

Update in Sleep Medicine

Katie Sarmiento

VA San Diego Healthcare System

May 15, 2016



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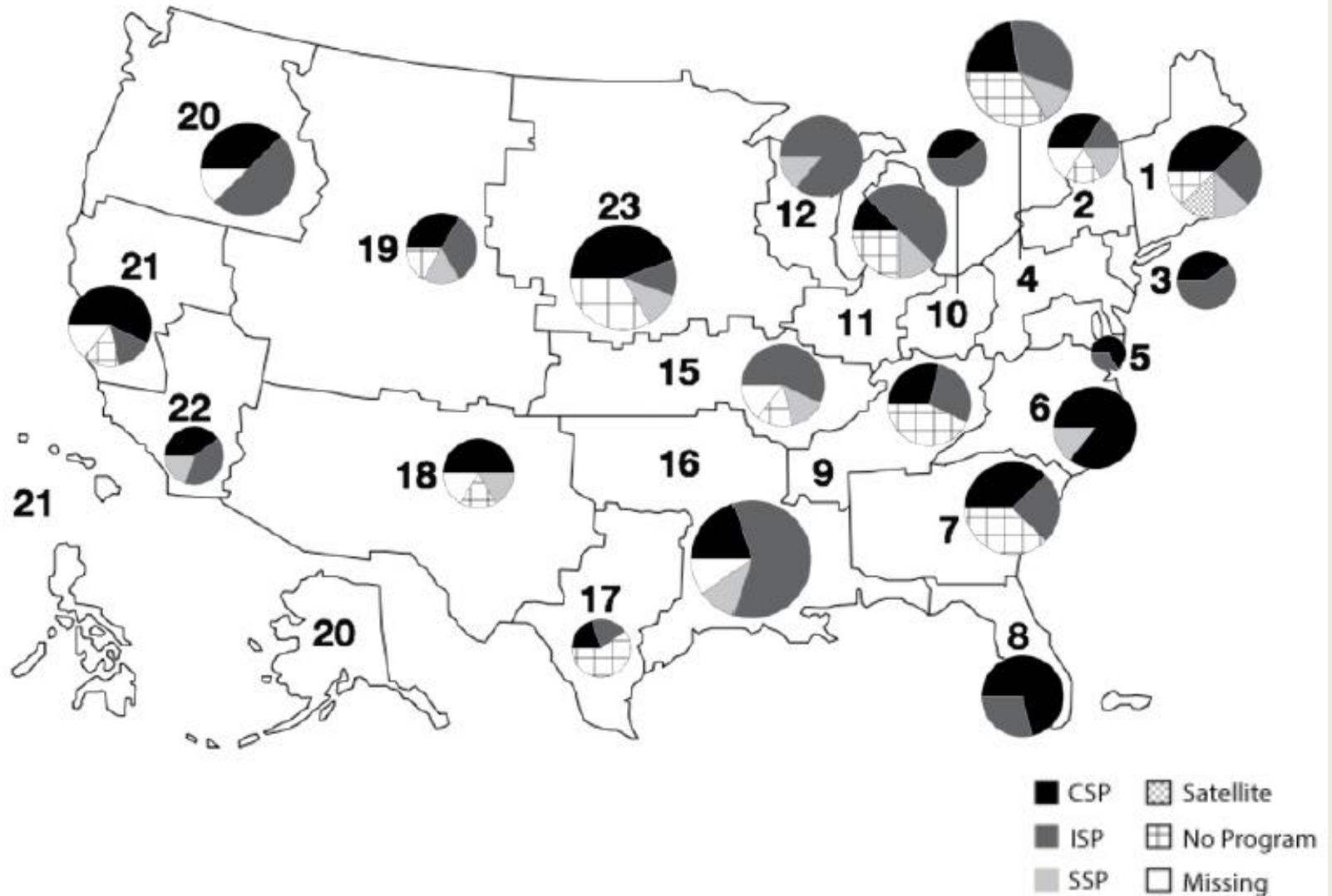
Year	CSP	ISP	SSP	Sat	NP
2012	31	51	10	10	19
2014	51	50	12	7	6

