

Is a transdisciplinary team effective in home-based pulmonary rehabilitation: concept of a care manager.

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Background

Pulmonary rehabilitation (PR) programmes are traditionally multidisciplinary (each team member focusing on their area of expertise) including an average of 4/5 healthcare professionals from different backgrounds.

To address the complexity of chronic respiratory diseases (CRD) and to promote interactions between the PR team, the case manager concept has been developed, showing positive results on self-management skills. However, a single manager has never provided the full PR package.

Objective: To evaluate the short- and long-term effectiveness of an 8-week home-based PR programme, delivered by a single care manager regardless of their initial expertise, in people with CRD.

Methods

Real-life, retrospective study conducted on prospectively collected and non-selected data from 2010 to 2021

One weekly supervised 90-minute home session during 8 weeks

One trained care manager providing the three core components of PR



Comparison of 4 groups: **respiratory physician VS physiotherapist VS nurse VS dietician/sociomedical beautician**

Assessments: Health related quality of life (CAT and VSRQ), anxiety and depressive symptoms (HAD), dyspnea (mMRC), exercise tolerance (6MST) at home at baseline (T0), end of PR (T2) and 14 (T14) months after T0



Main Findings

The care manager concept (a single healthcare professional delivering the three core components of PR after receiving a specific training) was effective in improving HRQoL, dyspnea, anxiety and depressive symptoms, and exercise tolerance in people with CRD, regardless of their initial training.

A shift from "this is what I do" to "what does the person need?"

Training is essential: behavior change techniques + side by side with senior care managers + weekly team meeting + ongoing training.

"I prefer to have the same person all the time because we do a psychological and physical interview and I didn't feel like telling about it every time." (male patient)

"we are building the programme with the whole team; when we reach our limits we can ask the physio what he would do in this situation, how I should adapt the exercises." (female care manager)

Home-based PR using a care manager may offer an alternative to conventional PR programme by improving availability and accessibility while maintaining long-term effectiveness.

How integrating the care manager concept in outpatient PR?



Results

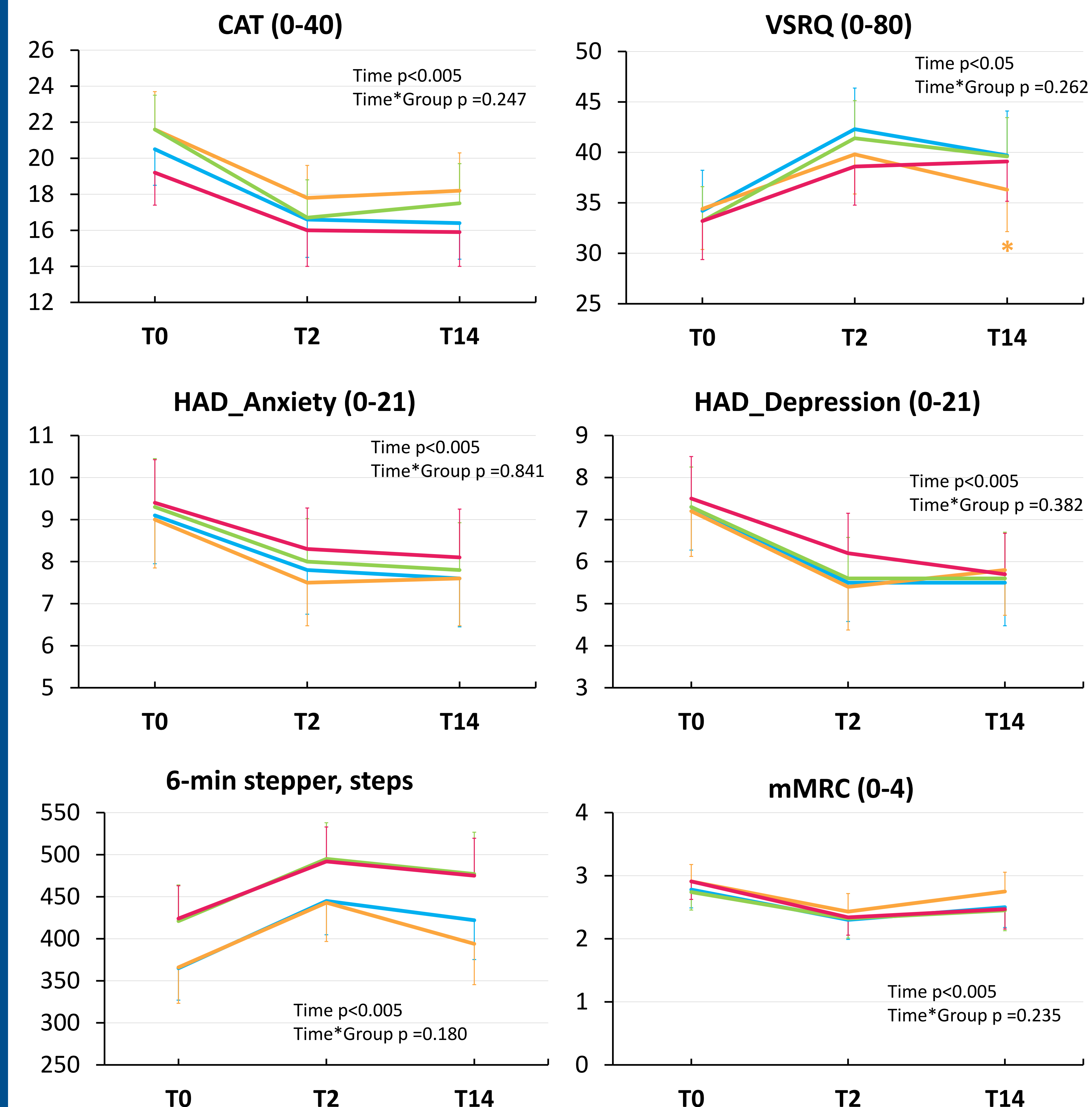
2,450 individuals included
50% COPD; 23% ILD; 10% Asthma

Gr 1: n=989, 40.4%	Gr 2: n=466, 19.2%	Gr 3: n=794, 32.4%	Gr 4: n=201, 8.2%
T2: n=889, 89.9 % T14: n=653, 66.0%	T2: n=429, 92.1 % T14: n=302, 64.8%	T2: n=718, 90.4 % T14: n=476, 60.0%	T2: n=180, 89.5 % T14: n=114, 56.7%

The number of participants who died during the study was not different between groups (13%, 11%, 14% and 13%, respectively, p=0.279).

Gr3 were leaving more in rural areas and had a higher number of comorbidities (5.7±2.9) than Gr1, Gr2, Gr4 (p<0.005). Gr 4 were more often males (69%) with a more severe obstruction (58.3±20.1%) than Gr2 and Gr3 (p<0.05). 6MST was higher in Gr3 compared to Gr1 (366±180 vs 321±155 strokes, p<0.001)

Will you guess which group is made up of which healthcare professionals?



Data are presented as mean (SD).

*VSRQ was not improved at T14 compared to T0 (p<0.01)

6MST improvement were smaller at M14 compared to M2 in Gr 1, Gr 2 and Gr 3 (p<0.05).