The process

Prior to the start of formative usability testing, the team conducted a use-related risk analysis and intended use scenarios were outlined as described in the use specification. Koneksa product developers followed human-centered design principles and made changes and enhancements to:

- Patient-facing app interface
- New tasks to be performed by patients
- Assessment schedule
- Hardware and firmware

The situation

The Koneksa Neuroscience Toolkit implements digital mobile assessments via sensor-based digital health technologies (sDHTs), supporting point-in-time measurements on a smartphone. The measurements capture motor and non-motor disease-related data collected directly by patients.

A version of the Koneksa Neuroscience Toolkit was configured to collect data from patients with early stage Parkinson's Disease (PD). This version of toolkit development necessitated a new round of usability testing.

The impact

The team used formative usability testing to evaluate use-errors, sDHT risk, and usability to ensure intended usage under the expected conditions (early PD). Testing included:

- Participant monitoring by observers occurred in the clinic as well as at the participant's homes, in-person and through video observation.
- A coded observation system was used to evaluate correct usage among participants on standard of care (Levodopa) vs. participants not taking symptom treatments.
- The same system applied to participants with low vs. high technology experience level.

Consistent with the usability validation component of DiMe's V3+ framework, the findings from formative usability testing will be applied to the Neuroscience Toolkit-PD in upcoming summative usability testing. The toolkit will be continuously assessed for updates and improvements, as recommended for an iterative software development lifecycle.