The iHeartChange Transition Website: Participant Engagement
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BACKGROUND AND OBJECTIVE
Published guidelines recommend the development of strategies to improve the rate of transfer and quality of transition of patients with congenital heart disease (CHD) moving from pediatric to adult care, though empirically-evaluated interventions are lacking. We developed a CHD transition website: Intervention to Help Emerging Adults Ready for Transition Change (iHeartChange). The website includes 6 ‘content buckets’: (1) medical information, (2) lifestyle information, (3) coping with CHD, (4) connecting with other patients, (5) becoming more independent, and (6) introduction to the adult care team. We previously reported that adolescent feedback in terms of design and content was very positive. Teenagers found the website easy to navigate and deemed the content useful, easy to understand, and trustworthy.

STUDY OBJECTIVE: Investigate participant “engagement” by tracking the number of web page viewings.

RESULTS
43 (68%) patients visited at least one iHeartChange web page; 25 viewed web pages in 3 or more content buckets.

Congenital heart disease (as confirmed by pediatric cardiology records)
No previous adult CHD clinic visit
Participants recalled being ready to learn about their cardiac condition at a mean age of 12.1 years and identified their cardiac condition at a mean age of 12.1 years and identified their cardiologist (89%) and the Internet (64%) as the most common sources of information.

BASELINE SURVEY RESPONSES
- Participants recalled being ready to learn about their cardiac condition at a mean age of 12.1 years and identified their cardiologist (89%) and the Internet (64%) as the most common sources of information.
- Participants recalled being ready to talk about sex, contraception, and/or pregnancy with their medical team at a mean age of 17.7 years; 79% with defects of moderate or great complexity

ADOLESCENT INFORMATIONAL NEEDS
Transitioning teenagers with CHD have informational needs beyond their cardiac condition. Of equal importance are broader lifestyle concerns and information about adult providers. A major strength of the iHeartChange website is its broad scope of focus.

CONTENT BUCKET VISITORS MOST FREQUENTLY VIEWED WEB PAGES
CHD and Your Life 32 (74%) Relationshipships and sex
Welcome to the Adult Clinic 31 (72%) Driving
Medical information 30 (70%) Adult program by the numbers
Coping with CHD 21 (49%) Our doctors and nurses
Taking Charge of Your Health 21 (49%) Pregnancy and birth control
Connecting with Other Patients 17 (40%) Tour of the normal heart
Connecting with Other Patients 17 (40%) Managing stress
Connecting with Other Patients 17 (40%) Living with CHD
Connecting with Other Patients 17 (40%) Planning ahead
Connecting with Other Patients 17 (40%) Talking to providers
Connecting with Other Patients 17 (40%) Canadian Congenital Heart Alliance
Connecting with Other Patients 17 (40%) Adult Congenital Heart Association

CONCLUSIONS AND CLINICAL IMPLICATIONS
It will be important to determine participant utilization when iHeartChange 2.0 is offered in clinical setting. Higher usage is anticipated when iHeartChange will be offered in a clinical setting and offered to young patients before and after transfer of care. It is unknown why some teenagers completed the baseline survey but did not view any web pages. Perhaps an introduction to iHeartChange by a member of the clinical team would be beneficial.

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