



SLEEP MEDICINE

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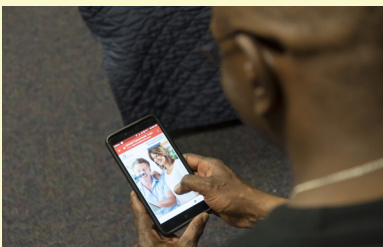
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NEWS FROM SAN JUAN

SLEEP MEDICINE, VA CARIBBEAN HEALTHCARE SYSTEM BY LISSETTE JIMENEZ, MD

There are good things going on in Puerto Rico that you might have not heard of. Yes, it would be easier to talk about the Harvard study that found that 4,645 people died in the aftermath of hurricane Maria, discuss our financial problems or describe the growing fear of facing another disaster this September but, there's more than that. For example, the Sleep Medicine Service at the San Juan VA.

In about five years, we improved access to veterans with sleep disorders by maximizing the use of our resources, increasing the number of in-lab studies, starting home sleep testing services and opening new CPAP clinics. We obtained AASM accreditation, started remote CPAP treatment adherence monitoring, participated in the REVAMP initiative and World Sleep Day activities and did sleep research. The important role of Sleep Medicine in health and disease is starting to be recognized. Resources to expand portable sleep studies and patient follow-ups, expedite delivery of sleep DME and develop the first Sleep Medicine Training Program in P.R., if obtained, will be further reasons for optimism.

Like others, we see a continuing growth in veterans seeking care for sleep disorders. The 2016 National Veteran Sleep Disorder Study reported a six-fold relative increase in sleep disorder prevalence. Of this large sample, the Hispanic veterans had the highest prevalence of sleep apnea and the largest absolute increase in sleep apnea prevalence. However, Puerto Rican veterans, being a minority within the Hispanic American group and living in an island in the Caribbean face significant barriers to their care.



Puerto Rican veterans have a greater need of services within the VA than mainland veterans since access at non-VA is limited and fragmented. There are significant disparities in infrastructure and healthcare personnel. Press reports indicate that Puerto Rico lost 35% of its physicians in the last decade and 50% of its specialists in the last three years. The situation worsened recently, after hurricane Maria. Puerto Rican veterans are older, sicker, with multiple comorbidities. Sleep apnea, diabetes, stroke, and hypertension are highly prevalent.

Puerto Rican veterans are often excluded from important research studies and databases like the Million Veteran Program, the Dartmouth Atlas of Health Care, the National Healthcare Research and Quality and others. This perpetuates the existing healthcare disparities due to the invisibility of important data.

Puerto Ricans have bravely fought in every military conflict from World War I onward. Members of the segregated 65th Infantry Regiment, known as the "Borinqueneers", received the Congressional Gold Medal in 2016. The Sleep Medicine team at the San Juan VA is committed to improve access and quality of sleep services at our hospital to continue being the provider of choice for our veterans.

Sleep Medicine News

STOP CODE CHANGES EFFECTIVE OCTOBER 1ST

The current iteration of stop codes includes four major changes. First, Stop Code 143 has now become a primary code for both in-laboratory studies and home testing beginning 10/1/18. Local, CBOC-VAMC, and interfacility home sleep testing codes will use existing secondary telehealth store and forward codes paired with 143 as a primary. Second is the cp,bomatopm 349/179 for Video on Demand visits (VA Video Connect), which allows providers to create on-demand virtual exam rooms with patients from their homes and using any smart device. Third is a new combination 349/189 for use of asynchronous store and forward from the patient's home. This clinic can be used to set up workload capture for wireless monitoring and for REVAMP clinics. Lastly, the combination for durable medical equipment & supply encounter location has been corrected by reversing the position of 423/349, which was previously generating a \$50 copay for eligible veterans. The complete list of V3 Sleep Stop Codes will be sent out to the field in the near future.

