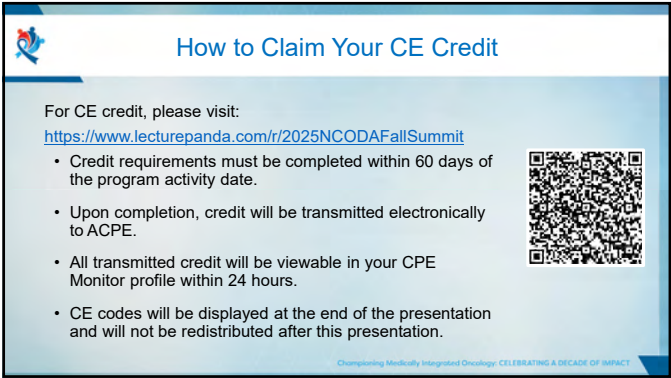




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OBJECTIVES

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1. Identify at least three ways digital tools improve patient agency in self-management.

2. Describe how survivor-driven digital health solutions address critical gaps in patient education.

3. Explain strategies for integrating digital patient support platforms into clinical workflows for patients.

4. Demonstrate understanding of how technology bridges communication gaps between patients and care teams while preserving the personalized approach.

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4

DISCLOSURES

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• The following relevant financial relationships from the past 24 months have been identified and disclosed for the following faculty and planners of this CE activity:

• Richard Boyajian, APRN-NP

- Vizlitics

• Samira Daswani

- MantaCares

• No relevant financial relationships from the past 24 months have been identified for the following speakers and planners of this CE activity:

• Mary Anderson

• Tahsin Iman

• Debra Shapert

• Caprina Tomlinson

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5

Healthcare's Digital Evolution

2000's
Paper to PC

2010's
The EHR & Mobile Revolution

2020's
The Pandemic Pivot

Today
Connected & Intelligent Care

6

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2

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- a. Education
- b. Time
- c. Technical tools
- d. Support

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[illegible]2025 NCODA INTERNATIONAL
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- EMR
- Excel
- Calendar
- App

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10

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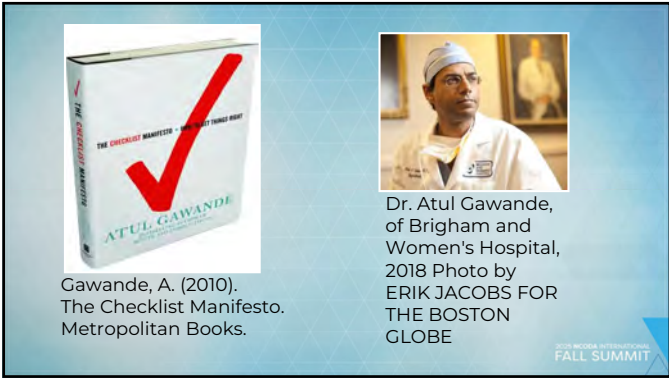
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15

Virtual Prostate Cancer Clinic

Goal

Adapt traditional care models & workflows to expand access to care

Clinical Decision Making Artificial Intelligence

Care Coordination Automation

Patient & Provider Communication

VPCC

16

ViPCare Model

Cancer Care Continuum

New Diagnosis Active Surveillance Active Treatment Post-Treatment Surveillance Long-Term Survivorship Metastatic

Active Care Follow-up Care

Unique Care States

OBJECTIVE: Build an AI computer model that matches patients to care states using only EHR data

RESULTS

- Total of 180 cases extracted from pt records and used by AI model to define and assign pts to care states
- ViPCare model correctly determined care state for 95% of all patients using Random Forest machine learning

FUTURE DIRECTIONS

- Sept 2025 received NCI SBIR Phase II grant (R44CA281547) funding for prospective multi site study of ViPCare
- Expand ViPCare Model to several solid tumor types (Head & Neck, GI, GU, Breast, Lung and Endometrial)
- Apply predictive care states model to individual monitoring modules (Checklist Manifesto) to ensure pts receive timely and top-quality care

Study Contact: Richard Ruggieri MD, Dana-Farber Brigham Cancer Center | NCI SBIR Program Grant Number R44CA281547

17

Photo courtesy of Richard Ruggieri

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18

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6

Patient Centric Digital Tools



Designed Around Patient Needs

In the context of the clinical experience & the patient's full-life

- Clear & Easy to Use
- Understandable to the patient in Language, Tone, Visuals, Interface
- Empowers Patients
- Promotes shared decision making

19

Not. Just. Me.



