

# How to use this resource

Use these predictions, examples, unknowns, and ripple effects to initiate and inform conversations internally and with partners across the health care ecosystem about the future of NDD care.

As you explore these predictions, there are two things to keep top of mind:

- Some predictions below are rosy, some less so. Consider the ripple effects that may create challenges and unintended consequences even from positive advancements.
- 2 Some predictions may seem speculative—that's by design. Consider the unknowns that will impact which trends and innovations develop or which barriers the industry is and isn't able to overcome.

# Major themes

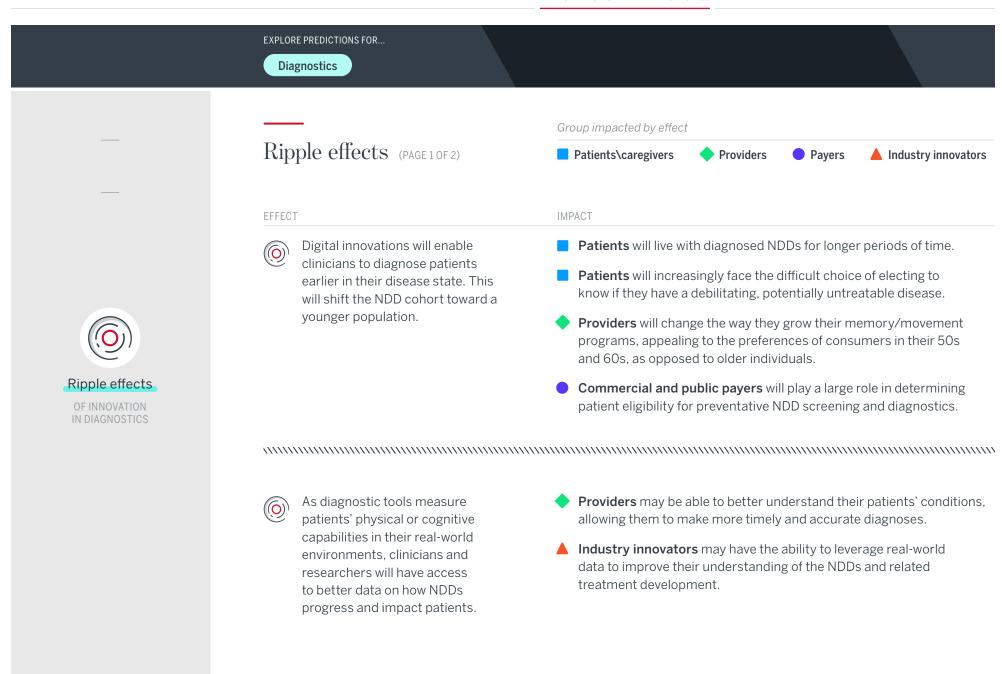
As we considered the potential ripple effects from innovations in NDD diagnosis, treatment, and care management, we identified four overarching themes. All segments of the NDD industry must keep these themes in mind as they design, plan for, and implement innovations in the coming years.

Click on each theme to see an expanded view.

INNOVATIONS AND PREDICTIONS **EXPLORE PREDICTIONS FOR...** Diagnostics Prediction 1 Digital evaluation tools using innovations such as virtual reality and passive monitoring will become the standard of care to enable more timely, standardized, and reliable diagnoses. 

INNOVATIONS AND PREDICTIONS **EXPLORE PREDICTIONS FOR...** Diagnostics Neuroimaging will frequently leverage AI and ML to identify Prediction 2 patterns in, and advance our understanding of, NDDs. 

