# Patients & Trust in DHTs: Can We Do Better?

Gurmit Sandhu, <sup>B Pharm, MPH, MBM</sup> Patient Engagement Specialist & Al Practitioner in Healthcare

#### Gurmit Sandhu Consulting GmbH, Basel, Switzerland

DHTs = Digital Health Technologies & their primary Users, Healthcare Providers



### **Building Trust in DHTs**

#### **Developing fit-for-purpose frameworks for healthcare systems**



Health Care Professionals including clinicians, nurses and others.

Other Stakeholders include technologists, medical device companies, hospitals, governments and others

Kilburg A & Sandhu G. Payer Value Criteria of Digital Health Technologies in Cancer Care to facilitate their reimbursement or funding for Low to Middle Income Countries LMICs. City Cancer Challenge 2022. Unpublished.

#### Conditions of Innovation in Digital Health



\* Value to Assessor or Payer for funding and reimbursement purposes

## Value Domains & Sub domains: DHTs Patients Perspectives



## Value Domains & Sub domains: DHTs Patients Perspectives





Schematic representation of achieving trustworthy AI in biomedicine, including clinical decision making

- Users:
  - Developers
  - Clinicians or/& Patients
- Beneficiaries:
  - Patients &/or Clinicians
  - Hospitals, data scientists
  - Insurances & others





Adpated from Lötsch, J.; Kringel, D.; Ultsch, A. Explainable Artificial Intelligence (XAI) in Biomedicine. Making AI Decisions Trustworthy for Physicians and Patients. *Biomedinformatics* 2022, *2*, 1–17.

# Example on explainability criteria for the construction of sufficient understanding

Patient – Clinicians Relationships on AI Algorithms



**EXPLANATIONS** 

Arbelaez Ossa et all. Re-focusing explainability in medicine. Digital Health Volume 8: 1–9. 2022

7 岩

### Patients & Trust in DHTs: Can We Do Better?

**Thank You** 

linkedin.com/in/gurmitsandhu





## **POLLING QUESTIONS**

PANEL DISCUSSION

# Q1. What is your main reason for wanting a successful reimbursement or funding & adoption of Digital Health Technologies in LMICs?

- where the primary user would be Health Care Providers.

Choose one response only

- Expand patient access to care
- Improve quality of care
- manage costs associated with providing care

# Q2. What are the top 3 challenges for digital health innovation in LMICs? – especially, for their reimbursement or funding

Choose three responses only

- Data Generation
- Interoperability
- Data Protection
- Accountability (Roles & Responsibilities)
- Evidence
- Clinician Experience
- Patient Experience
- Societal & cultural beliefs
- Affordability

# Q3. What are the 3 most important value domains for you when evaluating Digital Health Technologies for reimbursement or funding in LMICs?

Choose three responses only

- Health/healthcare system problem and current use of technology
- Technical product information and use
- Safety
- Effectiveness
- Cost & economic evaluation
- Ethical aspects
- Usability & accessibility

# Q4. In LMICs, what evidence category is required to determine the value of Digital Health Technologies?

Choose one response only

- Minimum local evidence standards
- Best practice international standards

Q5. In the absence of randomised controlled trials, what types of data & data sources could be used as acceptable evidence for Digital Health Technologies in LMICs? -for reimbursement or funding purposes.

Choose one response only

- Expert reports
- Surveys
- Observational Studies (eg cohort, case- control)
- Real World Data