Changes in Sleep Medicine
(and what to do about it)

Elise Maher, RPSGT
Conflict of Interest Disclosures

Speaker:

1. I do not have any potential conflicts of interest to disclose, **OR**

2. I wish to disclose the following potential conflicts of interest:

<table>
<thead>
<tr>
<th>Type of Potential Conflict</th>
<th>Details of Potential Conflict</th>
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<tr>
<td>Grant/Research Support</td>
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<td>Consultant</td>
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<td>Speakers’ Bureaus</td>
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<td>Financial support</td>
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3. The material presented in this lecture has no relationship with any of these potential conflicts, **OR**

4. This talk presents material that is related to one or more of these potential conflicts, and the following objective references are provided as support for this lecture:

1.
2.
3.
Objectives:

• Understand the changes and pressures that are influencing sleep medicine and technology

• Find out what you should be doing to prepare for changes in the sleep tech job market

• Identify what kind of jobs your skills and experience qualify you for
Sleep HealthCenters: Cautionary Tale

Sleep HealthCenters closes all 19 locations

By Chelsea Conaboy | GLOBE STAFF | JANUARY 26, 2013
The Changing Landscape
The Changing Landscape

- OCST
- Government Mandates
- Reimbursement cuts
- Legislative and credentialing issues
Why OCST?

- G codes
- Free Care
- Veteran’s Health Care
- AutoPAP
- Occ Health
- Insurance Carriers
- Patient convenience or long wait times
- Pressure from other specialties

HST
Steady Increases in OCST

Sleep HealthCenters NE
Sleep Test Type 2012

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<th>Q2 2012</th>
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Reimbursement Rates
Government Mandates

- Financial incentives & penalties
  - Meaningful use
  - Electronic health records
- Accountable care organizations (ACOs)
  - Outcomes
  - Patient satisfaction
- Medical “Homes”
- Competitive Bidding in DME
# Reimbursement Cuts: Medicare

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Legislative, Regulatory, and Credentialing Issues

- Licensing requirements
- Scope of Practice issues
- Accreditation requirements
- Medicare staffing for sleep tests
- Credentials required
- Recertification
- $$$
Florida-based American Sleep Medicine to Pay $15.3 Million for Improperly Billing Medicare and Other Federal Healthcare Programs

Facilities in Alabama, California, Delaware, Florida, Illinois, Indiana, Kansas, Kentucky, Maryland, Missouri, New Jersey, Tennessee, Texas and Virginia

Florida-based American Sleep Medicine LLC has agreed to pay $15,301,341 to resolve allegations that it billed Medicare, TRICARE – the health care program for Uniformed Service members, retirees and their families worldwide – and the Railroad Retirement Medicare Program for sleep diagnostic services that were not eligible for payment, the Justice Department announced today.
The Changing Landscape

• How do sleep centers remain financially viable?
  – Generate new revenue
  – Reduce expenses
  – Stay compliant

*Change with the changing landscape or be left behind!*
Addressing Change

**Challenge**
- OCST
- Government Mandates
- Reimbursement Cuts
- Legislative
- Credentialing

**Solution**
- New Sleep Center Model
- New service lines
- Get current with HIT
- Reduce operating costs
- Lobbying/activism
- Get and stay certified!
The Changing Landscape

• Out of center sleep testing (OCST) mandates

• Reduced reimbursement for
  – procedures performed
  – physician services
  – DME services and equipment

• Reduced revenue for sleep centers
Addressing The Changing Landscape

• Increase volume
  – Review referral sources
  – Recruit new physicians/physician groups
  – Contract with insurance carriers and Utilization Management entities.

• Submit for competitive bidding
Addressing The Changing Landscape

• Add DME services

• Add/increase testing services
  – MWT
  – OCST
    • OSA testing
    • Actigraphy
    • Oximetry
  – PAP NAP
  – PFT/EEG
Addressing The Changing Landscape

Consider implementing:
• Research contracts
• Scoring services for other sleep centers
• Specialty Consultations and Visits
  – Behavioral Sleep Medicine
  – Dentist
Addressing The Changing Landscape

- Staffing
  - Train additional staff
  - Utilize per diem or temp agency staff
  - Reassign existing staffing
  - Cross-train existing staffing
Addressing The Changing Landscape

Reduce Staffing Expenses

• Make schedule and workflow changes
  – Reorganize staffing
  – Use 8 or 10 hr shifts vs. 12 hr shifts

