

Driving Shared Decision-Making and Best Practices for Insomnia: The Impact of Tethered, Aligned Education on Clinicians, Patients, and Caregivers

Authors: Carole Drexel, PhD¹, Emily Bixler, MBA¹, Christopher Winter, MD², Russel Rosenberg, PhD³

1 - PlatformQ Health, Needham, MA; 2 - Charlottesville Neurology and Sleep Medicine, Charlottesville, VA; 3 - Neurotrials Research, Atlanta, GA

INTRODUCTION

Despite the heavy burden of insomnia on patients' ability to function the next day and co-habitants' quality of sleep, it remains largely untreated, especially in primary care practices. We aimed to assess the influence of aligned clinician (HCP) and patient/caregiver (P/C) education in addressing the negative impacts of insomnia on patients and their co-habitants through shared decision-making and individualized treatment decisions.

HCP education: Supported by an educational grant from Eisai Inc.

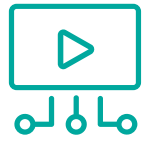
P/C education: Supported by Eisai Inc.

METHODOLOGY: EDUCATIONAL PROGRAM AND EVALUATION DETAILS



Partners

Advocacy groups: ASA, DBSA, ASSMT
Education: PlatformQ Health, PIM



Interventions

Tethered education comprised of one 60-min CME activity for HCPs and four 15-min modules for P/Cs, covering similar themes relative to the changing landscape of insomnia management



Data collected

Changes in knowledge and competence, reported behavior, engagement, and identification of continuing gaps



Measurements

Questions asked before, immediately after, and 2 months post activity. Chi Square tests for statistical analysis.

Title

Managing Insomnia: Guidelines, Evidence, Safety and What Matters to Patients and Their Families

Learning Objectives

- Describe the most recent understanding of the impact of insomnia on the performance, relationships, and psychosocial behaviors of individuals and other members of the household
- Summarize American College of Physicians (ACP) and American Academy of Sleep Medicine (AASM) recommendations for the management of insomnia
- Explain the limitations and safety concerns of medications traditionally used to treat insomnia
- Utilize treatment approaches to insomnia that target the orexin pathways and align with patient treatment expectations

All activities featured downloadable slides, panel discussions, live polling, pre-program and live Q&A. Video vignettes of P/Cs were inserted within the content to bring in additional patient experiences in the P/C session.

Ellen W. – Patient Interview Speaker

Ellen was officially diagnosed with insomnia somewhat recently, though she had been affected by sleep problems for years. She spoke about how her insomnia has impacted her day-to-day life, particularly regarding getting through the day and caring for her family. She also discussed her treatment journey and how those treatments affected her.

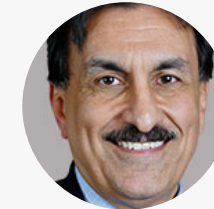
Mario L. – Patient Interview Speaker

Mario spoke about the importance of maintaining his sleep hygiene. He also discussed how he communicates with his doctor in regard to his main treatment goals.

Faculty



Maha Ahmad, MD, MMSc
Medical Director
Sleep Disorders Institute and Clinical
Drug Development Corporation



Paul P. Doghramji, MD, FAAFP
Senior Family Practice Physician
Collegetown Family Practice



