

The Respiratory Therapist's Role as a Disease State Navigator

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**Respiratory Associates March Webinar
2025**

Conflicts of Interest

- ▶ Sleep Lab Management Consulting, LLC
 - ▶ 2025 AARC Sleep Section Chair Elect

Learning Objectives

- ▶ 1. Attendee will understand better the value that a health care navigator brings to an organization.
- ▶ 2. Attendee will better identify respiratory navigator needs where they work.
- ▶ 3. Attendee will learn how hospital EMR and automation can help them identify patients, reduce readmissions, mitigate risk, decrease costs and also bring in revenue for their hospital.

Goals for Today

- ▶ Increase awareness of health care navigator, physician extender roles
- ▶ Focus on navigator opportunities for Respiratory Therapists
- ▶ Identify resources for Respiratory Therapists as navigators.
- ▶ Identify and discuss actual RT job opportunities as navigators.
- ▶ Hospitals, SNFs, LTACCs, DMEs, Surgi-Centers, Physician Practices

Navigators/Educators/Physician Extenders

- ▶ **Fastest Emerging Career Alternative is Navigation**
- ▶ Need is greater than ever due to physician shortages
 - ▶ Helping Patients Who Might Fall Thru the Cracks
- ▶ Nursing Navigators, Case Managers, Discharge Planners
 - ▶ CRNPs, PAs
 - ▶ **RTs**

Patient Advocate and System Mentality

- ▶ Patient Advocacy is at the heart of being a health care navigator
- ▶ Helping patients is key here/Going Beyond.....Closing the Loop!!
 - ▶ Hospital system interaction is also important
 - ▶ Administration
 - ▶ Medical Directors
 - ▶ Department Directors
 - ▶ Allied Health, Respiratory, Nursing, Pulmonary, Anesthesia
 - ▶ Quality and Safety
 - ▶ Mitigating Risk/Liability/Improved Patient Outcomes
 - ▶ **EMR use very important**

Respiratory Navigator Outline for Today

- ▶ **Defining health care navigator types for Respiratory Therapists**
 - ▶ **COPD Navigators**
 - ▶ **Asthma Educators**
 - ▶ **Sleep Navigators**

COPD Navigators Toolbox

- ▶ Patient Care Plans/EMR
- ▶ Medication Management
- ▶ Readmission Reduction is the Goal
- ▶ Mitigate Risk
- ▶ Pulmonary Function Lab and Pulmonary Rehab
- ▶ Sleep Lab
- ▶ Smoking Cessation Clinic
- ▶ Patient/Family Education = Disease State Management
- ▶ Regional and National Conferences/AARC
- ▶ Association Memberships/AARC

COPD Navigator Credentials

- ▶ CRT
- ▶ RRT
- ▶ RPFT
- ▶ ACCS
- ▶ AE-C
 - ▶ Three Years Plus Clinical Experience

COPD Cost/Benefit Analysis > Justification

- ▶ **Report Card Audits via Data Base/EMR**
 - ▶ **Lower Re-admission Rate is Goal**
 - ▶ **Earlier Discharges**
 - ▶ **Shorter Hospital Stays**
- ▶ **Referrals to Pulmonary Rehab/\$5000 savings per patient**
 - ▶ **Sleep Disorders Center Referrals**
- ▶ **Better Patient Outcomes through Follow-Up Program**
 - ▶ **Help Mitigate Risk/Liability**

COPD Hospital Navigator Program Champions

- ▶ **RT Department Directors**
 - ▶ **Director of Nursing**
- ▶ **Pulmonary/ICU Directors**
- ▶ **Sleep Lab Medical Director**
 - ▶ **Administration**
 - ▶ **VPs**
 - ▶ **CFOs**

Mike W. Hess, MPH, RRT, RPFT

- ▶ Senior Director of Advocacy and Regulatory Affairs
- ▶ Project Lead, Oxygen 360/World Oxygen Day
- ▶ Project Lead, COPD Therapeutic Access Consortium

- ▶ Chair, American Association for Respiratory Care Ambulatory & Post-Acute Membership Section

- ▶ 1-786-305-5807 mhess@copdfoundation.org

COPD Navigator Informatics/EMR Considerations

- ▶ **Build in COPD Red Flags**
- ▶ **Data Base Audits with Analysis Available**
- ▶ **Measure Patient Outcomes**
- ▶ **Show Savings by Reducing Re-Admissions**
- ▶ **Show Revenue via Pulmonary Rehab and Sleep Referrals**

