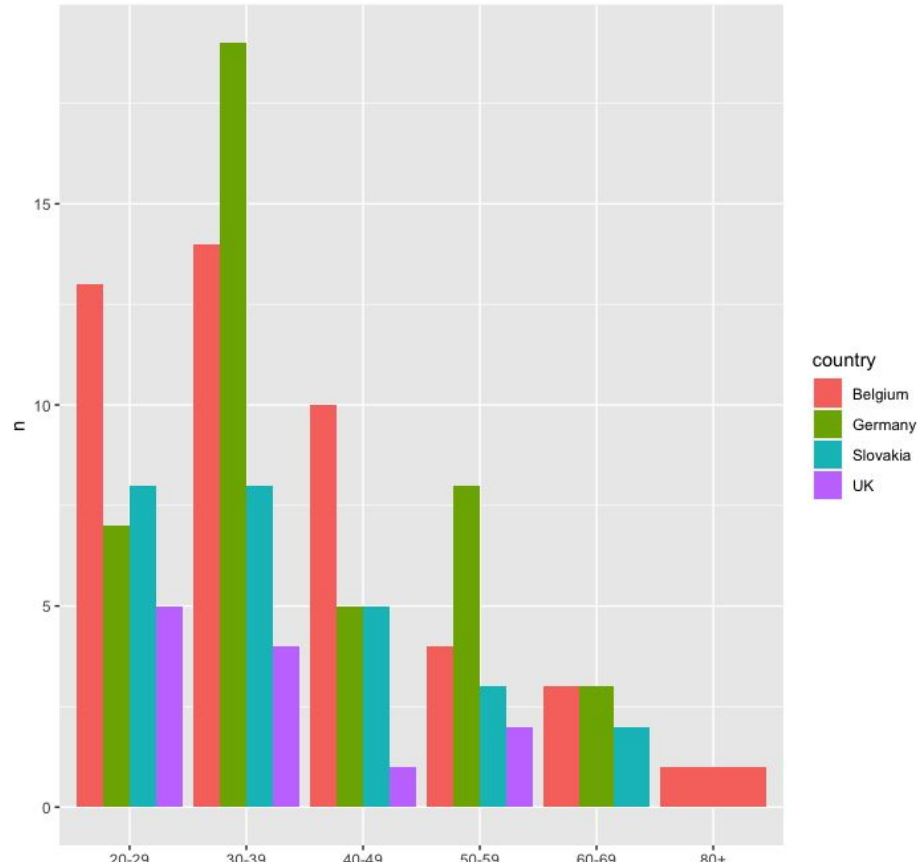
Quantitative: Collaboration with WP4

Qualitative: Collaboration with WP7 once process evaluation starts coming in

End of Presentation - Want Preview of Quantitative Results?

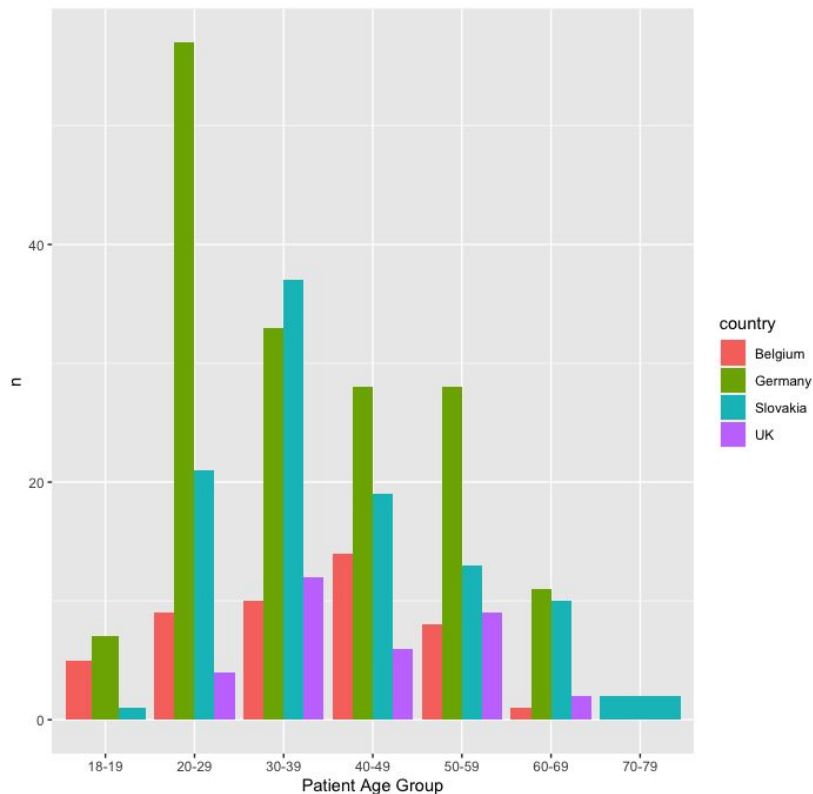# Substantial Demographic Differences in Samples

