Supplementary File

Table S1 Key Input Parameters of the Model

Input Parameter	Estimate						
DEMAND							
Number of COPD exacerbation related arrivals to inpatient department	The Admission Model (i.e., Eq.1 presented in the manuscript)						
Number of new COPD patients seen in COPD service (weekly)	Uniform (6-9)						
Number of existing COPD patients (for Follow-up appointment) seen in the service (weekly)	()						
Scivice (weekly)	COPD: 32%						
	General: 46%						
Percentage of new patients having a first appointment in each clinic	NIV: 13%						
referringe of new patients having a first appointment in each clinic	Alpha-1: 4%						
	Advanced: 5%						
	COPD: 13%						
	General: 66%						
Percentage of existing patients having a FU Appointment in each clinic	NIV: 11%						
referringe of existing patients having a real representation in each entire	Alpha-1: 8%						
	Advanced: 1%						
	Male: 52%						
Percentage of patients falling into each gender	Female: 48%						
	25-44 years old: 5%						
	45-54 years old: 10%						
Percentage of patients falling into each age group	55-64 years old: 30%						
referringe of patients faming into each age group	65-74 years old: 40%						
	75-84 years old: 10%						
	85+ years old: 5%						
	Mild: 10%						
Percentage of patients falling into each disease severity	Moderate: 40% Severe: 29%						
	Very Severe: 21%						
	COPD: Usual						
	General: Usual						
The capacity level for each clinic	NIV: Usual						
The supurity 10 for 101 such similar	Alpha-1: Usual						
	Advanced: Usual						
OUTPATIENT DEPARTMENT	124 (411004) 5 5 441						
	COPD: Once a week						
	General: Once a week						
Frequency of Clinic days	NIV: Once a week						
Troquency of omno anys	Alpha-1: Twice a week						
	Advanced: Once a month						
	COPD: 75%						
	General: 85%						
Attendance rate in each clinic	NIV: 85%						
	Alpha-1: 95%						
	Advanced: 95%						
Appointment types for clinic visits, i.e., face to face or remote	See Table S2						
	F2F: A clerk and a desk						
Required mix of resources for Reception	Remote: none						
	F2F: An HCA and a room						
Required mix of resources for Observation	Remote: none						
Required mix of resources for COPD and General Clinics	1						
required this of resources for COTD and Ocheral Chilles	A consultant, an HCA, and a room						

Required mix of resources for NIV Clinic	A consultant, an SV practitioner, an HCA, and a room			
Required mix of resources for Alpha-1 Clinic	Two consultants, a HCA, a room, a scanner			
Required mix of resources for Advanced Clinic	Two consultants, and an MDT, a room			
Time spent in Reception per patient by appointment type (per patient)	F2F: Uniform (2-5 minutes)			
	Remote: 0 F2F: Uniform (10-15 minutes)			
Observation time in Observation room per patient by appointment type	Remote: 0			
Time spent in COPD Clinic and General Clinic (per patient)	FA: Uniform (30-45 minutes) FU: 15 minutes			
Time spent in NIV Clinic and Alpha-1 Clinic (per patient)	FA: Uniform (30-45 minutes) FU: 20 minutes			
Time spent in Advanced Clinic for First and FU appointments (per patient)	FA: 60 minutes FU: 20 minutes			
Percentage of patients given a FU appointment in each clinic	COPD:82% General: 100% NIV: 80% Alpha-1: 95% Advanced: 45%			
Waiting time for the next FU appointment (i.e., when the patient will come back)	COPD: 6 months General: 6 months NIV: 6 months Alpha-1: 6 months Advanced: 12 months			
The quality of a clinic visit as a face to face appointment	Worse than a usual appointment: 10% Same as a usual appointment: 70% Better than a usual appointment: 20%			
The quality of a clinic visit as a remote appointment	Worse than a usual appointment: 68,8% Same as a usual appointment: 14.3% Better than a usual appointment: 17.1%			
OUTPATIENT SERVICES				
Percentage of patients referred to Physiotherapy and Pulmonary Rehabilitation	Physiotherapy: 15% PR: 5%			
Percentage of patients referred to LF testing	Benchmark: Between 40-45% Scenario 1: Between 15-20% Scenario 2: Between: 8-12% Scenario 3: Between 2-4%			
Appointment types for Physiotherapy and Pulmonary Rehabilitation, i.e., face to face (centre-based) or remote (home-based)	Benchmark: 100% F2F Scenario 1: 25% F2F, 75% Remote Scenario 2: 15% F2F, 85% Remote Scenario 3: 0% F2F, 100% Remote			
Appointment types for LF testing, i.e., face to face or remote	100% Face to Face, 0% Remote			
The capacity level in Physiotherapy and Pulmonary Rehabilitation	Physiotherapy: Usual PR: Usual			
The capacity level in LF Testing	Benchmark: 100% Scenario 1: 50-60% Scenario 2: 20-30% Scenario 3: 5-15%			
Attendance rate for each service	LF Test: 90% Physiotherapy: 80% PR: 69%			
Completion rate for Pulmonary Rehabilitation	42%			
Required mix of resources for LF Test	A nurse and a room			
Required mix of resources for Physiotherapy	A physiotherapist and a room			

