

Next Generation Wireless Communications: **TELEHEALTH**

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The KNOWME Project:

<http://knowme.usc.edu>



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#Preventive Medicine, Keck School of Medicine

m-Health Opportunities

- World population ~ 7 billion
 - Number of cell phones ~ 5 billion
 - More than 80% population within reach of cell tower
- Tremendous opportunities for prevention and treatment of health conditions ***in difficult to reach, at-risk and under-served individuals worldwide***
 - Tremendous opportunities in fact for EVERYONE

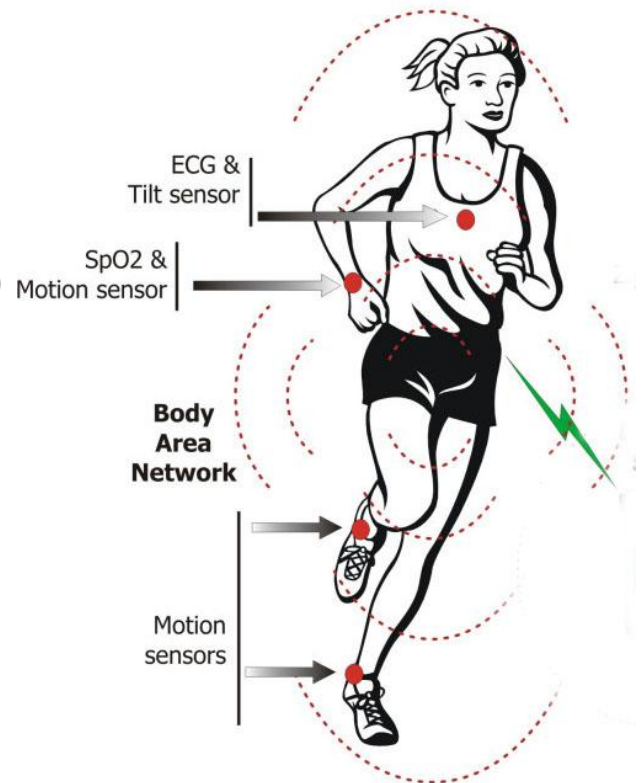
Wireless Body Area Sensing Networks

- **Novel sensing network for holistic assessment of “state”**

- motion, physical activity, geospatial context
- metabolic information
- cognitive, emotional data
- user initiated data (SMS, speech notes, images/videos)

- **Interdisciplinary Solution**

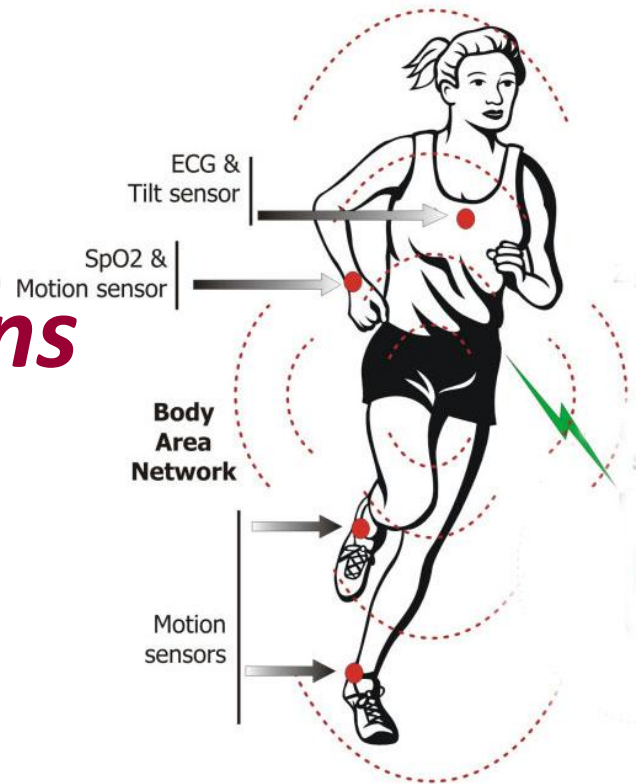
- metabolic health research
- engineering methods for assessment/cognition
- wireless communications
- sensor networks and actuated systems
- computer architecture
- databases
- social networking



Jovanov et al. Journal of NeuroEngineering and Rehabilitation 2005

Continual Feedback

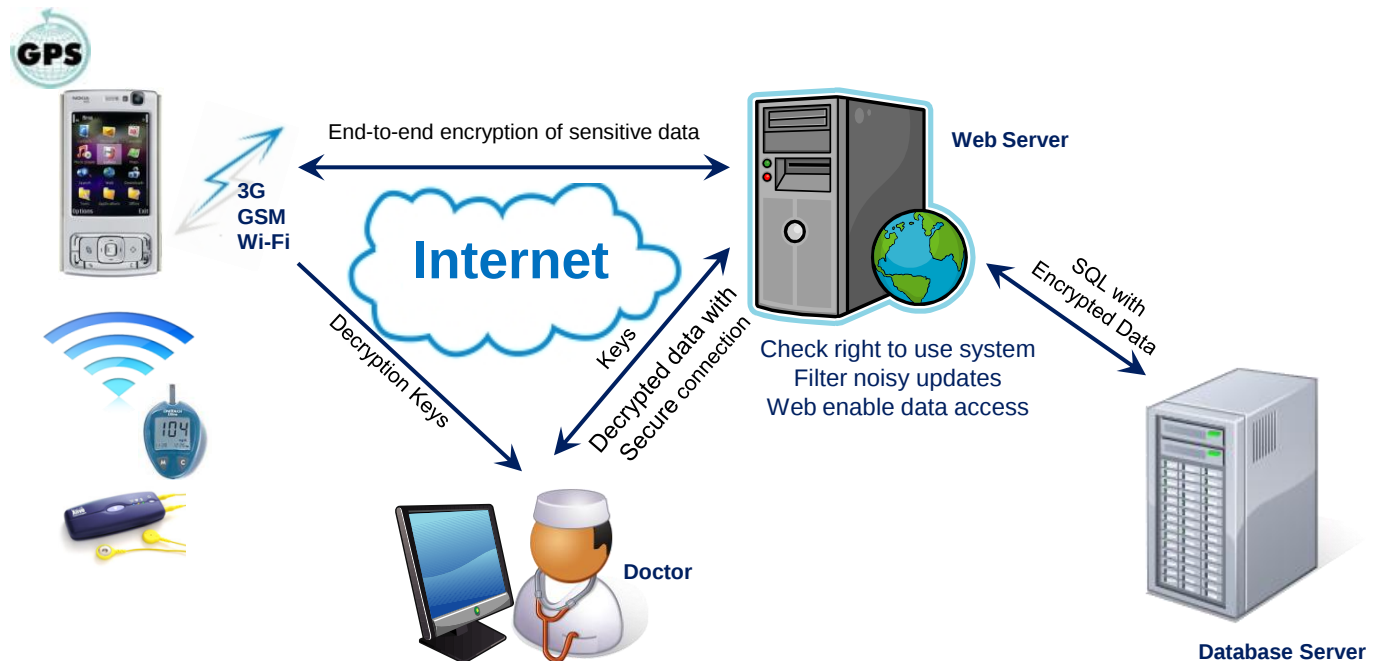
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 - **Interdisciplinary Solution**
 - metabolic health research
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 - wireless communications
 - sensor networks and actuated systems
 - computer architecture
 - databases
 - social networking
- wireless communications is the “glue”**



