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Empowering Person-Centered In-Clinic Conversations in Obesity with ConversationAlly™: A Novel, Al-Powered HCP Support Tool Rajshri Mallabadi¹, Sanjay Kalra²

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INTRODUCTION

The first step to combating the unprecedented stigma faced by persons living with obesity (PLWO) is to get the conversation right and health-care professionals (HCPs) play a pivotal role in this context. Clinical encounters targeting day-to-day clinical discussions between the HCP and a PLWO is one way to change this narrative. ConversationAlly™ is a novel artificial intelligence (AI)-powered tool that suggests conversation cues to optimize in-clinic conversations and can be a powerful HCP support tool for weight-based communication in clinical practice.

MATERIALS / METHODS

ConversationAlly™ is an Al model that uses a dataset of psychologically safe words to provide appropriate cue for initiating weight-based in-clinic conversations. The front end of the tool is a simple interface that acts as an in-clinic companion for HCPs. It is multilingual and can be integrated into the existing electronic health record platforms. The first pilot was in type 2 diabetes where the focus was on improving medication adherence and compliant behavior. We now introduce the obesity version with an intent to support person-first language in HCP-driven in-clinic conversations.

RESULTS & DISCUSSION

The proof of concept was tested in a pilot of 15 PLWO. Both the HCP and PLWO agreed that the most impactful words in the context of a positive and supportive in-clinic conversation were "active," "higher weight," "nourishing food," "simple exercises," and "good progress" The least impactful words included "uncontrolled eating," "fat," "portion size," "sedentary" and "careless." These words sensitively set the stage for managing a difficult condition with a positive beginning.

CONCLUSION

Obesity is a long-term chronic condition and it is important to engage PLWO with positive person-centered, in-clinic conversations. ConversationAlly™ uses the power of data science and Al to provide person-first, language-based nudges to HCPs and can be an important addition to the toolkit for managing obesity.