AIDDD 2026

Where AI Meets Self-Advocacy

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Digital Care Transformation



Inspired by **patients.**
Driven by **science.**

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Important Information

This presentation describes a conceptual AI-enabled patient support tool in development. All functionality, features, and outputs are illustrative and subject to change. The tool has not been reviewed or approved by any regulatory authority for use as a medical device. Future development may require regulatory review.

The tool is intended to support patient education and engagement only and does not replace professional medical advice. Patients should consult qualified healthcare providers for medical decisions.

This presentation has forward-looking statements regarding potential capabilities and development. These statements are subject to risks, uncertainties, and change, including evolving regulatory requirements and technical feasibility.

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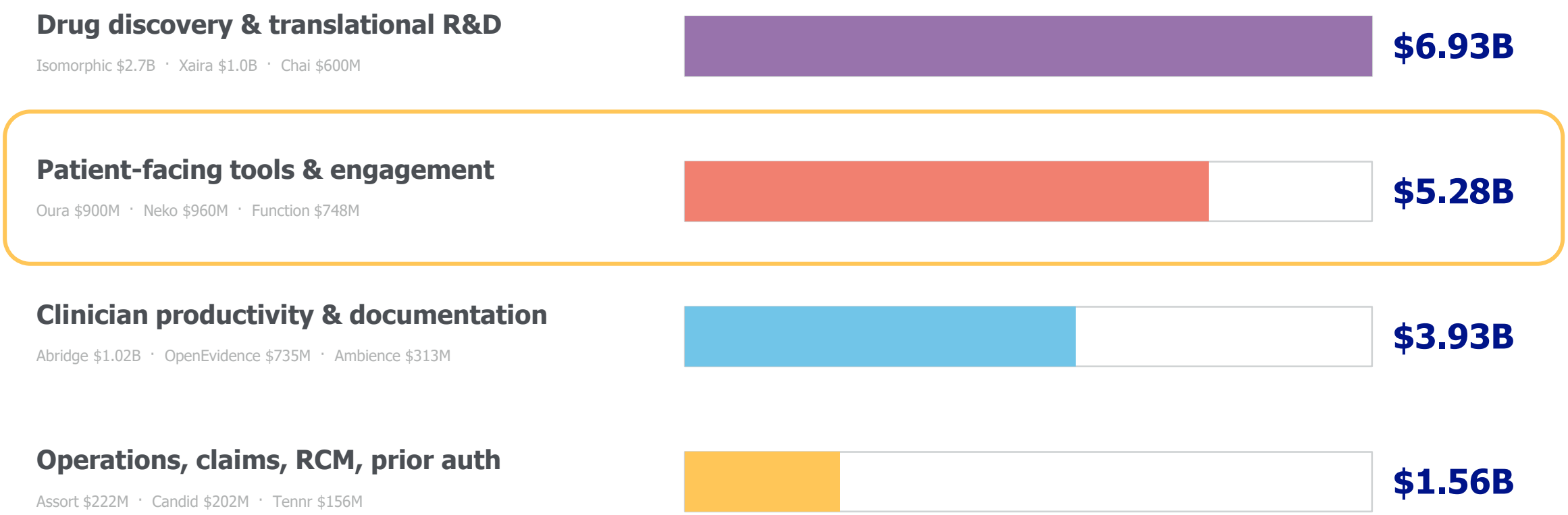
Where the money actually went

Venture and growth equity into healthcare and life sciences AI, January 2023 through August 6, 2026.



Sources: Company announcements and SEC filings per deal (195 rows, each with a source URL and a confidence rating). Rock Health year-end and half-year digital health funding reports, 2023 to H1 2026. Silicon Valley Bank Healthcare Investments and Exits, 15th to 17th editions. CB Insights State of Digital Health. Bessemer State of Health AI 2026.
Method: Bars show venture and growth equity only, so the four are comparable. Private equity enterprise value, IPO proceeds, partnership upfronts and internal capex are excluded. 2023 is undersampled in every category.

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What patients actually got

EHR Patient portals



Read-only access to a fraction of the patient record. Set-up was built for billing and clinicians, but was retrofitted for patients. Nothing is interpreted for the patient in a way they understand.

Symptom Tracking



Mobile apps and wearables. Largely unvalidated consumer grade tools making questionable claims.Difficult to share with your providers. Signal is noisy and can often lead to alert fatigue.

Care Navigation Chatbots



Trained on intake scripts. Cheerful, scripted, and unable to help with the thing you actually needed. Railroads you into the same decision trees which give you the same predictable canned answers. There is absolutely no personalization.

