AUGMENTING CARE WITH DIGITAL THERAPEUTICS

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SPEAKER BACKGROUND & DISCLOSURE

- Alaska PA

- Working Pediatric Psychiatry

- Correctional Medicine

- Disclosure Speaker w/ Akili Pharmaceuticals

LEARNING OBJECTIVES

- Define and understanding evidence of benefits and limitations of digital therapeutics

- Determine appropriate conditions and level of acuity for augmenting care of behavioral health conditions with digital therapeutics

- Establish patient care implementation and monitoring criteria

AGENDA

Level I: Background on Digital Therapeutics / Unmet Needs

Level II: MOA Digital Therapeutics

Level III: Efficacy of Cognitive Performance in Digital Therapeutics

Level IV FDA APPPROVED Digital Therapeutics / PDTs

    a. Reset O, Reset, & Somryst b. Endeavor Rx c. Vorvida

Level V: Non-FDA Approved Digital Therapeutics

      Sleepio

      CBTi

Level VI: On the horizon Conclusions

# UNMET NEEDS IN BEHAVIORAL HEALTH

RELEVANCE

15% of adolescents meet criteria for substance abuse disorders that have a profound impact thought-out the lifespan (Gray & Squeglia, 2017).

Significant barriers are present that limit current capability to treat patients due to limited resources, cost of care, limited therapy providers, and limited medical providers (Acevedo et al., 2020).

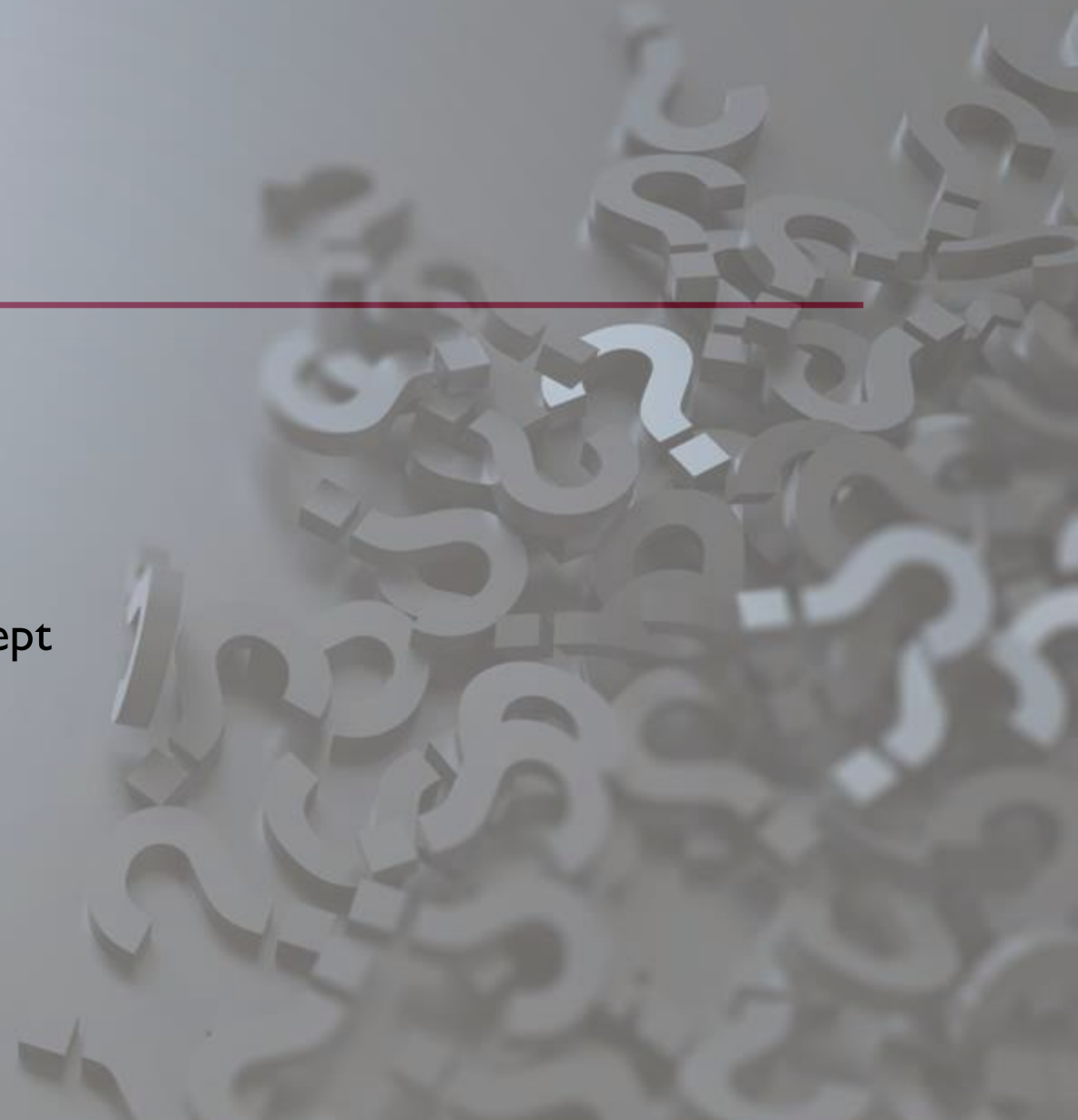Only about 10% of those seeking services will receive care (Acevedo et al., 2020).