Activity	Primary Stop Code	Secondary Stop Code
Home Sleep Testing within VAMC	143	189
Home Sleep Testing CBOC-VAMC S&F	143/143	694/695
Home Sleep Testing VAMC-VAMC S&F	143/143	694/696
In Lab Sleep Testing	143	000
Video On Demand/VA Video Connect t	349	179
Wireless Monitoring and REVAMP Visits	349	189
DME Supply Code	423	349

Access Topics

SLEEP MEDICINE ACCESS WEBINARS TO CONTINUE MONTHLY

OCTOBER WEBINAR TOPIC: *How REVAMP is being used at a high volume facility*

October 16th at 11a-12p PST/2p-3p EST

UPCOMING MONLTHY WEBINAR TOPICS:

- Coding, Billing and Encounter Closure
- Sleep Prosthetics
- Telehealth Scheduling

The schedule of upcoming learning sessions, webinar recordings, resources and materials, and additional sleep medicine access related materials can be found at www.vapulse.net/community/cpm-specialty-care-roadmap/sleep-medicine-access-improvement.

Toolkits

The Sleep Medicine Program Office has been developing toolkits in order to support offices in setting up new programs and refining existing programs. Toolkits continue to be developed. If you have ideas for additional toolkits, or have toolkits you would like to share please send them to TeleSleep@va.gov. Toolkits are available on the VA Sleep Medicine Community: www.vapulse.net/community/care-topics/sleep-medicine

Toolkits currently available:

- Telehealth Operations Manual
- TeleSleep Operations Supplement
- TeleSleep Outreach Toolkit
- TeleSleep Home Testing CBOC
- TeleSleep Home Testing Processing
- TeleSleep Nocturnal Set-up
- Functional Statements
- Telework Agreements
- VA Online Scheduling
- VA Viideo Connect
- Vista Image Capture Set-up

NOXT₃ RECORDER DISTRIBUTION NEWS

A second round of recorders is planned to be procured with funding from the Office of Rural Health. Distribution of 368 recorders to 21 sites is anticipated this fall.

Sites should begin working to obtain approvals and prepare for receiving equipment once the contract has been executed. A copy will be forwarded to your site along with instructions for obtaining aprovals and toolkits for setting up software and equipment.

Recorders to help expand Home Sleep Testing

- Bronx
- Chillicothe
- Clarksburg
- Des Moines
- Detroit
- Honolulu
- Houston
- Indianapolis
- Las Vegas
- Leavenworth
- Miami
- Northport
- Oklahoma City
- Prescott
- San Antonio
- San Francisco
- St. Cloud
- Topeka
- Tucson
- Wilmington

PROGRAM OFFICE QUESTIONNAIRES

We are wrapping up our 3 month questionnaires for those sites who received recorders in the spring. Another survey will be sent in November asking all sites to complete a 6 month questionnaire. This evaluation process will enable us to report back to the Office of Rural Health on outcomes/results from their generous funding of Sleep.

RESEARCH CORNER

This corner highlights research opportunities and features awarded grants. Submissions can be sent to telehealth@va.gov

Awarded Grants

Drs. Sebastian Jara (VA Seattle) and Ed Weaver (VA Seattle) were awarded two grants from American Academy of Otolaryngology Laryngology Health Services Research Grant and NIH F32 HL136004 (mentored research training award) to test the association between obstructive sleep apnea (presence and treatment) and cancer (incidence and mortality).

Published Research

Identifying which Veterans are at Greatest Risk for Sleep Apnea Study by researchers from Clinical Management Research at the VA Ann Arbor Health System and John D. Dingell VAMC and Wayne State University. Ratz, D; Witala, W; Badr, MS; Burns, J; Chowdhuri, S

A study of the underuse of CPAP related problems more common with nonobese Veterans by Zinchuk, A; Edwards, BA; Jeon, S; Koo, BB; Concato, J; Sands, S; Wellman, A; Yaggi, HK

JOB CORNER

Position: Full time sleep medicine physician includes academic appointment at University of Washington

Location: Puget Sound (Seattle and surrounding area)

Contact: Brian Palen, Director Sleep Medicine, Puget Sound VA brian.palen@va.gov, 206-277-6883

Positions: Sleep Respiratory Therapists (2), Nurse Practitioner (1), Sleep Physician (1).

