

## Wisdom from a Home Sleep Testing Guru

### Helen A. Kent

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For those who fear sleep laboratories, home sleep testing is the natural remedy for people who want to be diagnosed for obstructive sleep apnea. Helen A. Kent, RRT, CEO of Progressive Medical, Carlsbad, Calif, understands this fact. Despite limitations imposed by Medicare, Kent is confident that third-party payers will continue to embrace home testing. After all, home-based equipment can now produce diagnostic-quality, unattended sleep studies. As a result, she believes the opportunities for growing the home testing business are numerous. We sat down with the “grandmother of sleep” to talk about these opportunities, and get her take on the business and clinical aspects of portable sleep monitoring.

#### IN TODAY'S SLEEP WORLD, WHAT KIND OF BUSINESS MODEL WORKS WITH HOME SLEEP TESTING?

Home sleep testing should not be driven by Medicare. It should be driven by private payers and younger patients. That is who we are after. Insurance carriers don't pay as much for testing and titration in the home. They pay between \$300 to \$500 for each home sleep test. In-lab studies bring in more money for the lab vs. a home study but attended studies cost a lot more to perform also.

If you are the CFO of a sleep lab, and you need to add to your bottom line, home sleep testing needs to be considered for that population that's unwilling or unable to come into the lab. It should also be considered when you want to increase the amount of studies performed per night. Sleep labs that dispense must ensure that patients are on effective therapy. By monitoring efficacy and making sure the patients are on effective therapy, the labs will also increase sales of effective PAP machines. Another steady income generator is a quality re-supply program. All these things are going to cost money to initiate but they are also going to add to your bottom line. All the while this will be good patient care and a win – win situation for all parties.

#### PORTABLE MONITORING HAS CAUSED CONTROVERSY. HOWEVER IT LOOKS LIKE IT IS HERE TO STAY. WHAT ARE THE POSITIVES AND NEGATIVES OF HOME TESTING?

Most people – given the choice – do not want to go and be studied in a sleep lab. They do not want to be photographed, they do not want to have somebody stand over them while they are sleeping and being hooked up to all 13 channels. Everybody wants to be at home and go to bed in their own bed - when they want. When you are in a sleep lab, you are at the mercy of that technician. The tech tells the patient “you have to be in

bed at 9:00 pm and sleep on your back all night long”, even though that is not how they sleep at home. “You cannot sleep on your side, because obstructive sleep apnea (OSA) is more prevalent when sleeping on your back.”

On the negative side of home sleep testing, I am afraid that if a comprehensive intake is not performed before the procedure, the wrong patients will be slept at home instead of in a lab.

#### WHAT ARE THE MAIN MEDICAL PROBLEMS YOU SEE THAT EFFECT SLEEP?

People take too many drugs. If you look at their medication lists, you would not believe what these people are taking and then they wonder why they can't sleep? Drugs affect everything we do. While they might help the small problem you have, drugs are also going to cause a whole lot of ramifications. We see a lot of people on drugs that they probably do not need, such as antidepressants and pain pills, but antidepressants are a big problem affecting sleep disordered breathing patients.

When we get a patient, we perform a huge intake so we get a chance to see what drugs people are taking & comorbidities. Patients may have pre-existing conditions that are not compatible with home sleep testing.

Sleep labs should make sure that all sleep-study patients meet with the doctor who is going to score or interpret their test. This allows the doctor to see that person, and get to know him or her. He will know what to expect, and it reinforces that patients are more than just test results on a piece of paper.

#### WHAT COULD SLEEP LABS DO TO IMPROVE THE PATIENT'S EXPERIENCE?

There is a disconnect in the way patients are referred to a sleep lab, tested and then turned over to their referring physician. The primary care physician (PCP) or the referring doctor sends patients to a sleep lab. The sleep lab does a test on them. The payer says, “I only want a split-night study, or I only want a diagnostic poly, or I only want you to re-titrate that patient.” Often time's insurers are unwilling to pay for a pre-consultation with the sleep physician. The patients go to the sleep lab and they only see a sleep tech. The tech performs the test under the guidelines that the sleep lab has set. Somebody scores the test; the sleep doctor interprets it and sends the interpretation and the patient back to the referring physician without ever seeing or talking with that patient. That is the big disconnect.