Digital Therapeutics



Often lack sufficient supporting evidence. When they do have evidence they have small effect sizes. Adherence is framed as patient failure rather than design failure. Can feel like "work" for patients to keep up with.

None of these actually prepare patients for interactions with their clinician.

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The biggest gaps in care aren't always therapeutic.

Sometimes they're in the *care conversation*.

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The Friction

Patients are expected to arrive at specialist appointments *already knowing* how to organize their symptoms, history, medications, questions, and goals into clinically useful information.

But patients were never taught how to do that.

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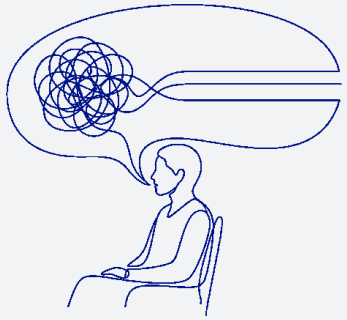
The jobs that actually matter

01 ARTICULATION

Help me describe what's happening.

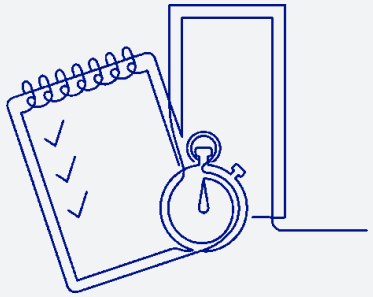
Turn life experiences and context into language the care team can act on. Identify which context is important to share.



02 VISIT READINESS

Help me show up prepared.

Surface the questions worth bringing to the provider. Anchor the priorities of the visit before the appointment.



03 DISEASE LITERACY

Help me understand my condition.

Build a lexicon, a mental model of what's happening, and a sense of what's normal for me.



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Articulation

JOB 01

Most patients find it difficult to explain their lived experiences.

BEFORE

Patient: I've just been having a really hard time eating dinner lately. I feel like I'm always out of energy.

Clinician: Can you describe what's happening when you try to eat?

Patient: I don't know, I was sitting at the kitchen table on Tuesday trying to eat some steak after work. My jaw just felt heavy, and I felt super lazy and gave up. I think work stress has been getting to me, or maybe I'm not sleeping well with the heat.

Clinician: Does this happen all day or mostly in the evening?

Patient: Mostly at night. By 7 PM I can barely finish a meal.

AFTER

Patient: I'm experiencing jaw fatigue and muscle weakness that worsens progressively throughout the day, especially when chewing solid foods in the evening.

Clinician: How does it affect your eating by the end of the day?

Patient: By dinnertime, my masseter muscles fatigue after just a few bites. It improves if I rest my jaw for 20 minutes, but it gets worse again as I keep chewing.

- **Noise to Signal Translation**: Replaces ambiguous descriptors like "stress" and "tiredness" with core MG clinical terminology. Specifically identifies muscle fatigability from sustained exertion versus general systemic fatigue.
- **Objective Symptom Mapping**: Subjective experience is reshaped into actionable neuromuscular markers (e.g. muscle exertion, diurnal timing, response to brief rest) that cue the provider on how they optimize the clinical course.

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Visit Readiness

JOB 02

Patient prep turns upfront preparation and reflection into high-impact clinical visits.

WITHOUT COACHING

"Anything else?" "No, I think I'm good."

- Struggles to name top concern or recall important details.
- Cannot recall the procedure or practice where their last test was done outside the network.
- Patient has no mental model of their disease.
- Left with a generic handout that is given to every patient. No clear plan on what's next.

WITH COACHING

Patient is assertive and walks in with three sharp questions and a two-week pattern log. This initiates a meaningful dialogue.

- Top concern named, with evidence behind it. Side effects mapped on a real timeline.
- Top questions identified and ready to discuss.
- Leaves with a clear, mutually agreed upon plan for a hypothesis to co-investigate and next steps to schedule follow up lab work and chest MRI.

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Disease literacy

JOB 03

Understanding a condition is not the same as Googling it at midnight the night before.

Stage 1

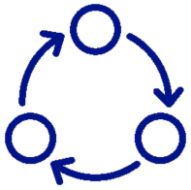
Naming



Knowing the lexicon within the diagnosis, mechanism, treatment class, and common side effects.

Stage 2

Modeling



Having a working mental model of how the disease works and how their symptoms, treatments, and behaviors are connected.

Stage 3

Owning



Recognizing what's normal for them. Knowing what to escalate. Asking the next question. Understanding where they have agency in managing their disease.

