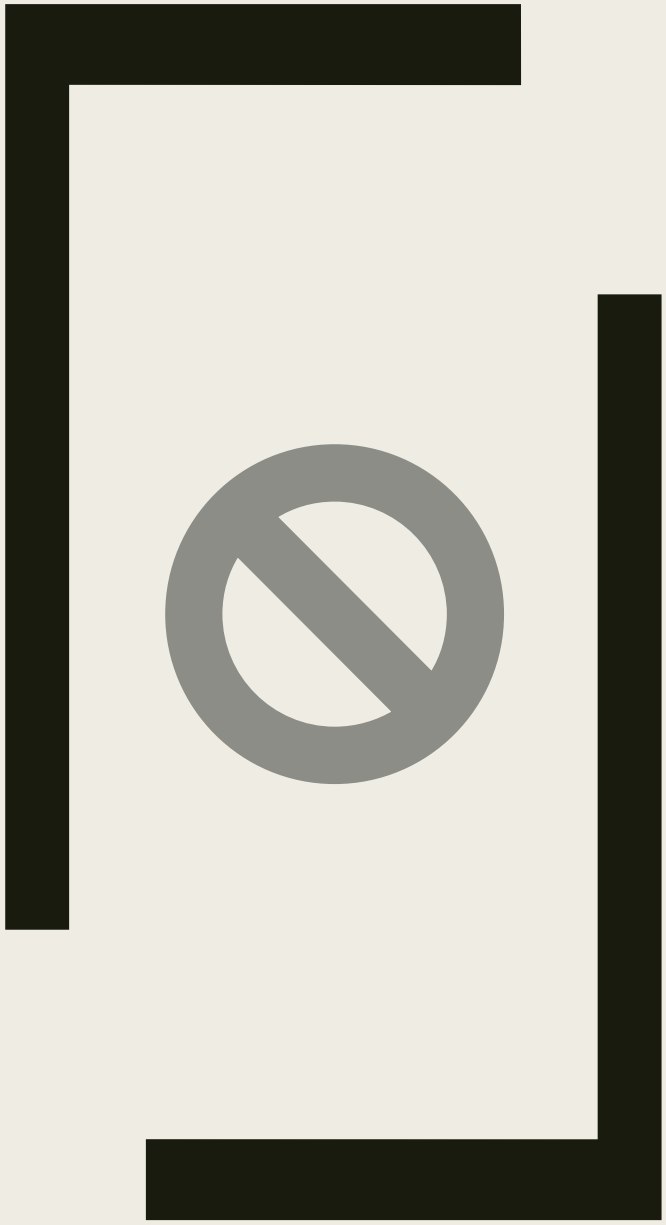
Expanding the Role of Sleep Technologists via Sleep Coaching

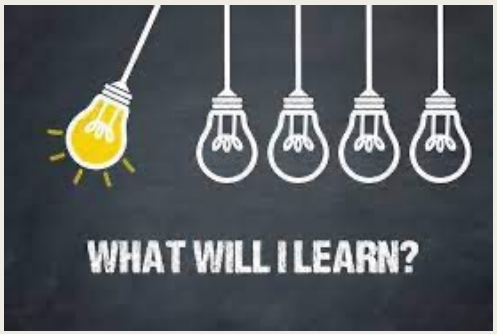
Jess Schmidt, RPSGT, CCSH, FACHE

Certified Health and Wellness Coach
Co-Founder, Integrative Alchemists
www.integrativealchemists.com



DISCLOSURES

I have no relevant disclosures



Objectives

- Discuss evolving roles for sleep technologists and other allied health professionals in the sleep medicine field amidst changes to the healthcare industry overall.
- Describe the emerging field of health and wellness coaching, and a unique opportunity to further specialize into sleep health coaching.
- Share a specific model of sleep coaching serving as a physician extender for patients with insomnia and other behavioral sleep challenges.

Sleep Medicine Landscape

- Ongoing challenges with reimbursement
- Contraction of DME supplies (ala Philips recall) and price hikes
- Further expansion of home sleep testing an auto-titrating PAP
- Licensure challenges make for limited pipeline of new sleep techs
- From a leader in the field: “Labor and equipment costs are the highest they have ever been, with no change in sight. On average, there's a 30% increase in Opex above 2019”

How to Survive/Thrive?

