

# Just Breath: Physician Education and Panel Management Improves Referrals for Polysomnograms

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## Introduction

- Outpatient visits for obstructive sleep apnea (OSA) significantly increased in the general population by a 442% from 2000-2010<sup>1</sup>
- Evidence shows that OSA contributes to multiple comorbidities including depression, cardiovascular disease, diabetes, hypertension, and neurocognitive function<sup>2,3,4,5,6</sup>
- OSA is an underdiagnosed disease with an estimated 75-80% of patients with moderate to severe sleep apnea remaining undiagnosed.

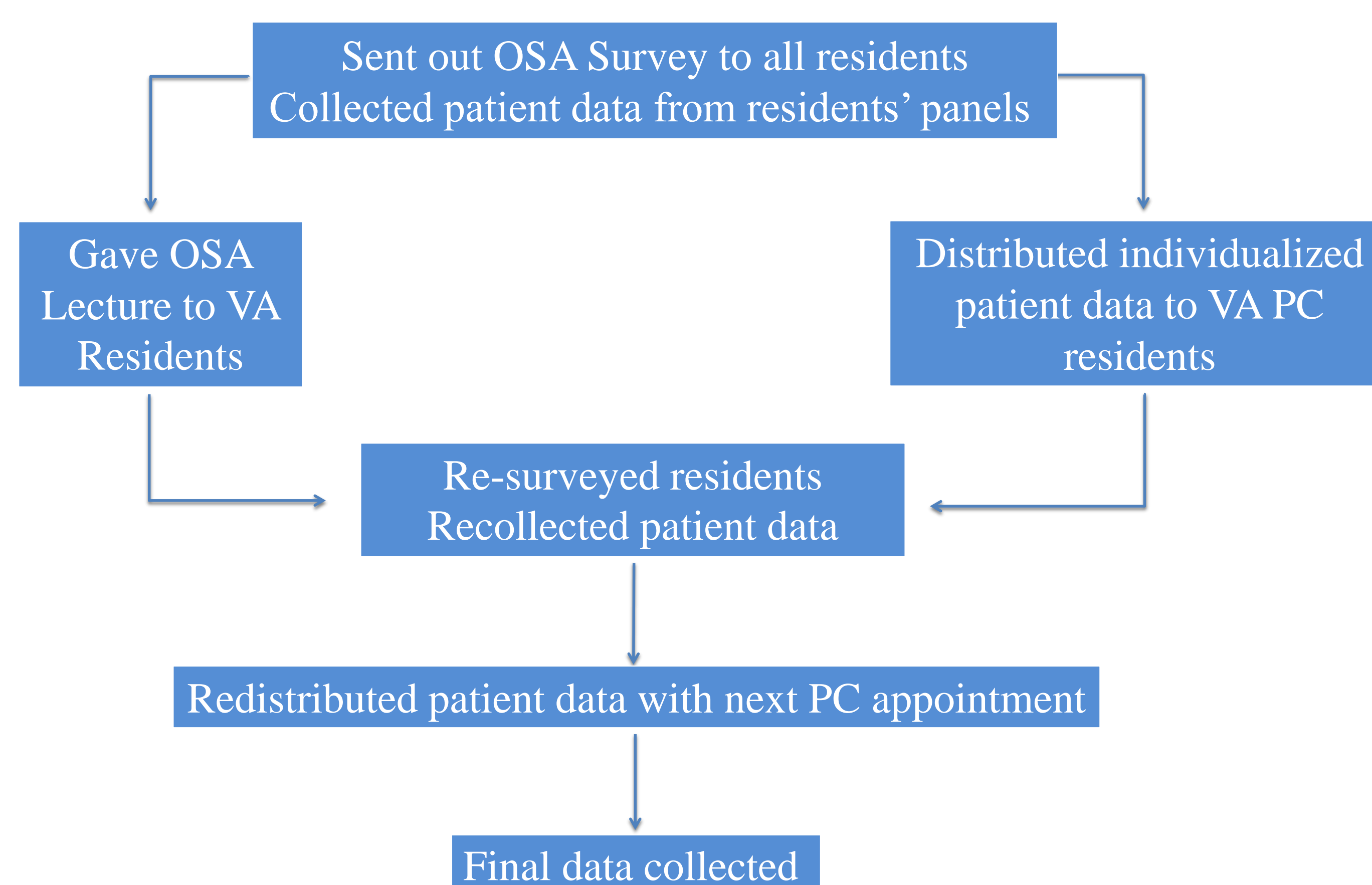
## Aim

- Increase the diagnosis of OSA in Portland Veterans Administration (VA) resident primary care (PC) patients

