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May 3rd, 11:30 AM - 1:30 PM

Patient-facing Antihemophilic Factor Clinical Decision Support Tool

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Patient-Facing Antihemophilic Factor Clinical Decision Support Tool

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Background

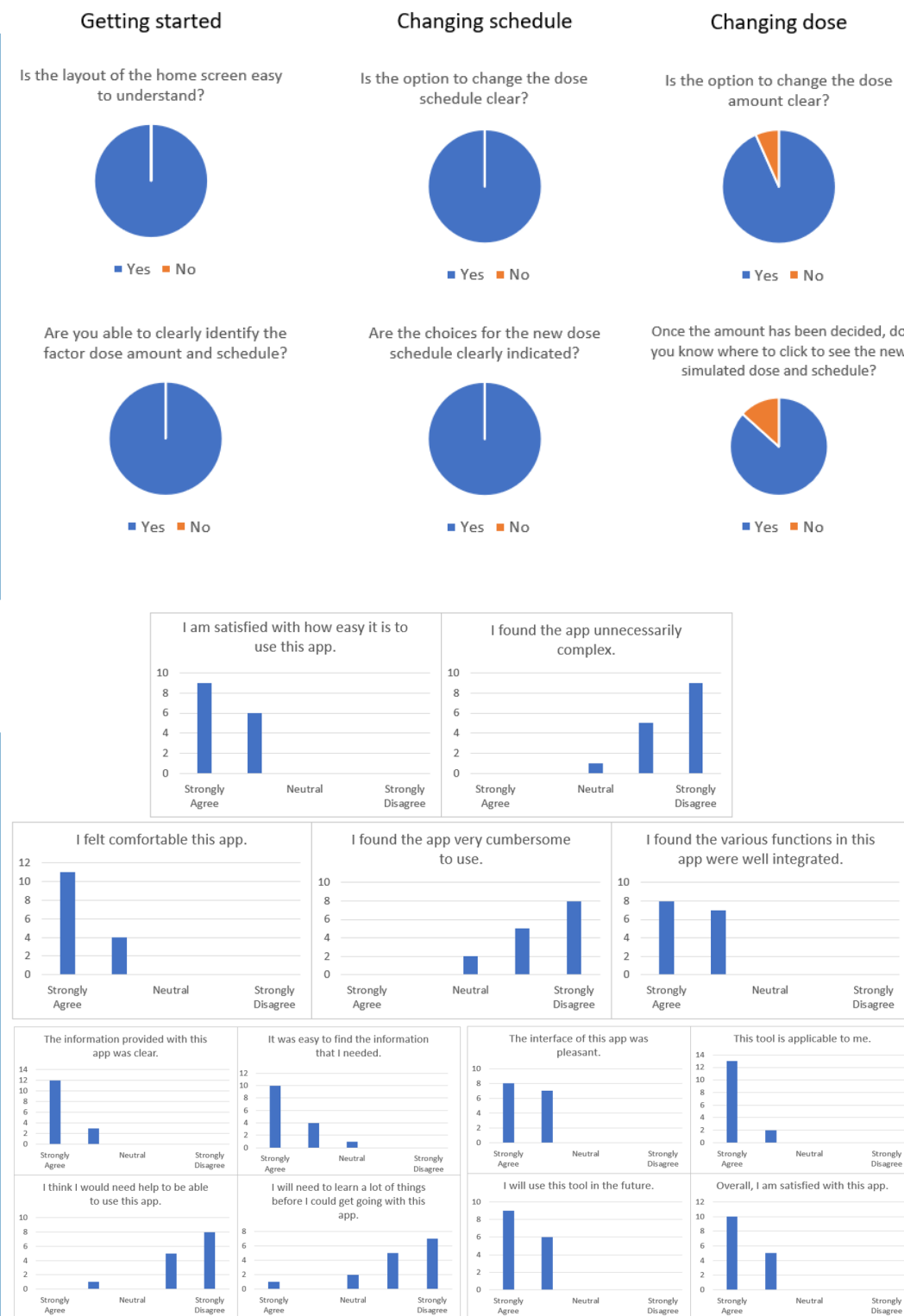
- Hemophilia represents a medical condition suited to individualization. Adherence with prophylactic antihemophilic factor regimens ranges from 6%-167%.
- Clinical decision support tools (CDS) have been shown to improve guideline compliance and enhance patient adherence.
- The objective of this study is to evaluate the usability, usefulness, and satisfaction of a pharmacology-driven, patient-facing antihemophilic factor CDS.

Design/Methods

- A patient-facing CDS was created to allow patients and families to explore factor levels at any time and the administration of different dosing regimens.
- Patients with hemophilia ages 10 years and above who are currently or were previously prescribed antihemophilic factor and parents of patients were approached to participate.
- A cognitive walkthrough was performed to record participant feedback and a modified usability questionnaire (PSSUQ v.3) was administered at the end of the session.

Results

- Fifteen participants (9 female, 6 male, 80% white) completed the study; 6 patients and 9 parents of patients with hemophilia.
- All were proficient with mobile technology reporting 2-8 hr of smart device usage daily.
- All participants stated it was easy to understand the layout and explore changes to the dosing schedule.
- 93.3% and 86.7% reported understanding how to change the dose amount and simulate the new dose amount, respectively.
- All participants felt this tool will help understand medication dosing better and facilitate conversations with their provider.
- Content and layout changes were suggested.
- PSSUQ revealed strong ratings in all categories.



Discussion

- The layout and flow of our patient-facing CDS was well received by patients and families of patients with hemophilia.
- Participants reported a desire to use this tool to understand medication dosing and improve conversations with medical team.