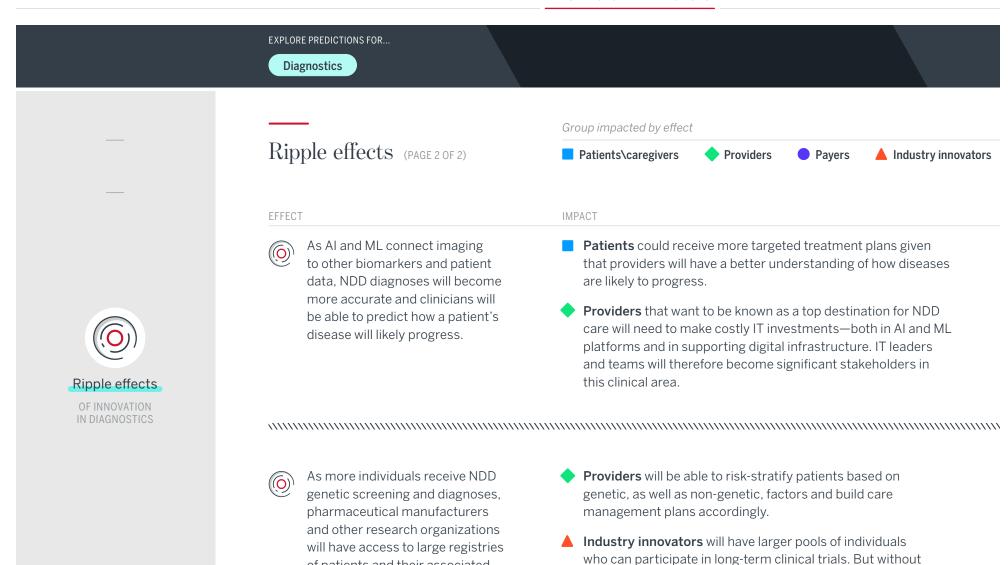
INNOVATIONS AND PREDICTIONS **EXPLORE PREDICTIONS FOR... Diagnostics** Patients and their providers will use genetic testing in many cases to understand their risk of developing neurodegenerative disorders. Prediction 3 



dedicated attention to screening a diverse array of patients,

innovations that leverage this data will only be useful for a

segment of the NDD market.



of patients and their associated

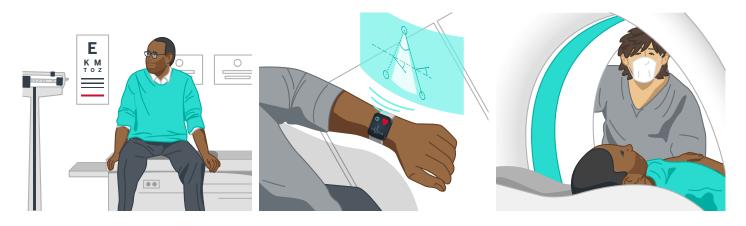
genetic risk levels.

**EXPLORE PREDICTIONS FOR...** 

Diagnostics

### Meet Carl

Sample diagnostic journey for a patient in 2030





Meet Carl

A SAMPLE
DIAGNOSTIC JOURNEY

Carl (age 50) finds out that his mother is diagnosed with Parkinson's disease.

He talks with his primary care physician (PCP) and decides to order a genetic test. The test shows that Carl is at a high risk of developing Parkinson's disease later in life.

Carl starts using an app on his smart watch to measure and monitor changes in his movement, like degree of arm swing or tremors.

By the time Carl is 56, he isn't showing any obvious symptoms of Parkinson's. However, the smart watch shows that Carl's degree of arm swing has decreased steadily over time.

Carl's PCP refers him to a neurologist, who orders imaging exams that show signs of neurodegradation. Carl is diagnosed with Parkinson's disease at an early stage, before he shows major symptoms.

Leveraging AI, Carl's provider can predict when Carl will start seeing major symptoms and which symptoms he is likely to have, helping to inform future treatment and care management choices.

# INNOVATIONS AND PREDICTIONS **EXPLORE PREDICTIONS FOR...** Treatment Prediction 4 While we still won't have a cure for common NDDs, there will be multiple disease-modifying therapies available to slow the progression of both Alzheimer's and Parkinson's diseases.

