IMPLEMENTING THE ROLE OF THE SLEEP EDUCATOR: Our story

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OBJECTIVES

- Challenges and opportunities
- The need for sleep educators
- What does an educator need to know? Who should be an educator?
- What does an educator do?
- Current billing codes
- Can Codes be applied to sleep education?
- **Our Story**

THE INSPIRATION TO BEGIN . . .

- Challenge of patient compliance
- Enhanced patient care
- Providing service to our “providers”
- Planning for decline in PSG
- Enhancing opportunity for technologists

FACTS

- Apnea and sleep disorders are becoming more prevalent
- Declining number of board-certified sleep physicians
- Growing focus on productivity for physicians and ALL staff
- Focus on the right person doing the right thing (LEAN)

FACTS

- Focus on patient self-management
- Focus on re-admission rates
- Focus on patient outcomes
- Sleep – and sleep apnea – negatively impacts an increasing number of other health conditions

Focus on Reducing the Cost

- Building a cohesive community of stakeholders (physicians, patients, employers, public safety, etc)
- Improving the patient experience, comfort and compliance to build patient buy-in
- More holistic research to understand the current and projected costs of the disease and drive public awareness

Focus on Patient Outcomes

- Much has been written about the importance of treatment for Asthma, CHF, Diabetes and OSA
- It is well known and accepted in the world of medicine that compliance to (any) therapy reduces the morbidity and mortality of chronic diseases
- The challenge arises when therapy needs to be initiated AND maintained at the patient level

IMPORTANCE OF COMPLIANCE AND EDUCATION

- **Meeting the needs of the patient and focus on the patient's best interest**
  - Getting better and avoiding adverse outcomes
- **Financial costs**
  - Cost to families and society of non-treatment, non-compliance and/or sub-optimal treatment
  - Reimbursement challenges

FIRST THINGS FIRST . . . . .

- Educate yourself!
- Don't assume you are the best person for the job of sleep educator!
- Just because you hold an RPSGT credential **or** perform an excellent sleep study/titration **or** are the best scorer in the universe

The Clinician in Clinical Health not only is the "giver of information" but promotes learning and provides appropriate environment conducive to learning in order to create a "teachable moment" instead of just allowing it to happen"

Wagner & Ash, 1988

Educators

- Are most effective as facilitators
  - Making the learner aware of what they need to know, encouraging progress and engaging the learner to become actively involved in acquiring information AND applying it to their situation
  - Provides support, direction and encouragement to the learner
- Ensures that the learner's self-choices are appropriate
- Identifies optimal learning approaches that support and challenge the learner based on readiness to learn and learning style

GETTING STARTED

- Develop the vision of the role of the Sleep Educator
  - Consider what can/should be offered
  - Determine who will provide the education
  - Seek education on all skills that will be needed
- Determine who would be the best “healthcare professional” to fulfill the role of a Sleep Educator
- Critical that you familiarize yourself with terminology, codes, descriptions and any educational requirements

GETTING STARTED

- Demonstrate your knowledge and make yourself important to patient care!
- Seek and earn physician support
  - Volunteer to be the expert
  - Invite physicians to send the patients that are having difficulty with their PAP therapy to you
- Start small, start free if needed – FILL A NEED
- Recognize that being a sleep educator requires MUCH more than knowledge of OSA and CPAP.

GETTING STARTED

- Do your homework
  - Research coding, LCD, NCD
  - Research what other facilities are doing and how they started
- Make yourself important! Be your own cheerleader!
- Demonstrate your knowledge by offering your assistance
- Seek administrative buy-in – more than a revenue generating service
  - Increased PAP compliance
  - Impact on co-morbid conditions
  - Decrease admissions
  - Frees physician time

GETTING ENGAGEMENT

- Sleep physicians
- Administration
- Coding Department
- Compliance Officer

Sleep health educators have an opportunity most paralleled to that of asthma educators and diabetes educators

Who Can Provide Education?

