



myCOPD



mymhealth.com

Available on the
NHS Apps Library

Introducing myCOPD, from my mhealth.

myCOPD is the most comprehensive, user friendly and intuitive COPD App available on any device. Built by COPD experts, and externally peer reviewed by leading NHS COPD consultants and teams, myCOPD puts patients, and their clinical team in control like never before.

myCOPD empowers patients to manage their COPD for a lifetime. Based on best evidence and national guidelines, myCOPD provides 24-hour self-management, expert advice and support for patients with COPD. Unlike other COPD Apps, myCOPD contains the first expert led, structured online education course for patients.

In addition, myCOPD assists patients in monitoring symptoms, lung function, using a COPD self-management plan, and understanding how to take their inhaled medication and rescue packs correctly.

myCOPD in clinical studies has been shown to:

- Correct between 80-98% of inhaler errors, present in over 70% of patients
- Deliver pulmonary rehabilitation (PR) with the same outcomes as face-to-face programs
- Reduce the rate of COPD exacerbations
- Double the rate of recovery from an acute exacerbation
- Significantly reduce the readmission rate compared to usual care in patients admitted with COPD

The myCOPD clinical software brings patients closer to their clinicians, enhancing and enabling efficient care remotely.

At just **£40 per patient**, for a lifetime, **myCOPD** is the most **cost-effective** and complete **digital intervention** currently available for the condition, **improving outcomes**, and efficiency **across the entire patient pathway**.



Why does healthcare need myCOPD?

Self-management is considered by current COPD guidelines to be an essential component in the management of the condition and is recommended with the highest level of evidence. Indeed, in some studies collaborative self-management has been shown to reduce admissions by almost 40%.¹

Evidence shows that when quality interventions are offered, self-management education results in an improvement in adherence to therapy, and in most cases, COPD outcomes. Unfortunately, outside of pulmonary rehabilitation (PR), COPD education is still insufficiently integrated into standard COPD care provision.

At best only 2.3% of patients with COPD in the UK complete PR each year.² This is unlikely to improve in the near future as current services have dropped from 230 to 193 due to reduced staffing, and 2 in 5 patients are waiting more than 90 days to enrol into the programme.³

myCOPD not only delivers to the patient an individualised, comprehensive COPD education program, it also provides a suite of tools to enable efficient self-management and rehabilitation, at a time and place to suit the patient. This improves patient outcomes and reduces the burden on clinical services.

Of the patients referred into PR:

- 30% do not attend initial assessment
- Only 42% complete the 6-week course

myCOPD also helps with the delivery of clinical services, at all levels of care to patients using our clinical management software. Clinicians are able to deliver enhanced patient centred services, often remotely, to many more patients than traditional care models.

In fact, in clinical studies in primary care, myCOPD has been shown to reduce the burden of delivering the annual review by 75%, because many of the processes are automated, for example: disease education, inhaler/spacer instruction and assessment of symptoms using validated tools.

myCOPD provides an innovative enhancement to classical face-to-face consultations, bringing together patient-reported data, alongside clinical data e.g. FEV1, Spirometry - improving patient outcomes, clinician efficiency and work flows.



Facts about **COPD**.



1.2 million people in the UK have been diagnosed with COPD.

4.5% of all people over the age of 40 live with COPD.



27%

There are 27% more people diagnosed with COPD than 10 years ago.

115,000 patients are newly diagnosed each year.



Inhaler device errors are present in up to 90% of patients with COPD reducing the effectiveness of the drug.

Why my mhealth?

my mhealth are perfectly positioned to help the NHS meet the pressing need to improve efficiencies and outcomes in the management of long term conditions.

We create Apps which empower patients through digital self-management and enable remote service delivery by clinicians at both an individual and a population scale.

Our Apps are MHRA certified and operate under strict clinical (DCB 0129) and information governance (The Data Security and Protection Toolkit) frameworks.

In addition, we also offer our expert led Digital Transformation Team service to aid deployment and help co-design patient pathways.

We are currently working in over 100 CCGs in England, integrating Apps into patient pathways, transforming care and improving outcomes.

