OSA Screening in the IRL GIM Y-Week A Population

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Problem

Obstructive sleep apnea (OSA) is a highly prevalent sleep-related breathing disorder.

- Significant short- and long-term sequelae if left untreated
- Timely identification of OSA followed by effective treatment is critical to reducing morbidity.
- Current screening tools can be cumbersome in the clinical setting.

Aims

- Determine prevalence of OSA in the IRL GIM Y-week A resident clinic patient population
- Quantify ability of systematic STOP-BA screening in **identifying patients eligible** for OSA evaluation in this population
- Quantify ability of systematic STOP-BA screening to **diagnose** OSA in this population

Methods

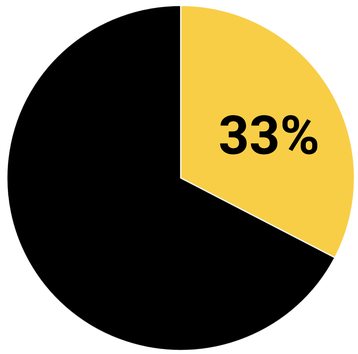
Age ≥ 50, BMI ≥ 30, or HTN → STOP-BA ≥ 3 → Sleep Study

A

Initial Screening Data	
Total charts reviewed	144
Patients Excluded d/t previous OSA diagnosis	47
Patients Excluded d/t lack of risk factors	8

B

Prevalence of OSA in COC Panel Prior to Intervention



C

Initial Intervention Data	
Patients meeting criteria for STOP-BA screening	89
Patients with STOP-BA ≥ 3	25
Patients referred for sleep study	12
Patients who completed a sleep study	5
Patients diagnosed with OSA via sleep study	4*
**3 in home sleep studies are pending*	

Conclusions

- OSA prevalence in our COC clinic population mirrors US prevalence.
- OSA remains underdiagnosed.
- Screening and completion of sleep studies limits diagnosis.

Challenges

- Task burden in primary care clinic compromises data collection.
- Pending sleep studies were not included in analysis.

Next steps

- Analyze 3rd aim after the remaining sleep studies are completed
- Automatize screening on health record

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