White Paper: Increasing Patient Participation In Pulmonary Rehabilitation

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Abstract: The focus of this white paper is to show how a pulmonary rehabilitation program (PRP) is the primary tool for decreasing readmissions of patients with lung disease, specifically chronic obstructive pulmonary disease (COPD). The following information was gathered from a review of literature and interviews of PRP staff members.

Keywords: pulmonary rehabilitation program, COPD

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Introduction

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Purpose

The purpose of a PRP is to improve current health status to maintain independence and well-being as much as possible despite lung disease. The COPD Foundation (2016, p. 1) defines PRP for patients as follows: “Pulmonary rehabilitation is a program of exercise, education, and support to help you learn to breathe-and function-at the highest level possible”. COPD is a leading cause of death in the United States. “COPD kills more than 120,000 Americans a year and is expected to be the third leading cause of death in this country by 2020” (UK Health Care, 2008, para #5). Hospitals are losing Medicare reimbursement dollars because patients are discharged and re-admitted too often. Lung disease patients need more of a focus in the outpatient setting to keep them from being re-admitted to the hospital.

Benefits of PRP

PRPs help lung patients learn how to breathe and function at the highest levels through exercise, education, and support. Patients gain numerous benefits from participating in PRP, such as: Physical benefits, social benefits, and an improved quality of life. Some of the physical benefits include decreased oxygen use, increased muscle strength, and increased strength endurance. Breathing problems prove to be an isolating disease (personal communication, February 3, 2016). PRP offers a social environment where others with the same symptoms can meet and learn from each other, which improves levels of depression and mood. Quality of life is enhanced when a patient is able to manage their disease through education regarding their medications, and how to identify and manage anxiety related to shortness of breath. Hospital stays are decreased when patients know the importance of their medications and how to use them properly, and have an increased awareness of well-being.

PRP Smokers vs Non-smokers

Smokers and non-smokers alike both gained significant improvements in their walk tests and maximum oxygen use. Lung changes were seen only in the non-smokers, having improvements in FEV1. Smokers were found to have the most significant quality of life scores. Smokers are encouraged to quit smoking before they continue with PRP. Since Medicare only pays for the program once in a life-time, the most benefit in every aspect will usually come from quitting tobacco use. When comparing post-rehabilitation improvements no significant differences were seen in all measures between groups (Hill, William, & Shaw, 2008, para. #2-4).

Participation Factors
The literature review shows that participation is usually less in those people who smoke, are more severely ill, and have no social support. According to Hayton et al. (2012) the conclusion was as follows: “Smoking status, availability of social support and markers of disease severity were predictors of attendance and adherence to PR” (para. #4).

It is important to keep patients motivated within the outpatient setting, no matter the disease process. According to Zwerink et al. (2014) “Essential patient skills for successful self-management of COPD include problem solving, decision making, resource utilization, and a partnership with their healthcare provider” (para. #2). Barriers for all patients might relate to transportation, finances, or exacerbation.

Professional PRP staff members have witnessed other issues which take away from participation, such as bad weather (personal communication, February 4, 2016). Some patients have an education deficit, psychological disorders, or feel the program is not important. Other patients get bored in a classroom setting based on the 6th grade education level (personal communication, February 4, 2016).

Physician referrals are the key to participation. Patients with severe COPD lack confidence in their ability to improve their quality of life, and patients lacked motivation to join a PRP or complete it. Fear and thoughts of being shamed for their condition were also reasons given for not wanting to attend PRP, or they did not believe or know the possibility of potential for getting somewhat better than their current condition. One patient had said, “I wasn't just short of breath, I was gasping for breath” (Guo, & Bruce, 2014, para. #18). Some of the patients needed physician referrals in an earlier disease stage. Other patients stated they felt PRP was too hard (personal communication, February 4, 2016). Respiratory therapists and nurses also can increase participation and awareness with patients. Overall, each lung patient should be reminded by health care providers about the existence of PRP, and all physicians need to focus on patient with lung disease and encourage them to stop smoking and enroll in PR programs before the patient is severely ill.

**Recommendations**

Investigate every patient with lung disease regarding their desire for increased well-being and use that as fuel for PRP recommendation. Increase awareness with healthcare providers and physicians as to the need and benefits of PRP. Ask for sooner referrals for lung patients and educate family or friends with patient permission to allow for social support at home and otherwise (personal communication, February 4, 2016). Influence those patients who are being re-admitted by gaining their trust. Trusted health care professionals can bridge gaps for patients on the road to better health by giving education, abolishing myths regarding their health or life changes, and supporting them.

**Conclusion**

Though there are some barriers and participation factors concerning PRP, patients who do attend and participate, gain health benefits. PRP offers the education, support, and environment needed for pulmonary patients to succeed and improve their current and future
health status. Some of the things patients had to say about their own PRP experiences were as follows: “I felt like I was in control of my health and never looked back. The staff was courteous, professional and treated me with dignity and respect while providing me an education in dealing with a pulmonary disease. The association, in a group setting with individuals with similar health issues, was extremely rewarding and gave me a sense of comfort. I found this program to be beneficial to my well-being and feel stronger as a result of the programs. Our instructors are so encouraging and helpful. We have learned many techniques that are so useful in daily life. It really makes a difference! My PFT’s have improved, I’m physically stronger and my outlook, in general, is better. I can’t recommend rehab strongly enough” (Saint Thomas Health Services, n.d. pp.1-2). All of the gains made by patients involved in PRP are evidence shown by their decreased hospital admissions, improved outlook on life, and ease of living with lung disease. Patients will come to the program if they feel they are getting stronger, breathing better, and feeling happier (personal communication, February 4, 2016). Any improvement in the patient’s opinion can also give them a larger sense of well-being. These are the main goals of PRP, to improve the quality of life in every way possible for every patient, and keep them away from the hospital. It is important that facilities in every state offer this type of program for their lung patients.
References