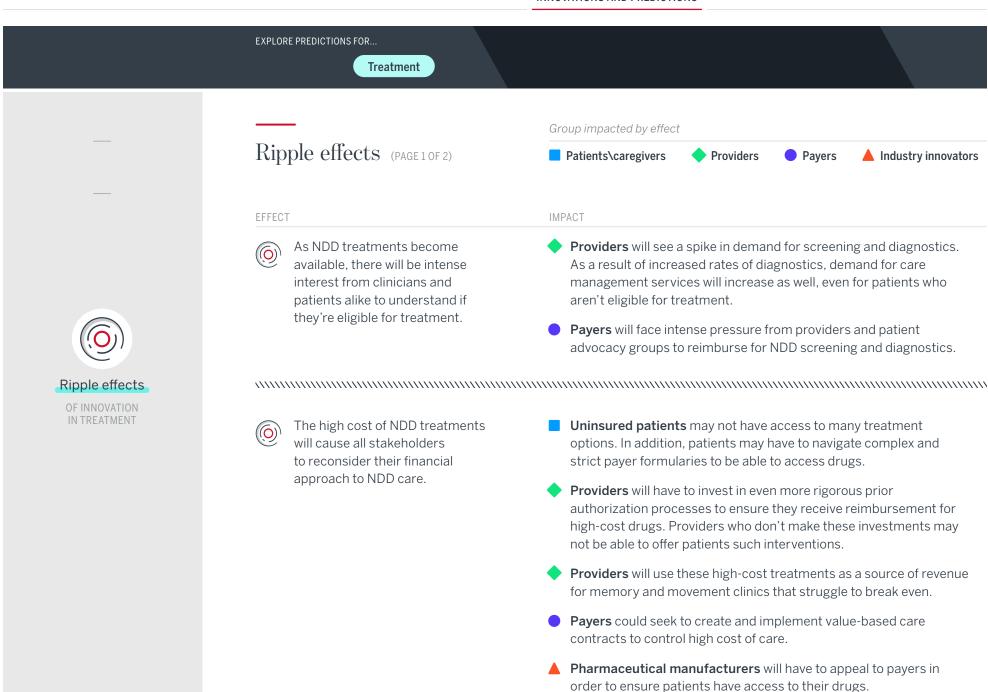
Treatment

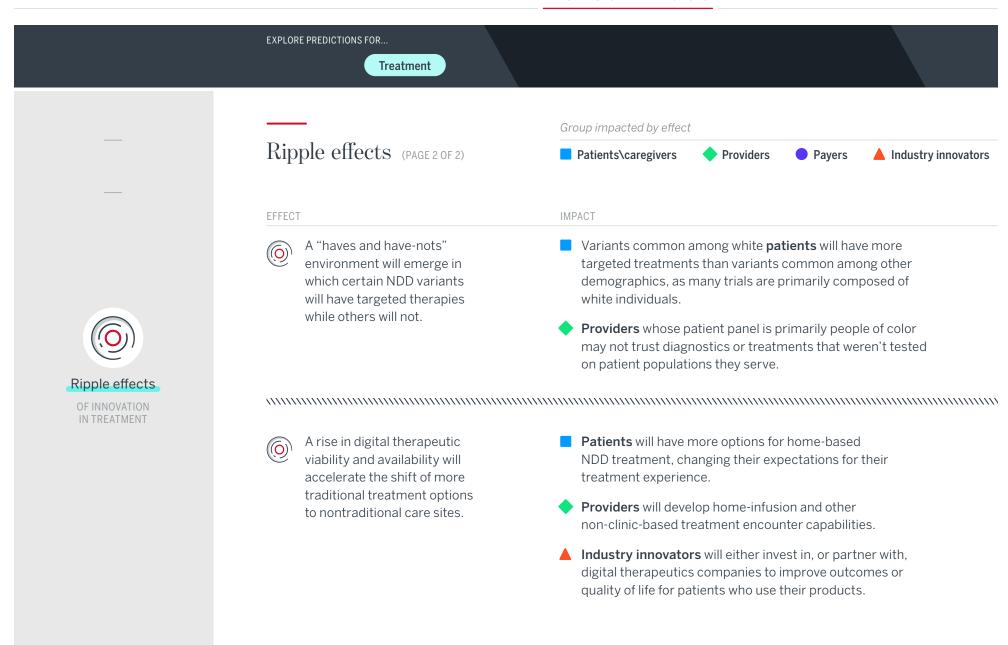
Treatment

Prediction 5

Patients with NDDs will be sub-classified based on variants of their disease. These variants will be common factors in therapy choice, and will be the next frontier for R&D.