Jovanov et al. Journal of NeuroEngineering and Rehabilitation 2005

KNOWME 3 tier Architecture

- combine health sensors with mobile phone
 - metabolic: ACC, OXI, ECG
 - location: GPS
 - emotional: GSR
 - user initiated: SMS, Tweets, video/image/voice tags



Three-Tier KNOWME Architecture

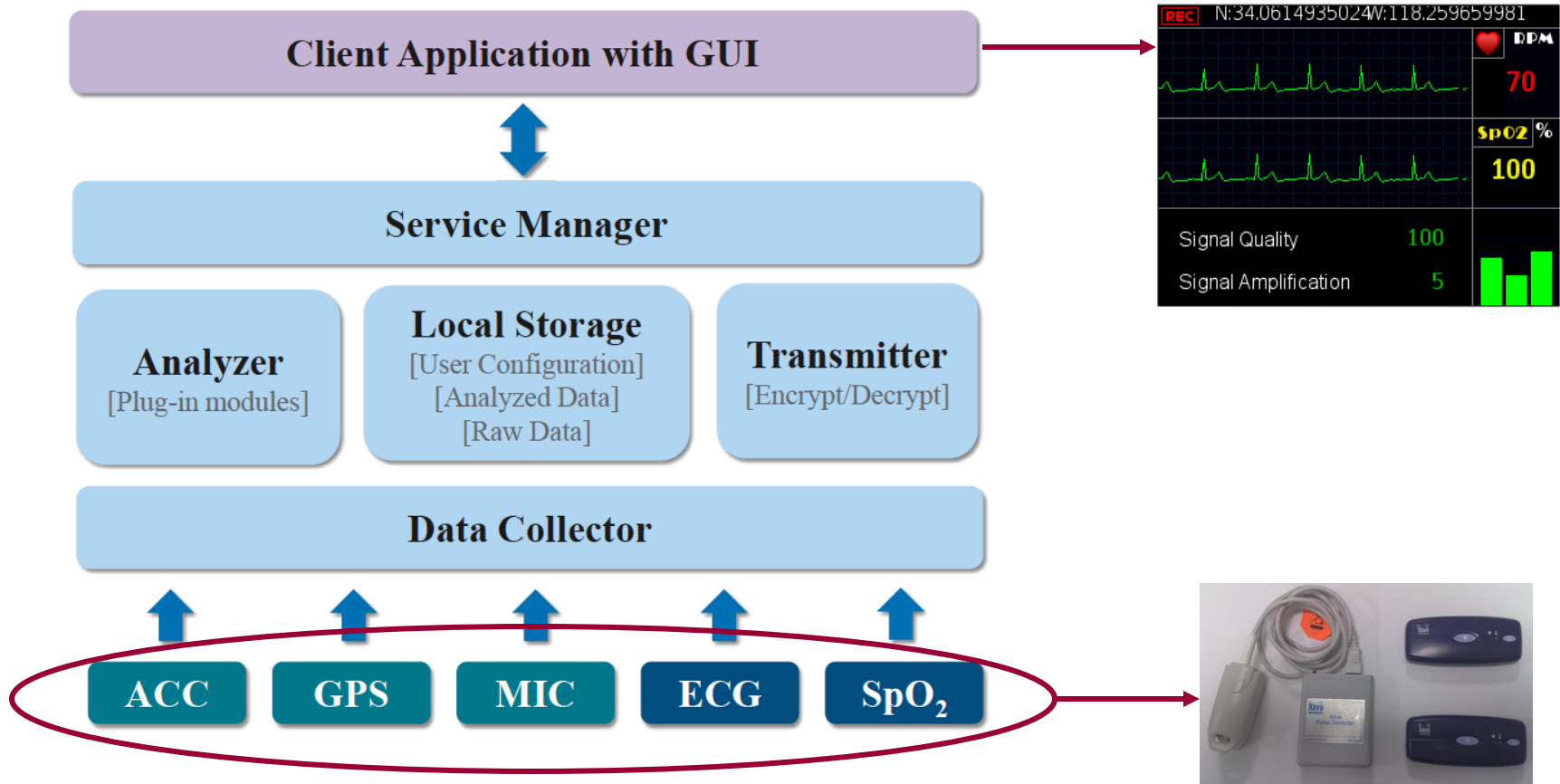
Sensor Overview



- External Sensor with Bluetooth capability
 - Heart rate monitoring
 - Pulse oximeter
 - EmSense® headset physiological sensors – blinking, breathing, motion and heart activity, TBD (in lab evaluation)
 - 4 tri-axial accel units **MICROSTRAIN**
- N95 Internal Sensors
 - Accelerometers
 - GPS
 - Audio/Video/Picture tags
 - Cell tower based location sensors



Mobile Client Design



What are the issues?

- ENERGY



- Network to Application
 - Changing the stack?



- Research horizon
 - Short term, medium term, long term



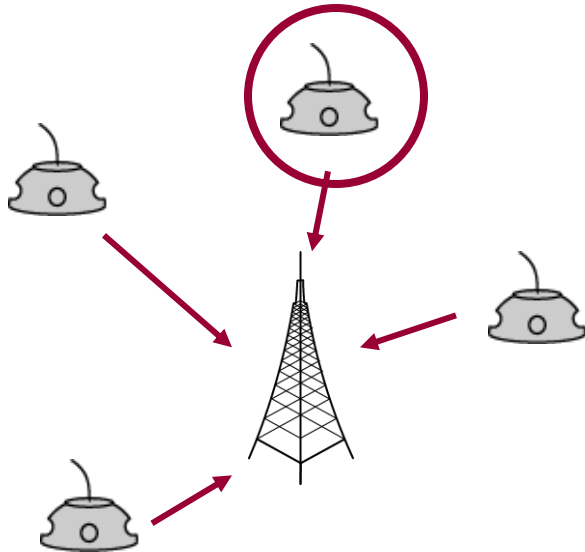
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KECK
SCHOOL OF MEDICINE USC



Energy constraints are different!