COPD Navigator Typical Day

- ▶ Managers/Administration AM Safety Huddle
 - ▶ RT Department Morning Report
- ▶ Review **EMR** for Discharges and New Admissions
- ▶ Patient Visits/Assessments/Education/Grand Rounds
- ▶ Referrals to Smoking Cessation, Pulmonary Rehab, Sleep Lab and Staff
 - ▶ Support Groups/Community Outreach
 - ▶ Review Patient Care/Action Plans
- ▶ Patient Follow-Up Call Spreadsheet to help with Compliance
 - ▶ Review **EMR**
- ▶ Data Base Analysis, Weekly, Monthly, Quarterly, Yearly

COPD Navigator Full or Part-Time

- ▶ RT Department Director's Call here.
- ▶ Many variables come into play when determining a COPD Navigator's schedule/hours.
- ▶ Depending on COPD patients currently admitted, a navigator may work half the day on the floors performing patient care and the other half focusing on their current COPD population.
 - ▶ In-Patient and Out-Patient to Home Responsibility

RT COPD Navigator Job Opportunities

- ▶ AARC Website Career Section
- ▶ COPD Navigator/Full Time/Resp/Gainesville, Florida
- ▶ University of Florida Health
- ▶ Respiratory Therapy COPD Navigator
- ▶ Nuvance Health Careers Danbury CT. 9hr Shift 36hr week

Asthma Educators/Toolbox

- ▶ Focus on both Adults/Pediatric Patients and Families
 - ▶ Diagnostics/PFT Lab/Clinic/Bedside
 - ▶ Patient Education=Prevention of Episodes
 - ▶ Pharmacology
 - ▶ Home Follow-Up and Patient Care Plans
 - ▶ Work Shops
 - ▶ Support Group Efforts
 - ▶ Community Outreach
- ▶ Help Patients/Families Live Their Best Lives

Asthma Educator Credentials

- ▶ CRT
- ▶ RRT
- ▶ NPS
- ▶ ACCS
- ▶ AE-C

Asthma Cost/Benefit Analysis > Justification

- ▶ Reduce Readmissions
- ▶ Cost of an Admission vs Cost of Education
 - ▶ Helping Patients Live Their Best Lives
 - ▶ Linda Nozart Quote

Asthma Educator Program Champions

- ▶ RT Department Directors
 - ▶ Pulmonary Director
 - ▶ Allergy and Asthma
 - ▶ Pediatric Director
 - ▶ PFT Lab
- ▶ Community Outreach Directors
 - ▶ Director of Nursing
 - ▶ VP and Hospital Fundraising
- ▶ Working with Any Major Children's Hospital in Your Region

Asthma Educator Informatics/EMR Considerations

- ▶ **EMR Build-Out**
 - ▶ Red Flag Questionnaires
 - ▶ Educational Opportunities Identified.
 - ▶ Monitor and Measure Patient Outcomes
- ▶ Track ER visits and Readmissions Data/Work with Outreach Program
 - ▶ PFT Lab Results
 - ▶ Track Trends
 - ▶ Demographic/Genetic Root Cause Analysis for each patient

Asthma Educator Typical Day

- ▶ RT Department Safety Huddle
- ▶ Check EMR for Discharges and New Admissions
 - ▶ Review/Development Patient Care Plans
 - ▶ Patient/Family Consults/Visits
 - ▶ Physician Liaison Practice Lunches
- ▶ Community Support Group Workshop Weekly
 - ▶ **Education Education Education**
- ▶ **Called to the ER....**
- ▶ Follow-Up Calls, back to the **EMR** **Spacers?????!!!!Anyone.....**

Asthma Educator Full or Part-Time

- ▶ Many Full-Time Asthma Navigator/Educators work in hospitals with a large pediatric population or at a regional children's hospital.
 - ▶ Advantages of a designated Asthma Educator are many.
 - ▶ Positions many times are hybrid in nature
 - ▶ Patient Demographics can drive need also

RT Asthma Educator/Navigator Job Opportunities

- ▶ AARC Website Careers Section
- ▶ Lucille Packard Children's Hospital-Patient Navigator
43.00 to 57.00 range per hour
- ▶ Children's National Hospital Washington, DC Asthma
Educator/Research 50 to 60k