## Goal

- Increase the referral rate for polysomnograms in Portland VA resident primary care patients who screen positive with STOPBANG from 37% to 60% by October 2017

## Methods



## Results

Figure 1. Results of Pre-Post Surveys

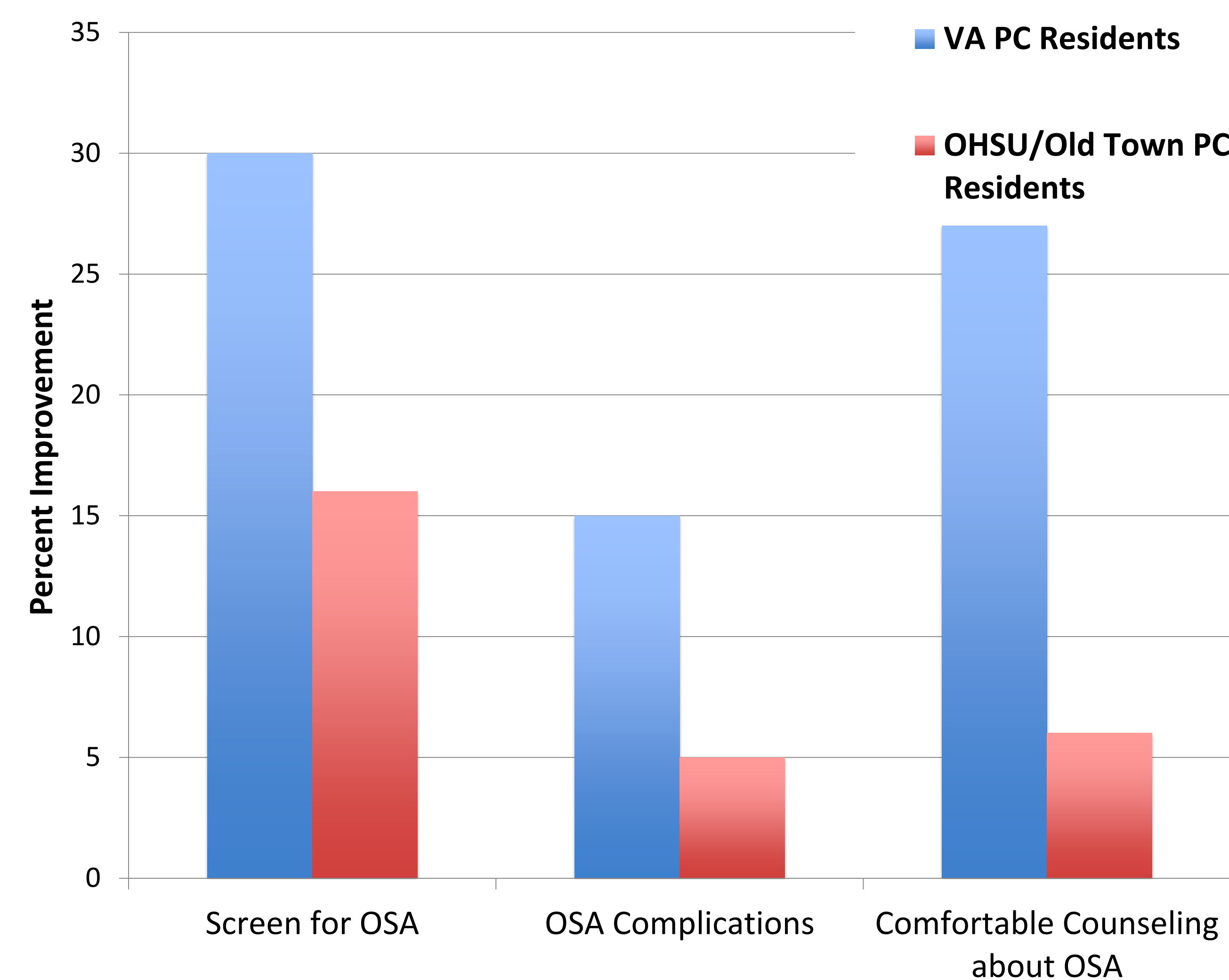


Figure 2. PSG referrals and OSA Diagnosis

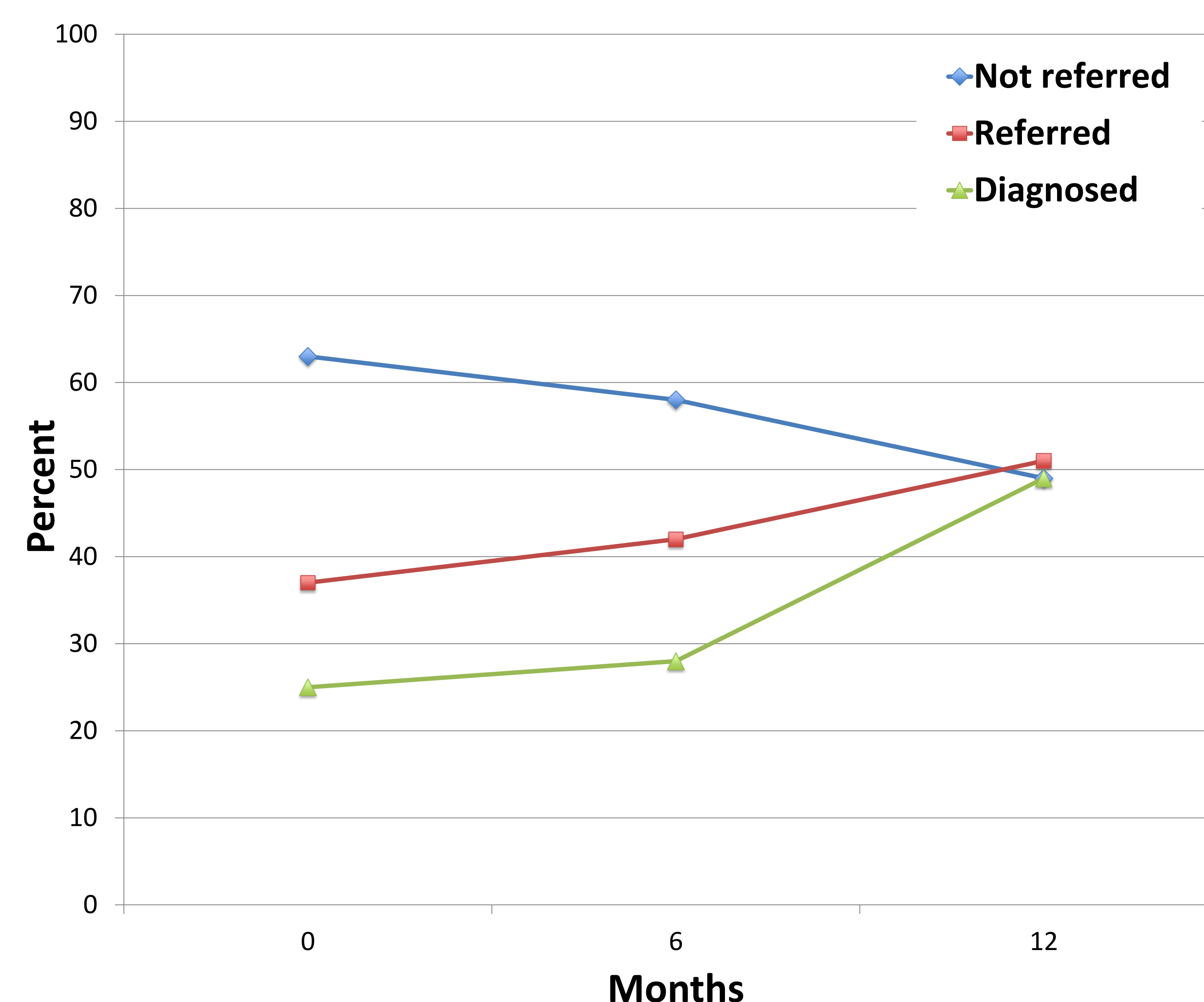


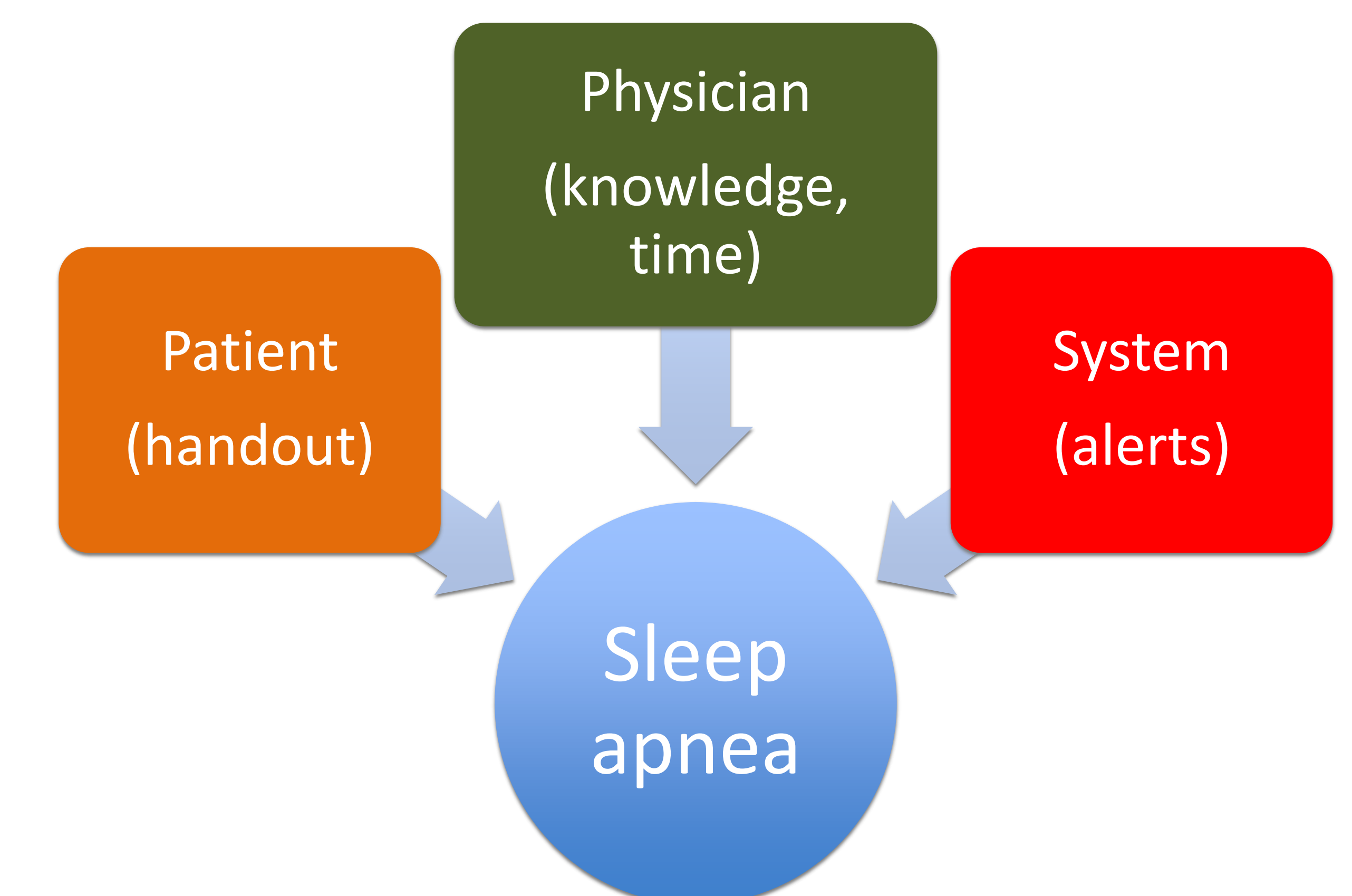
Table 1. STOPBANG Criteria

STOP	BANG
• Snoring	• BMI ≥35
• Tiredness	• Age ≥50
• Observed Apneic Events	• Neck circumference
• High Blood Pressure	• Men ≥17 in
	• Women ≥16 in
	• Gender (male)

## Discussion

- OSA is a prevalent condition that it is often overlooked in primary care clinics
- Lack of physician education appears to play a role in low referral rates for polysomnography (PSG)
- Increasing physician knowledge of complications and screening for OSA increases referrals for PSG
- Multifaceted interventions are needed to further improve referral for and diagnosis of sleep apnea

## Next Steps



## Limitations

- Unable to measure patient-provider discussions regarding sleep apnea
- Initial data included patients with previously diagnosed OSA
- Listed primary care provider (PCP) were not correct
- Transition of 3<sup>rd</sup> year resident panels 9 months into project
- Not all patients seen by their PCP during 1-year period

## References

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