## **Respiratory Benefits Program**

### **BPAP Service Delivery Model**

July 1, 2014



# Alberta Aids to Daily Living BPAP Therapy Benefits Service Delivery Model (SDM)

July 1, 2014

# Approval and Authorization of BPAP Therapy by the Respiratory Benefits Program (RBP)

New requests for BPAP will be reviewed by the RBP as they are received. Appropriate measures will be taken to ensure Client's needs are addressed as soon as possible.

Per Policy R-01:

"It remains the responsibility of the Client's physician to initiate, terminate or change therapy and to oversee the effectiveness of the therapy."

#### **Initiation of BPAP Therapy**

Initiation includes supply of equipment, education and follow-up visits required during the first three months of therapy. The \*Service Provider\* will be compensated at the initiation rate for the first three months of service, which includes the cost of mask. There will be an initiation of equipment cost for three months as well. Once the three month initiation is complete the Client goes on to ongoing service and equipment.

- Clients will be required to select their BPAP provider :
  - o Information will be provided by referrer based on Client's needs and current client relationship with suppliers.
  - o The Service Provider list is available on AADL website.
- Clients approved to start oxygen and BPAP at the same time will be required to select a provider offering both benefits. Clients already receiving one of these benefits will not be required to change providers if they are subsequently approved for both.
- If the Client is approved for two BPAP machines, the Service Provider will be compensated for the first unit under "Initiation equipment" and the second under "Ongoing Equipment" per diem.
- Upon determination that a Client is eligible for BPAP therapy, the Service Provider will initiate BPAP therapy in a timely manner as follows:
  - The expected service delivery time is based on the time and date that the service provider receives approval for set up by RBP.
  - RBP will request a confirmation from the Service Provider to ensure the request was received and initiation set-up is scheduled.
    - Whenever possible, the Service Provider will have some autonomy regarding set up in evening or in the morning of the next business day.

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<sup>\*</sup> In this document, the term Service Provider is used interchangeably with Specialty Provider.

- **Urgent initiation** will be provided within 24 hours of client approval in the following circumstances:
  - O Client requires BPAP for hospital discharge or to prevent hospital (re)admission details will be provided by referrer in "Rationale" section of the form. Referrers are instructed to submit BPAP requests to RBP as soon as the discharge plan is in place.
  - O Client is starting on BPAP and oxygen at the same time.
  - o Client requires BPAP for ventilation >16 hours per day.
  - O All other exceptional circumstances will be reviewed and approved by the RBP. Referral forms will include space for physician to document rationale for urgent referral.
- Routine initiation requires Service Providers:
  - o Contact the Client within one business day of approval by RBP staff.
  - O Begin initiation services within three business days of approval, unless a delay is requested by the Client.
- BPAP initiation includes the activities required to deploy the BPAP equipment to the and for the Client achieve compliance with the therapy. These activities may take place over the course of several days or weeks, depending on the Client's needs and circumstances.
  - O Specifics of the initiation expectations will be included in the Education Package requirements.
  - o Service Provider expectations are found in the AADL policy and procedure manual.
  - O It is anticipated that most BPAP therapy initiation activities will be provided by a Registered Respiratory Therapist (RRT) with clear understanding of Client needs, condition and equipment used. Polysomnographic Technologists (PSGT), Registered Nurses (RN) or other health care professionals with proof of competency may also provide these services. It will be the responsibility of the Service Provider to restrict themselves to those activities that they are competent to perform and to those appropriate to the Service Provider's area of practice and the procedure being performed. It will be the responsibility of the Service provider to confirm competency. However, their work must be supervised and confirmed by an RRT.
- It is expected that initiation services will occur in the Service Provider's office/clinic setting or through phone contact, as most appropriate. Services may also be provided in the Client's home in situations where the Client is unable to travel to the Service Provider's office and a phone consult is not appropriate.
- An information card (developed by AHS) must be attached to the side of the Client's BPAP machine with a contact number and the most recent BPAP setting documented. This will be readily available in the event the client is admitted to hospital.
- On the **first BPAP initiation appointment**, which must be a face to face meeting, the following activities must be completed:
  - o Distribution of appropriate BPAP therapy equipment to the Client.
  - O Education of the Client on the operation, maintenance, care of the BPAP equipment, any safety requirements, and infection prevention and control practices.
  - o Explanation of the rental program including Client and Service Provider expectations.
  - o Assessment of Client's understanding of condition followed by client specific education