Russell Rosenberg, PhD, DABSM
Chief Science Officer and CEO
Neurotrials Research



Mindy Lindsey, PhD
Patient Presenter

RESULTS: DEMOGRAPHICS & ENGAGEMENT

HCP Demographics and Engagement



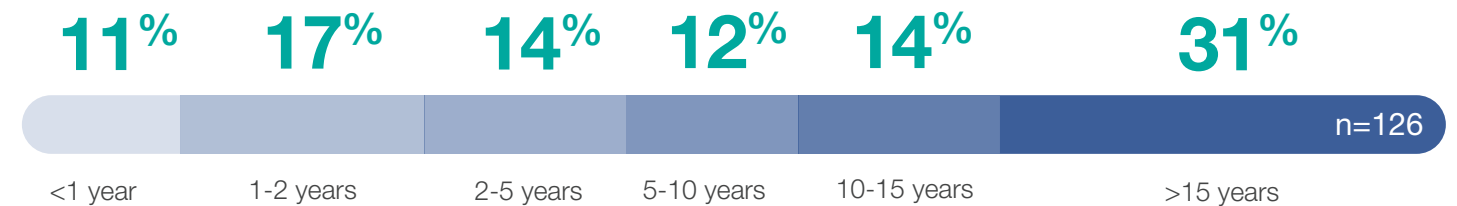
P/C Demographics and Engagement



Participant Type



Time Since Diagnosis



Learner – An HCP who starts the educational content; term is designated only for individuals who have progressed beyond the CME front matter and pre-test, and have started to consume the educational content

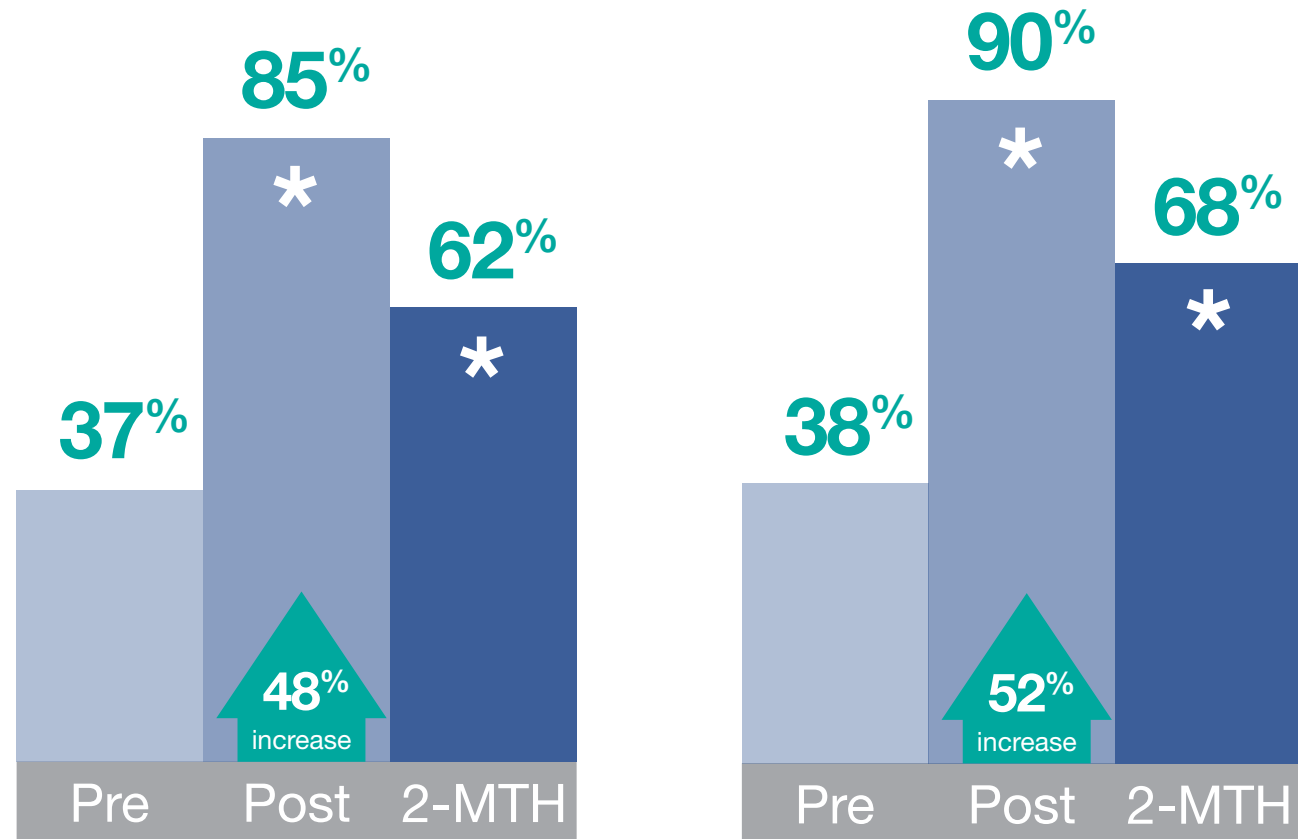
*HCP Target Audience: Internal Medicine, Family Medicine, Geriatrics, Psychiatry, Sleep Medicine