• Increase tech/patient ratio

• Score on night shift

• Eliminate overtime

• Reduce benefit costs
  – Utilize per diem staffing

• Reduce or eliminate “perks”
Addressing The Changing Landscape

Reduce Operating Expenses

- Utilize an EMR
- Automate email reports, faxes, and appointment reminders
- Utilize voice recognition for dictation
- Computerize scheduling & billing functions
- Negotiate supply costs with vendors
Information Technology in the Sleep Center

Implement technology

• Electronic medical records (EMRs)
• Database management (compliance)
• Telemedicine (OCST)
• Health information exchanges (HIEs)
• Consumer Internet use (patient education)
• ePHI Security
Telemedicine

Implement remote applications

• Out of center sleep testing (OCST)
  – Greater geographic coverage
  – Wireless downloads
  – Full PSG?

• Insomnia management platforms
Sleep Technology & the Internet

Leverage the Internet for Patient Education
• Patient are accessing Internet information related to
  – Disease processes
  – Diagnostic procedures
  – Treatment options
• The sleep center should consider providing patient education on the center website!
• Assure that patients have accurate information!
Addressing The Changing Landscape

• Our challenge is to manage the sleep center budget so that we maintain quality sleep services with reductions in reimbursement and increases in operational costs!
New roles for technologists?

– Clerical:
  • Patient Coordinator
  • Eligibility verification, authorization, billing & collections staff
  • Medical Assistants

– Clinical
  • DME specialist
  • Patient Educator

– Industry
  • Sales
  • Support

– Research
New Staffing Model

New staffing model:

• May include expansion of services to include DME and sleep clinic duties
• Probably includes some form of out of center sleep testing (OCST)
• Requires availability of well trained credentialed technologists
New Staffing Model

The new staffing model must be dynamic in order to:

• meet the needs of the sleep center program and patients
• accommodate new and changing technologies
• maintain the viability of the sleep center
New Staffing Model

The new staffing model must consider:

• New technologies (Servoventilation, AVAPS, Provent)
• Scoring on the fly
• Patient education and set-up for OCST
• Compliance support
• Less night staff/More day staff
New Staffing Model

The new staffing model must consider:

• A need for higher education levels for staff
  – Stronger technical skills for more complex night studies
  – Stronger computer skills for using new technologies
  – More information technology skills
    • Databases
    • Electronic Medical Records (EMR)
New Staffing Model

The new staffing model must consider:

• A need for lower education levels for staff?
  – Fewer technical skills for OCST services
  – Lower pay for available positions like PCC
Staffing Considerations for Managers

- Night shifts range from 10 to 13 hours

- A minimum of 6 hours of recording time is required – 7 to 8 hours is often needed

- Consider patient needs and physician requests
Developing New Roles

• Staffing begins with developing job descriptions for all staff members
• Determine technical staff needs and consider skill levels based on
  – Education and training
  – Credentialing / licensing
• Remember continuing education needs for
  – Credentialing / licensing
  – Accreditation
Developing New Roles

• Revise job descriptions to meet new and changing needs related to
  – Additional testing modalities
  – DME
  – New technologies
  – New patient care paradigms
    • Compliance & outcomes tracking
Developing New Roles

• Develop a new job description for the technologist patient care coordinator/navigator role

• Include specific duties encompassed in the new role such as:
  – Perform clinical assessments
  – Develop and conduct educational programs to ensure patient compliance
  – Develop and provide community education
Developing New Roles

Specific duties (continued)…

– Patient compliance database management
– Coordinate in center and out of center diagnostic testing and therapeutic modalities
– Coordinate patient care with other healthcare providers
– Insurance verification & authorization
– Implement and follow-up physician orders
– Manage DME processes
Specific duties (continued)…

– Patient advocacy
– Assist the sleep physician
– Provide patient education for sleep disorders, medical therapy options, sleep hygiene and self help
– Collect, analyze and integrate patient information into an EMR
The Future of Sleep Technology

• Sleep technology is a rapidly growing, advancing, and evolving field

• Sleep technologists need to become multidisciplinary and knowledgeable in other relevant disciplines
  – Computer technology
  – Health information technology
  – Coding, insurance & billing
  – DME
TECHS: Prepare for the Future

- Get credentialed and licensed; CECs
- Diversify skills
  - OCST/PAP NAP/Pediatric/EEG
  - Full PSG and OCST scoring
  - DME
  - Research
  - Industry
  - Patient Care Coordination
  - Management
  - Sleep Navigator
Questions