- For all
  - *Do more with existing resources*
  - *Expand beyond OSA as major focus*
  - *Don't fear AI!*
- For Sleep techs/allied health folks
  - *Invest in your own professional development and expand your skills*
- For Docs/businesses
  - *Look for others who can train into extenders, navigators, and coaching roles (APPs, DME, other allied health disciplines)*

Sleep Coaching: An Emerging Role

Sleep Coaching May:

Provide	Provide **new opportunities** for techs and other allied health professionals
Provide	Provide busy physicians with added support for their most time-consuming patients
Help	Help support patients who need a more longitudinal/intensive experience
Reduce	Reduce dependence on prescription sleep aids
Generate	Generate new income to both techs and physician practices

My Journey

- Was a sleep tech
- Left the industry
- Ran the BRPT , Got the CSE/CCSH
- Continuous growth in healthcare leadership
- Burned out from my day job, needed an exit plan
- Looking to re-connect with patients/humans more directly
- I started an LLC and hung a shingle
- But almost immediately I realized that to do this well, I needed more training

BRPT Credentials

The BRPT designates the 2 primary sleep tech credentials: CPSGT/RPSGT

But they recognized the field was evolving and needed advanced-level options:

CSE: Certified Sleep Educator
CCSH: Certification in Clinical Sleep Health

The elephant in the room:
There aren't enough sleep techs as it is now!

Yes, and....

Many other allied health professionals can go right to CCSH...

Training/Certifications

- Certification in Clinical Sleep Health (CCSH)
- Grad School: Integrative Health and Wellness Coaching
- Coaching Credentials: ICF/NBHWC

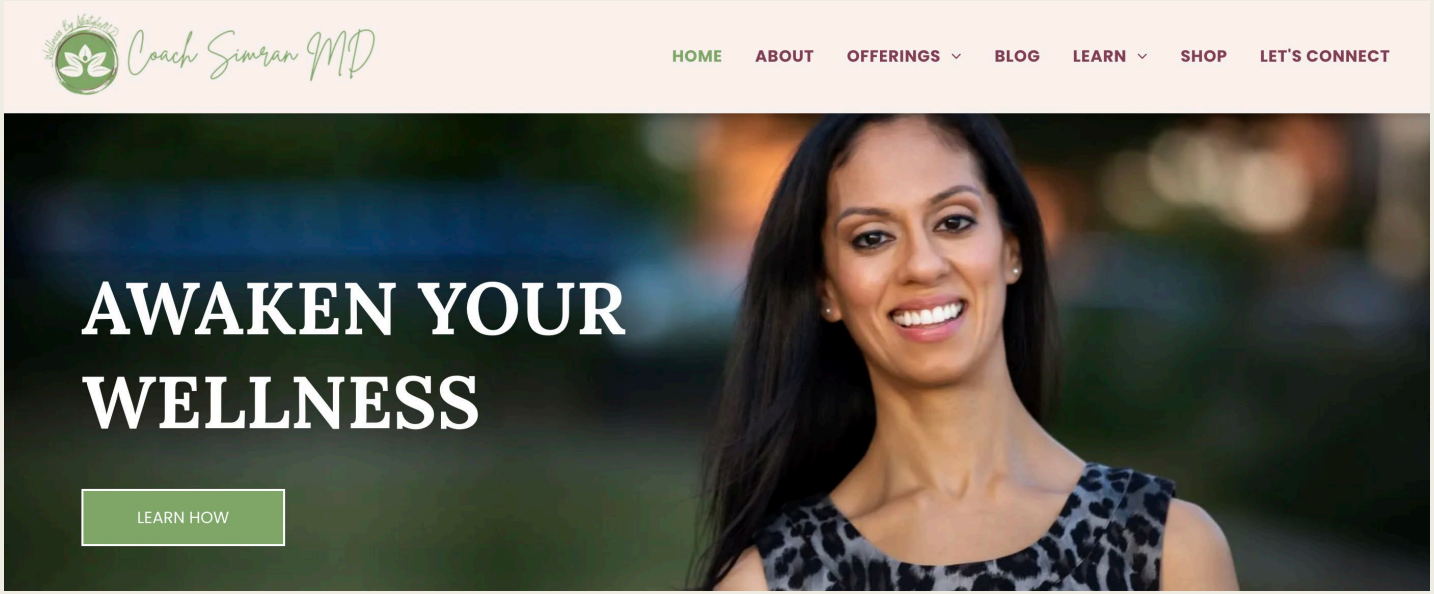
Maryland University of Integrative Health