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Intended outcomes

What changes for both the patient and the visit.

1

Reduced Cognitive Load

Patients are not organizing their thoughts for the first time in front of the provider. They are rehearsed.

2

More confidence between visits

Less doom-scrolling, less catastrophizing, more knowing what's worth a call.

3

Sharper self-advocacy

Patients lead with their values and push back on what doesn't fit. The "patient voice" shines through.

4

More useful conversations

Visits start further down the field. Decisions are well informed. Plans are mutually understood and co-created.

Clinical decision making is harmonized with the patient's values.

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Improving the care conversation can improve patient-provider symmetry and *shared* decision making.

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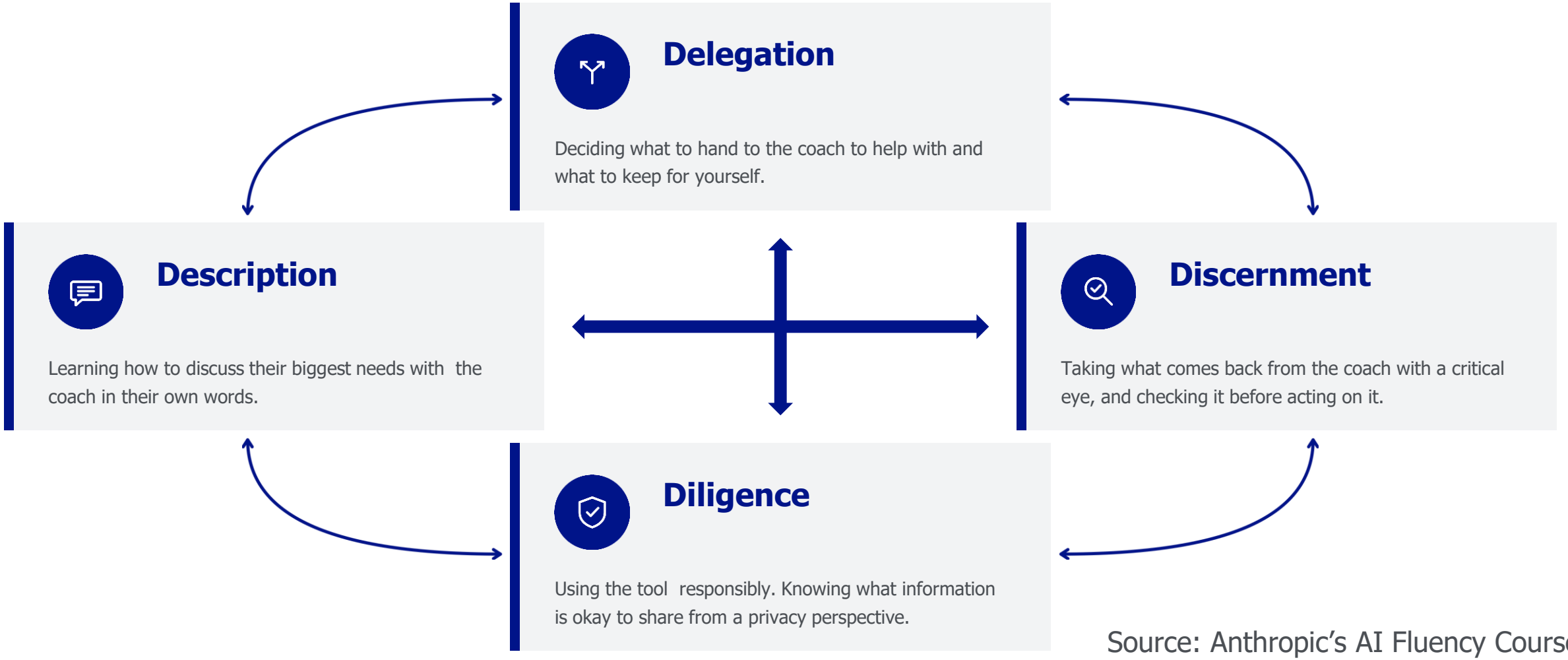
The “Four Ds” of AI Fluency

Patients need to fine tune these skills to get real value from an AI coach.



Source: Anthropic’s AI Fluency Course

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Use Case: My MG Coach

A collaboration between UCB and Citizen Health

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Can we use AI to help MG patients walk into their clinic visit *already fluent* in their own disease?

