Does Pulmonary Rehabilitation Improve Outcomes in COPD in Terms of Direct Cost, Exacerbation, and Mortality?

**STUDY DESIGN**

Data from **health insurance database (Korea)** were extracted from 2015 to 2019 on **COPD with and without pulmonary rehabilitation (PR)** to evaluate:

- Implementation rate
- Medical costs
- COPD outcomes
- Mortality

**RESULTS**

- **Annual implementation rate**
  - 0.03% to 1.4%

- **Moderate to severe COPD exacerbation**
  - 27.7% to 8.5% (pre-PR to post-PR)
  - aOR 0.59 (95% CI, 0.54 to 0.63)

- **Severe COPD exacerbation**
  - 25.7% to 7.8% (pre-PR to post-PR)
  - aOR 0.55 (95% CI, 0.50 to 0.60)

- **Mortality**
  - HR 0.67 (95% CI, 0.62 to 0.73)

Health insurance coverage increases PR implementation. PR contributes toward improving outcomes including reducing exacerbation and mortality in COPD, but its implementation rate remains suboptimal.