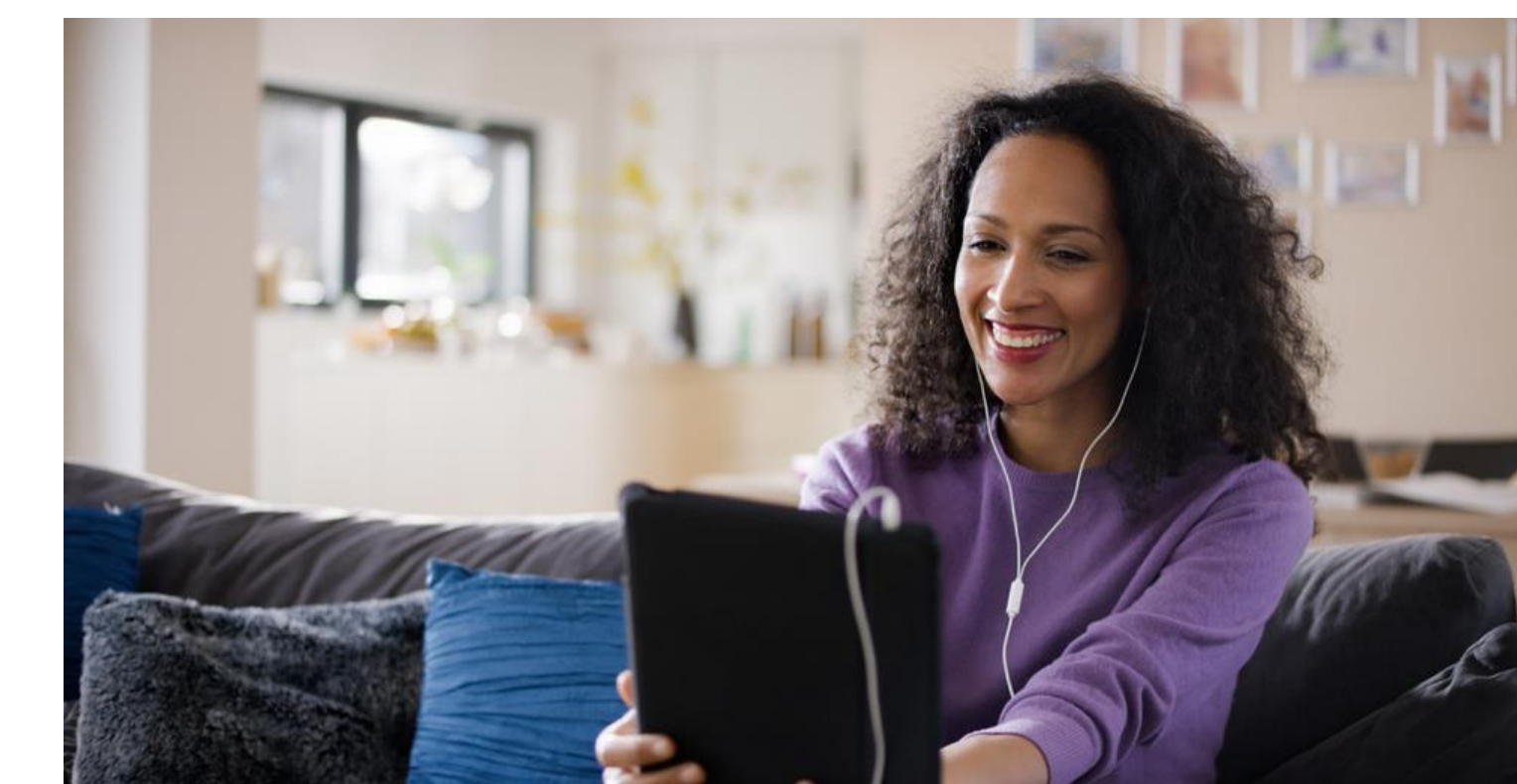


CompendiRx: A Patient-Centered Digital Platform for Long COVID and Other Work-Limiting Conditions

