

RxRadar

Tracking your meds. Keeping you safe.

Bikram Khaira, Kevin Chow, Kelsey Ryan, Pauline Ranjan 8/4/2025



OUR TEAM





Kevin Chow

- Project Manager
- End-to-End App Implementation
- AWS Design
- Data Engineering
- Model Evaluation



Pauline Ranjan

- Al Engineer
- Model Evaluation
- EDA
- Data Engineer
- Product Manager



Kelsey Ryan

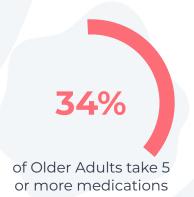
- Product Manager
- EDA
- Al Engineer
- Model Evaluation
- Technical SME



Bikram Khaira

- AWS Design
- Data Engineering
- Technical SME
- End-to-End App Implementation

THE PROBLEM



25%

of Older Adults see at least 5 different doctors each year Older adults and caregivers struggle to track multiple medications across fragmented healthcare systems — leading to missed drug interactions, duplicate prescriptions, and preventable harm.

Older Adults are

4 to 7x

more likely to be hospitalized due to medication issues



INITIAL EXPERT & USER RESEARCH





PCP & PHARMACIST

- Fragmented care and medication management (duplicates, interactions) are real concerns
- Their advice: Provide info that's simple, clear, and free of medical jargon



OLDER ADULTS AND THEIR CAREGIVERS

- Medication management is key
- One shared past experience with overlapping side effects
- Digital comfort varies simplicity is essential

MVP DEMO

USER INPUT:
Drug/Brand
names, Dosage,
Frequency

BRAND TO DRUG MAPPING



PLAIN TEXT ALERTS

RxRadar reduces worry by catching drug duplicates and interactions.











Up to 50% of adverse drug events are preventable

Annually: 3.5M doctor visits 1M ER visits 125K hospital admissions



GERIATRIC PATIENTS

87% found with duplicate medications

5% of hospitalizations due to drug-drug interactions



FINANCIAL & OPERATIONAL

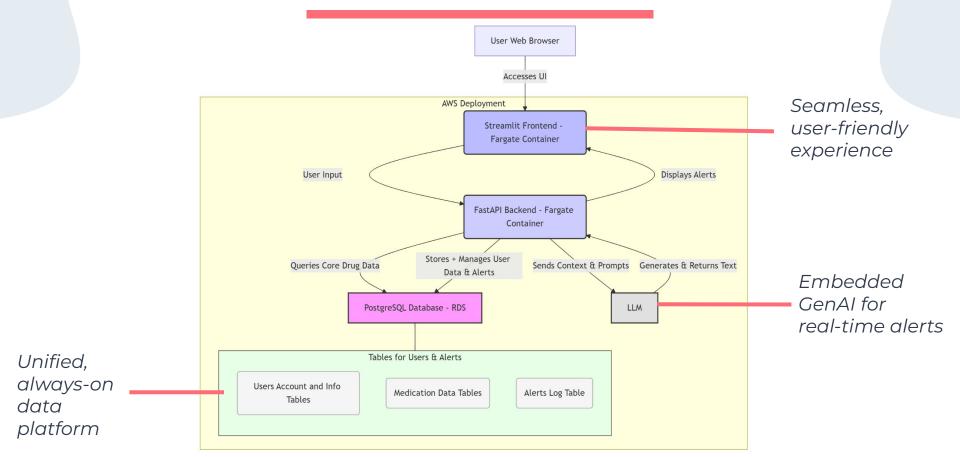
Over \$8B in medical expenses annually

Less Strain via
Prevented
Doctor Visits,
Hospitalizations, and
Lab Work

MARKET LANDSCAPE

	Drug Interactions	Drug Duplicates	Patient Facing	Cross Provider	Plain Text Alerts
First Databank	✓	✓	×	×	×
MedAware	✓	×	×	×	×
Epic CDS	✓	✓	×	×	×
Medisafe	✓	×	✓	✓	×
DrFirst	✓	×	×	X	×
RxRadar	✓	/	/	/	✓