Patient Education Resources



Guiding The Transition From Pediatric To Adult Asthma Self-Management Care



Linda Nozart, MPH, BSRT, RRT, AE-C
“Thee Asthma Lady”
CEO, Noz Health Ed, LLC

Be Creative with Engagement



Six Core Elements™

SIX CORE ELEMENTS™ APPROACH AND TIMELINE FOR YOUTH TRANSITIONING FROM PEDIATRIC TO ADULT HEALTH CARE

1 **POLICY/GUIDE**

Develop, discuss, and share transition and care policy/guide

AGE 12-14

2 **TRACKING & MONITORING**

Track progress using a flow sheet registry

AGE 14-18

3 **READINESS**

Assess self-care skills and offer education on identified needs

AGE 14-18

4 **PLANNING**

Develop HCT plan with medical summary

AGE 14-18

5 **TRANSFER OF CARE**

Transfer to adult-centered care and to an adult practice

AGE 18-21

6 **TRANSITION COMPLETION**

Confirm transfer completion and elicit consumer feedback

AGE 18-23

<https://www.gottransition.org/six-core-elements/>



Noz Health Ed LLC

Primary Goals of Asthma Management and Treatment

- Achieve the control of symptoms and underlying airway inflammation
- Reduce the risk of asthma exacerbation
- Minimize the risk of medication-related side effects
- Prevent the progression of obstructive lung damage
- Engagement of patients as active partners
- Ongoing asthma education
- Ongoing and comprehensive treatment aimed to reduce the symptom burden

GINA, 2023. NAEPP, 2020. EPR-3, 2007





Neonatal/Pediatric Section Meeting

March 2025 PEDS MEETS



Emilee Lamorena, MSc, RRT, RRT-NPS
Director of Respiratory, Pulmonary, & Asthma Program
CHOC Children's

Now a part of Rady Children's Health

AARC: Chair, Neonatal/Pediatric Section



Respiratory/Sleep Navigator/A New Player??

- ▶ Similar to the Asthma Educator and COPD Navigator Roles
- ▶ Visits with patients and family in hospital
- ▶ Helps determine current OSA risk or current diagnosis.
- ▶ Stop Bang/Epworth and Berlin Questionnaires
- ▶ Reviews patient's current therapy if present
- ▶ Alerts Nursing and Respiratory to any immediate concerns
- ▶ Helps coordinate Action Plans ie: Sleep Study recommendations/DME
- ▶ Reduces Readmissions, Patient Risk, Hospital Liability
- ▶ Increases Patient Safety, Patient Satisfaction, Hospital Revenues

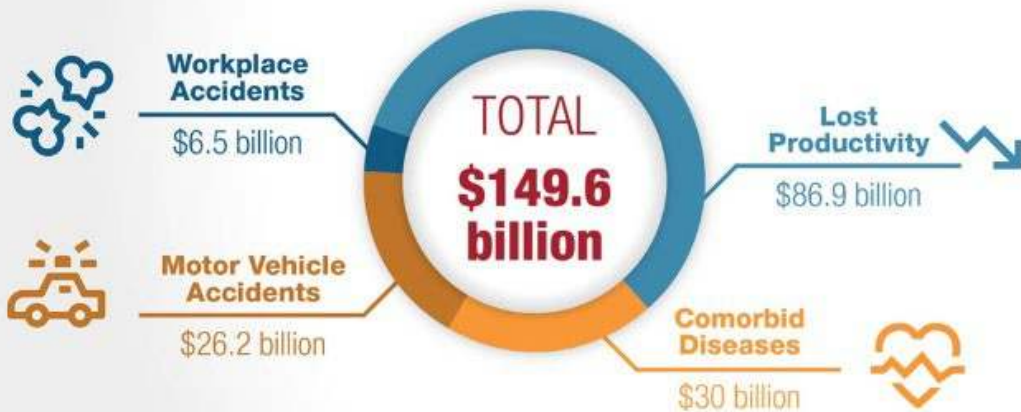
Sleep Navigator Roles

- ▶ **Inpatient**
- ▶ **And**
- ▶ **Outpatient**

Cost Burden of OSA in Undiagnosed Versus Diagnosis and Treatment Costs in the US (2015)

Undiagnosed Sleep Apnea: *A Hidden Health Crisis*

In the U.S. the estimated economic cost of undiagnosed obstructive sleep apnea was nearly \$150 billion in 2015.



