



**ResMed**

*Changing lives  
with every breath*

# Incorporating Bilevel Therapy

Boosting Comfort and  
Compliance in Apnea Patients





# ➤ Agenda

- Why Patients Fail CPAP
- Monitor Patients and Intervene Early
- Hometown Healthcare Case Study
- Documentation and Reimbursement
- Optimal Setup
- Marketing Resources
- Q&A





You spend a lot of time setting up patients for success







But studies show that many CPAP/APAP users are non-compliant

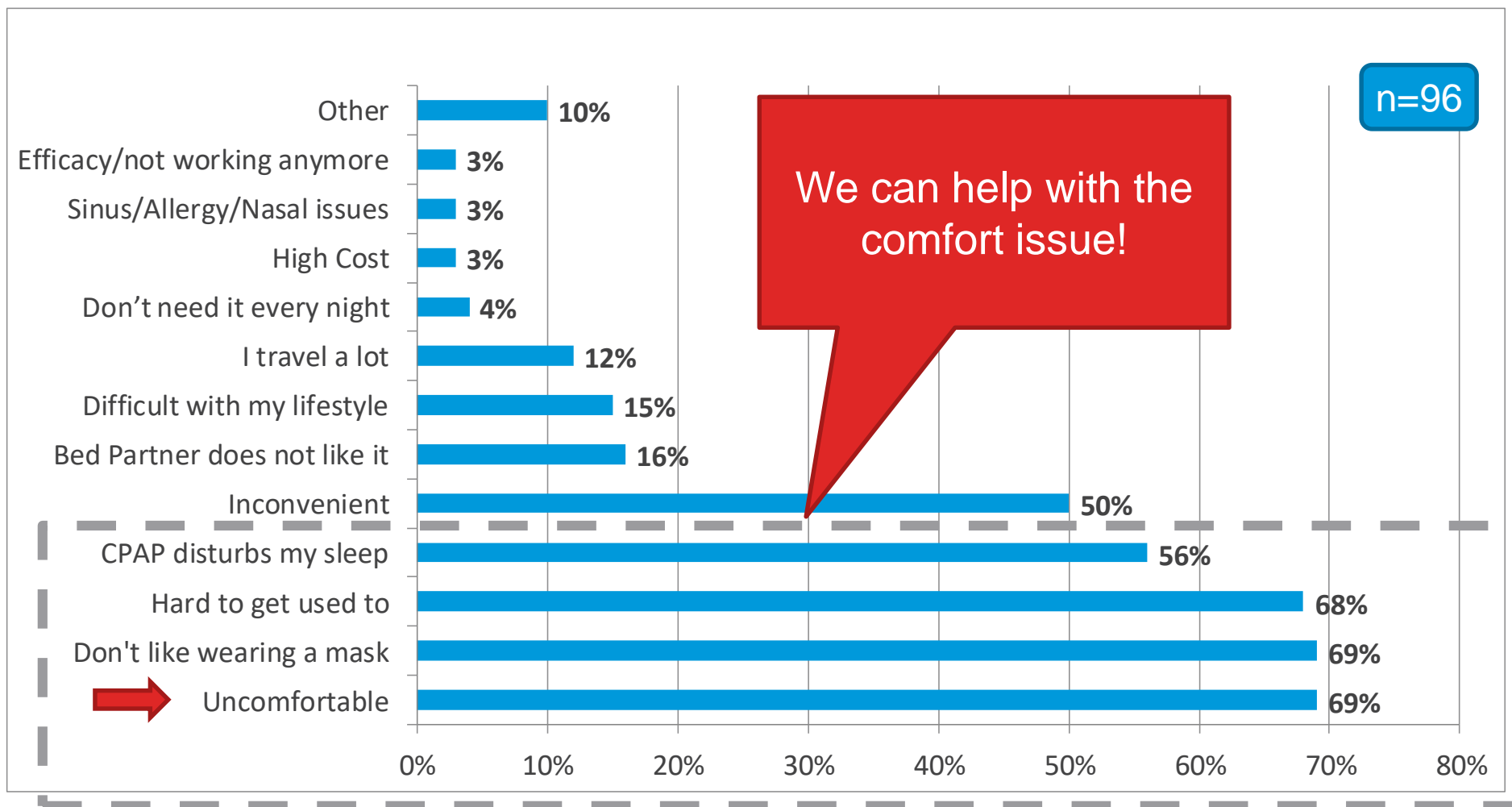


When compliance is defined as greater than 4 hours of nightly use, **46-83%<sup>1</sup>** of patients with obstructive sleep apnea have been reported to be non-adherent to treatment.

1. Terri E. Weaver and Ronald R. Grunstein "Adherence to Continuous Positive Airway Pressure Therapy" Proc Am Thorac Soc Vol 5. pp 173-178, 2008.



# > Why patients fail CPAP





# > What do patients mean by “uncomfortable”?



It is hard to predict which individuals might struggle on C/APAP when initially setting them up on a device.

Patient complains of not being able to exhale or of disturbed sleep.

Patient doesn't feel any better after sleeping on therapy.





What if there was a way you could intervene to help keep pressure intolerant patients on therapy and improve compliance?

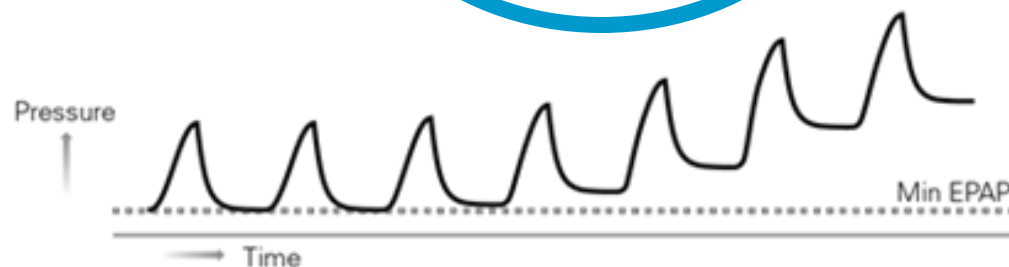




# ➤ ResMed's Option for Pressure Intolerance



**AirCurve 10 VAUTO** is an auto-adjusting bilevel designed to meet the unique needs of noncompliant OSA patients.

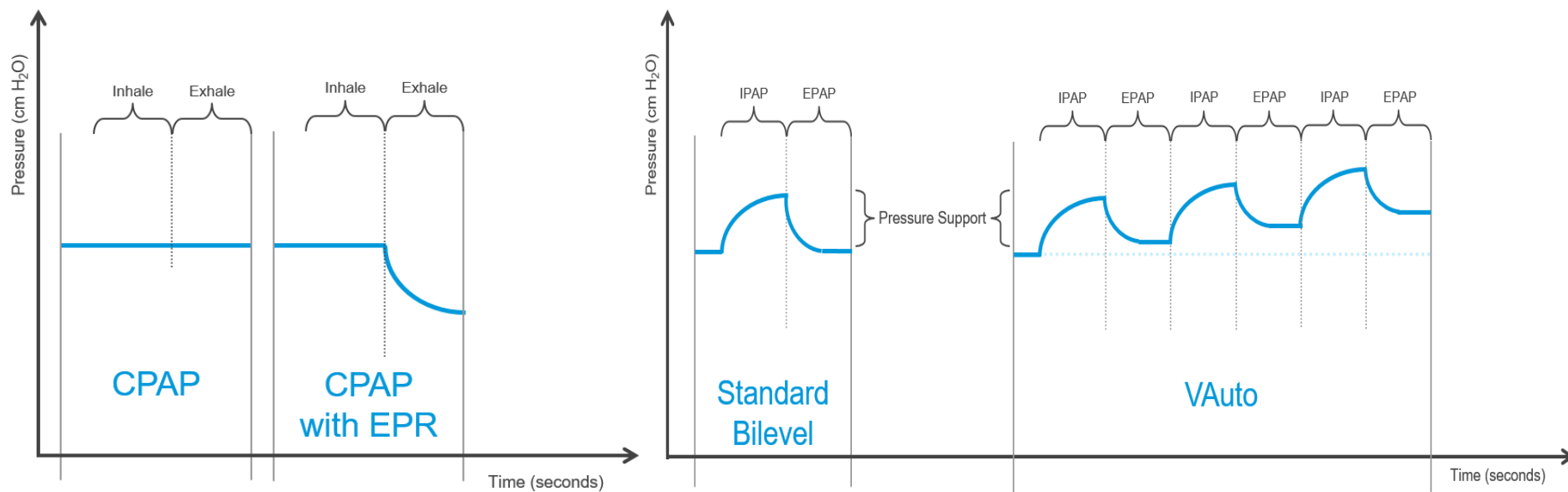


- + Bilevel Therapy – delivers a lower pressure during expiratory cycles
- + Auto adjusting to deliver efficacious therapy
- + Easy-Breathe waveform for increased comfort
- + Higher pressure support (0-10) with upper and lower pressure limits





# EPR vs VAuto Algorithm





# > The bilevel transition process

1

Work in AirView to  
identify bilevel  
upgrade candidates



2

Contact physician  
with list of  
“at risk” patients  
for recommendations



3

Gather required  
documentation and  
upgrade patient to  
bilevel when  
appropriate.