- about their condition, the need for and benefits of BPAP therapy and the process of habituation to BPAP therapy.
- O Depending on the assessment of educational need, a referral back to Physician for further discussions regarding patient diagnosis may be required.
- Mask fitting.
- o Information regarding the role of the Service Provider and RBP participation in the Client's care.
- o Review of relevant RBP policies, timelines and testing requirements.
- o Review of Client responsibilities, including:
  - Working towards achievement of compliance with therapy.
  - Notifying RBP and the Service Provider if the Client intends to move out of province, changes address, no longer uses or requires BPAP, enters a long-term care facility, or changes physician.
  - Replacement of lost, stolen or damaged equipment.
  - Required assessment/testing as required by RBP and arranged by the Service Provider and/or physician.
- O Documentation of the Client's understanding and agreement to comply with equipment care and safety requirements and Client responsibilities.
- o Review of conditions where the BPAP therapy will be discontinued or the client will be expected to cover the cost of the benefit:
  - Misuse of equipment
  - Failure to complete the required assessment/testing as required.
  - Client refusal of therapy (requires written documentation from client whenever possible.)
- o Comments and concerns about difficulties with client set up must be included in Client's record.
- O The Service Provider must provide the Client with contact information to address questions or concerns regarding BPAP equipment and to communicate expected timeframe for service.
- During the **initiation period (three months),** the Service Provider will provide ongoing support and intervention as required to assist the Client to achieve compliance with therapy, including:
  - Ongoing contact with client to assess progress of therapy
  - O Three month compliance download report (targeting American Academy of Sleep Medicine standard of 4 hours/night, 70% time) to be documented and reviewed by treating physician.
  - o Therapy support to address comfort, desensitization and habituation.
  - o Mask trials as deemed clinically appropriate by Service Provider.
- Efforts to achieve compliance with BPAP therapy may require collaboration with other healthcare professionals including Client's physician and/or specialty clinic.
- If the client is experiencing difficulty achieving compliance:
  - o The Service Provider must inform the physician earlier than the three-month initial deadline when the Client is experiencing difficulty in achieving compliance. The Service Provider is

- expected to keep detailed documentation regarding remedy measures.
- O A collaborative approach is required for Clients experiencing difficulty achieving compliance with BPAP therapy, and where it is anticipated that the Client may not achieve compliance within the three-month period.
- O Clients who are non-compliant within the three-month period may be given an extension trial period if it is recommended by the Physician or Service Provider and approved by the RBP. This will be compensated at the Service and Equipment rate.
- It is to be made clear to all stakeholders that removing the BPAP device from the Client's home is the FINAL step for clients refusing therapy.
- If it is decided that the client is to be discontinued from BPAP therapy:
  - O The Service Provider is expected to notify the physician BEFORE the Client's therapy is discontinued.
  - o It is the responsibility of the Service Provider to retrieve their equipment from the Client.
  - o Comments and concerns regarding client challenges must be included in the Client record.
  - o The Service Provider must include the discontinuation of clients in the first 2 weeks of the months to RBP.
  - O The Service Provider will inform the physician that the Client can be restarted on therapy once the Client agrees to be compliant.

#### **Ongoing BPAP Service Delivery**

- The Service Provider will be compensated at a Service and Equipment rate for ongoing service which starts after the 90 day initiation period.
- The Service Provider will provide ongoing support to promote and maintain Client compliance with BPAP therapy. This will be documented on Client's file and be available for audit.
- The extent and frequency of support provided to individual Clients will vary based on the circumstances and assessed needs of the Client and requirement.
- It is expected that Ongoing BPAP service Delivery activities will be provided by a Registered Respiratory Therapist (RRT) with clear understanding of Client needs, condition and equipment used. Polysomnographic Technologists (PSGT), Registered Nurses (RN) or other health care professionals with proof of competency may also provide these services. It will be the responsibility of the Service Provider to restrict themselves to those activities that they are competent to perform and to those appropriate to the Service Provider's area of practice. It will be the responsibility of the Service provider to confirm competency. All work must be supervised and confirmed by a RRT.
- It is expected that the services provided to the Client will occur in the Service Provider's office/clinic setting or through phone contact, as most appropriate.
- At the Service Provider's discretion, these services may be provided in the Client's home, or hospital setting in situations where the Client is unable to travel to the Service Provider's office for services and a phone consult is not appropriate.