	INNOVATIONS AND PREDICTIONS
	EXPLORE PREDICTIONS FOR  Treatment
——————————————————————————————————————	Advancements in digital therapeutics will put non-pharmaceutical interventions on pace with other therapies that improve quality of life or modify disease.



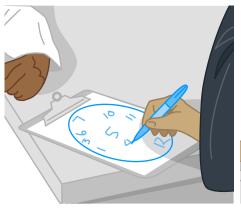


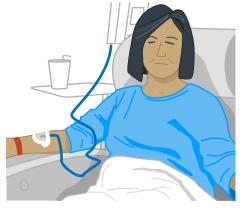
**EXPLORE PREDICTIONS FOR...** 

Treatment

### Meet Sonia

Sample treatment journey for a patient in 2030









Meet Sonia

A SAMPLE
TREATMENT JOURNEY

Sonia (age 67) is diagnosed with Alzheimer's disease. She exhibits only minor symptoms.

Sonia's doctors run a number of tests and determine that she has a particular, highly treatable variant of Alzheimer's early in its disease progression. Sonia begins monthly infusions, at an infusion center in the nearest city, that aim to slow the progression of her disease.

While this course of action works for Sonia's friend who lives in the city, Sonia lives a 3-hour drive from the nearest infusion center. This makes receiving treatment a major disruption to Sonia's life.

Sonia chooses to stop the infusion treatment because of the long drive to the nearest infusion center.

Instead, Sonia and her neurologist opt for a visual-auditory treatment that she uses once a day for 15 minutes at home to slows her disease progression.

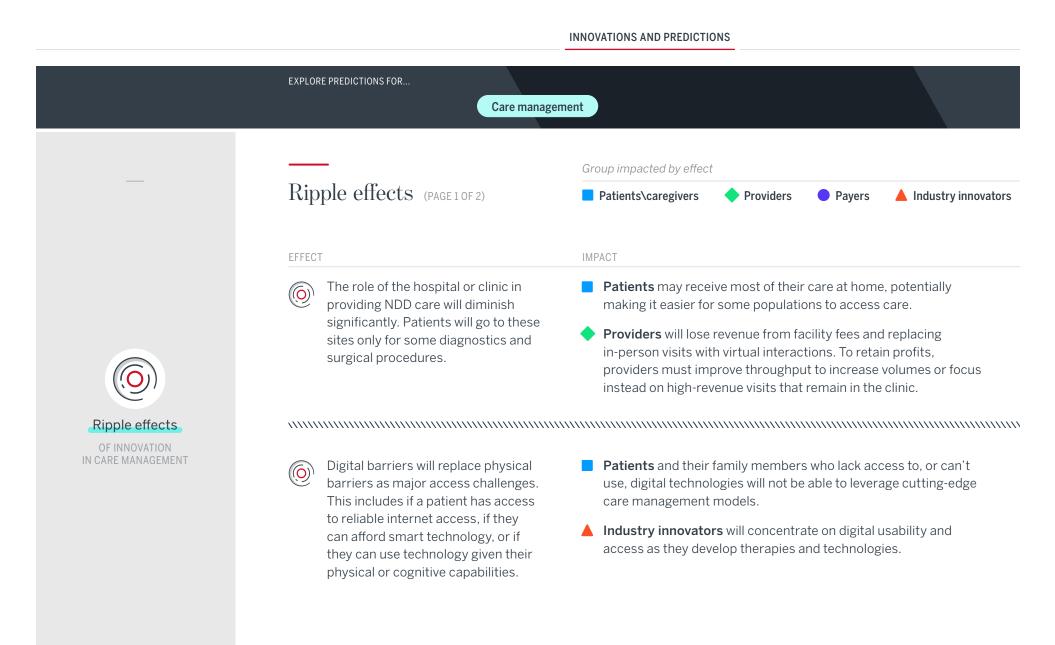
EXPLORE PREDICTIONS FOR...

