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## Homecare Providers: A Critical Piece of the CPAP Puzzle

CPAP technology is proven to effectively ameliorate sleep apnea, with one stipulation—the patient must be willing and able to use the therapy. Amidst the sleep labs, doctors' offices and insurance companies that play a role in treatment lies another agent vital to the successful implementation of CPAP therapy—homecare providers.

"Studies have shown that whether you win or lose in terms of being compliant often occurs within the first few weeks," says Anays Sotolongo, M.D., medical director at the Comprehensive Sleep Disorders Center at Robert Wood Johnson University Hospital. "It's really important to have someone following up, especially early on. It helps determine if the individual will have success or be storing CPAP in the closet."

CPAP homecare providers set up the equipment and educate patients. They also file with insurance companies, which recognize the value in follow-up, as alleviating sleep apnea can circumvent other co-morbidities which can be more costly to treat.

Although patients often go with the CPAP model utilized in the sleep lab, homecare providers can make suggestions. "Some patients are very educated about the disease and what they want, but some are not. We work with the physicians to determine what is best," says Meaghen Greene, vice president of sleep services at American HomePatient, a team of health-

care professionals whose expertise includes CPAP. However, should the patient be uncomfortable with something the doctor recommends, such as the mask's tightness, the provider may suggest alternatives.

Many users don't realize that the equipment, even if perfectly comfortable, needs to be reevaluated and replaced over time. "Think about the other things in your home you use daily—you replace them," says Greene.

The system is most successful when CPAP homecare providers continue to follow up after the initial set-up. Should a patient's health condition change, the pressure level or mask may require adjustments. The liaison educates the patient as to this need and facilitates the alterations, which are also often covered by insurance.



## HOW OLD ARE YOUR CPAP SUPPLIES?

Supplies wear out and need to be replaced regularly, which most insurances will cover

Your CPAP machine doesn't work as well with old supplies, and you could even start to feel tired again.

- Masks can leak, waking you more frequently
- You could have trouble falling asleep
- Plastics break down, developing cracks and harboring bacteria

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## Streamlining the Process

The diagnosis and treatment of sleep apnea can be a complex, sometimes convoluted process, leveraging the expertise of primary care physicians, medical device companies, board-certified sleep specialists, sleep lab technicians and dentists, just to name a few.

With so many moving parts, some industry professionals fear the time between diagnosis and treatment is too long, an alarming criticism since sleep apnea tends to be progressive. Other patients fall through the cracks completely, often due to lack of education.

"There are 20 million Americans with sleep apnea because not enough people are getting screened. The ones who do get prescribed sleep studies are the easy patients, the ones with daytime sleepiness and disruptive snoring. It's the patients with hypertension and diabetes, for example, who aren't getting tested," says Charlie

Alvarez, president, Watermark Medical, LLC, a medical products-services company. Its FDA- and CMS-approved home sleep tests allow primary care physicians to diagnose and prescribe treatment for sleep apnea.

Since these doctors usually have the initial contact with patients, it's critical they learn to recognize the disorder—for the afflicted, the medical population and insurance companies, who save money if treatment is more efficient and co-morbidities are avoided.

"This is similar to what went on in the 1970s: If a patient had chronic obstructive pulmonary disease, he or she was sent to the hospital, then to the pulmonary func-

tion lab. Now that can be easily diagnosed in the primary care physician's office, and this has brought the price of care down tremendously," says Robert Koenigsberg, president & CEO, SleepQuest, a home sleep care provider.

"When the care pathway is bifurcated by providing testing in one center, treatment in another, the compliance levels go down," he continues, noting that a streamlined, patient-friendly process improves compliance rates, especially when patients are prescribed CPAP.

Although this model makes primary care physicians its focal point, it doesn't obviate the need for sleep labs. Part of the sleep apnea pedagogy should include teaching doctors to recognize when their own expertise is not enough; sometimes, they'll have to refer patients to a sleep specialist. But still, proponents agree—a streamlined, centralized process will benefit everyone involved, especially the patient.

## Panel of Experts



KEIRAN GALLAHUE  
CEO, ResMed

**Q:** Why is sleep apnea an economic issue?

**A:** The escalating cost of caring for chronically ill patients is an overwhelming financial burden. Obstructive Sleep Apnea, or Sleep-Disordered Breathing, is a dangerous and common chronic disorder closely associated with heart failure, hypertension, type 2 diabetes and obesity—some of the most expensive conditions facing our healthcare system. The good news is that treating OSA/SDB reduces overall healthcare costs. In fact, health economic analyses, such as one by the UK's National Institute for Clinical Excellence, concluded that it is cost advantageous to identify and treat people with OSA/SDB because treatment saves much more than it costs.

While the direct healthcare savings from treating OSA/SDB are well documented, what is often missed is the almost incalculable cost caused by lost productivity and decreased worker safety. Simply stated: When you don't sleep well, you are inefficient, prone to make mistakes and less capable of making good decisions. You can also pose a safety risk.

