

Leveraging Digital Health to Support the Cancer Careforce

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Disclosures

- ◆ I have no relevant financial relationships to disclose
- ◆ University of Pennsylvania may receive royalties in connection with products developed by Patient.ly

Changing oncology landscape

- ◆ Increasing ambulatory focus, accelerated by widespread use of oral anticancer agents (OACAs)
- ◆ Routine collection of electronic patient-reported outcomes (ePROs) associated with overall survival benefit
- ◆ Role for patient-targeted strategies that leverage digital health and artificial intelligence?



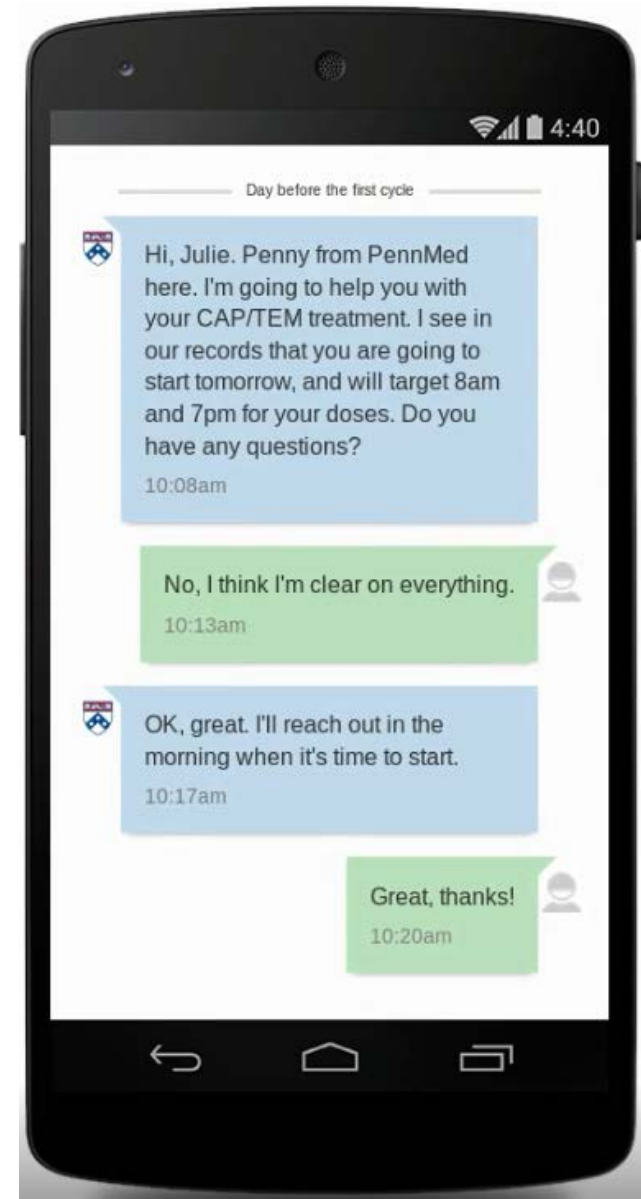
Contextual inquiry

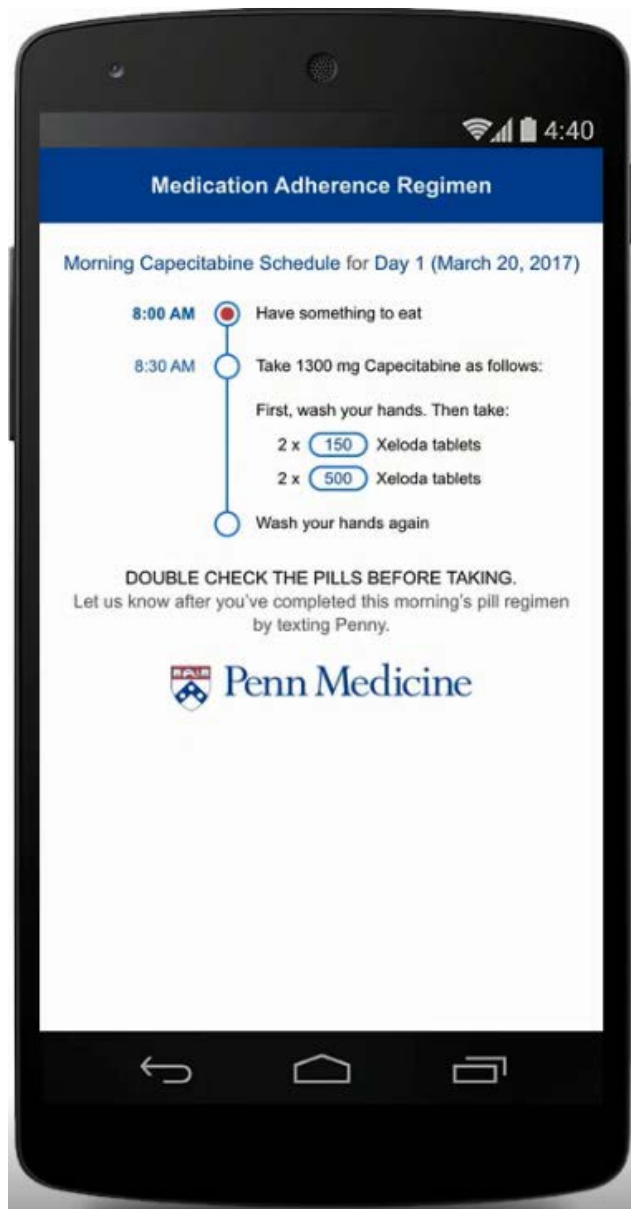
- ◆ Interviewed patients admitted to solid oncology service for poorly controlled symptoms, and learned that patients:
 - ...want to be engaged ***outside of office visits***
 - ...are accepting of ***mobile phone-based*** methods of engagement
 - ...prefer ***text-messaging*** to apps or telephone calls

