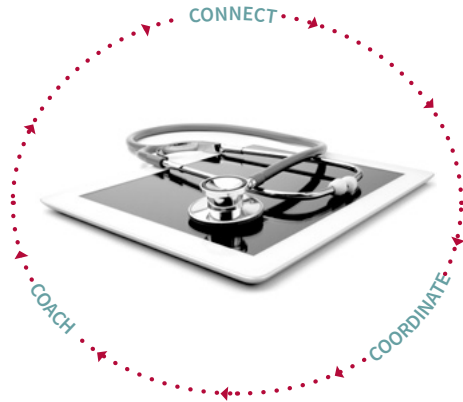


THE  
VIRTUAL  
CARE  
PROGRAM

ACTIVATING PATIENTS TO PROACTIVELY  
MANAGE THEIR HEART HEALTH



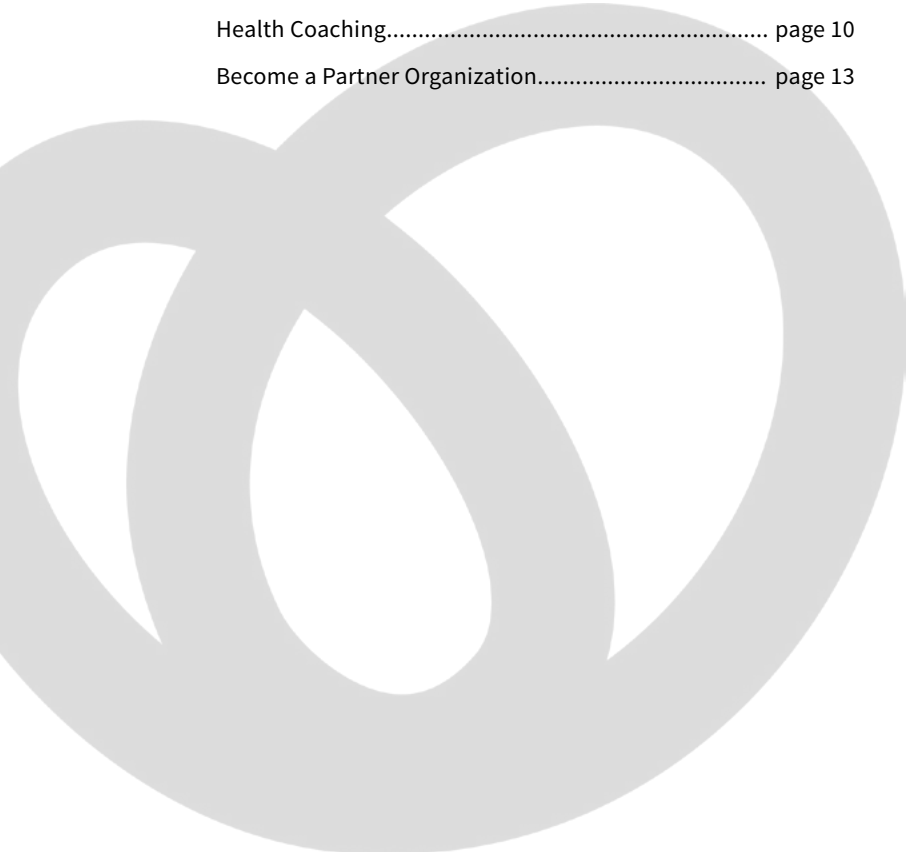
  
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HEART INSTITUTE  
INSTITUT DE CARDIOLOGIE  
DE L'UNIVERSITÉ D'OTTAWA

VIRTUAL  
CARE  
PROGRAM

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## AT A GLANCE

The Virtual Care Program is an online health management platform that provides best practice strategies for the control and management of risk factors.

The platform can be accessed by participants who are at-risk (increased risk of developing heart disease due to poor lifestyle behaviours and medical risk factors) and those who have established heart disease.

In addition to having access to the platform and its features, some participants can qualify to have access to a Health Coach remotely who will guide, support and encourage them in improving and managing their risk factors.


## GOAL

To raise awareness about an individual's heart health status and motivate them to manage and improve their health and well being.


## OBJECTIVES

1. To increase accessibility to reliable and trusted information and care in near-real time;
2. To enable/improve self-management of health behaviours;
3. To promote information exchange and support among peers;
4. To support informed decision making; and
5. To support care coordination among health care providers.


