Integration of Sleep Medicine in the World of the Affordable Care Act: Future Models of Care

Ilene M. Rosen, MD, MSCE
Associate Professor of Clinical Medicine
Perelman School of Medicine at the University of Pennsylvania
March 28, 2014
Conflict of Interest Disclosure
Name: Ilene M. Rosen, MD, MSCE

1. I do not have any relationships with any entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, OR

2. I have the following relationships with entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients:

<table>
<thead>
<tr>
<th>Type of Potential Conflict</th>
<th>Details of Potential Conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant/Research Support</td>
<td></td>
</tr>
<tr>
<td>Consultant</td>
<td></td>
</tr>
<tr>
<td>Speakers’ Bureaus</td>
<td></td>
</tr>
<tr>
<td>Financial support</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Royalties for authorship of card for UpToDate, Inc</td>
</tr>
</tbody>
</table>

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. 

AASM SLEEP EDUCATION SERIES
Sleep Medicine

• What changed the landscape?

• What immediate changes can you expect?

• What is the future of Sleep Medicine?
A Brave New World of Healthcare.....
What Changed the Landscape?

• Institute for Healthcare Improvement: Triple Aim
  • Better Care for Individuals
  • Better Health for Populations
  • Lower per Capita Cost
Give Americans greater access to healthcare

Gain control of healthcare costs

Add certain consumer benefits and protections to address inequities

Correct some other difficult problems

Patient Protection and Affordable Care Act
Changes in the Landscape Specific to Sleep Medicine

• Concern by payors/OIG about rapid growth of diagnostic costs for in-lab studies for sleep apnea

• Studies in USA showing sleep apnea could be effectively diagnosed with home sleep testing and CPAP titration by auto-adjust
  – had been used in European countries for years
Changes Started in Massachusetts

- Fallon Community Health Plan (FCHP), then Tufts (THP) contracted with Sleep Mgmt Solutions (SMS) and CareCorp (gatekeeper)
- CareCorp decided which pt gets which test; SMS did HST and provided DME
- As expected most patients were steered to HST
- Then, Harvard Pilgrim HealthCare (HPHC) added similar program but allowed other providers to do the HST/DME
- Reduced PSG tests – estimates are by 50-60%

The prestigious Sleep HealthCenters program closed

What Happened in Philadelphia?

• As of September 1, 2013 – Blue Cross employed a benefits management company
• Requires pre-certification for sleep studies/titration done by auto-adjust
• Deny repeat sleep studies
• 62% of studies approved at Penn go to home studies
• Dramatic effect on revenues
• Increased volume of patient referrals and visits
• Had to terminate 20% of our technologist workforce
• Closing facilities (had short-term leases in hotels)

THIS IS SHORT-TERM – NOT PRETTY!!
Percentage of Lab PSG Studies Depends on Pre-Certification

- Companies offering a service to deal with pre-certification are developing (e.g., Azalea)
- Local, for-profit sleep company: outsource
  - Claim that they got 96% of lab studies with Philadelphia IBC! (We get 38%).
- United Health Care report epidemic of periodic limb movements on pre-certs

Our already tarnished reputation as a field could be further tarnished.
What all of this means to you

UNCERTAINTY: Less or More people seeking sleep services?

Slash Costs
= Decrease Reimbursement
Current Care Paradigm

1. Screening
2. Diagnostic Evaluation
3. Testing and Interpretation (PSG/OCST)
4. Treatment Initiation
5. Early Management
6. DME
7. Long Term Management
Current Care Paradigm

Standards of Practice (CPGs)

- Screening
- Diagnostic Evaluation
  - Testing and Interpretation (PSG/OCST)
    - Treatment Initiation
    - Early Management
      - DME
        - Long Term Management

Accredited Sleep Practice with Board Certified Sleep Physician (BSCMP)
What is the Future of Sleep Medicine?

