

## Referring Practitioners – Survey Roll-Up

### Engagement Information:

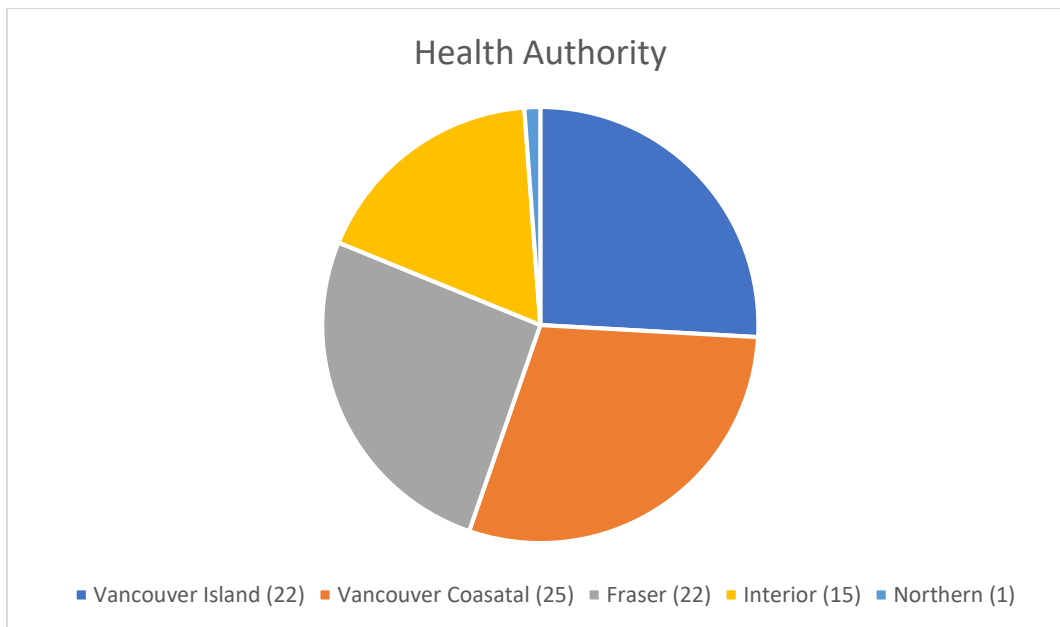
- The Ministry of Health in partnership with the Sleep Medicine Advisory Committee developed a Referring Practitioner Survey. The intent of the survey was to gain a better understanding of the referring practices and the current service-delivery environment for the provision of sleep medicine.
- The Ministry connected with the Doctors of BC and developed a plan with the survey included in their publications as follows:

Publication	Distribution Dates
Divisions of Family Practice	May 27, 2019 & June 10, 2019
Doctors of BC Electronic Newsletter	June 4, 2019 & June 17, 2019

- The survey link was accessed by 221 physicians, fully completed by 83 (38%) and left incomplete by 138 (62%).