- The Service Provider will maintain contact with the Client's physician and other health care providers as required to ensure that the Client's needs are met and that there is continuity of care amongst the Client's health care team.
- Documentation of Client's condition, most recent BPAP settings, assessment of their understanding and progress will be recorded on Client's chart and copies sent to the physician and other health care providers participating in the Client's care.
- The Service Provider will complete BPAP setting changes based on a revised prescription from physician. They will be responsible for providing documentation and notification to other health care providers and Client notes (benefit note).
- All BPAP Clients will receive at least two compliance downloads at 3 and 9 months each one must be accompanied by a completed reassessment form. The compliance downloads can be attained by any manner the Service Providers chooses, (office visit, modem download, or Client home visit). There must be an annual face to face Clinical assessment visit within the first year of therapy.
- An annual face to face clinical assessment is to take place no more than three months prior to the expiry of the BPAP funding term and will include:
  - O Documented confirmation that the Client continues to use BPAP therapy from the Service Provider and a download of the Client's compliance with BPAP therapy.
  - o Additional or continuing education as needed, including:
    - Education on the operation, maintenance, and care of BPAP equipment.
    - Clinical education regarding the Client's condition and the need for and benefits of BPAP therapy.
    - Referral to physician for further education, as required.
- For BPAP Clients authorized as long-term users:
  - O Service Providers will take a compliance download every six months and retain it in the Client's record.
  - o If compliance criteria are met the Client can be automatically approved.
- The Service Provider will ensure that clinical and compliance information obtained from Clients, including the annual assessment results, is shared with the Client's physician in a timely manner. An Education Package Certificate with the appropriate information sharing agreement disclosure clause will be included in the initiation package.
- The Service Provider will ensure that a Registered Respiratory Therapist experienced with BPAP therapy is available to address Client concerns.
- The Service Provider will provide 24-hour emergency service to address Client BPAP concerns and respond to equipment failure within one hour of Client request.
- If an equipment problem cannot be resolved over the phone, the Client will be expected to come to the Service Provider's office with the equipment as soon as possible, unless the Service Provider and the Client mutually agree that attendance is not necessary.
- Home visits are only required by exception and at the Service Provider's discretion.

#### **Equipment Requirements**

The Service Provider must provide the Client with a BPAP machine approved for use by Health Canada and meeting the requirements of the Client's prescription. Only one BPAP machine will be provided to each client unless RBP grants prior approval for a second machine. The Service Provider must provide appropriate equipment from the following categories, within the initiation timelines specified in this document:

- 1. Spontaneous Mode Machine
  - a) Ventilation mode: Spontaneous (S).
  - b) Pressure range: IPAP 4 cmH20 to 25 cmH20, EPAP 4 cmH20 to 15 cmH20.
  - c) Ramp or ramp-like capabilities with unlimited number of ramps per night.
- 2. <u>Spontaneous, Spontaneous/Timed, Pressure Control & Pressure Regulated Volume Control</u>
  Mode Machine
  - a) Ventilation Modes: Spontaneous (S), Spontaneous/Timed (S/T), Pressure Control (PC) and Pressure Regulated Volume Control
  - b) Pressure range: IPAP 4 cmH20 to 25 cmH20, EPAP 4 cmH20 to 15cmH20
  - c) Ramp or ramp-like capabilities with unlimited number of ramps per night.
  - d) Rate 0 30 breaths per minute.
- 3. Spontaneous, Spontaneous/Timed Mode Machine with IPAP up to 30 cm H<sub>2</sub>0
  - e) Ventilation Modes: Spontaneous (S), Spontaneous/Timed (S/T)
  - f) Pressure range: IPAP 4 cmH20 to 30 cmH20, EPAP 4 cmH20 to 20 cmH20
  - g) Ramp or ramp-like capabilities with unlimited number of ramps per night.
  - h) Rate 0 30 breaths per minute.
- All BPAP machines must have the following accessories/capabilities:
  - O Heated humidifier, a carrying case, connector, tubing (6 feet from machine to mask) replacement filters and masks.
  - o Pressure adjustment: clinical menu system not easily accessible or obvious to patient.
  - O Compliance capability, therapy memory retrievable through direct computer link (200 days minimum).
  - o Memory content: pressure settings, date and time of each use, including actual usage hours at set pressure.
  - o Associated software to accept data downloads.
  - o Electrical requirements: 100-240 VAC, 12 VCD capabilities.
  - o Altitude compensation capability.
  - o Complete with all necessary operation manuals and instructions.
- The Service Provider will ensure that all equipment is maintained and repaired per manufacturer's specifications.
- Batteries will only be provided by RBP prior approval.

#### **Previous BPAP Client Enrollment in New Service Delivery Model**

Previous clients are defined as Clients receiving BPAP therapy approval prior to July 1, 2014 where the BPAP unit was purchased by AADL.

Once a face-to-face assessment has been completed by the Service Provider, an equipment or service request for a previous client will be reviewed on case-by-case basis. The level of enrollment will be determined by the RBP based on client needs.

