

Background & Need

ADRD affects 6.7 M in US and 13.2 M by 2050.

11.4 million caregivers provide \$339.4 B unpaid care annually.

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Caregivers experience high stress, anxiety, and burnout, leading to decreased patient well-being.

Current care plans lack adaptability, making it difficult for caregivers to adjust daily care strategies.

Scientific Goals

Goal: Develop a candidate digital biomarker for patient agitation from physiological and behavioral time series.

Objectives:

- 1. Extract candidate digital biomarkers from wearables and smart home sensors.
- 2. Develop AI classifiers to predict patient agitation and caregiver well-being.





Towards an AI-based Care Plan for ADRD Caregiver-Patient Dyads

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MassAITC AD/ADRD Focus Pilot Core







- 22 dyad target enrollment for a 6-month study at OPAPA, Puerto Rico.
- Data sources: REDCap, Fitbit wearables, and SmartThings home sensors.
- Machine Learning Analysis: Developing classifiers for patient agitation and caregiver wellness.
- Smart Sensors Smart Bulbs, motion sensors, door/contact sensor, plugs
- Patient Questionnaires (QoLS, etc.)
- Caregiver Questionnaires (QoLS, etc.)
- Remote Cognitive Assessments: M2C2 (Figure 6 and 7)



Figure 6 and 7 M2C2 Game Examples



Figure 8: UMass Visit to SJU, PF (January 2025) for installation training.



Q2/Q3 2025: AI model development expected to initiate (subject to sufficient data obtained).

March 2025: 7 dyads enrolled, 7 home kits installed.

Milestones

April 2025: NIH STTR Phase I submission for productizing home sensor kit.

> January 2025: First dyads enrolled and **UMass Team Visit to** SJU, PR (Figure 8).

NIH

National Institute on Aging



Pilot Project Highlights

• 7 dyads enrolled (03/25); 7 kits installed (Figure 2) within 2.5 months of beginning official recruitment.

• See illustrative screenshots of the dashboard being monitored at the UMass-Amherst mHealth Lab. The right panel shows a seven-day time frame, the left, a 24-hour time frame. Both clearly show diurnal patterning in the smart home data, consistent with the data we're aiming to capture (Figure 3).

• Enrolled dyads seem enthusiastic about using Fitbit wearable.

• Opportunity to turn experimental data gathering sensor+ home kit into an actual product (e.g. *Home Care Monitoring Kit)*.

Next Steps

- Submit STTR Phase I to begin productizing potential innovation.
- Build data pipeline and infrastructure; scale up AI classifiers.
- Launch test of productized Home Care Kit connected to the EC Safety EHR.
- Prove feasibility to scale kit installation and production.
- Pursue licensing agreements as needed for memory games (M2C2, etc.), SmartThings/Samsung, and Qualtrics (to replace REDCap functionalities).

Concluding Remarks and Future Directions

Deployment of smart home kits seems feasible.

- Installed kits and mobile notification systems currently being tested have the potential to integrate to EC Safety through APIs.
- Future expansion may explore clinical trial applications,
- commercialization, and regulatory pathways.
- Validate findings across ADRD populations.
- Establish a data-driven feedback loop for real-time intervention and

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