Who is myCOPD for?

myCOPD has been designed by clinical experts to benefit all patients at any stage of disease. myCOPD clinical software assists and supports clinical teams at all levels, from primary to secondary care, and in rehabilitation services.

myCOPD
My COPD Medication
Current prescriptions

Daily



Trelegy Ellipta (Fluticasone Furoate, Vilanterol, Umeclidinium)
92/55/22 mcg
1 puff once a day

Remove

Reliever



Salbutamol MDI 100 mcg
1 to 2 puffs as directed

Remove

Rescue



Prednisolone
6 tablets once a day

Remove



Amoxicillin 500 mg
500 mg. 3 times a day for 7 days

Remove

Medication

Prescription Assessment

How to Use

What does myCOPD do for Patients?

We believe that people should be supported to be as independent and healthy as possible; thereby preventing complications, and the need to go into hospital. myCOPD gives patients 24/7 access to a range of powerful tools to educate, optimise self-management, monitor symptoms, and improve both their adherence and quality of inhaler administration.

The key features are:

Inhaler technique training

Patients learn how to take their inhalers correctly using our unique set of inhaler videos. myCOPD contains videos for every inhaler device (and spacer). Access to these has been shown to correct up to 98% of inhaler errors.

Prescription assessment

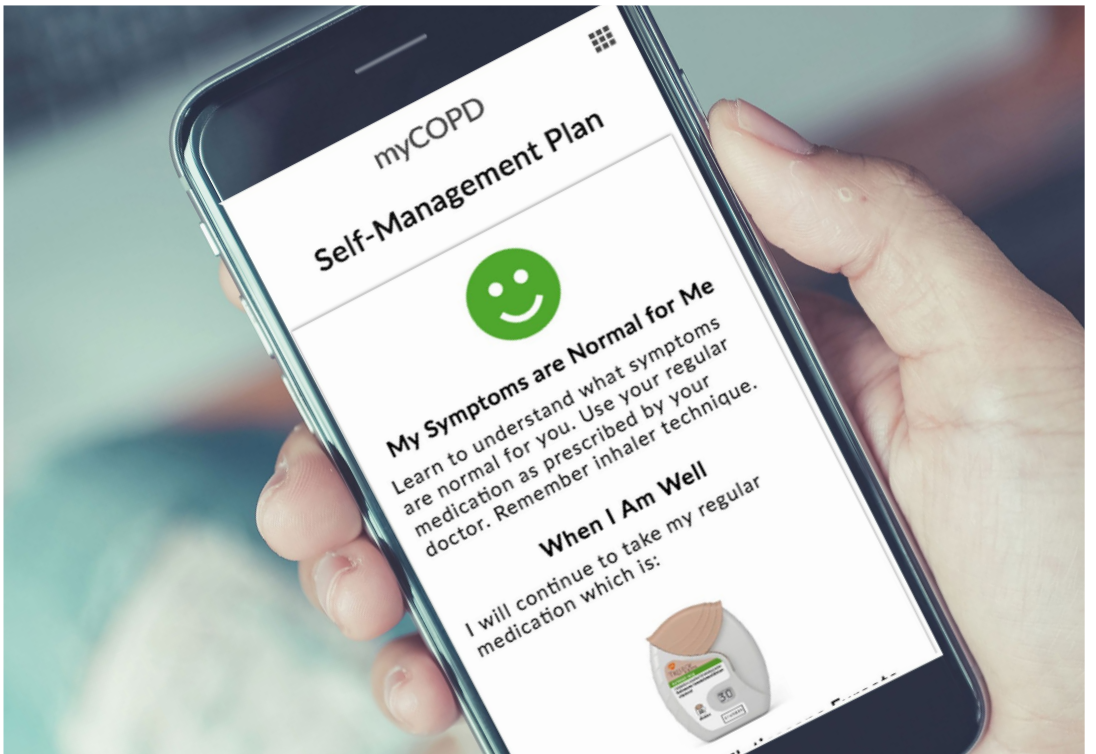
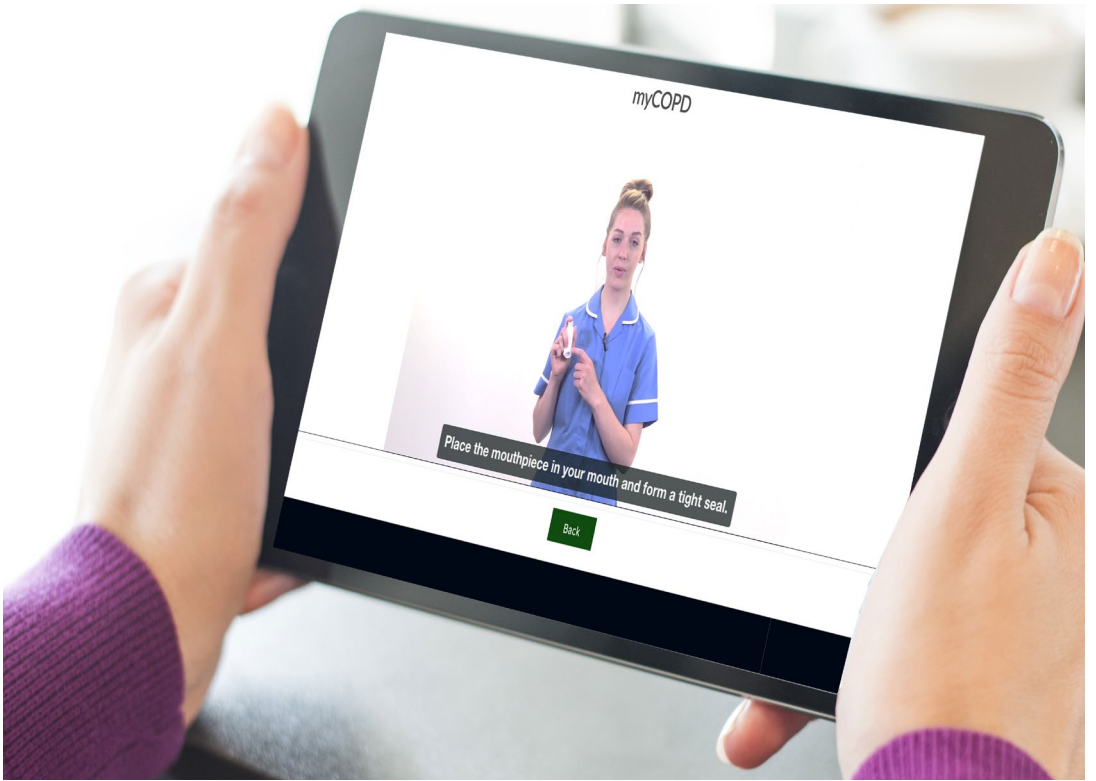
The patient will have access to a prescription assessment function which checks to see if there are conflicts within inhaled medication prescribed, that the prescription conforms to best evidence, and makes sure that the right spacer device is prescribed for the right inhaler.

