

HC Spectrum[®]



A newsletter created especially for healthcare professionals using home care services, delivering a mix of news and trends in healthcare and up-to-date information about our clinical programs and services

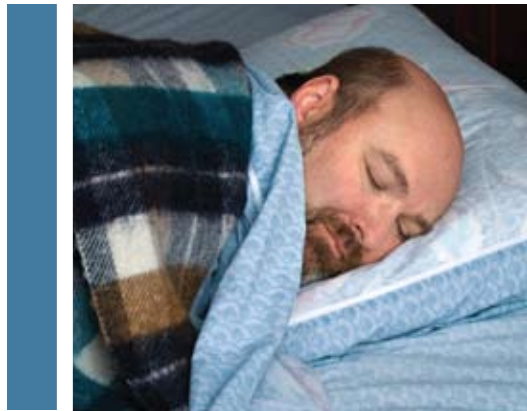


Sleep Apnea: Waking Up to a Growing Health Problem

A good night's sleep. Turns out, many of us aren't getting one. Sleep apnea is a rising health concern. Not only does it significantly impair health, it also has a negative effect on work performance and quality of life. Here we outline the scope of the disorder, recent Medicare actions on coverage and positive changes in sleep apnea therapy.

An Open and Shut-Eye Case: The Health Risks of Sleep Apnea

It is well-documented that chronic lack of sleep brings with it a host of health problems—heart disease, high blood pressure, stroke and depression to name a few—plus a greater risk of fatigue-related accidents. But in August a comprehensive study was released showing that untreated sleep apnea also increases the risk of death from *any cause*.¹ The study involved an 18-year follow-up of the Wisconsin Sleep Cohort, a population-based sample of 1,522 men and women, ages 30 to 60. The all-cause mortality risk (adjusted for age, sex, body mass index and other factors) was significantly higher for sleep apnea sufferers not undergoing sleep therapy compared with sleep apnea patients being treated



and those without sleep apnea. Although dozens of studies have shown a causal relationship between sleep apnea and mortality rates, this is the most extensive assessment to date.

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Counting Sheep: Many Sleep Apnea Sufferers... Many More Undiagnosed

Obstructive sleep apnea (the most common form of apnea) affects approximately 2 percent of women and 4 percent of men.² According to the National Heart, Lung and Blood Institute, more than 12 million people in the United States have moderate to severe sleep apnea. Among the elderly population, it is estimated that 20 percent have sleep apnea,³ a percentage sure to rise with the aging Baby Boom generation (and a potential demographic undoubtedly of concern to Medicare). More disturbing, however, is the number of undiagnosed sleep apnea sufferers. Estimates on the numbers of undiagnosed vary—from a conservative 10 million to as high as 40 million.

“Unfortunately, some patients, especially ones who are not yet experiencing severe symptoms of sleep apnea, feel that adjusting to therapy is too difficult,” said Tim Buckley, RRT, FAARC, director of respiratory services at Walgreens-OptionCare. “It’s important to get patients to understand the benefits of PAP therapy and the dangers of not using the therapy.”

Rise and (Hopefully) Shine: Patient Adherence Still a Sore Spot

A long-standing obstacle to effective sleep apnea therapy continues to be patient adherence. Positive airway pressure (PAP) equipment takes some getting used to; patients often complain about equipment noise, adjusting to sleeping with a nose/mouth mask and dryness of the nose and throat. Adherence is defined as using PAP equipment for at least four hours a night for at least 70 percent of the prescribed days.⁴ Studies on therapy adherence have been small but, overall, a review of the literature suggests that adherence is poor, with rates of adherence varying widely—from 5 percent to 80 percent.⁵

A Rude Awakening: Medicare Gets Tough on Coverage

This summer, in an effort to encourage adherence and control costs, DME Medicare administrative contractors (DME MACs) issued new long-term coverage criteria for PAP therapy, criteria that varied greatly (and some say negatively) from the national coverage criteria set by CMS in March. The most notable change involved a requirement that patients prove therapy adherence after 12 weeks. If proof was supplied (via documented evaluation by the treating physician and usage readouts from computer chips in PAP machines), then coverage for the equipment would continue. If not, coverage would terminate.

By the end of August, however, and in the face of mounting concerns from sleep industry stakeholders (including the American Association for Homecare and the American Association for Respiratory Care), the DME MACs revoked the new policies. It is expected they will rewrite the coverage criteria after reviewing comments from the industry. What remnants of the tougher policies will stay remains to be seen, but some fear the original tough stance is a harbinger of future coverage battles.