Remember, the test is only as good as the technician and the person who is scoring it. Sleep technicians need to be well trained. They need to know about a patient's anatomy, physiology and the respiratory and cardiovascular system, as well as what equipment is available to treat different sleep disordered breathing problems.

#### HOW CAN PROVIDERS BOOST COMPLIANCE AMONG CPAP PATIENTS?

Education, education, education! Make sure the therapy is effective. If you are in this business, you should also be able

to fit that mask to the patient's face. Of course, you have to check for efficacy too.

We all talk about compliance, but you cannot have compliance if patients are not on effective therapy. You cannot have compliance without the right mask either. How do you know if it is the right mask if you don't download the prescribed piece of equipment to look for leaks? How do you know if it is the correct therapy if you do not download that piece of equipment to look at the patient's AHI on therapy? How do you know if the patient is being treated? We need to monitor more than compliance.

Reimbursements are being slashed severely when it comes to PAP therapy. Payers are looking at CPAP as just a machine - it is not. It is about who is behind that machine, and who are educating patients. Who is taking care of the patient? They do not pay us to check compliance or to educate that patient. Not only should they pay for these services but they should also pay us for proving efficacy. There will be no compliance without effective therapy. Bad therapy is worse than no therapy.

That patient you are putting on PAP therapy is a lifelong patient. There is money coming down the road by diligently following that patient. It is not instant gratification, but you know it is bound to keep coming. From a business perspective, if you know that these patients will continue to generate \$1,000 to \$2,000 a year in supplies, you would be crazy not to follow them. I can't tell you how many friends I have made by putting them on effective therapy.

## THE WATCH-PAT DOES NOT FIT INTO ANY OF THE CLASSIC CLASS STRUCTURES BECAUSE IT DOES NOT USE NASAL AIRFLOW BUT INSTEAD PERIPHERAL ARTERIAL TONE (PAT). IS THIS AN ADVANTAGE FOR USERS OF THE WATCH-PAT?

Medicare said technology has to be flow-based. Flow-based technology in the home is not going to work because that cannula comes off or slips during sleep, and you have a bad test. Why are they thinking that flow-based technology is acceptable in the home? There is better technology now to check for sleep apnea.

Until we find something better, I think that PAT technology is a good way to currently perform home sleep testing at this time because it is convenient, effective; it is measuring fight or flight. That is exactly what happens every time you have an obstructive or central event. You experience the sensation of fight or flight when all of the blood from the peripheral goes into the core. You can measure it by time or severity, and it is easy to measure peripherally.

Medicare is reactive, not proactive. The boomers are coming, and everyone is really scared. The boomers are turning 60, and pretty soon they will be 65 when they will receive Medicare. How is Medicare going to take care of all of these Medicare recipients? I don't know if Medicare looks at homecare as the solution to this impending crisis. I don't think so by the cuts they continue to place on home medical equipment providers and by the onerous rules they keep placing on our industry.

## Online Product Guide and Videos

The screenshot displays the website for Sleep Diagnosis and Therapy, featuring a navigation menu with links for HOME, JOURNAL, ADVERTISING, CIRCULATION, VIDEOS, AUDIO, BUYERS GUIDE, PRODUCT GUIDE, and EDITORIAL. Below the navigation is a 'Video Showcase' section with a video player showing a hand wearing a device. To the right is an 'Email updates' form with a 'Send' button. Below these are 'Featured Videos' and a row of four product images with labels: Watch-PAT200 (a finger-worn device), Sleep Trek3 Home Sleep Screener (a white box), SleepScout Portable Sleep Monitor (a blue handheld device), and Medibyte Home Sleep Testing Device (a red box).

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