Self-Management Plan

The myCOPD self-management plan helps patients understand what medication to take and when. The self-management plan can be customised to the individual patient by the clinical team.

Pulmonary Rehabilitation

myCOPD has a full 6-week rehabilitation program. Developed with leading rehabilitation experts, the myCOPD PR program has been shown in a randomised controlled trial against standard class-based programs, to offer the same outcomes in improving 6-minute walk test and CAT scores.⁴



Symptom and assessment tracking

myCOPD collects patient daily symptoms, and every few weeks, patients complete a COPD assessment test (CAT). On completion of the CAT, patients are presented with advice about how this can be improved. Results are stored in a report, so patients (and clinicians) can keep track of how well symptoms are controlled over time.

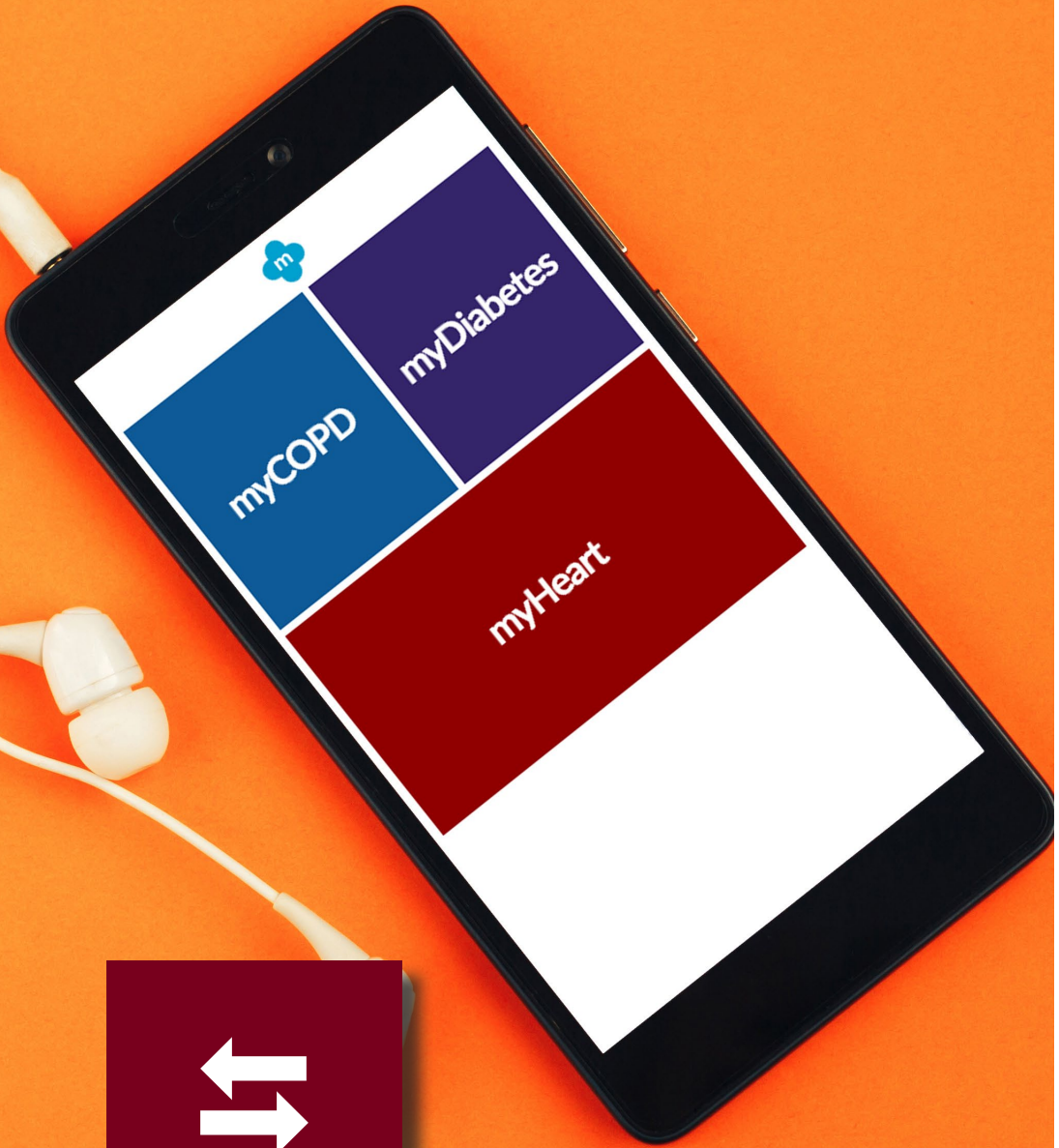
Weather and air pollution forecasting

Weather and pollution can impact on symptoms. Patients can view the latest reports and guidance based on their current location.

Lung function

myCOPD helps patients keep track of their lung function (FEV1 and FVC) and spirometry. This function also assists clinical teams to monitor patients and access spirometry at a time when they most need it e.g. during a ward round, a key recommendation from the National COPD Audit.⁵

