

# HappyAir: an Integrated Care model for chronic respiratory diseases

Resources for Patient Empowerment in digital health & care literacy, disease management & active lifestyles



### Prevention + Promotion

- Promotion in chemists, gyms, medical, clinical, educational & social spaces.
- HappyAir Learning Resources for educators, patients, volunteers.
- Pop-up Healthy Lung events held in chemists, gyms etc.



### Professional Training

- Training programmes, workshops and sessions for supervisors, educators, patients, families and care-givers.
- Volunteer Training to support patients and families.



### Community Support & Guidance

- One-to-one support for patients and families: Telephone support service and digital care plan.
- Introduce activities for an active life & well-being.
- Build local or regional HappyAir spaces with HC Professionals, patients and care-givers.
- Develop volunteer programmes.



## HappyAir: Network Collaboration Scalable model

- Co-Funding:** Public & private partnerships to grow resource-base and introduce programs into the community
- R&D + Dynamic events:** To bring stakeholders together in a shared ecosystem -SMEs in ICT, Industry, O2 providers, Experts, Researchers , HCP + patient representation.
- Educator+ volunteer:** Training provided to grow communities across regions with Institutional support

## Logistics and Resources

- Training & Education Materials** for HCPs and patients
- Digital+ ICT resources:** Test and use for self-care in home settings.
- Building Spaces** and hub support across regions .
- Communications+Logistics support** for workshops, sessions and network (English/Spanish). **National & International Strategy**

## A clinically validated integrated care model presented at ERS Milan 2017

**Efficacy of an mHealth integrated internet community program after pulmonary rehabilitation for COPD patients: a pilot randomized control trial**

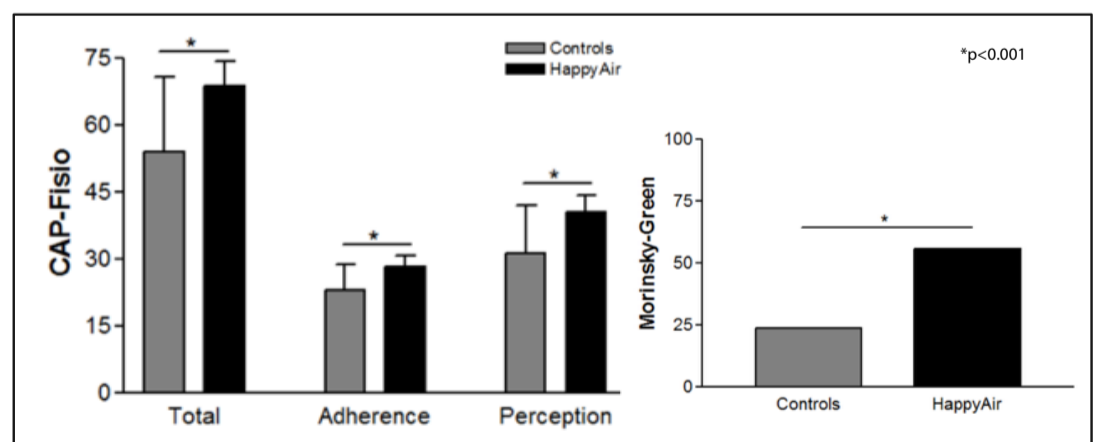
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### Patients Baseline Profile

	Controls n=19	Intervention n=17
Gender	12 M + 7 F	10 M + 7 F
Age (years)	69 (56-81)	68 (57-78)
Weight (kg)	67 (40-112)	70 (55-100)
Height (m)	1.58 (1.53-1.81)	1.62 (1.51-1.79)
BMI (Kg/m <sup>2</sup> )	26.8 ( 17.1-34.2)	26.7 (24.1-31.1)
FVC (%)	76.6±26.9	79.1±25.7
FEV <sub>1</sub> (%)	44.7±13.5	44.1±15.0
FEV <sub>1</sub> /FVC (%)	44.5±11.7	44.4±11.3
Oxygen Users	5 pat ≥ 16 h/day 5 pat 24 h/day	4 pat ≥ 16 h/day 6 pat 24 h/day

### Results: Adherence to HappyAir program



**Results:** Abstract SOCAP 44 patients with EPOC (59% men) from 3 hospitals in Madrid (23subjects in Control Group. CG and 21 subjects in Intervention Group IG). 69years (56-81) vs 68years (57-78); 26,8Kg/m<sup>2</sup> (17-34) vs 26.7Kg/m<sup>2</sup> (24-31); FEV<sub>1</sub> 44,7% (13,5) vs 44,1% (15,0), CG IG, respectively. Multivariable analysis demonstrates significant differences between them in Total time SGRQtot (p<0,05); SGRQsimp (p<0,05) and 6MWD (p<0,05). Finally, IG patients present better adherence: Morinsky-Green (p<0,05) and good perception : CAPfisio (p<0,05) of the m-health program

**Conclusions:** • A long term mHealth Integrated Care program for COPD patients could maintain and improve quality of life and exercise capacity post pulmonary rehabilitation.  
• Patients perception and adherence to the program is significantly higher in those who follow the HappyAir model showing a positive effect of the m-Health Integrated Care program