## ANTICIPATED IMPACTS



Increased heart health knowledge and awareness



Improved participant satisfaction



Improved health behaviours and health status

## THE REALITY

CARDIOVASCULAR DISEASES (CVDS) ARE THE **NUMBER ONE** CAUSE OF DEATH GLOBALLY.

IT IS ESTIMATED THAT THE NUMBER OF PEOPLE WHO DIE FROM CVDS WILL REACH **23.6 MILLION** BY 2030.

**NINE OUT OF TEN** CANADIANS HAVE AT LEAST ONE MAJOR MODIFIABLE RISK FACTOR FOR HEART DISEASE.

**MORE THAN 80%** OF CVDS CAN BE PREVENTED THROUGH LIFESTYLE CHANGES.

Those with CVDs are heavy consumers of healthcare resources, but, surprisingly, spend less than six hours per year in direct contact with health care professionals.

Much more time is spent with caregivers, families or participating in self-management as 'experts by experience'.





*The wide adoption of internet usage presents an incredible opportunity for delivering preventive health initiatives.*

## THE TIME FOR CHANGE

- The present health care system has a limited capacity for facilitating self-management.
- We are headed into the realm of the “e-patient”; those of whom are equipped, engaged, empowered and enabled to becoming active self-managers of their health.
- The e-health revolution is transforming the delivery of health care and access to health information.

There is a need to optimize the support of those at risk of CVD and those living with CVDs and their caregivers in order to facilitate enhanced ‘self-management’.

## THE MANY ADVANTAGES OF E-HEALTH

- >50% of global population has internet access
- Results in cost efficiencies
- Reduces accessibility constraints and barriers to care
- Provides access to fast and convenient health information
- Ability to provide widespread dissemination
- Immediate updating of content and functions
- Higher scalability and reach
- Convenient services on demand

Internet-based lifestyle interventions can help individuals improve self-care behaviours (physical activity, dietary habits), psychological functioning (anxiety, quality of life), and clinical outcomes (blood pressure, weight, blood glucose, cholesterol).

## THE PROGRAM

The Virtual Care Program is a participant-facing digital platform for cloud-based population health management. The features of the system include: assessments and preferences, personal care plan, trackers and progress reports, integration with fitness devices, push messaging, health library and content tagging, reminders, circle of care invitations, online peer support groups, and group challenges.