Patients with co-morbidities can access through the same login, other Apps from the my mhealth family, e.g. if they also suffer with diabetes or heart disease. This addresses the need to manage co-morbidities optimally to improve the patient's long term outcomes (a separate purchase is necessary for patients to access the other Apps).



Switch App

Empowerment and Education

myCOPD contains expert education on all aspects of COPD. This high-quality content has been produced in-house, and externally peer reviewed by COPD experts to make sure patients receive the most up to date, and evidence-based education.

Each patient education course is constructed based on the severity of COPD, treatment regime and symptoms. The progress through the course can be viewed by both patients and clinicians in the COPD checklist.

Examples of the many education topics covered include:

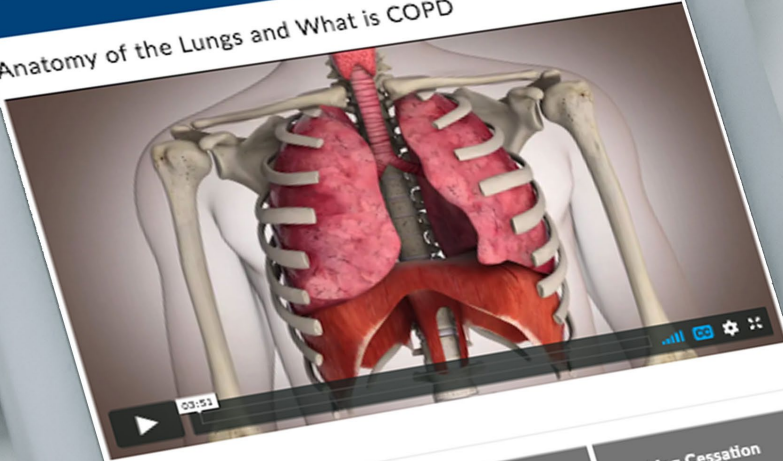
- Anatomy of the lungs and what is COPD
- Exercise and COPD
- Smoking cessation
- Breathlessness
- Medication and treatment
- Sex and breathlessness
- Self-management
- Weather
- Pollution
- Pacing
- Oxygen
- Chest clearance
- Exacerbations
- Anxiety and depression
- Nutrition
- Travelling
- Benefits