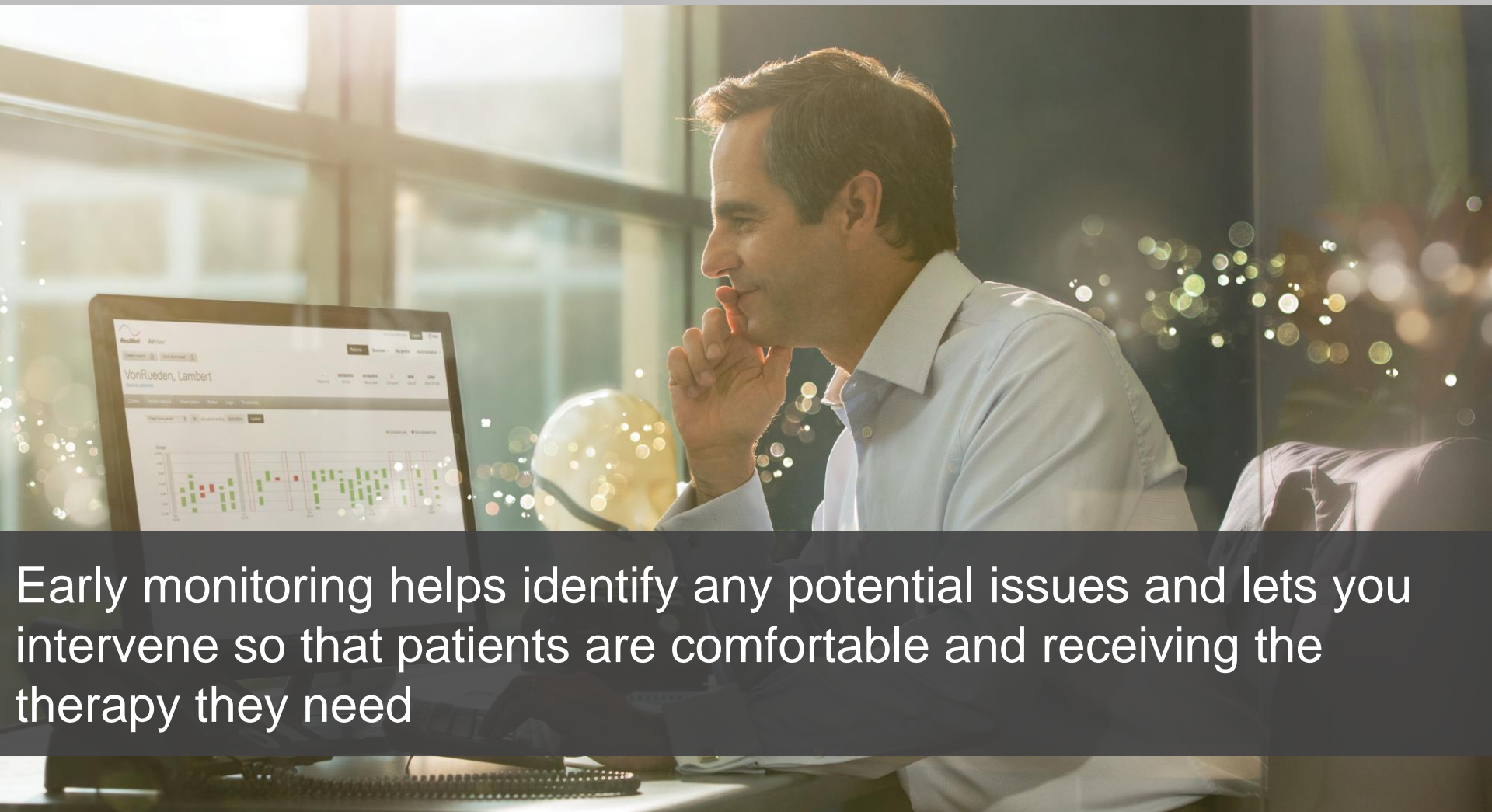




➤ Monitor patients and intervene early



## > Monitor early and often for compliance



Early monitoring helps identify any potential issues and lets you intervene so that patients are comfortable and receiving the therapy they need



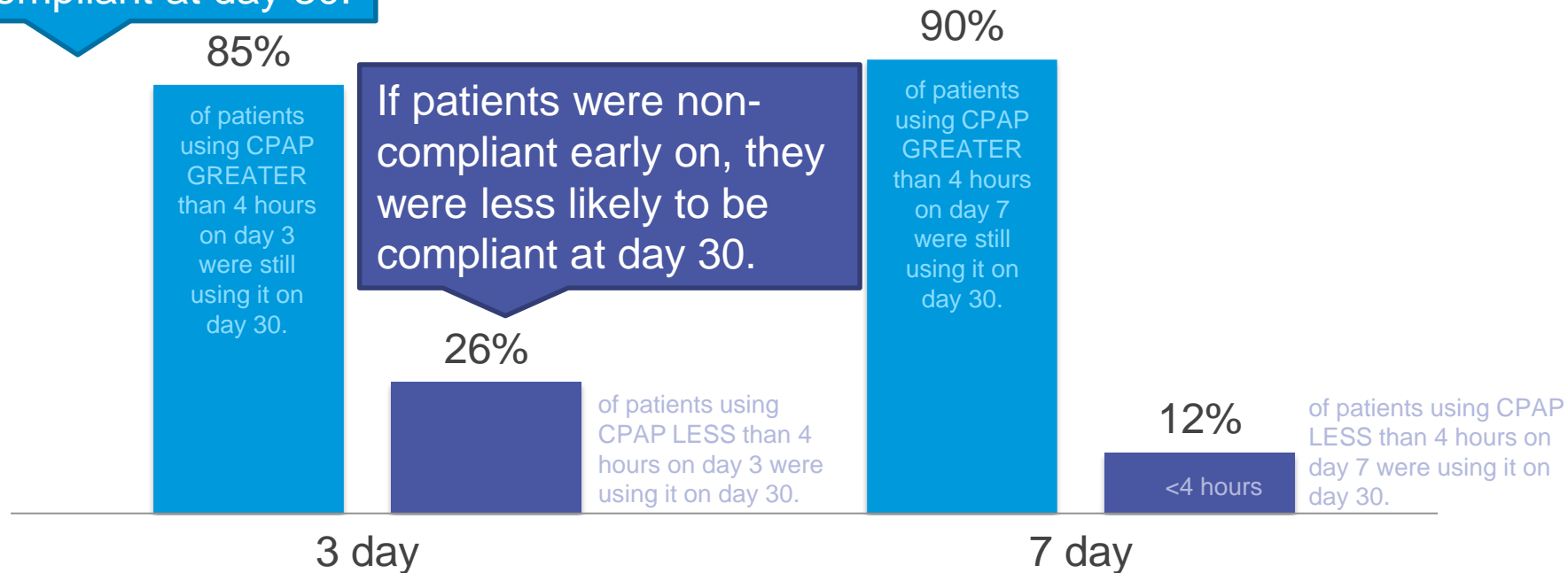
# > Identify struggling patients during 1<sup>st</sup> week

Adherence to CPAP therapy can be predicted by Day 3.  
Don't wait for failure, intervene early!