### Referring Practitioner Details:

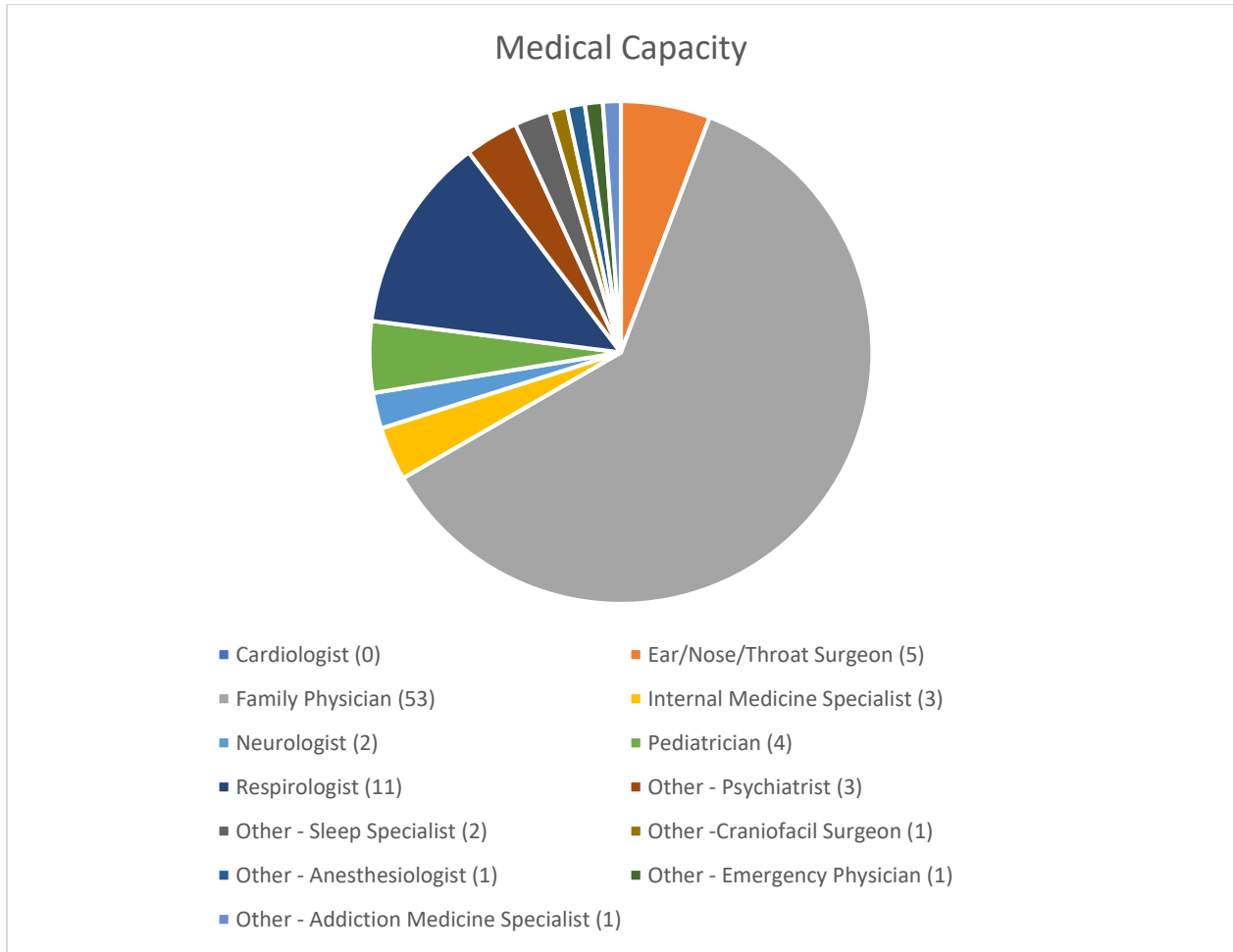
- A) The 83 physicians who completed the entire survey were geographically located within the following Health Authorities:



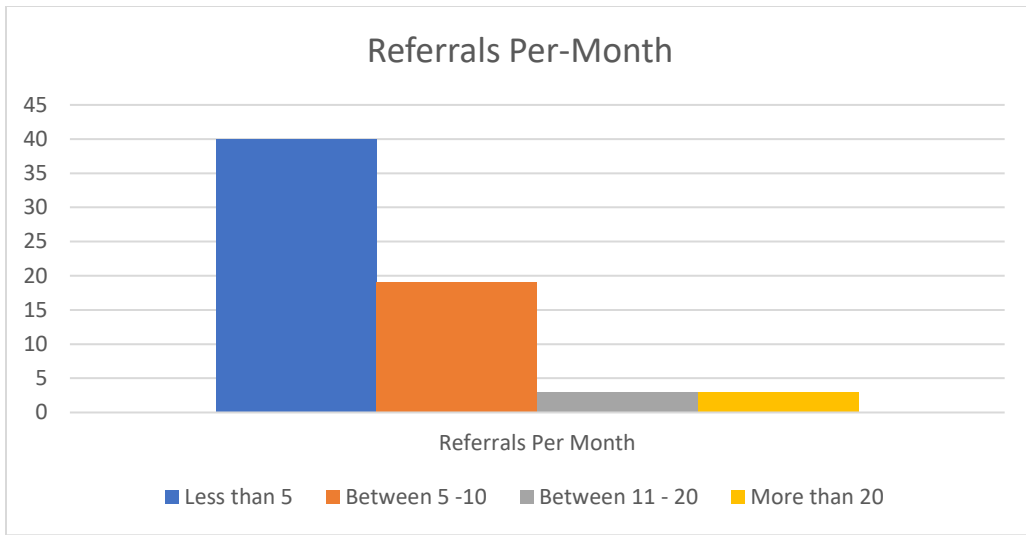
- B) The 83 physicians who completed the entire survey described their practice as being located in:
- An urban or suburban area – 86% (71 respondents)**
  - A rural area – 10% (8 respondents)**
  - A remote area – 5% (4 respondents)**