RESULTS: CHANGES IN KNOWLEDGE/COMPETENCE

HCP: Enhanced awareness of the efficacy/safety of orexin-receptor antagonists and ability to apply guideline driven care

Compared to a hypnotic, such as zopiclone or zolpidem, which can you expect when prescribing an orexin-receptor antagonist, such as lemborexant?

Jeanne is an overweight, middle-aged woman who comes for her yearly well-visit. When asked about her mood, she reveals feeling "under the weather and depressed." Upon questioning, you learn that, "several times a week for quite a while now," Jeanne has not been able to fall asleep before 2 am. She feels sleep deprived because she regularly gets about 4 hours of sleep, as she has to wake up at 6 am to go to the office that is 1.5 hours away from her home. Fortunately, she carools with colleagues, does not have to drive, and has sometimes been able to sleep during the drive. You determine that Jeanne suffers from sleep-onset insomnia. Jeanne does not have any respiratory complaints. After reviewing her sleep hygiene, which would you recommend as a medication for Jeanne per AASM recommendations?



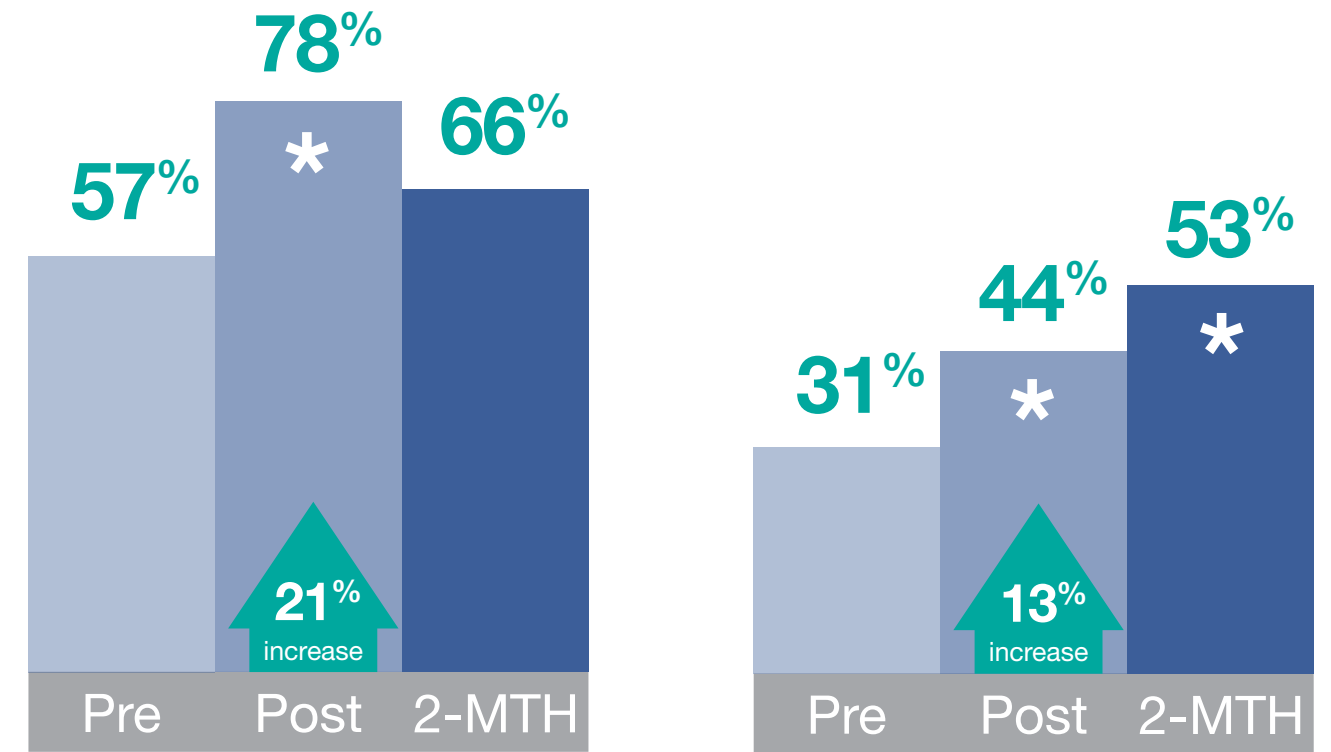
n = 1,739 pretest, n = 1,064 posttest, n = 73 follow-up survey
*p<.05