Age distribution of clinicians

Germany: bimodal, older

UK, Slovakia, Belgium: younger

Substantial Demographic Differences in Samples
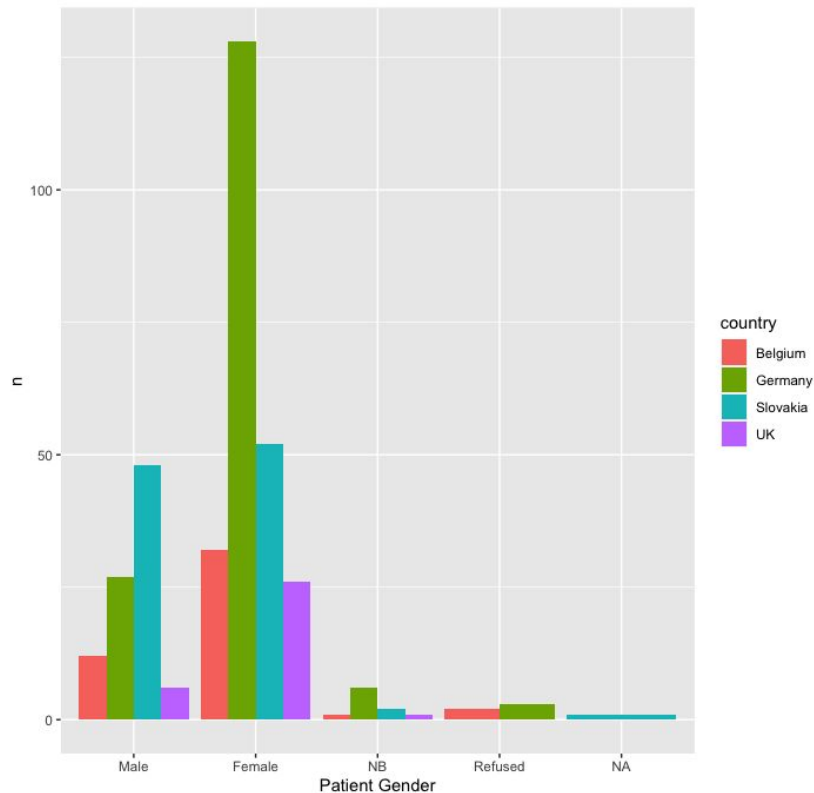

Age distribution of patients

Germany: mode of 20-29

Slovakia and UK: mode of 30-39

Belgium: mode of 40-49

Substantial Demographic Differences in Samples

Gender distribution of patients

Germany, UK, Belgium: mostly female

Slovakia: balanced

Implications for analysis and publication

Need to compare sample demographics to

- demographics of sites / registers accessed
- population level data on technology use and burden of disease

Heterogeneity needs to be accounted for when pooling country data

Differences in sample size need to be addressed

Most important information to be coded from free text:

- self-reported patient diagnosis. Coding manual exists, just needs to be applied
- inventory of apps used by patients
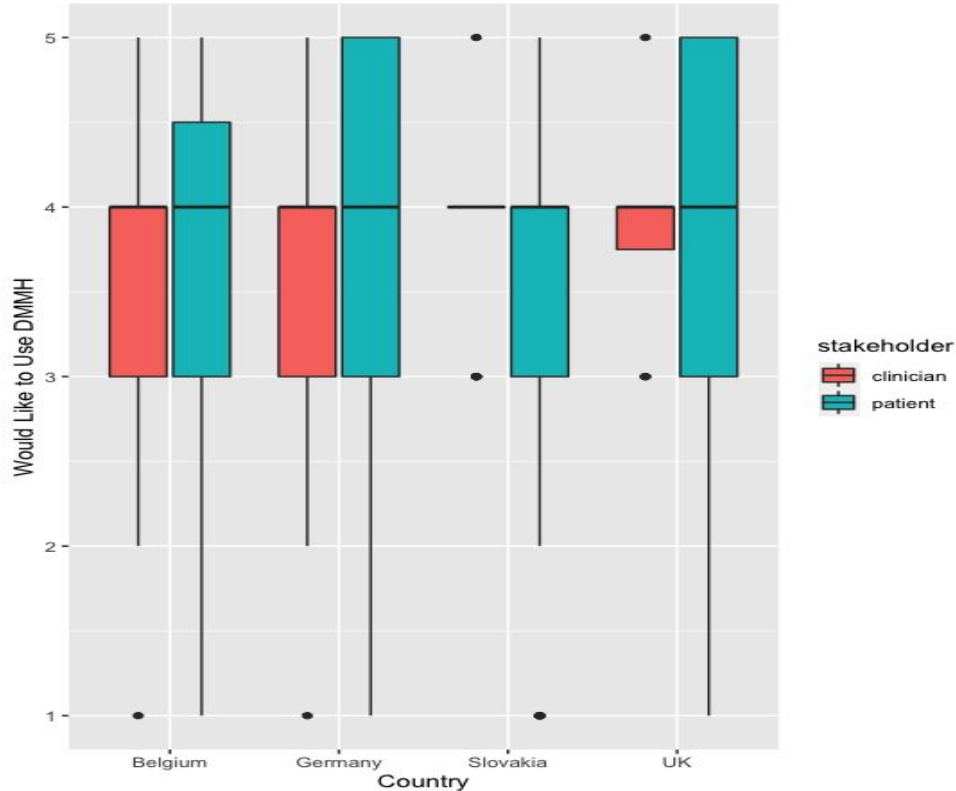
Perceived Potential Benefit
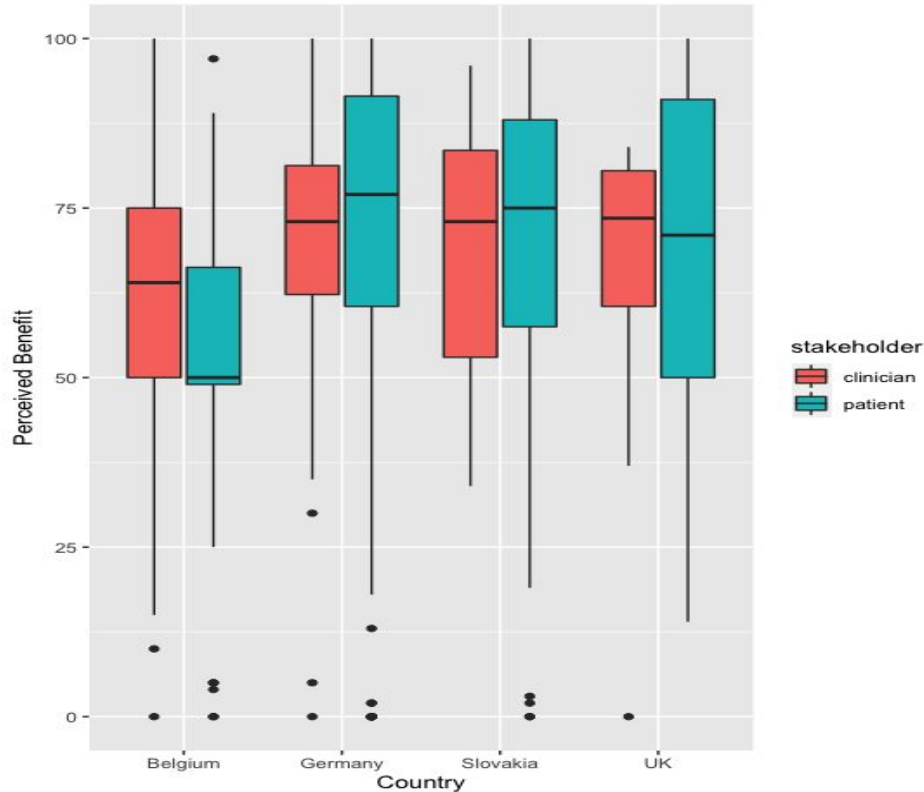
Response assessed by slider

Most respondents can imagine some benefit, based on description - but hard to explain in survey!

Grumpy Belgian patients

Intention to Adopt

Response assessed by Likert scale (higher = better)

Patients and clinicians overall inclined to try IMMERSE, even the Grumpy Belgian Patients

Implementation Strategies

Mostly validated, except for the handbook, which no one reads, but which we need to write as a reference for everyone

Having an experienced person to fall back on is extremely important. Initially, this will be the researcher. So the hard in-person recruitment work for Phase I may well pay off in Phase II