

# MULTIDISCIPLINARY TEAM CHALLENGES IN SLEEP DISORDERS: A MIXED-METHODS APPROACH

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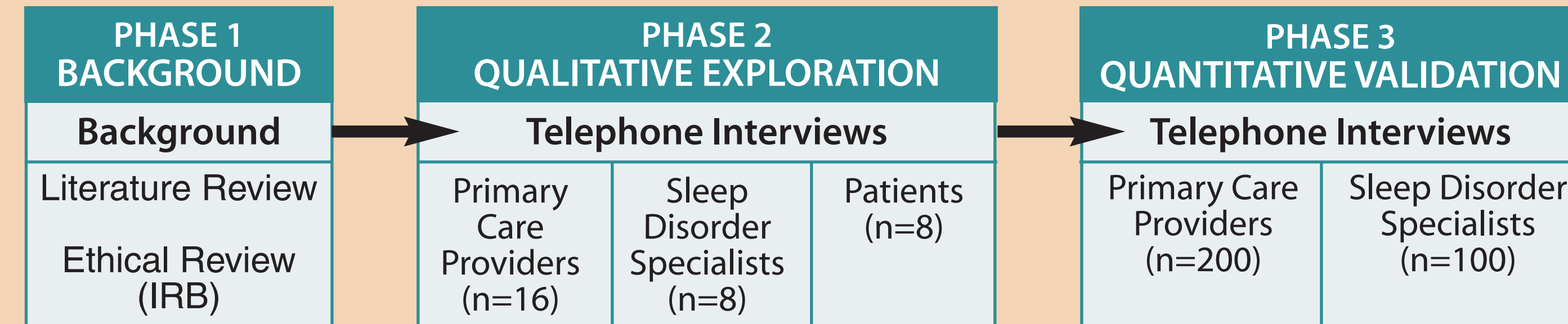
## BACKGROUND

- Sleep disorders affect 50-70 million Americans<sup>1</sup>
- Sleep disorders have major impact on health<sup>2</sup>
- Sleep disorders are under-diagnosed and under-treated<sup>1,3,4</sup>
- Resources and infrastructure needed to provide effective care for SWD are lacking<sup>1</sup>

## RESEARCH OBJECTIVES

1. Assess primary care physicians' (PCP) and specialists' inter-professional challenges and educational needs in Sleep Disorders: Obstructive Sleep Apnea (OSA) and Shift Work Sleep Disorder (SWSD)
2. Provide evidence-based recommendations for educational interventions