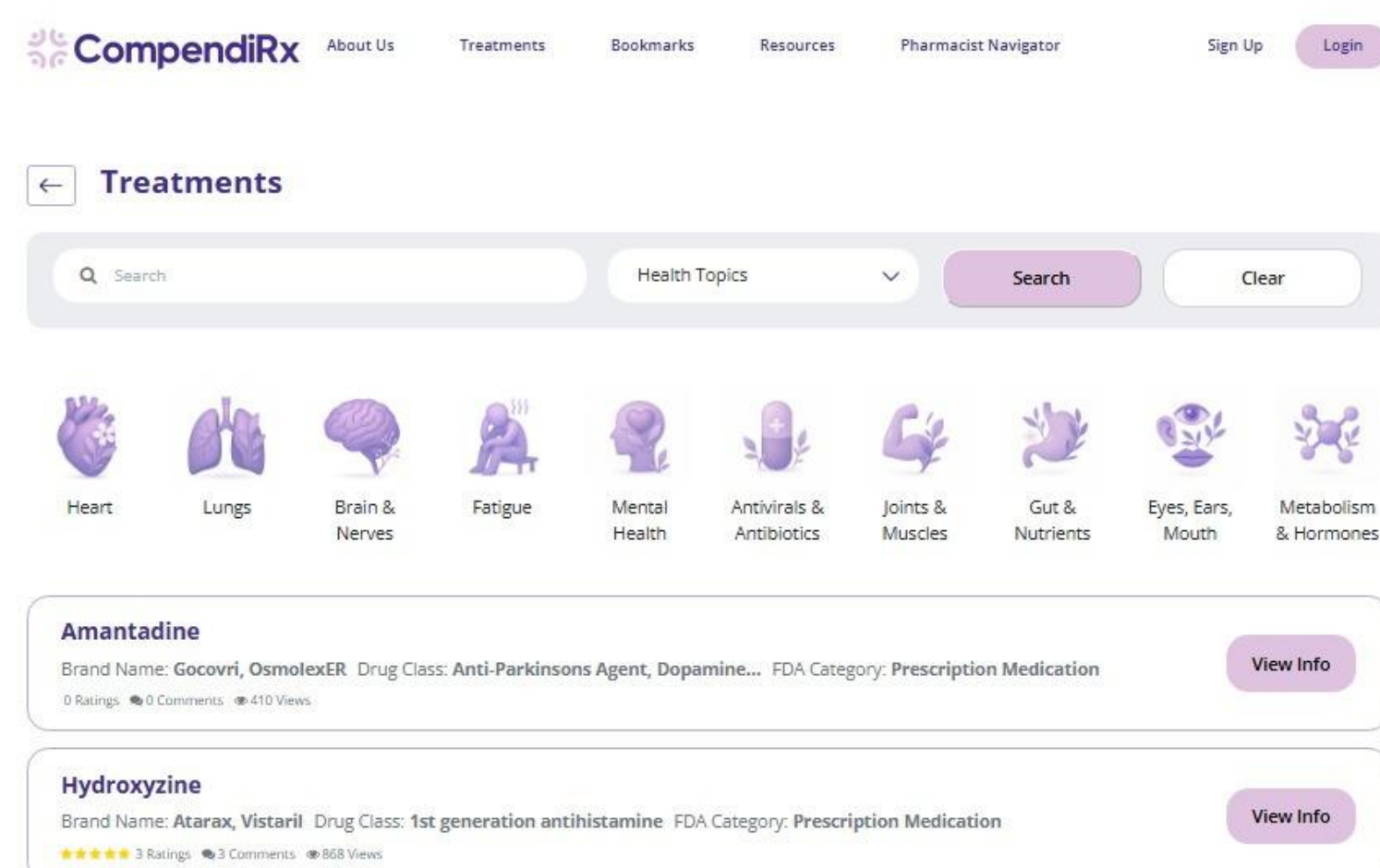
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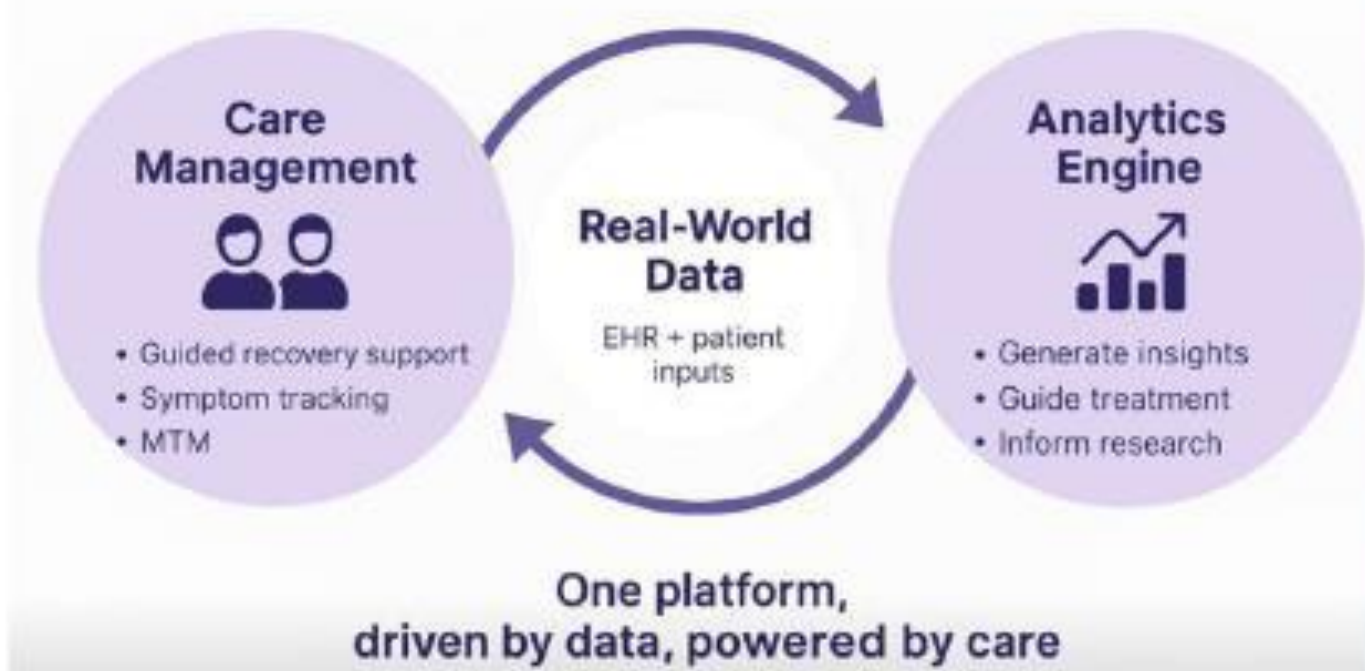


