

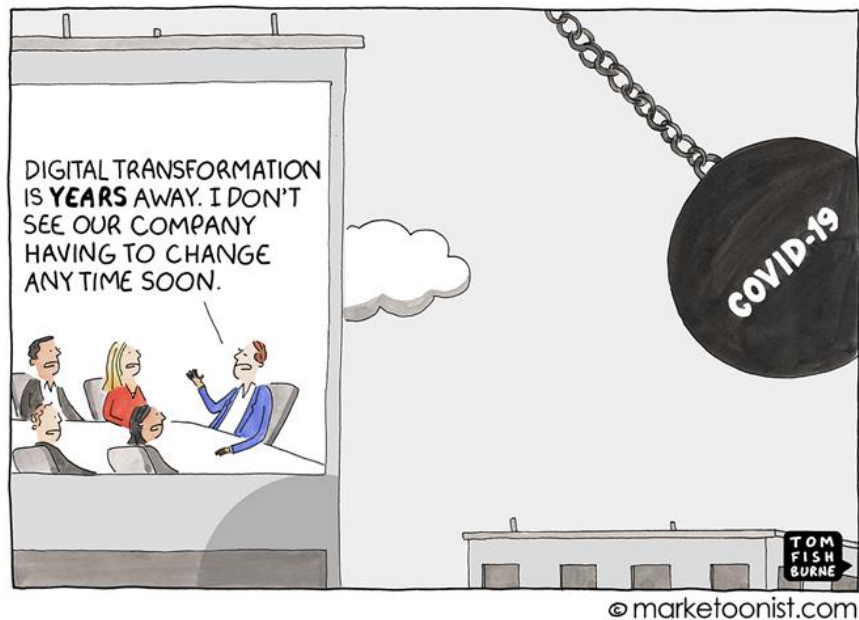
“Delivering prevention services digitally in the home for Cardiovascular Disease”

Irene Gibson

Digital transformation

The New York Times

"We're basically witnessing 10 years of change in one week"- London GP



Potential for digital health to address unmet needs in Chronic Disease prevention

We can adapt and deliver high quality care in a different way

Need to capitalise on lessons learnt during the pandemic

Overview of Session



Why digital health?

Croí MySláinte experience

Key learnings

Implications for policy and system reform

Why digital health for the prevention CVD?



- 40% of cardiac events occur in patients with known heart disease
- Accessibility, uptake and adherence to cardiac rehabilitation is low² - **current wait time 4 months to 2 years**
- Digital health interventions can improve secondary care, strengthen patient empowerment and shared decision making



What is Croí MySláinte?

12 week digital cardiac rehabilitation programme - patients timely access to a structured, comprehensive risk factor management and lifestyle modification programme



Individualised Assessment

Interdisciplinary team



Weekly Live Sessions

Supervised exercise programme & Health promotion workshop



Nurse Prescribing



Bespoke web-based platform

Interactive educational resources



Self-Management

Behavioural change techniques & Self-monitoring tools



Weekly team meetings



CR  **Í**
MySláinte.

Community academic partnership approach



COLLABORATIVE DOCTORAL PROGRAMME IN CHRONIC DISEASE PREVENTION



Multi-method evaluation of the programme:

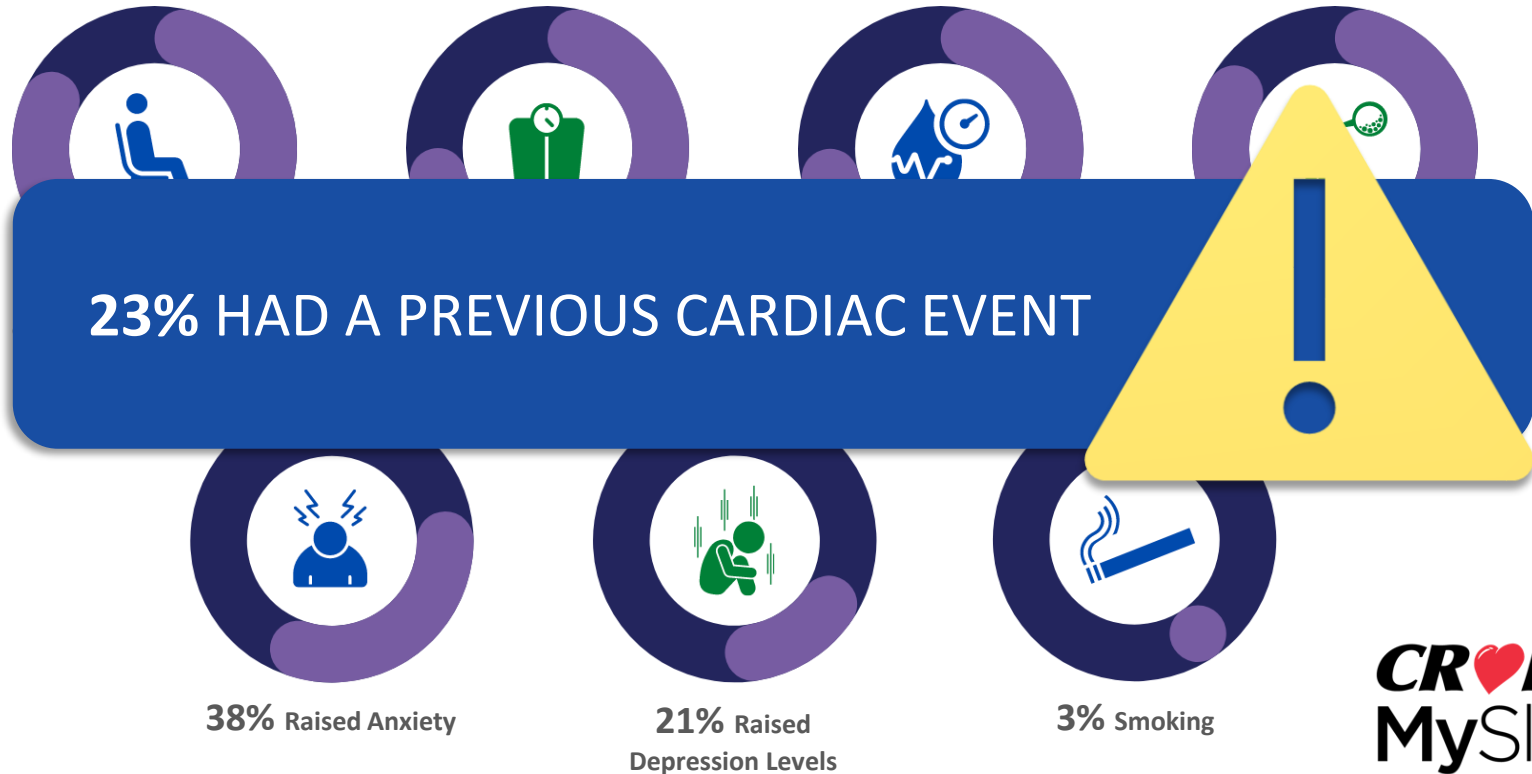
- a) Clinical outcomes (lifestyle, risk factors, therapeutic goals & quality of life)
- b) Explore patient and health care perspectives – acceptability and barriers and enablers to participation and implementation



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GAILLIMHE
UNIVERSITY
OF GALWAY