Source: American Academy of Sleep Medicine, 2016 | www.sleepeducation.org



- Untreated OSA is an Independent Risk Factor for Hospital Re-Admission.
- **\$200B** cost in 2025 \$\$\$'s
- **\$183.4B** Potential Savings When Compared to Treated Group (only \$16.6B spent).
- Treating OSA Can Reduce a Patient's Overall Length of Stay During the Patient's Lifespan.
- Sleep Navigators Close This Gap.

Thank You Kelly Gladden, RRT, RPSGT, CCSH!!!

- ▶ Wellstar Health System
- ▶ Ten Hospitals across Georgia
- ▶ Ten Sleep Disorders Centers

- ▶ **Pioneers in the Sleep Navigator Concept**

- ▶ T. “Massey” Arrington, RPSGT, CPXP, CCSH, FFAST, AVP
 - ▶ Both Kelly and Massey are great resources for us.

The Sleep Navigator, Year One



Douglas Hospital *(just 1 of 5) 2020-21

Total Admissions: 90,624

Total Positive STOP-Bang (5): 14,595

Total Consults/Studies: 3,406

Screened Readmission Rate: 0.7%

(<1%!!!)

Direct Margin: ~\$1.34M

Readmission Penalty Reduction: ???

More Outcomes:

- Wellstar has managed to maintain a 73% reduction in readmissions from these newly diagnosed OSA patients (those that were tested).
 - ~2.9% → 76%
 - Consistent since 2021
- CHF Task Force
- Growth (36% total growth YoY, 22% growth in attended volume alone)
- New Sleep Centers planned within the next two Fiscal Years
- Remaining five hospitals considering some form of Sleep Navigation



RT Sleep Navigators Toolbox

- ▶ Co-Morbidity Awareness Important
 - ▶ EMR/Patient Care Plans
 - ▶ RT Department Morning Report
 - ▶ Patient Visits/Assessments
- ▶ **Outreach/Physician Liaison Lunches/Workshops**
- ▶ Sleep Disorders Center Referrals/Fast Track Studies
 - ▶ Nursing
- ▶ Discharge Planning/Case Management
 - ▶ Tracking Revenue Enhancement
 - ▶ **EMR Review**

RT Sleep Navigator Credentials

- ▶ CRT-SDS, RPSGT, RST, CCSH>>BRPT
- ▶ RRT-SDS, RPSGT, RST, CCSH>>BRPT
- ▶ Three years plus, working as a night sleep technologists, day sleep technologist or as a sleep lab manager.
- ▶ Two years experience minimum working as an RT in hospital environment.
- ▶ **Patient Advocate/System Mentality**

PATHWAYS for CCSH



- There are 3 eligibility pathways for the CCSH exam:
- [CCSH Pathway 1: Clinical Experience](#). For candidates with at least 1000 hours of experience in clinical sleep health AND a bachelor's degree or above.
- [CCSH Pathway 2: Healthcare Credential](#). For candidates with an [approved healthcare credential](#) or license AND an associate's degree or above.
- [CCSH Pathway 3: Active RPSGT Credential Holders](#). For candidates who hold an active RPSGT credential, who have recertified at least once, and who have completed a [CCSH STAR Designated Education Program](#) within the past 3 years.

Sleep Navigator Cost/Benefit Analysis > Justifications

- ▶ Reduction in escalation of care-**Perioperative Setting**
- ▶ Increased **Patient Safety, Patient Experience**
- ▶ **Increased revenues** for sleep disorders center and physician practices

- ▶ **Conservative Example, One Aspect:**
 - ▶ Sleep Navigator identifies 4 new patients for In-Lab sleep studies per week
 - ▶ 16 per month x 4 thousand gross charges minus contractual allowance
 - ▶ = \$2000.00 x 16 or 32k per month, **384k** revenue per year per Navigator
 - ▶ Sleep Navigator Base Salary = 52 to **80k** plus Benefits.