### Educate

Improved Understanding  
& Retention



### Collaborate

Integrated,  
Coordinated Care

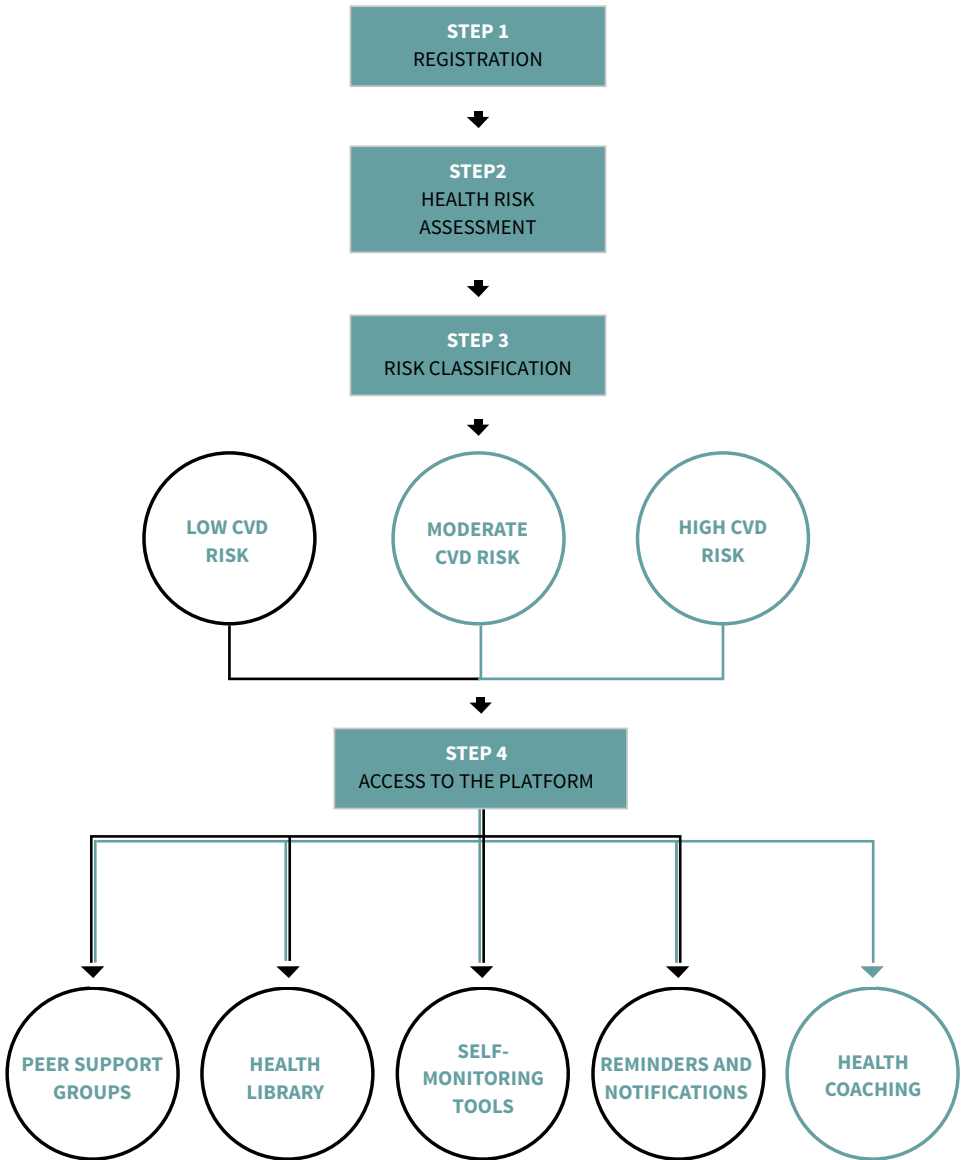


### Motivate

Sustainable  
Behavior Change



# HOW IT WORKS



## PROGRAM FEATURES

- 1 PROFILE** allows participants to personalize their account and add their goal.
- 2 CONVERSATIONS** allows participants to communicate with their circle of care.
- 3 ALERTS AND NOTIFICATIONS** allows participants to receive reminders that can help in establishing habits and patterns.
- 4 HEALTH SUMMARY** provides an accurate and consolidated view of a participants health history and current health status.
- 5 SCHEDULE** helps participants track and manage all their health appointments from a single location.

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John Smith  
Male, 70 yr

John Smith (Johnny)  
Male, 70 yr

I want to exer...

Online

Health Summary

Care Plans

Wellness Plan

Schedule

Circle of Care

Health Library

Forums

To Do Today

23 Wednesday, August 23, 2017

Virtual Care Program Satisfaction ...  
Aug 24, 2017

Go to ...

Care Plans

Workbooks

Wellness Plan

Schedule

Trackers

Powered by NexJ Connected Wellness



- 6 **TRACKERS** facilitates monitoring of risk factors that require supervision and receive direct feedback.
- 7 **HEALTH LIBRARY** increase participants' knowledge and awareness.
- 8 **PERSONALIZED HEALTH ASSESSMENTS** allows participants to build a plan and fill in necessary information to establish personalized care.
- 9 **CIRCLE OF CARE** allows participants to invite those in their circle of care to view their health information and progress.
- 10 **ONLINE PEER SUPPORT** encourages information exchange among peers with similar health priorities.

ise more and eat better

7

### Health Library

**Physical Activity**  
University of Ottawa Heart Institute

Making the connection: Physical activity and your heart.

