my mhealth

Digitally Enhanced Pulmonary Rehabilitation (PR)

Traditional Pulmonary Rehabilitation Completion Rates are only 5%

Pulmonary rehabilitation (PR) is recommended to help better manage symptoms and improve exercise capacity and quality of life for people, living with COPD, who are functionally breathless (MRC 3 and above) (1).

The National Rehabilitation Audit programme (21/22) reported that less than 10% of the eligible patient population, complete PR annually (2).

Yet less than $\frac{1}{2}$ of those referred, enrol into a programme within 90 days (40%). This is even lower if the patient has had a recent admission (20.1%).

There is a gap in service provision to meet the demands of the eligible patient population in the UK (3).







Digital PR as Part of a Menu-based Approach

The British Thoracic Society (BTS) (4) recommend that patients who decline or drop out from supervised centre-based PR, should be offered an alternative, evidence based, mode of delivery. Moving away from one size fits all, to a menu of options.

Digital technologies present a great opportunity to increase access to PR. The recently published NICE Early Value Assessment: Digital technologies to deliver PR programmes for adults with COPD (NICE, 5) has recommended myCOPD as the only technology for use in the NHS, whilst more evidence is generated.



End assessment. PROMS sent to patient in app where possible

myCOPD contains a safety gated, graduated pulmonary rehabilitation exercise programme, a comprehensive education course and self management tools.

A randomised controlled trial against gold standard class-based programs found that myCOPD is non-inferior in improving 6-minute walk test distances and CAT test scores (6).

Services are using myCOPD to support a menu-based approach, whereby patients still receive their traditional start and end assessment, but are offered the option to complete their course face-to-face, remotely (provided through myCOPD), or a hybrid approach, combining face-to-face and digital elements (Figure 1).

4.)

Impact of Digital PR

Using the myCOPD app to support a digitally enhanced PR model, teams have been able to (6,10,11)

- ✓ Increase accessibility
- ✓ Improve completion rates
- ✓ Increase service capacity
- Maintain patient outcomes

Since the introduction of myCOPD into the NHS in 2017 there have been >119,000 pulmonary rehabilitation sessions delivered and >352,000 education sessions completed.

An independent, health economic evaluation found that the use of myCOPD to support a menu-based approach to care, as detailed above, created an 87% return on investment with

Figure 1. Digitally Enhanced Pulmonary Rehabilitation

a likelihood of success of 87.6% (8).

Empowering Patients, Reducing Unplanned Healthcare Utilisation

Not only can digital tools be used to support increased service capacity and completion rates of Pulmonary Rehabilitation services, they also present a fantastic opportunity to improve patient empowerment, improve symptom control and reduce unplanned healthcare utilisation (8,9).



felt <u>confident in</u> <u>managing COPD</u> <u>symptoms</u> after using the app(12) 66.1% (n=220/333) (n=220/333) (n=220/333) (n=220/333) (n=220/333)

felt there had been a <u>reduction</u> <u>in the number of</u> <u>exacerbations</u> experienced after using the app(12)



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