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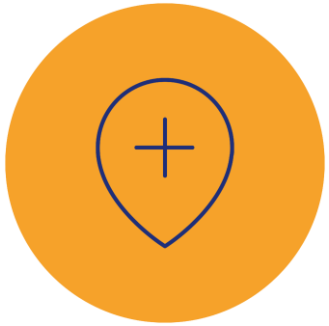
Generalized Myasthenia Gravis is heterogeneous

The same person can have a different disease on Tuesday than they did on Monday.

Rare & Autoimmune

A neuromuscular condition where the body's own immune system disrupts the signal from nerve to muscle.



Fluctuating

Fluctuating muscle weakness that worsens with activity and improves with rest.



Difficult to Explain

Symptoms can fluctuate unpredictably and be difficult to describe, with fatigue and burden not obvious to others.



1. Law N, Davio K, Blunck M, Lobban D, Seddik K. The lived experience of myasthenia gravis: a patient-led analysis. Neurol Ther. 2021;10(2):1103-1125. doi:10.1007/s40120-021-00285-w
2. UCB. Collaborating for the myasthenia gravis community: identifying and addressing unmet needs for people living with myasthenia gravis in the United States. UCB MG Community Unmet Needs Report; 2023.
3. Gilhus NE. Myasthenia gravis. N Engl J Med. 2016;375:2570–2581.
4. Beloor Suresh, Ashithkumar, and Ria Monica D. Asuncion. Myasthenia Gravis. StatPearls Publishing, 8 Aug. 2023. NCBI Bookshelf, https://www.ncbi.nlm.nih.gov/books/NBK559331/

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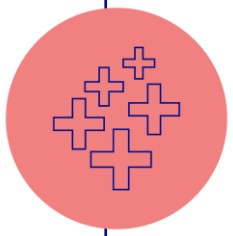
What if we made an Avatar for MG patients to "rehearse" their clinical visits?

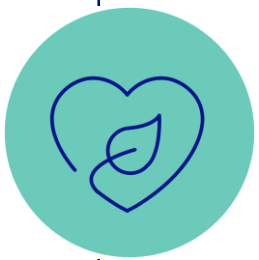
A conversational AI tool built directly on the Citizen Health platform that…



Combines automatic speech recognition (ASR) and natural language processing (NLP) with MG-specific domain knowledge to increase disease clarity and health literacy



Offers turn-by-turn question answering and guided conversational dialogue to enhance patient confidence and preparedness



Allows patients to articulate their symptoms, treatment-related concerns, goals, and lived experiences in a low-pressure, non-clinical environment

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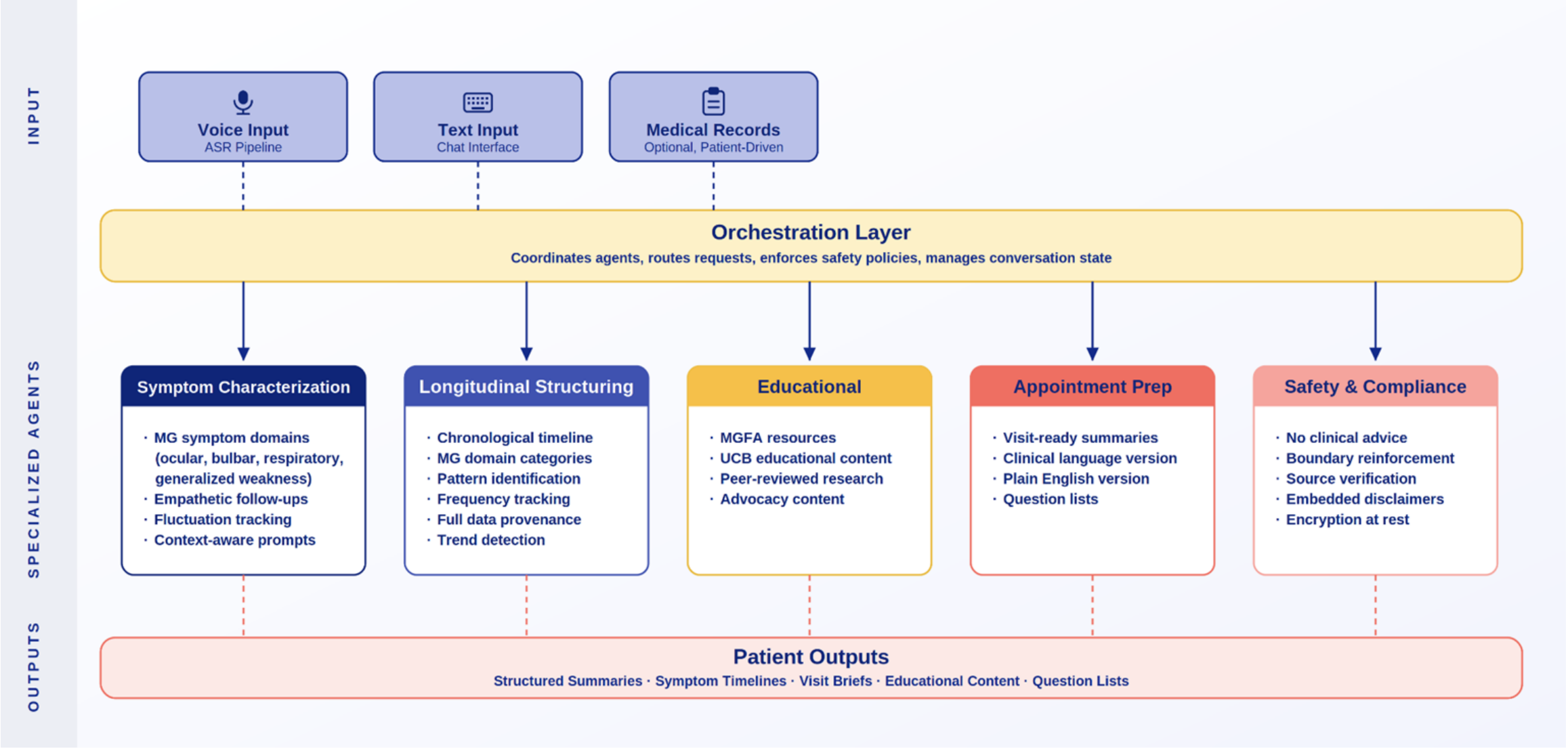
Agentic Architecture That We Envision



