

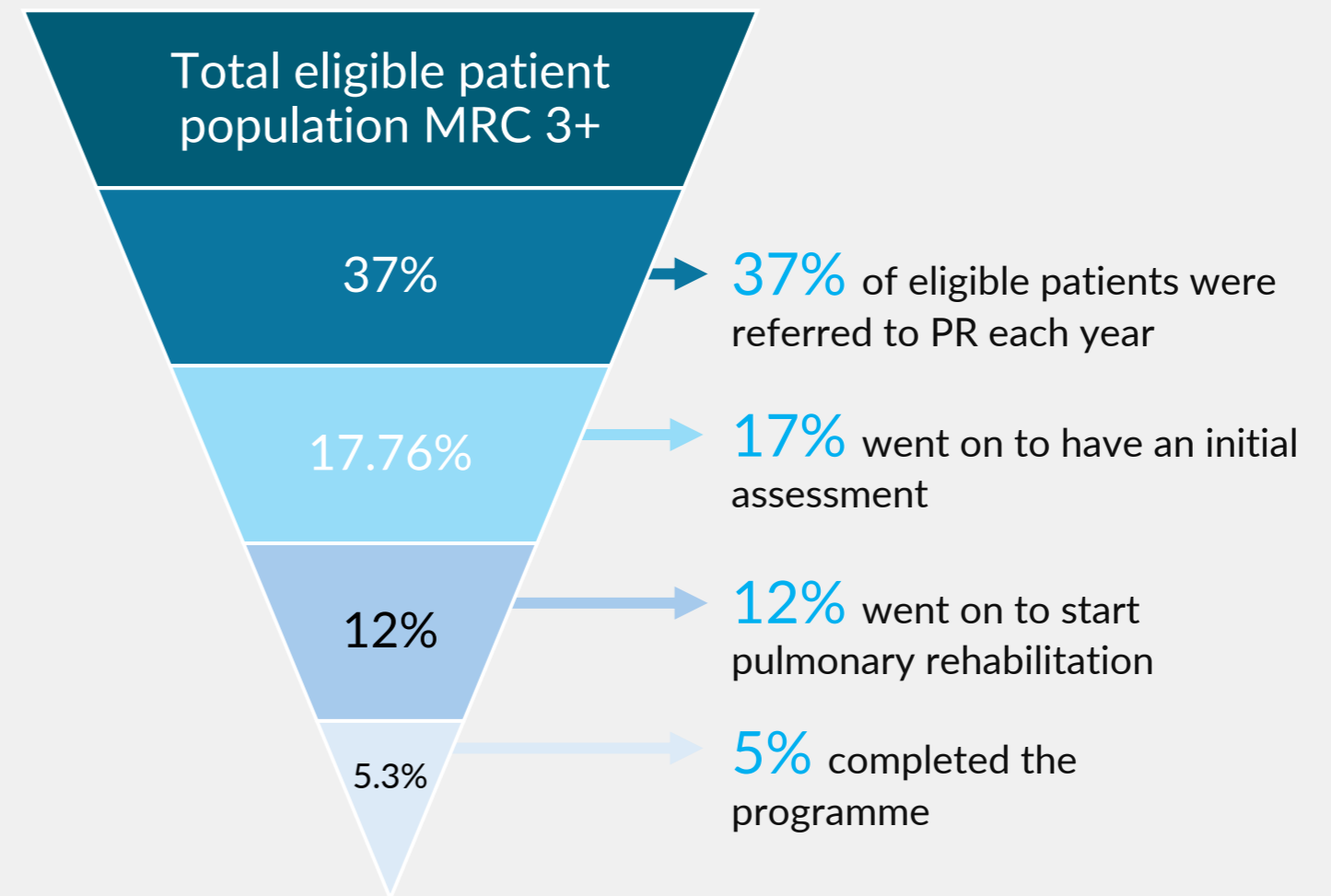
## 1. Traditional Pulmonary Rehabilitation Completion Rates are only 5%

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 ½ 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).



## 2. New Guidance Supports 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.

## 3. Digital PR as Part of a Menu-based Approach

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).