## METHOD



## ...POOR INTEGRATION OF HEALTHCARE TEAM

### SUB-OPTIMAL INTEGRATION → SUB-OPTIMAL CARE

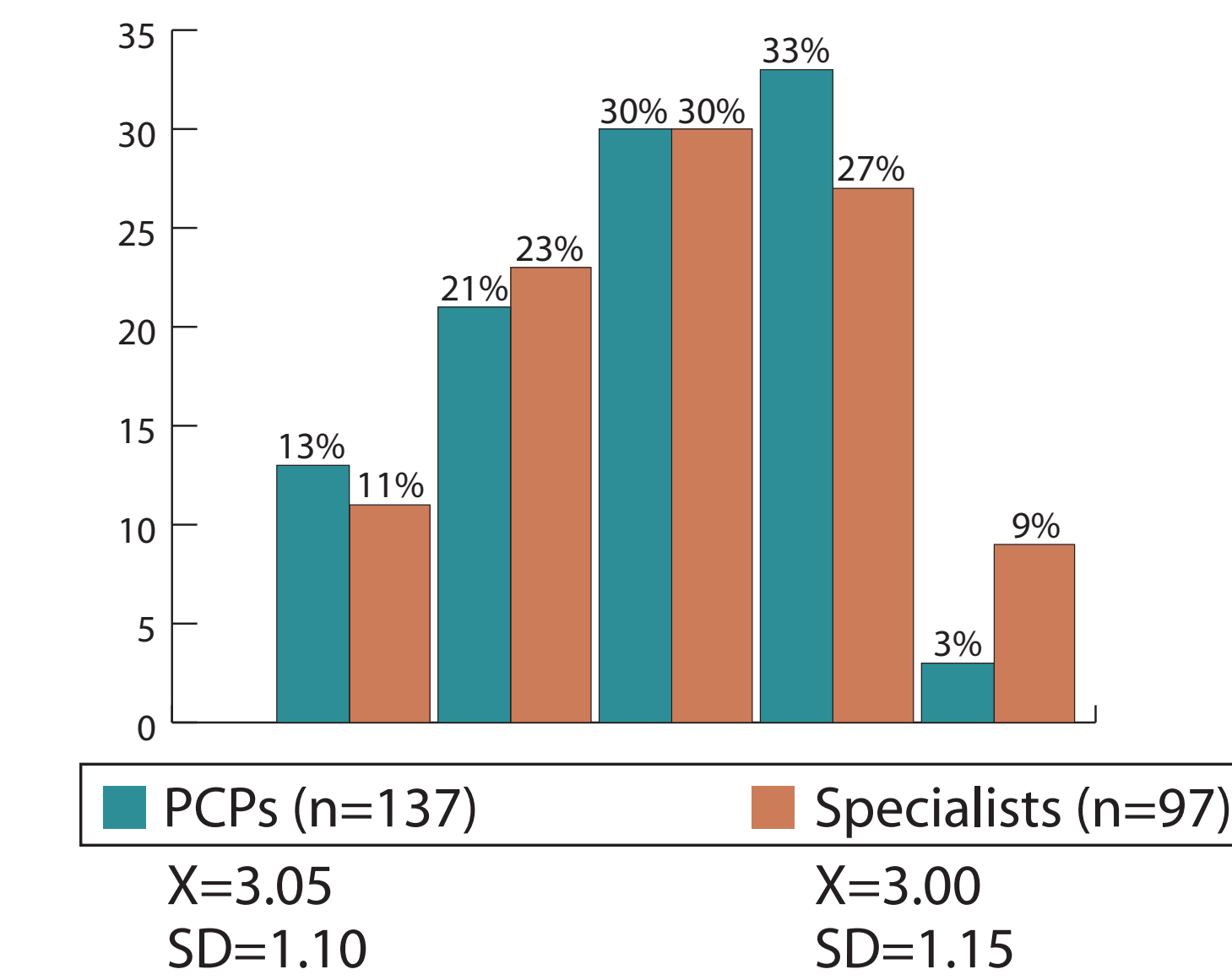
"I don't really feel educated enough to ask about it [OSA]. [...] I refer them over there [sleep clinic] and I assume, maybe wrongly, that they are going to follow-up."  
SPECIALIST

"[...] it is criminal what has been done to these patients prior to them coming to see me. It's just a question of not really understanding what they [PCPs] were doing and just trying to manage things that they didn't have the training to manage."  
SPECIALIST