If patients were compliant early on, they were more likely to be compliant at day 30.

## Patients Using CPAP at Day 30

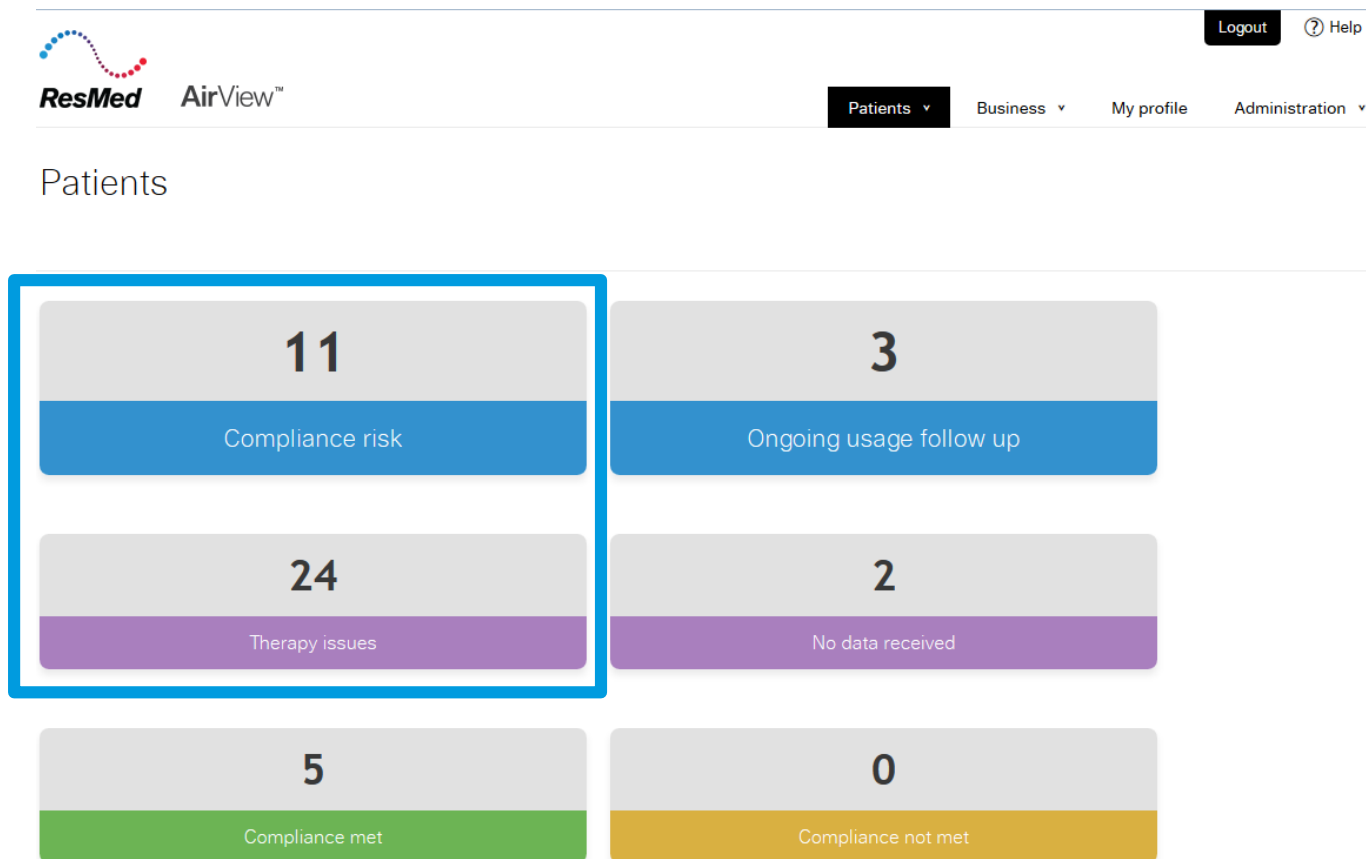
■ >4h ■ <4h





➤ Begin monitoring immediately after setup

## Follow-up is made easy with AirView Action Groups





# > Use AirView to identify a transition candidate

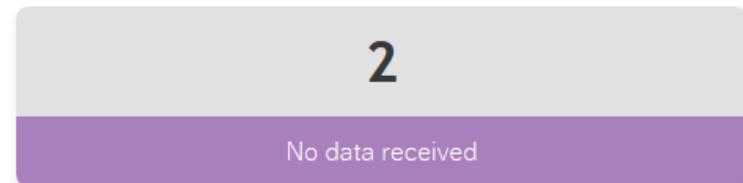
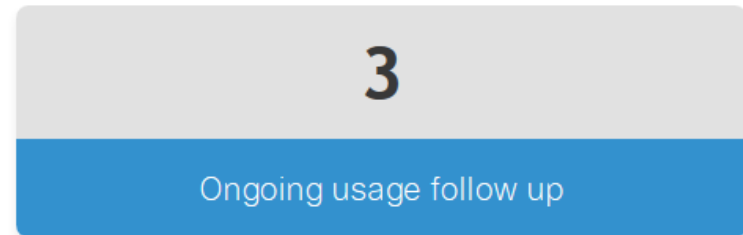
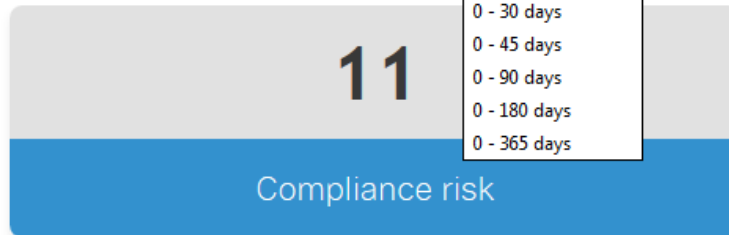


## Patients

▼ Show only...

User: All patients ▼ Location: All locations ▼ Days since setup: All days ▼ Apply


- All days
- 0 - 7 days
- 0 - 14 days
- 0 - 30 days
- 0 - 45 days
- 0 - 90 days
- 0 - 180 days
- 0 - 365 days







# Therapy & Compliance issues can be managed by exception

**ResMed** **AirView™**

Mark as reviewed >

View reviewed patients >

## Therapy issues

[Back to Action Groups](#)

☐ Name

☐ Sample, Patient 1

Charts

Patient details

Prescription

Remote Assist

Notes

Create report

View recent logs

Add notes

Date of birth04/24/1971

Setup date12/24/2016

LocationSacramento

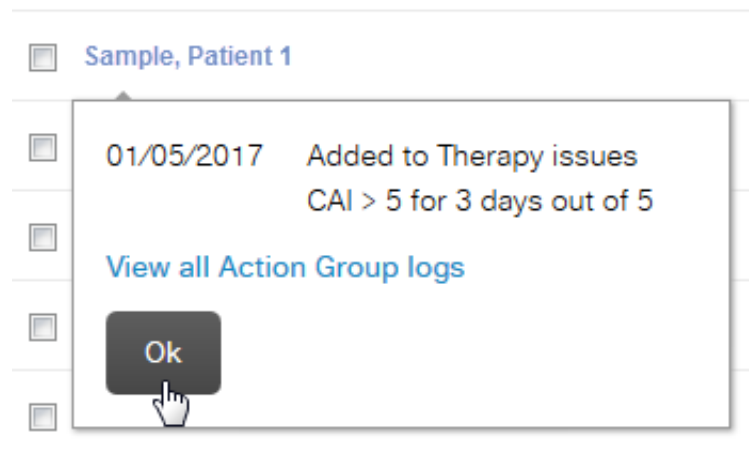
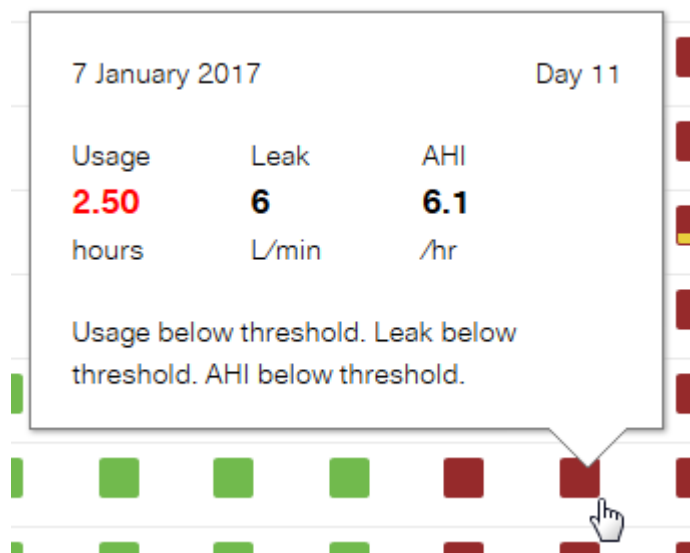
Phone(353)299-0674

