Sleep Health Educator

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1. Core Competencies: Knowledge, Skills and Abilities

Sleep Health Professionals must possess the required knowledge, skills, abilities and behaviors in order to adequately assess sleep disorders patients. The professional must be able to:

- Assess the educational needs of patients with sleep disorders related to their medical care
    - Identify barriers to learning
    - Provide effective patient-centered education
    - Utilize steps to assess what the patient needs to know
    - Recognize when the patient is willing to learn
    - Be familiar with the patient's learning style understand healthcare literacy level
- Counsel patients regarding physical and emotional barriers to learning
    - Assess anxiety levels to determine whether patients are able to learn new tasks
    - Understand whether patients are able to follow recommendations for sleep wellness
    - Utilize a chronic care model to encourage self-management of the sleep disorder
    - Provide productive interactions so that patients are informed, engaged and taking an active part in their care and decision making
    - Assess emotional readiness and determine level of motivation
- Evaluate and select appropriate educational materials on sleep disorders
    - Determine the patient's educational background
    - Evaluate observed readiness to learn and cognitive ability
    - Utilize appropriate up to date material based on learning style, educational level, cultural environment and readiness to learn
    - Be familiar with classification of learning styles in order to identify the best method to facilitate learning
    - Identify the best tools for learning through observation and questions
    - Match instructional materials to individual learning qualities

    - Provide opportunity for learner to give feedback on teaching method (utilize teach back methods)
    - Develop printed educational materials that utilize readability formulas
- Utilize other resources in allied health, the community and medical options for managing sleep disorders
    - Health educators
    - Dietitians
    - Personal trainers
    - Sleep Specialists
    - Dentists
    - Psychologists
    - Patient focus groups (examples)
        - AWAKE Support group
        - Narcolepsy Network
        - RLS Foundation
        - National Sleep Foundation
        - American Sleep Apnea Association
- Develop patient educational materials
    - Develop targeted education to meet and achieve specific patient needs
    - Use only necessary information (example—how to get a good fit with the PAP interface—not why an interface is needed)
    - Organize learning material in a logical sequence
    - Use various media to provide supplemental information on sleep disorders to enhance the provider-patient relationship
        - Pictures
        - Models
        - Video and audio tapes
        - Chalk boards
        - Flip charts
- Model behaviors that are being taught to patients and the community
    - Practice rules for good sleep hygiene
    - Eat healthy, exercise and avoid sleep debt
    - Maintain a healthy weight
    - Manage stress for better sleep
    - Follow recommendations for managing and treating sleep disorders
    - Follow recommendations for maintenance of PAP supplies and accessories

2. Knowledge and Skill Requirements

This section outlines the basic knowledge and skills required of the sleep health professional.

Section 1: Information Gathering

- Using interview techniques, identify the educational needs of each patient as they relate to sleep health and diagnosis of sleep disordered breathing.
- Using detailed specific questions, gather information about
    - patient's ability to perform self-care regarding sleep disordered breathing knowledge and level of understanding about sleep disordered breathing health beliefs
    - the patient's priorities and readiness to change health-related behaviors

Section 2: Educational Assessment and Tools

- Design an approach to determine each patient's educational level and cultural beliefs
    - Include family/caregivers as needed
        - Educate the patient regarding possible long-term health consequences of untreated sleep disordered breathing
        - Sleep health promotion
- Using basic terminology and language, clearly and concisely to inform patient of findings; review PSG recording as indicated
    - Limit use of acronyms
- Discuss treatment plans and discharge planning as provided by the prescribing clinician
    - Modify such tools as SMART http://www.ihi.org/resources/Pages/Tools/SMARTDischargeProtocol.aspx
- Use techniques to encourage questions and clarify misunderstanding. Assess the ability of each patient to carry out treatment plan; identify barriers, and individualize treatment plan accordingly (“teachable moments”)
    - Teach back methods
    - Motivational Interviewing/Motivational Enhancement techniques
    - Patient handouts such as “Red, Yellow, Green” tools
    - Involve the patient in setting treatment goals and treatment plan
    - Readiness to change/importance/confidence “ruler”
- Develop and or evaluate commercial evidence-based patient materials. Assess the right materials for each patient (may include a combination of educational tactics)
    - Written
    - Audiovisual
    - Computer-based materials
    - Interactive learning
- Identify patient primary language to determine need for an interpreter