The economics are clear, and the solution is simple: Identify and treat sleep apnea.



JAMES BERRYHILL  
President / CEO  
Occupational Sleep Apnea  
Solutions, Inc.

**Q:** How is the trucking industry addressing sleep apnea?

**A:** Without a doubt, the safest drivers on the road are truckers ... unless they have sleep apnea. The Federal Motor Carrier Safety Administration Medical Review Board gave recommendations in February 2008 to actively screen for sleep apnea at the time of the driver's medical physical, but the FMCSA has yet to address the issue.

Thankfully, some industry leaders have taken matters into their own hands. Schneider National Transportation has implemented a sleep apnea program for their drivers. For every dollar invested into the program, their ROI was a two to three dollar savings on medical and accident expenses. They have had a 12 percent reduction in preventable accidents, and a 57 percent reduction in healthcare expenses for those treated for the disorder.

Business executives should petition Congress and request a tax credit for wellness / fatigue management programs that address sleep apnea. This would reduce healthcare costs, generate new jobs, and reduce accidents and deaths on our highways caused by fatigued drivers.



MEAGHEN GREENE, MHA  
Vice President of Sleep Services,  
American CPAP Direct  
by American HomePatient

**Q:** Why is a homecare CPAP provider's role so important to the treatment of sleep apnea?

**A:** The role of the homecare CPAP provider is twofold: helping newly diagnosed patients to understand the disease and treatment, and serving as a lifelong resource for the user. It is critical to influence a person's acceptance of therapy within the first few weeks. Some people feel abandoned: "They gave me all this equipment, now I don't know what to do." We work with the CPAP user to provide education and help them understand the consequences of untreated sleep apnea. Once a patient is acclimated to therapy, consistent routine follow-up is extremely important. This allows users to ask questions and routinely replace supplies. Insurance companies cover the cost of supplies because they consider continued use of CPAP critical to the avoidance of co-morbidities. Many users are not aware of the need to replace supplies on a regular basis, nor that insurance will cover this cost.



AVI ISHAAYA, MD  
Co-Founder and Medical  
Director, Aviisha Medical  
Wellness Institute  
Assistant Clinical Professor,  
UCLA School of Medicine

**Q:** What is the link between sleep apnea and obesity?

**A:** We know that 75 percent of people with sleep apnea are obese, and 50 percent who are obese have sleep apnea. One actually worsens the other. The fragmented sleep that results from the apnea leads to increased appetite and an increased desire for high density foods. Your ability to feel satiated is also reduced, fueling a vicious cycle.

Sleep apnea often goes undiagnosed because patients are unaware of the symptoms/signs. The symptoms are sub-clinical and gradual, and many attribute it to their poor lifestyle and inactivity. There are reports of a lot of esoteric symptoms, such as morning headaches, fatigue, exhaustion and short-term memory loss.

Our goal is to educate and outreach to the nation by making affordable sleep studies available at home for those individuals who may reside too far away from a sleep lab or are unable to afford one.



DOV RUBIN, PHD  
President and CEO  
Itamar-Medical Inc.

**Q:** Why are home testing devices an important tool in the diagnosis of sleep apnea?

**A:** With an estimated 45 million Americans still undiagnosed for sleep disorders—a major precursor of cardiac events—home sleep testing offers a convenient alternative to those who would be hesitant to approach a sleep lab. Home sleep testing is an adjunct to the sleep labs whose effort is to promote good health and contain the inevitable higher healthcare costs should these diseases remain undiagnosed and untreated. Many sleep labs in the U.S. are actually using home diagnostic technology to increase their throughput by up to 30 percent.

WatchPAT, the leading home testing device, is revolutionary in its friendliness, ease of use, calculations using actual sleep time and lowest failure rate. Our home testing device is authorized to report actual sleep states—vital for more accurate diagnosis and improvement of sleep quality.



IRA M. KLEMONS, DDS,  
PHD  
Director  
Center for Sleep Apnea

**Q:** How are dentists with advanced training in sleep apnea treating this condition?

**A:** Our primary role in the treatment of sleep apnea is to eliminate the condition in a way that is more tolerable for those who cannot use, or do not want to use, a CPAP device, although CPAP is also an effective treatment. Dentists with advanced training in this condition are able to create FDA-approved oral sleep appliances which are safe, comfortable, barely noticeable and easy to use. Most quality insurance carriers provide coverage.

CPAP works by blowing air into the throat to expand the airway, while oral appliances gently bring the jaw and tongue slightly forward while the person is asleep to obtain the same benefit. A computerized test can be used to assess whether you are a candidate for an oral appliance.

Sleep apnea is a dangerous but highly manageable condition. Proper treatment literally adds years to one's life and life to one's years.