

# A virtual community of practice (vCoP) for the empowerment of people with ischemic heart (IHD) disease: Co-design of the vCoP with IHD patients and healthcare professionals. (e-mpodera<sup>2</sup> project)

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## BACKGROUND

Ischemic heart disease (IHD) is the major cause of premature death among population in Europe. From those who survive, around 20% suffer a secondary cardiovascular event in the first year. Therefore, secondary prevention actions of IHD seem a complex and challenging opportunity to facilitate recovery. In this context, patient empowerment has been recognized as a key factor in improving health outcomes by adopting more preventive behaviors, such as choosing a healthy diet, doing regular physical exercise, achieving better adherence to treatment and improving overall lifestyle. Virtual Communities of Practices (vCoP), based on the idea of collaborative learning, offer people with a common problem or interest the possibility to interact and share resources, experience and knowledge, strengthen relationships and motivate participants for their empowerment. The e-mpodera<sup>2</sup> project, in its starting phase, aims at the co-design process of a gamified vCoP for the empowerment of people with IHD. (Figure 1)

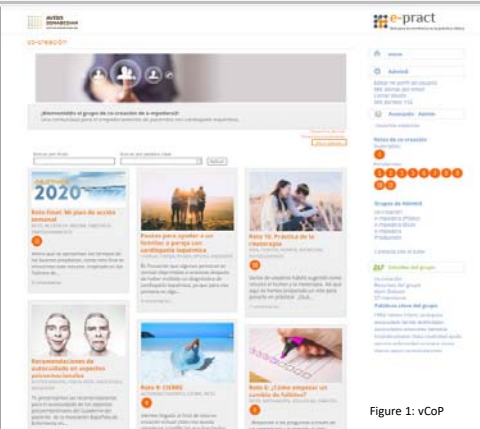


Figure 1: vCoP

## PARTICIPANTS AND SETTINGS:

- People with diagnosis of IHD attending at least one of the two face-to-face meetings and participating in an online group; With Internet or Smartphone and willing to use Facebook, WhatsApp, Telegram or Email during participation process.
- Health care professionals (general practitioners, practice nurses, cardiologists and researchers specialized in patient empowerment).

The study was carried out in 3 Spanish regions: Catalonia, Madrid and Canary Islands. (Table 1)

Table 1

|                | Online workshop     | 1 <sup>st</sup> workshop Listening lab | 2 <sup>nd</sup> workshop Face-to-face | Total after missing and unregistered participants |
|----------------|---------------------|--|---------------------------------------|---|
|                | Professionals       |  | People with IHD                       |   |
| Madrid         | 6 (3 GP: 1CD: 2 NP) | 13                                     | 7 (+ 2 profesionistas)                | 11  |
| Catalonia      | 2 (1GP: 1 CD)       | 8                                      | 5                                     | 6   |
| Canary Islands | 2 (1GP: 1 CD)       | 7                                      | 4                                     | 8   |
| Total          | 10                  |  |                                       | Total 25  |

GP: General Practitioner  
CD: Cardiologist  
NP: Nurse practitioner  
IHD: Ischemic Heart Disease

## METHOD

We used a modified experience-based design approach for co-designing the "e-mpodera<sup>2</sup>" vCoP intervention. Co-creation process included people with an IHD diagnosis and health care professionals in two phases: Exploratory and Development (Figure 2).

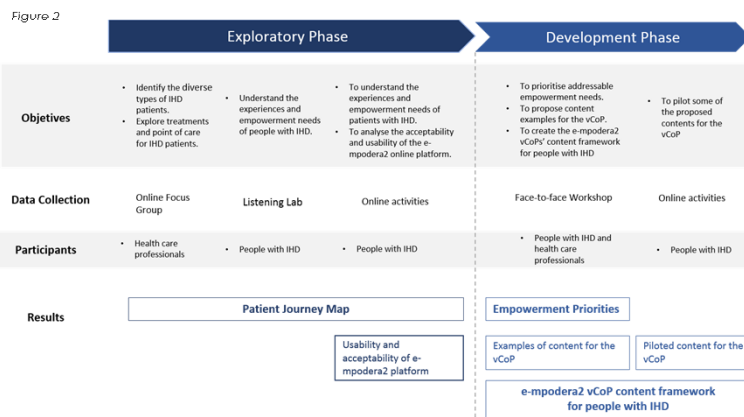


Figure 2

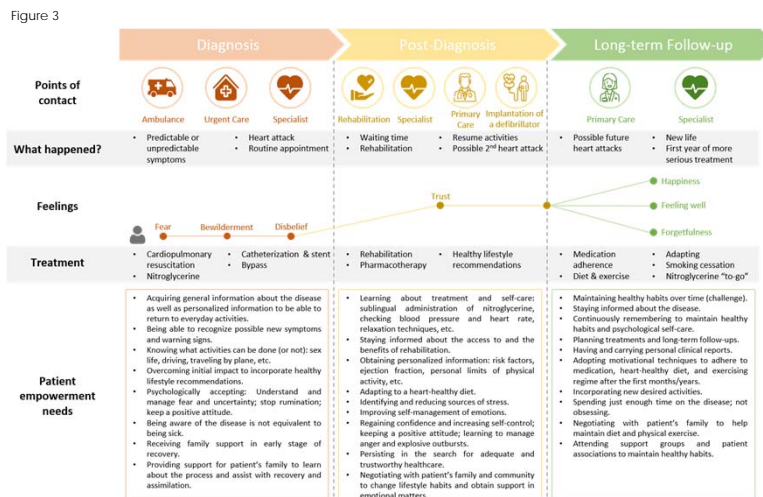


Figure 3

## RESULTS:

Twenty-five people with IHD and 10 health care professionals participated.

- Experiences and needs for empowerment in IHD were identified in the **exploratory phase**, allowing the development of a Patient Journey Map, that helped to easily visualize empowerment needs and barriers of people with IHD (Figure 3).
- During the **development phase**, participants prioritized needs to be addressed by the vCoP content framework for people with IHD and developed some content proposals, and training materials based on 3 pillars of people's empowerment: 1) health literacy; 2) self-management; 3) sharing decision making, and adding a fourth, 4) family caregivers, and practical issues.

## CONCLUSIONS:

The co-design process resulted in a Patient Journey Map that helps to easily visualize people with IHD empowerment needs in diagnosis, post-diagnosis, and long-term care stages and that may be transferable to the development of patient centered interventions. Co-design also developed training materials adapted to people with IHD needs and priorities. The process generated much more content ideas than expected creating a rich and extensive framework for the e-mpodera<sup>2</sup> vCoP.