NBHWC
National Board for Health & Wellness Coaching

ICF
International Coach Federation

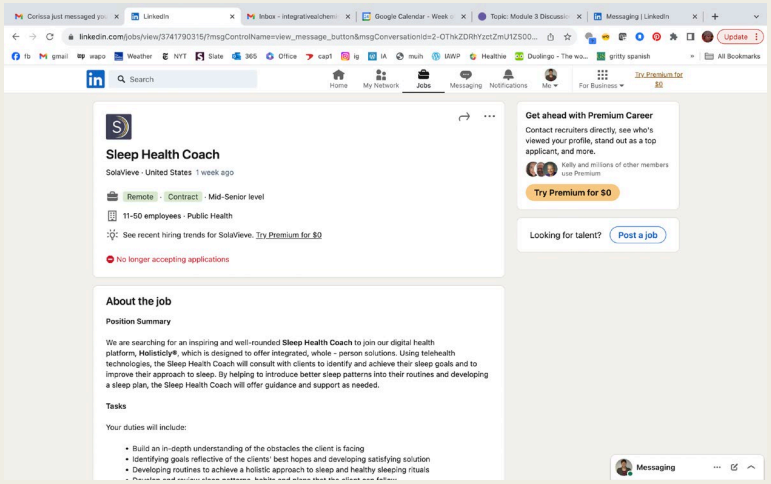
Docs as Coaches?!?!?

- I have a colleague who does this on the side from her day job as a specialist (palliative care)
- She's dual-boarded in lifestyle medicine
- Does cash only under separate LLC
- Enjoys the longer visits
- Help reduce burnout
- Got permission to do this outside of non-compete

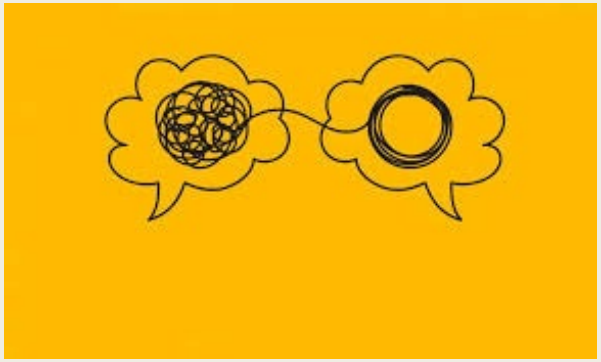


https://www.coachsimranmd.com/

Sleep Techs-
Who wants to work remotely?



What is Coaching?



Focus on habits, intrinsic motivation, behavioral change, patient empowerment

Distinct from

- CBT
- Therapy/counseling (though may lead to referral)

Patients are often diagnosed already, but need support for therapy or other changes

Coaching field becoming more structured/distinct/regulated

- Know your scope for your locality!

Coaching vs. Therapy: Different Approaches

Therapists	Coaches
Address significant mental illness	Are trained in positive psychology, behavior change
Often help work through past/present issues	Forward looking, goal oriented
Licensed, highly regulated, long training	Often not regulated, variable training length
Sessions often unstructured	Sessions fairly structured
Often can go years	Often limited to weeks/months
“Comforts the troubled”	May need to “trouble the comfortable”
May offer advice, is the expert	Discouraged from offering advice*- help patients find own answers- patients are the experts

**Can give some clinical advice if appropriately trained, in small doses*

Coaching Power

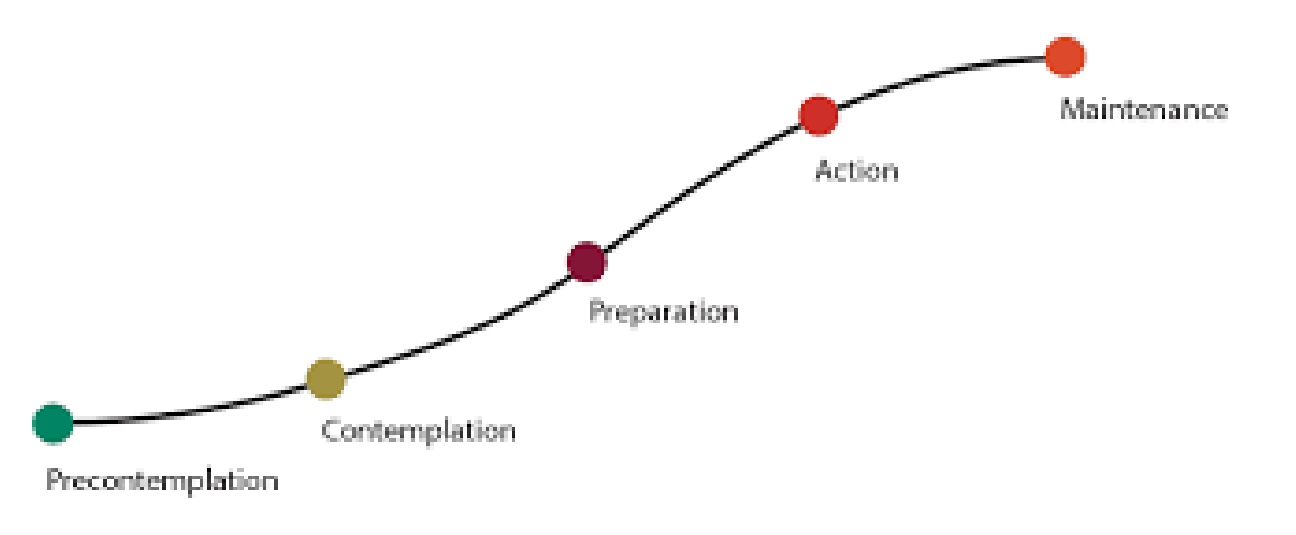
- Patients often know a lot about what they should do to sleep better.
- Coaching helps them tap into internal motivations to make changes aligned with their overall goals