PayorExample 1

In groupsTherapy issues



# ➤ Review action group log – therapy issues



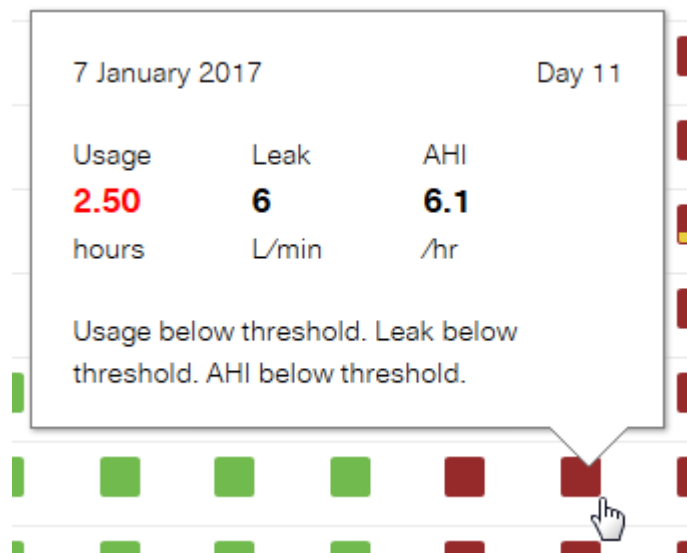
The Therapy Issues group is where you will find patients with high AHI, mask leak or low usage.

Identify patients with low usage and low leak

Additionally, patients who have  $CAI \geq 5$ . These patients may be well-suited to an ASV (E0471) device if the physician believes it will be suitable.



## ➤ Review action group log - compliance risk



The Compliance Risk group is where you will find patients with low usage.

Verify patient record, but most likely patient's leak has been controlled and pressure settings may have been adjusted. Patient is still exhibiting low usage and may be pressure intolerant. Consider discussing this situation with the patient's physician.





# Potential Bilevel Candidate



1. Usage below threshold of 4 hours
2. AHI above threshold
3. Leak under control



1. Usage below threshold of 4 hours
2. AHI below threshold
3. Leak under control

☐ Moore, Joshua



27

47%



☐ Jackson, Liam



27

47%



☐ Martin, Lily



27

47%



\*This is fictitious patient data



# > Hometown Healthcare case study

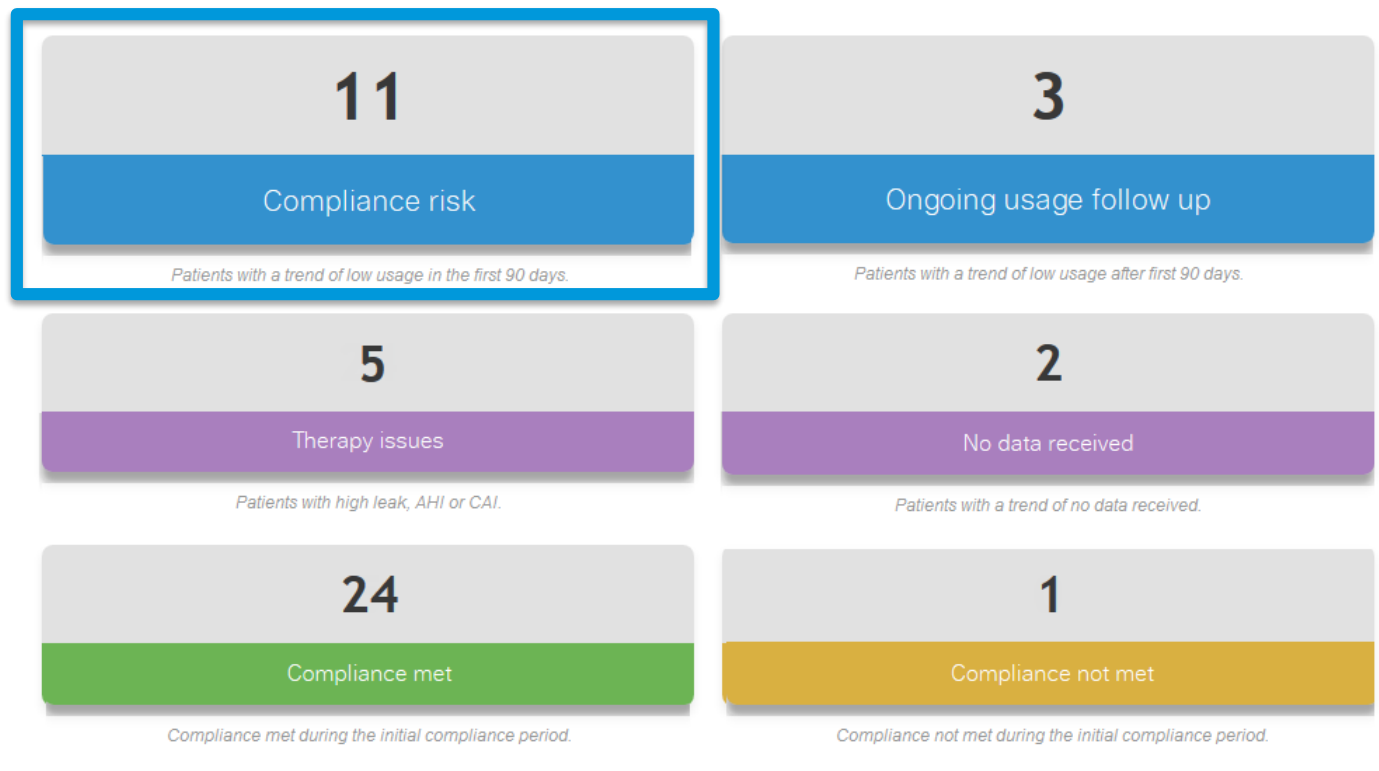
Hometown Healthcare is using Action Groups to conveniently manage sleep patients and spread out the responsibility across their team. This approach has cut in half the time they spend day-to-day on each patient, enabling them to help more patients reach compliance without sacrificing care or outcomes.

8 patients >	5 patients >	4 patients >	3 patients >	8 patients >
7 Day At Risk	No Data Transmitted	Therapy Issues	High CAI group	Payor Compliance
"This action group identifies patients who are at risk for non-compliance based on low usage during that crucial first 7 days of therapy. We review each patient's information within this group to decide the appropriate action to take to get the patient back on track."	"Patients end up in this group for a variety of reasons – from accidentally putting their machine into airplane mode or unplugging it, to a data entry error on our end. First we check AirView™ to ensure the patient's information was entered correctly. At the same time, U-Sleep is sending low-usage texts or emails. We also reach out to the patient when necessary to resolve the issue."	"This group identifies patients with high leak or high AHI. We contact high leak patients the same day, and usually notify the physician of high AHI patients within a week about a possible settings change. With our connection to Brightree, all patient information is right there, and it auto-populates the patient record into U-Sleep."	"Our sales team checks this group daily, which isolates patients who are showing a central apnea index $\geq 5$ , because they meet with our referring physicians on a regular basis. They notify the respective referring physician within a week so he or she can determine if the patient should be moved to a bi-level device."	"This group is super convenient for our billing team. They can go in and pull compliance reports for patients who have met compliance based on that payor's criteria. And because we use Brightree, the compliance report is automatically sent to Brightree document management. This streamlines the billing process, and our staff doesn't have to log in to multiple systems to get the information they need."
HOMETOWN HEALTHCARE'S STAFF ASSIGNMENT: A licensed respiratory therapist	HOMETOWN HEALTHCARE'S STAFF ASSIGNMENT: A non-licensed respiratory team member	HOMETOWN HEALTHCARE'S STAFF ASSIGNMENT: A licensed respiratory therapist or sales team member	HOMETOWN HEALTHCARE'S STAFF ASSIGNMENT: A sales team member	HOMETOWN HEALTHCARE'S STAFF ASSIGNMENT: A billing team member