Baseline Risk Factor Profile



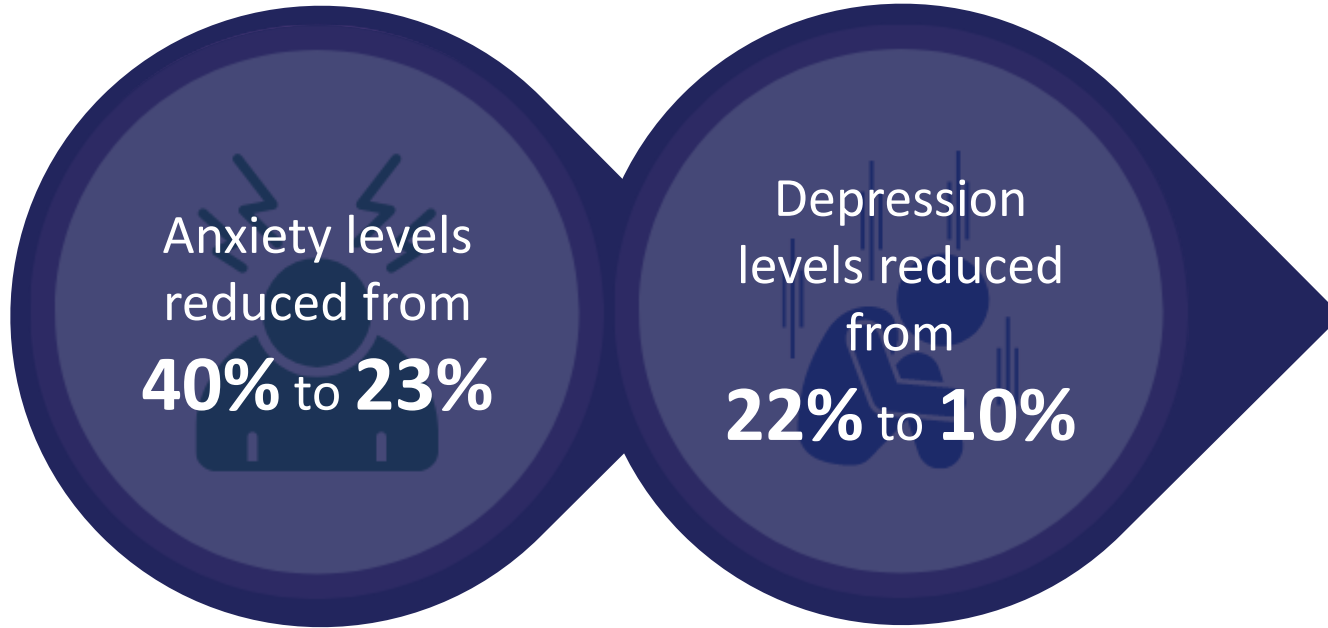
Outcomes – Lifestyle

20% to 30%
reduction in
CV events
14% to 82%

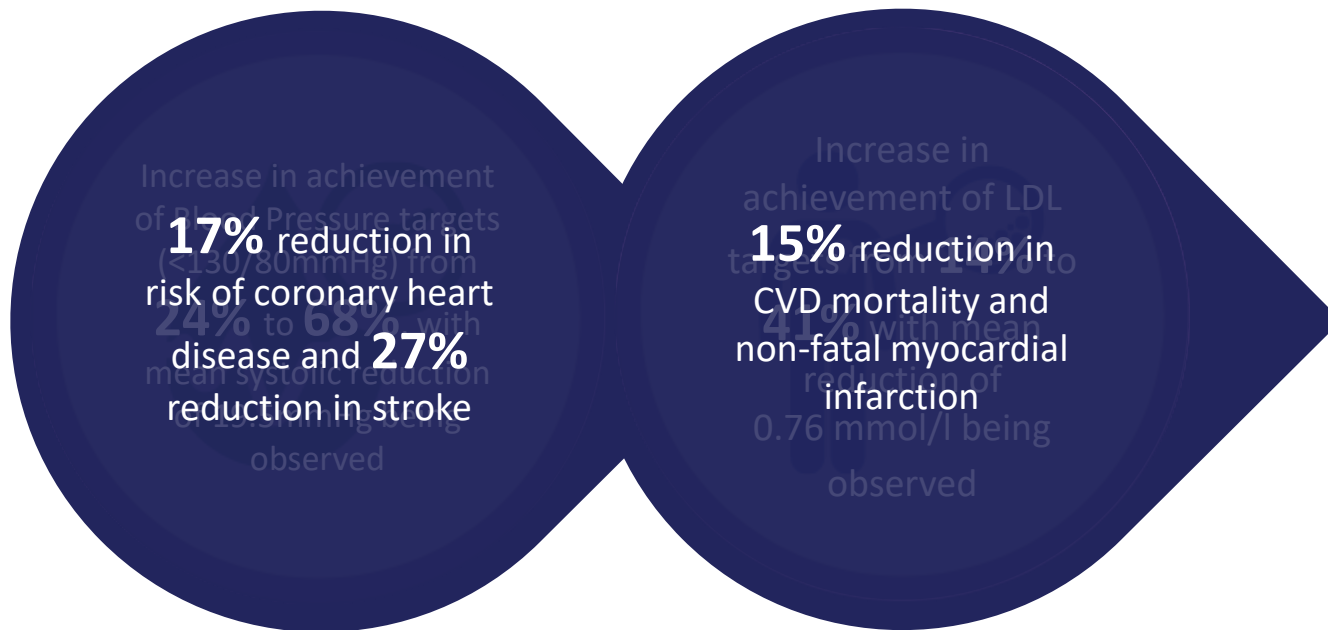
30% relative
risk reduction in
total mortality,
CVD mortality
and cancer

Mean weight
loss
2.7kgs

Outcomes – Psychosocial Health

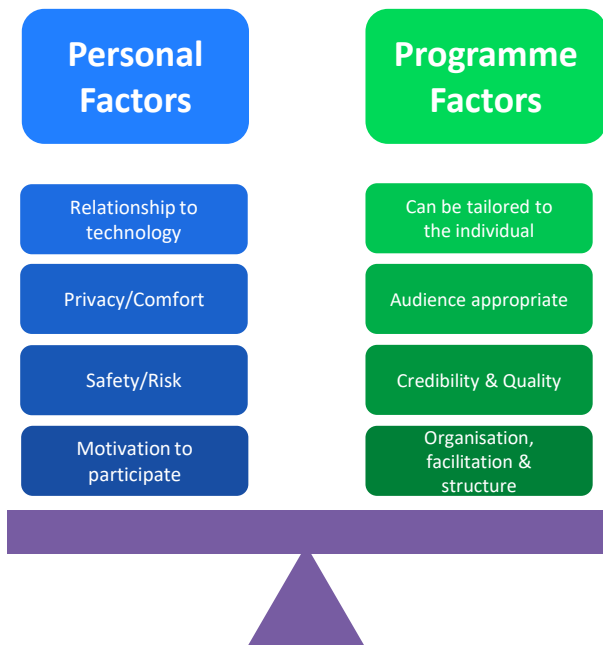


Outcomes – Medical



Acceptability of Croí MySláinte

Patient Perspectives



HEALTH BEHAVIOUR CHANGE
RESEARCH GROUP

"I didn't think it would be possible for me to do a programme like this as I was caring for my wife with Alzheimers but online access is a lifesaver, I can connect with people and not feel so alone"

CR❤️**Í**
MySláinte.

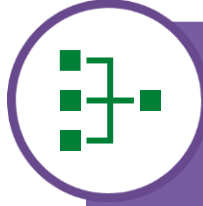
Croí MySláinte

Healthcare Professional Perspectives



Patient Level

- Accessibility
- Individual care
- Quality
- Safety
- Support



System Level

- IT infrastructure
- Funding
- Governance
- Leadership



Professional Level

- Capability
- Motivation
- Engagement

“If you’re looking to innovate you need to try and engage as much as you can in advance and not just land something on people. Be sensitive to all the fears and anxieties that people will have”.

Hybrid model

Key Learnings

Pivoting to online has been a journey...