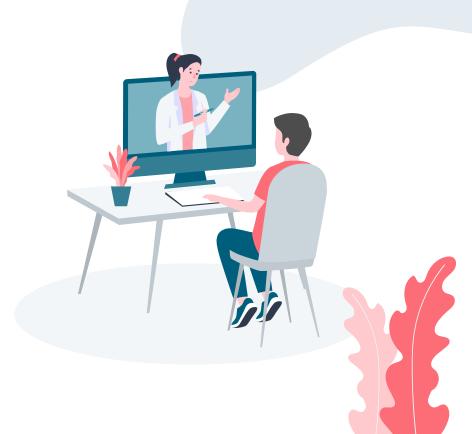
UNDER THE HOOD: OUR ARCHITECTURE



OUR DATA SOURCES

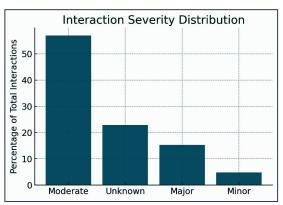
The Right Data for the Right Problem
Our Primary Data Sources:

- DrugBank drug features and curated drug interactions & details
- 2. TWOSIDES real-world side effect signals
- **3.** DDInter clinical severity of drug interactions ranked by experts
- 4. RxNorm API product and brand names



EXPLORING OUR DATA

1. Dataset covers common high-risk medications taken by older adults



2. Severity distribution confirms focus on high-risk alerts is appropriate

Data supports geriatic patient use cases

Clean data supports reliable, clinically-relevant alerts

EDA + Market Research: Plain text alerts are not only possible but in demand

OUR FINAL DATA TABLES

Clean, Purpose-Built Tables for the App

brand_to_drug_mapping

Brand names mapped to their active ingredients spellcheck

Full list of brand and drug names

Model_data (100K Drug Pairs)

Drug features, interaction data, severity, side effects

OUR BASELINE

Initial Baseline Outputs

 Started with raw outputs from a generic prompt and limited context.

Baseline

Eval Design

Metrics

Baseline Eval

Refinement

Final Eval

Interaction Alert for Lepirudin and Bivalirudin:

- Severity: Major
- ATC Group Context: Blood and blood forming organs
- Lepirudin belongs to: Carboxylic Acids and Derivatives
- Bivalirudin belongs to: Polypeptides

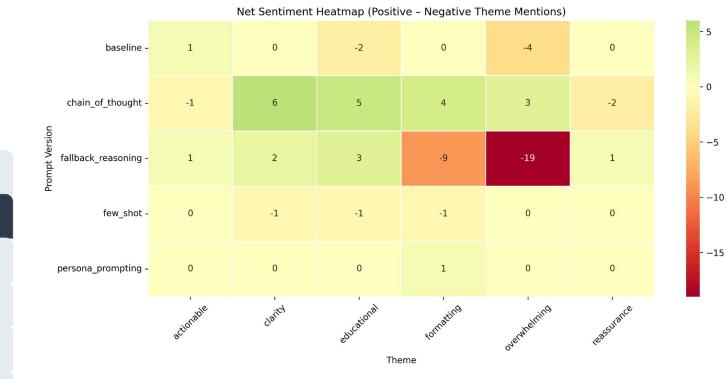
What this means: The risk or severity of bleeding can be increased when Lepirudin is combined with Bivalirudin.

Reported Side Effects: Anaemia (PRR: 5.0, Freq: 0.0625); Atrial fibrillation (PRR: 30.0, Freq: 0.1875); Dizziness (PRR: 2.5, Freq: 0.0625);

Please consult your doctor or pharmacist before combining these medications.

- Used multiple prompting techniques (e.g., CoT).
- Shared all versions with users for feedback.

DESIGNING OUR EVALUATION CRITERIA



-15

Baseline

Eval Design

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Baseline Eval

Refinement

OUR EVALUATION METRICS

We selected these to reflect what older adults & caregivers said they care about:

- Severity Match Is the risk level clear?
- Mechanism Match Do we explain why the interaction matters?
- Drugs Mentioned Are both meds clearly named?
- Concise Is the alert short and easy to read?
- Avoids Jargon No confusing medical terms
- Risk Language Do we clearly state potential harms?
- **Has Explanation** Do we explain what could happen?