Section 3: Outreach

- Enlist assistance of other healthcare professionals, e.g., nurses, health educators, and dietitians, to create a patient-centered healthcare team
- Incorporate use of appropriate community resources
    - AWAKE meetings
- Be a resource for patients regarding current options for diagnosis, treatment and emerging technologies for sleep disordered breathing

3. Attitudes

The sleep health professional must:

- Recognize that patient education is essential to the discipline of sleep medicine and is an integral part of each patient encounter
- Recognize that educational interventions are essential in the treatment of disease and in the maintenance of health
- Recognize that it is the responsibility of providers to educate the patient and his or her family
- Utilize ethical principles in the provision of patient education
- Recognize that health literacy and cultural differences affect health beliefs and that patient education must take these differences into account
- Value the opportunity to utilize "teachable moments" in a patient/provider encounter
- Understand the need to facilitate patient autonomy in the decision-making process
- Recognize that it is the responsibility of the provider to model healthy lifestyle practices.

4. Monitoring Process and Outcome Measures

The sleep health professional is expected to be proficient in the evaluation and documentation of patient outcomes.

Excessive sleepiness is defined as “sleepiness occurring in a situation when an individual would be expected to be awake and alert.” [1] Excessive sleepiness is a chronic problem within our society due to many reasons: insomnia, medications, non-traditional work shifts, sleep deprivation, sleep disorders, circadian rhythm disruptions, and travel across time zones. The evaluation of sleepiness is important for effective assessment and management of a patient with obstructive sleep apnea (sleep disordered breathing). Untreated sleep disordered breathing is associated with a number of undesirable outcomes: medical co-morbidities, increased financial costs for healthcare, and increased risk for personal safety and the safety of the community.

Since there are a number of different pathways used to assess and treat a patient with sleep disordered breathing, and they are provided by a constellation of different specialties, the measurement of adherence to a patients' treatment plan is challenging at best. The documentation of consistent measures to monitor effective therapies as they influence improvement of health status, quality of life, and safety, warrants the use of quality care measures such as those developed by the American Academy of Sleep Medicine (AASM) Quality Measures Task Force and the AASM Board of Directors.

These standardized quality measures are defined as outcome measures and process measures: outcome measures document "what happens to a patient as a result of the care received," [2] and are often influenced by the sleep medicine provider. Process measures describe "the steps taken by a healthcare provider in the care of an individual patient," [2] and are often influenced by the patient.

The following quality metrics [2] are standardized care measures based on scientific evidence. They are designed to improve the outcome of care for sleep disordered breathing and become a basis for managing a diagnosis of sleep disordered breathing in adults 18 years and older.

Outcome #1: Improve disease detection and categorization

- **Baseline assessment of sleep disordered breathing symptoms**
    - Evidence: Documentation of assessment of sleep disordered breathing symptoms at the first evaluation and includes at a minimum snoring and daytime sleepiness
- **Severity assessment at initial diagnosis**
    - Evidence: An apnea hypopnea index (AHI), a respiratory disturbance index (RDI), or respiratory event index (REI) is documented or measured within 2 months of the first evaluation for suspected sleep disordered breathing

Outcome #2: Improve quality of life

Measurement of patients diagnosed with sleep disordered breathing that showed any improvement of quality of life (QOL) from baseline within one year of starting treatment