"Health and Wellness Coaches partner with clients seeking self-directed, lasting changes, aligned with their values, which promote health and wellness and, thereby, enhance well- being." -NBHWC

NBHWC
National Board for Health & Wellness Coaching

Anchoring Concepts in Coaching

- Stages of change model
- Motivational Interviewing Techniques
- Utility in diary/logging to show trends, reinforce progress
- “High Touch”- frequent check ins to build relationship, open dialogue
- Idea of accountability partner, but patient is “doing the work”



My Practice as a Sleep Coach

- LLC
- Video visits with sleep coaching patients
- >95% referred from sleep providers
- Mostly cash/out of pocket
- Key differentiators:
  - *Integrative approach*
  - *Coaching training (graduate level)*

Legal/Compliance

- Know and stay in your scope!
- LLC setup to minimize exposure
- Liability Insurance is crucial: I use CM&F group
- HIPAA-compliant email/video
- Consents/disclosures/privacy policy
- General business considerations: taxes, state reporting

My Patient Population

- 2/3 women, 1/3 men
- Median age 43 (range 20s-80s)
- 69% white/Latinx, 23% Black, 7% Asian/South Asian
- Typical Professions: law, non-profit, federal, healthcare, retired, stay at home, education
- Relatively high SES

Common Threads In Patients

- Pandemic Impacts
  - *Working in bedroom/from home*
  - *Social isolation*
- Physical impacts: e.g. chronic pain, comorbid dx
- Medication Tweaks/weaning
- Life impacts: grief, trauma, work/family stress
- Mental Health overlap
  - *Insomnia shows frequently in DSM for a range of conditions*
  - *Sometimes sleep is easier to talk about/name than frank anxiety/depression*
- Crucial to stay in scope and <u>not</u> practice therapy
  - *Many patients end up going to therapy, this is bridge work*
  - *Some patients come from therapists/psychiatrist referrals*

What They're Not Telling Their Doctor

- Non-compliant w/OAT
- Non-compliant w/recommendations to increase activity, nap less
- Taking way more sleep meds than prescribed
- Taking way more ETOH than disclosing
  - *Diary activity builds awareness of patterns*
- Coach must cultivate non-judgement to build trust enough to get to the truth

Example Patient Breakthroughs

- Uncovered nocturnal eating disorder
- Re-evaluated health of partner relationship, went to therapy to work on
- Articulated fears around terminal diagnosis
- Reconnected with estranged son
- Combatted social isolation during pandemic through volunteering
- Uncovered OSA and/or non-compliance

Patient Screening

Not everyone is a good fit for this approach

Intake questionnaire helps exclude:

Those who want a magic pill	Those w/low belief in ability or readiness to change • Coaching can help some, but may need more general work first	Tech challenged patients

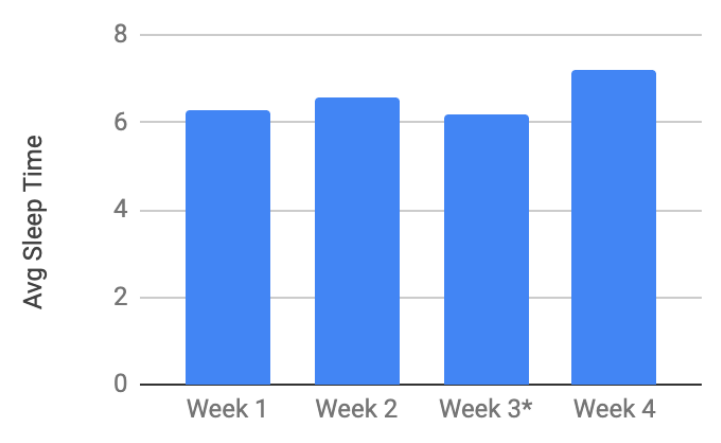
If clear distress on intake questions, f/u w/GAD7 and/or PHQ9, and refer to therapy prn