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*p<.05

P/C: Enhanced awareness of the impacts of insomnia on patients and co-habitants and limitations of current treatments

According to the National Sleep Foundation's 2020 Sleep in America poll, people with insomnia MOST often report experiencing which of the following?

Which of the following accurately describes the current treatments of insomnia?



n = 323 pretest, n = 76 posttest, n = 58 follow-up survey
*p<.05

n = 474 pretest, n = 96 posttest, n = 58 follow-up survey
*p<.05

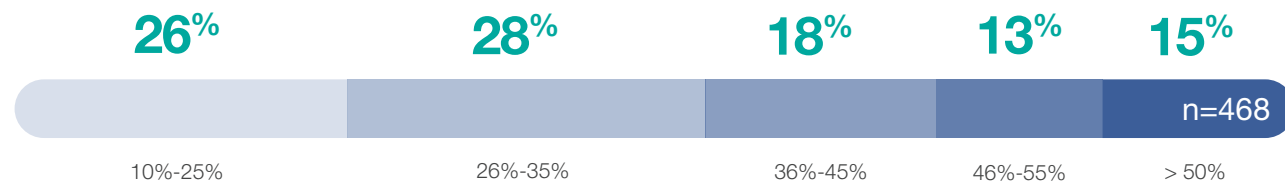
RESULTS: CLINICIANS AND PATIENTS/CAREGIVERS DISCONNECTS REGARDING INSOMNIA AND ITS MANAGEMENT IDENTIFIED BY THE TETHERED, ALIGNED EDUCATIONAL DESIGN

1- While most P/Cs reported experiencing problems with sleep at a frequency that is compatible with a diagnosis of insomnia, the majority of HCPs demonstrated low awareness of the prevalence of insomnia in practice. The low awareness among HCPs may be responsible for the lack of proactive inquiry about sleep in the clinic. It also indicates a need for P/Cs to more proactively discuss sleep during visits.

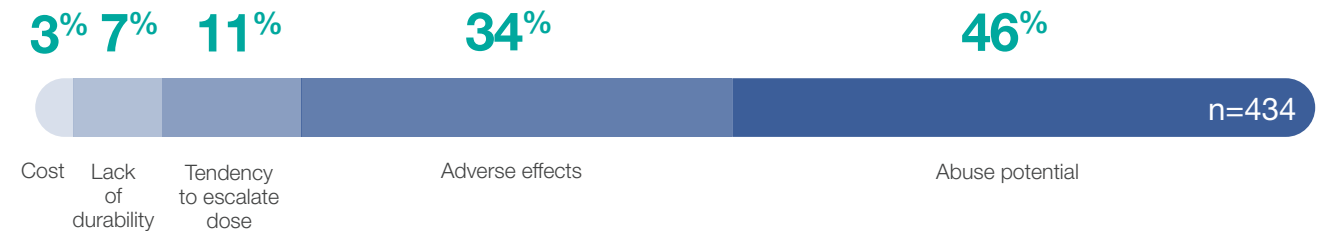
2- Concerns regarding insomnia medications differed among HCPs and P/Cs, with HCPs being more concerned about safety than P/Cs were. This may indicate areas of miscommunications regarding therapeutic goals between these two entities.

HCP

What percentage of your patients complain they regularly have difficulty initiating or maintaining sleep?



What concerns you most about prescribing sleep agents?

