

## **Impact of a shift in treatment funding on a multidisciplinary sleep clinic: a cohort study**

*P. Vermeire<sup>1</sup>, J. Fanielle<sup>2</sup>, A. Bruwier<sup>3</sup>, Y. Gilon<sup>4</sup>, C. Hendrix<sup>3</sup>, PP. Lefebvre<sup>1</sup>, C. Pepinster<sup>3</sup>, J. Puertas<sup>2</sup>, V. Quaedyvlieg<sup>5</sup>, S. Raskin<sup>6</sup>, F. Rogister<sup>1</sup>, S. Tombu<sup>1</sup>, AL. Poirrier<sup>1</sup>*

<sup>1</sup>ENT Department, University Hospital of Liege, Belgium; <sup>2</sup>Sleep Wake Disorder Centre, Neurology Department, University Hospital of Liege, Belgium; <sup>3</sup>Department of Orthodontics, University Hospital of Liege, Belgium; <sup>4</sup>Department of Maxillo-Facial Surgery, University Hospital of Liege, Belgium; <sup>5</sup>Department of Respiratory Medicine, University Hospital of Liege, Belgium; <sup>6</sup>Orthodontic practice, place Reine Astrid 19, Visé, Belgium

### **Introduction and aim**

A shift in Obstructive Sleep Apnea (OSA) funding was implemented in Belgium on January 1, 2017. Funding was allowed for moderate to severe OSA and the rules shifted for treatments delivery and monitoring by authorised medical opinion. Multidisciplinary Sleep Clinics have long existed, bringing together sleep specialists, dentists, orthodontists and surgeons. We aimed to assess whether a shift in treatment funding was associated with a change in the multidisciplinary sleep practice.

### **Material and methods**

Sample consisted of all patients discussed in the sleep multidisciplinary team meetings of the University Hospital of Liege from January 2016 to December 2018. Interrupted times series, Mann-Whitney U tests and descriptive statistics were produced.

### **Results**

There were no differences in patients age, male sex preponderance, body mass index, clinical presentation and level of obstruction. Baseline OSA severity was significantly lower (mean apnea-hypopnea index and mean oxygen desaturation index lowered respectively with  $p = 0.0189$  and  $p = 0.0466$ ) after the funding rules changed. Oral appliance and ENT surgery were more often offered after the shift in funding.

### **Conclusion**

Sleep multidisciplinary team meeting changed patient selection and management after the implementation of the new funding rules for OSA. The shift in funding often resulted in treatment options change, reaching more people and offering more options.