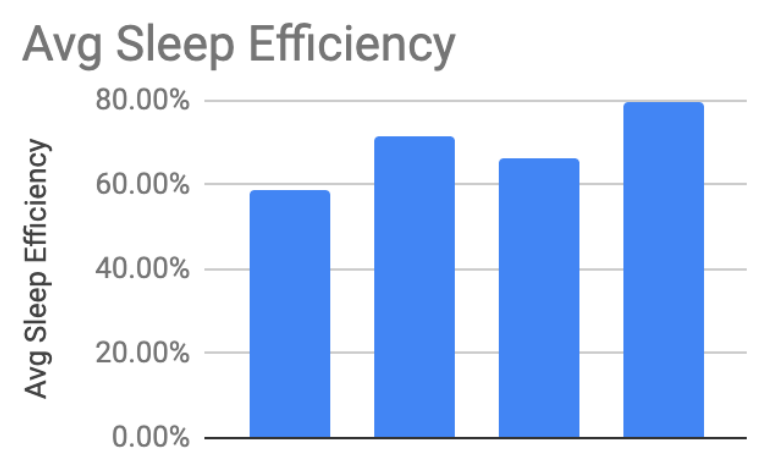
Format

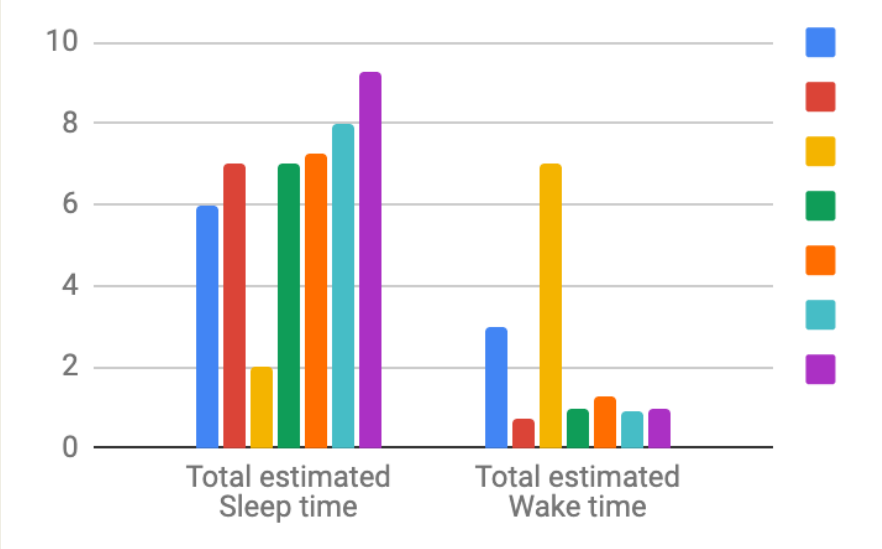
- >95% referred from MD, a few self-referred (and I usually suggest sleep doc)
- Complete intake questionnaire
  - *Key predictors for success: degree of internal motivation, belief in ability to change, readiness*
- 1 hour initial video call
- 2 weeks guided sleep journaling (with weekly video check points)
  - *Usually 1week baseline, then select intervention*
  - *Evoke curiousity*
  - *Aim for SMART goals*
  - *Show progress to build confidence*
- Can extend PRN

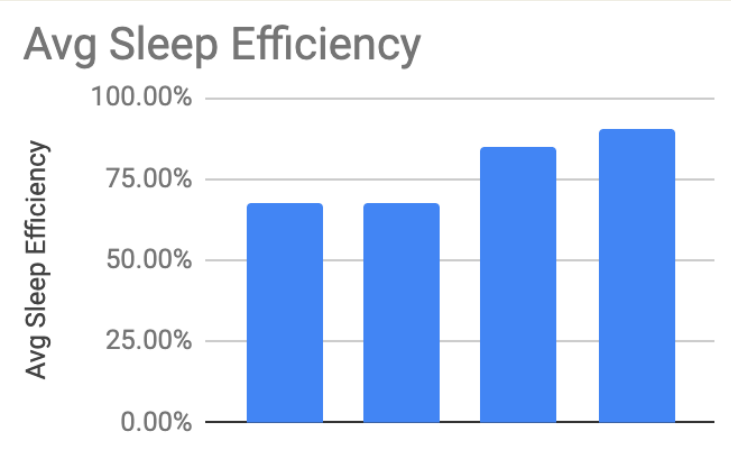
Complete immediately upon awakening
Time in Bed (e.g. 10pm)
Time out of Bed (eg 7am)
Time to Fall asleep (estimate)
Sleep Meds Taken (dose/time)
Number of awakenings
Pain
Total estimated Sleep time
Total estimated Wake time
Total estimated time out of bed
Complete immediately before bed
Typical day? Y/N (Why?)
Fatigue 1-10 (1 is low)
Stress 1-10
Alertness 1-10
Concentration 1-10
Mood 1-10
Time spent outside (and when)
Caffine use/time/dose
Alcohol use/time/dose
Exercise type/time