# Hometown Healthcare – compliance risk



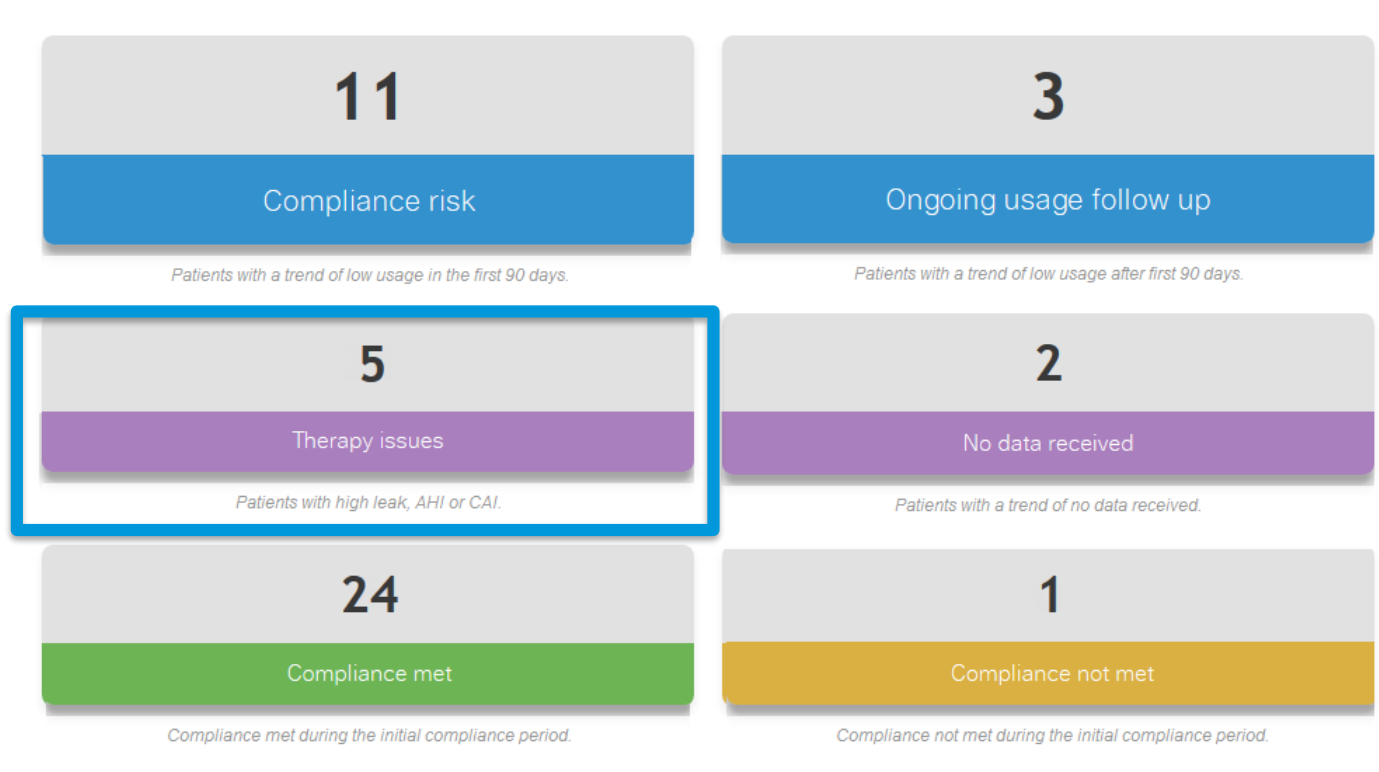
*“This action group identifies patients who are at risk for non-compliance based on low usage during the crucial first 7 days of therapy. We review each patient’s information within this group to decide the appropriate action to take to get the patient back on track”*

**Staff assignment:** A licensed respiratory therapist





# Hometown Healthcare – therapy issues



*“This group identifies patients with high leak or high AHI. We contact high leak patients the same day, and usually notify the physician of high AHI patients within a week about a possible settings change. With our connection to Brightree, all patient information is right there, and it auto-populates the patient record into U-Sleep.”*

**Staff assignment:** A licensed respiratory therapist or sales team member



# ➤ Hometown Healthcare – high CAI



*“Our sales team checks this group daily, which isolates patients who are showing a central apnea index > 5, because they meet with our referring physicians on a regular basis. They notify the respective referring physician within a week so they can determine if the patient should be moved to a bilevel device.”*

**Staff assignment:** A sales team member





# Hometown Healthcare – compliance met



*“This group is super convenient for our billing team. They can go in and pull compliance reports for patients who have met compliance based on that payor’s criteria. And because we use Brightree, the compliance report is automatically sent to Brightree document management. This streamlines the billing process, and our staff doesn’t have to log into multiple systems to get the information they need.”*

**Staff assignment:** A billing team member



- Documentation is required for a bilevel transition



## ➤ It is best to intervene early and act quickly



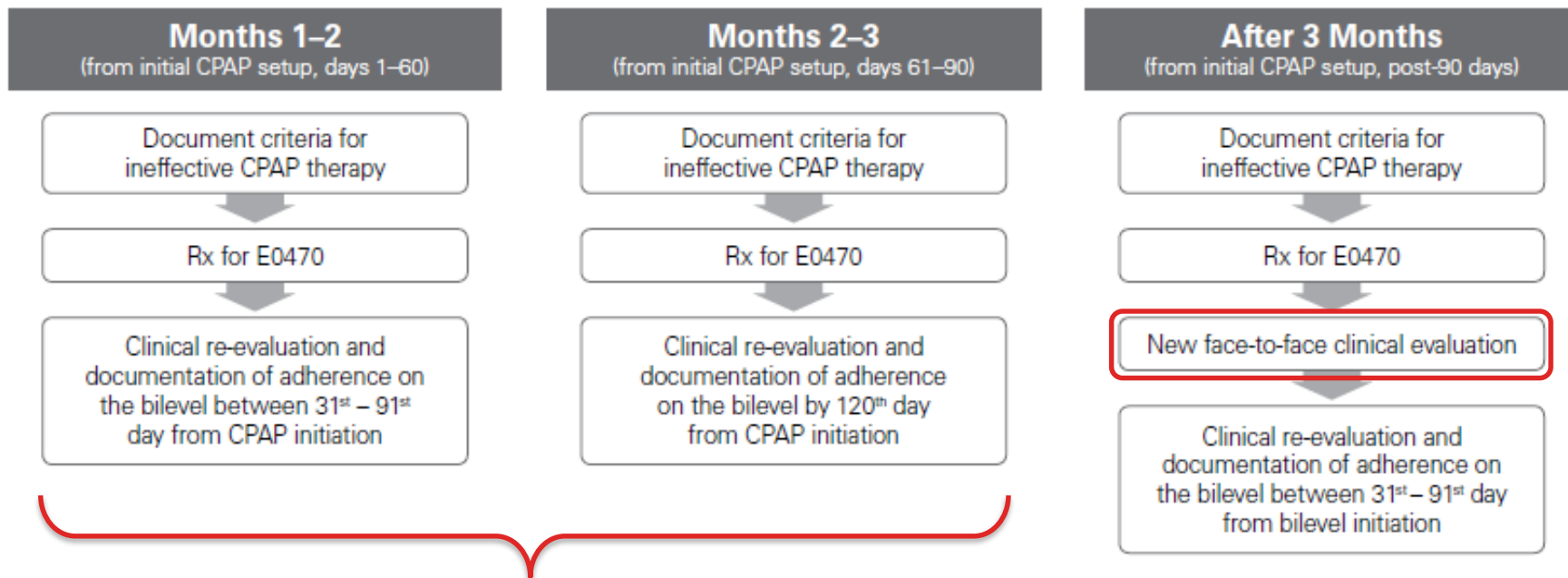
What to do:

1. Identify non-compliant patients **quickly**
2. Recommend the most **comfortable device** for the patient
3. Present findings to the scripting physician and request required **documentation**



# > The longer you wait, the more is required

## Bilevel Conversion Pathways



**No new face-to-face evaluation required**



# > What documentation is required?

## Bilevel Qualifications (E0470)

(Follow for CPAP to bilevel conversion)

Patient must meet **all** the following criteria to qualify for an E0470 device (**bilevel without a backup rate**)

- ☐ Patient is **qualified for E0601 (CPAP)**
- ☐ **Treating physician documented that both of the following issues were addressed** prior to changing a patient from an E0601 to an E0470 device due to ineffective therapy:
  - a. An appropriate interface has been properly fitted and the beneficiary is using it without difficulty. The properly fitted interface will be used with the E0470 device; **and**
  - b. The current pressure setting of the E0601 prevents the beneficiary from tolerating the therapy, and lower pressure settings of the E0601 were tried but failed to:
    - 1. Adequately control the symptoms of OSA; **or**
    - 2. Improve sleep quality; **or**
    - 3. Reduce the AHI/RDI to acceptable levels.

Physician needs to document the following in the patient's medical records. HME can send over AirView reports for the physician to view.



Mask



Pressure

\*Ineffective is defined as documented failure to meet therapeutic goals using a HCPCS code E0601 device during the titration portion of a facility-based study or during home use despite optimal therapy (i.e. proper mask selection and fitting and appropriate pressure settings).page 4

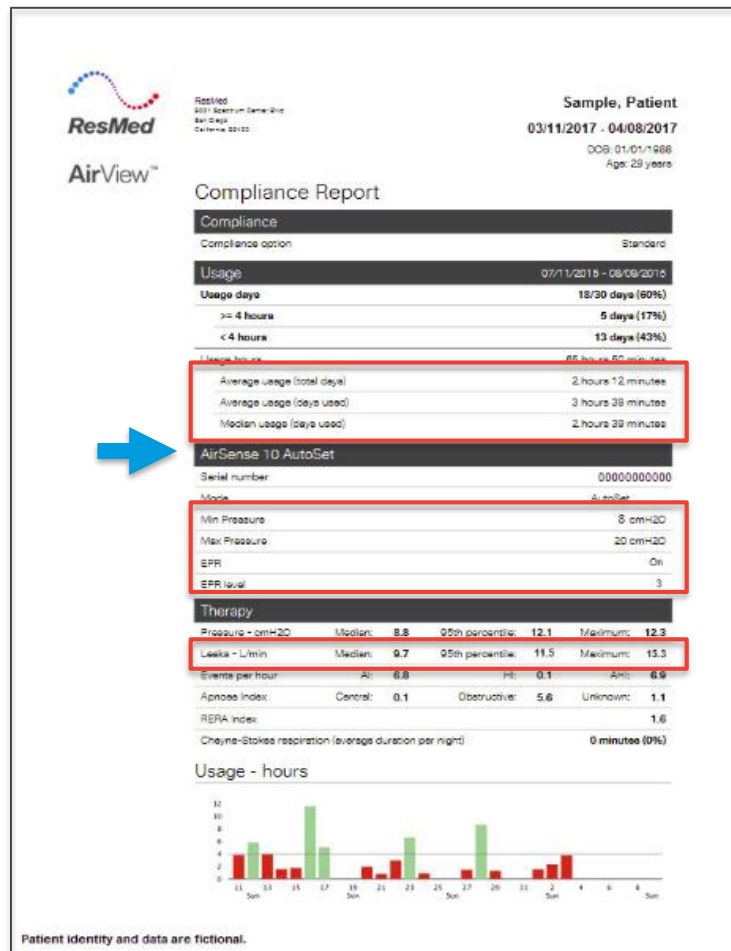
[https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/PAP\\_DocCvg\\_Factsheet\\_ICN905064.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/PAP_DocCvg_Factsheet_ICN905064.pdf)

<https://www.cgsmedicare.com/jc/pubs/news/2010/0810/cope12752.html>





# Documentation through AirView reports



\*Low usage indicates that the patient may be pressure-intolerant

\*Pressure settings and comfort features may have been adjusted

\*The patient's leak needs to be under control: well below 24 l/min cap.

Verbal Discomfort





# Importance of linking patient to physician in AirView

Patient identity and data are fictional

ResMed AirView™

Logout ? Help Help

Patients Business My profile Administration ion

Create report Card download

AirSense10AutoSetforHer,

00102361031 03/10/1950 01/01/2017 83% AutoSet  
Patient ID D.O.B. Setup date Compliant Last 30 AirSense 10 AutoSet for Her

[Back to patients](#)

Charts Patient details Prescription Remote Assist Notes Logs Thresholds

Basic details  
Physicians  
Payor  
Integrators  
Contact details  
Additional details

### Add physician

Physician name, license number or address (state abbr., city, zip/postcode)

Physician Practice Search Cancel

**Physician Practice**

<a href="#">Dr. Sleep</a>	Lic. 777777777	Portsmouth, AK, 14154
<a href="#">Dr. Snore</a>	Lic. 123456	Portsmouth, AK, 14154
<a href="#">Dr James User</a>	Lic. ecodoc@resmed.com123	Northview, TX, 05711
<a href="#">Dr Peter User</a>	Lic. airviewdoc@resmed.com123	Portsmouth, IL, 26196