Yogi Berra

“It’s tough to make predictions, especially about the future.”
What is the Future of Sleep Medicine?

We do need to:

- collect data
- watch signals
- interpret them
- be nimble
- plan and take action responsibly
Proposal for a New Sleep Care Paradigm

Sleep Medicine: chronic disease management to improve population health
How Does the ACA Change the Paradigm?

Standards of Practice (CPGs)

- Screening
- Diagnostic Evaluation
- Testing and Interpretation (PSG/OCST)
- Treatment Initiation
- Early Management
- DME
- Long Term Management

Accredited Sleep Practice with Board Certified Sleep Physician (BSCMP)

Primary Care Practitioner or Non-Sleep Specialist

- Only performed by accredited sleep practice (board certified sleep physician and sleep team)
- Performed by accredited sleep practice and/or primary care provider/non-sleep specialist
Proposal for a New Sleep Care Paradigm

Collaborative relationship between Sleep Medicine and Primary Care and other specialties to provide high value, cost conscious care to patients with sleep disorders
New Sleep Care Paradigm: Goals

Mission: The AASM improves sleep health and promotes high quality patient centered care through advocacy, education, strategic research, and practice standards.

Goal: Demonstrate that sleep specialists and their team provide value through a collaborative care paradigm with primary care providers and non-sleep specialists.
New Sleep Care Paradigm

The AASM and Practitioners of Sleep Medicine:
• Set practice standards for field (CPGs)
• Define outcomes for sleep medicine
• Promote the sleep team model that provides comprehensive care
• Quality education and training
Proposal for a New Sleep Care Paradigm

Sleep Education and Training

• Medical school curriculum includes approximately 3 hours of sleep education

Parallels to Other Specialties

• Comparisons to allergy and diabetes not equal:
  – Comprehensive – UME to GME – education on diabetes and allergy in medical school
  – Training on patient care for diabetes and allergy is embedded in fellowship programs

Mindell J; Bartle A; Whab NA. Sleep education in medical school curriculum: a glimpse across counties. Sleep Med. 2011 Oct;12(9):928-31
Proposal for a New Sleep Care Paradigm

Value of BCSMP

- Education and Training
  - 69 ACGME Accredited Fellowship Training Programs
- Professional Competence
  - ABMS Certification Examination
    - ABIM
    - ABPN
    - ABP
    - ABA
    - ABFP
    - ABO
Proposal for a New Sleep Care Paradigm

• Sleep Team Model
  – Oversight, training and supervision by BCSMP
  – Comprised of Sleep Psychologists, Sleep APCs, Sleep Technologists
  – Interpretation of all studies by BCSMP
  – Familiarity with standards
  – Focused on outcomes
Proposal for a New Sleep Care Paradigm

Care Led by BCSMP and Sleep Team is Associated with Better Indexes of Clinical Management:

- 77% of patients cared for by BCSMP and accredited centers reported receiving adequate OSA education.
- Only 43% of patients cared for by noncertified physicians and nonaccredited centers reported receiving adequate OSA education.

Proposal for a New Sleep Care Paradigm

Care Led by BCSMP and Sleep Team is Associated with Better Indexes of Clinical Management:

- Patient-satisfaction scores are higher in patients cared for by accredited centers than those cared for by nonaccredited centers
- Patients who had a consultation with a BCSMP used CPAP 58 min/night more than patients who did not after adjusting for all covariates

How Does the ACA Change the Paradigm?

Standards of Practice (CPGs)

Screening

Diagnostic Evaluation

Testing and Interpretation - OCST

Testing and Interpretation - PSG

Accredited Sleep Center with Board Certified Sleep Physician (BSCMP)

Accredited Sleep Center with Board Certified Sleep Physician (BSCMP)

Primary Care Practitioner or Non-Sleep Specialist

Treatment Initiation

Early Management

DME

Long Term Management

Only performed by accredited sleep practice (board certified sleep physician and sleep team)

Performed by accredited sleep practice and/or primary care provider/non-sleep specialist
What About This Type of Program in More Traditional Setting?