Sample Results- actual patients



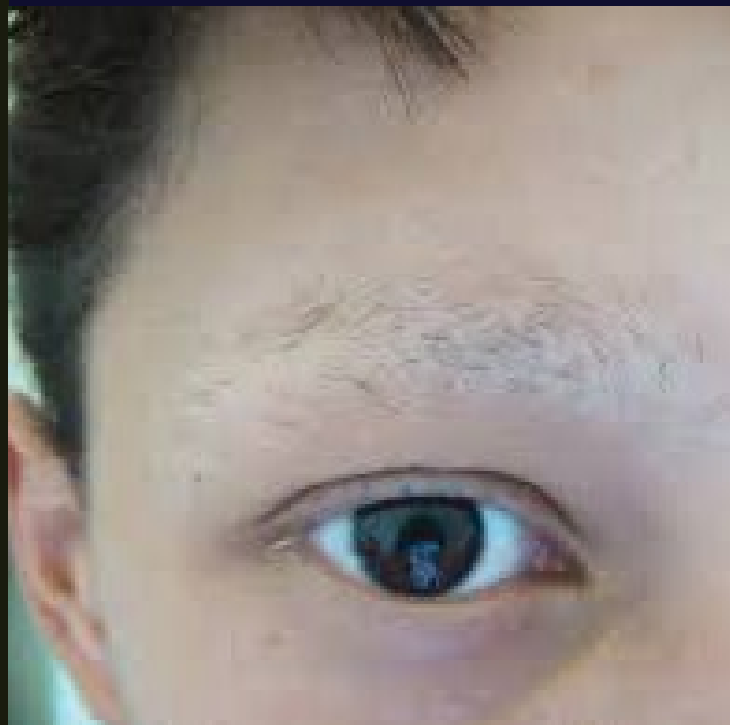






Case Study 1

- 35 year old male
- Complains of insomnia, nocturnal eating, hair pulling
- Hx: ASD, IBS, GAD, OCD
- Meds: Trazedone, lunesta, seroquel, medical marijuna
- Had PSG in 2013 with REM dependent OSA, PLMs. Ordered OAT and stimulants/sleep aids
- Repeat HST found mild to moderate OSA (not wearing OAT)
- Nocturnal eating- not conscious (not target for coaching)
- MD scripted topomax now for that
- Eyebrow tape!



Case Study 2

- Geriatric, COVID-isolated woman
- Joint approach w/Sleep MD, Psychiatrist: ”my team”
- Complex insomnia/depression/anxiety/apnea
- Over-medicated on sedatives- traz, lorazepam, melatonin
- Longest engagement- several months
- Got on PAP, insomnia reduced as increased social engagement opportunities

Case Study 3

- Geriatric COVID-isolated woman
- Chief complaint-couldn’t sleep through the night
- Prescribed many meds, afraid of them all
- Daily naps, multiple times a day
- Sleep MD told her to stop napping, but felt she couldn’t in bad feedback loop
- Helped coach to wean off naps, now sleeping much better.
- Also uncovered mild apnea. Is holding off on treating for now.

Case Study #4

38 yo woman, acute grief, urological issues

High score- GAD, moderate depression

Not very open to hearing about anxiety as driver, not very open to counseling/psych referral

Negative reaction to Ambien, tried different rxs, came in on zzzquil, gummies, melatonin

ED admission during 2nd week, Xanax

- *Importance of maintaining scope/working w/licensed providers*

Ultimately- needed counselor, psych meds, pelvic floor tx, estrogen gel

Case Study #5

- 78 yo male
- Faith leader in immigrant community, used to being strong
  - *Not comfortable talking about feelings*
- Lost wife, reported not sleeping at all at night
- Described an enormous degree of physical tension (somatization)
- Approaches:
  - *Progressive relaxation*
  - *Referral to therapy*

Med Weaning/Adjusting (with MDs)

Patient SB	Wk1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9
Nights w/o Meds	0	1	1	0	0	0	1	0	1
Ambien	4	6	5	5	0	0	0	0	0
Gaba	4	0	2	5	0	0	0	0	0
Sonata	0	0	0	2	7	7	6	7	6