- Diabetes Educator
  - Certification as a Diabetes Educator
  - Not intended to serve as an entry-level specialty
  - Advanced degree in a health related area
  - Accept a variety of health care credentials, all requiring at least a bachelors degree, some require masters degrees
- Asthma Educator
  - Certification as an Asthma Educator
  - Licensed or credentialed in health care profession *or*
  - Individuals providing professional direct patient asthma education and counseling with a minimum of 1,000 hours experience in these activities.

How Do We Compare?

- Sleep Educator
  - Just beginning to define “scope” for sleep health professionals
  - Who can provide sleep education?
    - Nurses, respiratory therapists, physicians, physician assistants, etc.
    - Many argue that RPSGTs are the best match to function as a sleep educator
  - Currently no specific educational or certification *requirements* to become a RPSGT – so are we best qualified?
  - What do we (RPSGTs) need to do to be able to claim that we are the best qualified?
  - Sleep education is not formally recognized by CMS or other payors
  - ***There are some models already in practice that are having varying levels of success

Continuing Education and Credentialing

Education is the most powerful weapon you can use to change the world.

Nelson Mandela

Education is power!

Mr. Mason on Downtown Abbey

CCSH
Certification in Clinical Sleep Health

- CCSH Pathway 1: Clinical Experience
  - For candidates with at least 1000 hours of experience in clinical sleep health AND a bachelor's degree or above
- CCSH Pathway 2: Healthcare credential
  - For candidates with an approved healthcare credential or license AND an associate degree or above
- CCSH Temporary Pathway:
  - For candidates with a BRPT-issued Clinical Sleep Educator Certificate AND a current healthcare credential or license.

SOME RESPONSIBILITIES OF A SLEEP EDUCATOR

- Assess problems and areas of need
- Recognize patient's readiness to learn
- Evaluate the patient's abilities
- Identify patient's learning style
- Provide needed education and information in unique ways and at appropriate cognitive level
- Review PSG results
- Explain sleep apnea
- Understand co-morbid conditions and relate to patient
- Facilitate the process – provide feedback
- Reinforce learning as new skills and attitudes are acquired
- Be a cheerleader!!!!!

OUR MODEL

(taken from the CCSH Job Description)

- Must have CCSH credential
- In depth knowledge of physiology of sleep and sleep disorders
- Understanding of anatomy and physiology of sleep apnea
- Understanding of all modalities of PAP
- Ability to explain results of PSG
- Ability to download reports *and* explain detail to patient
- Understand co-morbid conditions and relationship with apnea
- Familiarity with various interfaces

What does a sleep educator do in our facility?

- Patient acclimation (before *or* after PSG)
- 2 week patient follow-up (ordered and scheduled at same time PSG is scheduled)
- Patient assessment – “meet the patient where they are at”
- Listens to patient

- PAP downloads
- Patient education
- Conferences with physician and patient immediately following PSG
- Community education

If you can’t explain it simply, you don’t know it well enough.

Albert Einstein

Example of Standard Work Document for Educator Visit

CLINICAL SLEEP EDUCATOR WORKSHEET

☐ Familiarization ☐ PAP follow

Date: ____________________

Entered In EMR Sleep book:_____

Entered in Embla:_____

Rescheduled in EMR_____

Rescheduled in Embla_____

Sticker

DATE OF PSG: _____________________________

Physician follow up Appt: __________________________

PSG AHI: ___________/hr

PRINT SUMMARY GRAPH OF PSG: Y N

SPLIT / DIAGNOSTIC / FULL NIGHT TITRATION/PORTABLE PSG

DME: _______________________

PAP SET UP DATE: ________________________

Current Mask Type & size: _____________________________________

TYPE OF EQUIPMENT: APAP CPAP BIPAP BIPAP ST ASV AVAPS

PAP Pressure: __________________ cwp

ESS prior to PSG: ___________

Compliance: % of days with usage >= 4 hours: ________________

Download AHI: ___________/hr

Ave. Device Pressure <= 90/95% of time: ________ cm H2o

Average Daily Use: _________

Central Index: _________________

Leak: _____________________

REVIEW WITH PATIENT: (check all that apply)

- ☐ Complete new ESS _____
- ☐ Co-Morbid conditions
- ☐ General overview of OSA
- ☐ Risk factors of OSA
- ☐ How PAP controls OSA
- ☐ AHI & graph of PSG
- ☐ Compliance report

OBSERVE PATIENT: (check all that apply)

- ☐ Apply mask
- ☐ Check for pressure sores
- ☐ Ramp – Use Y N
- ☐ Tried different mask?