What is role of primary care physician (PCP)?

Options:

– PCP does diagnosis + management
– PCP does diagnosis \(\rightarrow\) refer to sleep center for management
– PCP refers to sleep center for diagnosis + management
– PCP builds “detection” into EMR \(\rightarrow\) sleep center
– Embedded sleep medicine providers

**FEE-FOR-SERVICE PAYMENT SYSTEM IS A MAJOR BARRIER TO CHANGE**

- Bundled payment has been proposed as means to drive improvements in health care quality and efficiency
- Currently limited data on how to design and administer
- Can control costs, integrate care delivery
- ACA: national pilot of bundled payment models for Medicare in 2013
- Have been some early success stories

DO WE NEED PILOT BUNDLED PAYMENT PROGRAMS FOR SLEEP DISORDERS?
Future of Sleep Medicine Symposium

- Met in Chicago Nov 16-17, 2013
- Key Stakeholders (only primary care was missing)
- Met as large group to discuss model of care
- 4 working groups
  - SDB, Insomnia, Peds, Technology
Future of Sleep Medicine Symposium

• We embraced 4 major concepts:

1. We are a comprehensive care specialty (sleep medicine is about chronic disease management)

2. We are ripe for interdisciplinary team based care with many ways to engage primary care and take outstanding care of patients

3. We are uniquely positioned to leverage technology in patient and team based care given the nature of our diagnostic and treatment tools

4. Sleep medicine ≠ sleep apnea; we are all sleep disorders
Opportunities For Sleep Medicine In The Change to ACOs

• Integrated healthcare delivery
  – Coordinate with primary care providers
  – Use of appropriate technology
    • OCST
    • Compliance data
    • Telemedicine
• Promote evidence-based medicine
  – Practice parameters
  – Clinical effectiveness research
  – Clinical registries
• Report on quality and cost measures
  – P4P
• Payment for value not volume
  – Chronic disease management
  – Bundled payment models
What Are the Outcomes?

• Under the leadership of Dr. Morgenthaler, the AASM has a task force with multiple groups determining outcomes for all sleep disorders
• Anticipate a report this year (by summer)
• Outcomes can be captured in EMR – need to approach EMR providers (in process)
Telemedicine - Why Now?

Imagining our Future...

- Emphasis on Patient Management
- Influx of New Patients
- Decreased Reimbursement
- Reaching Rural Populations
- Patient Directed Care

REQUIRES LICENSE IN STATE PATIENT IS IN MULTIPLE LICENSES IN DIFFERENT STATES

(From Nate Watson)
Current Reimbursement

- Medicare – reimbursement for rural telemedicine
- Private payers – policy variability
- Coding and Billing
- State Legislation – Mandated Coverage

(From Nate Watson)
TeleSleep: Patient Screening

- Self-Screening
- Automated Phone Surveys
- Self-Education

Could be app
TeleSleep: Management Plan and Long-Term Management

Virtual Video Conferencing:
- PCP-to-Sleep Consultation
- Initiates patient evaluation
- CBT-I Delivered by BSM Specialist
- Follow-up of patients – discussion of adherence
TeleSleep: Monitor and Report Outcomes

- PAP adherence monitored using internet-based tools
- PAP adherence monitored via modem technology
WHAT NOW?

Sleep Medicine Network
A new clinical services network for sleep centers and board certified sleep physicians
– Promotes the AASM’s new care paradigm
  • Comprehensive, integrated care management
  • Collaborative relationships
– Provides structure for sleep medicine specialists to provide care services in new care paradigm
  • Clinical Referral Network
  • Member Support Services (e.g. telemedicine)
– Keeps sleep medicine viable
Sleep Medicine Network

• Develop the largest clinical referral network of sleep centers and sleep clinicians, with providers in every state.
• Offer **clinical services** to insurance companies, sleep benefit management groups, Accountable Care Organizations, managed care groups and large employers.
• Provide **support services** to network members:
  – Platforms for patient management
  – Integrated workflow tools for compliance management
  – Group purchasing
  – Management services
Do Integrated Programs Like This Exist?