In addition to the education, self-management is achieved through a range of other tools provided in myCOPD.

These include:

- Medication Diary
 - COPD checklist
 - Progression of through the Education course
 - CAT score report
 - Inhaler instruction
 - Mindfulness and anxiety instruction
 - Chest clearance instruction
 - Oxygen alert card
-

Anatomy of the Lungs and What is COPD



Anatomy of the Lungs and What is COPD	Exercise and COPD	Smoking Cessation
Medication and Treatment	Self-Management	Exacerbations
Breathlessness Part 1	Breathlessness Part 2	Pacing Part 1
Pacing Part 2	Oxygen	Chest Clearance
Anxiety and Depression	Nutrition	Travelling
Sex and Breathlessness	Benefits	Weather
Pollution		

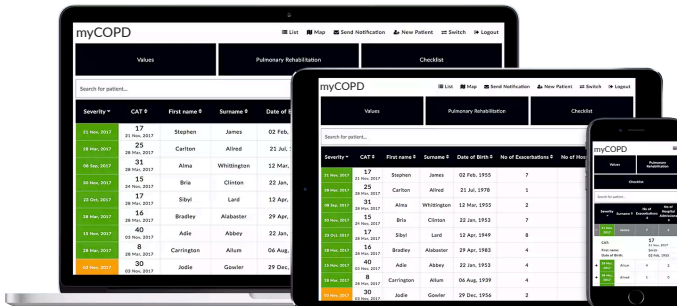
Back

What about clinicians?

myCOPD has been developed to help you manage your individual patients and your patient population, enabling you to identify those patients most in need. Using myCOPD enables clinicians to deliver services to many more patients than previously possible in traditional settings.

When you first login you will see your COPD patient list.

Clicking on the patient name, in the patient list brings up the patient profile page which enables you to view at a glance individual patient's checklists, medication and demographics. From this page you can access the complete set of patient reports, change medication, upload spirometry, view trends in lung function and even contact the patient by sending a message through notifications.



This COPD patient checklist enables you to view which patients require certain checks to complete their annual review. Unlike other systems, myCOPD facilitates the prioritisation of patients most in need by using captured metrics such as symptoms reported or CAT scores

All changes made from the clinician interface update the patient's App, instantly! For example, changing a patient's inhaler/device will instantly change the patient's medication diary, self-management plan and inhaler videos.



Having access to the patient profile enables you to view their COPD control over time

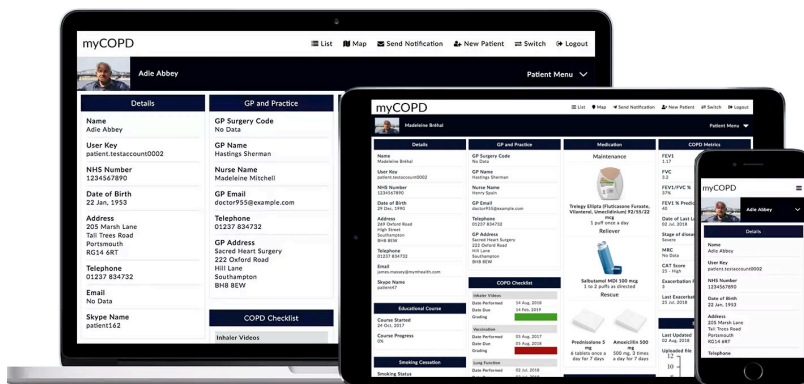
There are many more functions that facilitate care for your COPD patients:

- Assess the patient prescription against current guidelines
- Write and store consultations
- Set up appointments
- Customise the patient self-management plan

Through the App you can send messages to individual patients, identified patient groups or broadcast health messages to your patients for free.