Problems with Therapy: (check all that apply)

Snoring on therapy ☐ Airway Dryness ☐ Chest Pain

Continued Sleepiness ☐ Too wet ☐ Abdomen Distention

Mask/Mouth leak ☐ Pressure Intolerance ☐ Waking frequently

Mask Fit ☐ Runny nose/Nasal Congest ☐ Machine Malfunction

Rain out in Tubing ☐ Take mask off during sleep ☐ Other ________________________

SLEEP HYGIENE: (review with patient)

Feel rested/napping/EDS:

Bed time/Wake time:

Awakenings/reasons:

Caffeine intake:

RECOMMENDATIONS: (check all that apply)

- ☐ Continue PAP Rx as written
- ☐ Mask Refit
- ☐ Humidifier setting changes
- ☐ Return to HME for new mask
- ☐ New Tubing
- ☐ New Headgear
- ☐ Comfort Care Pads
- ☐ PAP mask liner (RemZzz)
- ☐ Change setting(s) to ______________________________
- ☐ Pt instruction on _______________________________
- ☐ Clinical Sleep Educator f/u in __________ wks/months
- ☐ Contact HME
- ☐ Discuss Oral Appliance

Post-educator appointment checklist

- ☐ **Forward any PAP recommended modification to MD for review and order**
- ☐ Chart in EMR
- ☐ Forward EMR note to physician (include time spent with patient)
- ☐ Document time spent with patient on log sheet
- ☐ Update tracking spreadsheet
- ☐ Confirm/schedule physician f/u within appropriate time-frame
- ☐ Complete billing sheet

WHAT CAN YOU BILL?????????

What Determines Which Code to Use for PATIENT EDUCATION?

Is the physician present?

Where are you seeing the patient?

What are you doing?

Is there a physician order?

ACRONYMS

Acronym	Meaning	Description
CPT	Current Procedural Terminology	Codes for medical, surgical, diagnostic procedures
E&M	Evaluation and Management	Typically used in clinic setting
OPPS	Outpatient Prospective Payment System	Medicare payment rates and copay rates for most outpatient hospital services
CMS	Centers for Medicare and Medicaid	Government division that administers Medicare and Medicaid Services and sets rules for payment
MAC	Medicare Administrative Contractor	Private contractor organizations used by Medicare to oversee regional implementation of programs
LCD	Local Coverage Determination	Medicare guidelines set at regional level by MAC
NCD	National Coverage Determination	Medicare guidelines set at a national level (supersedes LCD)

EDUCATION CODES

Added to CPT codebook 2006

- Can occur in clinic or hospital-based clinic/sleep center
- Designed to teach patients to self-manage
- Specifically for non-physician providers
- Education is offered only when ***prescribed*** by a physician
- Codes noted for these codes are diabetes and asthma
- Reimbursed by some insurance providers but not all

Education Codes (continued)

- 98960 Face-to-face patient education and training (may include caregiver or family) for patient self-management - by a qualified, non-physician health care professional, using a standardized curriculum, each 30 minutes/individual patient
  - *Prescribed/ordered* by a physician
  - Standardized curriculum must be used, but may be modified to meet individual patient needs
- 98961 same criteria as 98960 but includes 2-4 patients
- 98962 same criteria as 98960 but includes 5-8 patients

Standardized Curriculum and Educator Qualifications

- Education/training program has to be consistent with guidelines of standards established by or recognized by a physician society or a non-physician healthcare professional society or association

- Both diabetes and asthma have established educator credentials and curriculum for patient education

- The sleep profession does have a credential (CCSH) and an educational means to qualify for the credential.