Required mix of resources for Pulmonary Rehabilitation	A physiotherapist, a nurse, a therapist assistant, a gym, and a classroom		
Treatment time in each service	LF Test: 25 minutes Physiotherapy: Uniform (50-60 minutes) PR: Uniform (60-90 minutes)		
Pre and Post assessment time in Pulmonary Rehabilitation (per patient)	Uniform (40-45 minutes)		
Number of Pulmonary Rehabilitation sessions	16 sessions (2 sessions every week)		
INPATIENT DEPARTMENT			
Length of stay in inpatient department	Frequency distribution (Average: 6.1 days)		
Percentage of discharge method, i.e., Discharged to Community or PC, and Died.	Community or PC: 93% Died: 7%		
PATIENT OUTCOMES			
QALY Gain due to PR	F2F (Centre-based): Uniform (0.029 – 0.032) Remote (Home-based): Uniform (0.037 – 0.040)		
QALY Gain due to LF testing	Uniform (0.037 – 0.040)		
QALY Reduction due to exacerbation related admission	Uniform (0.005 – 0.006)		

Notes: Unless specified, the input estimates are the same for each scenario or all visit types. COPD: Chronic obstructive pulmonary disease, FA: First Attendance, FU: Follow-up, F2F: Face-to-face, HCA: Healthcare assistant, LF: Lung Function, MDT: Multidisciplinary Team, NIV: Non-Invasive Ventilation, PC: Primary Care, PR: Pulmonary Rehabilitation, QALY: Quality-adjusted life year, SV: Sleep & Ventilation.

Table S2 The parameter values of the scenarios

	Benchmark Scenario		Scenario 1 (Plan A)		Scenario 2 (Plan B)		Scenario 3 (Plan C)	
Month	SI	Appt. Type (F2F, Remote)	SI	Appt. Type (F2F, Remote)	SI	Appt. Type (F2F, Remote)	SI	Appt. Type (F2F, Remote)
Jan-22	0	100%, 0%	25	60%, 40%	40	40%, 60%	60	60%, 20%
Feb-22	0	100%, 0%	23	60%, 40%	40	40%, 60%	60	60%, 30%
Mar-22	0	100%, 0%	23	70%, 30%	40	50%, 50%	50	50%, 40%
Apr-22	0	100%, 0%	23	70%, 30%	35	50%, 50%	50	50%, 50%
May-22	0	100%, 0%	23	70%, 30%	35	50%, 50%	40	50%, 60%
Jun-22	0	100%, 0%	23	80%, 20%	35	60%, 40%	40	40%, 50%
Jul-22	0	100%, 0%	23	80%, 20%	23	60%, 40%	23	40%, 40%
Aug-22	0	100%, 0%	20	80%, 20%	20	60%, 40%	20	40%, 40%
Sep-22	0	100%, 0%	23	70%, 30%	23	50%, 50%	23	50%, 30%
Oct-22	0	100%, 0%	23	70%, 30%	35	50%, 50%	40	50%, 30%
Nov-22	0	100%, 0%	23	70%, 30%	40	50%, 50%	50	50%, 40%
Dec-22	0	100%, 0%	25	60%, 40%	40	40%, 60%	60	60%, 50%

Notes: Appt. Type: Appointment type, F2F: Face-to-face, SI: Stringency Index.