Also, any changes you make to the patient record e.g. change of medication, – will be sent automatically to your patient in their notification tile, and update their App.

For example, changing an inhaler or device will automatically update the patient inhaler videos, self-management plan and medication diary instantly.



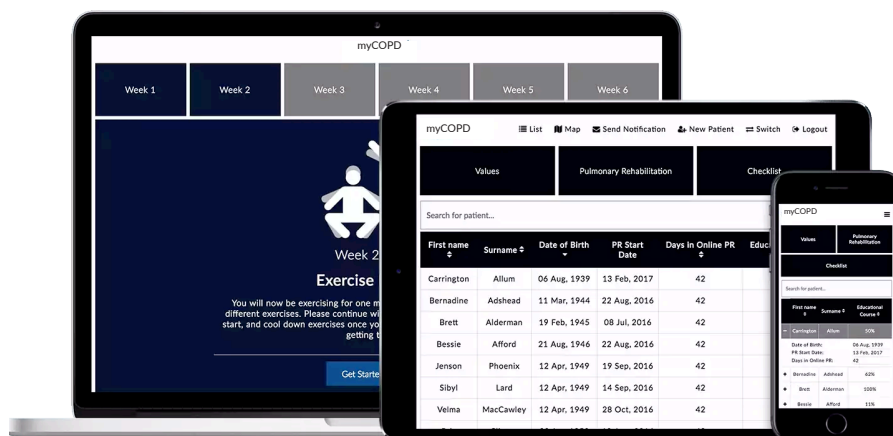
How can pulmonary rehab services use myCOPD?

Pulmonary rehabilitation is an integral part of COPD management, but many patients find it difficult to access, and 2 out of 5 patients are waiting longer than 90 days to enroll onto the program. The current capacity in the system means that only just over 2% of COPD patients complete a program each year.

How does myCOPD improve and augment the current pulmonary rehabilitation model?

- Provides access to patients who cannot attend class-based rehabilitation.
- Supports home-based exercises between standard classes.
- As a maintenance exercise and education program following completion of the course.
- Optimises other areas of self-management not supported by current services.

From our experience integrating myCOPD within pulmonary rehab services across the UK, providing patients with a hybrid model, supported by a digital tool, enables services to reach 5-10 times as many patients than previously possible.





WARM UP
CARDIO
STRENGTH
COOL DOWN
my PR

What do patients say?

West Lothian Health Board in Scotland undertook a survey of patients who had been given myCOPD between Dec 2017 and July 2018.

- 86% of patients found myCOPD easy or very easy to use.
- 96% of patients found it helpful or extremely helpful for looking after their COPD
- 95% of patients since using myCOPD felt more confident about looking after their COPD.
- 95% of patients would recommend myCOPD to family and friends who have COPD

Report compiled by West Lothian Health Board





"I fill in myCOPD every night as it makes me feel I am still in control of my life and has helped me understand what impact COPD has in my life."

-Anonymous Patient

How do you get myCOPD?

For further information,
please email: info@mymhealth.com
or call us on: **01202 299583**





Meet our COPD expert Prof Tom Wilkinson (*Professor of Respiratory Medicine, University Hospital Southampton*).

Tom trained in medicine at Cambridge University and was appointed as Professor of Respiratory Medicine in 2016.

Prof Tom Wilkinson is a world-renowned researcher and key opinion leader in the field of COPD and works in both hospital and community COPD services across Southampton City.

Tom has won several national and international awards and was recognised by the European Respiratory Society as the leading researcher in Europe in his field under the age of 45.

References;

1. Bourbeau J, Julien M, Maltais F, Rouleau M, et al.; Chronic Obstructive Pulmonary Disease axis of the Respiratory Network. Fonds de la Recherche en Sante du Quebec. Reduction of hospital utilization in patients with chronic obstructive pulmonary disease: a disease-specific self-management intervention. *Arch Intern Med* 2003;163:585-591.
2. National Chronic Obstructive Pulmonary Disease Audit, 2015.
3. PCRS National Audit 2018.
4. Bourne S, DeVos R, North M, et al Online versus face-to-face pulmonary rehabilitation for patients with chronic obstructive pulmonary disease: randomised controlled trial *BMJ Open* 2017;7:e014580. doi: 10.1136/bmjopen-2016-014580
5. Royal College of Physicians - COPD: Time to integrate care - organisational audit 2017.

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