When seeing patient's in a hospital-based sleep lab:

94660 CPAP Initiation and Management

- Code has been changed to include PAP acclimation as an outpatient
- Patient must have established care with physician

G0463 Hospital out-patient clinic visits for assessing and managing a patient under OPPS (outpatient prospective payment system)

- Must be provided in a sleep lab

When seeing patient's in a physician office or clinic:

Evaluation and Management Code (E&M) Used

- Must be a physician or nurse practitioner present
- Patients are most likely "established"
- Need recognized credential (no specific credential specified)

- 5 codes to consider

  *All begin with "Office or other outpatient visit for the evaluation and management of an established patient . . ."

99211 May not require physician or other qualified health care professional to be present

- Problems are minimal
- 5 minutes performing or supervising

99212 Requires 2 of 3

- problem focused history
- problem focused *exam*
- straightforward medical decision making counseling and/or coordination of care with other health care professionals consistent with level or problem(s)
- problems are self-limited or minor
- 10 minutes face-to-face

99213 Requires 2 of 3

- expanded problem focused history
- expanded problem focused *exam*
- medical decision making of low complexity
- counseling and coordination of care with other health care professionals consistent with level of problem(s)
- problems are low to moderate severity
- 15 minutes face-to-face

99214 Requires 2 of 3

- Detailed history
- Detailed *exam*
- Medical decision of moderate complexity, counseling and coordination of care with other health care professionals consistent with level of problem(s)
- Problems are moderate to high severity
- 25 minutes face-to-face

99215 Requires 2 of 3

- Comprehensive history
- Comprehensive *exam*
- Medical decision making of high complexity, counseling and/or coordination of care with other health care professionals consistent with level of problem(s)
- Problems are moderate to high severity
- 40 minutes face-to-face

Chronic Care Coordination

- New January 1, 2015
- Developed by CPT but modified by CMS
- “CMS recognizes care management as one of the critical components of primary care that contributed to better health and care for individuals, as well as reduced spending.”
- Can be used for hospital out-patient clinics also