Yes – in integrated health care systems

– VA (Philadelphia)
– Kaiser Permanente
Integrated Program at Philadelphia VA (Sam Kuna)

• Website (REVAMP)
  – Questionnaires—clinical history
• Uses telemedicine to remote sites – nurse practitioner
• Telemedicine link to educate how to apply home testing equipment
• Website has educational videos plus FAQ
• Website provides CPAP adherence – tracks outcomes
• Integrates with EMR – creates notes

COVERS MULTIPLE FACILITIES IN EASTERN PENNSYLVANIA/DELAWARE – SPOKE/WHEEL
REVAMP Provides Standardized, Patient Outcome-Based Management of OSA

- Standardized history and sleep study collection
- Patient centered outcomes
- Wireless PAP Data
- EMR

AASM SLEEP EDUCATION SERIES
Sleep Medicine in Kaiser System (Dennis Hwang)

- Outcomes-based Medicine
- Team-based approach to care

Office Visits
Web encounters
Text/Email/Phone
Automated mechanisms

(Has IT infrastructure similar to REVAMP)
# Team Approach—Who is the Team? (Dennis Hwang)

## Patient Volume (per month)
- 1700 visits
- 5000 telephone
- 180 inlab PSG (night)
- 20 inlab PSG (day)
- 390 HST (diagnostic)
- 400 APAP trials

## Personnel
- 3 Physicians
- 1 PA
- 2 RN
- 5 RPSGT (days) (re-trained technologists)
- 10 RT (days)
- 6 RPSGT/RT (nights)
- 1 MA
- 2 supervisors (day/night)
- 1 Department administrator
- 4 Clerical/receptionist
Sleep Care Network

Clinical Referral Network
- Contracts for network members
- Clinical Services
  - Clinics
  - In-lab testing
  - OCST
  - DME
  - Compliance management
  - Patient care outcomes

Member Support Services
- IT infrastructure
- Patient management solutions
- Group purchasing
- Practice development services
- Accreditation assistance
# Sleep Medicine Network Benefits

## To Network Members
- Patients have access to Board certified sleep medicine physicians
- Expanded services available through center by utilizing network resources
- Improved efficiency with integrated IT infrastructure
- Participation in new treatment programs
  - Occupational health
  - Employee wellness
  - Telehealth
- Flexible participation
- Network supports the new care paradigm

## Benefits to Payers, Employers
- Ensures provided care is based on high-quality, evidence-based medicine provided by specially trained sleep medicine physicians and their team.
- One source for all aspects of care
- The care is coordinated with PCPs and non-sleep specialists and integrated with healthcare delivery systems.
- Contains cost through more efficient and effective care
- Participate in development of new payment models
Next Steps

• Continue to get the word out
  • Special Edition of JCSM
  • Focus groups/Additional Lectures
  • Additional lectures

• Define Comprehensive Care
  • What does a comprehensive care center look like?
  • What are the outcomes?
  • Link this to accreditation

• Assess value of forming a network
  • Advance Telemedicine (at all levels)

• Use the above to go to payors
  • Bundled payment
Conclusion:
What Should Our Future Be?

• Develop integrated programs in collaboration with our primary care physicians
• Give primary care physicians education and tools (e.g., questions in EMR) to identify sleep disorders
• Do cost-effective diagnosis – appropriate use of HST
• Define and track outcomes for all sleep disorders (not just sleep apnea)
• Deploy care management – use telemedicine, IT
• Utilize advanced practice clinicians, sleep medicine coordinators (develop team approach)
• Change accreditation standards to emphasize quality outcomes of care
• Pursue linkage of AASM accredited centers into a national quality care network