Additionally, it was discussed how other therapies for OSA such as oral appliances should be followed for adherence. It was determined that whenever possible, objective data should be obtained. When not available, subjective report will have to be used and will have to be appropriately documented by the patient’s healthcare provider.

**Process Measure 5 – Assessment of Sleepiness**

**Description**

Proportion of patients aged 18 years and older diagnosed and treated for obstructive sleep apnea (OSA) who had sleepiness assessed annually.

**Exceptions and Exception Justifications**

**Medical Reasons:** Patients diagnosed with a terminal or advanced disease with an expected lifespan of less than 6 months; patients who underwent surgical treatment for OSA (i.e. bariatric, upper airway) and subsequently no longer meet the diagnostic criteria for OSA.

**Patient Reasons:** Patients who do not return for follow-up; patients who decline or are unable to respond to the assessment; patients who decline therapy; patients who are unable to access or afford therapy.

**System Reasons:** Patients who decline assessment because their insurance (payer) does not cover the expense.

Patients who do not return for follow-up for OSA cannot be included in the denominator. Also, if a patient declines or cannot respond to questions characterizing sleepiness, he/she cannot be included in the denominator.

**Supporting Evidence and Rationale**

Excessive daytime sleepiness is a common and debilitating symptom for many patients with OSA. It has been shown that daytime sleepiness is an important component of overall quality of life, and the presence of daytime sleepiness can significantly lower quality of life. There is a significant amount of Level 1 evidence supporting the monitoring of subjective sleepiness in patients who have initiated OSA therapy. The 2006 Practice Parameters on the use of CPAP and bilevel PAP for treating adult patients with sleep-related breathing disorders clearly state that “CPAP is indicated in improving self-reported sleepiness in patients with OSA (Standard).” Other therapies have also been shown to improve daytime sleepiness; therefore, patients receiving any OSA treatment should be followed for sleepiness. Several practice parameters and clinical guidelines put forth by the AASM show improvement in subjective sleepiness (measured primarily by ESS) with treatment of OSA both with CPAP therapy and oral appliances. Combined, these citations refer to a large number of papers (including randomized controlled trials) supporting the monitoring of subjective sleepiness in patients being treated for OSA. For this measure, healthcare providers can choose to follow sleepiness as part of the history-taking process or use a validated subjective sleepiness scale such as the Epworth Sleepiness Scale (ESS) or another sleepiness scale.

**Relationship to Desired Outcome**

Daytime sleepiness is an important component of overall quality of life perception and can significantly lower quality of life.

**Opportunities for Improvement/Gaps**

Daytime sleepiness has been shown to negatively impact quality of life for many patients with OSA. Monitoring this important outcome would allow physicians to help target an area for improvement that seems to be important to patients.

**Issues Addressed During Development**

None.

**Process Measure 6 – Assessment of Motor Vehicle Crashes or Near-Miss Crashes**

**Description**

Proportion of patients aged 18 years and older diagnosed with obstructive sleep apnea who were questioned about motor vehicle crashes (or near-miss crashes) associated with drowsiness/excessive sleepiness at initial evaluation.

**Exceptions and Exception Justifications**

**Medical Reasons:** None.

**Patient Reasons:** Patients who do not drive; patients who decline to respond.

**System Reasons:** None. Patients who do not drive or who decline to respond cannot be assessed for this measure.

**Supporting Evidence and Rationale**

Assessment of motor vehicle crashes or near-miss crashes due to sleepiness in patients with OSA could be one of the most impactful process measures, as drowsy driving has significant public health and economic implications. This process measure provides the opportunity for healthcare providers to identify OSA patients at high risk for motor vehicle crashes. Two meta-analyses [Level 3] with a total of 10 studies showed sizeable protective effect of CPAP on traffic accidents (both simulated and real). Near-miss crashes or crashes secondary to sleepiness can lower quality of life by limiting the mobility and independence of patients with OSA. Furthermore, other people on the road are at risk for significant injury and death with a sleepy driver behind the wheel.

**Relationship to Desired Outcome**

Near-miss crashes or crashes secondary to sleepiness can lower quality of life by limiting mobility and independence of the patient with OSA. Additionally, other people are at risk around sleepy drivers, and if a motor vehicle crash does take place, their quality of life may also be compromised as a result.

**Opportunities for Improvement/Gaps**

This process measure provides the opportunity for healthcare providers to identify OSA patients at high risk for motor vehicle crashes. The public healthcare and economic implications of this are significant as it could potentially improve safety on the road.

**Issues Addressed During Development**

There was significant consideration given to asking patients about motor vehicle crashes or near-miss motor vehicle crashes due to sleepiness at every visit. However, recognizing the