Eyes Wide Open: Outlook Bright for Sleep Therapy

Coverage issues aside, some promising trends point to better treatment of sleep apnea:

- *Increased public awareness:* As a health issue, sleep apnea has received higher profile in the news, most notably in the mainstream media. Better awareness should help expose more undiagnosed sleep apnea sufferers.
- *Home sleep testing:* Home sleep tests were approved by Medicare last March and many private insurers are expected to follow suit. Although Medicare ruled that home tests cannot be performed



by DME providers, the managed care sector still offers provision opportunities, if home testing gains acceptance.

- *User-friendly PAP equipment:* Recent design improvements have made PAP equipment smaller, lighter and quieter, attributes that can help bolster patient adherence.

“Walgreens-OptionCare has always considered sleep apnea a serious health issue and we’ve developed comprehensive respiratory services to meet patient needs and address adherence issues,” said Buckley. “But we also recognize the value of collaborative relationships with physicians, sleep labs, and independent testing facilities. We want to help a greater number of sleep apnea patients live healthier, more productive lives. Working collaboratively can facilitate these goals.”

Home Care Happenings

Local Intake Teams to Handle Respiratory Referrals

When case managers and physicians call Walgreens-OptionCare to make a respiratory or oxygen referral, they’ll now be talking directly with the intake team in their community. It’s a small change but one we hope provides an added comfort level for our referral sources. Typically, we’ve used a centralized call center for respiratory, oxygen and DME referrals (infusion referrals have always been handled locally) but we’ve found a local intake team offers easier access. As always, our goal is a convenient referral process that helps foster good communication and long-term relationships with our referral sources.

Five Walgreens-OptionCare Facilities Become Centers of Excellence

Several years ago, Walgreens-OptionCare instituted a Centers of Excellence program that established high standards for home care therapies. In the past few months, five facilities were awarded this designation:

- Dallas, TX – Immune Globulin Center of Excellence
- Eatontown, NJ – Immune Globulin Center of Excellence
- Everett, WA – Sleep Apnea Center of Excellence
- Farmington Hills, MI – Immune Globulin Center of Excellence
- Worthington, OH – Nutrition Center of Excellence

The process of becoming a Center of Excellence is a lengthy one and the designation is awarded only to facilities that meet strict criteria for performance, commitment, research and community outreach. The facilities are evaluated periodically to ensure they uphold the standards. Walgreens-OptionCare currently has 76 Centers of Excellence in 43 facilities specializing in home care for heart failure, hemophilia, immune globulin, nutrition and sleep apnea therapy.



HC Spectrum Q&A

Q. What is the turnaround time for antibiotics and parenteral nutrition?

- A. Overall, our turnaround time is within four hours, depending on the drug ordered, dosing schedule and geographic location of the patient. In general, parenteral nutrition (PN) takes more time to prepare than an antibiotic. However, if we are able to send a premixed PN solution for the first dose, the mixing time can be eliminated, thereby speeding up the turnaround time. In general, turnaround time is usually shorter if we have complete orders, all of the medication in stock and have no issues verifying the patient’s benefits.

Legislative Corner

CMS Exempts Doctors, Nurses from Accreditation

Physicians, nurses and other healthcare professionals who supply durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) are exempt from Medicare's accreditation requirements, according to a CMS determination made in September. Medical groups argued that the exemption is appropriate because healthcare professionals already meet state licensing requirements as well as Medicare Part B credentialing. Although competitive bidding has been put on hold, accreditation requirements for DME providers are still in effect with a deadline of September 30, 2009.

FDA News: Intel's Home Health Monitoring System Gets FDA Okay

The FDA in July approved a personal in-home health monitoring system developed by Intel Corp. The system, called Intel® Health Guide, involves an in-home patient device with online access that lets clinicians monitor patients and remotely manage care. The system connects to specific models of wired and wireless medical devices such as blood pressure monitors, glucose meters and weight scales. Patients can measure their vital signs and transmit them to their healthcare provider for assessment. Health Guide allows clinicians to schedule regular online health sessions with patients, provide multimedia health information and education, conduct face-to-face calls through the system's integrated video camera and set up audio and visual reminders to promote patient adherence to therapy. For more information on Health Guide, go to Intel.com/healthcare/telehealth.

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Our Services

Infusion, Nursing Care Coordination, Respiratory/Oxygen, Specialty Pharmacy

To initiate a referral, contact your local Walgreens-OptionCare. You can also refer to us through the ECIN online referral service or email homecare@walgreens.com. For general information about Walgreens-OptionCare programs and services, email homecare@walgreens.com.

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