Updated Jul 20, 2017

VIEW ATTACHMENT SHOW MORE

aerobic exercise guidelines

**Nutrition Infographic**  
University of Ottawa Heart Institute

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pwc.ottawaheart.ca

**Nutrition**

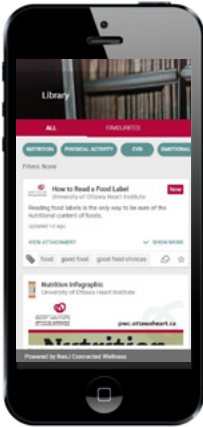
Nutrition and your heart

Updated Jul 20, 2017

VIEW ATTACHMENT SHOW MORE

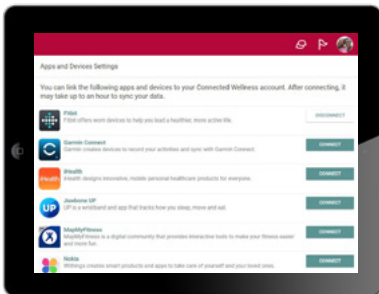
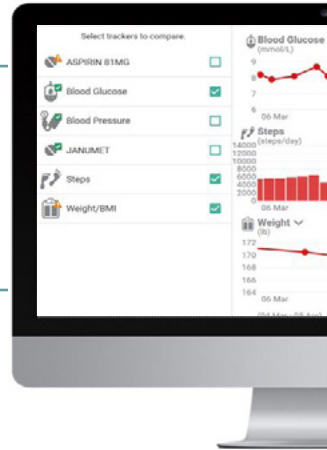
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## PROGRAM FEATURES



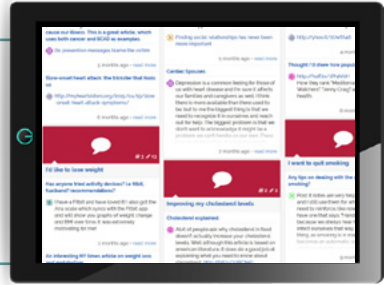
Trusted content and resources are available in the **Health Library** to better support participants.

Various **trackers** such as blood pressure, cholesterol levels, steps, sleep and many more are available to help **monitor** and **manage** health behaviours.



The system has the ability to communicate with **fitness devices** to transmit progress reports to participants.

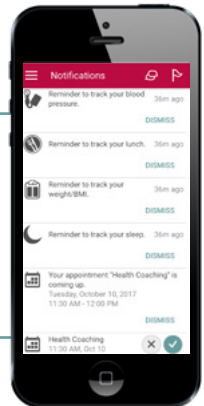
The **online forums** encourage participants to interact with others, share their stories and exchange recipes.



The system allows participants and their Circle of Care to **compare** multiple trackers and **see the effects** they have on one another.



The **mobile app** helps participants take charge of their heart health on the go.



## HEALTH COACHING

In addition to having access to the platform and its features, some participants can qualify to have access to a Health Coach remotely who will guide, support and encourage them in improving and managing their risk factors. These participants will engage in a six-month program that includes nine health coaching sessions remotely (telephone-based, web-based chat, messaging).

### To be eligible, participants must be:

- 18 years of age or older  
AND
- Established cardiovascular disease  
OR
- Moderate to high risk classification based on risk factor reporting