optimize energy
resources at sensor



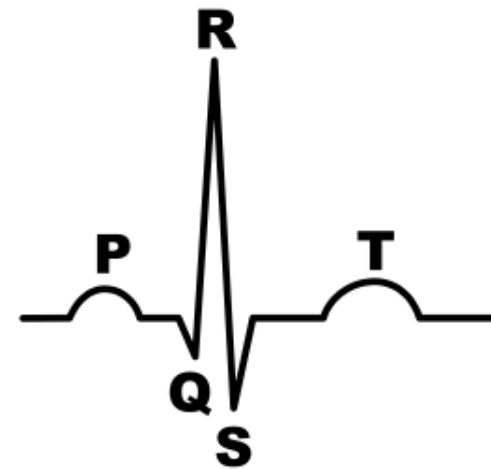
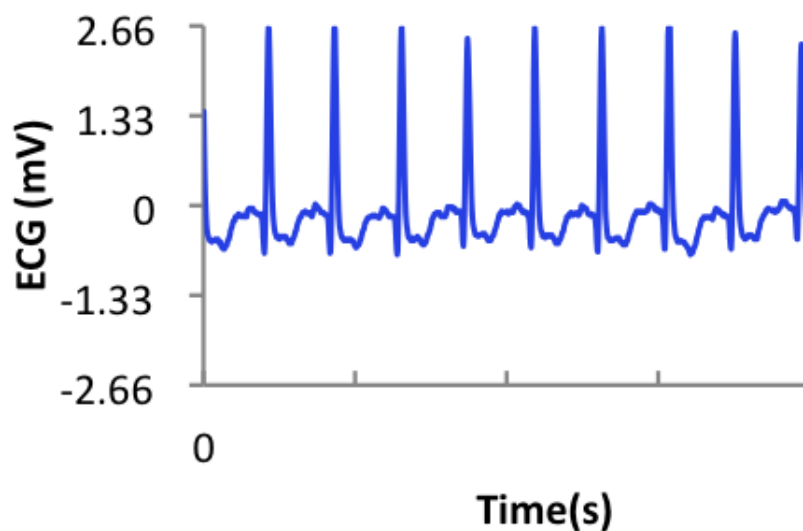
traditional
sensor network

optimize energy
resources at N95



our body
sensing network

Cellphones are not biometric signal processors (yet)



Method	<u>Energy(J)</u>	Note
QRS Detection	17.045	Pan and Tompkins
Encryption	0.537	AES-128bit
Data Compression	19.670	GZIP CR 3:1

Sensor Data & Transmission Costs

- Nokia N95 cellphone fusion center
 - Alive Technologies ACC and ECG (chest strap) and mobile-internal Accelerometer | Pulse oximeter not used
 - Cost of Bluetooth measurements $\gg$ Cost of Nokia ACC

$$C_{\text{NOK}} = \frac{1}{10} C_{\text{ACC}}; C_{\text{ACC}} = C_{\text{ECG}}$$

- We also consider transmission cost, C_{TX}

$$C_{\text{TX}} = \sum_{k=1}^K C_k N_k$$



Activity-Detection

*biometric
waveform*



OXI

feature

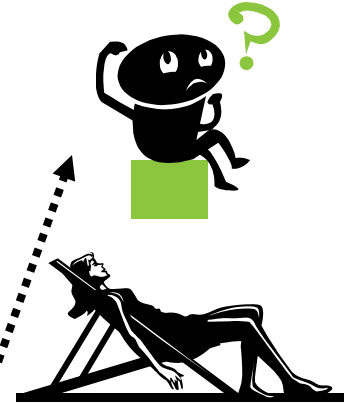
GPS

ACC

ECG

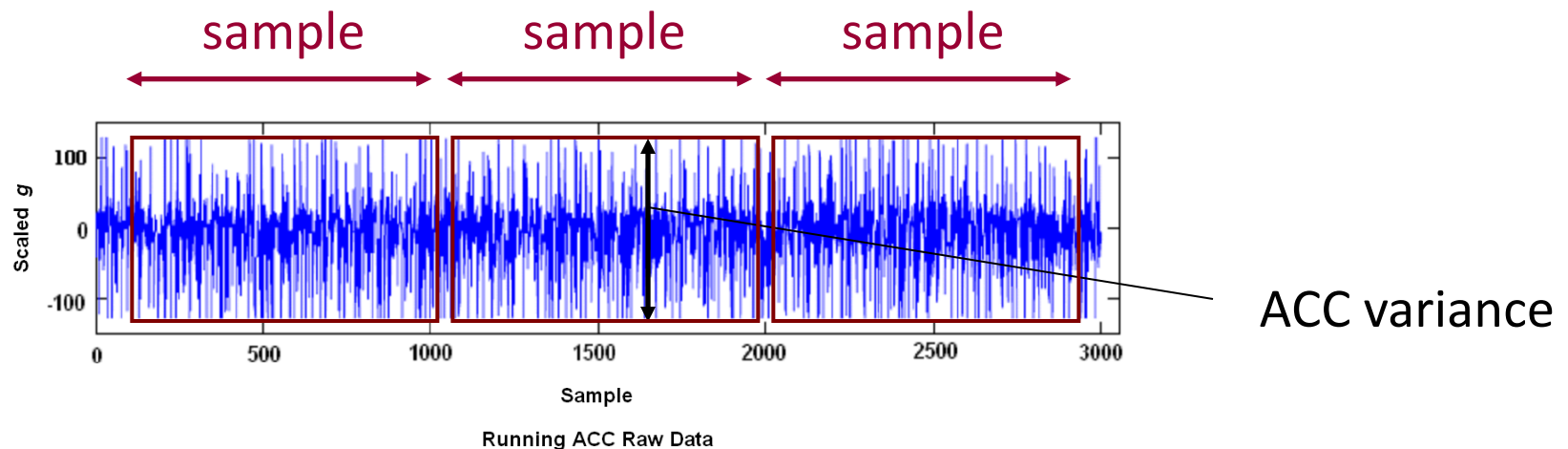
ACC

decision



From Sensor Measurements to Features

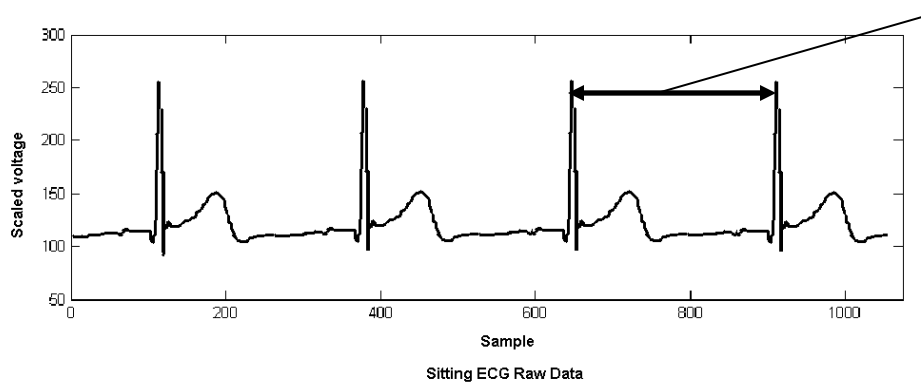
- Accelerometer (ACC)



sample = average variance of the tri-axial
accelerometer for windowed data

From Sensor Measurements to Features

- Electrocardiograph (ECG)



ECG period
(= sample)