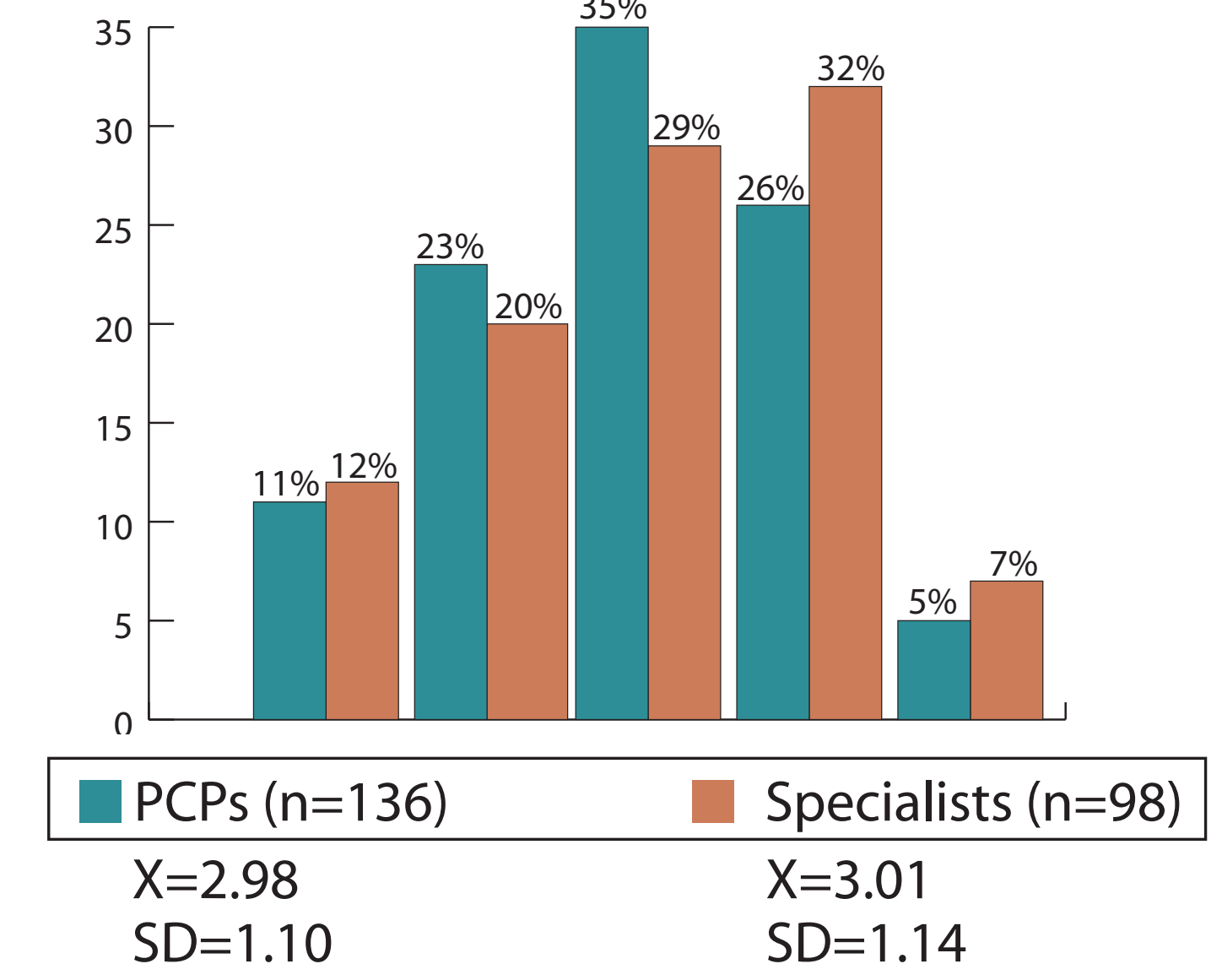
### PCP LACK OF UNDERSTANDING OF SPECIALISTS' ROLE

"I haven't used any sleep specialists for shift work disorder and I basically refer people to sleep specialists who have abnormal sleep habits related to medical conditions."  
PCP

66% of PCPs & 66% of specialists identified PCPs' lack of role clarity in SWD as a barrier to care  
t=0.36, P=0.72



66% of PCPs & 68% of specialists see lack of coordination in treatment & management as a barrier to care  
t=-0.22, P=0.83



PCPs struggling to address SWSD alone, but: 39% of PCPs & 63% of specialists DO NOT refer for SWSD

## NEGATIVE PCP ATTITUDE TOWARD SPECIALISTS

"Specialists make the money and leave the hard stuff for the primary care physician."  
SPECIALIST

## PCP: SLEEP SPECIALISTS' CONTRIBUTION UNIMPORTANT

"I have sent people [with SWSD] to a sleep specialist and they came back with the same thing saying, 'Well you're doing just fine, just keep doing what you're doing.' And I thought, 'Well that's kind of a waste!'"  
PCP