ABSTRACT

Rising work-limiting disability from conditions such as long COVID, mental and cognitive health disorders, and other chronic illnesses is straining both health systems and employers. Patients, providers, and employers report parallel barriers to recovery, equity, and workplace adaptation. Long COVID, a leading driver of work disability, is a chronic, multisystem condition with >200 reported symptoms but no standardized treatment or diagnostic pathway. Patients experience delayed diagnosis, fragmented care, and significant financial and psychosocial strain. Digital exclusion, racial and geographic disparities, and limited patient voice in innovation exacerbate these inequities. Many current digital tools for this population lack strong evidence or evaluation. There is a growing need for digital tools tailored to cognitive, physical and social barriers, that can improve navigation and shared decision-making.



CompendiRx is a digital platform created to bridge these gaps through user-centered design and adaptive AI. It aims to integrate AI-driven recommendations, real-world data, and continuous user feedback to support precision, equity, and inclusion in Long-COVID care and other work-limiting conditions.



Clinical Insight – Human-guided care navigation from pharmacists and cognitive therapists supports medication optimization and recovery.

AI Intelligence – Predictive analytics personalize care plans, visualize outcomes, and surface intervention opportunities.

RWE Integration – Structured, de-identified data creates continuous learning loops and enterprise-level insights for providers, employers, and researchers.

