AASM GUIDELINES & PAYER POLICIES - UNDERSTANDING & CLOSING GAPS

Neeraj Kaplish, MD
Acting Director, Michigan Medicine Sleep Disorders Center
Director, Michigan Medicine Sleep Disorders Laboratories
**Conflict of Interest Disclosures for Speakers**

1. I do not have any relationships with any entities **producing, marketing, reselling, or distributing** health care goods or services consumed by, or used on, patients, OR

2. I have the following relationships with entities **producing, marketing, reselling, or distributing** health care goods or services consumed by, or used on, patients.

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<thead>
<tr>
<th>Type of Potential Conflict</th>
<th>Details of Potential Conflict</th>
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<tr>
<td>Grant/Research Support</td>
<td>Sweetnam Sleep Research Award 2016-2017, Oral Appliance Therapy for OSA</td>
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<td>POSA-tive Study Clinical Trial - Sponsor NightBalance, 2017-2018</td>
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<td>SHEEP Clinical Trial - Presently ongoing at U of M</td>
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<td>NCAI-CC Grant- ROSA-Rx Clinical Trial for Oral Appliance Therapy for OSA</td>
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3. The material presented in this lecture has no relationship with any of these potential conflicts, OR

4. This talk presents material that is related to one or more of these potential conflicts, and the following objective references are provided as support for this lecture:

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3.
ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of The American Academy of Sleep Medicine and The Michigan Academy of Sleep Medicine. The American Academy of Sleep Medicine is accredited by the ACCME to provide continuing medical education for physicians.
OBJECTIVES

- Learn about recently published AASM Guidelines and Position Statements
- What’s new in these Guidelines and how does it affect my clinical practice
- Learn about PPRC, an AASM Committee to keep the Payers informed on the updated Guidelines.
- Template Policy and Payer Scorecards and its impact on Payer Policies
PHYSICIAN- PATIENT PARADIGM

- Physician tells what to do
- Patient Preference

- Doctor gives you the facts
- Research Results

- Doctor also tells patient about his preference in addition
- Clinical Expertise

- Deliberative Model
- Interpretative Model

- Informative Model
- EBM

- Doctor gives facts and helps with patient’s preferences
CHALLENGE FOR THE CLINICIAN

Clinical Care Delivered

Payer Policy

Clinical Guidelines

Access
Polysomnography (PSG) is expensive and therefore cost containment upfront is important.

Faster care for its members as nobody wants to wait months to schedule the test

Access to PSG or Sleep Medicine Clinician is limited in many areas

OSA is very common. Testing for OSA should be the 1st step.

AASM guidelines are only updated only every few years.

HSAT offers an less expensive option that allows for a faster evaluation without wait for months

HSAT needs to offered in patients suspected of having OSA (regardless of pre-test probability). Clinical evaluation prior to testing may not be warranted

Prior to evaluation for narcolepsy, OSA needs to ruled out

HSAT needs to be repeat multiple times prior to consideration for PSG-the gold standard test.

Build relationship with Benefit Management Companies for prior authorization for ordered testing.
Diagnostic Testing for Adult Obstructive sleep apnea 2017

Position Statement on use of HSAT for diagnosis of OSA in children 2017

Pharmacological Treatment for Chronic Insomnia in Adults 2017

Use of Actigraphy in Evaluation for Sleep and CRSW Disorders 2018

Position statement on treatment of Nightmare Disorder 2018

Positive Airway Pressure Therapy for Obstructive sleep apnea. 2019
Good Practice Statements

- Testing of OSA in conjunction with comprehensive sleep evaluation with adequate follow up
- PSG is the standard diagnostic test for diagnosis of OSA.
Strong Recommendations

- Clinical tools, questionnaires and predictions algorithms are not recommended for diagnosis of OSA.

- PSG or HSAT in uncomplicated patient with increased risk for moderate to severe OSA.

- PSG is recommended in patient with significant co-morbidities.

- PSG is recommended if a. single HSAT was negative, inconclusive or technically inadequate.
PPRC was commissioned by AASM BODs (with Dr. Chervin as the AASM President) comprising of board certified sleep medicine physicians in 2015.

The PPRC mandate was to develop and maintain resources that facilitate alignment of AASM guidelines with payer’s sleep medicine policies.

PPRC embarked on this journey, doing an environmental scans for policies from national and regional payers to understand the congruence and divergence from the updated AASM guidelines on the diagnosis of adult OSA.
Payer scorecard consisted of 9 criteria primarily comprising of the
- Good Practice Statements
- Strong Recommendations

- PPRC has scored around 26 policies which includes updating the scores on 4 following revision by payers.

- PPRC is being recognized as a resource for feedback on policies revisions being considered.

- Web analytics show that scorecards are of interest to public and AASM membership.
National Payer Scorecard

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<th>Payer</th>
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Benefit Management Firms

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<tr>
<td>Evicore</td>
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PAYER SCORECARD

Regional

BCBS Excellis: 62.5
CareFirst: 76
BCBS Michigan: 63
BCBS FL: 69
BCBS MN: 59
BCBS NC: 56
BCBS FEP: 71
BCBS AZ: 43
BCBS MA: 81
BCBS WY: 79
Harvard Pilgrim: 90
BCBS PA: 51
BCBS NJ: 40
Independence Blue: 76.5
Premera BC: 53
Priority Health:
The lowest scores typically were for the following criteria:

- Need for comprehensive sleep evaluation
- PSG as the standard test for diagnosis of OSA
- PSG being after a single HSAT that was negative, inconclusive or technically inadequate

Based on payers and membership feedback, PPRC worked on a template that would get a 5-state
LESSONS LEARNED

- There is quite a bit of variability in policies that pertain to same diagnosis from state to state.

- Creating uniformity in practice stands to benefit and standardize patient care across nation.

- Scorecard and Template policy may be an important tool to align the Payer Policies with evidence based AASM Guidelines.

- PPRC plans to continue to a resource to the payers so as to provide feedback and input as pertains to diagnosis and management of all sleep disorders, not just OSA.