FTEE	2012	2014
Physician	112.1	241
Psychologist	-	31
Nurse Practitioner	20.4	48
Physician Assistant	15.4	15
Respiratory Therapy	115.3	221
Sleep Tech	100.4	377

Sleep Service Provided	Programs
Home Sleep Testing	65%
Polysomnography	72%
Telemedicine	32%
Shared Appointments	20%
Group Testing	25%



2014



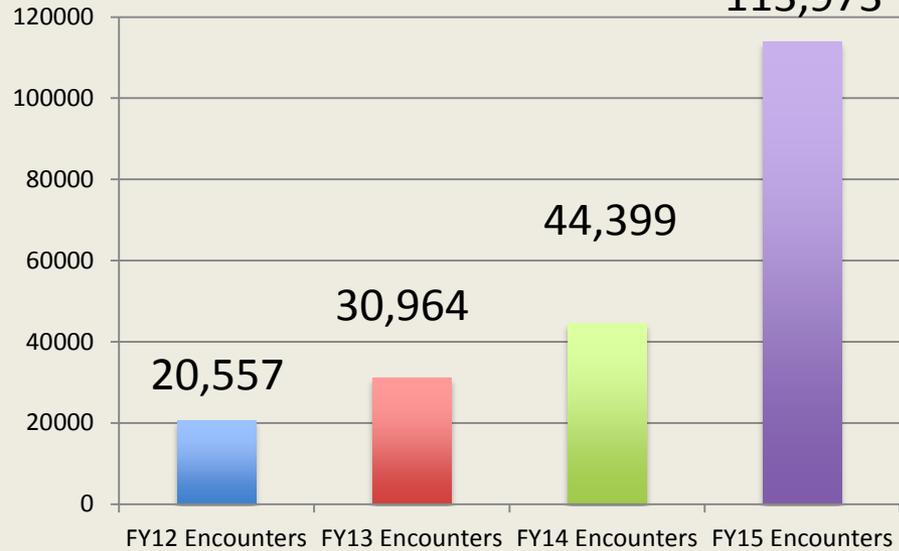
Sleep Stop Codes

- Stop Codes designate the type of service being provided and the provider type associated with that service.
- Basis for workload tracking in VA
- VA Workload \neq Physician Workload
- Physician workload is captured through CPT codes