**Referring Practices:**

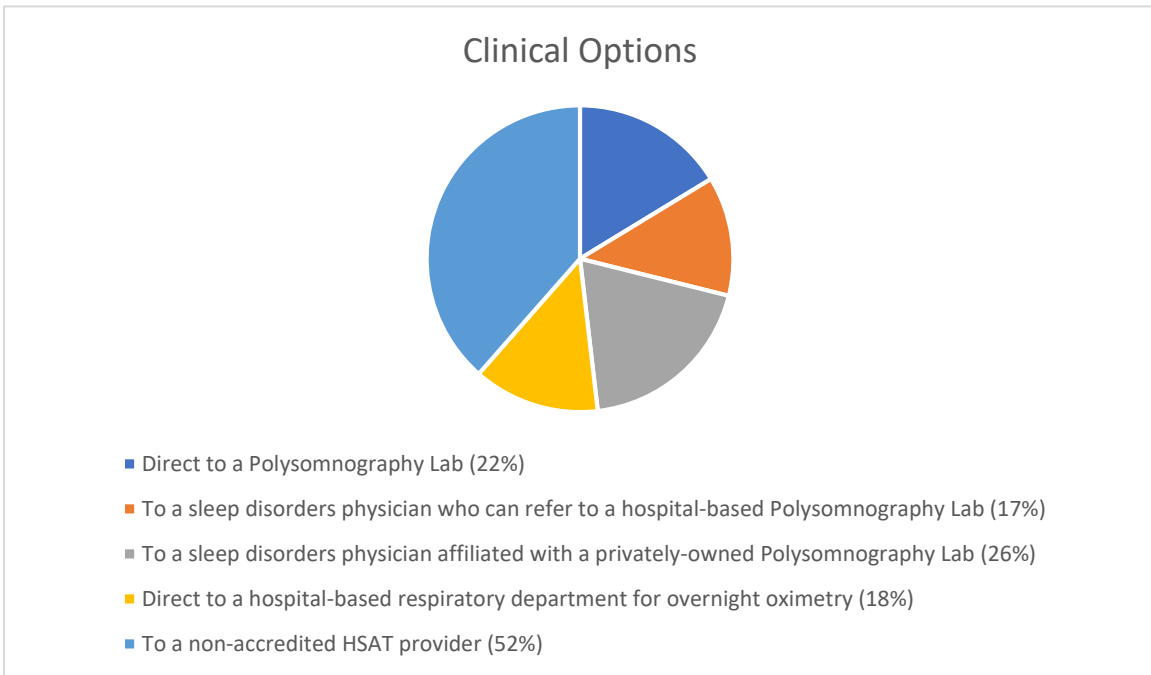
- 1) Practitioners were given 8 options to indicate the medical capacity in which they refer patients for sleep studies. The results show that the **primary referral capacity for sleep studies represented in this survey were Family Physicians who represent 64% of the total respondents.**



- 2) Practitioners were asked how many referrals for sleep disorder testing they make per month. **The results show that most respondents make less than 5 referrals for sleep testing per-month.**



