



<b>Body System: Respiratory</b>			
<b>Session Topic: Obstructive Sleep Apnea</b>			
<b>Educational Format</b>		<b>Faculty Expertise Required</b>	
<b>REQUIRED</b>	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.	
<b>OPTIONAL</b>	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>	
<b>Professional Practice Gap</b>		<b>Learning Objective(s) that will close the gap and meet the need</b>	<b>Outcome Being Measured</b>
<ul style="list-style-type: none"> <li>Nearly 50% of adult patients are at risk for OSA, yet few are sent for testing.</li> <li>Physicians have knowledge gaps with regard to screening for and diagnosing OSA.</li> <li>Physicians have knowledge gaps with regard to counseling patients with OSA about lifestyle modifications.</li> <li>Physicians have knowledge gaps with regard to selecting effective treatment options for OSA, including monitoring and recommending alternatives to initial therapies.</li> </ul>		<ol style="list-style-type: none"> <li>Identify patients, based on risk factors, who need to be evaluated for obstructive sleep apnea.</li> <li>Consider OSA in the differential diagnosis of a variety of clinical presentations including new onset hypertension and daytime fatigue.</li> <li>Counsel patients to make lifestyle modifications that may relieve mild obstructive sleep apnea.</li> <li>Counsel patients on strategies to encourage compliance with CPAP therapy for obstructive sleep apnea, and mandibular advancement devices as an alternative.</li> </ol>	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.
<b>ACGME Core Competencies Addressed (select all that apply)</b>			
X	Medical Knowledge		Patient Care
X	Interpersonal and Communication Skills		Practice-Based Learning and Improvement
	Professionalism		Systems-Based Practice
<b>Faculty Instructional Goals</b>			
Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art,			



science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.

- Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations
- Facilitate learner engagement during the session
- Address related practice barriers to foster optimal patient management
- Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the References section below are a good place to start
  - Visit <http://www.aafp.org/journals> for additional resources
  - Visit <http://familydoctor.org> for patient education and resources
- Provide tools, resources, and strategies to foster the implementation of evidence-based obstructive sleep apnea management guidelines into practice
- Provide specific strategies and resources to assist physician-learners in providing counseling to patients about lifestyle changes to relieve mild OSA, and to encourage compliance with CPAP therapy.
- Provide recommendations regarding current OSA therapies and clinical guidelines

### Needs Assessment

The most common type of sleep apnea is obstructive sleep apnea (OSA), which is estimated to affect more than 12 million Americans; more than half of these people are overweight.<sup>1</sup> Sleep apnea is more common in men; one out of 25 middle-aged men has sleep apnea while only one out of 50 middle-age women has sleep apnea. The incidence of sleep apnea increases with age; one out of 10 people over the age of 65 have sleep apnea, and women are more likely to develop sleep apnea after menopause. Some studies suggest that nearly 50 percent of adult patients visiting primary care physicians are at risk for OSA, yet few are sent for testing.<sup>2</sup> Additionally, some studies suggest that family physicians may not have received the necessary training in medical school to treat children with sleep disorders.<sup>3</sup>

Data from a recent American Academy of Physicians (AAFP) CME Needs Assessment survey indicates that family physicians have knowledge gaps associated with screening and managing OSA.<sup>4</sup> Additional CME outcomes data from 2011-2014 AAFP Assembly sessions on OSA suggest that family physicians require additional education and training related to recognizing when to diagnose patients for OSA, utilizing appropriate OSA evaluation tools and home sleep studies, and managing treatment strategies in the ambulatory setting.<sup>5-7</sup>

There has been an increasing demand for sleep services, and as such, a growing interest in ambulatory models of care for patients with OSA; and studies suggest that OSA can be effectively managed in the primary care office setting.<sup>8</sup> However, a review of the literature suggests that family physicians have a gap between their factual knowledge of OSA management and appropriate clinical behaviors; as well as additional barriers to providing optimal patients care such as long wait times for testing, high cost of sleep studies, frequent frustration with



standard therapy (i.e. CPAP), and dissatisfaction with medical equipment companies and sleep specialists' care of patients after diagnostic tests have been performed.<sup>9</sup> In order to improve patient care for patients with OSA, family physicians must follow evidence-based guidelines and practice recommendations, improve their office tools use for screening and documentation, and act on sleep complaints. Physicians should utilize the American Academy of Sleep Medicine (AASM)/Physician Consortium for Performance Improvement (PCPI)/National Committee for Quality Assurance (ACQA) OSA physician performance measurement set to enhance quality and patient safety at the point of care.<sup>10</sup>