Tenets of new paradigm

- 1) Real-time **conversational engagement** of patients via text messaging, with motivational feedback
- 2) Patient-targeted use of **artificial intelligence** and **machine learning** to support symptom management and medication adherence
- 3) Seamless **EHR integration** allowing for longitudinal monitoring and triggered provider team alerts

Virtual care team member, available at all times

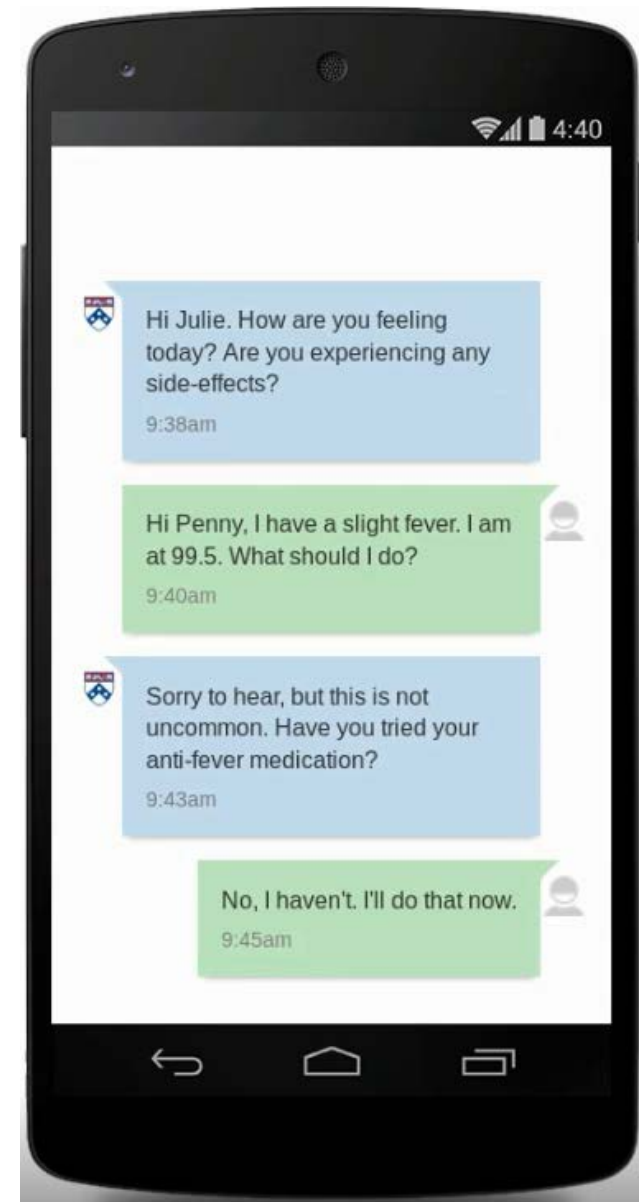




Provides **step-by-step personalized guidance** to support adherence behavior

Real-time dosing instructions

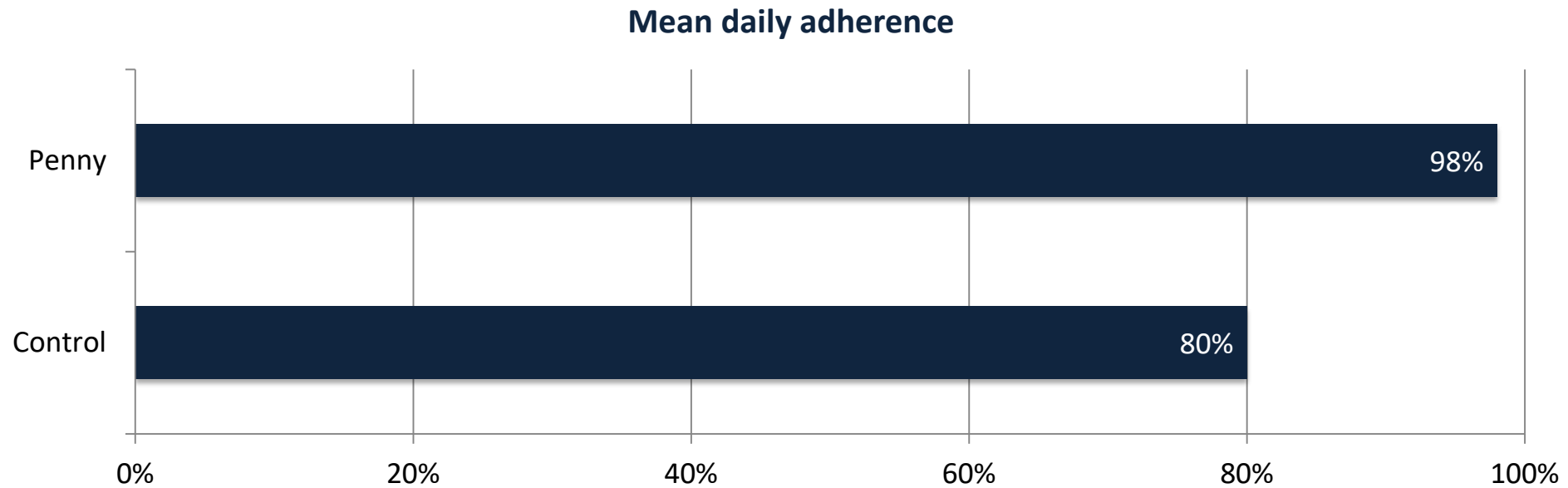
Adaptive rules engine to
monitor & respond to symptoms reported by patients



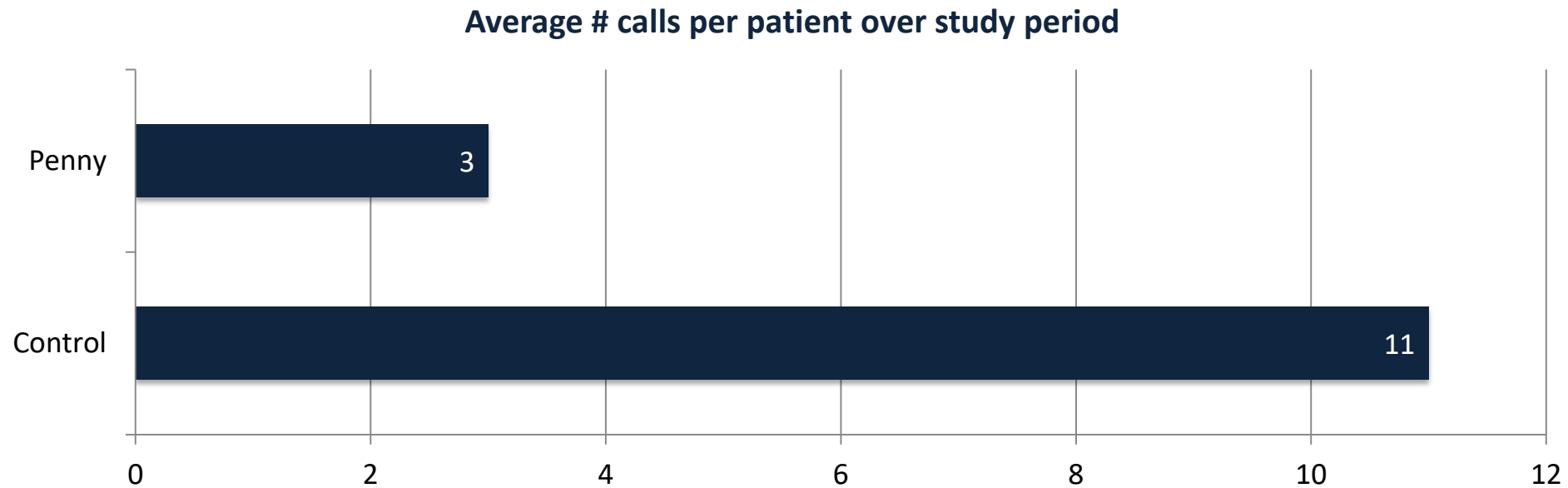
Preliminary data

- ◆ Pilot study Dec 2017 - Aug 2018
- ◆ 11 pts on CAP/TEM approached; 10 agreed to participate (ages 45-71)
- ◆ Conducted structured qualitative interviews at monthly intervals for first 12 weeks of follow-up to evaluate feasibility and usability
- ◆ **High participant satisfaction** (Net Promotor Score 100)
- ◆ **High fidelity and reliability** across combined 85 participant-months, with accurate grading and triage of side effects

Improved adherence



Reduced call volume



Penny 2.0 is projected to handle **78%** of the calls placed by patients

Avoidance of ED Visits

3

ED visits avoided

N = 10 patients

“When you are in the moment feeling that sick you aren’t thinking straight... Penny is that straight-thinker we needed at those times.”

Conclusions and next steps

- ◆ In preliminary testing, Penny was a **feasible and acceptable** means of supporting OACA adherence
- ◆ Substantially **reduced call volume** and **improved provider triage** demonstrate potential of conversational agents to support cancer care workforce
- ◆ Phase I study to rigorously assess safety and reliability across expanded cohorts is currently underway
- ◆ Phase II study (randomized) to assess efficacy is anticipated Summer 2019

References

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