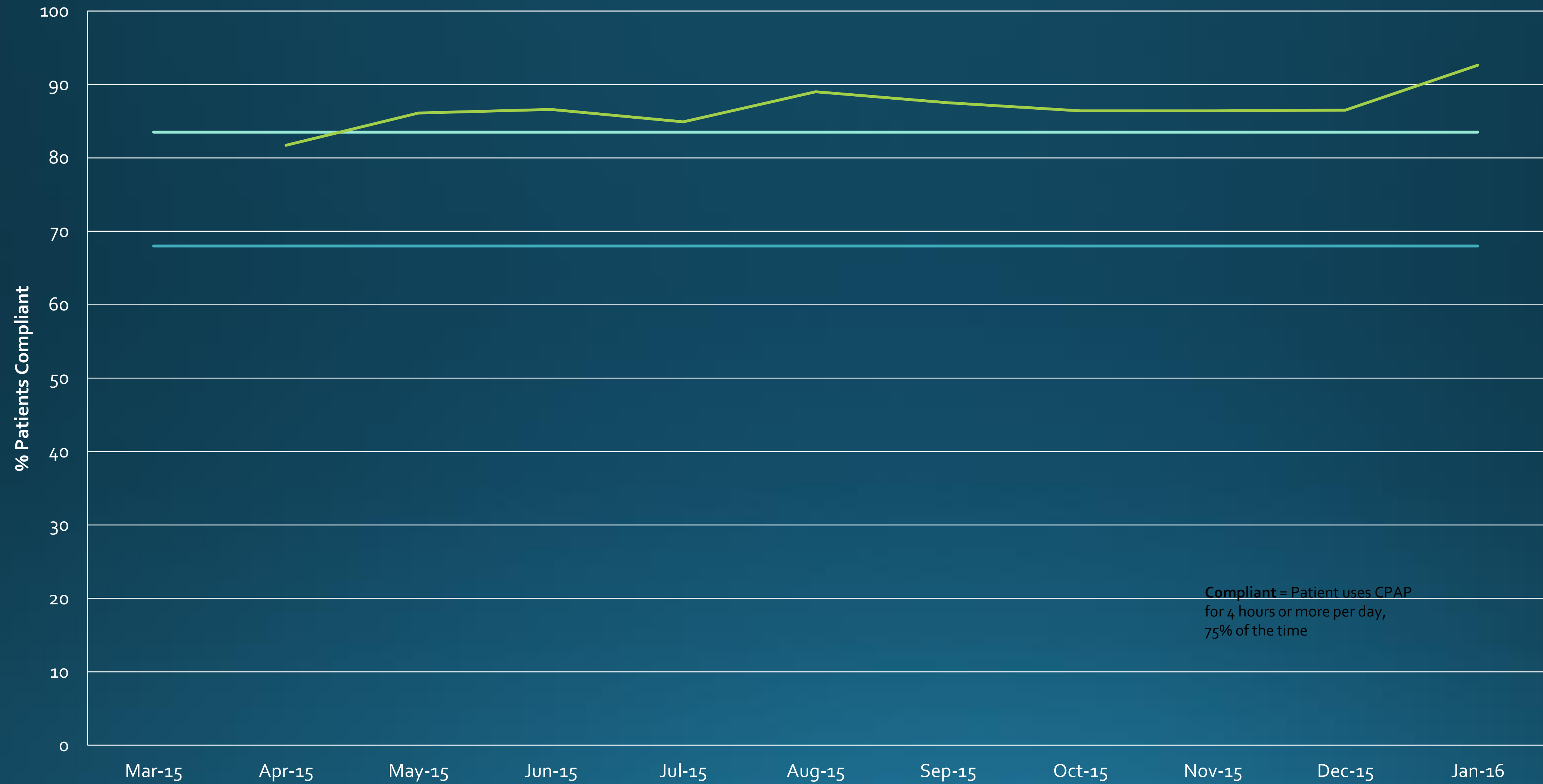
99490 Code Requirements

- Chronic care management services – at least 20 min of clinical staff time directed by a physician or other qualified health care professional per calendar month, that includes:

  - 2 or more chronic conditions expected to last 12 months, or until death
  - Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation or functional decline
  - Comprehensive care plan has been established, implemented, revised or monitored

99490 Code Requirements (continued)

- Patient has to agree to which provider is managing the chronic conditions
  - Examples of chronic conditions include: dementia, asthma, COPD, heart failure, diabetes, cancer, etc.
  - Billing providers include: physician, CNM, CNS, PA and NP
- Chronic care management certified EHR (electronic health record) technology
- This is just "non-face-to-face care coordination"
- CMS provided an exception under Medicare's "incident to" rules that permits clinical staff to provide the CCM service incident to the services of the billing physician (or other appropriate practitioner) under the **general supervision** of a physician.


% Compliant Before/After CSE Visits
% Patients Compliant
100
90
80
70
60
50
40
30
20
10
0
Mar-15
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Compliant = Patient uses CPAP
for 4 hours or more per day,
75% of the time

THINGS TO REMEMBER . . . . .

- Use due diligence in researching what codes are appropriate for your particular work model.
- Engage coding staff and compliance officer early in the process
- Coders should review forms to make sure ICD-10 (diagnosis codes), CPT codes (services and procedures codes) before starting/billing for service - and at least annually, to assure compliance
- Develop a job description

THINGS TO REMEMBER (continued)

- Require physician order for all patient education activity
- Develop standard work that includes forms, documentation requirements
  - Detailed documentation is critical!
- Assure that you do not bill for education service on same day physician sees the patient
- Set up a monthly meeting with appropriate staff to review denials/trends that need to be addressed

REFERENCES

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