Physicians can more consistently recognize clinical indications (e.g. sex, snoring severity, history of apnea, age, menopausal status, waist-to-hip ratio, body habitus), and investigate symptoms of OSA when a standardized documentation such as review of systems (ROS) forms and sleep diaries.<sup>11-13</sup> The severity of OSA must also be determined before initiating treatment in order to identify patients at risk of developing complications, guide the selection of appropriate treatment, and to establish a baseline to determine the effectiveness of the treatment.<sup>14,15</sup>

Treatment includes lifestyle modifications, a mouthpiece, breathing devices (e.g., CPAP) or surgery. Patients may experience side effects with some treatment measures; follow-up and monitoring is necessary to determine treatment effectiveness. CPAP is the treatment of choice in children if adenotonsillectomy is contraindicated or did not relieve the sleep apnea.<sup>16</sup> Both pediatric and adult adherence to CPAP therapy is poor; therefore, physicians should consider utilizing strategies such as an adherence barriers to continuous positive airway pressure (CPAP) questionnaire, CPAP compliance educational videos, and behavioral training to encourage adherence.<sup>17-21</sup> CPAP devices and therapies continue to evolve and improve; therefore, physicians must remain up to date on these changes and be prepared to assist patients in finding the device that is the best match that will foster adherence.<sup>22</sup> Family physicians should also be knowledgeable of practice parameters to refer adults for surgical modifications.<sup>23</sup>

Physicians may improve their care of patients at risk for and diagnosed with OSA by engaging in continuing medical education that provides practical integration of current evidence-based guidelines and recommendations into their standards of care, including, but not limited to the following those from the American Academy of Sleep Medicine: *Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults*, and the American College of Physicians: *Management of Obstructive Sleep Apnea in Adults*; and from the American College of Physicians (ACP): *Diagnosis of Obstructive Sleep Apnea in Adults*. Two significant recommendations from the ACP include:<sup>24</sup>

- Recommendation 1: ACP recommends a sleep study for patients with unexplained daytime sleepiness. (Grade: weak recommendation, low-quality evidence)
- Recommendation 2: ACP recommends polysomnography for diagnostic testing in patients suspected of obstructive sleep apnea. ACP recommends portable sleep monitors in patients without serious comorbidities as an alternative to polysomnography when polysomnography is not available for diagnostic testing. (Grade: weak recommendation, moderate-quality evidence)

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures



- Diagnosis of Obstructive Sleep Apnea in Adults: A Clinical Practice Guideline From the American College of Physicians: Diagnosis of Obstructive Sleep Apnea in Adults<sup>24</sup>
- AMA PCPI Approved Quality Measures: Obstructive Sleep Apnea<sup>10</sup>
- Clinical indicators of obstructive sleep apnea<sup>13</sup>
- The Use of Symptom Diaries in Outpatient Care<sup>12</sup>
- Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults<sup>14</sup>
- (ACP) Management of Obstructive Sleep Apnea in Adults<sup>25</sup>
- Treatment of obstructive sleep apnea in primary care<sup>15</sup>
- Obstructive sleep apnea in children<sup>16</sup>
- Diagnosis and management of childhood obstructive sleep apnea syndrome<sup>26</sup>
- Health coaching for patients with chronic illness<sup>27</sup>
- Engaging Patients in Collaborative Care Plans<sup>28</sup>
- Encouraging patients to change unhealthy behaviors with motivational interviewing<sup>29</sup>
- An organized approach to chronic disease care<sup>30</sup>
- FamilyDoctor.org. Sleep Apnea | Overview (patient resource)<sup>31</sup>

#### References

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