3) Practitioners were asked about their referral practices for sleep testing and given five (5) clinical options based on the current service delivery environment. **Research found that over 51% of referring practitioners send patients to a non-accredited Home Sleep Apnea Testing (HSAT) provider.**



4) Practitioners were asked what percentage of patients they refer towards HSAT have a high pre-test probability for moderate-to-severe Obstructive Sleep Apnea. **Results show a median value of 70%.**

5) Practitioners were asked if they were aware that non-accredited HSAT providers were not funded by B.C.'s Medical Service Plan (MSP) nor accredited by the College of Physicians and Surgeons of British Columbia (CPSBC) to provide testing services. **Responses show that 60% of referring practitioners were aware that HSAT facilities were unaccredited by the CPSBC and not able to bill the BC MSP, while 40% of referring practitioners were unaware.**

- 6) Practitioners were asked whether their referral practices changed depending on the symptoms presented by the patient. **The survey found that 52% of practitioners referred in a similar manner (regardless of the symptoms), while 48% changed their referral based on patient symptoms.**
- 7) Respondents were asked to provide rationale as to why they referred to one facility-type versus another. A-a wide variety of responses were provided; common themes are noted below.

Common Themes
Reasons for referral to unaccredited HSAT facilities (compared to MSP approved facilities): <ul style="list-style-type: none"> <li>- Better access, perceived lower wait-times</li> <li>- location, patient convenience, home-based testing options</li> <li>- familiarity, only available options</li> <li>- Unaware that HSAT facilities are unaccredited</li> </ul>
Reasons for referral to MSP approved facilities (compared to unaccredited HSAT facilities): <ul style="list-style-type: none"> <li>- perceived conflict of interest, bias of HSAT facilities, knowledge that they are unaccredited</li> </ul>
Rotate between facilities

*Actual practitioner responses can be provided.*

- 8) Practitioners were asked if they remained as the primary physician responsible for the patient’s ongoing care once they had been referred for sleep disorder testing. **77% of respondents indicated that they were responsible for the ongoing care of patients, while 23% did not list themselves as the primary physician after sleep disorder testing.** Practitioners who viewed themselves as the primary physician after sleep disorder testing were asked a follow-up question (below).
- 9) Practitioners who remained as the primary physician after referral to sleep disorder testing were asked if they were comfortable advising patients about alternative treatments other than CPAP for Obstructive Sleep Apnea (OSA). **The survey data indicates that 64% of referring practitioners were comfortable advising alternate therapies (aside from CPAP) for those with OSA, while 36% were not comfortable.**
- 10) The survey asked if practitioners were aware of Motor Vehicle Branch (MVB) guidelines concerning which patients may continue to drive after being diagnosed with Obstructive Sleep Apnea (OSA). **The survey revealed that 56% of referring practitioners were aware of MVB guidelines with respect to OSA, while 44% were not.**
- 11) Referring practitioners were asked two qualitative questions at the end of the survey, the first regarding the provision of Sleep Medicine Services in B.C. and the second on general feedback/comments.

Regarding the provision of Sleep Medicine Services in B.C., referring practitioners commented that:

- There should be greater access to accredited sleep diagnostic services throughout the province and more specifically at hospital level.
- There should be accreditation standards for all Respiratory Homecare Facilities that conduct diagnostic testing (level III).
- That there is need for more physician education with respect to appropriate referrals, available choices for diagnostic testing and appropriate testing.
- The conflict of interest business practices common with unaccredited level III testing facilities who also sell therapy should be stopped.
- It may be a benefit to have centralized referrals and a standard requisition form.
- That the process to become a Sleep Expert is challenging and that more specialists should be allowed to refer to, and interpret, level I tests.
- That the CPSBC should enforce their regulations against physicians who are working/partnered with unaccredited facilities.

Regarding final comments, referring practitioners expressed:

- Concern that Obstructive Sleep Apnea is being over diagnosed.
- The need for referral and testing guidelines and accreditation standards.
- Concern for the conflict of interest business model.
- The need for greater physician education on sleep disorders.
- An emerging need for pediatric polysomnography labs.