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ORAL ABSTRACT

Title:

Kidney Patients' Preferences For A Wearable Digital Health Technology To Support Self-Management of CKD – A Discrete Choice Experiment (18/18 words)

Theme:

(B) Plenary Two: Patients at the heart of innovation

Authors

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Abstract Summary:

Incorporating user preferences and priorities early on in the development pathway of digital health technologies (DHTs) helps design a person-centred product, and increases patient's uptake of (and adherence to) these interventions. We describe the methods and results of a study conducted to elicit the preferences of individuals with chronic kidney disease towards the characteristics of wearable DHTs to support self-management.

Introduction:

Wearable Digital health technologies (WDHTs) can support and enhance self-management by giving individuals with chronic conditions more control over their health, safety and wellbeing. Involving patients early on in the design of these technologies facilitates the development of person-centred products. It may increase the potential uptake of (and adherence to) any intervention they are designed to deliver. This research aims to elicit chronic kidney disease (CKD) patients' preferences for WDHTs that may help patients manage their conditions.

Methods:

We used discrete choice experiments (DCE) to elicit preferences for WDHTs characterised by their generalisable characteristics. The study design was informed by a multi-stage mixed-method approach (MSMMA). This included a review of the published literature, focus group interviews and one-to-one interactions with CKD patients to identify relevant characteristics (that is, attributes and levels) associated with wearable DHTs. We collected the data from 113 patients (age ≥ 18 years) with stage 3 or above CKD. The analysis started with a conventional multinomial logit model and was extended by investigating heterogeneity in preferences via latent class models.

Results:

Our MSMMA yielded ten potential attributes for consideration in a choice task. The final list included five attributes, cross-checked and validated by the research team, and patient representatives. The most preferred attributes of WDHTs were device appearance, format and type of information provided, and mode of engagement with patients. Respondents preferred a discreet device, which offered options that individuals could choose from and provided medical information.

Conclusions:

We show how to use MSMMA to elicit user preferences in (and to inform the) early stages of development of WDHTs. Individuals with CKD preferred specific characteristics that would make them more likely to engage with the self-management support WDHT. Our results provide valuable insights that can be used to inform the development of different WDHTs for different segments of the CKD

patients population, moving away from a one-size-fits-all provision and resulting in population health gains.

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