- **Evidence-based therapy prescribed**
    - Evidence: Measurement of patients that were prescribed an evidence-based therapy after the initial diagnosis
- **Assessment of adherence to sleep disordered breathing therapy**
    - Evidence: Measurement of patients who were prescribed an evidence-based therapy who had documentation that adherence to therapy was assessed at least annually
- **Assessment of sleepiness**

    - Evidence: Measurement of patients that had sleepiness assessed annually
- **Assessment of motor vehicle crashes or near-misses**
    - Evidence: Measurement of patients that were questioned about motor vehicle crashes (or near-miss crashes) associated with drowsiness/excessive sleepiness at initial evaluation

Outcome #3: Reduce cardiovascular risk

- **Assessment of weight**
    - Evidence: Measurement of patients whose weight is measured at every office visit
- **Weight management discussion**
    - Evidence: Measurement of patients who had a discussion at least annually with the healthcare provider on the patient's weight status or who were referred to a specialist for weight management
- **Assessment of blood pressure**
    - Evidence: Measurement of patients whose blood pressure is measured at every office visit
- **Elevated blood pressure discussion**
    - Evidence: Measurement of patients with an elevated blood pressure reading noted at the visit that have documentation of a discussion with a healthcare provider of this elevated blood pressure

Documentation of the evidence to support these metrics is an important role of the sleep health professional to improve the value of care for patients with sleep disordered breathing. Patient and provider education is necessary to appropriately integrate the quality measures into the patient care plan.

5. Qualifications of the Sleep Health Professional

A Bachelor's degree or above. International equivalents in the form of tertiary/post- secondary education or qualification are accepted.
A minimum of 1000 hours of cumulative direct experience in clinical sleep health that includes education, counseling, management, and coordination of patient care and outcomes.
OR

- Approved healthcare credential with an Associate's degree or higher. International equivalents in the form of tertiary/post- secondary education or qualification are accepted.
    - Polysomnographic Technologist (RPSGT)
    - Respiratory Therapist (CRT, RRT)

- Neurodiagnostic Technologist (REEGT)
- Health Educator (CHES)
- Nurse (LPN, RN, MSN)
- Nurse Practitioner (NP)
- Physician (MD, DO)
- Physician Assistant (PA)
- Dentist (DDS)
- Doctor of Philosophy (PhD) in health, counseling, science

6. Education Codes for Patient Management

Education codes for patient management are based on CMS management codes and insurance requirements and may be influenced by state regulations. Refer to CMS guidelines for billing patient management services.

7. References

[1] The Clinical Use of the MSLT and MWT. Review by the MSLT and MWT Task Force of the Standards of Practice Committee of the American Academy of Sleep Medicine. *SLEEP*, 2005; 28(1): 123-144.

[2] Aurora RN, Collop NA, Jacobowitz O, Thomas SM, Quan SF, Aronsky AJ. Quality measures for the care of adult patients with obstructive sleep apnea. *Journal of Clinical Sleep Medicine*, 2015; 11(3): 357-383.

8. Additional Resources

International Classification of Sleep Disorders, 3rd ed. Darien, IL: American Academy of Sleep Medicine, 2014.

Diabetes Education Curriculum: A Guide to Successful Self-Management, 2nd ed. Chicago, IL: American Association of Diabetes Educators, 2015.

Bastable, SB. Essentials of Patient Education. Jones and Bartlett, Sudbury, MA: 2006.

Bastable, SB; Gramet, P; Jacobs, K; Sopczyk DL. Health Professional as Educator: Principles of Teaching and Learning. Jones and Bartlett, Sudbury, MA: 2011.

Glanz, K; Rimer, BK; Viswanath, K (eds). Health Behavior and Health Education: Theory, Research and Practice, 4th ed. Jossey-Bass A Wiley Imprint, San Francisco, CA: 2008.

Wright, D. The Ultimate Guide to Competency Assessment in Health Care, 3rd ed. Creative Healthcare Management, Inc., Minneapolis, MN: 2005.