## LACK OF RECOGNITION OF SLEEP MEDICINE AS A SPECIALTY

■ Sleep medicine is not well defined as a specialty ■ Lack of uniformity in training for sleep specialists  
"I don't think they [PCPs] see sleep as a unifying subspecialty. [...] They see it as fragmented."  
SPECIALIST

## REFERRAL OF PATIENTS WITH SLEEP DISORDERS GAP ANALYSIS

Gaps between current level of knowledge related to referring patients with SD to sleep specialists and desired knowledge, rated on a 5-point Likert scale

Scale: 1 = Low; 5 = High	Current Level of Knowledge X (SD)	Desired Level of Knowledge X (SD)	GAP Average (SD)	t (P)
<b>Referral of Patients with OSA PCPs (n=145)</b>				
Which patients to refer to specialist	3.76 (0.91)	4.62 (0.60)	0.86 (0.91)***	-11.32 (0.000)
Which specialist to refer to	3.96 (0.94)	4.64 (0.63)	0.68 (0.96)***	-8.52 (0.000)
<b>Referral of Patients with SWD PCPs (n=200)</b>				
Which patients to refer to specialist	2.88 (1.18)	4.37 (0.81)	1.49 (1.24)***	-16.90 (0.000)
Which specialist to refer to	3.13 (1.21)	4.46 (0.79)	1.33 (1.31)***	-14.76 (0.000)
<b>Referral of Patients with SWD Specialists (n=100)</b>				
When to refer patient back to PCP	3.88 (0.96)	4.62 (0.68)	0.74 (0.79)***	-8.53 (0.000)

\*\*\*Statistically significant (p ≤ 0.001)

## Educational Implications for Interprofessional Care

Implication	Target Group
<b>Specialists in SWD:</b> Lead and participate in inter-professional and collegial discussions with PCPs <ul style="list-style-type: none"> <li>■ Characterize role and expertise of sleep medicine</li> <li>■ Build relationships with PCP colleagues</li> <li>■ Elaborate contribution of sleep medicine to PCP practice and clinical care, and to patient outcomes</li> </ul>	PCPs AHPs
Engage PCPs, specialists, and AHPs in interdisciplinary regional workshops to: <ul style="list-style-type: none"> <li>■ Enunciate sleep medicine as a specialty</li> <li>■ Enhance communication processes</li> <li>■ Clarify inter-professional roles and responsibilities</li> </ul>	Specialists PCPs
Disseminate guidelines for appropriate referrals for SWD <ul style="list-style-type: none"> <li>■ When to refer, to whom, for what purpose</li> <li>■ Clinically relevant for PCP setting</li> <li>■ Show value and strategy behind referrals</li> </ul>	PCPs
Develop and distribute localized community lists of referrals, specialists, therapists to support interdisciplinary care	PCPs