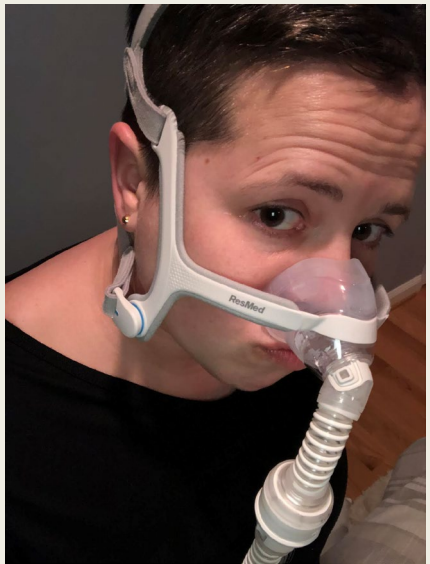
Patient MB: “My sleep has improved quite a bit. Any change that didn't involve Ambien is a HUGE success. I was on Ambien for about 13 years and was only off of it for about nine months during that time. I never thought that being relieved of Ambien was even an option for my future but finally getting with Dr. K and you, Jess, that became my current reality. I am grateful.”

Patient SL: worked with both sleep doc and psychiatrists closely over several months:

- Started: high dose trazadone, clonazepam, melatonin, too anxious to try CPAP
- Ending: low dose Lexapro, sonata PRN, CPAP adherent!
- Whole person focus- she was very isolated/depressed from COVID, found ways to re-engage with society which helped immensely.

CPAP Adherence Coaching

- I've recently become a patient and it's helped me troubleshoot patient's issues from a more personal place.
- One patient took 8 weeks to work up to idea of CPAP, and another several weeks of close hand holding to get to steady state



Group Coaching

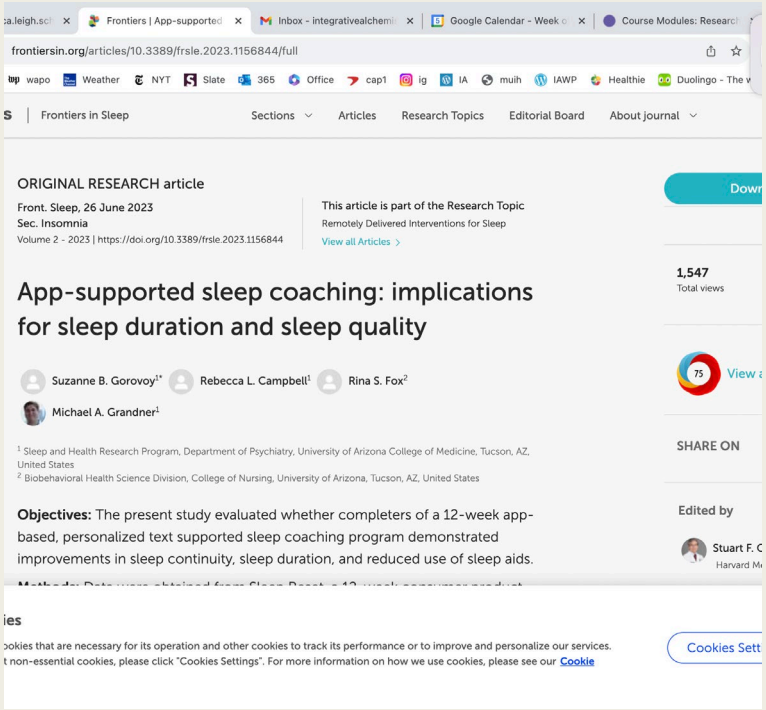
- I attended a graduate-level course focused entirely on coaching in this unique setting and developed a formal program for cohorts
- Great for patients with less financial resources
- Also helpful for patients to draw on each other for support and build lasting connections
- I do a similar format of 3 group visits, but less 1-1 daily support in the group setting

Pediatric Sleep Coaching

- There's an entirely different field for infant/parent sleep training- not my cup of tea
- I do get some referrals from peds but have yet to have a patient/parent sign on
- I do worry some about what that would look like in terms of managing confidentiality, especially w/adolescents

Can Apps Work?

- Maybe for some technically literate digital natives
- But many people crave human connection, and coaching is very relational
- Some evidence apps+human coaching can have yield (thanks to Emerson Wickwire for flagging this one):
- https://www.frontiersin.org/articles/10.3389/frsle.2023.1156844/full



Results: Mean SL was reduced by 11 min, mean WASO was reduced by 28 min, mean SE% increased by 6.6%, and mean TST increased by about 44 min. Of those who reported using "sleep aids" during Week 1, 41% no longer used them by week 12. Those with low SE% at baseline demonstrated greater improvements in SL (16.2 vs. 5.7 min), WASO (47.3 vs. 7.2 min), SE% (11.2 vs. 1.6%), and TST (65.3 vs. 31.2 min). Those with ≤ 6 h of sleep at baseline demonstrated greater improvements in WASO (36.8 vs. 22.3 min), SE% (10.1 vs. 4.3%), and TST (85.1 vs. 25.5 min).