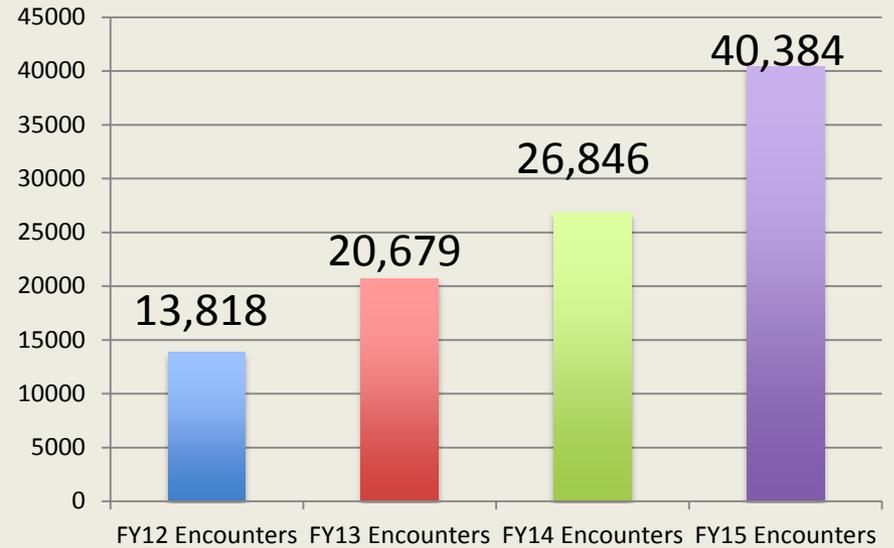
CPAP Clinics

113,973



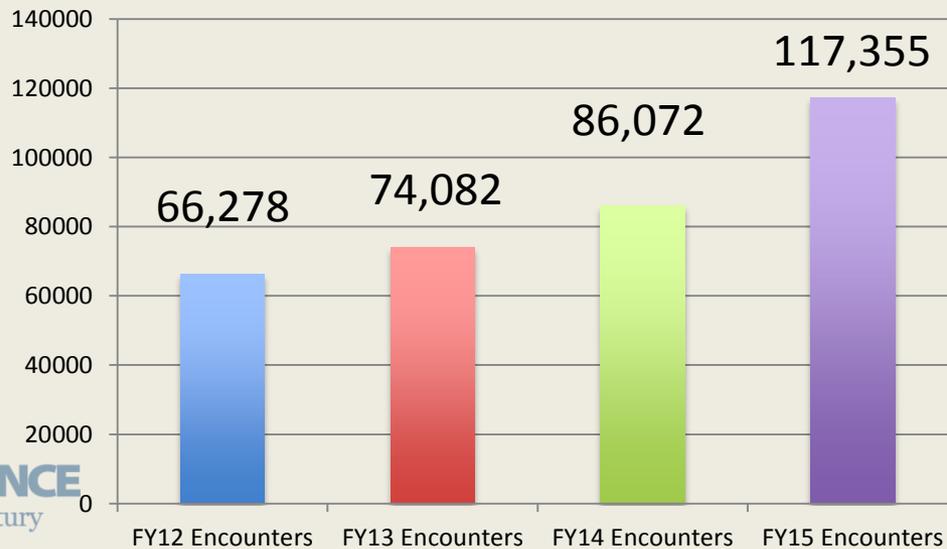
Sleep Clinics

40,384



Sleep Testing

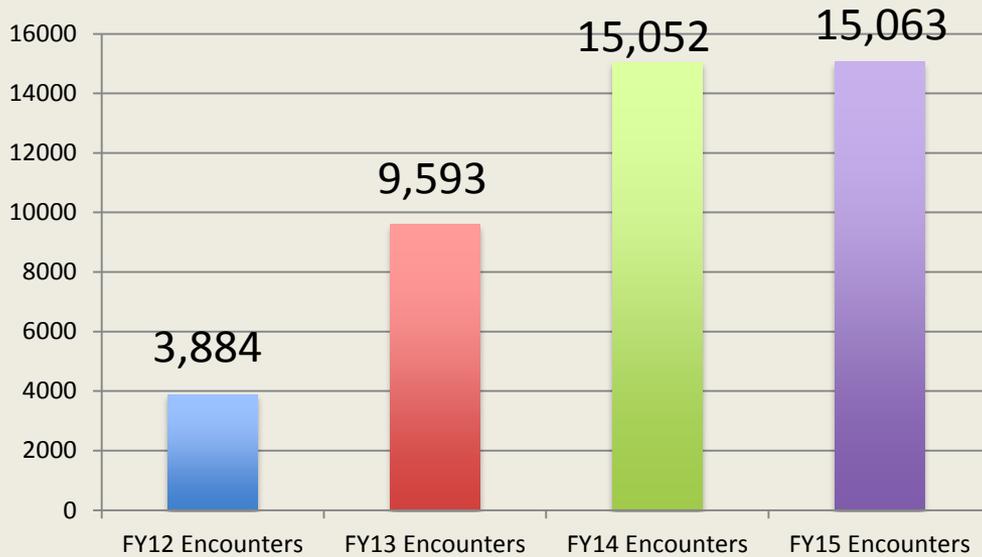
117,355



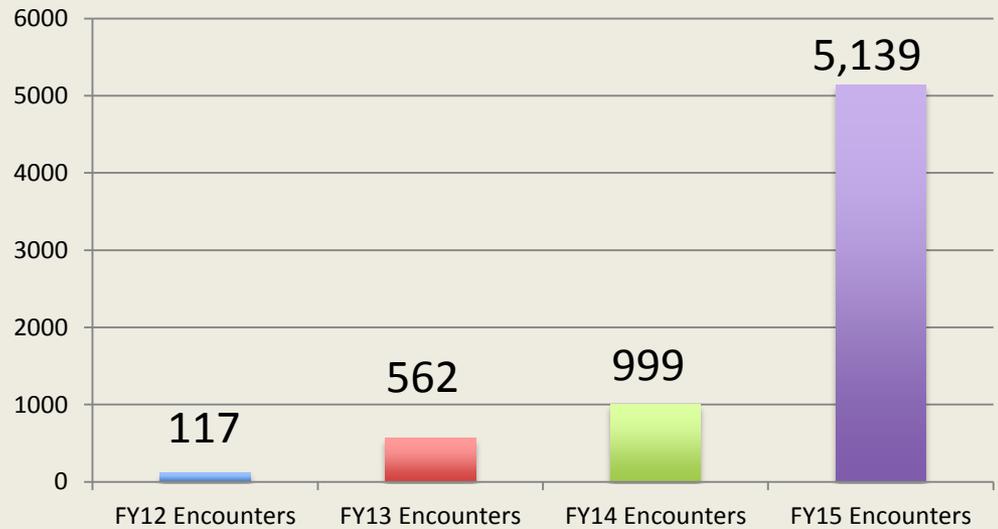
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Clinical Videoteleconferencing



Store & Forward



Wireless PAP Monitoring

- PAP technology has improved, allowing remote monitoring of PAP compliance and efficacy
- Data is transmitted daily from PAP units to manufacturer servers via cell towers.
- PAP management programs are cloud-based in the private sector (standard of care) and local drive or local server based in the VA.