- Previous clients may be enrolled at one of three service levels:
  - o Service only
  - o Equipment only
  - o Service and Equipment
- Previous Clients requiring soft goods only can obtain their BPAP supplies from any of the AADL approved BPAP Service Providers but will NOT be enrolled in the new service model.
- When reviewing the request to enroll a previous Client, RBP will consider the Client's present coverage, including warranty and length of time owning equipment and accessories (mask). Existing warranty/policy will be followed.
- Clients or physicians contacting AADL/RBP with service/equipment requests will be directed to the Client's current Service Provider for assessment.
- Requests for service or assessment must be initiated by the Client, Client's physician or homecare
  worker or RRT involved in Clients care. General on-boarding of Clients must not be initiated by
  the Service Provider.
- Clients who have discontinued therapy for one year or longer may be restarted with prior approval from RBP. Enrollment level will be determined by RPB once the referral has been made by Physician or Service Provider and initial assessment of needs has been completed.
- The previous Client is expected to remain with their present BPAP Service Provider unless they specifically request a change.
- Once the Clients have been enrolled in the SDM, they must get their soft goods from the Service Provider they are enrolled with in order for the soft goods to be covered by the program.
- Requests from previous Clients to change Service Providers will be reviewed by the RBP staff and responded to according to AADL Policies and &Procedures. Issues documented on the Client's record (i.e. failure to pay for replacement equipment, changing vendors to avoid payment, misuse of equipment, etc.) will be communicated to the new Service Provider.
- Clients Requiring Equipment Assistance:
  - o <u>If the equipment is under warranty</u>, Medigas is responsible for addressing the equipment issue. If the equipment issue cannot be resolved by Medigas, and the Client requires a replacement, Medigas will provide a warranty replacement. The Client will not be enrolled in the new SDM.
  - o If the equipment is not under warranty,
    - AADL expects BPAP Service Providers to assist the Client to troubleshoot equipment issues even though the Client's BPAP was setup prior to the new SDM.

- If the issue cannot be resolved by the Service Provider and the Client requires a replacement, a request must be sent to RBP for review.
- Clients Requiring Clinical Support:
  - O Clients requiring clinical support may be identified by their Physician, staff at the Sleep Lab or Clinic, or by an AHS or Service Provider RRT.
  - A Client may also request clinical support. If the Client contacts RBP/AADL requesting clinical support, the Client will be referred to the BPAP Service Provider, as selected by the Client, for assessment.
- Clients Requiring an Second BPAP Unit:
  - O The request for a second BPAP for a client started on BPAP therapy prior to July 1, 2014 must be submitted by a physician or staff at Physician's office, based on RBP policies.

#### **Glossary**

**BPAP Provider -** an organization that provides BPAP services who is selected by the client and approved by the Respiratory Benefits Program.

**Clinical Assessment** - an assessment conducted by a Registered Respiratory Therapist which will include a review of current medications at least but not limited to the following measurements:

- Oxygen saturation;
- Blood Pressure;
- Heart Rate;
- Chest Auscultation;

- Shortness of breath
- Download of BPAP compliance

**Collaborative Approach** - the mutual engagement between the Client and Service Provider to define, assess and resolve problems associated with all aspects of the BPAP service delivery.

**Competence** - the combined knowledge, skills, attitudes and judgment required to provide BPAP services to clients.

**Compliance** - patient is using the BPAP equipment as prescribed by the physician and instructed by the Service Provider. Goal is for the Client to meet or succeed AASM standard guidelines of 4 hours 70 % of the time within 9 months

**Information Card** - a card containing all pertinent information re BPAP set up and contacts. Is attached to the side of the clients BPAP machine for quick access to client settings

**Initiation** - includes a supply of equipment, education and subsequent follow-up visits as required during the first three months of therapy.

Initiation Appointment - the first face to face meeting between the client and the Service Provider.

**Initiation Equipment -** the first face to face set up and introduction to BPAP equipment and initial mask fit.

Ongoing Equipment - equipment provided on rental model after the first 90 days of use.

**On-boarding** - the process of enrolling clients who were already receiving benefits before July 1, 2014 into the Respiratory Benefits Program for funding purposes.

**Physician** - a regulated member of the College and Physicians and Surgeons of Alberta, in most cases the client's Family Physician, Pulmonary Physician or equivalent.

**Previous Client -** a client receiving BPAP therapy approval prior to July 1<sup>st</sup>, 2014 where the machine was purchased by AADL

**Referrer** - an approved professional who submits requests for client's Respiratory Benefits.

**Service Provider** – an organization approved by RBP to provide BPAP services to clients.

Soft goods - masks, tubes, connectors and other supplies used to connect patient to BPAP machine

**Supervision** - Registered Respiratory Therapist monitoring/inspecting the appropriateness, progress, effectiveness and patient compliance for BPAP services delivered by Polysomnographic Technologists or Registered Nurses.

