"Why Hasn't Anyone Ever Told Me This Before?"

Two Five-Point Patient-Centered Strategies to Transform Your Practice, Your Patients, and Your Concept of Sleep Medicine

(A Systematic Patient-Centered Approach to a Patient-Empowered Practice)

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Overview of Program

The management of sleep disorders is challenging because, for any given complaint, there may be numerous contributing factors.[1]

For example, a patient with a chief complaint of "trouble sleeping at night" could end up with a diagnosis of nearly anything, including (though certainly not limited to) Willis Ekbom Disease, type I narcolepsy, sleep-disordered breathing, anxiety, PTSD, or even pregnancy!

Also complicating the process: a given patient might have more than one underlying problem to explain a given complaint, explaining the old internist's adage: *You can have fleas and ticks, too.*

What's more: not all entities that can potentially disrupt sleep have been identified, yet. In other words: sometimes neither the provider nor the patient knows what they're looking for until they find it.

The point here is that many maladies can create overlapping symptoms, leading to a clinical problem-solving situation that can feel akin to unravelling an impossible knot. Providers paralyzed by the overwhelming list of diagnostic possibilities tend to hunker down and manage just part of the problem *("I'm only going to manage the Sleep Apnea")*--leading to a "diagnosis-based" medical practice--whilst patients participating in this exchange get the recurring message that their personal narrative and experience with sleep ranks lower in their provider's care-plan, compared with their *label,* their billable diagnosis.

When patients have less connection with their provider, negative feelings of alienation and personal disengagement with the process will contribute to abandonment of therapy, while mutual trust improves therapeutic outcomes.[3]

The **Five Finger Approach** (FFA) is a patient-centered clinical decision-making mnemonic, developed as a systematic strategic method to help clinical providers sidestep a medical decision-making error called *early closure*.[1] Stated differently, the FFA is a strategy that helps providers extricate themselves and their patients from a complex tangle of overlapping

contributing forces, using the patient's narrative as a starting point, with the expectation that one or more actionable sources of disturbance will be discovered. The FFA explores five different domains in the process: (1) circadian misalignment (2) pharmacologic factors (3) medical factors (4) psychosocial/psychiatric factors and (5) primary sleep diagnoses.[1]

In real-time, the FFA can be used at the bedside as a teaching tool, to guide patients through a structured tour of how to disassemble their complaints into understandable components, which ultimately leads to actionable therapies.

"Why hasn't anyone ever told me this before?" is a frequent mantra providers are used to hearing, after deploying the FFA.

The Five Reasons to Treat (FReTT) is a new patient-centered five-point mnemonic, designed to create a structured way to disassemble the *WHY?* (meaning: *why should it be treated?*) of the diagnosis of sleep disordered breathing in a way that patients can understand, internalize, and derive empowerment from, when making future decisions.

The FReTT is published to the lay public as part of a larger educational effort called **Empowered Sleep Apnea,** an innovative cross-platform educational project that includes a website, a blog, a podcast, and a print/eBook[2]. More information on this project available at www.EmpoweredSleepApnea.com.

The FReTT paradigm recognizes 5 foundational "reasons to treat" sleep disordered breathing: (1) RISK (2) SNORING (3) SLEEP (4) WAKE and (5) COMORBIDITIES[2].

To deploy FReTT, the provider guides the patient through each of the domains, with the discussion individualized to the patient's own study results, medical history, and personal sleep-wake complaints.

The discussion of RISK is typically the most nuanced, because it requires a detailed dissection of what is known about the apnea hypopnea index (AHI) metric, which includes a studied attention to the criterion used to define hypopneas, and a consideration for the relative contribution of occult central hypopneas, which become more prevalent with age and the burdens of medical (particularly cardiovascular) disease. This process requires the provider to give the patient training in the relevant vocabulary and jargon, making the time required for implementation of the FReTT the most important drawback.

Modern healthcare, particularly within the Western medical healthcare system, is complicated by a rising trend toward profiteering.[4] Many of our patients have read or heard stories about lawsuits against providers and clinics, for allegedly placing profit over patient safety.[4-6] This narrative of distrust has, in a sense, "poisoned the well," with providers sharing anecdotes of patients accusing them of "just trying to sell them a specific treatment," before angrily storming off.

This pervasive distrust of the healthcare system introduces a new form of suffering to the diagnosis of sleep disordered breathing, an *existential suffering* that's composed of an equal mix of fear (lack of feeling safe, due to not trusting the provider's recommendation), and ignorance (not really understanding what is going on with their health).

In the experience of providers who use it, deployment of the FReTT early in the process of managing sleep disordered breathing has a similar result to deployment of the FFA. Patient behavior generally becomes more relaxed, eye contact is better, and spontaneous verbalization of gratitude for the visit is nearly universal. Providers using this approach have also anecdotally noticed that these patient behaviors track with better engagement, and a higher likelihood of returning for follow up.

Like the FFA, *"Why hasn't anyone ever told me this before?"* is a common mantra that anecdotally follows deployment of the FReTT.

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Learning Objectives

1. Nonresolved sleep-wake symptomatology invites the provider to problem-solve in partnership with the patient, using a patient-centered, narrative-based approach.
2. The FFA is a patient-centered Sleep Medicine problem-solving mnemonic which, when properly deployed, invites the patient into the problem-solving sphere and improves the doctor-patient experience. Attendees will learn how to deploy this tool, and will hear an anecdote of clinical success. Part of this learning process will involve a hands-on deployment of a clinical learning/teaching tool called the Circadian Rhythmo-Wheel.
3. The FReTT is a patient-centered educational mnemonic which, when properly deployed, helps ease patients' existential distrust and fear, by virtue of clearly delineating the *WHY?* of sleep disordered breathing in a non-threatening way. Attendees will learn how to deploy this tool, and will hear an anecdote of clinical success.
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Educational Content

The educational material in this presentation is centered around two published clinical problem-solving and teaching mnemonics: the FFA and the FReTT.

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Need Justification

Poor long-term adherence with treatments for *Sleep Apnea* is a continuing, and, as yet, unsolved problem.

A less commonly discussed, but rapidly-emerging problem is the existential distrust of a healthcare system that is increasingly seen as profit-motivated, and the negative health consequences that result from that damaged relationship between provider and patient.

This program addresses both of these needs by refocusing the problem-solving process on the narrative and needs of the patient.

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References

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