

## CONFERENCE ABSTRACT

### **A Virtual Community of Practice (VCoP) for people with ischemic heart disease: the implementation process**

22nd International Conference on Integrated Care, Odense, Denmark, 23-25 May 2022

Débora Koatz<sup>1,2,3</sup>, Alejandra Torres Castaño<sup>4,3</sup>, Vanesa Ramos García<sup>4,3</sup>, Helena Vall Roqué<sup>1,2</sup>, Ana Toledo Chávarri<sup>5,3</sup>, Patricia Cifuentes Pérez<sup>6</sup>, Lilisbeth Perestelo Pérez<sup>5,3</sup>, Ana Isabel González González<sup>7,3,8</sup>, Carola Orrego<sup>1,2,3</sup>

1: Avedis Donabedian Research Institute (FAD), Spain

2: Universitat Autònoma de Barcelona

3: Health Services Research on Chronic Patients Network (REDISSEC)

4: Canary Islands Foundation and Institute for Health Research (FIISC)

5: Evaluation Unit of the Canary Islands Health Service (SESCS)

6: Fundación para la Investigación e Innovación Biosanitaria de atención Primaria (FIIBAP)

7: Unidad de Innovación, Dirección General de Investigación, Docencia y Documentación. Consejería de Sanidad

8: Institute of General Practice, Goethe University

---

**Introduction:** Virtual Communities of Practice (VCoP) have become a strategic approach for fostering learning and transferring knowledge among people with similar interests/common problems. VCoP allow informal and continuous training, especially valuable for people with a chronic disease. Main benefits may include information exchange, social support, improving skills to cope with the disease and manage stress. Moreover, social interaction itself boots a better mood and optimism, decreasing the sense of isolation. As a result, such integrated and tailored approach empowers people to co-manage their disease, developing self-care skills for daily life.

**Aims and Method:** We aim to describe the implementation process of a co-designed VCoP to empower people with ischemic heart disease (IHD). This intervention is part of a randomized controlled trial performed in Catalonia, Madrid and Canary Islands, Spain. One hundred seventy-two patients with a recent diagnosis of IHD were actively recruited to participate in the intervention or control (usual care) group. In a previous co-designed phase, a Patient Journey Map created by people with a long IHD background showed experiences and empowerment needs, and the empodera2 VCoP content framework was created. Based on this background, a tailored educational intervention was designed on a gamified 2.0 platform following three stages: 1) on-boarding, 2) deep empowerment, 3) maintenance and consolidation of skills and behaviours. A workflow for contents' building was created regarding empowerment dimensions such as health literacy, shared decision making, self-management, social and family support.

**Key findings:** Between June 2021 and December 2021, ninety-three participants were gradually included in the empodera2 VCoP. Fifty-four contents were added twice a week following the framework, user's knowledge gaps, needs and expectations detected on 452 users' comments. Seventy per cent of participants accessed the VCoP. Main topics focused on healthy eating, sports, stopping smoking, managing stress and negative emotions, facing habit's change, and getting back

to a “normal” life. The moderator motivated participation and answered questions as appeared, backed up by a multidisciplinary team.

**Highlights:** At the first stage, people seemed to interact more with contents than with other peers. To meet interest on interaction expressed by some participants, a series of virtual meetings were set up monthly during second stage. An average of 12 people attended the three meetings organized during 2021. Topics focused on experiences with IHD, difficulties regarding healthy diet, managing feelings and stress are interests to further work on the VCoP.

**Conclusion:** An ongoing tailored educational intervention (VCoP) may better approach people needs and priorities regarding IHD. The combination of previous co-produced content, partnership with professionals, and the ongoing co-creation of the intervention seem to be a key element in engaging and maintaining an active learning context and improving the community experience for different types of users (readers vs active participants).

**Implications for applicability, sustainability, and limitations:** A minimum digital literacy requirement is needed to participate in VCoPs, followed by an updated platform that facilitates interactions among participants. Intervention is still taking place, so further research will be done considering VCoP progress, users’ satisfaction, clinical and psychological impact and values.