



Breathing Easy: Conquering Obstructive Sleep Apnea for Better Health

Improving Collaboration Amongst Multidisciplinary
Teams to Tackle OSA



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FACULTY



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AGENDA

10:00 Improving access to OSA care
for underserved populations

20:00 Engaging Patients in Care
Collaboration





IMPROVING
ACCESS TO OSA
CARE FOR
UNDERSERVED AND
RURAL POPULATIONS

IMPROVING ACCESS TO OSA CARE FOR UNDERSERVED AND RURAL POPULATIONS

Fragmentation of Care	Barriers to Delivery of Care	Strategies to Address
Providers may have expertise in some, but not all, aspects of OSA	Impact on providers identifying patients' risk of OSA	Increased education
Disjointed coordination of services, from original assessment through insurance coverage	Tension for providers and patients	Coordination among PCPs, specialists, patients, and third-party vendors
Lengthiness of care process	Delay in delivery of care Costly travel	Coordination among PCPs, specialists, patients, and third-party vendors Telehealth
	Additional barriers	
	Reimbursement challenges for specialist providers	Consider cost-effective options such as home-based testing and auto-titrating CPAPs
	Overnight studies and child-care, work schedules, and discomfort staying in a foreign place	Home-based testing
	Asymptomatic diagnoses and patient follow up	Increased education
	Durable medical equipment usage (eg CPAP device) and compliance metrics	Coordination among PCPs, specialists, patients, and third-party vendors Consider cost-effective options

You identify a patient at your clinic at-risk for OSA. The patient has limited availability for in-office visits. You recognize the value for at-home testing, cross-collaboration between clinics/specialties, as well as a need for navigating financial barriers

- What strategies might you consider to improve access to OSA care?

CASE STUDY



ENGAGING PATIENTS IN COLLABORATIVE CARE

ENGAGING PATIENTS IN COLLABORATIVE CARE

Health inequity considerations

SDOH considerations



PROVIDER-related factors

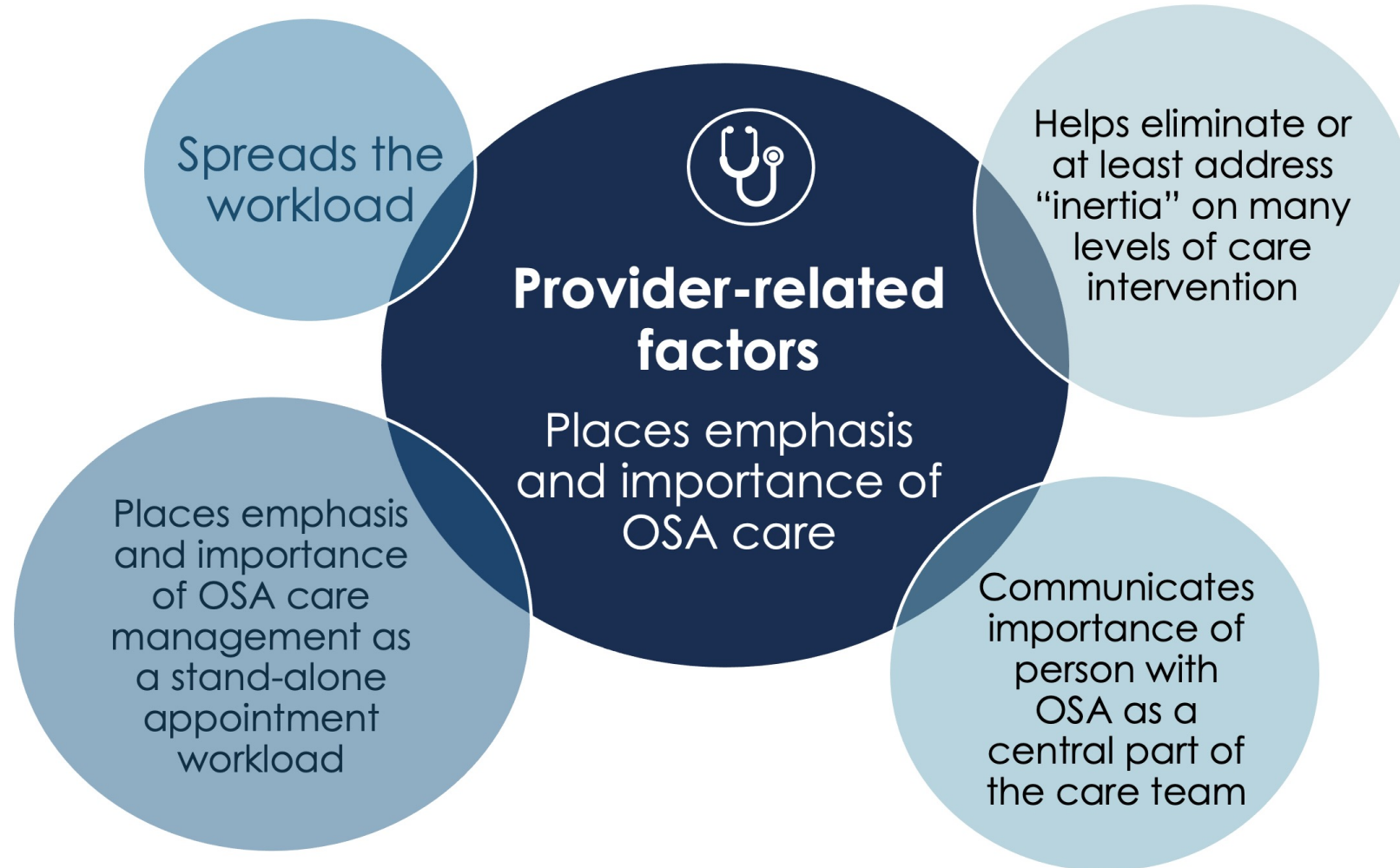
- Education and comfort
- Availability
- Cost
- Misperceptions



