Patients

To inform patients about the value of increasing functional capacity and daily physical activity, we have developed a video message from patients’ perspectives in collaboration with the Long foundation Netherlands. This video message was made visible on their website and could be used by health care professionals for educational purposes. For the local television in Maastricht area, a short documentary/video production was made of a COPD patient with his personal experiences of an exercise training programme. The programme was called “Good Veurein”.

Health care professionals in primary care

In collaboration with the Dutch College of General practitioners (NHG), we developed a patient brochure “COPD and physical activity”, which could serve as written work accompanying the advices of general practitioners or practice nurses to stimulate patients with COPD on becoming more physically active. Under the authority of the Chain of Care Foundation COPD (Stichting Keten Kwaliteit COPD), we have developed several products to facilitate collaboration between general practitioners and physiotherapists and implement exercise training programmes COPD in primary care. Among these products are a step-by-step plan to organise a meeting with health care professionals in primary care who are involved in COPD care, a communication format, referral schemes, overview of the reimbursement system and the content of an exercise training programme.

In cooperation with Fastguide, an ICT company, we have developed a multidisciplinary Electronic Patient Dossier (EPD) COPD to facilitate collaboration and communication between general practices and physiotherapy practices. In this way, health care professionals could have direct access to the treatment and health outcomes of their patients with COPD.

Lastly, the importance of exercise training and physical activity is put forward during educational presentations for general practitioners, practice nurses and physiotherapists.

Policymakers

To implement exercise training programmes in daily care and to improve quality of the given care, we participated in several expert groups, including COPD and Asthma General Practitioners Advisory Group (CAHAG), the Dutch Paramedical Institute (NPI), the Netherlands Institute for Sport and Physical Activity (NISB), the regional care groups ZIO (Maastricht area) and Meditta (Sittard area). In these two regions, we have
contributed to the development of the Diagnosis Treatment Combination (DTC) of COPD care.

Future directions

We would like to extend our activities and products as described above, like creating awareness of the benefits of exercising and daily physical activity to the patients with COPD and health care professionals and keep on participating in expert groups. But another major step would be to intensify consultations with medical insurance companies and the local authorities. With the medical insurance companies, (short-term) reimbursement could be discussed. Currently, reimbursement for patients with moderate to very severe COPD who participate in a pulmonary rehabilitation trajectory is rather extensive in the Netherlands. On the other hand, reimbursement for a physical exercise training programme in primary care for patients with mild to moderate COPD is very limited. Until now, not many economic evaluations of pulmonary rehabilitation programmes have been performed, but Griffiths and co-workers and Hoogendoorn and co-workers have shown that their outpatient rehabilitation programme and interdisciplinary community-based programme respectively, were cost-effective.12,13 Golmohammadi et al. (2004) also demonstrated the potential cost-effectiveness of pulmonary rehabilitation programmes. Notably, they found that patients with COPD GOLD stage I experienced the largest benefits and most impressive reductions in the total costs. It is suggested that patients with mild disease (with moderate degree of dyspnœa) are likely to benefit the most from pulmonary rehabilitation, possibly because they may be able to push themselves harder during exercise training and achieve greater levels of cardiovascular fitness than those with more severe disease.14 COPD experts, the Dutch Ministry of Health, Welfare and Sport and medical insurance companies should reconsider a well-balanced reimbursement system for patients in all COPD categories.

The intention of a physical exercise training programme COPD in primary care is that it is a starting point for patients to improve their exercise capacity and to become physically more active in daily life. Ideally, patients should continue exercising outside the health care setting, on their own (for example by walking, cycling, swimming alone or with friends/family) or in (facilitated) groups. In our opinion, local authorities could play an important part in the link between exercising in health care and “post” health care and therefore collaboration between local authorities and local health care professionals should be intensified.
When exercise training programmes and daily physical activity facilitations are implemented, it is also important to monitor and evaluate these interventions over time to make adjustments and address potential barriers and problems.
References