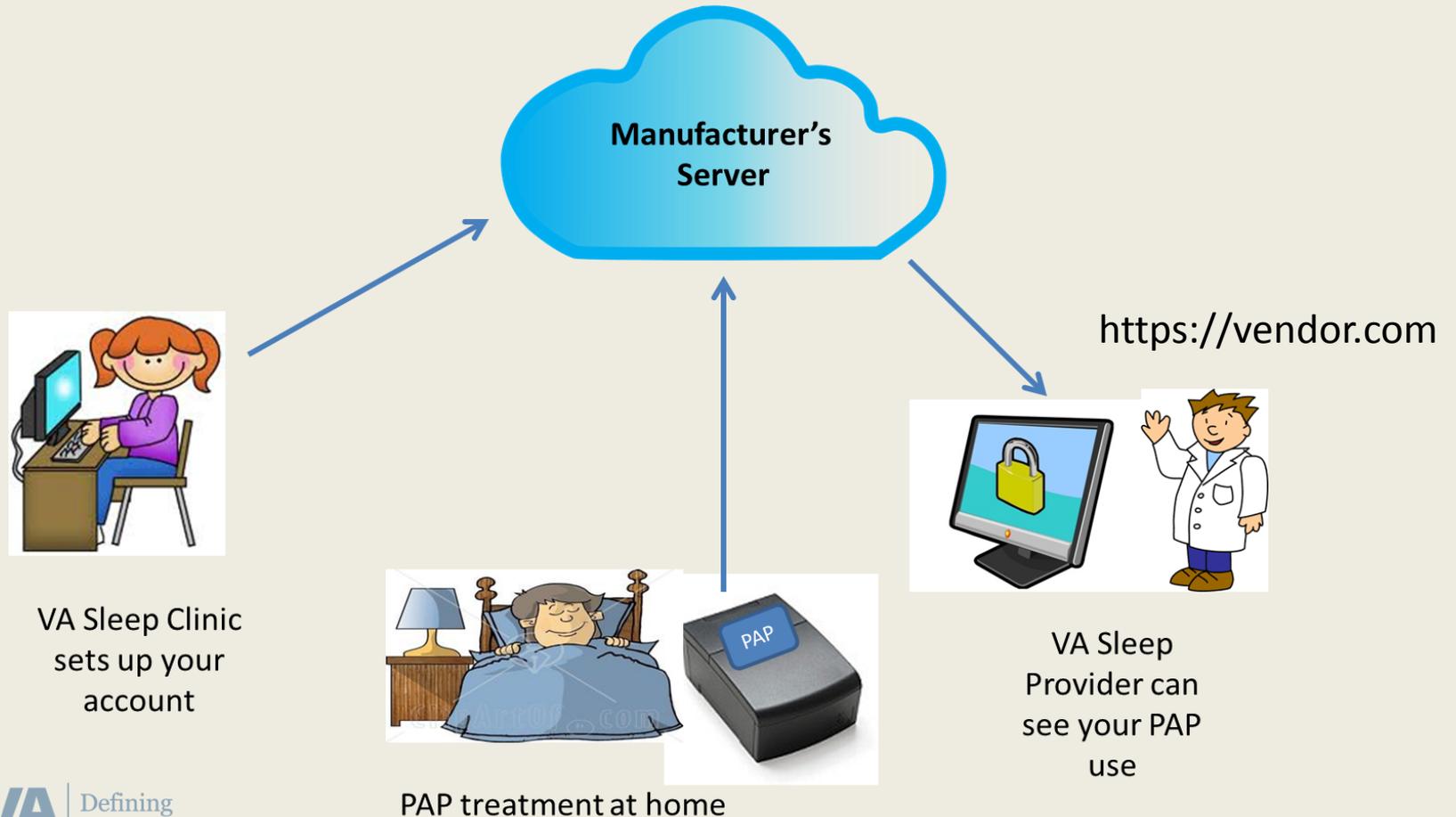


Current Challenges

- Access to Sleep Care is limited
 - No way to know compliance and effectiveness until patient is seen in clinic (and patient must bring PAP)
- Patients who are not doing well on PAP are often lost to follow up (no-show or cancel appts)
 - Decreased clinic utilization rates
 - OSA is untreated (and adverse health risks persist)
- Clinic efficiency is impaired by current PAP data management processes
 - Time to download smartcard data is lengthy
 - Databases frequently migrated and inaccessible



Solution



Wireless Approval Process

- Data Ownership: Patient-owned, Vendor-owned
 - Privacy Office Determination May 2015
- Informed Decision to use wireless (patients)
 - National Ethics Determination March 2015
- Accessing data and security requirements reviewed
 - HISD, national ISO
- Use of PII on Vendor's servers reviewed by Business Associate Program
 - Shared data for treatment purposes, no BAA required for care purposes



Veteran & Provider Benefits

- Enables Sleep Telehealth Programs
 - Identified by reviewing “real time” data daily, weekly, monthly
- Identify non-compliance and intervene early
- Ability to adjust CPAP settings remotely in lieu of face-to-face visit
- Reduced Veteran Travel
 - Remote geographic areas, CBOCs, VAMCs with limited parking
- Distributive workload
- Enables other models of care: REVAMP web-based platform for OSA management (VACI), Primary care PACT teams, shared medical appointments, telephone clinics



VA National Accounts

Organization

VA National Account
(Vendor Server)

Offices

Portland

San Diego

Philadelphia

Gainesville

Administrators

Lead Administrator
Access to all Offices

Users

VA Sleep Providers & DME Staff
Access to Local Office Only



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Wireless Summary

- Use of Wireless PAP monitoring improves care
- Data security is very important
 - Data is patient owned
 - Vendors agree to share this data with providers for care purposes
 - Always accessed through <https://PAPcompany.com>
 - No data stored on VA servers (except REVAMP)
- FSS Bulletin on General Wireless forthcoming