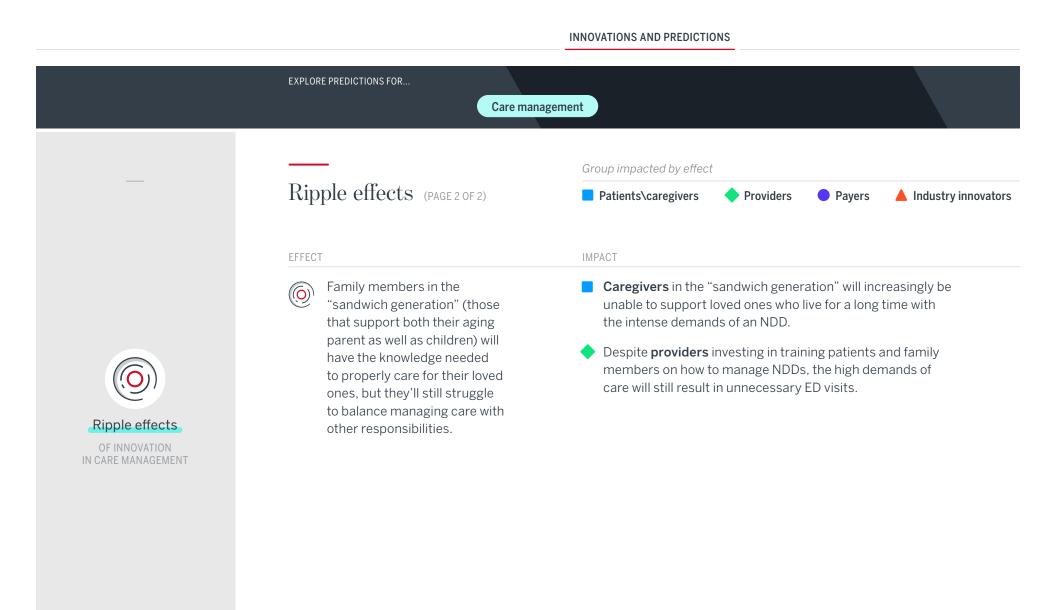
Care management

### Prediction 7

Aided by a proliferation of digital tools and home-based services, more patient care will occur in the home longer into a patient's disease progression.

INNOVATIONS AND PREDICTIONS **EXPLORE PREDICTIONS FOR...** Care management Family members will continue to provide most NDD care, Prediction 8 though they will have more tools and support to help them to manage their loved one's condition effectively. 





**EXPLORE PREDICTIONS FOR...** 

Care management

### Meet Vera

Sample treatment journey for a patient in 2030









A SAMPLE CARE MANAGEMENT JOURNEY

Vera (age 79) is diagnosed with Alzheimer's disease, having moderate cognitive impairment.

Vera's provider connects her with a case manager who educates her and her son, Brian (age 50) on how to manage the condition. Despite her cognitive impairment, Vera is able to remain at home because Brian can manage most issues that arise himself.

Vera continues to check in every few months with her PCP via virtual visits.

As Vera's cognitive function declines, Brian must play a more hands-on role in his mother's care. However, he finds this difficult as he also has a teenage son and must take time off work to care for both.



# Parting thoughts

It's clear that the 2020s will be a decade of immense change for the NDD market. But while digital and clinical innovations hold the potential to transform millions of lives for the better, the industry can't lose sight of the potential ripple effects—both positive and negative. On the following pages are the overarching themes we identified in the beginning of this report. With the statements and predictions in mind, consider how each theme impacts your strategy and the role you play in supporting patients with NDDs.