Location: San Francisco, regional NoCal areas, Telehealth emphasis

Contact: Katie Sarmiento, Director Sleep Medicine, SFVAHCS, kathleen.sarmiento@va.gov, 410-818-9643.

Spotlight on Sleep VA-ECHO

Improving competency

97% report increased knowledge on sleep apnea treatment and on the use of cognitive behavioral therapy for insomnia

Diffusion of practice

64% use new knowledge to help peers care for patients monthly or more often

Workforce wellness

81% feel more connected to a community of practice beyond the people they work with on a day-to-day basis

LEVERAGING TECHNOLOGY TO ENGAGE A NATIONAL AUDIENCE IN SLEEP MEDICINE EDUCATION RELATED TO SLEEP MEDICINE ACCESS BY ELIZABETH MATTOX ARNP, BRIAN PALEN, MD, ELIZABETH PARSONS, MD, MS

Sleep VA-ECHO (Extension for Community Health Outcomes) engages VA providers from throughout the nation in live, online educational sessions about common sleep conditions. First offered in 2014, this VISN 20 based program has rapidly grown and is the only active national Sleep VA-ECHO program in existence. Sleep VA-ECHO sessions are offered by a multidisciplinary team. The program receives support from VA Puget Sound (Seattle, WA), Boise VA Medical Center, the VISN 20 VA-ECHO team, VISN 20 Leadership, the VA Office of Rural Health and the VA Office of Specialty Care.

The program's focus to date has been to educate a diverse group of providers about sleep apnea and insomnia. As of April 2018, we have had 276 participants from 93 VA sites of care in 34 states and distributed 1029 hours of Category I CME. Among attendees, 31% represent primary care and 31% represent mental health. Besides physicians (27% of attendees), psychologists, nurse practitioners, non-advanced practice nurses, re-

spiratory therapists, sleep technicians and pharmacists also regularly attend.

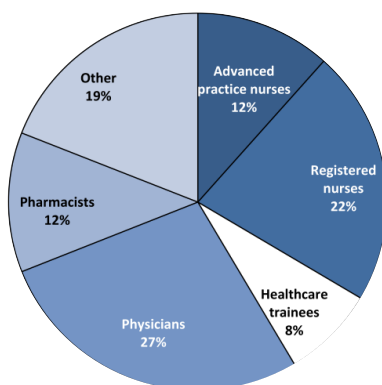
Sleep VA-ECHO participants report a variety of benefits from participation (Parsons et al, Annals of ATS 2017). Specifically, participants report increased comfort in educating their patients about sleep disorders and managing insomnia. Participants also report sharing this knowledge with their peers and feeling more connected to a community of practice.

Sleep VA-ECHO sees many opportunities for program expansion and improvement, including supporting other VA Sleep Medicine initiatives, developing of enduring materials (e.g., on-demand video content), and evaluating change in clinical practice among participants. We welcome all VA clinicians, including health care trainees to join our sessions.

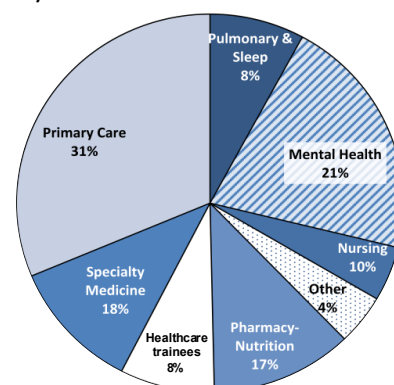
Beginning in August 2018, Sleep VA-ECHO will offer a series focusing on insomnia and other behavioral aspects of sleep medicine. Invitations can be requested using our online enrollment form or from elizabeth.mattox@va.gov.

Additional inquiries may be directed to Elizabeth Parsons, MD, MS, Sleep VA-ECHO Medical Director (Elizabeth.parsons@va.gov).