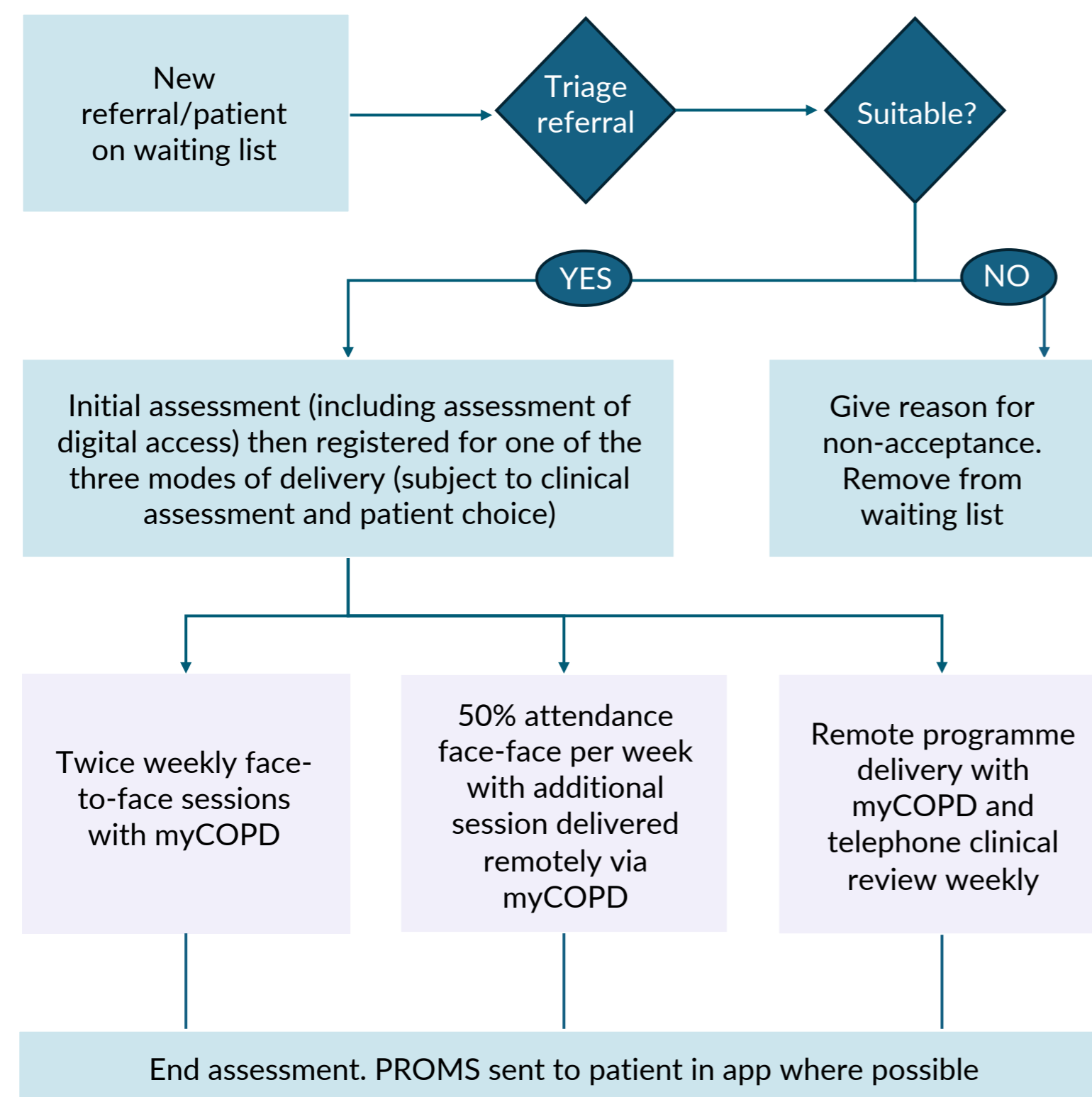


Figure 1. Digitally Enhanced Pulmonary Rehabilitation

## 4. Impact of Digital PR

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

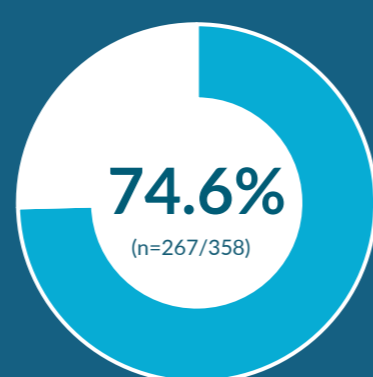
- ✓ Increase accessibility
- ✓ Improve completion rates
- ✓ Increase service capacity
- ✓ Maintain patient outcomes

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.

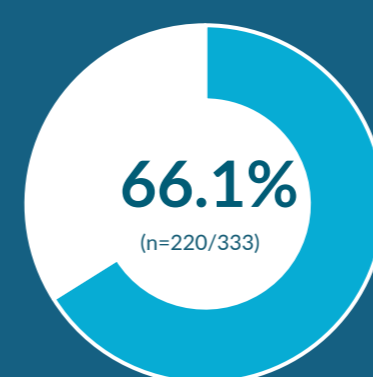
An independent, health economic evaluation found that the use of myCOPD to support a menu-based approach to care, as detailed above, created an 87% return on investment with a likelihood of success of 87.6% (8).

## 5. 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 confident in managing COPD symptoms after using the app(12)



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