This poster presents an IRB-approved needs assessment study, performed by CompendiRx. HITLAB research team performed analysis of this qualitative mixed-methods research to understand patterns and inform the development of the CompendiRx platform.

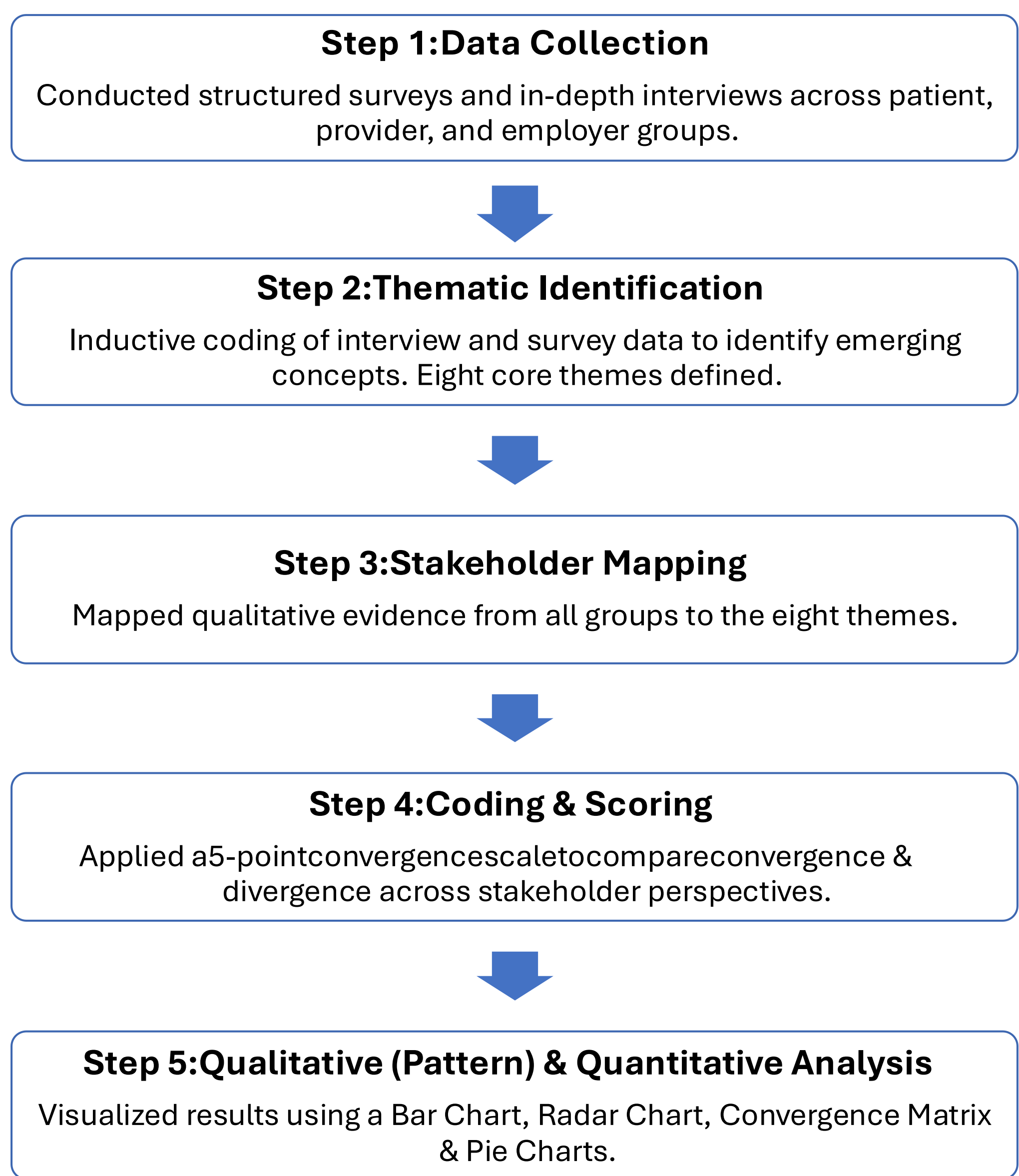
OBJECTIVES

- To co-design and evaluate CompendiRx, a digital health platform that empowers Long-COVID patients and providers through AI-driven treatment navigation, real-world data integration, and equity-focused usability.
- To generate multi-stakeholder evidence—from patients, providers, and employers—using mixed-methods and participatory research to guide inclusive design, improve accessibility, and strengthen trust in digital health innovation.

