Advanced Patient Engagement Methods Increase Sleep Therapy Adherence Rates in Medicare Patients

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Executive Summary
Current Medicare policy regarding CPAP adherence requires patients to meet a minimum level of machine usage within a fixed 90-day trial period. Many commercial payers are adopting similar standards. These rigid standards include a minimum threshold of therapy hours per night over a contiguous time period. If the patient does not meet these requirements, Medicare (or the commercial payer) will deny coverage for ongoing CPAP therapy. The patient with their doctor must seek other solutions as defined by Medicare. Using traditional “DME” protocols without a concerted intervention strategy, a significant percentage of patients will not meet these strict adherence requirements and potentially lose access to therapy. The industry reports that as many as 50% of patients on sleep therapy fail. National Sleep Therapy has developed proprietary systems and processes to substantially raise the success rate of sleep therapy for Medicare patients through the initial trial period and beyond. When patients are engaged in their therapy through timely and relevant intervention strategies, their compliance scores increase. Combining the use of new machine and data technologies as well as advanced educational principles and an integrated touchpoint model, National Sleep Therapy Medicare therapy retention rates far exceed industry-recognized values and are objectively reported in a sample size of 626 patients to be 88.5%.

Medicare Standards
Current Medicare policy states that the following basic requirements must be met (excluding hospital stays):

1. Trial period defined as 90 days from first day of service
2. Compliance defined as percentage of days with therapy usage over 4 hours (not machine “on” time)
3. Compliance must be > 70% over a contiguous 30 day period between days 1-90
4. A face-to-face clinical evaluation by the treating physician must occur between days 31-90

Without evidence that these basic requirements are met, Medicare ceases rental payments and the DME company may reclaim the therapy equipment. To requalify for CPAP, patients must undergo a new sleep study, or may switch to a bi-level device if they meet additional requirements.

The Patient Engagement Process
Sleep therapy is a process rather than a single diagnostic and therapeutic event. The Medicare policy adds a critical time-layer to the existing patient care protocol. Patient engagement is crucial to long-term therapeutic compliance. When patients are engaged, compliance is higher. Introducing the essential elements of time and consequence (i.e. 90-day trial and Medicare denial, respectively) necessitates the need for breakthrough patient engagement methods. The National Sleep Therapy program seeks to achieve the following patient goals:

1. Expectations: As a patient, do I know what is expected of me?
2. Education: Do I understand the requirements and consequences?
3. Expertise: Do I have experts supporting my efforts and advocating for me?
4. Equipment: Do I have the absolute best equipment to help me comply with therapy?
5. Awareness: Do I get the feedback I need to help me know where I stand?

National Sleep Therapy has designed a series of “touchpoints” to address each of the above stated patient goals. The vehicle, timing, and content of each touchpoint address a different goal and are designed to create a unified message consistent with provider messaging. The careful management, timing, delivery and content of each touchpoint builds a foundation for patient engagement that results in a substantial increase in compliance. The following list outlines a touchpoint framework specific to Medicare (and similar plans):
### Touchpoint Description

<table>
<thead>
<tr>
<th>Touchpoint</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set-up</td>
<td>Initial Medicare education and expectations</td>
</tr>
<tr>
<td>Welcome</td>
<td>Email: how-to-videos, support, FAQ, community, survey</td>
</tr>
<tr>
<td>Clinical call 1</td>
<td>Phone call reminder of Medicare standards (day 3)</td>
</tr>
<tr>
<td>Notifications</td>
<td>Medicare compliance score day 35 and 55</td>
</tr>
<tr>
<td>Office Visit</td>
<td>Patient call-in (or requested by National Sleep Therapy) with date of office visit</td>
</tr>
<tr>
<td>Clinical Call 2</td>
<td>Phone call reminder of Medicare standards (day 30)</td>
</tr>
<tr>
<td>Cell Phone</td>
<td>Alerts and notifications to check compliance scores</td>
</tr>
<tr>
<td>Sleep Data</td>
<td>Patient access to compliance scores via patient portal</td>
</tr>
<tr>
<td>Clinical Call 3</td>
<td>Phone call reminder of Medicare standards (day 60)</td>
</tr>
<tr>
<td>Clinical Call 4</td>
<td>Phone call reminder of Medicare standards (day 90)</td>
</tr>
<tr>
<td>dailyMonitor</td>
<td>Daily sleep data review with proactive calls as necessary</td>
</tr>
</tbody>
</table>

Average number of active (live) patient touchpoints < 90 days .................. 5  
Average number of passive (notifications) patient touchpoints < 90 days ........ 4

#### Online Patient Portal

Patients can go online to benchmark their CPAP compliance.

Transparency provides motivation to adhere to therapy.

#### Adherence

The majority of National Sleep Therapy patients meet Medicare requirements and successfully continue therapy. In the event that patients tolerate CPAP in the initial titration, yet fail the initial 90-day trial (1.9%), switching to long-term bi-level therapy has been successful in many cases. In a sample size of 626 patients, the following data is reported:

- 88.5% Medicare patients satisfied Medicare requirements  
- 86.6% Medicare patients achieved compliance requirements within initial 90-day trial period (1.9% switched to a bi-level device and achieved Medicare requirements)

#### Summary

Awareness, expectations and engagement are critical factors in raising CPAP compliance within the first 90 days of therapy. Medicare requirements necessitate additional actions to support patients through the Medicare trial period. If not successful, Medicare coverage ceases and therapy is often discontinued. Consistent and directed methods to keep patients compliant within the specified 90-day trial period are critical to achieving a high percentage of patients who remain on therapy after the trial period. A variety of coordinated touchpoints and distribution methods are used to create a unified message that builds an educational foundation to engage patients and raise compliance. When patients are engaged in a carefully coordinated touchpoint program, National Sleep Therapy data shows Medicare retention rates as high as 88.5% and patient satisfaction rates of 99.44%.