Conclusion: Participants that completed the app-based, personalized text supported coaching intervention reported subjective improvements in sleep duration and quality that suggest more beneficial effects particularly in those with lower sleep efficiency or sleep duration at baseline. An effective sleep coaching program that utilizes trained sleep coaches with access to board-certified providers, may provide a valuable resource for subclinical populations.

Billing and Admin

I raise prices every time I get too busy

Current Pricing:
- $350 initial two week engagement
- $150/hour subsequent calls (fractional options)

All self-pay initially

Accept Square and Paypal

Can do payment plans

100% payments- no denials ☺

Some try submitting to insurance/flex spend, but explicitly state may not be covered

I find patients do better/are more engaged when it comes out of their pocket

There are now coaching CPT codes

Group visits may get more bang for buck

I use Healthie EMR to streamline a lot of the admin tasks and maintain HIPAA compliance

Healthie

CPTs (In addition to potential incident-to billings)

Track Health Coaching With New CPT Codes

Current procedure terminology (CPT) codes are used to streamline billing to insurers. These codes make up the uniform language for medical services and procedures. CPT codes have three main categories, labeled as Category I, II, and III.

As of January 1, 2020, CPT codes went into effect specifically for Health Coaching. These new codes are in Category III, which means that they are temporary for "data collection, assessment, and in some instances, payment of new services and procedures."

The approved Category III codes for Health and Well-Being Coaching include:

- 0591T Health and Well-Being Coaching face-to-face; individual, initial assessment
- 0592T individual, follow-up session, at least 30 minutes
- 0593T group (two or more individuals), at least 30 minutes

Some of the other new CPT codes that may also fall under Health Coaching services include:

- Preventative Medicine, individual counseling code: 99401-99404
- Medical Nutrition Therapy Procedures: 97802, 97803, 97804
- Physical Medicine and Rehabilitation Therapeutic Procedures: 97110, 97112, 97113, 97116, 97535, 97545, 97150
- Health Behavior Assessment Services: 96150, 96151, 96152
- Biofeedback Services and Procedures: 909001

https://wellworld.io/how-to-start-billing-for-health-coaching/

Role of Physician Extenders

- CCSH work- usually happens in clinic/same day
- I'm doing the work after clinic visit, but helping tee up relevant info for MDs to make good decisions
- I can spend more time, build longer relationships
- Patients often tell me more than they tell docs
  - *Therapy non-compliance*
  - *Polypharmacy*
  - *Mental health issues*

What Does This Mean for Patients?

-Higher touch (vs AI or CBT),

-Sustained behavioral change

-Potential med weaning

-Better QOL

What Does this Mean for You?

If you are a sleep tech/RT or in allied health:

This may be an opportunity to branch out of your current role and even own your own business!

Enhanced clinical skills

Job stability

Potential autonomy

If you are a sleep doc or APP:

Reduced burnout from neediest patients

You may be able to refer challenging patients to a coach

You could also consider hiring (or training up a CCSH) for this role within your practice

You may be able to bill the coaches' time as incident to, or apply some other recent CPT codes

You could also be a coach!

SOCIETY OF BEHAVIORAL SLEEP MEDICINE

Society of Behavioral Sleep Medicine Work Group Recommendations: Sleep Coach

Working Definition: *A sleep coach is a healthcare professional who uses their knowledge and training in sleep medicine, health and wellness coaching, and other behavioral approaches to guide individuals with sleep disorders and/or sleep health and wellness goals.*

Position Statement: Coaching is a growing profession which is unregulated in most jurisdictions. Sleep coaching is a subset of coaching which requires specialized sleep medicine knowledge. The purpose of this statement is to delineate qualities that the SBSM recognizes as necessary for professionals who identify themselves as sleep coaches.

Draft- unpublished (shared w/permission)

SBSM Update

- New exam to be offered in 2024
- “Credentialed Sleep Health Navigator”
- Changed the name hoping to link into CPT codes for navigator type roles (ala diabetes navigators)
- **“I feel the most salient message is one of hope** - hope for the entrance to a pathway of growth professionally. I have talked with a number of techs who have enrolled in their masters program with the intent of advancing to the CBT-I credential, get experience and then advance to their doctorate.”
  - *Kathryn Hansen, Exec Dir, SBSM*

QUESTIONS?

Integrativealchemists.com

IntegrativeAlchemists@gmail.com