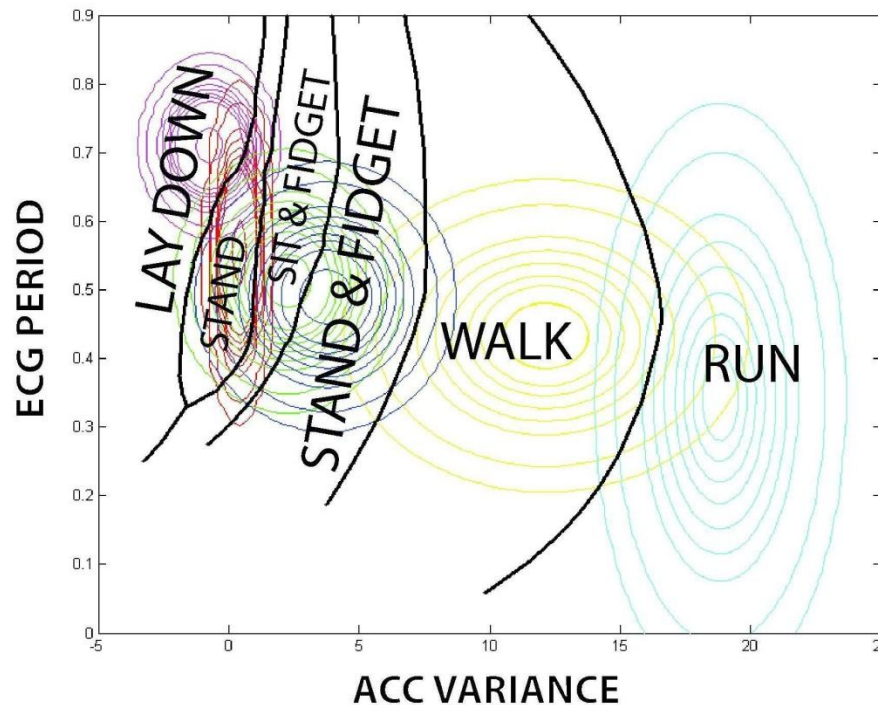
- Features extracted from data
 - Used to develop hypotheses in training
 - Compared to models in testing for activity-detection

High Performance Activity-Detection

- sophisticated detector structures
 - support vector machines
 - feature fusion methods
- novel feature development: cepstral, time-domain



Nonlinear Decision Regions



Decision regions for bivariate Gaussians for six activities

- **Distinct** means and covariance matrices for **each** subject
| personalized training

Different features “good” for detecting different states

- Certain sensors can better discriminate between specific sets of activities

Only ACC

	Lying	Stand	Walk	Run
Lying	38	1	0	0
Stand	9	17	0	0
Walk	0	0	27	0
Run	0	0	0	23

Only ECG

	Lying	Stand	Walk	Run
Lying	39	0	0	0
Stand	0	26	0	0
Walk	0	0	27*	0
Run	0	0	2	21

Both ACC and ECG

	Lying	Stand	Walk	Run
Lying	39	0	0	0
Stand	0	26	0	0
Walk	0	0	27	0
Run	0	0	0	23

When to use what sensor/feature?

- Compute optimal allocation of samples to minimize probability of error of multiple hypothesis testing problem
 - Constrain total number of samples received

$$N = N_1 + N_2 + N_3$$



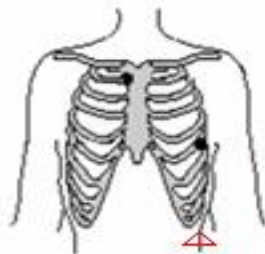
- Computing exact probability of error is intractable for general Gaussian model
 - Instead compute **upper bound** using pair-wise error probabilities
 - Incorporates probability of next state given current state

Data Collection | Numerical Results

- Experimental Procedure
 - Each activity performed for 7 minutes + 20 min free living
 - Protocols modified from [Puyau02] and [McKenzie91]

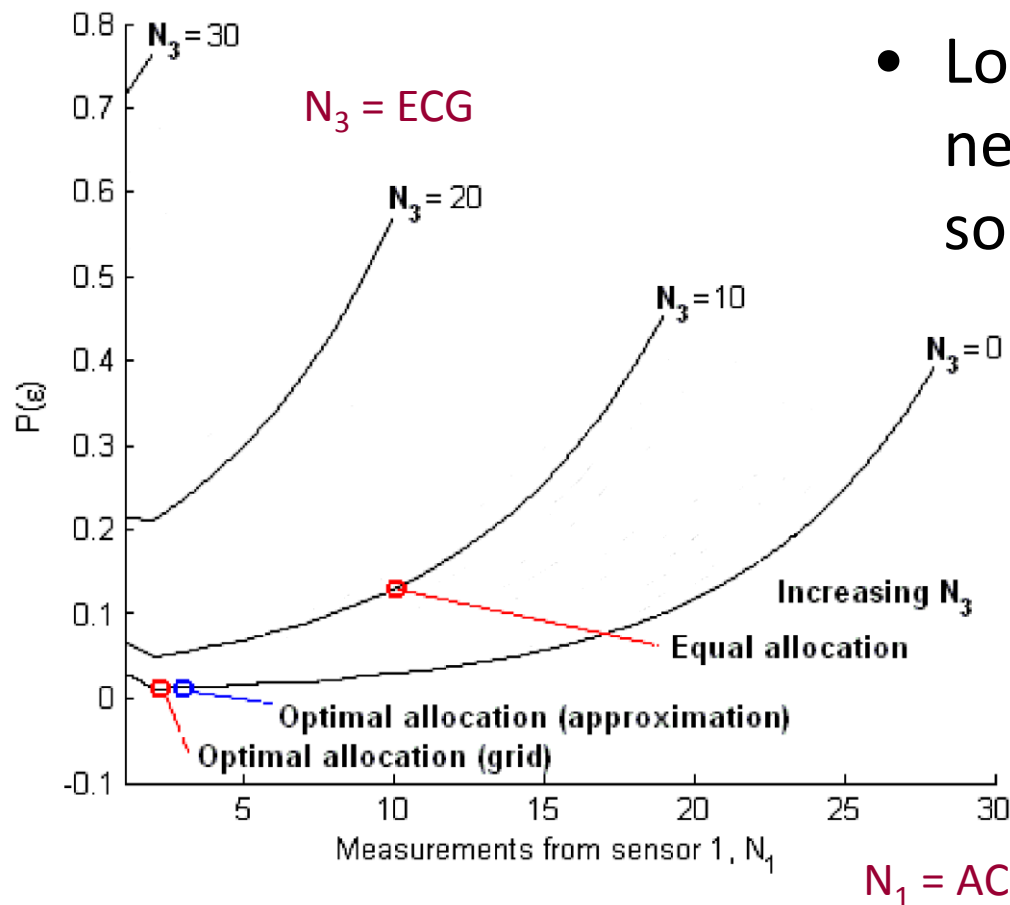
Current data set:

- 20 overweight minority youth participants
- [ThatteTSP] simulations based on (6 male, 6 female; ages range from 12-17; BMI ranges from 24.3-51.3)
- Simple cases considered; **easier to visualize**
 - Methods directly applicable to more complex scenarios



lying
sitting
sitting+fidgeting
standing
standing+fidgeting
playing Wii
slow walking
brisk walking
running