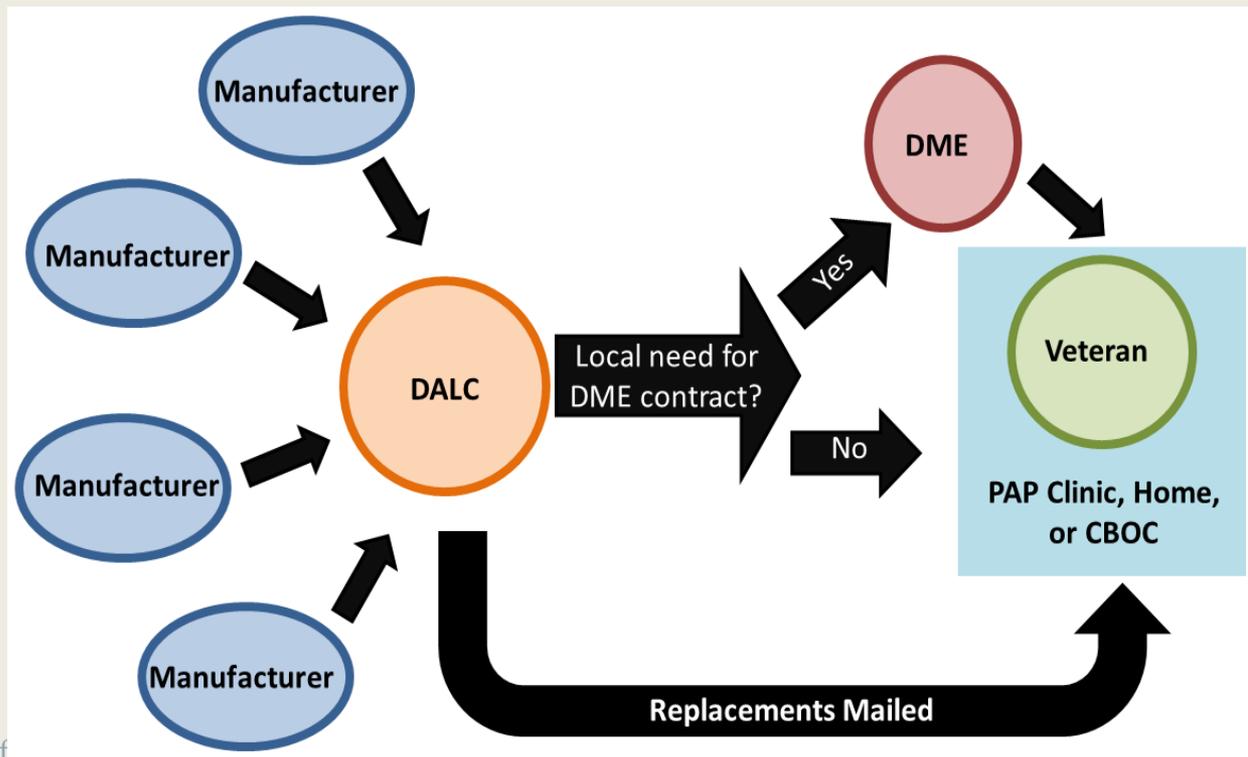
Inspire Hypoglossal Nerve Stimulation

- Under consideration
- Care coordination
 - Pre-evaluation for eligibility
 - Implantation
 - Post-implantation titrations
- Will require preauthorization through Prosthetics



PAP Procurement/Distribution

- PAP Integrated Product Team
- Denver Acquisition and Logistics Center



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Summary

- More guidance on stop code implementation
- Wireless monitoring of PAP therapy is approved
 - Consider VA National Accounts
- 2016 Inventory
- Information on Sleep available through VAPulse Sleep Space (www.vapulse.net)
- VA Sleep Provider meeting in Denver, CO June 12, 2016
- kfsarmiento@ucsd.edu



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