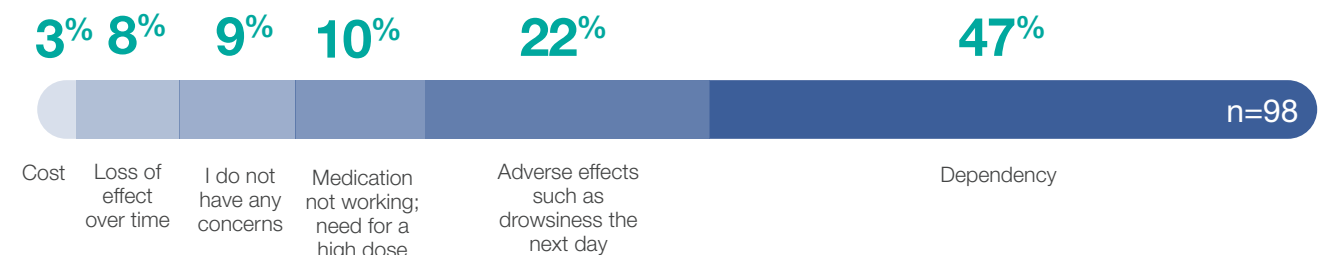


Patient

Which of the following best describes how often and for how long you have been experiencing problems with your sleep?



Which of the following is your biggest concern about taking medication for your insomnia?



RESULTS: POSITIVE IMPACT

HCP

Positive Impact on Patient Outcomes and Clinical Practice



n=55

learners reported the activity positively impacted patient experience/outcomes



n=59

learners reported the activity positively impacted clinical practice



109

total write-in examples were shared

Two of my patients show behavioral change on sleep hygiene. Information on their medication help patients understand and adhere to the treatment protocol.

When I devote time with patients to discuss the benefits and precautions including side effect profiles of medication, I see that my patients are compliant with treatment and have better treatment outcomes.

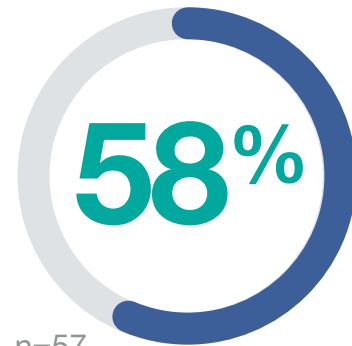
Since this CME activity, I have been able to recognize insomnia and its effects not only on the patient but also family members. I have been able to come up with a more complete treatment plan for the patient that is both safe and effective.



RESULTS: POSITIVE IMPACT

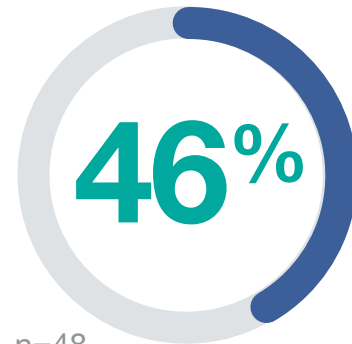
P/C

Positive Impact on Health-Related Behavior and Communication



n=57

patients/caregivers reported the activity positively impacted their health-related behaviors



n=48

patients/caregivers reported the activity positively impacted communication with HCPs



64

total write-in examples were shared

I'm more determined to be in charge of my health care decisions.

I feel better prepared to speak with my health care providers about caring for my sleep issues and more aware of the gravity of its impact on myself and my husband.

I am using meditation and deep breathing exercises to relax my mind more before going to bed. I am more willing to discuss this situation with my doctor than before.



CONCLUSIONS

Post-tests and participant surveys support the positive impact of live-online HCP and P/C education to facilitate SDM related to sleep management. The use of a tethered, aligned format illuminated areas of disconnect between HCPs and P/Cs on the prevalence of insomnia, expectations for management, and concerns regarding therapeutic options. These areas can be addressed in future education to further align HCP and P/C expectations for treatment and enhance HCPs' ability to proactively ask their patients about sleep. Data also suggest ongoing education should emphasize the importance of sleep hygiene for optimal patient outcomes and share strategies to individualize insomnia treatment based on comorbidities.

For questions or any requests for additional information, please reach out to Carole Drexel, PhD at cdrexel@platformq.com.