Optimal vs. Approximately Optimal Allocation



- Low-complexity solution (●) near combinatorial search solution (●)

$$P_{\text{equal}}(e) = 0.138$$

$$P_{\text{optimal}}(e) = 0.017$$

~ order of magnitude improvement

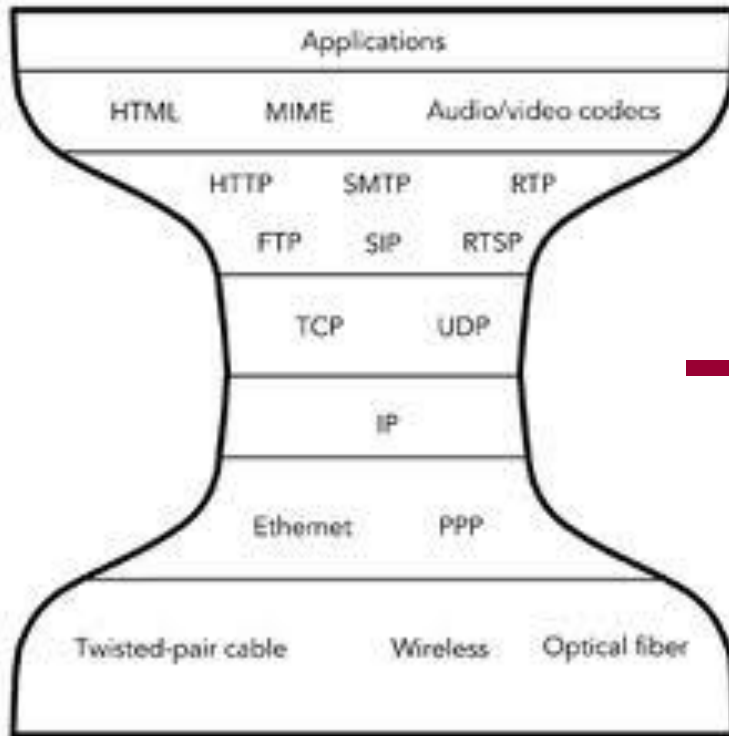


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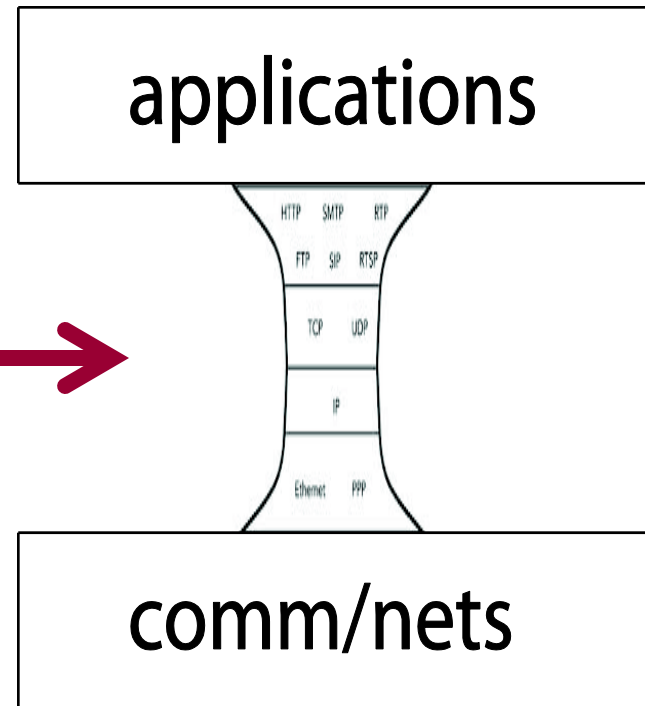
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OSI Stack