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What The Patient Could Receive

Structured Summary

Translates unstructured narratives into structured, actionable summaries amplifying the patient voice.

Personalized Coaching

Coaching and feedback provided based on that patient's lived experience and context.

Knowledge Gap Visibility

Generates insights around the patient's communication needs and surfaces specific topics worth exploring more.

Tailored Questions

A short list of questions to bring into the appointment, specific to patient's concerns.

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Guardrails/How we Plan to Safeguard Patients



No Diagnosis

Won't make clinical inferences or provide medical judgment.

No Marketed Products

No guidance on specific treatments. Only discusses classes of therapy and general side-effect profiles.

Stays Outside SaMD

Designed with policy-gated guardrails that ensure regulatory compliance

CRISIS ESCALATION

If a patient mentions something that requires a human (breathing distress, crisis symptoms), the avatar flags it immediately and prompts them to call 911.

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What these tools are not

The fastest way to lose trust is to oversell. Be honest about the line.

Not a doctor.

Not making diagnostic calls. Not prescribing. Not titrating.



Not a triage system.

Acute symptoms route to the care team or 911. Hard stop.



Not a replacement for the relationship.

The visit is still the visit. The tool feeds it, doesn't substitute for it.



Not a substitute for support.

It doesn't fix transportation, insurance, or food insecurity. It can flag them.



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Five principles guide the work.

1

Patient Empowerment

Built around emotional and communicative needs.

2

Reliability

Anchored in approved content, with compliance-aware guardrails.

3

Intentionality

Built to target specific activities of daily living domains.

4

Reciprocity

Designed to improve shared decision-making.

5

Dependability

Transparent and interpretable from input to output with a full reasoning chain.

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What developing responsibly looks like for this project

PHASE 1

Co-design with patients and clinicians

- Workflow-anchored discovery with ongoing patient and KOL advisory board engagements.
- Shape training data, intended use, policy, and guardrails on what the tool can and cannot say.
- Work out clear frameworks for governance.
- Perform red-teaming with vignettes.

PHASE 2

Constrained prototype and testing

- Understand real use cases and conversational flows.
- Understand model drift, workflow optimization, and risk mitigation.
- Develop detailed documentation for observability.
- Validate performance, safety, equity, patient understanding, and impact.

LAUNCH



PHASE 3

Maintenance, monitoring, and risk mitigation

- Maintain version history, change logs, and audit-ready documentation for governance.
- Update training data
- Periodically review whether guardrails, policies, and human oversight remain fit for purpose.
- Continuously retest and monitor model performance, safety, equity, and real-world use.
- Incorporate lessons from production into the next development cycle.

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The first wave of AI made healthcare systems smarter.

The next wave is making patients *wiser*.

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Thank You



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