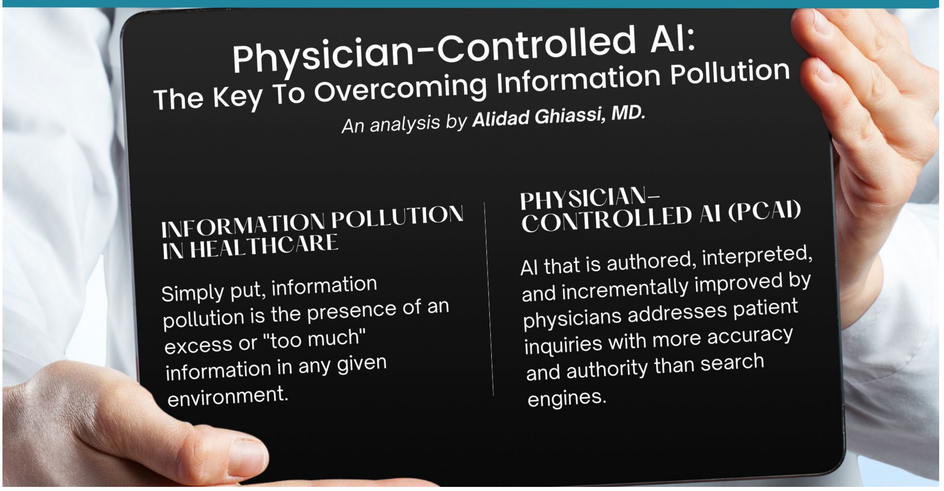



### FRUSTRATED & CONFUSED

A study[1] found that nearly one half (44.9%) of Americans had searched for cancer information. Many reported negative experiences, including that the search process required a lot of effort (47.7%), expressing frustration (41.3%), and concerns about the quality of the information found (57.7%). Respondents lacking health insurance, or a high school education experienced the greatest difficulty. 75.2% agreed that there were too many cancer prevention recommendations, and it was hard to know which to follow.

### LESS IS MORE

Another study[2] found that despite variance in educational backgrounds, study participants were more likely to comprehend a concept when only relevant, quality information was presented. The experiment provided a strong test of the "less is more" hypothesis, because those who chose the higher quality hospital did so despite its higher cost. Additionally, the study found that presentation mattered - making only the most important metric easier to evaluate (using symbols and icons) led to more accurate decision-making. Lastly, the study showed that consistency in delivery (unlike self-led internet searches) contributed to a much higher (73%) accuracy rate.



**Only 10%**

OF SURVEY RESPONDENTS WENT FIRST TO THEIR HCP FOR INFORMATION



**73%**

OF RESEARCH PARTICIPANTS WERE LIKELY TO GET THE CORRECT ANSWER WHEN MINIMAL INFORMATION WAS DELIVERED CONSISTENTLY

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[8]Dugdale DC, Epstein R, Pantilat SZ. Time and the patient-physician relationship. *J Gen Intern Med*. 1999;14 Suppl 1(Suppl 1):S34-S40. doi:10.1046/j.1525-1497.1999.00263.x
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### TAKING SHORTCUTS

A study[3] applied the concept of consumer confusion to healthcare in the development and validation of a patient confusion model. The model proved that patients were more likely to take shortcuts when they were overwhelmed with information. The study shows that quantity of health information leads to ambiguity and distrust that can influence the decision-making process and result in unfavorable behavioral consequences. In most scenarios, an excess of information led patients to hastily narrow down their alternatives, but in contrast, patients who were highly involved in their care and supported by their HCP were seemingly less willing to make premature decisions.

### FAKE NEWS HAS A BODY COUNT

Haider Warraich, a fellow in heart failure and transplantation at Duke University Medical Center warns[4] that false and misleading health information "spread further than truths on the internet—and they have very real repercussions.“ Take for example statins. Despite numerous studies showing the benefits of statins far outweigh the risks, patient fears are rising due to a proliferation of articles on the internet that "exaggerate rare risks and drum up unfounded claims, from asserting that statins cause cancer to suggesting that low cholesterol is actually bad for health." False medical news can also exacerbate the phenomenon known as the "nocebo effect," in which patients “experience adverse side effects to medications because they're expecting them to happen,” Warraich writes.

## COULD PHYSICIAN-CONTROLLED AI (PCAI) BE THE ANSWER?

### AI IS NOT ONE-SIZE-FITS ALL

Physicians know - there just aren't enough hours in the day to provide the kind of care we want to provide, and patients immediately forget ~80% of what they're told in the office[6], which increases time-consuming follow-up and re-education. AI can answer patient questions 24/7 and in real-time. However, not all AI are created equally. OpenAI's GPT-3 made headlines when it suggested suicide as a solution[7]. Sadly, most of the AI systems developed thus far have lacked a critical element - control. PCAI uses a system of pairing real-time patient question data with medically-validated answers and ensures that confidence thresholds are exceeded before responding. Furthermore, to be called PCAI, the resulting data must be reviewed and refined by a clinical audience - not just the technology sector.




### FEARLESSLY REACHING FURTHER

Fear Is a primary roadblock to innovation[9]. Many providers believe that allowing AI to play a role in their practice will detract from the value they bring, and some believe their patients would reject the technology all together. However, AI can augment the clinician without replacing them, as shown in the famous Radiology study[10]. And PCAI, being the embodied knowledge and even personality of the trusted HCP, can deepen the bonds between patient and provider. In my own practice, my C-Me™ , has gained the trust of my patients because of his inability to stray from my approved content. HCPs can embrace PCAI with the same confidence they place in themselves today, by selecting the right technology partners.



**70%**

REDUCTION IN "JUST-IN-TIME" EDUCATION WITHIN MY SURGICAL PRACTICE THANKS TO PCAI

## Key Points



**1 Billion+**

THERE ARE MORE THAN A BILLION HEALTH-RELATED SEARCHES EVERY SINGLE **DAY**



**2.5x**

PATIENTS WHO SOUGHT ALTERNATIVE THERAPIES (INSTEAD OF CLINICALLY PROVEN ONES) WERE 2.5X MORE LIKELY TO **DIE**[5]




**80%**

OF WHAT YOU TELL PATIENTS VERBALLY IS **FORGOTTEN** BEFORE THEY ARRIVE HOME[6]



**30%**

PATIENTS SATISFIED WITH THEIR HCP'S TIME SPENT ON EDUCATION ARE 30% **LESS** LIKELY TO LEAVE[8]

### The Right Technology Partner:

- Anchors their technology with PCAI, leaving nothing to chance
- Involves physicians in the design and application of their solutions
- Promotes the authority and autonomy of HCPs
- Augments the clinical workflow unobtrusively
- Honors flexibility in their design
- Remains focused on long-term partnership









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