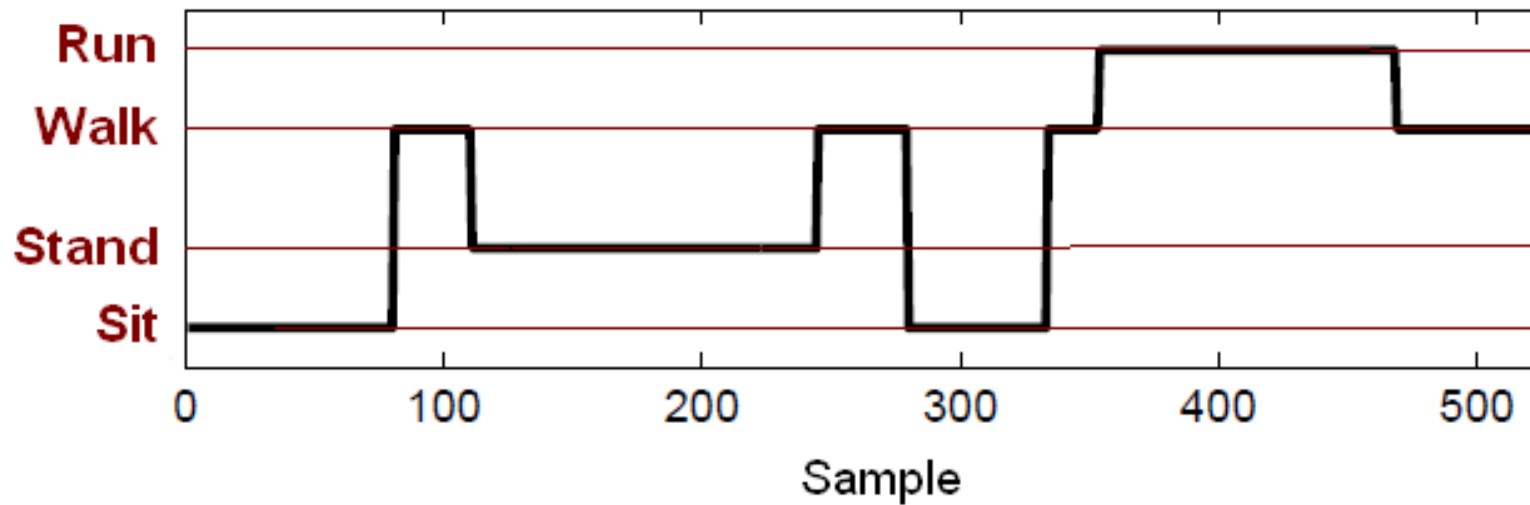
PAST



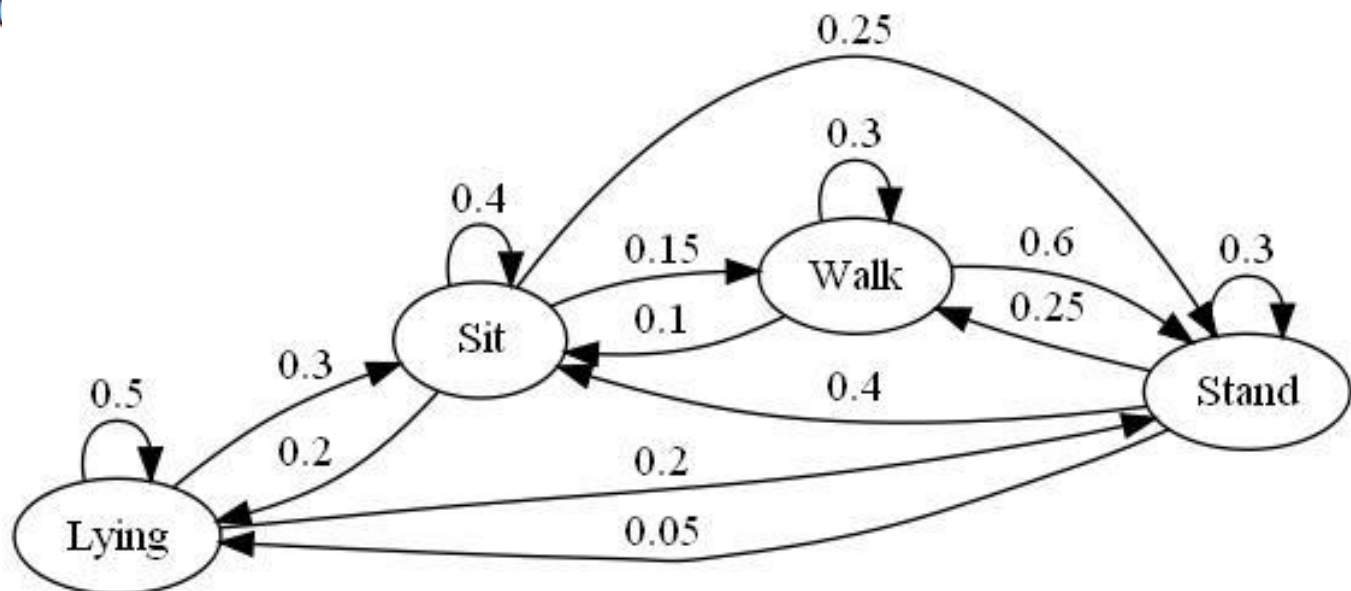
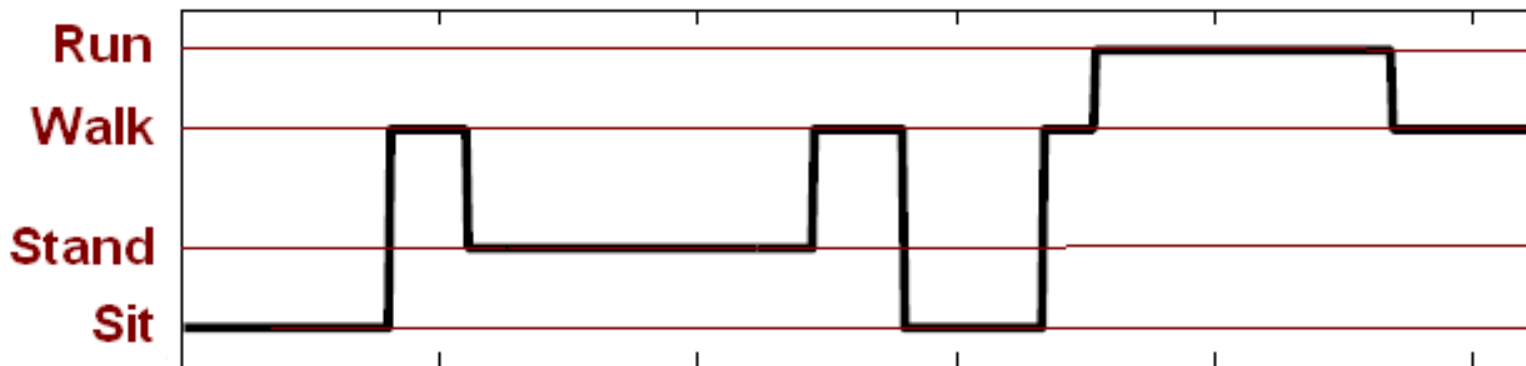
NOW



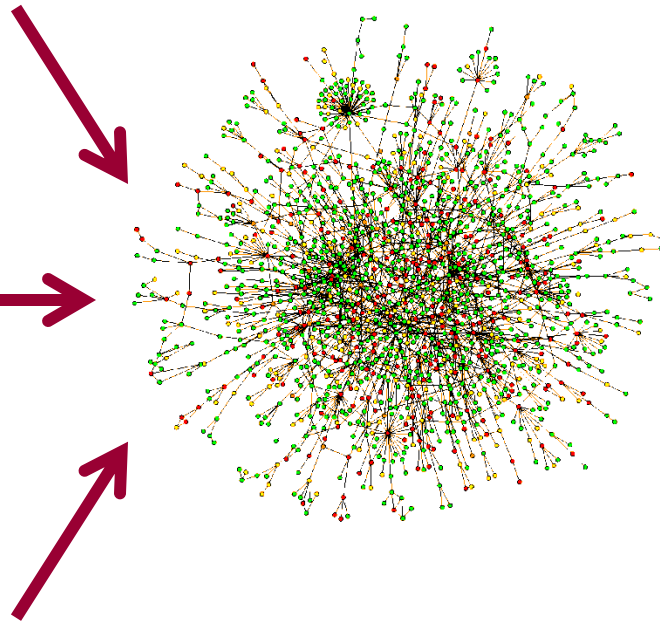
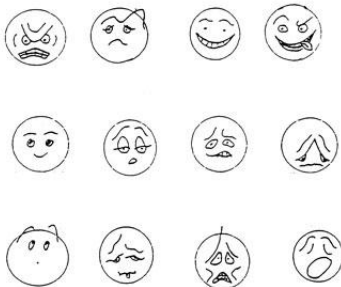
Life is not static



Life is not static



How to handle state explosion?

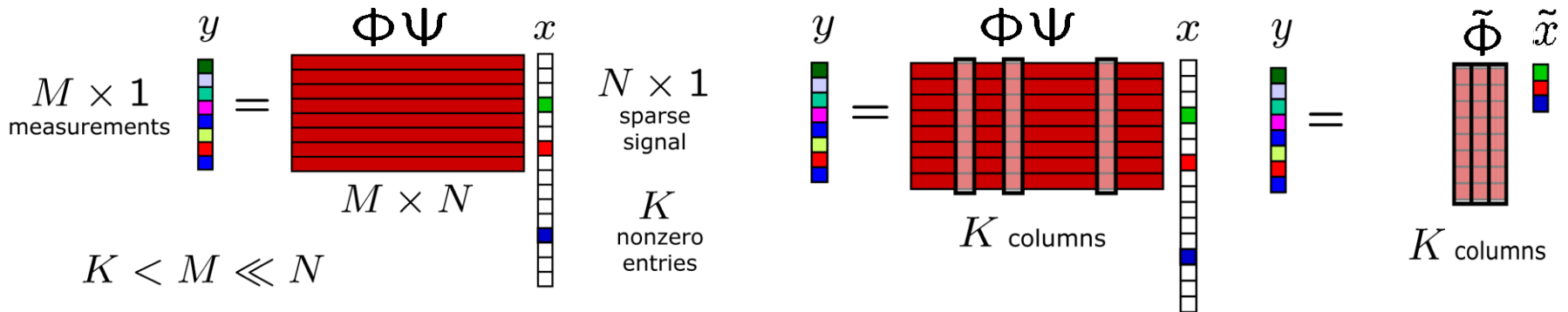


States:

- Physical activity states
- Contextual states
- Emotional states
- ACTUATION states

• Markov Decision Process

Compressed Sensing: a SOLUTION?