Monika, SAMIRA'S MOM
Managing Nutrition

Samir, SAMIRA'S DAD
Managing Information

Rohin, SAMIRA'S BROTHER
Managing Communication

Aiko, SAMIRA'S PARTNER
Managing the Home

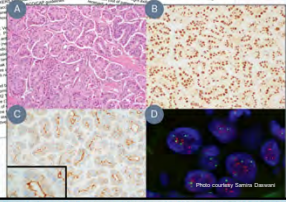
Samira, DAUGHTER- SISTER PARTNER
Guiding

Raghav, SAMIRA'S BROTHER
Managing Morale High

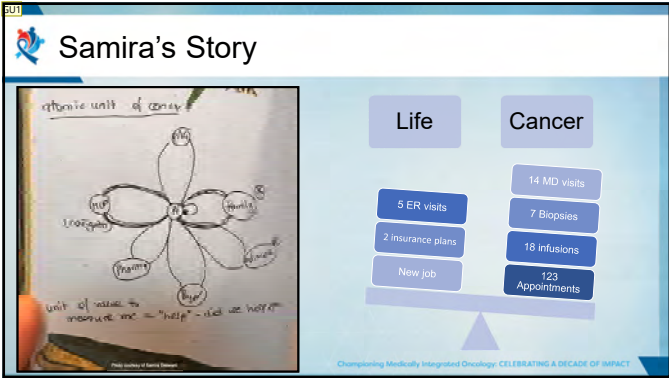
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Samira's Story

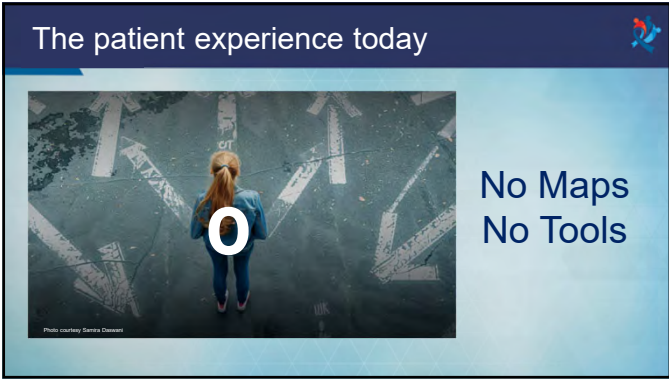
DATE	TEST
1/27/2020	Complement C4, Serum
1/27/2020	Surgical Procedure
1/23/2020	US BREAST RIGHT
1/21/2020	PET/CT TUMOR LOCALIZATION SKULL TO THIGH
1/21/2020	Glucose By Meter
1/15/2020	MR BREAST W AND WO IV CONTRAST BILATERAL
1/10/2020	US BREAST GUIDED CORE BIOPSY RIGHT
1/10/2020	Metabolic Panel, Comprehensive
1/10/2020	CBC with Differential
1/10/2020	Surgical Procedure



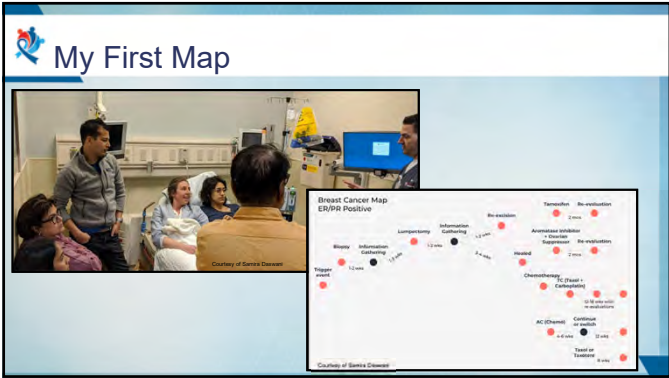
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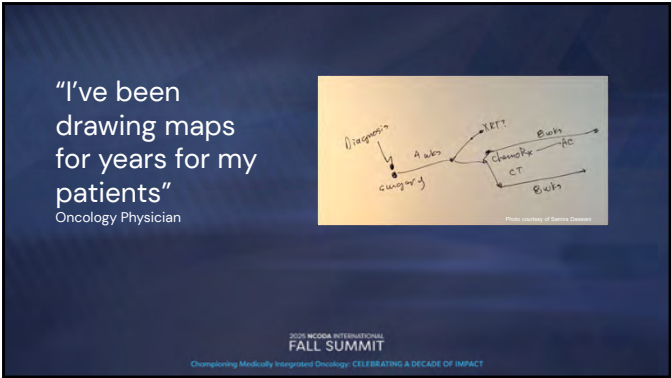
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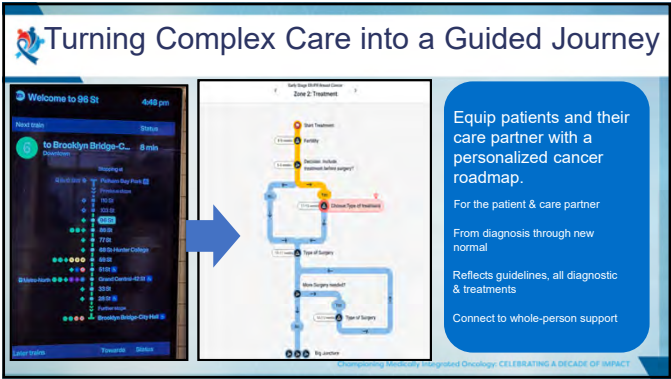
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26