# Questions

### For supplier/service innovators

- 1 The NDD patient population will become younger.
  - How are we planning to appeal to the new demands of a younger NDD cohort?
  - How will the idea of patients living with their NDD for longer periods of time impact how they interact with our innovations?
- Without targeted solutions, barriers to care will exacerbate health inequities.
  - How can we ensure individuals in traditionally underserved populations will be able to benefit from our innovations?
  - How can we ensure individuals with cognitive or physical impairments will be able to leverage our innovations independently?

- 3 Accessible innovation in diagnostics, treatment, and care management are necessary to overcome patient hesitancy to seek care.
  - How can we encourage consumers to interact with their disease despite their potential fears and hesitancies?
  - How can we ensure that patients can and want to use or access our innovations?
- 4 Payers will play a more prominent role in decision-making.
  - How are we planning to prove the value of our innovations to both public and private payers?
  - How will an increase in the amount of care that private payers must cover impact who has access to our innovations?

# Questions

## For provider innovators

- 1 The NDD patient population will become younger.
  - How are we planning to appeal to the new demands of a younger NDD cohort?
  - How may a potential change in payer mix impact the financial viability of our memory or movement center?
- Without targeted solutions, barriers to care will exacerbate health inequities.
  - How can we improve our outreach and extend care to traditionally underserved individuals in our community?
  - Are our innovative care models and processes accessible to patients across different racial, cultural, and income segments?

- 3 Accessible innovation in diagnostics, treatment, and care management are necessary to overcome patient hesitancy to seek care.
  - How can we encourage our patient population to interact with their diseases despite their potential fears and hesitancies?
  - How can we make our primary care physicians more comfortable with proactively talking to patients about their neurological health?
- Payers will play a more prominent role in decision-making.
  - Do we have the IT capabilities to gather, analyze, and report data on the cost and quality benefits of our program to payers?

#### **ENDNOTES**

- "Self-Reported Dementia-Related Diagnosis Underestimates the Prevalence of Older Americans Living with Possible Dementia." Journal of Alzheimer's Disease. June 29, 2021.
- "Virtual reality can spot navigation problems in early Alzheimer's disease," University of Cambridge, May 24, 2019.
- Gavidia M, "Apple Watch Effective in Monitoring Symptoms of Parkinson Disease," The American Journal of Managed Care, February 8, 2021.
- "Digital Health Consumer Adoption Report 2019," Rock Health, 2019.
- "AMA digital health care 2016 & 2019 study findings," American Medical Association, 2019.
- 6. "3rd Annual Optum Survey on Al in Health Care," Optum, 2020.

- Jaffee M, "New AI tool to be tested in NIH-funded study to improve diagnosis of Parkinson's and related disorders," UF Health, March 18, 2021.
- 8. "APOE4 disrupts intracellular lipid homeostasis in human iPSC-derived glia," *Science Translational Medicine*, March 3, 2021.
- 9. "Budget of the U.S. Government Fiscal Year 2022," Office of Management and Budget, 2021.
- 10. Eshaghi A, et al., "Identifying multiple sclerosis subtypes using unsupervised machine learning and MRI data," *Nature Communications*, April 6, 2021.
- 11. "The Future of the Precision Medicine Market: 2019 Study Results." Definitive Healthcare, 2020.
- 12. "Cognito Therapeutics Announces Positive Phase 2 Results

- as First Digital Therapeutic to Improve Memory, Cognition, Functional Abilities and Reduce Brain Atrophy in Alzheimer's Disease," Business Wire, March 9, 2021.
- 13. "Most Retirees Prefer to Stay Put," AARP, October 10, 2018.
- "Abbott introduces Neurosphere virtual clinic, first-of-its-kind remote neuromodulation patient-care technology in the U.S.," Abbott. March 8, 2021.
- 15. "From Virtual Care to Hybrid Care: COVID-19 and the Future of Telehealth," Amwell, 2020.
- "We've entered an unprecedented market for aging in place," Rock Health, September 8, 2020.
- Kavilanz P, "The US can't keep up with demand for health aides, nurses and doctors," CNN, May 4, 2018.

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