Rapid Access Rehabilitation (RAR) after Exacerbations of COPD
A Qualitative study

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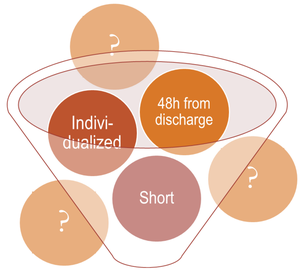
Introduction

- Pulmonary rehabilitation (PR) during or immediately after acute exacerbations of COPD improves patients' clinical status and reduces re-hospitalizations
- Less than 30% of patients are referred for PR and < 10% uptake PR
- Barriers: limited PR access, program capacity and being unwell
- Innovative rehabilitation methods are needed.

Rapid Access Rehabilitation



Aim

- To report on the perspectives of patients, healthcare professionals (HCP) and policymakers on the design, components, barriers and facilitators to the implementation of a rapid access rehabilitation (RAR) program following hospitalization for an acute exacerbation of COPD.

Methods

- Patients with COPD, HCP and policy makers from ten different Canadian healthcare institutions (Toronto, Montreal and Edmonton):
  - Patients: up to 1 year of a hospitalization for an AECOPD
  - HCP & policy makers: cared for patients during or up to 3 weeks of an AECOPD; caring for patients in the last 3 years
- Individual semi-structured interviews via Zoom Healthcare Plan
- Hybrid thematic analysis approach of deductive and inductive coding

Results

- 3 patients with COPD (1 female; 62–89 years; GOLD D)
- 10 HCP (3 females, 31–71 years) - respirologist, care manager, nurse, physiotherapists, occupational therapist, general practitioner, psychologist
- 3 policymakers (3 females, 38–55 years) - community rehabilitation lead, program coordinator, executive director

Table 1. Themes, subthemes and representative quotes of stakeholders' perspectives of a RAR program

Pre-RAR consideration	Management priorities	*"safe mobility would be first and foremost"* [HCP 7]
	Eligibility	*"should be medically stable, they should be willing to participate, they should be able to be mobile"* [HCP 1]
RAR programme	Outcomes	*"but be able to see if (…) they felt their self-management skills were better after going through the program"* [HCP 1]
	Structure	*"So I guess if it's at home and you're on the computer, well, 5 days a week would probably be okay. If I have to drive to West Park, then I wouldn't want to go more than twice a week."* [PT3]
	Components	*"I guess the main priority would be the education."* [PT2]
Optimization	Referral	*"(…) a standard normative "this is the next step"; trying to make it more of the standard of care."* [PM9]
	Uptake	*So something that encourages you to participate and maybe having it on the Zoom so you'd- in front of your friends and so on, would help. [PT15]*
Partnership	Collaboration	*"an overall broader engagement (…), also thinking about engagement of the primary care physicians, community, and getting their support in this type of program."* [PM9]
	Dedicated coordinator	*"…having that person in-house to be able to identify the patients that meet the requirements or meet the criteria for referral, I would say that that would be critical."* [HCP1]
COVID	Adaptations	*"There's also some opportunities there, like an opportunity for a virtual delivery (…)."* [HCP13]

Conclusions

- Patients, HCP and policymakers shared similar visions for the development of a RAR program.
- Identifying essential program elements and approaches to optimize referrals and uptake, were considered to be key for success in establishing RAR

FUTURE WORK: We are conducting a Survey with people with COPD, HCP and policymakers to reach the final structure of the RAR program. If you would like to give us your opinion about this program please contact Ana Oliveira (Ana.Oliveira@westpark.org).

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