



LinkMyCare - Chronic Obstructive Pulmonary Disease Care Pathway

Patient Participation information Sheet



What is the LinkMyCare - COPD Program

The LinkMyCare – COPD program aims to improve the care for people living with Chronic Obstructive Pulmonary Disease (COPD) in your local area.

The Illawarra Shoalhaven Local Health District (ISLHD), Southern New South Wales (NSW) Local Health District (SNSWLHD), and COORDINARE - South Eastern NSW Primary Health Network (PHN) (COORDINARE) created the program.

What can I expect

- A correct COPD diagnosis and illness level, updated yearly:
 - o Mild
 - o Moderate
 - o Severe
- A current GP Management Plan and COPD Action Plan, prepared for your exact needs.
- Provision of a hard copy of your GP Management Plan and COPD Action Plan.
- A doctor/ practice nurse meeting every 4 months to review how you are feeling and to carry out health checks.
- The name and phone number of your contact person within the Practice. You can call this person when you start feeling unwell while following your COPD Action Plan.
- Management through to the Virtually Enhanced Community Care (VeCC) program. If you start having issues breathing and the better medicine is not working.
- Access to local Pulmonary Rehabilitation, if needed.
- Access to COPD support groups.
- Access to COPD fact sheets containing correct medicine use, what to do when feeling worse.
- Meeting with your doctor within 72 hours of leaving hospital.
- Access to a LinkMyCare COPD nurse while in hospital. The LinkMyCare COPD nurse will assist you with the transfer from hospital back into the community.





Use of my data

- Your data will be shared by your doctor with your care team. Your care team will provide you with the care you need.
- Your data will also be shared with your local hospital(s) so they know you are part of the LinkMyCare COPD Program. This helps your local hospital to provide you with expert care under the LinkMyCare COPD Program. This will include extra help while in hospital and assisting your return to local based care.
- Your de-identified data, collected under the LinkMyCare COPD Program, will be shared with the Ministry of Health and COORDINARE to monitor and evaluate the Program. This will help planning and funding healthcare in your local area. De-identification means all directly identifying data is removed, and secure measures have been put in place to prevent any person from being re-identified.
- De-identified data will be used to look at patient journeys on the LinkMyCare COPD Program seeing:
 - if early identification of COPD in a doctor's office helps improve patient wellbeing.
 - if the delivery of Pulmonary Rehabilitation improves patient overall wellbeing.
 - if the completion and following of a GP Management Plan and COPD Action Plan increase patient wellbeing and can help them to manage a worsening feeling in the community.
 - if patient time in hospital is reduced and their chance of re-admission is reduced.
 - if patients get a better level of care.
- As part of the LinkMyCare COPD Program you will be sent feedback surveys. The deidentified survey responses will help rate and improve the LinkMyCare - COPD Program.
- If you change your mind at any time and wish to withdraw from the LinkMyCare COPD Program, please let your doctor know.
- For more data about how we handle your data, please visit our website for FAQs, our Privacy Policy and how to contact us.
- If you choose not to take part in the LinkMyCare COPD program, you will still receive your usual standard of high quality of care from your doctor