How resources determine pulmonary rehabilitation programs: a survey among Belgian chest physicians.

Supplementary material

Figure S1: Access to rehabilitation in hospital (148/200 physicians). Blue arrows: Convention hospitals, Red arrows: PRH with pulmonologist certified in pulmonary rehabilitation, Green arrows: PRH with regular pulmonologist



Table S1: Complete English version of the survey questions that were asked to the Belgian chest physicians.

Question	Answer
Who is in charge of the pulmonary rehabilitation program in the hospital?	Physical medicine Chest physician with a recognition Chest physician Other No responsible
Who refers patients to the pulmonary rehabilitation program?	Chest physician from your hospital Self-referral Chest physician from other hospitals General practitioner Other specialist
Which types of patients are considered for a pulmonary rehabilitation program?	COPD (stable) COPD (during or after an acute attack) Asthma (light) Lung cancer (before surgery) Lung cancer (post-surgery) Thoracic surgery (before surgery) Thoracic surgery (post-surgery) Interstitial lung disease Cystic fibrosis Pre- or post-transplantation patient Restrictive ventilator troubles Other
Number of patients who entered the pulmonary rehabilitation program during the last 12 months in your centre	X patients No idea
Proportion of patients refusing to participate in a rehabilitation program	0% 1-10% 11-25% 26-50% 51-75% >75% No idea
What are the reasons for not adhering to the proposed rehabilitation program?	No reimbursement No specific program Still in activity No interest No transport means Too far from home Own physiotherapist Too time consuming Not convinced of possible effects Patient is feeling too sick Patient does not feel sufficiently sick Other
In case of absence of participation in a rehabilitation program, what are your preferred alternatives?	Prescription of a trained physiotherapist Prescription of a local physiotherapist Letter to the general practitioner Referral to another centre Rehabilitation expert for an inpatient Strengthening of the patient (fitness) Standard treatment/medication Other None

In case of home rehabilitation, which reimbursement are you generally using?	E listing F listing
	Normal prescription Responsibility of the general practitioner
	No idea
What are the health care providers who are active in the	Physiotherapist
respiratory rehabilitation team?	Chest therapist
	Occupational therapist
	Social worker
	Psychologist
	Dietician Exercise physiologist
	Internist
	Cardiologist
	General practitioner
	Tabaccologist
	Pharmacist
	Nurse
	Speech therapist
	Other
What are the interventions included in the respiratory	Outdoor walking
rehabilitation program	Treadmill walking
	Indoor bicycle Strongthoning with special devices
	Strengthening with special devices Strengthening with weights and elastics
	Education
	Conservation of energy training (ADL)
	Self-management training
	Nutritional support
	Inspiratory muscles training
	Neuromuscular electrical stimulation
	Breathing pursed lips exercise
	Mucus clearance techniques
	Smoking cessation
	Psychological support Physical activity coaching
	Home visit
	Other
	No idea
How is the interaction between the rehabilitation team and the	Informal
referral doctor organized?	Report at the beginning and at the end
	Team meetings
	Clinical follow-up on site
	Letters
	Other No idea
	No interaction
What is the standard duration of a respiratory rehabilitation	4 weeks
program?	8 weeks
	12 weeks
	16 weeks
	20 weeks
	6 months
	>6 months
What is the mean frequency of rehabilitation associates	No idea
What is the mean frequency of rehabilitation sessions per week?	2
HOLE.	3

	4
	3 and 2
	Other
	No idea
What is the mean duration of a respiratory rehabilitation	30 minutes
session?	1 hour
	1.5 hour
	2 hours
	No idea
What are the respiratory rehabilitation program results	6-min walking distance
delivered to the referral physician at the end of the program?	Pulmonary function
r v	Bicycle endurance
	Maximum exercise test
	EMG
	Lower limbs muscular strength
	Inspiratory muscular strength
	Body composition
	Quality of life
	Dyspnoea
	Fatigue
	Depression
	Anxiety
	Daily activities
	Optimal drug treatment
	Smoking stop
	Physical activity surveillance
	Self-management qualities
	Other
	None
What are the 5 results of the rehabilitation program which are	Same proposals as above
the most important for you?	
How is the follow-up ensured after the end of the rehabilitation	Maintenance program in a centre
program?	Re-evaluation after 6 months – 1 year
	Reference to a local physiotherapist
	Reference to a fitness centre
	Physical activity recommended orally
	Back to the referring chest physician Other
	No follow-up/Drug only
Anaryon satisfied of the rehabilitation program?	
Are you satisfied of the rehabilitation program?	Entirely Yes
	It depends
	No (and why?)
	Not at all (and why?)
Could you estimate the proportion of your patients who has	<20%
significantly improved after following the rehabilitation	21-50%
program?	51-80%
	>80%
	No idea
What are the principal improvements to bring, in the future, to	Larger multidisciplinary
rehabilitation programs?	Individualized program
	Structural involvement of the chest physician
	Standardized follow-up
	Broader access
	Larger referencing
	Improved reimbursement
	Other
	None
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Table S2: Preferred alternative options for rehabilitation in patients who, for whatever reasons, refused to participate in a pulmonary rehabilitation program (PR). The results are shown in % of chest physicians who could choose a maximum of three options

