Meet Nicole Whitney

AGE 55 - PRONOUNS: SHE/HER/HERS
PROFILE: PROFESSIONAL BAKER, KNOWN FOR HER SIGNATURE PECAN CINNAMON PIE

Nicole is a retired Marine Corps Veteran who was working her second shift at the bakery when she suddenly experienced chest tightness. Nicole was rushed to the nearest emergency room, where it was confirmed, she had a heart attack. As follow up care, Nicole’s providers recommended she begin a cardiac rehabilitation (CR) program. While she tried her best to attend the recommended 36 visits, Nicole couldn’t afford to miss more shifts at work nor drive an hour to her appointments. After completing three visits, Nicole stopped attending her CR. Two years later, Nicole returned to the emergency room with signs of a second heart attack.

Nicole shouldn’t have to choose between income and lifesaving care. Veterans are more likely to have heart disease at a younger age than non-Veterans.¹⁷

This story is a realistic representation of a common experience for heart attack patients, and informed by research for CR.

At the Heart of the Problem

Heart diseases are the leading cause of preventable death globally, and are the leading cause of hospitalization in the VA health care system. Completing as many CR program sessions as possible has been shown to reduce the risk of another heart attack or death.
Home Is Where the Heart Is

The Smart Health Education and Rehab Technology (SmartHEART) Program uses smartphone technologies and telehealth capabilities to deliver CR to Veterans. This innovation equips Veterans with activity trackers that monitor vitals, exercise, and other wellness key performance indicators. Over 12 weeks, providers use telehealth video sessions to deliver health education content, provide mental and physical counseling, and track progress benchmarks with Veterans. With this solution, Nicole wouldn’t have had to choose between working to generate income and receiving her critical rehabilitation care. Virtual CR allows Veterans the flexibility to receive care in the setting of their choice, ultimately enabling and sustaining positive lifestyle changes.
SmartHEART Demonstrates Principles for Value-Driven Innovation

Meaningfulness
SmartHEART targets the primary killer of Veterans—cardiovascular disease. This solution provides cardiac care designed around the Veteran through new care models and digital innovations. SmartHEART provides an alternative to both in-person CR, which may be too costly (e.g., time costs, costs of commuting), and telephone appointments, which often limit Veteran engagement and sustained lifestyle change post-rehabilitation.

Appropriateness to Scale
SmartHEART is currently available at the Atlanta VAMC with the goal of scaling to additional sites in fiscal year 2022. SmartHEART’s scale strategy targets VAMCs with established CR programs and capacity (e.g., technology onboarding, clinician bandwidth) to effectively deploy a new service line.

Time to Value Realization
Today, SmartHEART yields value by increasing access to specialty care and reducing the digital divide, especially for rural Veterans. The program provides more effective care through tailored, remote care that improves recovery from cardiac arrest and can prevent heart disease from worsening. Over time, SmartHEART will yield value across the care ecosystem by enhancing patient trust, limiting future illness or readmission, and reducing emergency room visits.

Measuring the Value of SmartHEART

Access
Improves access to specialty care, particularly for Veterans in rural areas who live long distances from their VAMCs and Veterans who have difficulty taking time away from work and other personal responsibilities to prioritize lifestyle change.

Effectiveness
Improves effectiveness of care by increasing patient knowledge and encouraging sustainable recovery, likely reducing the likelihood of future illness or death from heart disease; increased patient activation and satisfaction can improve the long-term adoption of a healthier lifestyle for cardiac health.

Efficiency
Improves efficiency through better quality of care, cost avoidance, and reduced facility congestion, resulting in increased numbers of patient encounters without sacrificing patient engagement. Reductions in hospital readmissions and mortality are also likely to be a catalyst for patient trust and confidence, inspiring Veterans to seek care at the VA rather than in the community.

Equity
Improves equity by helping reduce disparities in cardiac care delivery, especially towards rural, non-Hispanic Black Veterans who traditionally exhibit a higher likelihood of cardiovascular events than their White Veteran counterparts.

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