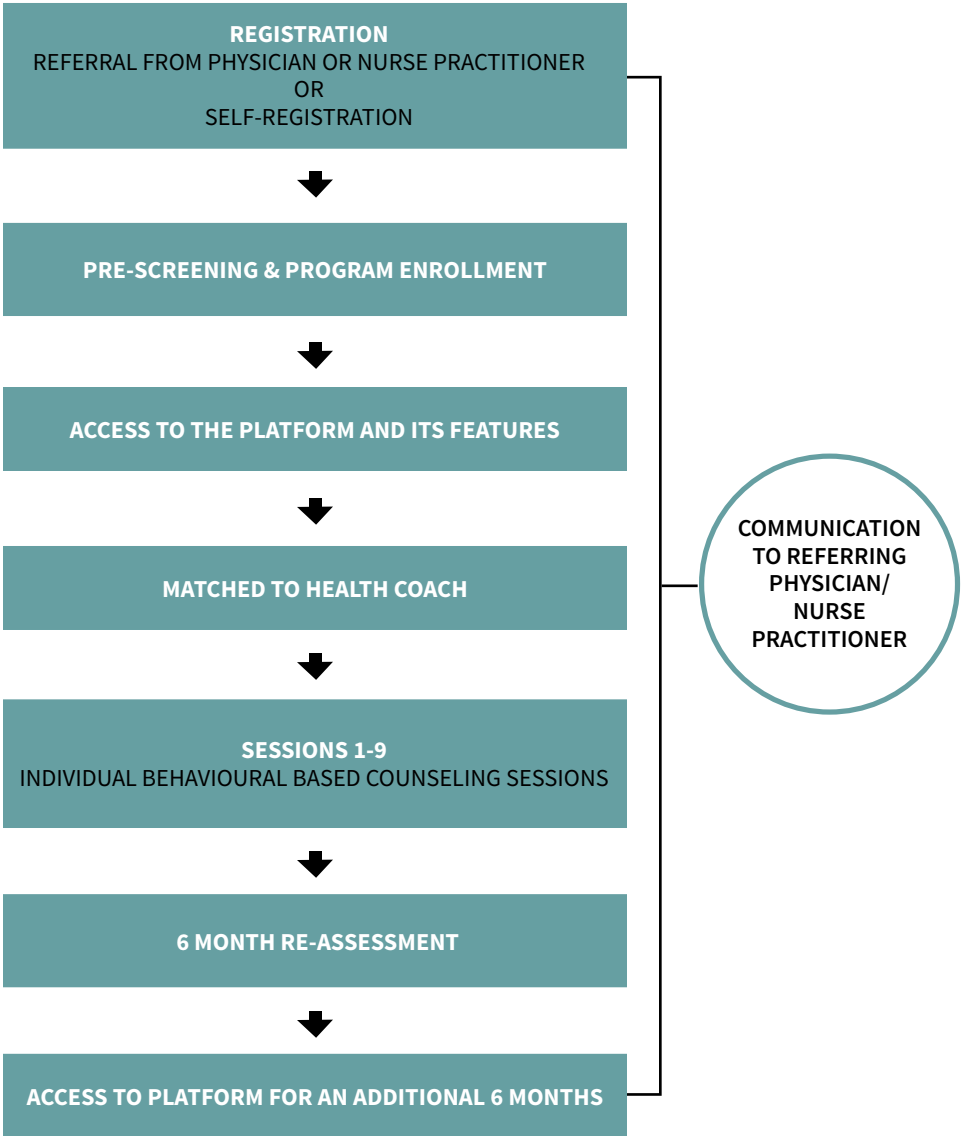
### What is included?

- Full risk factor profile
- Two health risk assessments
- Six month program
- Nine personalized health coaching sessions
- Near-real time interactions
- Remote access to coach
- Technical support
- One year access to the platform and its features

*“I found the periodic contact with the health coaches to be superb. They always welcomed questions, helped to problem solve, provided knowledge answers and provided excellent resources to use. I am confident that I will be able to continue down the road I have begun to travel to better heart health as I age.”*

*Female participant, September 2017*





IN A NATIONAL SURVEY ACROSS CANADA,

**WE ASKED PATIENTS,** How valuable would an online heart health management system be for you?

**AND 82%** of you responded that an online heart health management system would be of value to your health.



**WE ASKED CLINICIANS,** are you willing to refer your patients to an online cardiovascular health management system?

**AND 84%** said they were willing to refer patients to an online cardiovascular health management system support their heart health.



## BECOME A PARTNERED ORGANIZATION

**With this “Train the Trainer” approach the Virtual Care Program can be integrated into your organization.**

Here are the site requirements to become a partner organization to adopt the Virtual Care Program:

**PHASE 1: IN-SERVICE AND READINESS ASSESSMENT**

**PHASE 2: PARTNERSHIP AGREEMENT (INCLUDE COSTING OF SERVICES)**

**PHASE 3: TRAINING AND PROGRAM IMPLEMENTATION**

To facilitate successful implementation of the Program, the site must:

- Designate a representative to oversee implementation of the Program at your site, and to liaise with the University of Ottawa Heart Institute (program coordination and logistics).
- Designate staff to act as health coaches, as needed. It is estimated that one full-time health coach can manage up to 256 participants per year, completing all program assessments and coaching sessions. Each health coach must have a minimum of a health science background, advanced knowledge and understanding of CVD risk factors, and experience with risk factor management strategies through lifestyle modifications.
- Access to high-speed internet to support connection to the platform.
- Submit bi-annual program metrics to the University of Ottawa Heart Institute.

FOR MORE INFORMATION AND HOW TO GET INVOLVED WITH THE  
VIRTUAL CARE PROGRAM PLEASE CONTACT:

**VIRTUAL CARE PROGRAM**

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