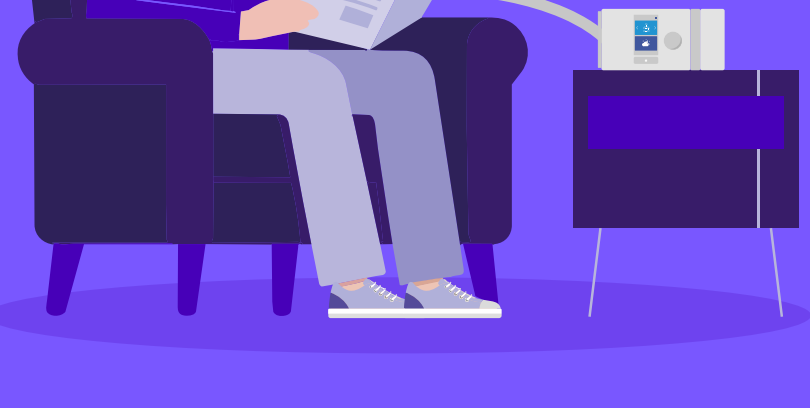
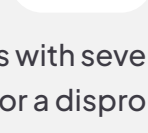


Keeping patients with severe COPD out of hospital

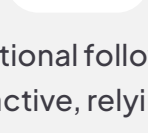


UK real-world studies^{1,2} show that telemonitoring and digital self-management can reduce admissions, improve outcomes and support sustainable COPD services, without increasing staff workload.

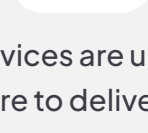
The challenge



Patients with severe COPD account for a disproportionate share of NHS admissions and bed days^{1,2}



Traditional follow-up is reactive, relying on scheduled visits or acute presentations



Services are under pressure to deliver better outcomes with limited resources

The patients studied

High-risk COPD patients who drive the greatest NHS burden

DYNAMIC TRIAL¹

362 patients with

- COPD
- COPD–OSA overlap
- Obesity-related respiratory failure

RECEIVER TRIAL²

83 patients with severe COPD

- Majority from the most deprived postcode areas



These patients are hardest to manage — and where digital pathways show the greatest impact.

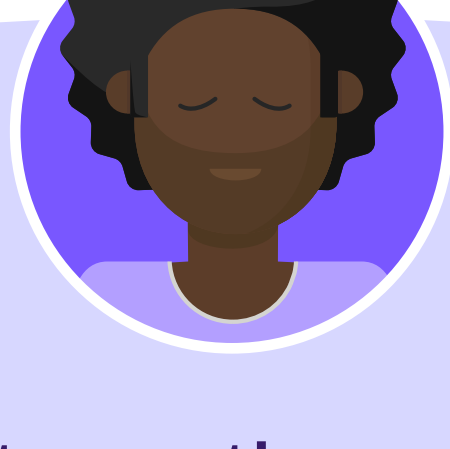
What UK teams changed

DYNAMIC TRIAL¹

- Home or day-case non-invasive ventilation (NIV) initiation
- Auto-titrating NIV (iVAPS AutoEPAP or ST mode)
- Continuous remote monitoring via remote monitoring platform
- Management-by-exception: clinicians focused only on patients who needed action

RECEIVER TRIAL²

- Patient app for patient-reported outcomes (PROs) and self-management advice
- Clinician dashboard integrating data from EHRs, PROs, home NIV and wearables
- Asynchronous messaging with the care team
- Data reviewed as needed, not continuously



What were the results?

DYNAMIC Trial¹

- ≈30% reduction in hospital admissions
- ≈44% reduction in hospital bed days
- Lower risk of readmission or death
- Better physiological control

RECEIVER Trial²

- Longer time before admission or death
- Fewer hospital bed days
- Sustained patient engagement
- High uptake in deprived populations



Telemonitoring improves outcomes when implemented as a structured pathway, not as continuous data surveillance.

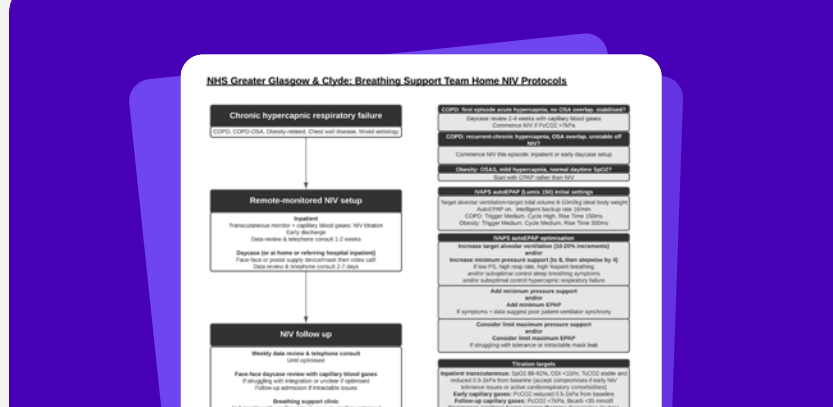
5 practical lessons from UK services

MAKING TELEMONITORING WORK IN CLINICAL PRACTICE

- Target the right patients**
Focus on severe, high-risk COPD — frequent admissions, chronic hypercapnia and overlap syndromes.
- Use management-by-exception**
Do not monitor everything, every day. Use alerts, trends and patient contact to identify who needs action.
- Integrate into routine care**
Embed telemonitoring into existing care pathways to reduce inpatient stays and routine visits, and support proactive, data-driven follow-up.
- Co-design with patients**
Education, simple tasks and clear feedback drive high engagement.
- Start with a clear protocol**
Define:
 - Who to enrol
 - How to initiate treatment
 - What to monitor
 - When to intervene

The DYNAMIC pathway

A practical, reproducible protocol



DISCOVER