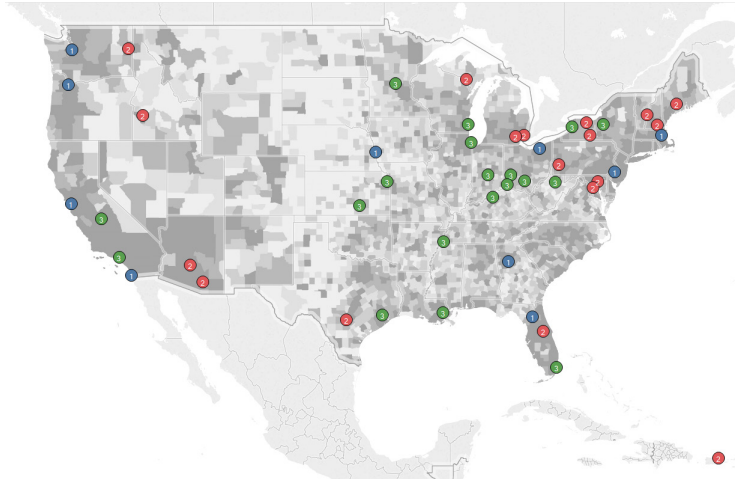
Credentials



Specialty



REVAMP Continues to Grow



REVAMP REACHES 1126 VETERANS ENROLLED ONTO THE PLATFORM

REVAMP was first deployed in August 2017 to 10 early adopter sites. An additional 20 sites were added in February 2018 in Wave 2. We are continuing to grow with 19 additional sites added in Wave 3, launching this September, bringing the total number of sites on REVAMP to 49. Launch began after sites received training in early September and will wrap up mid-October.

The final Waves 4 and 5 will occur in 2019. Any remaining sites who have not joined will be added to one of these waves. We will begin reaching out to sites in October who have not previously volunteered to add them to one of these final waves.

TeleSleep

TeleSleep is an enterprise-wide program funded by the Office of Rural Health with a focus on leveraging telehealth in hub-spoke models to reach rural Veterans in need of sleep care. We have 7 hubs providing medical and sleep psychology services within station, between facilities and across VISNs to 36 spoke sites. This network serves to pilot new innovations in scheduling (VA Online Scheduling), in home video visits, new processes in prosthetics acquisition and delivery, partnerships with other telehealth service lines, and more. Major outcomes of TeleSleep are to put together a national toolkit for other sites seeking to adopt similar practices and tools. Best practices from other VAMCs are welcome for contribution to the toolkit. We serve in consultative roles to other facilities establishing home sleep testing programs, interfacility sleep services, and implementing REVAMP. In partnership with the Office of Veterans Access to Care we are leading Community of Practice calls for sleep programs and General Practice Managers to promote adoption of standards within the field. We have undertaken national outreach to educate and represent Sleep Medicine through presentations, initiatives, and participation in conferences with Systems Redesign, Managerial Cost Accounting, Telehealth Services, Prosthetics, and HSR&D. With the generous support of the Office of Rural Health in FY17 and 18, we have been able to purchase and distribute more than

We are very excited about our August Metrics and reaching over 1100 Veterans in the past year. Our engagement numbers very good with 54% of Veterans invited to REVAMP activating their accounts and nearly 90% of Veterans who activate their accounts are completing questionnaires.

For questions or to inquire on how to get REVAMP at your site please contact the team at REVAMP@va.gov

Upcoming Releases

Release 1.2 was delivered September 12, 2018.

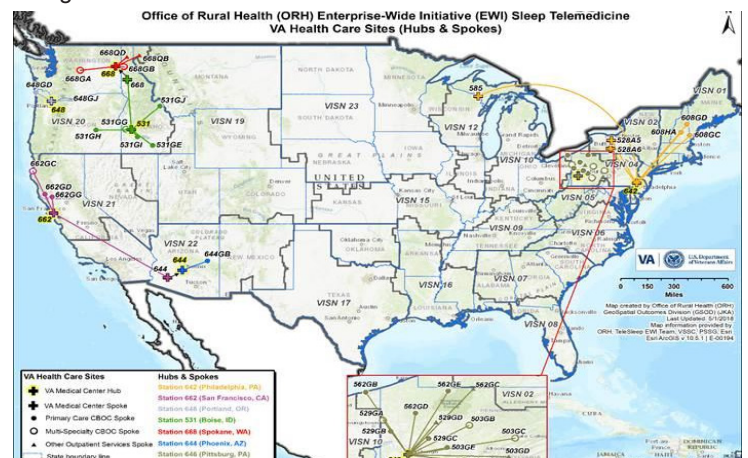
The following items were included in the release:

- Refill/Replace PAP Supply Request
- Note Titles managed by clinic
- Note Templates managed by clinic instead of globally
- Ability to create modified versions of core Note Templates
- Ability to resend welcome emails
- Specify why a patient is being inactivated

Release 1.3 is estimated to be delivered late-October 2018. This release will include implementation of Philips Respironics API which will enable real-time connection to data without the delay of daily file drop (replaces current data extract file process), immediate verification of Philips serial numbers and access to historical data for patients already on PAP treatment.

Release 1.4 requirements are currently being evaluated and delivery dates are to be determined.

1,250 home sleep testing recorders to more than 54 sites nationally to improve access to diagnostic sleep services and reduce the burden of community care services. Resourced sites that have begun using these recorders have reported improved Veteran satisfaction, reduced travel burden for Veterans, reduced wait times for sleep testing, and reduced use of community care as a result of this initiative. We anticipate seeing even more robust responses as implementation and expansion of home testing occurs this fall.



Sleep Medicine Events September 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4 REVAMP Training Session 8a-9a PST/11a-12p EST REVAMP Training Session 1p-2p PST/4p-5p EST	5	6 REVAMP Training Session 8a-9a PST/11a-12p EST VA -ECHO 9a-10a PST/12a-1p EST REVAMP Training Session 1p-2p PST/4p-5p EST	7 REVAMP Innova- tors Call 12p-1p PST/3p- 4p EST	8
9	10 REVAMP Wave 3 Launch begins	11	12	13	14	15
16	17	19	19	20 VA -ECHO 9a-10a PST/12a-1p EST	21	22
23/30	24	25 REVAMP Wave 3 Check-in 8a-9a PST/11a-12p EST	26	27 VA -ECHO 9a-10a PST/12a-1p EST REVAMP Wave 3 Check-in 1p-2p PST/4p-5p EST	28	29

Sleep Medicine Events October 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4 VA -ECHO 9a-10a PST/12a-1p EST	5 REVAMP Innovators Call 12p-1p PST/3p-4p EST	6 ACCP Meeting San Antonio, TX
7	8 ACCP Meeting San Antonio, TX	9 ACCP Meeting San Antonio, TX	10	11 VA -ECHO 9a-10a PST/12a-1p EST	12 REVAMP Wave 3 Launch ends	13
14	15	16 REVAMP Wave 4/5 Info Session 8a-9a PST/11a-12p EST Sleep Medicine Access Topic REVAMP 11a-12p PST/2p-3p EST	17	18 REVAMP Wave 4/5 Info Session 1p-2p PST/4p-5p EST	19	20
21	22	23	24	25	26	27
28	29 Sleep Research Network Meeting Bethesda, MD	30 Sleep Research Network Meeting Bethesda, MD	31			

Sleep Medicine Events November 2018

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1	2 REVAMP Innovators Call 12p-1p PST/3p-4p EST	3
4	5 ORH Recorder 6month surveys due	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20 Sleep Medicine Access Topic Coding, Billing and Encounter Closure 11a-12p PST/2p-3p EST	21	22 Thanksgiving	23	24
25	26	27	28	29	30	

SLEEP MEDICINE NEWSLETTERS ARE PUBLISHED QUARTERLY BY Sleep Medicine Program Office
 Editor: Dr. Kathleen Sarmiento
 Writer: Jill Reichert

Please contact us to share information about active grants for research and to include feature articles information you would like to share with the Sleep Practitioner community. Cutoff dates for including content for the next quarterly newsletter is November 1st.