PATIENT-related factors

- Personal values, beliefs, cultural norms, preferences
- Adherence

IMPORTANCE OF COLLABORATIVE CARE



MULTIDISCIPLINARY TEAM APPROACH: NECESSARY FOR OSA THERAPEUTIC SUCCESS



- Important for people with OSA who are not good candidate for a “one size fits all” approach
 - Healthcare access challenges, atypical presentation, high risk and underserved populations
 - Increasing menu of treatment choice for patient => person-centered approach to healthcare
- Key multidisciplinary team members
 - PCP* (common “first line of defense”)
 - Dentists (MAD oral appliance)
 - ENT surgeons (hypoglossal nerve stimulation, surgical treatments)
 - Oral and maxillofacial surgeons (surgical treatments, maxillomandibular advancement)
 - Sleep medicine physicians* (sleep testing, PAP therapy, pharmacological therapy for comorbid sleep disorders)
 - Respiratory physicians (diagnosis and treatment of comorbid breathing disorders)
 - CPAP therapists (CPAP compliance clinics, acclimatization to CPAP)
 - Pharmacist (drug therapy)
 - Dieticians (lifestyle intervention)
 - Bariatric services* (weight loss surgery)
 - Psychologists (cognitive behavior therapy for comorbid insomnia)
 - Psychiatrists (management of comorbid psychiatric disorders)

