

The Use of Image Manipulation to Process Emotion and Improve Clinical and Patient Centered Outcomes for Individuals with Pain

Investigators:

Rachel P. Dreyer (Ph.D.), Mary A. Driscoll (Ph.D.), Cynthia Brandt (MD), Brian Coleman (DC), Luis Marenco (MD)



the problem



- High rates of alexithymia are associated with onset and maintenance of chronic pain -Inability to identify, express, describe or regulate feelings¹
- Alexithymia portends poorer pain outcomes and may do so via disruption of affective neural pathways, and its interaction with positive and negative affect^{1,2}
- The Gold standard for pain self-management is Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)
 - -Less effective for those high on emotional and interpersonal distress
 - -Fails to address emotional distress
- Emotional Awareness and Expression Therapy (EAET) for Chronic Pain has been proposed as an alternative intervention
 - -Preliminary trials suggest it outperforms CBT-CP on pain reduction
 - Logistical barriers limit availability/uptake
- Need for an effective, portable and scalable intervention that targets emotional processes

introducing



Miro™ is an innovative digital health application using image modification



Patient portal



Modify an image



Select an image



Once complete, save image



The therapeutic image modification process used in Miro™ is based on existing clinical and research methods



A new mechanism for individuals with chronic pain and trauma to communicate complex emotions and facilitate patient centered care

the science



"You hardly ever hear anyone describe the pain [after a heart attack]... it's such a weird pain. It's not like when you cut your finger [kind of pain]...It's just such a strange sensation. I have never heard it described, you know?...

it's a kind of pain that is just so out of control – and that I cannot ever describe in words."



- Therapeutic process
- ✓ Enables self-expression¹
- Enhanced recovery^{2,3}
- 1. Wang et al. Health Edu & Behav. 1997;24:369-387.
- 2 .Cabassa et al. Psychist Serv. 2013;64(9).
- 3. Rajendran et al. Academic Emer Med. 2020;27:92-99.



Emotion has been predicted from images⁴

- ✓ Artificial intelligence
- Advanced machine learning
- Convoluted neural networks

4. Chen et al. IEEE International Symposium on Multimedia (ISM). 2016: 367-368.



Address barriers related to:

- Access to care
- Engagement in care
- Communication



- Patient outcomes
- Patient satisfaction

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the industry



Total worldwide healthcare application vendors top \$17.6 billion in 2016

- \$ Medical software and services market
- \$ Seek to provide new category of digital therapy

- \$ Targeting multiple points of entry in the medical applications market
- \$ Used as a stand alone product or bundled with existing evidence based treatments

- \$ We can profit by providing a service to medical care organizations
- \$ This includes hospitals, insurance companies or academic institutions



the competition

- Our competition is other software applications that are developed as a unimodal application suite
- Biobeats, Jvion, Affectiva, Beyond Verbal, nVISO

- These companies use artificial intelligence for facial recognition or voice pattern recognition for emotion prediction
- Using Miro in communicating emotions may improve outcomes and lower healthcare costs by reducing inpatient stays and hospital readmissions¹⁻³



Our differentiating benefits include a <u>future</u> novel platform and digital therapeutic capable of predicting various patient and clinical outcomes using image modification

^{1.} Jacobs et al. Telemed J E Health. 2019; 10.1089/tmj.2019.0179.

^{2.} O'Connor et al. Appl Clin inform. 2016;7:238=247.

^{3.} Park et al. JMIR Med Inform. 2019;7:e13353.

our team













Rachel Dreyer, Ph.D. FOUNDER

+10 yrs health research sector;
Project management

Mary Driscoll, Ph.D. PSYCHOLOGY

+ 15 yrs health research sector (pain);
Psychology

Luis Marenco, MD

TECHNOLOGY

DEVELOPMENT

+20 yrs medical informatics; Software development

Cynthia Brandt, MD, MPH
MEDICAL

+20 yrs medical informatics; Technology development

Brian Coleman, DC

INNOVATION & ENGINEERING

-10 yrs engineering; Design thinking; R&D

project / funding pipeline

Formative Evaluation



- Funded through VA to conduct 4-week study in women Veterans with pain and trauma
- Specific aim 1: Stakeholder advisory committee using participatory approach to solicit feedback on the Miro™ app/proposed methods
- Specific aim 2: (a) Test the feasibility (acceptability, retention) of the Miro™ app in the target sample; and (b) examine the number of participants who evidence clinically meaningful improvements in a range of measures.

Feasibility Pilot (Phase 1)



- Seeking funding to conduct larger 8week feasibility pilot in patients with chronic pain at YNHH
- Specific aim 1: (a) Evaluate the feasibility and acceptability of deploying the Miro™ app in a specialty pain clinic; (b) explore preferences for positive and negative valanced prompts
- Specific aim 2: Conduct qualitative interviews with patients to understand their perceptions of the barriers and facilitators to using the app in the pain clinic and features/capabilities of the Miro™ app
- Total funds requested (Blavatnik): \$75,000

Feasibility Pilot (Phase 2)

- Seeking funding to <u>extend</u> larger 1-year feasibility pilot in patients with chronic pain at YNHH
- Specific aim 1: (a) Determine which analytical methods of image manipulation most accurately infer patients' emotional and behavioral state.
- Using training data from phase 1 we will test the use of neural networks and affective image classification, including its application to categorized emotion, and the dimensional model of expressing emotion
- Specific aim 2: Conduct qualitative interviews with providers to understand whether the app is acceptable to inform pain care
- Total funds requested (Blavatnik): \$150,000





call (203) 645-9289

email rachel.dreyer@yale.edu

www.pctherapeutics.com