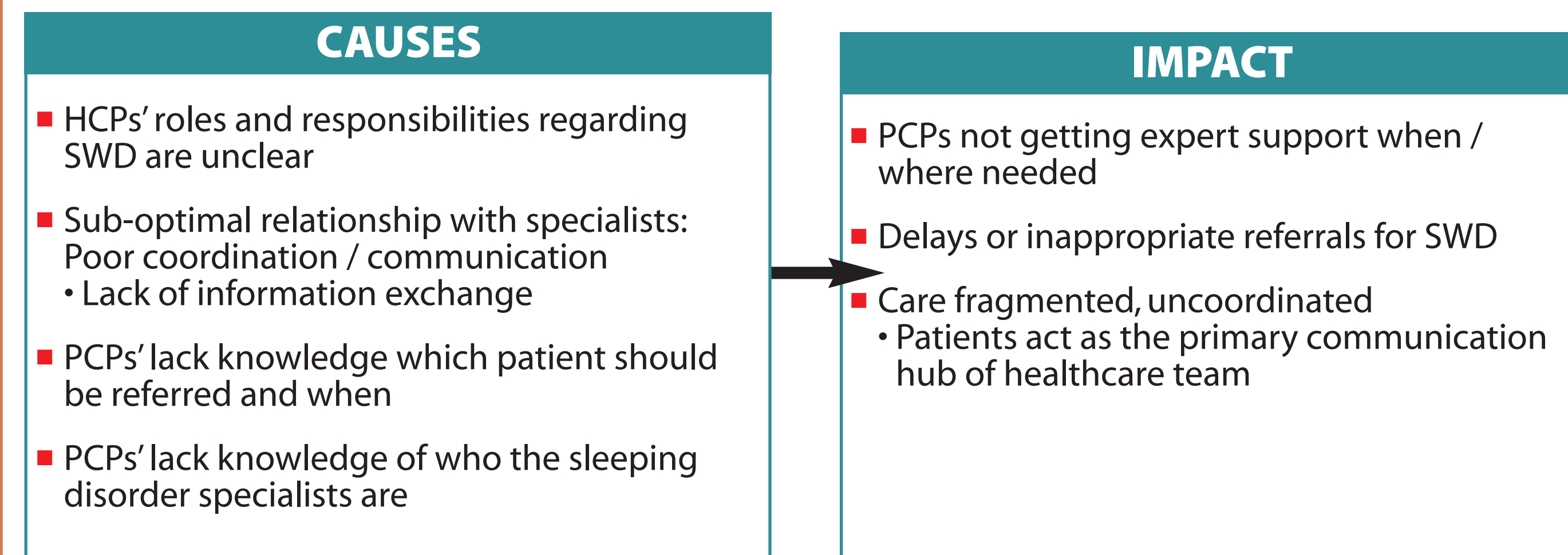
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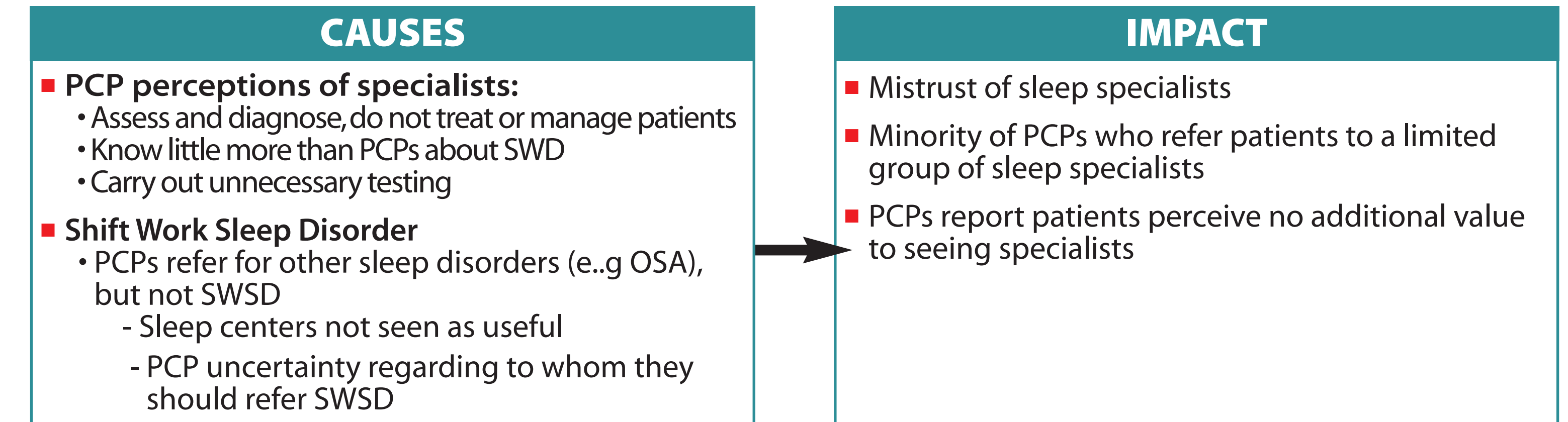
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## RESULT

### POOR INTEGRATION OF HEALTHCARE TEAM...



## PCPS' ATTITUDINAL BARRIERS TO REFERRING PATIENTS TO SLEEP SPECIALISTS



No added value • Not a specialty  
Training inconsistent, therefore not recognized/acknowledged