- Reduce observations via randomized projection (compress)
- Efficiently estimate a few parameters (sparse)

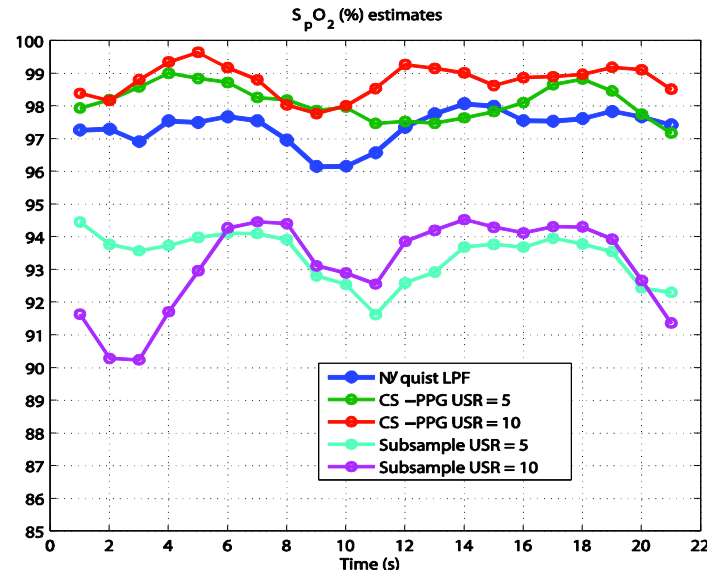
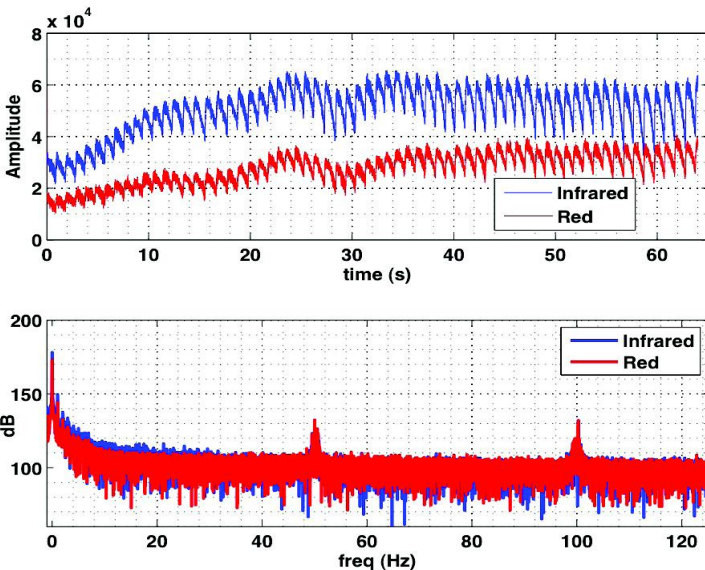
$$y = \Phi f = \Phi \Psi x = Ax$$

projection/sampling

field/signal basis

Compressed Sensing for Biometric Signals

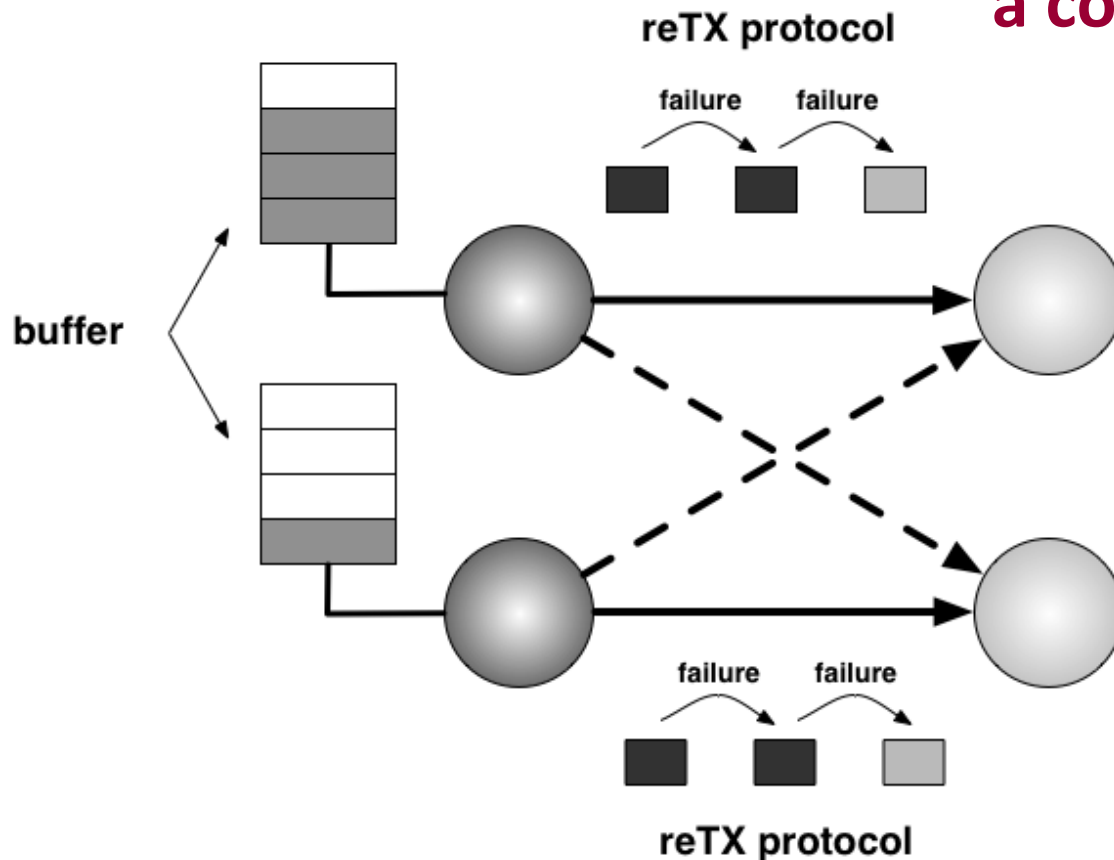
- Biometric signals have a lot of structure
 - ECG, SpO₂, temperature, blood pressure, speech
 - Use novel compression techniques



from
H. Garudadri
Qualcomm

What about Networks?

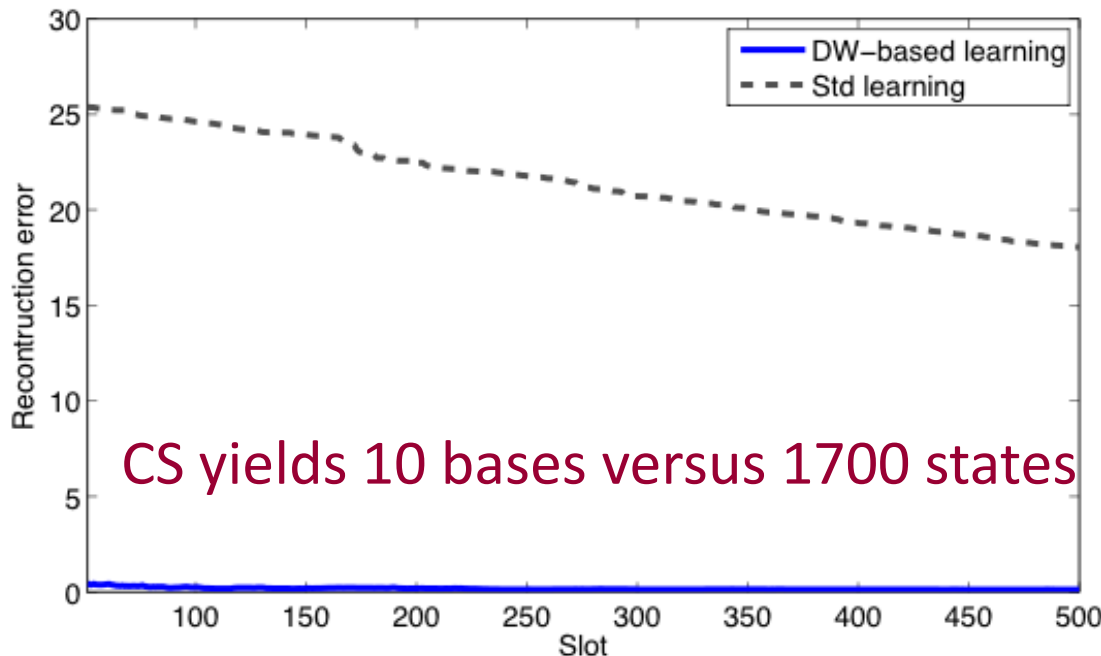
a cognitive radio example



- N mutually interfering users
- Random arrivals
- Buffer of size B packets
- Finite retransmission protocol (F = maximum number of transmissions)