Cost of an RT/Sleep Navigator/Pilot Program

- ▶ As an employee: \$80k plus benefits.
 - ▶ Or
 - ▶ Perform a 3 Month Trial
- ▶ Get the best Current Per-Diem Employee or a Consultant
 - ▶ @
 - ▶ \$500.00 per day
 - ▶ Monday/Wednesday/Friday
 - ▶ On Call Services Included
- ▶ End of Trial Hire A Full Time Sleep Navigator or Orient Existing Employee

RT Sleep Navigator Further Financial Justification

- ▶ Avoiding patient stay in hospital by 2 days = \$20,000.00
- ▶ (Fast Track Sleep Studies)
- ▶ Avoiding case escalation = \$50,000.00 plus with Post-Op Program
 - ▶ Home monitoring of Post Op Opioid patients

Sleep Navigator Program Champions

- ▶ RT Department Director or Neurodiagnostics Department Director
 - ▶ Pulmonary/Neuro/Cardio/ENT/Bariatric/Perioperative
 - ▶ Nursing Directors>Less Grief and Aggravation for Staff
 - ▶ Quality and Safety Directors
 - ▶ Physician Liaisons\$\$\$\$
 - ▶ VP -----\$\$\$\$
 - ▶ CFO -----\$\$\$\$\$\$\$\$\$\$\$\$
- ▶ Hospital Sleep Disorders Centers are not cost centers.....

▶ **They are Revenue Centers**

Sleep Navigator Informatics/EMR Considerations

- ▶ **EMR** at beginning and ending of each day
 - ▶ Readmission Data Analysis
 - ▶ Measuring Patient Treatment Outcomes
- ▶ Respiratory OSA Perioperative Escalation Data/Costs
 - ▶ Pa
 - ▶ Patient Treatment Compliance Data Analysis
- ▶ Tracking all Sleep related revenue/savings from Navigator efforts.

Sleep Navigator Typical Day

▶ EMR

- ▶ RT Department Report and Safety Huddle Meetings
 - ▶ Patient Assessments. Perioperative Rounds
- ▶ Referrals to Sleep Lab and Sleep Medical Directors
 - ▶ Working with Patient Treatment Concerns
 - ▶ **Physician Liaison Lunches-Internal External**
- ▶ Closing the Loop on Fast Track Sleep Study Patients
 - ▶ Covering In-Patient to Out-Patient Status
 - ▶ **EMR Review/Patient Management Follow-Up**

Sleep Navigator Full or Part-Time

- ▶ Each hospital or hospital system with sleep lab(s) should have Full-Time
 - ▶ Cost/Revenue Analysis justifies this position for most hospitals
- ▶ Sleep Navigator Program Trials can be started Part-Time for nervous CFOs, but in most cases can become Full-Time within a year.

RT Sleep Navigator Job Opportunities

- ▶ AARC Website Career Section
- ▶ Call/Email Kelly Gladden at Wellstar/Georgia
 - ▶ RT Clinical Sleep Educator-Full Time Days
 - ▶ Northwestern Medicine
 - ▶ Algonquin, IL 60102 \$50.00 per hour range

RT Sleep Navigator's Experiences Published

- ▶ Feature Article by RT Magazine's sister publication, Sleep Review
- ▶ "Respiratory Therapists Making the Jump to Sleep Navigator"
- ▶ August 11, 2020
- ▶ Author: Greg Thompson

- ▶ 3 of the 4 Sleep Navigators featured in article are Respiratory Therapists

RT Sleep Navigator Summary

- ▶ RT Sleep Navigator opportunities are a growing segment of the respiratory practitioner field.
- ▶ **RT Sleep Navigators =**
- ▶ Improved Patient Safety
- ▶ Improved Patient Care **RT Directors, VPs, CFOs, Admin Love these Points**
- ▶ Improved Patient Outcomes
- ▶ Improved Patient Experience
- ▶ Reduce Escalation of Care >> Perioperative Screening and Follow-up.
- ▶ System Cost Reduction: Savings of health care costs, risk and liability.
- ▶ Increased Revenue for Sleep and Pulmonary Function Labs, Pulmonary Rehab

RT Disease State Navigator Lecture Summary

- ▶ **So, ask about Navigators where you work!**
 - ▶ **Job Searching:**
 - ▶ COPD Hospital Navigator Jobs
 - ▶ Asthma Educator Jobs
 - ▶ Sleep Navigator Hospital Jobs
 - ▶ **Please Use Lecture References as a Resource.**
- ▶ For a PDF copy of this lecture contact Keith or myself.