**Potential for pharmacological intervention*



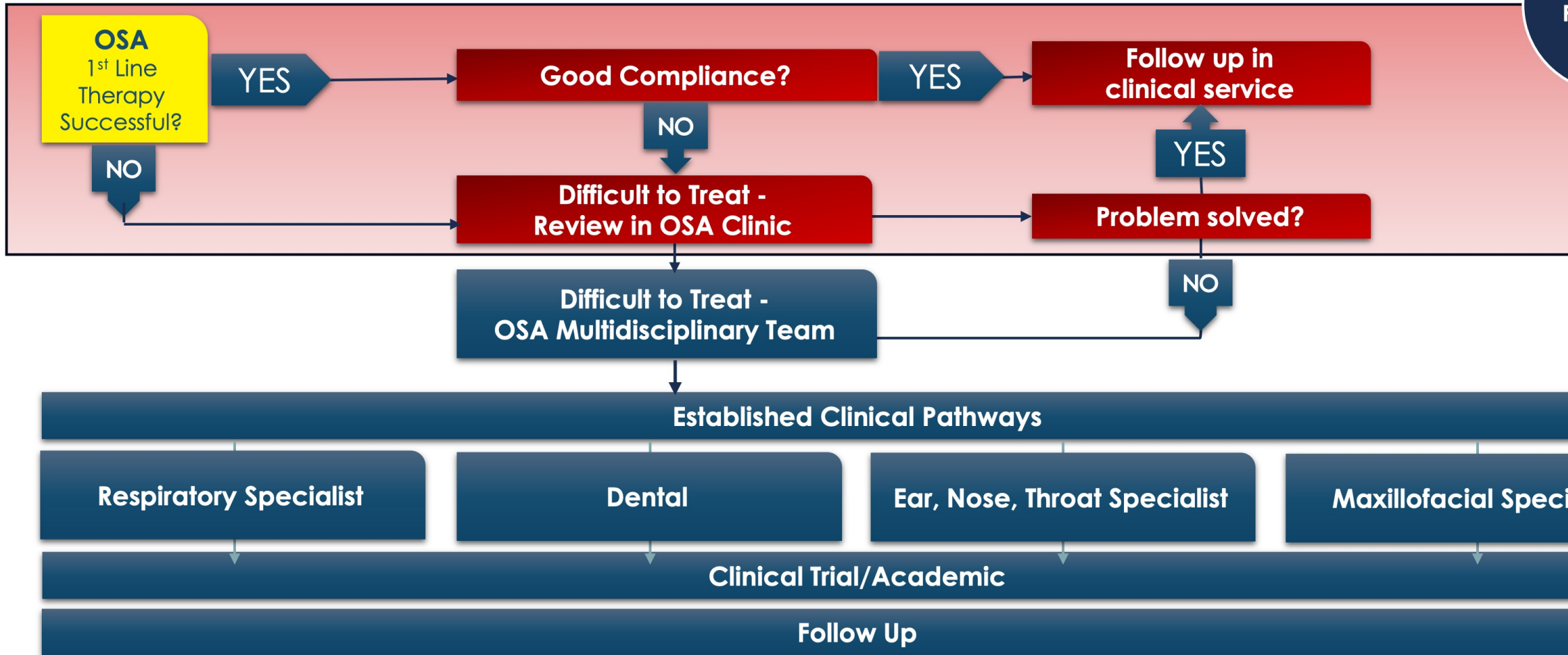
KEY ASPECTS OF A MULTIDISCIPLINARY MODEL

- Open lines of communication between specialists
- Proximity of clinical offices
- Shared/electronic medical records
- Regularly held multidisciplinary team meetings



Slide provided by Karl Doghramji, MD, FAASM, DFAPA

MULTIDISCIPLINARY APPROACH TO OSA TREATMENT



Arachchige MA, Steier J. Beyond Usual Care: A Multidisciplinary Approach Towards the Treatment of Obstructive Sleep Apnoea. *Front Cardiovasc Med.* 2022 Jan 5;8:747495. doi: 10.3389/fcvm.2021.747495. PMID: 35071340; PMCID: PMC8767108.; Henry, Oet al. (2022). A Model for Sleep Apnea Management in Underserved Patient Populations. *Journal of Primary Care & Community Health.* 13. 215013192110689; Shelgikar AV, Aronovich S, Stanley JJ. Multidisciplinary alternatives to CPAP program for CPAP-intolerant patients. *J Clin Sleep Med.* 2017;13(3):505-510; Ye L, Li W, Willis DG. Facilitators and barriers to getting obstructive sleep apnea diagnosed: perspectives from patients and their partners. *J Clin Sleep Med.* 2022 Mar 1;18(3):835-841. doi: 10.5664/jcsm.9738. PMID: 34672944; PMCID: PMC8883110; Xia,F.;Sawan,M.Clinical and Research Solutions to Manage Obstructive Sleep Apnea: A Review. *Sensors* 2021, 21, 1784. <https://doi.org/10.3390/s21051784>.



