

# Taking a Team Based Approach to Treating Sleep Disorders

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## Introduction

**Background:** Acute and chronic sleep problems account for more than 5 million primary care office visits per year (Ford et al., 2014). Risk factors for sleep disorders including age, sex, current life circumstances, and a variety of other health conditions including other sleep disorders (Drake et al., 2017, NIH, 2005). Medications for co-occurring conditions have sleep disturbance as a potential side effect. Early identification of problematic sleep, frequent education of patients, and utilization of a team based intervention approach may help both providers and patients decrease frustration with sleep disturbance symptoms, improve intervention compliance and confidence in interventions, encourage support, address co-occurring conditions and/symptoms, and leave the patient with skills that can be used for potential subsequent episodes of sleep disturbance.

Due to medical best practice guidelines, CentraCare encouraged the reduction of Z Drug use when clinically appropriate (e.g., Qaseem et al., 2016). IBH providers noticed increased patient and provider frustration related to discontinuing medications, which prompted further investigation through a survey of patients and providers from various IBH sites throughout the CentraCare system.

## Provider Survey Results

- Felt like they were working in a silo
- Want guidance on intervention and treatment planning
- Limited diagnosing of sleep disorders



## System Data Analysis

Departmental Collaboration:

- Only 6% of patients have had a sleep study in the last ten years
- <1% of patients were referred for CBT-i

Diagnosis:

- Only 10% of patients in the last year were diagnosed with a sleep disorder

Medication:

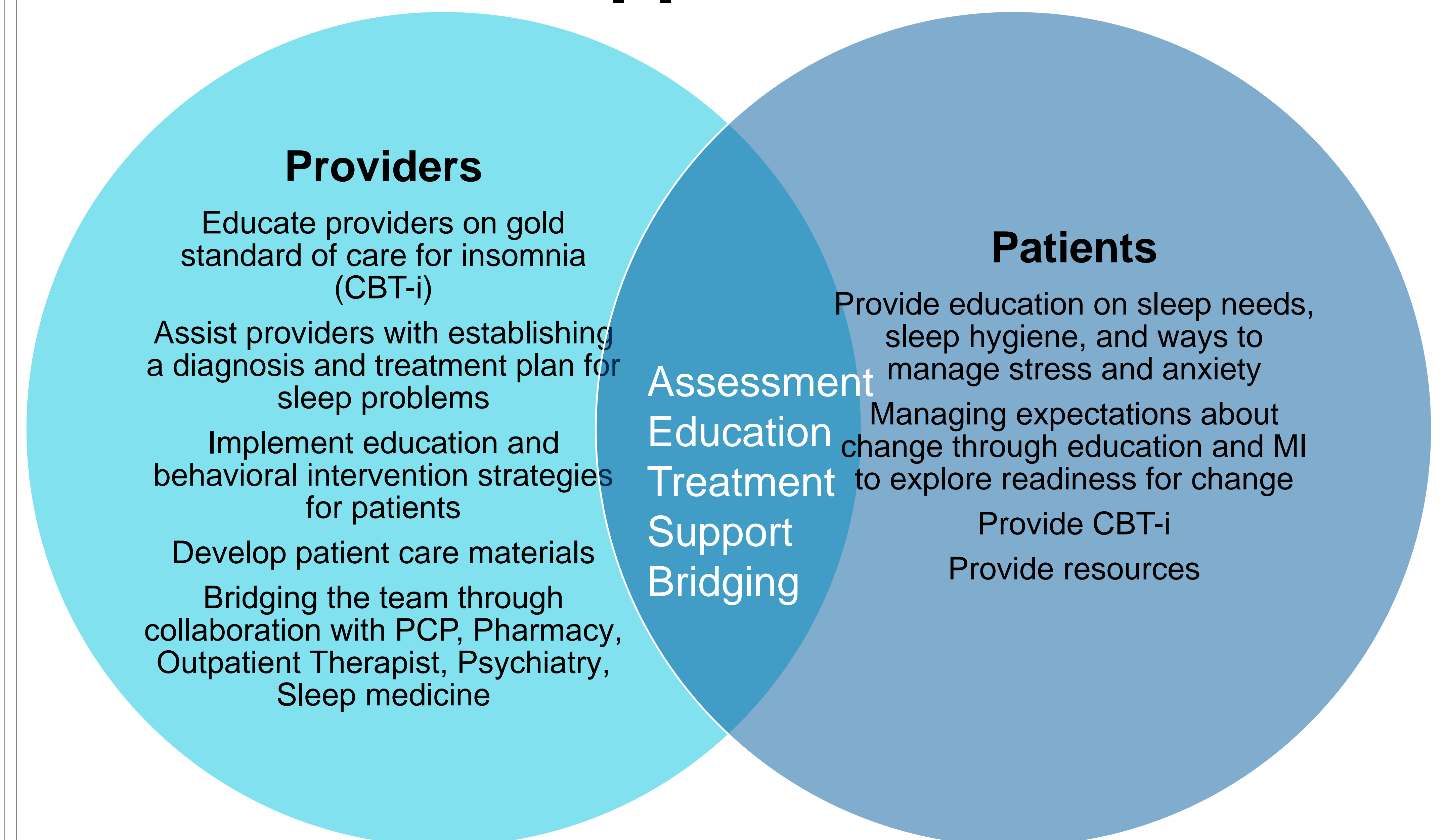
- 8% of patients were on an OTC sleep aid
- 6% were on a non- FDA approved medication for sleep
- 2% of patients were on an FDA approved sleep aid
  - Of those patients on a FDA approved sleep aid, roughly half did not have a sleep disorder diagnosis

## Patient Survey Results

- Sleep needs often didn't match sleep expectations
- Willingness to try various interventions
- Unrealistic expectations about change



## IBH Opportunities



## Next Steps

- Presented at annual collaborative care conference
  - Increase awareness of CBT-i resources in our system and community
- “Sleep issues” as prompt for IBH on schedule scrub
- Remind of sleep mask desensitization during rounds and care team case reviews
- Continue to build collaborating with Sleep Center

## References

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