Respiratory Navigator Lecture References

- ▶ “Cost-Effectiveness of Pulmonary Rehabilitation Among US Adults with Chronic Obstructive Pulmonary Disease” Mosher, et al. JAMA Netw Open 2022;5(6):e2218189. doi:10.1001/jamanetworkopen.2022.18189
- ▶ “Implementation of a Pulmonary Disease Navigator Program for 30-day Chronic Lung Disease Readmission Reduction” Bennion et al. HIMSS 2023
- ▶ Kim.Bennion@imail.org
- ▶ “Cost analysis of chronic obstructive pulmonary disease(COPD): a systematic review” Villegas, et al. Health Econ Rev 2021 Aug17;11:31

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- ▶ Respiratory Therapy COPD Navigator-Nuvance Careers, Danbury CT.
- ▶ Patient Navigator Job Description-Lucille Packard Children's Hospital
- ▶ "Pulmonary Disease Navigator, Patient Assessment and Education Reduces Length of Stay" PIH Health Whittier Hospital Respiratory Care Department
- ▶ "Starting a COPD Navigator Program" RT Magazine, Lisa Spear, 2019

References Continued

- ▶ COPD Navigator/Full Time/Resp. Care>Gainesville, University of Florida
- ▶ Health Services Navigator>Health Federation of Philadelphia 1/18/2023
- ▶ “What are patient navigators and how can they improve integration of care?” NIH Policy Brief
- ▶ Asthma Educator Position, Children’s National Hospital, Washington, DC

References Continued

- ▶ Clinical Sleep Educator-Northwestern Medicine Algonquin, IL 60102
- ▶ “Implementing Sleep Navigation for Inpatients:
▶ Reducing Re-Admissions and Growing Outpatient Volumes”
▶ Wellstar Health System
▶ Kelly Gladden, RRT, RPSGT, CCSH
▶ T. “Massey” Arrington, RPSGT, CPXP, CCSH, MBA, FFAST
- ▶ “How I Became a Sleep Navigator” Greg Thompson Loveland Colorado

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- 1: Canet, Jaume et al. "Prediction of postoperative pulmonary complications in a population-based surgical cohort." *Anesthesiology* vol. 113,6 (2010): 1338-50. doi:10.1097/ALN.0b013e3181fc6e0a
- 2: Fernandez-Bustamante, Ana et al. "Postoperative Pulmonary Complications, Early Mortality, and Hospital Stay Following Noncardiothoracic Surgery: A Multicenter Study by the Perioperative Research Network Investigators." *JAMA surgery* vol. 152,2 (2017): 157-166. doi:10.1001/jamasurg.2016.4065
- 3: LAS VEGAS investigators. "Epidemiology, practice of ventilation and outcome for patients at increased risk of postoperative pulmonary complications: LAS VEGAS - an observational study in 29 countries." *European journal of anaesthesiology* vol. 34,8 (2017): 492-507. doi:10.1097/EJA.0000000000000646
- 4: Mazo, Valentín et al. "Prospective external validation of a predictive score for postoperative pulmonary complications." *Anesthesiology* vol. 121,2 (2014): 219-31. doi:10.1097/ALN.0000000000000334

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Why Health Systems Need a Sleep Navigator. EnsoData 2020

Thompson, Greg, How I Became a Sleep Navigator. Sleep Review 2020

Respiratory Therapists Making The Jump to Sleep Navigator, Sleep Review Magazine August 11th 2020

Centre for Perioperative Care. Impact of perioperative care on healthcare resource use. CPOC 2020

Organizations

- ▶ SASM Society of Anesthesia and Sleep Medicine <https://sasmhq.org>
- ▶ National Heart, Lung and Blood Institute nsdr@nih.gov
- ▶ AASM American Association of Sleep Medicine <https://aasm.org>
- ▶ AARC American Association for Respiratory Care <https://www.aarc.org>
- ▶ AAST American Association of Sleep Technologists <https://www.aast.org>
- ▶ BRPT Board of Registered Polysomnographic Technologists>CCSH credential
- ▶ AAO American Academy of Otolaryngology <https://www.ent.org>
- ▶ American Sleep Apnea Association <https://rarediseases.org>
- ▶ ACCP American College of Chest Physicians <https://chestnet.org>
- ▶ ATS American Thoracic Society <https://www.thoracic.org>
- ▶ NBRC National Board for Respiratory Care>SDS credential

Thank You Keith/Attendees/Questions Respiratory Associates

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