Display 5 per page < Previous Page 1 Next >

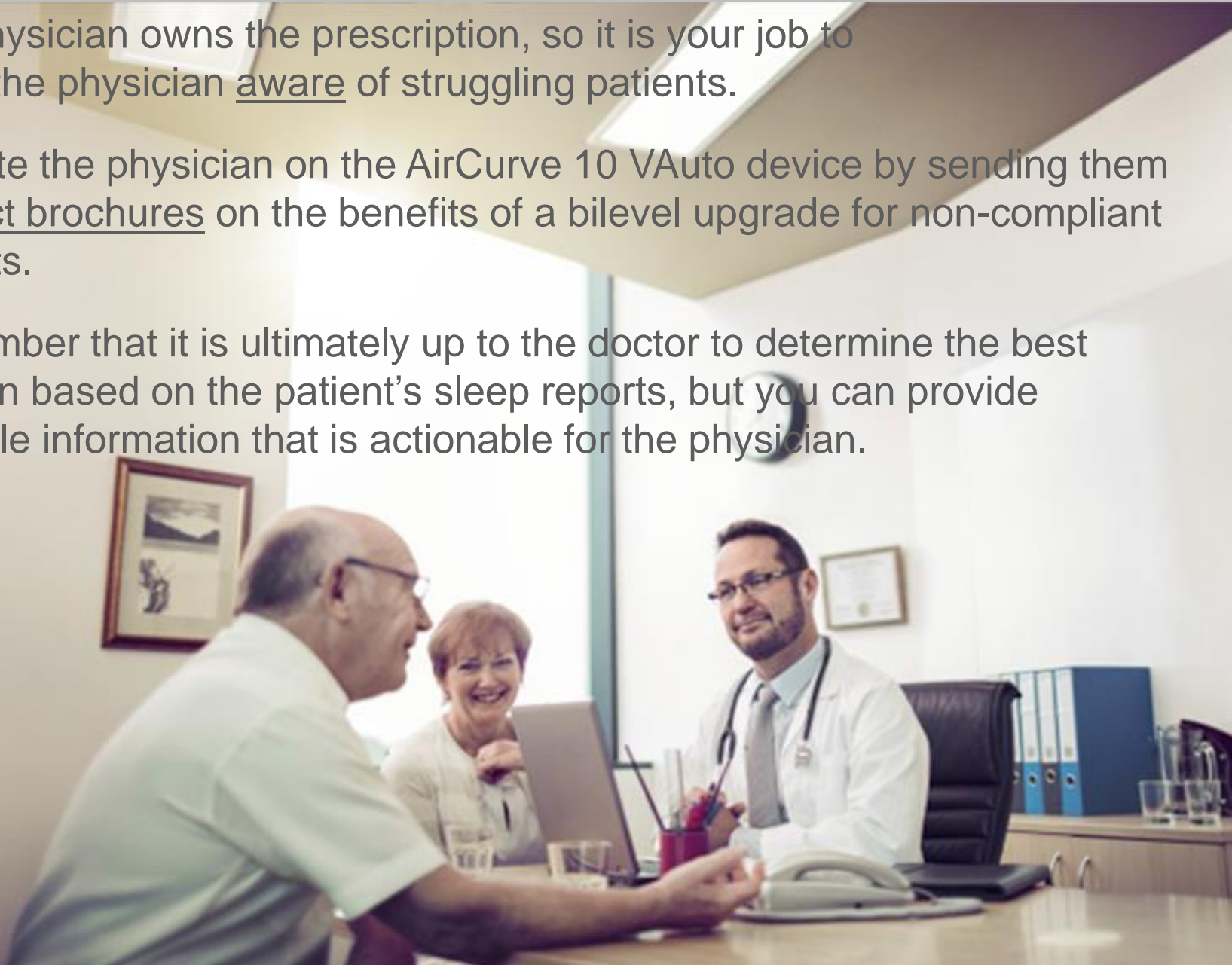
01/01/2017

Strengthen the relationship with referral sources by using AirView to share relevant patient information.



## ➤ A few things to keep in mind

- The physician owns the prescription, so it is your job to make the physician aware of struggling patients.
- Educate the physician on the AirCurve 10 VAuto device by sending them product brochures on the benefits of a bilevel upgrade for non-compliant patients.
- Remember that it is ultimately up to the doctor to determine the best solution based on the patient's sleep reports, but you can provide valuable information that is actionable for the physician.





## > What can be reimbursed?

Initial 1-3 month reimbursement for the C/APAP device the patient was non-compliant on.

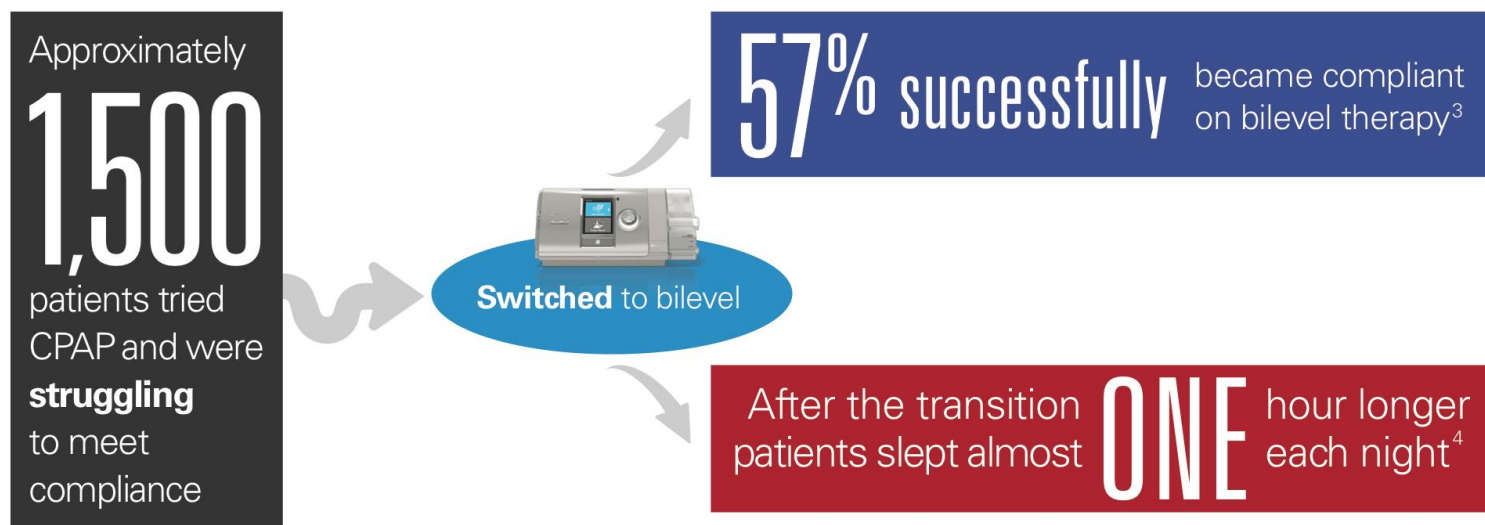
Collect the CPAP/APAP device. Reimbursement for the C/APAP device ceases.

Receive new script & dispense the AirCurve 10 VAuto. 13 month reimbursement for the AirCurve 10 VAuto begins.



# > Bilevel Case Study

The difference AirCurve 10 VAuto can make:



1 ResMed Internal AirView data analysis. Data from 1496 US patients in AirView. 2017.

2 Compliance is defined as use of PAP devices for 4 or more hours per night on 70% of nights during a consecutive 30-day period anytime during the first 3 months of initial use.

3 Overall bilevel compliance was 56.8%

4 Change in median average daily usage in hours of +0.9 hours per night after switch to AirCurve 10 S or VAuto.





# Pulling it all together

11	3
Compliance risk	Ongoing usage follow up
<small>Patients with a trend of low usage in the last 60 days</small>	<small>Patients with a trend of low usage after 60 days</small>
5	2
Therapy issues	No data received
<small>Patients with high leak, AHI &gt; 20</small>	<small>Patients with no data in 14 days</small>
24	1
Compliance met	Compliance met
<small>Compliance meeting the ideal compliance period</small>	<small>Compliance meeting the ideal compliance period</small>

As you manage your patients in AirView identify non-compliant OSA patients & "find them fast"

Remember the importance of initial set-up



Gather appropriate documentation and present findings to referring physician

Receive script for E0470 and dispense new machine!

Be sure to collect the CPAP/APAP device. Reimbursement for the C/APAP device ceases and reimbursement for the VAuto begins.



**Bilevel Qualifications (E0470)**  
Eligible for CPAP to Bilevel Conversion

Patients must meet **all** the following criteria to qualify for an E0470 device (Bilevel without a backup rate)

☐ Patient is **qualified for E0470 (CPAP)**

☐ Hearing physician documented that **both** of the following issues were **addressed** prior to changing a patient from an E0601 to an E0470 device due to ineffective therapy:

- An appropriate interface has been properly fitted and the beneficiary is using it without difficulty. The properly fitted interface will be used with the E0470 device, **and**
- The current pressure setting of the E0601 prevents the beneficiary from tolerating the therapy, and lower pressure settings of the E0601 were used but failed to:

1. Adequately control the symptoms of OSA, **or**
2. Improve sleep quality, **or**
3. Reduce the AHI/REM to acceptable levels.



## Optimal Setup for the Patient



# ➤ Set up for success

## New patient setup folder:



## Contents include:

- ✔ Patient checklist
- ✔ “Stay on Track” replenishment brochure
- ✔ “Stay on Track” replenishment decal
- ✔ HME paperwork and copy of their sleep study
- ✔ myAir patient brochure
- ✔ Air solutions DVD
- ✔ Your business card

patient  
1

patient  
2

patient  
3

*Patient Stations*



# ➤ Remind patient about the benefits of myAir

myAir is a **free online support program and app** that is available with any ResMed Air10™ device. Once enrolled, it **automatically\* sends a patient's CPAP machine data** to their computer or smartphone.







# Remind them about importance of resupply

Talk to your patients about replacing supplies.

Replacing supplies may give you a better night's sleep<sup>1,2</sup>

Suggested  
replacement  
schedule:

You can replace supplies at regular intervals.<sup>3</sup>

## Every month

- Cushion
- Pillow
- Filters

## Every 3 months

- Mask
- Tubing

## Every 6 months

- Headgear
- Chin strap
- Humidifier water tub

1. Patel N et al. *J Clin Sleep Med* 2012

2. Survey conducted for ResMed by third party market research firm (June 2013 & April 2015). Frequent resuppliers are defined as: those who receive replacement masks or parts for their mask at least every 3 months

3. The information provided with this notice is general reimbursement information only as of July 1, 2016. It is not legal advice, nor is it advice about how to code, complete or submit any particular claim for payment. Although we supply this information to the best of our current knowledge, it is always the provider's responsibility to determine and submit appropriate codes, charges, modifiers and bills for the services that were rendered. This information is provided as of the date listed above, and all coding and reimbursement information is subject to change without notice.



