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New pilot supports Canberrans with breathlessness

One in 10 Australians has long-term debilitating breathlessness, with many presenting to Emergency Department (ED). An ACT pilot has demonstrated that a home-based breathlessness intervention service has helped 'coach' people living with breathlessness to self-manage and reduce ED presentations.

In a worldwide first, Capital Health Network (CHN) CEO Stacy Leavens said they commissioned the University of Technology Sydney (UTS) to co-design the ACT Breathlessness Intervention Service (ABIS) with people with lived experience, carers, clinicians and researchers and funded a private allied health provider, Southside Physio, to deliver ABIS.

"This pilot involved home-visits from a Physiotherapist teaching people living with breathlessness how to use breathing techniques, increase activity and reduce anxiety to improve their ability to do activities of daily living, such as showering and walking," said Ms Leavens.

UTS' independent evaluation of the pilot found that all patients showed improvement on activities of daily living and breathlessness mastery. 21% of patients reported avoiding calling an ambulance on 46 occasions by using ABIS-learned strategies instead.

Physiotherapist Simon Kragh, Southside Physio Director said he's proud to have witnessed first-hand the remarkable improvements in the lives of patients living with breathlessness.

"One of our patients previously called emergency services up to 150 times a year, no longer needed to rely on ambulances after our intervention. Even after the pilot finished, we've continued to receive a steady stream of breathlessness referrals, highlighting the program's lasting value. There are still many more patients who could benefit from this unique, individualised approach. Additional funding would be hugely beneficial, helping us extend this vital service to others who urgently need it," said Mr Kragh.

Associate Professor Dr Tim Luckett, working with IMPACCT at UTS said this is the first time a BIS has been co-designed, which led to several innovations compared to other models.

"ABIS was co-designed by a team of people with breathlessness, carers and clinicians who worked together to make joint decisions. ABIS is the first BIS to have focused on trying to improve daily activities of each person's choosing, like dressing, which was highlighted during co-design to be the most important outcome for people living with breathlessness and their families," said Dr Luckett.

The ABIS evaluation is also the first to have measured reach, adoption, implementation and maintenance to inform the design of future models worldwide. The independent evaluation report of ABIS is available at www.chnact.org.au/about-us/publications/evaluations/

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