

Digital pulmonary rehabilitation technologies for adults with chronic obstructive pulmonary disease [GID-HTE10019]

Addendum #1

EAG review of additional information provided comparing SPACE for COPD and i-IMPACT

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Produced by

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1. INTRODUCTION

The purpose of this addendum is to review additional information provided by the relevant company comparing SPACE for COPD, which was included as a scoped intervention in this Early Value Assessment (EVA), and the i-IMPACT website, which is due to replace SPACE for COPD in spring-summer 2024. The company's position is that i-IMPACT is sufficiently similar to the scoped intervention that the Committee's recommendation for SPACE for COPD should be applicable to i-IMPACT. NICE has asked the EAG to review this position and offer its perspective in this addendum.

2. EAG COMMENTARY ON THE SIMILARITY OF THE INTERVENTIONS

SPACE for COPD was initially developed by University Hospitals Leicester NHS Foundation Trust in 2013. The company stated that the SPACE for COPD website along with the cardiac rehabilitation website required an update of the educational content as well as the program functionality, although, the company did not initially provide justification for why the content and functionality required updating. Subsequently, the company clarified that the content and technology were considered out of date as there were built more than 10 years ago. Therefore, the company considered that content required updating, there was a need to add content generic to all long-term conditions, and there was a need to have a more engaging and user-friendly website for patients.

i-IMPACT amalgamates the websites for COPD and cardiac rehabilitation into one resource for long-term conditions. This leads to some differences in the participant enrollment process. In SPACE for COPD, the patient is given a code to complete online self-registration. Feedback from trusts and patients was that the registration process for SPACE for COPD was 'very lengthy'. In contrast, in i-IMPACT, a healthcare professional has to register the patient and complete information about the patient's condition, in order to ensure that educational materials for the correct condition are accessed. This introduces an additional administration cost which should be considered when evaluating the potential cost-effectiveness of i-IMPACT. The company stated that it is likely to take a health care professional about 10 minutes to enrol a patient in i-IMPACT. However, the EAG considers that there is some uncertainty around this estimate as it is based on other websites.

Due to this additional cost, it cannot be presumed that the two technologies will have equivalent cost-effectiveness.

The company stated that there have been updates to the educational content and structure of the intervention and provided a comparison of the features. However, no test user access to the software was provided. This makes it difficult to establish with certainty how similar the user experience would be between SPACE for COPD and i-IMPACT and whether the clinical effectiveness of the two interventions is likely to differ. After all, the evidence included in this appraisal was conducted specifically on SPACE for COPD, which was a scoped intervention in this appraisal. The EAG is not aware of any clinical evidence already produced specifically

piloting i-IMPACT ahead of implementation, however the company advised that piloting is likely to start in March 2024.

Based on the fairly high-level information provided by the company comparing SPACE for COPD and i-IMPACT, the EAG made the following observations regarding potentially key points of difference between the interventions. However, not having seen the two programmes in actual nor having a log of changes, these observations should be seen as tentative:

- SPACE for COPD requires tasks to be completed within each stage to unlock the next stage, whereas i-IMPACT requires a minimum level of activity to be inputted or a minimum level of tasks to be completed, in order to progress. This may result in differences in levels of engagement between the two interventions as participants progress through the stages. SCM advice to the EAG was that, in addition, and perhaps more importantly there may be a risk that participants do less exercise with i-IMPACT compared to SPACE, and therefore may not improve to the same extent. The initial information provided to the EAG was that aerobic exercise is five a week in SPACE and only three a week in i-IMPACT and that resistance exercise is three a week in SPACE and only two a week in i-IMPACT. However, the company stated it will amend this with the web developers to be five out of seven days for the aerobic exercise and three out of seven days for the strength training.
- SPACE for COPD is a four-stage programme. The supplied information says that i-IMPACT is an eight-week programme but it was initially unclear whether the two are equivalent in duration or how the temporal aspects of one intervention map to the other. The company clarified that SPACE for COPD is a four-week minimum programme. The duration has been amended in i-IMPACT to conform with current BTS PR guidelines. The temporal mapping remained unclear.
- The aerobic and strength exercise components in i-IMPACT use a tracker compared to the diary in SPACE for COPD.
- There are some differences in the list of general topics between the two interventions. Without seeing the interventions in practice, it is difficult to know how significant these differences are. 'Setting goals' has been moved to a comprehensive 'getting started' page. 'Saving energy' has been renamed 'managing my day'. 'Managing days feeling unwell' is renamed 'managing exacerbations' within the respiratory disease specific information. While the company has clarified some of the uncertainty regarding the match between the topics, there remains some uncertainty regarding the mapping of

content and level of similarity. The company stated that there was more detailed information on certain aspects on the i-IMPACT website. The EAG concludes that differences between i-IMPACT and SPACE for COPD may affect the relative effectiveness of the two, and hence the incremental cost effectiveness of i-IMPACT may differ from that for SPACE for COPD. It is uncertain to what extent the study results and recommendations for SPACE for COPD hold for i-IMPACT. SCM advice to the EAG agreed with this perspective based on differences in exercise prescription and potential cost impact and stated that it would be impossible to say whether there would be clinically significant differences between the interventions without seeing data comparing SPACE and i-IMPACT.