RESEARCH METHODOLOGY

Study Design: Mixed-methods design combining interviews and surveys to capture stakeholder perspectives on Long-COVID care and digital health tools.

Stakeholder Groups: Patients(n=8); Providers(n = 5); Employers/HR Leaders (n = 2); **Total Sample: 15 participants**

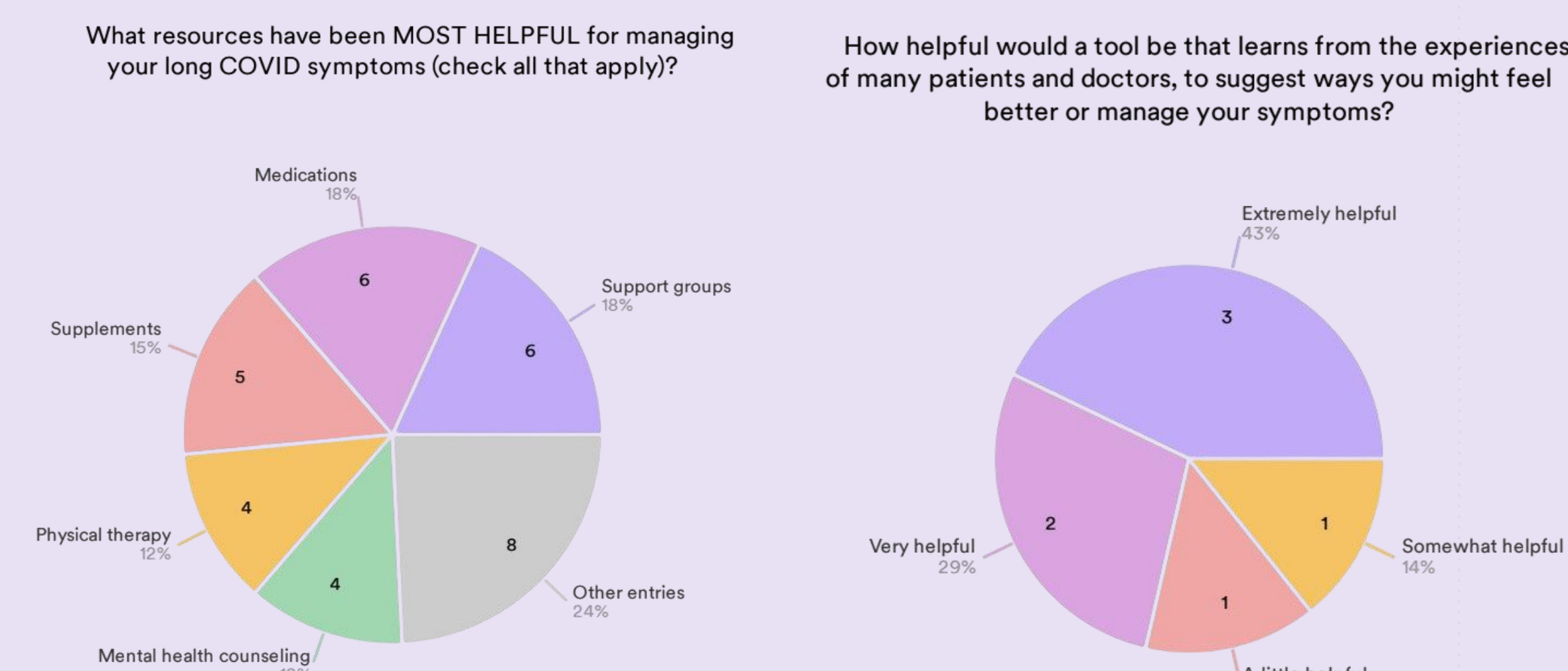


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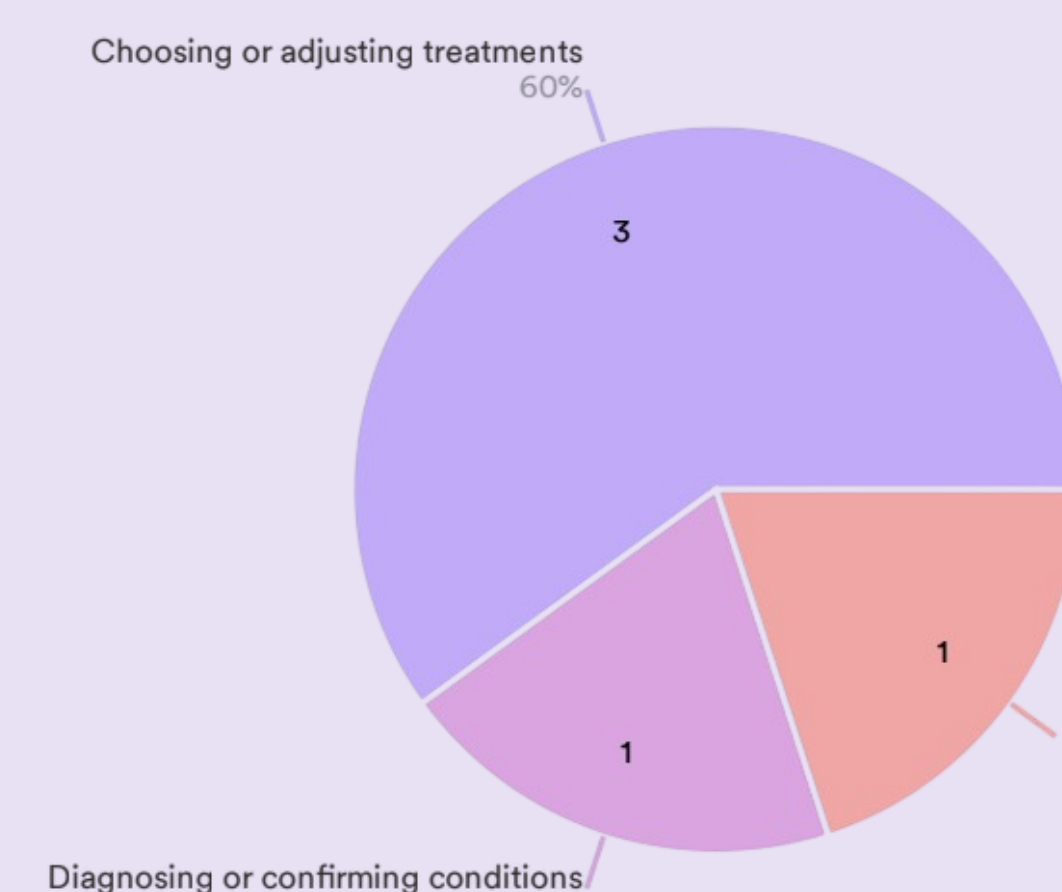
RESULTS

Patient Survey Data



Provider Survey Data

What types of decisions would benefit most from having this kind of patient-reported data over time?