PERSON-FIRST APPROACHES TO OSA CARE



- Informing patients of treatment options
- Providing information on ways treatment options may or may not meet patient preferences and needs
- Giving patients opportunity to express treatment preferences

Treatment strategy

- Maximizes benefits
- Minimizes harm
- Aligns with patient health priorities
- Enhances quality of life

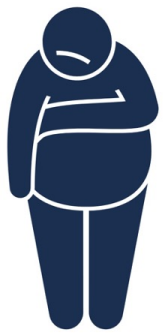
- Only **~1/3** of older adults have specific conversations with their HCP about patient priorities that guide treatment care collaboration
- Despite training in care collaboration, providers may only briefly focus on the patient perspective during clinic visits

Fung CH, Martin JL, Liang LJ, Hays RD, Col N, Patterson ES, Josephson K, Mitchell MN, Sanchez MC, Aysola R, Song Y, Dzierzewski JM, Huang D, Zeidler M, Alessi C. Efficacy of a patient decision aid for improving person-centered decision-making by older adults with obstructive sleep apnea. *J Clin Sleep Med*. 2021 Feb 1;17(2):121-128. doi: 10.5664/jcsm.8798. PMID: 32955013; PMCID: PMC7853212; Øverby CT, Sutharshan P, Gulbrandsen P, Dammen T, Hrubos-Strøm H. Shared decision making: A novel approach to personalized treatment in obstructive sleep apnea. *Sleep Med X*. 2022 Aug 6;4:100052. doi: 10.1016/j.sleepx.2022.100052. PMID: 36039181; PMCID: PMC9418975.

PREFERRED TERMS TO DISCUSSING OBESITY



Certain words to describe body weight may be perceived by patients to be stigmatizing and blaming, whereas other terminology may be viewed as motivating and encouraging:



LEAST MOTIVATING

Fat
Chubby
Extremely obese

MOST MOTIVATING

Unhealthy weight
Overweight
Weight problem



MOST BLAMING/ STIGMATIZING

Fat
Morbidly obese
Extremely obese
Obese

LEAST BLAMING/ STIGMATIZING

Weight
High BMI
Unhealthy weight
Weight problem



USING PERSON-FIRST LANGUAGE



“Obese
Person”



“Person With
Obesity”

Person before the disease

BE AWARE OF UNCONSCIOUS BIAS



REFRAMING THE CONVERSATION ABOUT OBESITY: LANGUAGE MATTERS



<i>Approaches to Reframing the Conversation</i>	SEEK PERMISSION	USE PERSON-FIRST LANGUAGE	USE EVIDENCE-BASED INFORMATION	BE EMPATHETIC, UNDERSTANDING AND COLLABORATIVE
AVOID	“I’m sure the problems you’ve had are all related to your weight”	“Obese children...” “Fat people...”	“If you don’t lose weight, you will get diabetes” “You just need to eat less”	“Don’t you want to be a normal weight?”
TRY INSTEAD	“Would you mind if we spoke about your weight? Where do you think you’re at?”	“Individuals with higher weight/ BMI...”	“Obesity can affect our health in x, y, and z ways”	“What has been going on in your life since we last met? Has this had an impact on what you eat?”

https://obesitycanada.ca/wp-content/uploads/2020/10/Obesity-Language-Matters_FINAL-2.pdf; https://www.worldobesity.org/downloads/healthy_voices_downloads/HV_Language_guidelines.pdf.