It is feasible to set up and deliver vital preventive care in the home

Proof of concept

Achieve recommended lifestyle, medical and therapeutic targets

Improve health outcomes

Digital programmes are acceptable to both patients & healthcare professionals

Acceptability

Mainstreaming & upscaling Croí MySláinte

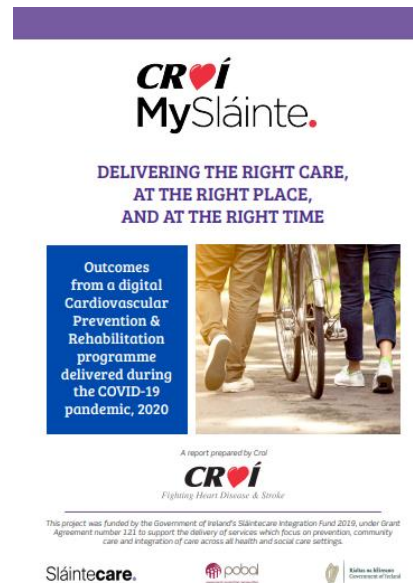
Deliver to Sláintecare reform programme

Informing policy and research

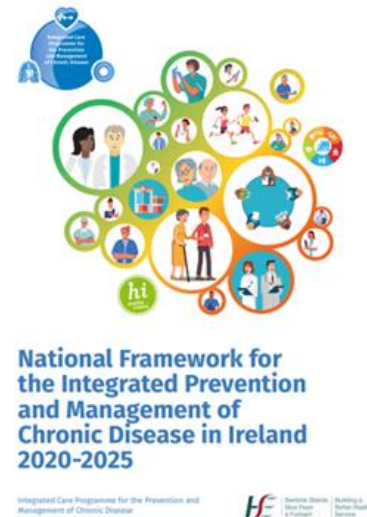
- Published a **stakeholder report** of the findings
- **Outcome paper** - accepted for publication in Open HEART BMJ
- Digital health **exemplar** - National Cardiac Services review
- Submitted to **EU4Health**, Joint Action on CVD and Diabetes
- Informing the HSE National Framework for prevention & Management of CVD



COLLABORATIVE DOCTORAL PROGRAMME IN CHRONIC DISEASE PREVENTION



Available www.croi.ie



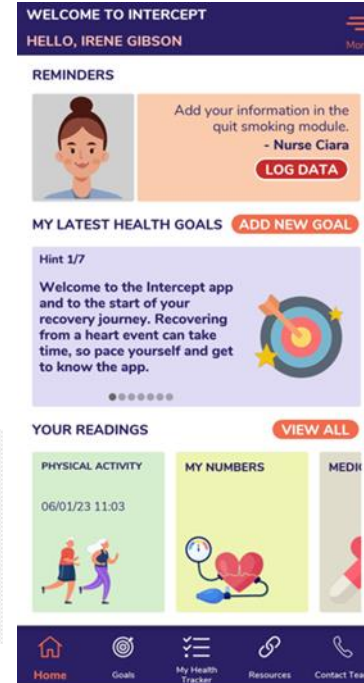
Informing future digital innovation

“INTERCEPT”- improve secondary prevention through a self-management intervention.

Objectives

- Patient centred package of care, that is integrated, structured and seamless, providing a smooth transition from hospital to home.
- Improve achievement of guidelines recommended targets
- Prevent 30 day readmissions

Co-designed with key stakeholders



Examine feasibility in the real world clinical setting

Implications for policy & systems reform.....



1. Expand digital infrastructure

2. Engage stakeholders across the health co-system

3. Bridge gap between innovation and service adoption

4. Comprehensive CVD health research strategy



Thank you!

Email: irene.gibson@universityofgalway.ie | Twitter: @Ir_Gibson



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Coláiste na hOllscoile Corcaigh



University College Dublin



SPHeRE
Structured Population and
Health-services Research Education



**Health
Research
Board**