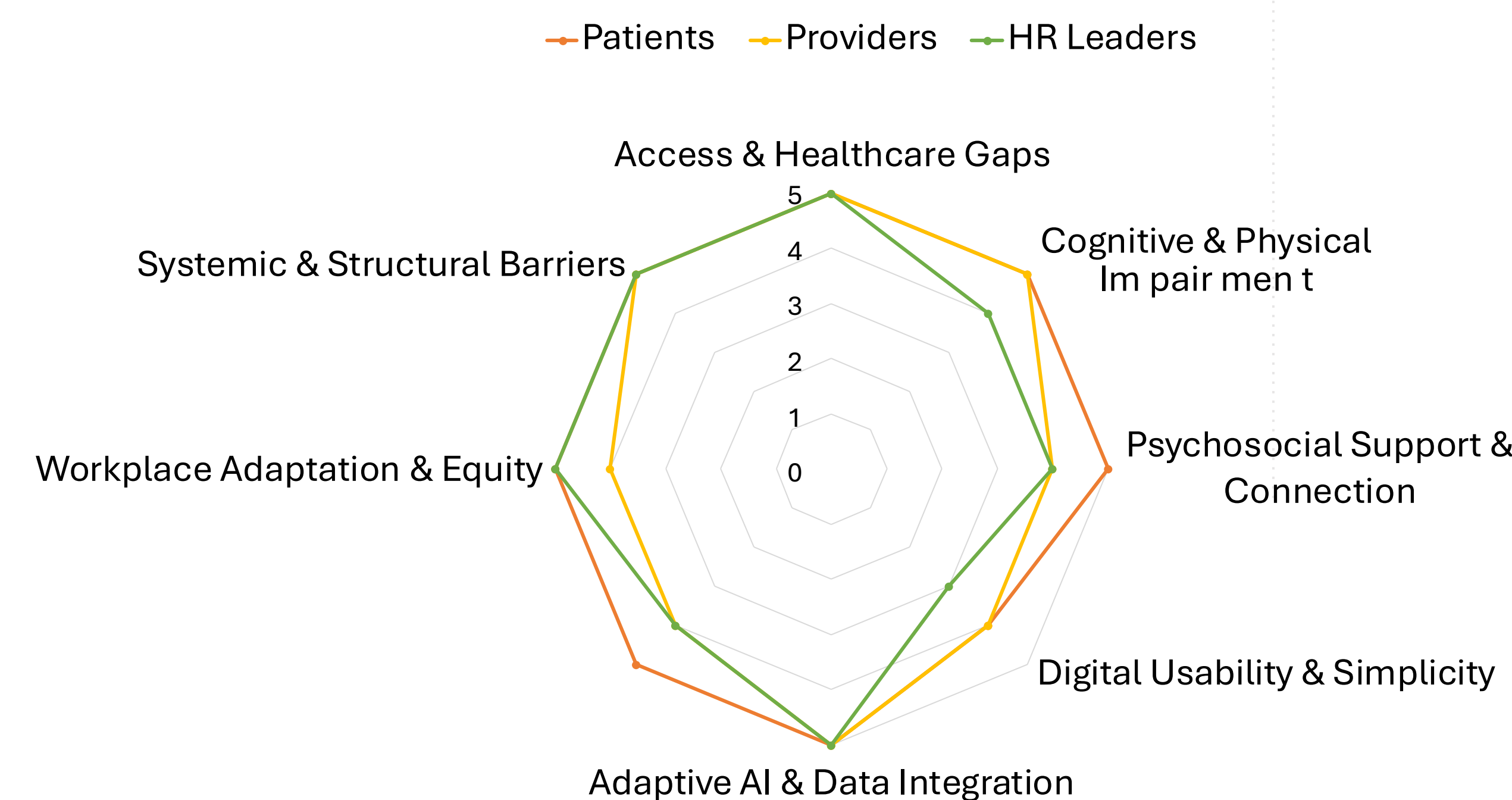


Radar Map Summary

Radar analysis showed strong cross-group alignment. Overall, all groups shared core priorities with minor variation in usability focus.

High convergence	Moderate convergence	Lowest alignment
• Access & Healthcare Gaps, Adaptive AI & Data Integration, Systemic & Structural Barriers.	• Cognitive & Physical Impairment, Psychosocial Support, Trust & Co-Design, Workplace Equity.	• Digital Usability & Simplicity.

Stakeholder Convergence Radar – Long COVID Themes



CONCLUSIONS

- The CompendiRx platform exemplifies evidence-based co-design that bridges patients, providers, and enterprise stakeholders.
- The study shows strong agreement among patients, providers, and employers on the need for equitable access, adaptive AI, and systemic support in this initial Long COVID use case. It highlights minor differences in usability and psychosocial priorities, underscoring the importance of flexible, user-centered design.
- Overall, the findings validate CompendiRx as an inclusive, data-driven platform that enhances trust, coordination, and recovery outcomes.**

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