CONSIDERATIONS FOR CARE COLLABORATION

GATHER INFORMATION



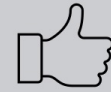
ASK LEADING
QUESTIONS



CLARIFY INFORMATION
BY REPEATING BACK WHAT
PATIENT SAID



DO NOT
INTERRUPT PATIENT



ASSESS
MOTIVATION CONFIDENCE

ESTABLISH RELATIONSHIP



COMMUNICATE
INTENTION TO
HELP



ACKNOWLEDGE
EMOTIONS/
FEELINGS



USE LAYMAN'S
TERMS TO EXPLAIN



COLLABORATE TO
IDENTIFY THE NEXT
STEP

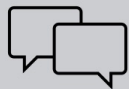


USE WEIGHT
NEUTRAL TERMS



INSTILL
CONFIDENCE

EDUCATION AND COUNSELING



ASK QUESTIONS TO MAKE
SURE PATIENT UNDERSTOOD



DISCUSS SPECIFIC DIET,
EXERCISE, AND MONITORING
GOALS



ELICIT AND ADDRESS
BARRIERS TO CHANGE



EXPLAIN THE NATURE OF OSA

US Preventative Task Force. JAMA. 2022; Politi MC, et al. BMJ. 2013.

CARE COLLABORATION IN OSA

PERSON-CENTERED APPROACH TO HEALTHCARE: DECISION AID

Patient Decision Aid Best Practice

- Promote person-centered care
- Provide information on health care options
- Align patient priorities with health care decisions
- Improve patients' knowledge about therapies and encourage them to evaluate risk and benefits of therapy options

Patient Decision Aid Program for OSA

- Provide workbook for patients to explore treatment options
- Identify in patients meaningful aspects of treatment options
- Identifying patient health priorities
- Reflect on patient levels of OSA knowledge
- Provide to patients a list of resources and instruction to follow up with HCP

Collaboration International Patient Decision Aids Standards (IPDAS) [updated September 11, 2017]. What are patient decision aids? <http://ipdas.ohri.ca/what.html>; 2017; Accessed on December 18, 2023; Fung CH, Martin JL, Liang LJ, Hays RD, Col N, Patterson ES, Josephson K, Mitchell MN, Sanchez MC, Aysola R, Song Y, Dzierzewski JM, Huang D, Zeidler M, Alessi C. Efficacy of a patient decision aid for improving person-centered decision-making by older adults with obstructive sleep apnea. *J Clin Sleep Med*. 2021 Feb 1;17(2):121-128. doi: 10.5664/jcsm.8798. PMID: 32955013; PMCID: PMC7853212;

ENGAGING PATIENTS IN CARE COLLABORATION

Person-Centered Approach To Healthcare: Healthcare Equity Interventions

Strategies to improve OSA among at-risk populations

- Culturally-tailored web-based application to improve OSA self-efficacy
- Phone-delivered intervention to improve OSA evaluation and treatment
- Culturally & linguistically tailored health messages from health educator, assessing challenges & willingness to change behaviors
- Peer-based health education & social support

Johnson DA, Ohanele C, Alcántara C, Jackson CL. The Need for Social and Environmental Determinants of Health Research to Understand and Intervene on Racial/Ethnic Disparities in Obstructive Sleep Apnea. Clin Chest Med. 2022 Jun;43(2):199-216. doi: 10.1016/j.ccm.2022.02.002. PMID: 35659019; PMCID: PMC9451370.

ENGAGING PATIENTS IN CARE COLLABORATION

Person-Centered Approach To Healthcare: Future Directions

- Testing & implementation of tailored risk-factor assessments across race/ethnicity groups to move patients toward treatment
 - Screening tool for African American patients with better predictive properties than most commonly used screening tools
 - Sex-specific screening tool for Hispanic/Latinx populations
- Focus on environmental factors that increase group risk of OSA
 - Comprehensive focus on broad structural and environmental determinates of sleep health
 - Including socially vulnerable groups in sleep research
- Multi-level interventions for OSA across the life course
 - Parent-child sleep education intervention within Head Start
 - Collaborations among physicians, clinical settings, schools, and community

Johnson DA, Ohanele C, Alcántara C, Jackson CL. The Need for Social and Environmental Determinants of Health Research to Understand and Intervene on Racial/Ethnic Disparities in Obstructive Sleep Apnea. Clin Chest Med. 2022 Jun;43(2):199-216. doi: 10.1016/j.ccm.2022.02.002. PMID: 35659019; PMCID: PMC9451370.

CLINICAL QUEST – DIGITAL COIN PIECE 3



<https://mli.link/coin3-hkz>