Baseline

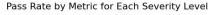
Eval Design

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EVALUATING OUR BASELINE ALERTS



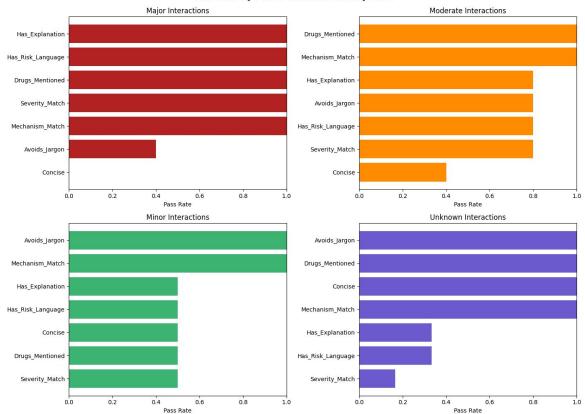


Eval Design

Metrics

Baseline Eval

Refinement



IMPROVING OUR ALERTS

- **Switched to Chain-of-Thought prompting** for structured reasoning.
- **Expanded context:** Prompt now includes drug roles, risks, mechanisms, and explanation requests.
- **Explicit style guidance:** Set tone, format, and reading level (for older adults and caregivers).
- Reworded risk framing: Now uses clear language to explain "what could go wrong" and why.
- **Iterative testing:** Each version was evaluated against rubric and improved accordingly.

Baseline

Eval Design

Metrics

Baseline Eval

Refinement

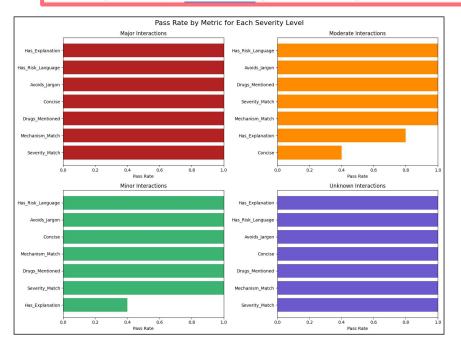
FINAL ALERT PERFORMANCE

Warfarin and amiodarone have a major interaction. Taking these medications together increases your risk of bleeding.

Warfarin is a blood thinner. It prevents blood clots by blocking vitamin K. Amiodarone is used for irregular heartbeats. It can affect your heart rate and rhythm.

Amiodarone can increase the effect of warfarin in your body. This can lead to a higher risk of bleeding.

Please talk to your doctor or pharmacist before taking these medications together.



100%

Severity Match

100%

85%

Concise

Has Risk language

80%

Has explanation

CHALLENGES & TRADE-OFFS

01.

DRUG NAME HANDLING

Develop a system to clarify ambiguous drug brand names.

02.

3+ DRUGS

Focus on alerts for pairs of drugs. ABC → AB, BC, AC

03.

GOOGLE ADK vs. LLM

Switch to LLM to simplify infrastructure, while preserving core functionality.

FUTURE WORK

- 1. **OCR** for Medication Input
- 2. **Dosages And Frequency** Incorporation for Alerts
- 3. **NER** for Information Extraction From Clinical Notes
- 4. **Integration** into EHR Systems

OUR MISSION

Help Geriatric Patients + Caregivers Manage Fragmented Care & Polypharmacy Risks

Does this resonate with you?

Try our MVP: https://tinyurl.com/Mids-RxRadar

Learn more: kchowp.github.io/rxradar



ACKNOWLEDGEMENTS

- 1. Target Users Interviewed: Senior Patients and Caregivers
- 2. **SMEs:** Primary Care Physician & Pharmacist
- 3. **Instructors:** Korin and Joyce
- 4. **TAs:** Billy Fong
- 5. Classmates: Mohamed Bakr and Those Who Gave Feedback