RESOURCES:

VA Sleep Medicine Community: www.vapulse.net/community/care-topics/sleep-medicine

Sleep Medicine Access Improvement Campaign: www.vapulse.net/community/cpm-specialty-care-roadmap/sleep-medicine-access-improvement

REVAMP: www.vapulse.net/groups/revamp-pilot-project

IN THE NEXT ISSUE

REVAMP One Million Nights Sleep Challenge. REVAMP is on a mission to increase patient enrollment in 2019. Our goal is 10,000 patients and 1,000,000 night's sleep. Details of the challenge to be released in the next issue.

NEXT ARTICLES. Qualification Standards for RTs, DLC Pilot and Labor Mapping for Sleep Physicians, HAIG (Healthcare Analytic and Information Group) Survey.

HAIG Surveys to begin mid to late October and will be conducted by the Central Office. Timeline is 15 months or less.

Insights from the Field

BEST PRACTICES FROM MONTANA VA SLEEP MEDICINE BY DIANA CORZINE, MD

The Montana VA Sleep Medicine Service provides comprehensive Sleep Medicine consultations for the full breadth of Sleep Medicine diagnoses to ensure the highest quality sleep and highest quality health care. High quality sleep ensures high quality health. With untreated sleep disorders, there is a significant impact on quality of life, physical and mental health. There is also a societal and economic impact of poor-quality sleep with increased motor vehicle accidents, decreased work productivity and increased health care costs. The Montana VA Sleep Medicine service provides a full range of Sleep Medicine clinical and diagnostic services, including advanced PAP modalities such as ASV and AVAPS titration studies, a Home Sleep Apnea testing including Tele-HSAT appointments, Actigraphy, and Cognitive Behavioral Therapy for Insomnia.

The Montana VA Sleep Medicine Service is a comprehensive program which provides "one stop shopping" for all Sleep Medicine needs. The following highlights the Best Practices we use to give the highest quality care for our Veterans.

1. At our 4 bed Sleep Lab, the studies are reviewed immediately the next morning by Board Certified Sleep Physicians. The Sleep physician then provides results right then to the veteran. If a patient needs Positive Airway Pressure, he/she will see the Respiratory Therapist right after seeing the physician to get equipment and immediately start on therapy. There is no delay in getting results or starting on treatment. This practice is uniquely possible in VA, and exemplifies our focus on customer service.
2. We have leveraged remote monitoring of PAP devices to evaluate compliance with PAP therapy. We have also increased access to RT clinics throughout Montana in 5 different locations. MT VA PAP compliance improved nearly 40% from 2014 through 2017 to reach our current compliance rate with PAP

- of over 60%. Our new goal is to achieve 75%.
3. MT VA has experienced a 240% increase in Encounters from 2014 to 2017 with nearly 12,000 unique veterans served in 2017 and on track to serve more patients in 2018.
4. MT VA Sleep Medicine is a strong utilizer of Tele-health technology and along with Primary Care and Mental Health, is one of the highest user of Tele-health in VISN 19.
5. MT VA has developed a robust Home Sleep Apnea Testing (HSAT) program, including Tele-health HSAT program using store-and-forward of testing data.
6. We also implemented Sleep Education and Sleep orientation group classes to promote sleep knowledge for patients. This class provides the information that veterans need to make informed decisions about their Sleep and overall healthcare, beyond just sleep apnea.

Our successes continue with robust community partnerships emphasizing education both within the VA community and the Non-VA community. To that end, Dr. Corzine and Tom Carlson, RN, developed and participated in a Sleep Education Seminar for Helena College of Nursing, April 2018. Dr. Corzine presented Women and Sleep Disorder lecture for the Big Sky Pulmonary Conference, March 2018. Ashley Bryson, PA and Tom Carlson, RN, presented Common Sleep Disorders for the Cognitive Behavior Therapy for Insomnia at the MT VA Mental Health in-service. Ashley Bryson, PA, presented OSA and Cardiac Health implications for women veterans in 2017. Tom Carlson, RN, presented Insomnia in the Veteran Patient at the Montana Nurses Association, December 2017, Seamless Healthcare for Veterans conference. Dr. Corzine spoke about Common Sleep disorders at the Montana Physician Assistant Association, June 2018. Dr. Corzine is a member of the Geriatric Evaluation team, a multi-disciplinary team assessment for complex and frail geriatric veterans.