# Respiratory Benefits Program BPAP Service Delivery Model Education Package Requirements

July 1, 2014

#### **Background**

Service Providers\* are responsible for providing quality BPAP therapy benefits and services to eligible AADL clients. AADL respects that each Service Provider has their own standard of care that differentiates them from other providers.

AADL defines minimum standards for service and compliance documentation to ensure BPAP therapy clients have the best opportunity for success with their recommended treatment. These standards are detailed in the Service Delivery Model (SDM) and this document. All Service Providers are required to meet or exceed the minimum standards.

AADL requests that Service Providers develop their own Education Packages which must include the following forms before they can deliver service under the BPAP therapy under the new service model.

- Client Education Package Checklist
- BPAP Specialty Supplier's Roles and Responsibilities
- BPAP Client's Roles and Responsibilities
- BPAP Client Declaration Form
- BPAP Client Declaration Form

#### Requirements

The Education Package should include Client and Service Provider roles and responsibilities, detailed information about the rental program, contact phone numbers and website addresses for Service Provider, AADL and the RBP. There should be a complete package available for audit.

Each Education Package must be available in English and any written Client information should be at grade 5-6 level. Service Providers may develop copies in other languages at their discretion. Service Providers that develop materials in other languages should inform RBP, they will maintain a record to facilitate language-appropriate referrals.

The Client (caregiver) should demonstrate understanding of all information and the Service Provider shall gage understanding in each area before Service Provider signs off on BPAP Education Package certificate.

Service Providers are expected to include the Client's main support or caregiver in information and instruction sessions whenever possible.

<sup>\*</sup> In this document, the term Service Provider is used interchangeably with Specialty Provider.

#### **Program Information (written and verbal)**

The Service Provider is expected to provide information to the Client (caregiver) regarding the BPAP Therapy Program including the following:

- Roles and responsibilities of stakeholders in the AADL BPAP program, including:
  - o AADL.
  - o The contracted respiratory Service Provider.
  - Other health care professionals involved in the Client's care.
- Client responsibilities, including:
  - o Replacing lost or damaged equipment.
  - o Notifying RBP and Service Provider of the following changes:
    - Intent to move out of the province.
    - Changing name or address.
    - No longer using or requiring BPAP therapy.
    - Entering a long-term care facility.
    - Changing physician.
- Service Provider's rental program and Client expectations.
- Equipment retrieval process when BPAP no longer required.
- Function and importance of information card on the side of the BPAP machine when attending follow-up physician appointments or being admitted to hospital.
- Meaning of Education Package certificate and requirement for signed documentation of the Client's agreement to fulfill relevant responsibilities and understanding of their obligations and rights.

#### Treatment Instructions (written and verbal)

Once an assessment of the Client understanding of their condition and need for BPAP therapy is completed, provide education about the following:

- Client's condition. (If a greater need for information regarding the disease process exists, the Service Provider is expected refer the client back to the physician for education.)
- Purpose and benefits of BPAP therapy.
- Potential compliance issues such as mask fit, nasal symptoms, pressure issues.
- Trouble-shooting options.
- Process of habituation to BPAP therapy and expectations for client.
- Client specific plan of care (to be kept on Client's file):
  - o Documentation regarding assisting the Client in working towards compliance with therapy.
  - o Provide individual Client follow-up schedule and plan.
- Requirement to complete assessment/testing as arranged by the contracted respiratory Service Provider and/or physician.

- o Compliance downloads at 3 and 6 months.
- o Annual face to face assessment and compliance download.
- Role and expectations of Service Provider regarding the treatment plan.
- Need for Client participation, cooperation and compliance.

#### **BPAP Unit Instructions (written and verbal)**

The Service Provider is expected to provide information to the Client (caregiver) regarding the BPAP unit including the following:

- Instructions for operation, maintenance and care of the BPAP equipment.
- Safety requirements, including infection prevention and control practices.
- Cleaning instructions for mask, machine, tubing and filters.
  - Products and process required for cleaning.
  - O Client should be able to demonstrate how to turn the machine on and off.
  - O Client should demonstrate how to clean the machine and the accessories.
- Explanation of mask fitting period including trial period.
- Explanation of trouble-shooting services provided by Service Provider.
  - o 24 hour contact information for Service Provider.
  - O Contact information for manufacturer including phone number and website where they may view instructional videos.

Education Package certificate to be developed by AADL.