Simulations: $N = 2, B = 5, F = 4 \rightarrow 1681$ states

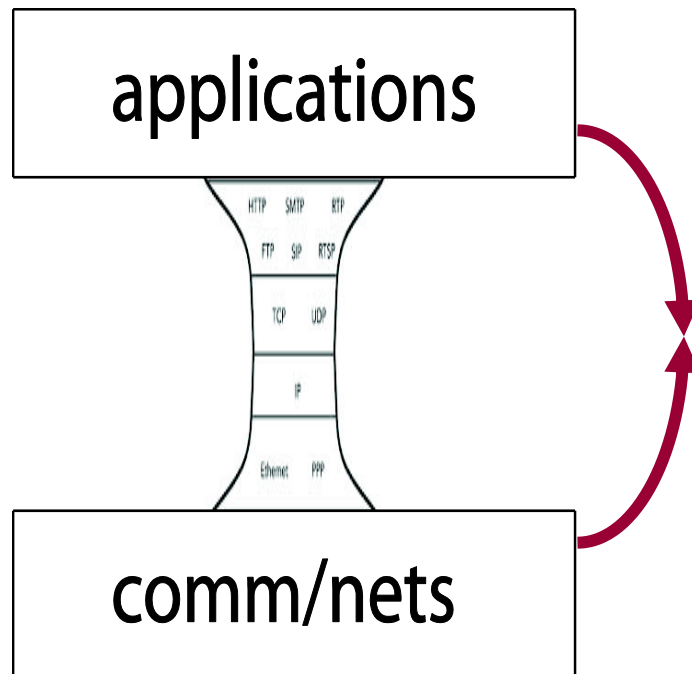
Compressed Sensing vs. Classical Learning



- New algorithm performed with each new sample
 - unobserved states removed from matrices
- Fast convergence
 - Transition probability matrix and cost functions are ESTIMATED from samples

- Standard learning converges very slowly
- **We can apply these approaches to physical state tracking**

How do we integrate?



- Universal compressed sensing?
 - Biometric signal estimation
 - Physical state estimation
 - Network state estimation
- Eventually
 - Biometric signal control?
 - Physical state control?
 - Network state control!
- **Is there a new wireless network needed?**
 - Does a holistic approach help in dealing with the bottleneck?

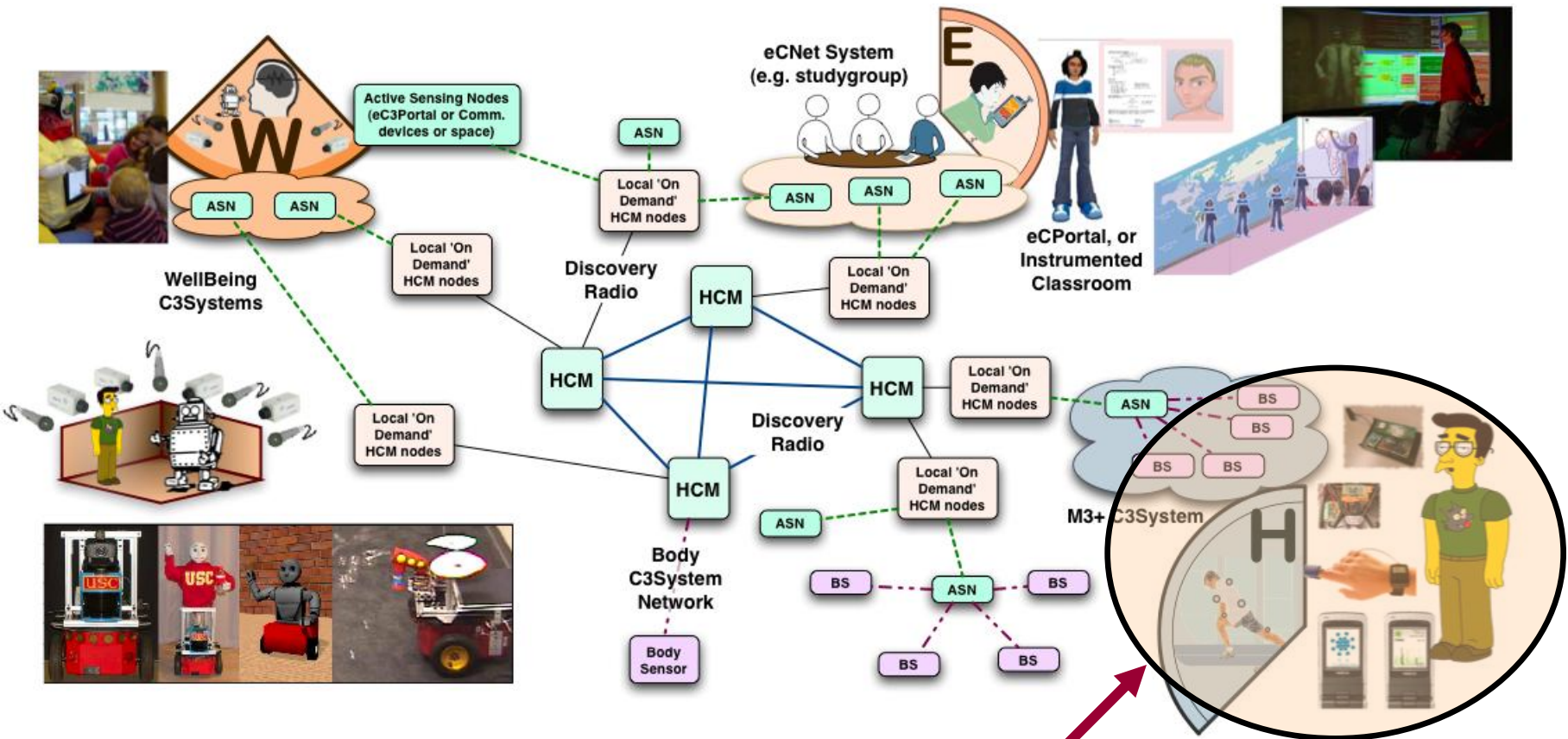
Summary

- Significant cell phone subscription rate offers unique opportunities for wireless/tele-health
- Energy consumption of all devices a major concern for the collection of longitudinal data
- Network (re)design questions?
 - Application to networking/physical layer connections

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- Significant cell phone subscription rate offers unique opportunities for wireless/tele-health
- Energy consumption of all devices a major concern for the collection of longitudinal data
- Network (re)design questions?
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- ``it's like having a doctor in your pocket''

personalized engineered technology systems



KNOWME network