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PROBLEM

Often the continuity of the rehabilitation process interrupts with the transition to the home environment.



(Modified from Langhorne, Bernhardt, and Kwakkel 2011)



2

MOTIVATION

- One of the greatest areas of innovation for a "Virtual Coach" is that it aims to support health management as secondary prevention and selfcare at home.
- The current state of practice for secondary prevention is to provide rehabilitation in an institutionalized manner.



OBJECTIVES

- Offer home rehabilitation solutions through an intelligent virtual coaching environment that integrates machine-learning technologies with updated coaching services, and clinical pathway services.
- Create a complex system that is able to dynamically conduct neurologic and cardiovascular patients' rehabilitation using machine learning algorithms and predictive analytics.



vCARE CORE CONCEPTS

What has to be done to allow a proper rehabilitation the home environment?





COMBINING DIFFERENT TECHNOLOGIES AS AN INNOVATIVE ELEMENT OF vCARE



WHAT vCARE DOES – INTEGRATIVE APPROACH





vCARE – TECHNICAL INTERACTION SCHEMA





STAGES FOR VIRTUAL COACHING - "LIFE CYCLE"



vCARE LAYERED APPROACH



SCOPE OF ACTION OF THE VIRTUAL COACH



PHASES OF PARTICIPATORY DESIGN





vCARE PARTNERS



Medical Partners

- Osakidetza (OSA)
- Casa di Cura del Poloclinco (CCP)
- Aarhus Universitet (AU)
- Universitatea de Medicina si Farmacie 'Carol Davila' din Bucuresti (UMFCD)

Technical Partners

- <u>Technische Universität Dresden (TUD)</u>
- Forschungszentrum Informatik (FZI)
- Austrian Institute of Technology (AIT)
- Imaginary (IMA)
- Siveco (SIV)
- Mysphera (MYS)
- Innovation Sprint (iSprint)

Admin./Exploitation Partners

- <u>Technische Universität Dresden (TUD)</u>
- European Health Telematics Association (EHTEL)
- Innovation Sprint (iSprint)



SCENARIOS / PILOTS

- Stroke Scenario (Pilot Site: Milan/Italy)
- Parkinson Disease Scenario (Pilot Site: Bilbao/Spain)
- Heart Failure (Pilot Site: Bucharest/Romania)
- Ischemic Heart Disease (Pilot Site: Aarhus/Denmark)



LIVING LABS



ANTICIPATED RESULTS

• Recovery of an Active and Independent Life at Home

vCare aims to enhance the QoL and provide a reliable statement of its development with a 10% increase of the QoL score (SF-12), as off the in-house pilot study durations (6 month) and a 15% increase of the SF-12 mental sub-score (Mental Component Summary)

Risk Factor Reduction

The goal is to reduce each specific risk factor of at least 10% of the baseline value, at discharge.

Better Adherence to Care Plan

vCare expects that the number of subjects that adhere to the care plan with vCare will be raised up to 80%, while the number of rehabilitation treatments, performed autonomously by the patient supported by vCare, raised up to 70%.

Personalization and Health Promotion

vCare expects a refinement rate of rehabilitation therapy (exercises and programs) raised up to the 60% of the cases where a change of treatment is required. The acceptance of the virtual coach (by professionals and patients) will be assessed through specific questionnaires (e.g. System Usability Scale), measured in the highest quartile score.



THANK YOU

www.vcare-project.eu



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