

# Digital pulmonary rehabilitation delivered at scale and at home.

The first Australian-made digital PR platform has been validated through a clinical trial and commercialised.

It presents a new opportunity to help those with chronic respiratory disease in a significant way, from the comfort of their own home.

[Learn how it could help your patients](#)



## Pulmonary rehabilitation improves outcomes, but barriers to uptake remain high.

For Australians living with chronic respiratory disease (CRD), hospital-based pulmonary rehabilitation (PR) is proven to improve symptoms, exercise capacity, quality of life, and reduce hospital admissions.

Despite these benefits uptake of PR is low, estimated at only 5-10% for people with moderate-to-severe COPD. This is due to limited program availability, access and transportation barriers (especially in rural areas), and poor patient engagement.

## The solution is digital PR, grounded in behaviour science.

In response to these challenges, a consortium of leading CRD companies and research groups developed Australia's first digital PR platform, called "m-PR." This innovative solution enables people with CRD to complete PR in their homes using a smartphone or tablet.

A rigorous randomized control trial confirmed that m-PR is as effective as traditional hospital-based PR in improving exercise capacity (6MWT) and reducing disease impact (CAT) for people with COPD.

The commercial version of "m-PR," developed in collaboration with Perx Health, benefits from Perx's global expertise in patient motivation through behavioral science, as well as its robust capabilities in ensuring security, privacy, and accessibility in a healthcare setting.



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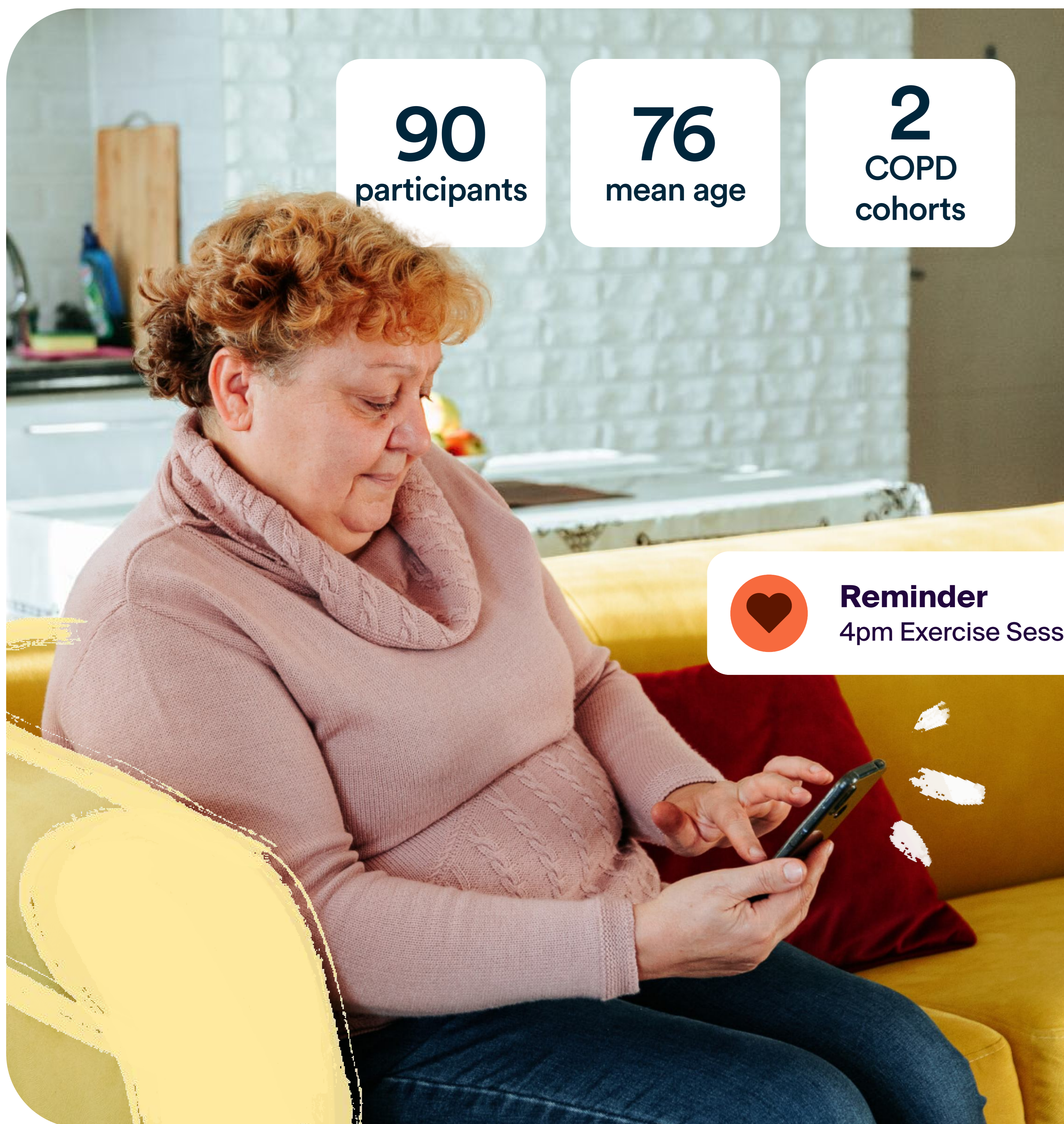
# CAT

Statistically superior  
outcomes to hospital-  
based PR

# 6MWT

Equivalent  
outcomes to  
hospital-based PR





## Home-based, digital PR results were validated by RCT.

The RCT examined the impact and experiences of two groups with COPD undertaking a hospital-based PR program versus at-home PR with the “m-PR” app.

The digital model of care included a centre-based assessment, followed by an 8-week program, weekly therapist calls, and then a centre-based reassessment.

The primary findings were:

- Statistically superior CAT scores for the “m-PR” group,
- Equivalence on the 6MWT,
- Similar completion rates across the two cohorts, and
- Greater program enjoyment for the “m-PR” group

A cost effectiveness study will be completed in 12 months exploring the effect on hospitalisations.

## The commercialised design ensures the 13 essential components of PR are delivered.

The commercialised version of “m-PR” allows the clinician to personalise the program based on the needs of the patient.

These include:

- 8-week exercise program supported by video
- Video-based disease self-management
- Health coaching with in-app notifications
- Symptom and activity monitoring
- Goal setting and medication adherence
- Outcome measures through surveys
- Social platform for community support

The app is also highly motivating. Grounded in behavioural science, it leverages games, rewards, and challenges to create a multifaceted motivation strategy that adapts to the individual.



*“I think your app is great. It’s like having a buddy there to help me manage my COPD.*

*It’s becoming a daily part of my life so thank you for this app. I love it.”*

**Perx Health User**

## The first Australian-made digital PR program is ready to launch.

To learn more about this at-home, digital PR program, and how it could be implemented with your chronic respiratory disease population, please contact Fiona Hammond at [fiona@perxhealth.com](mailto:fiona@perxhealth.com) or visit [www.perxhealth.com](http://www.perxhealth.com).