Cardiovascular Disease Self-management Apps: Barriers to Adoption

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- Problem: Cardiovascular Disease
- Solution: Self-Management Apps
- Why this Study?
- Method
- Results
- Ways Forward

Problem: Cardiovascular Disease

Public Health England

Healthmatters

CVD morbidity and mortality



CVD is the number one cause of death globally, with an estimated

people having died from CVD conditions in 2015, representing 31% of all global deaths

It is also a leading cause of disability and death in the UK, affecting around

7 million

people and being responsible for one in four premature deaths in the UK In 2015 CVD was responsible for of all deaths (129,147) in England

Problem: Cardiovascular Disease

Public Health England

Health**matters**

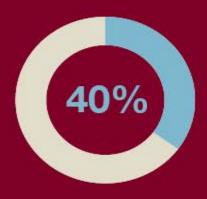
The diagnosis and treatment gap

CVD prevention is being limited by the diagnosis and treatment gap for conditions including hypertension.

Hypertension in 2016 to 2017:

8,028,077 adults

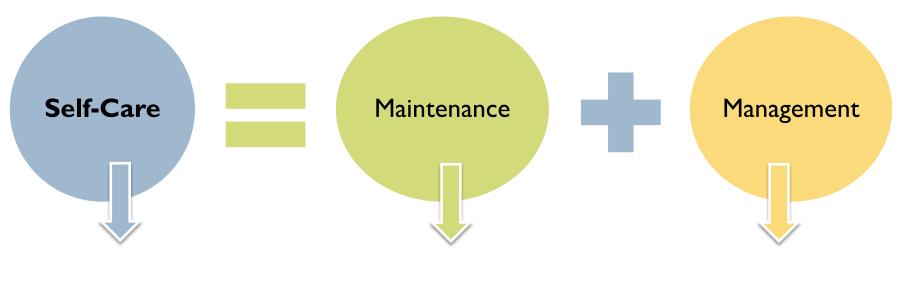
Approximately 40% are not treated to the 140/90 target



There are also 5,520,000 adults with undiagnosed hypertension



Solution: Self-Management



Naturalistic decisionmaking process

Maintains physiologic stability- routine symptoms monitoring and treatment adherence

Response to symptoms when they occur

(IDF, 2009)

Why Apps?

86% 01 2016	88% Q1 2017	Total household internet take-up
24.7m end 2015	25.3m end 2016	Number of fixed broadband connections
9.2m end 2015	10.8 m end 2016	Number of superfast broadband connections
81% 01 2016	83% Q1 2017	Proportion of adults with broadband (fixed and mobile)
38% Q4 2015	44% Q4 2016	Superfast broadband take-up (% of all connections)
28.9Mbit/s	36.2Mbit/s Nov 2016	Average actual fixed broadband speed
59% 21 2016	58% Q1 2017	Proportion of homes with a tablet computer
66% 01 2016	66% Q1 2017	Proportion of people who use their mobile phone to access the internet



Solution: Self-Management Apps



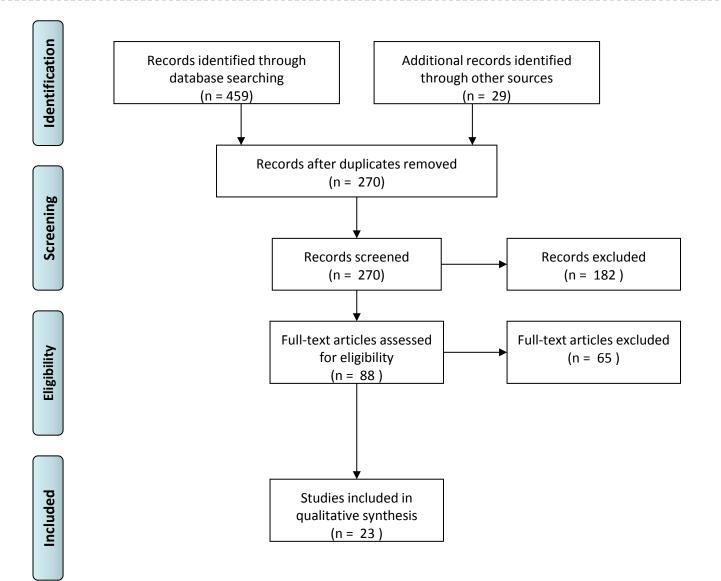
Solution: Self-Management Apps

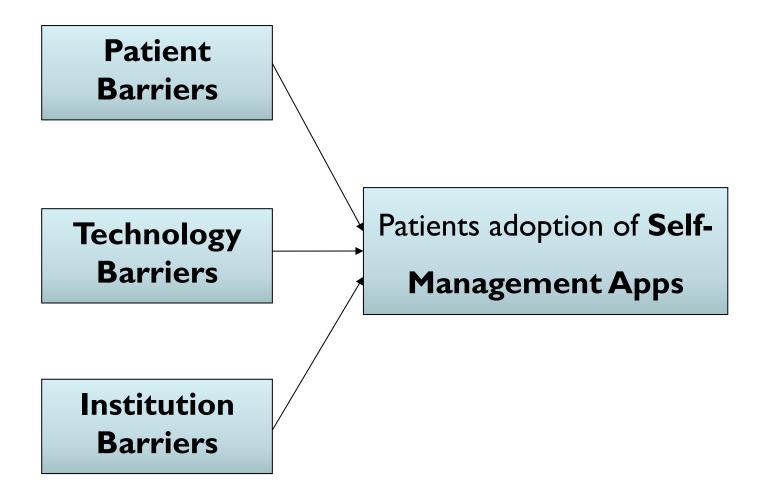
- Improves symptoms management through selfmanagement interventions (Whitehead & Seaton, 2016).
- Improve health outcomes among those living with LTC through enhanced symptom control (Whitehead & Seaton, 2016).
- Digital Health Interventions have a positive impact on risk factors of CVDs (Widmer et al., 2015).
- Effective tool to assist in managing some conditions (Wang et al., 2014).
- Effective in promote physical activity and healthy diet (Muller et al., 2016).

Why this Study?

- Why the low uptake of self-management apps?
- What are the barriers preventing the use of self-management apps?

Method





Patient Barriers

- Health and technology illiteracy
- Lack of motivation and awareness
- > Busy lifestyle
- Satisfaction with traditional ways
- Lack of internet access and cost
- Lack of support
- Confidentiality issues

Patient Adoption of Self-

Management Apps

- Poor quality information or interaction
- Poorly design interfaces
- Complex functions

Technology Barriers

- Lack of functionalities valued by patients
- Lack of customization to patients preference
- Data security and confidentiality

Patient Adoption of Self-

Management Apps

- Slow decision-making process and logistic procedure
- Low staff capacity
- Lack availability of resources
- Absence of institutional support
- Low integration into workflow
- Work- related stress
- Insufficient training/ skills/ knowledge
- Lack of clinical endorsement

Institution Barriers

Patient Adoption of Self-

Management Apps

Way Forward

How to overcome these barriers?

Patient

- Technology
- Institution

Q&A Session

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