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| **Remote pulmonary rehabilitation is commonly available in Australian services**  |
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| **Introduction/Aim:** Remotely delivered pulmonary rehabilitation (PR) may increase service accessibility. Centre-based PR (CBPR) was limited during COVID-19 restrictions and clinicians adapted programs to remote delivery. The current availability of CBPR and remote PR (rPR), and how programs satisfy the PR essential components, is not clear. This study aimed to characterise the national status of PR services, and describe program delivery in terms of PR essential components.**Methods:** An anonymousonlinesurvey was circulated to all PR delivery sites registered within the Lung Foundation Australia national PR program database (n=295). Respondents characterised their PR services, and additionally detailed services relative to essential components of PR, including assessment characteristics, nature of exercise prescription, and staff training. **Results:** 118 responses were received (40% response rate), comprising metropolitan (42%), regional (23%) and rural (35%) sites. 114 sites (97%) delivered CBPR. 50 sites (43%) additionally offered rPR services. Telephone (94%) and video-call (60%) were the most commonly available models from sites currently offering rPR. Most sites completed an initial centre-based assessment (CBPR 100%, rPR 89%), and delivered individually prescribed and progressed endurance and resistance training (CBPR 91%, rPR 78%). Only 33% of rPR programs reported that staff were trained in the specific components of the remote service delivery model. Current availability of rPR services is significantly reduced compared to the period of COVID-19 restrictions (85 sites, 74%, p<0.001). Free text responses identified staffing limitations, patient/healthcare professional preference for CBPR, and technology factors as key contributors to rPR service cessation. **Conclusions:** rPR remains available at 43% of Australian PR sites, and PR essential components are delivered in the vast majority of programs. Decline in availability of rPR since COVID-19 restrictions were relaxed may be due to staffing constraints and lack of specific training. Understanding patient and healthcare professional preferences could inform future adaptations to rPR models.**Grant Support:** No funding was received for this study. |