# > Remind them about therapy benefits



Help patient understand their sleep study test results (including AHI, oxygen saturation and optimal treatment pressure)



Provide an overview of sleep apnea



Discuss the link between sleep apnea and other conditions

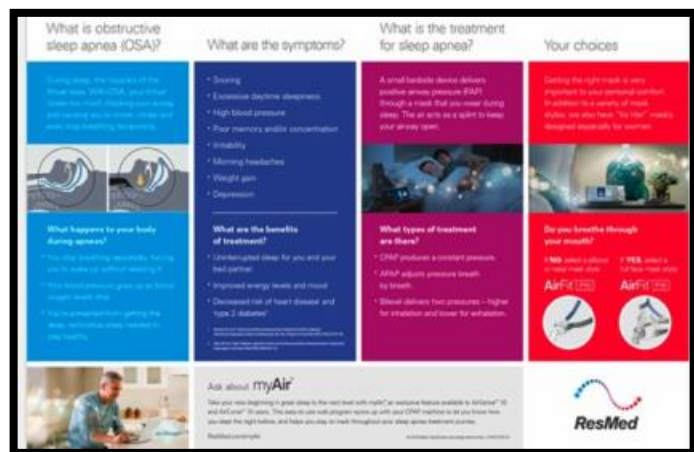


Explain importance of wearing CPAP and being compliant





# New patient setup kit – 1019755



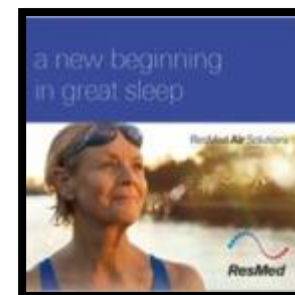
OSA tablemat  
113187



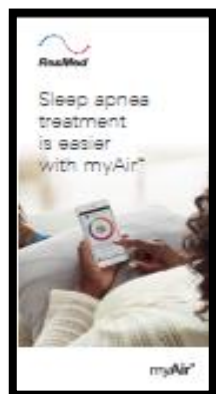
"Stay on Track"  
resupply brochure  
1016061



"Stay on Track"  
decal 1016060



Air solutions DVD  
107255



myAir patient  
brochure 1019134



CPAP class sign-in  
sheet 1019239



Patient checklist  
1019234

All resources are available through the ResMed Online Store (ROS) or by calling ResMed customer service at **1-800-424-0737**





# Bilevel Transition materials

**ResMed** AirCurve 10 VAuto improves compliance  
The Science of Progress

Patients transitioned to AirCurve 10 S and VAuto showed improved compliance in recent study

ResMed's cloud-based patient management software, AirView<sup>®</sup>, provides a unique opportunity to identify non-compliant PAP patients that may benefit from bilevel therapy. ResMed recently collected deidentified data in AirView from nearly 1,500<sup>1</sup> patients struggling to achieve compliance<sup>2</sup> on CPAP or APAP therapy. Transitioning from a ResMed AirCurve 10 CPAP or APAP device to a ResMed AirCurve 10 S or VAuto bilevel device within the first 90 days of therapy resulted in a 57% increase in compliance for non-compliant patients. Patients also showed a small reduction in AHI and less leak switching to an S or VAuto device, and at patients that switched to bilevel got nearly an extra hour of sleep per night.

The difference AirCurve 10 VAuto can make:

Approximately **1500** patients had CPAP and were struggling to reach compliance. **57% successfully** became compliant on bilevel therapy. After the transition patients sleep almost **ONE** hour longer each night<sup>3</sup>.

**AirCurve 10 S and VAuto drive improved compliance**

Transitioning non-compliant OSA patients to an AirCurve 10 VAuto may improve compliance. Patients may also show a small reduction in AHI and leak. For more information on how to convert patients from CPAP to AirCurve 10 VAuto, please visit [resmed.com/ProgramsAndResources](https://resmed.com/ProgramsAndResources).

Bilevel Transition Case Study  
10110306

**ResMed** **ResMed AirCurve 10**  
A new beginning in therapy choices

AirCurve 10 fact sheet 1017630

**ResMed** Medicare Policy for Treatment of OSA  
ICM1 ResMed Medicare Data 10/31/2018

**CPAP Qualifications (E0601)**

Patients are eligible for Medicare coverage for CPAP if they meet all of the following criteria:

1. Patient has been diagnosed with obstructive sleep apnea (OSA) by a physician.
2. Patient has been prescribed CPAP by a physician.
3. Patient has been prescribed CPAP for at least 30 days.
4. Patient has been prescribed CPAP for at least 30 days.
5. Patient has been prescribed CPAP for at least 30 days.
6. Patient has been prescribed CPAP for at least 30 days.
7. Patient has been prescribed CPAP for at least 30 days.
8. Patient has been prescribed CPAP for at least 30 days.
9. Patient has been prescribed CPAP for at least 30 days.
10. Patient has been prescribed CPAP for at least 30 days.

**Bilevel Qualifications (E0470)**

Patients are eligible for Medicare coverage for Bilevel if they meet all of the following criteria:

1. Patient has been diagnosed with obstructive sleep apnea (OSA) by a physician.
2. Patient has been prescribed Bilevel by a physician.
3. Patient has been prescribed Bilevel for at least 30 days.
4. Patient has been prescribed Bilevel for at least 30 days.
5. Patient has been prescribed Bilevel for at least 30 days.
6. Patient has been prescribed Bilevel for at least 30 days.
7. Patient has been prescribed Bilevel for at least 30 days.
8. Patient has been prescribed Bilevel for at least 30 days.
9. Patient has been prescribed Bilevel for at least 30 days.
10. Patient has been prescribed Bilevel for at least 30 days.

**Documentation for Continued Coverage<sup>2</sup>**

For patients with CPAP, the physician must provide documentation of continued coverage for CPAP.

Medicare reimbursement guidelines/pathway with timelines 1013248

**Reimbursement support available:**  
**Online:**  
[resmed.com/reimbursement](https://resmed.com/reimbursement)  
**Hotline:**  
800-424-0737

**ResMed** **AirView**

As intuitive as it is informative

AirView Fact Sheet 1019059

**ResMed** **AirView**

Action Groups guide

ResMed's cloud-based patient management software, AirView<sup>®</sup>, provides a unique opportunity to identify non-compliant PAP patients that may benefit from bilevel therapy. ResMed recently collected deidentified data in AirView from nearly 1,500<sup>1</sup> patients struggling to achieve compliance<sup>2</sup> on CPAP or APAP therapy. Transitioning from a ResMed AirCurve 10 CPAP or APAP device to a ResMed AirCurve 10 S or VAuto bilevel device within the first 90 days of therapy resulted in a 57% increase in compliance for non-compliant patients. Patients also showed a small reduction in AHI and less leak switching to an S or VAuto device, and at patients that switched to bilevel got nearly an extra hour of sleep per night.

AirView Action Groups Guide 228994



Enroll patient in AirView stamp 1019835

**Hometown Health Case Study - 1019469**

8 patients > 5 patients > 4 patients > 3 patients > 8 patients

7 Day At Risk No Data Transmitted Therapy Issues High CAI group Payer Compliance

The action group identifies patients who are at risk of non-compliance based on usage during their most recent 7-day period. Patients who are at risk of non-compliance are identified by a red dot in the top right corner of the chart.

No data transmitted: Patients who have not transmitted data to the device for 7 days or more are identified by a red dot in the top right corner of the chart.

Therapy issues: Patients who have had therapy issues during their most recent 7-day period are identified by a red dot in the top right corner of the chart.

High CAI group: Patients who have a high CAI (Compliance Action Index) during their most recent 7-day period are identified by a red dot in the top right corner of the chart.

Payer compliance: Patients who have not received payment for their therapy during their most recent 7-day period are identified by a red dot in the top right corner of the chart.

Hometown Health Case Study - 1019469



# Q&A