	Total responders (n=200) (%)	CH (n=24) (%)	PRH (n=124) (%)	Non-PRH (n=52) (%)
General prescription for local physiotherapist	61	41	64	64
Specific prescription for experienced physiotherapist	46	73	40	46
Just standard care or medication	36	36	38	27
Empowerment of patient (Fitness)	31	41	30	27
Recommendation letter for the general practitioner	25	32	24	27
Referral to another expert in a rehabilitation centre	19	9	21	18
Expert inpatient rehabilitation	46	32	12	18
other	2	none	3	none
None	1	none	1	none

Table S3: Types of professions active in pulmonary rehabilitation teams. Results are expressed as % of chest physicians responding yes to the item.

	CH (n=24) (%)	PRH (n=124) (%)
PHYSIOTHERAPIST	96	94
CHEST PHYSICIAN	92	77
DIETICIAN	84	52
OCCUPATIONAL THERAPIST	72	52
SOCIAL WORKER	76	51
PSYCHOLOGIST	76	48
TOBACCOLOGIST	56	35
NURSE	32	30
EXERCISE PHYCHOLOGIST	40	19
CARDIOLOGIST	16	15
GENERAL PRACTITIONER	4	5
INTERNIST	12	4
OTHERS	8	2

Table S4: Type of interventions included in the pulmonary rehabilitation programs. Results expressed as percentage of physicians responding yes to the item

	CH (n=24) (%)	PRH (n=124) (%)
Stationary cycling	96	91
Treadmill walking	100	90
Resistance training using apparatus	88	74
Education	84	66
Smoking cessation	84	62
Breathing exercises/Pursed lips breathing	76	64
Resistance training using handheld weights/elastic bands	80	63
Inspiratory muscle training	76	62
Nutritional support	76	53
Psychosocial support	72	45
Self-management training	60	44
Physical activity coaching	72	34
Energy conservation technique/ADL training	60	34
Mucus clearance techniques	56	32
Neuromuscular electrical stimulation	48	24
Walking outdoor	32	22
Home visit	12	6
No idea	0	7

Table S5: Types of outcomes of the pulmonary rehabilitation program provided to the referring physician at the end of the program. Results expressed as percentage of physicians responding yes to the item.

	CH (n=24) (%)	PRH (n=124) (%)
6-min walking distance	92	74
Lung function	96	65
Quality of life	80	54
Dyspnoea	84	53
Cycling endurance	68	53
Maximum exercise testing	80	50
Smoking cessation	60	46
Inspiratory muscle strength	72	43
Lower-limb muscle strength	80	43
Daily life activities	60	46
Fatigue	60	38
Optimal drug treatment	68	39
Physical activity monitoring	68	37
Body composition	52	29
Anxiety	48	19
Depression	44	19
Self-management skills	36	16
Electromyography	12	18
None	0	8
Other	0	2

Table S6: Types of follow-up organised by the pulmonary rehabilitation team at the end of the program. Results are expressed in % of chest physicians responding yes to the item.

	CH (n=24) (%)	PRH (n=124) (%)
Back to referring pulmonologist	88	89
Oral recommendation for physical activity	64	51
Maintenance program in center	44	50
Reassessement of rehabilitation outcomes after 6 months- 1 year	76	37
Referral to local physiotherapist	56	39
Referral to fitness center	48	19
None	0	2
No idea	0	2

Table S7: Main targets for future improvements of pulmonary rehabilitation programs. Results are expressed in % of chest physicians responding yes to the item

	Total responders (n=200) (%)	CH (n=24) (%)	PRH (n=124) (%)	Non-PRH (n=52) (%)
Better reimbursement	73	76	77	62
Broader access	66	88	61	65
Broader multidisciplinary	53	52	58	42
More individualized program	51	68	52	40
Larger referral	51	56	54	39
Structural involvement of the respiratory physician	41	36	44	33
Standardized follow-up	41	36	44	37
Other	15	20	13	15
None	4	0	5	4