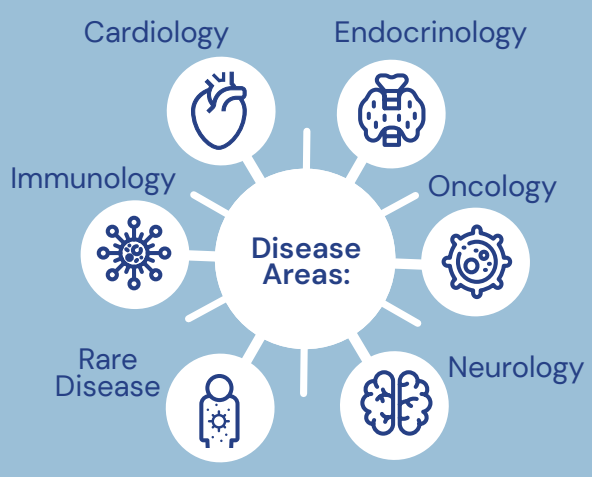
Explaining Validation of B-COMPASS

Showcasing diversity in B-COMPASS

Data Collection Settings:

- ★ Patient organisations.
- ★ Primary care centres.
- ★ Hospitals.

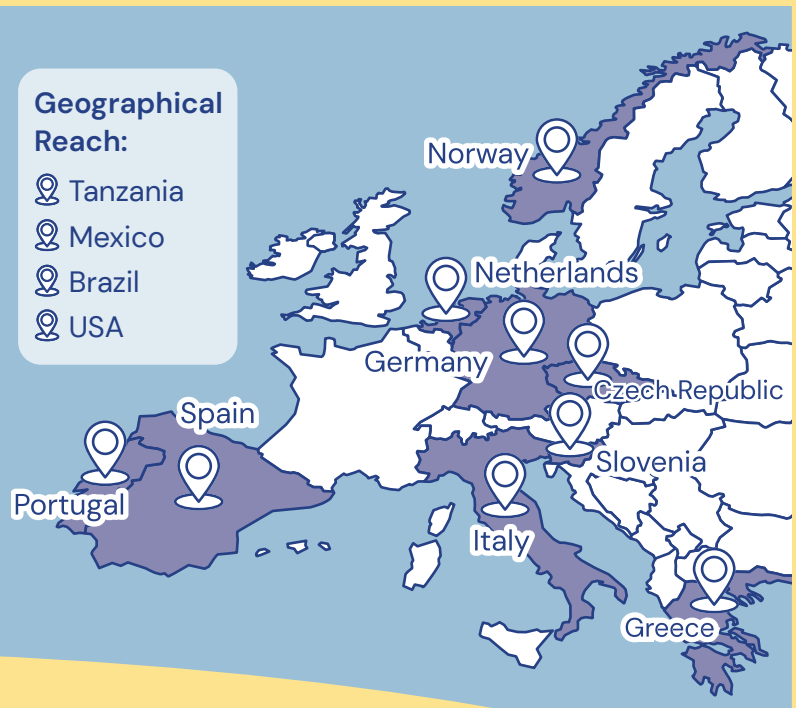


Participants:

- ★ 3,500 number of patients
- ★ 18 number of settings/ organisations

Geographical Reach:

- Tanzania
- Mexico
- Brazil
- USA



Study Design and Patient Participation

1 Initial Data Collection

- ★ Patients complete:
  - BEAMER questionnaire (capturing actionable behavioural factors affecting treatment adherence).
  - Adherence measurement.
- ★ Patients are assigned to a B-COMPASS group based on key behavioural factors. The grouping is based on:
  - Segmentation of actionable behavioural factors.
  - Predicted risk of non-adherence.

2 Randomisation

- ★ Patients are randomised into:
  - Intervention arm: receives standard care and enhanced engagement based on B-COMPASS group.
  - Control arm: receives standard care only.

3 Second Data Collection

- ★ Patients complete the BEAMER questionnaire again.
- ★ Adherence is re-measured to assess changes.
- ★ Contextual data collected (e.g., events affecting adherence).
- ★ Patients share their experience with enhanced engagement from healthcare providers, beyond standard care.

Data Collection and Patient Benefits

Purpose of Data Collection:

- ★ Validate the B-COMPASS.
  - Assess its accuracy in identifying patient needs and preferences.
  - Evaluate its impact on improving adherence across different diseases and settings.

Benefits for Patients:

- ★ Intervention group:
  Personalised support from healthcare providers.
  Focus on individual needs and preferences.
- ★ Both groups:
  Contribute to research that improves health outcomes.
  Help prevent hospitalisations and premature deaths by improving treatment adherence.

Long-Term Impact:

- ★ Evidence-based insights to design better patient support systems.
- ★ Improved adherence leads to better quality of life and lower healthcare costs.

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