DIGITAL THERAPEUTICS MOA
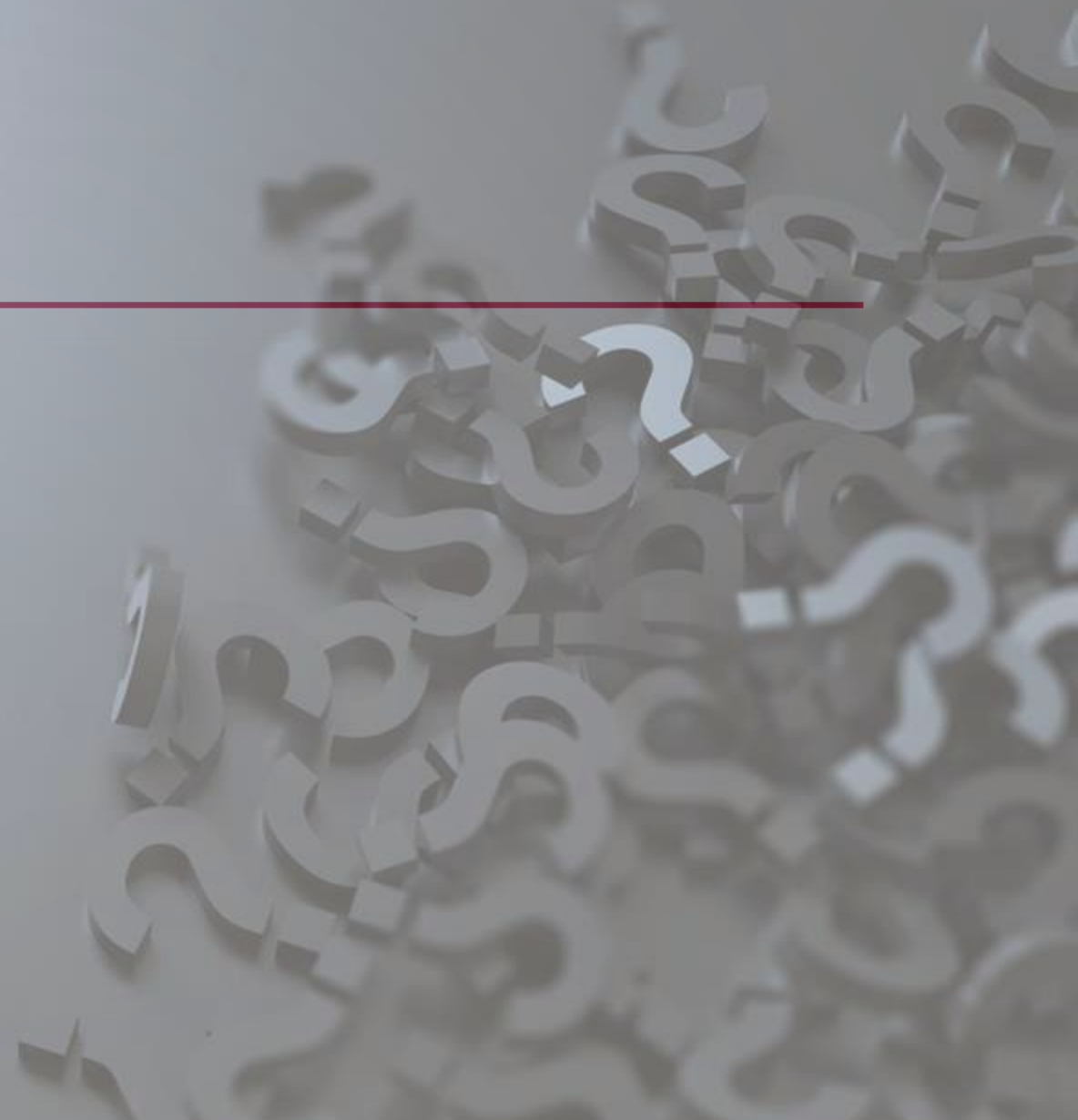
DIGITAL THERAPEUTICS EFFICACY

Proof of concept

RESEARCH AMASSED

PDRS

- Prescriptions Digital Therapeutics
  - FDA Process Outlined
  - Requirements.
  - Somryst-evidence, limitations, benefits
  - Reset & ResetO- evidence, limitations, benefits
  - Vovivida
  - Endeavor –evidence

RESEARCH APPRAISED

- Limitations
  - Adult-centric (Grist et al., 2017)
  - Mixed Modal Delivery of Care (Liverpool et al., 2020)
- Novel Approaches
  - Customizable and interactive (Liverpool et al., 2020)
  - Expand Access Quickly
- Benefits:
  - CBT Approaches proved efficacious (Arnaud et al., 2016; Deady et al., 2016).
  - Systematic Reviews (Boumparis et al., 2019; Liverpool et al., 2020)

SYNTHESIS OF THE EVIDENCE

Consider augmenting care with traditional care when appropriate

Virtual applications have efficacy and bridge access

Virtual applications are more appropriate when users can interact and develop personalization.

RESEARCH DISSEMINATION

1. WEBINAR

2. CLINICAL GUIDELINES IN PRACTICE

OTC DTS

- Sleepio

- CBTi

CONCLUSIONS

QUESTION & ANSWERS

CLINICAL GUIDELINES MOTILITY

Establishing criteria and standards of care for which patient virtual medicine applications are appropriate for adolescent addiction treatment.

Establish standards of compliance and efficacy of augmenting care with remote internet-based applications.

Evaluate patient expectations, limitations and outcome following designated intervals of serial monitoring of those enrolled in augmenting care with virtual addiction internet services.

Evaluate cost of implementation of services, grants, and potential reimbursement of care delivery.

Expand services to patients with implementation timeline providing real-world access to internet-based digital therapeutics.

QUESTION & ANSWERS

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