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28

**Janice**
Oncology nurse, thoracic clinic, Ohio

Janice **works hard daily to find financial resources for her patients.**

Her clinic couldn't afford a social worker, so the burden fell on her.

She would work into the nights to aggregate lists of organizations – national & local.

It would sometimes **take her more than 45 minutes to find the right resource** to share with her patient.



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29

Josh
Oncology Nurse – Patient Intake Coordinator

Josh **prints patient education sheets** available at his institutions.

Over the years he learned that the PDFs weren't tailored to what the patients & their families really needed.

He would **highlight the important parts.**
He would work hard to put together new-patient binders.

Yet, his patients would come having **spent hours on "Dr. Google" or ChatGPT, with lots of questions, many of which were not relevant.**



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30

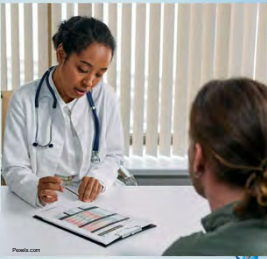
Mary

Nurse – Safety Net Hospital

Many of Mary's patients are **uninsured, don't have internet access, and not comfortable with digital platforms.**

They often **leave the clinic with stacks of papers and scattered notes,** struggling to keep track of appointments, medications, and symptoms.

Without a simple system, important **details were often lost – leaving patients anxious and unprepared for their next visit.**



31



Samira's personal manifesto

Live deliberately.
Create intentionally.
Lead with empathy.

32



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33

QUESTION 3

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Do you have a work culture where you feel comfortable introducing a new work idea?

a. YES

b. NO

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34

SUMMARY

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Digital Tools Transforming Survivorship Care

1. Enhance Patient Agency

- Empower self-monitoring, goal setting, and shared decision-making.
- Build confidence and ownership in your own care.

2. Bridge Education Gaps

- Survivor-driven platforms deliver personalized learning and pathways.
- Extend guidance beyond clinic walls.

3. Integrate Support Seamlessly

- Embed digital tools into workflows for efficient follow-up.
- Strengthen coordination among care teams and patients.

4. Preserve the Human Connection

- Use technology to improve communication, not replace empathy.
- Keep care personalized, compassionate, and patient-centered.



Closing Takeaway: *Technology doesn't replace the human touch — it amplifies it.*

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35

QUESTION & ANSWER

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Lived Experience, Lasting Impact:
Survivor Driven Solutions for
Patient Centered Care

Richard Boyajain
Dana Farber

Samira Daswani
MantaCares

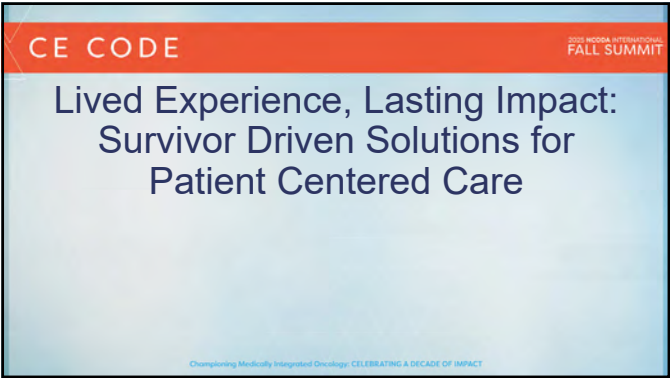
Caprina Tomlinson
Robert Wood Johnson

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36

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12



37
