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%\(^1\) of patients with obstructive sleep apnea have been reported to be non-adherent to treatment.

Why patients fail CPAP

- Uncomfortable: 69%
- Don't like wearing a mask: 69%
- Hard to get used to: 68%
- CPAP disturbs my sleep: 56%
- Inconvenient: 50%
- Bed Partner does not like it: 49%
- Difficult with my lifestyle: 49%
- I travel a lot: 49%
- Don't need it every night: 49%
- High Cost: 49%
- Sinus/Allergy/Nasal issues: 49%
- Efficacy/not working anymore: 49%
- Other: 10%

We can help with the comfort issue!

Weigelt et al. *Sleep* 2010 Poster
What do patients mean by “uncomfortable”?

- Close to 70% of patients find CPAP uncomfortable.
- Unable to tolerate higher pressures—everyone’s threshold is different.

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

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

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

1. Weigelt et al. *Sleep* 2010 Poster
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

- **CPAP**
  - Inhale
  - Exhale
  - Pressure (cm H₂O)

- **CPAP with EPR**
  - Inhale
  - Exhale
  - Time (seconds)

- **Standard Bilevel**
  - IPAP
  - EPAP
  - Pressure Support

- **VAuto**
  - IPAP
  - EPAP
  - Time (seconds)
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.
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.

If patients were non-compliant early on, they were less likely to be compliant at day 30.

Patients Using CPAP at Day 30

- 85% of patients using CPAP greater than 4 hours on day 3 were still using it on day 30.
- 26% of patients using CPAP less than 4 hours on day 3 were using it on day 30.
- 90% of patients using CPAP greater than 4 hours on day 7 were still using it on day 30.
- 12% of patients using CPAP less than 4 hours on day 7 were using it on day 30.

Begin monitoring immediately after setup

Follow-up is made easy with AirView Action Groups

<table>
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<th>Patients</th>
<th>Compliance risk</th>
<th>Ongoing usage follow up</th>
<th>Therapy issues</th>
<th>No data received</th>
<th>Compliance met</th>
<th>Compliance not met</th>
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Use AirView to identify a transition candidate.
Therapy & Compliance issues can be managed by exception.
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 >=5. These patients may be well-suited to an ASV (E0471) device if the physician believes it will be suitable.
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

*This is fictitious patient data
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.
“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
“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
“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
“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.

No new face-to-face evaluation required.
What documentation is required?

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

- 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.

*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).*


*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.
Importance of linking patient to physician in AirView

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.

*Before filing any claims, it is the provider’s sole responsibility to verify current requirements and policies with the payor.*
Bilevel Case Study

The difference AirCurve 10 VAuto can make:

Approximately 1,500 patients tried CPAP and were struggling to meet compliance

Switched to bilevel

57% successfully became compliant on bilevel therapy

After the transition patients slept almost ONE hour longer each night

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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

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

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.

Remember the importance of initial set-up
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 Stations

patient 1
patient 2
patient 3
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.

*Provided the device has a supported cellular connection
Remind them about importance of resupply

Talk to your patients about replacing supplies.

Replacing supplies may give you a better night’s sleep\(^1,2\)

You can replace supplies at regular intervals. \(^3\)

Suggested replacement schedule:

**Every month**
- Cushion
- Pillow
- Filters

**Every 3 months**
- Mask
- Tubing

**Every 6 months**
- Headgear
- Chin strap
- Humidifier water tub

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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.

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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

myAir patient brochure 1019134

CPAP class sign-in sheet 1019239

Patient checklist 1019234

“Stay on Track” resupply brochure 1016061

“Stay on Track” decal 1016060

Air solutions DVD 107255

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

- Bilevel Transition Case Study 10110306
- AirCurve 10 fact sheet 1017630
- Medicare reimbursement guidelines/pathway with timelines 1013248

- AirView Fact Sheet 1019059
- AirView Action Groups Guide 228994

Reimbursement support available:
Online: resmed.com/reimbursement
Hotline: 800-424-0737

- Enroll patient in AirView stamp 1019835

Hometown Health Case Study - 1019469
Q&A