

# **Care Management for Members with Chronic Health Conditions**

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Asthma and Sleep Apnea

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# Objectives

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**Recognize** the signs, symptoms, and risk factors of asthma and/or sleep apnea

**Explain** how asthma and/or sleep apnea are diagnosed and treated

**Identify** how care managers can support members with asthma and/or sleep apnea through education, care coordination, and reducing barriers to treatment

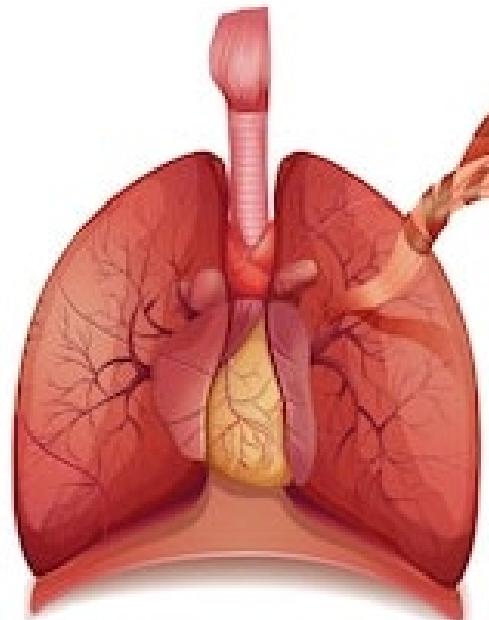
# Asthma

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# What Is Asthma?

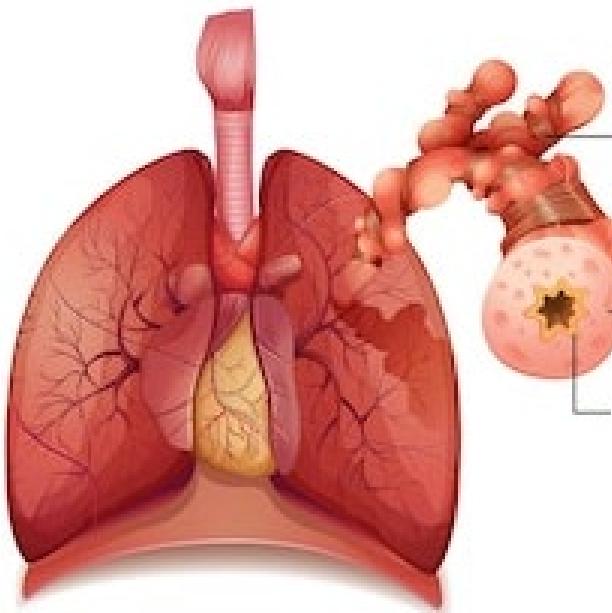
**Asthma is a chronic (long-term) condition that affects the airways in the lungs.**

With asthma, the airways can become inflamed and narrowed at times, making it harder for air to flow out of the airways when a person breathes.



**Lung without asthma**

Muscles are relaxed  
Lining is normal  
Normal production of mucus



**Lung with asthma**

Contraction of muscles around the airways, or bronchospasm  
Underlying inflammation or swelling  
Increased mucus production

# What percentage of U.S. adults have asthma?

- A. 1 in 50
- B. 1 in 25
- C. 1 in 12
- D. 1 in 5



# Risk Factors



Genetics



Allergies



Obesity



Smoking



Environment



Person's sex/age



Workplace

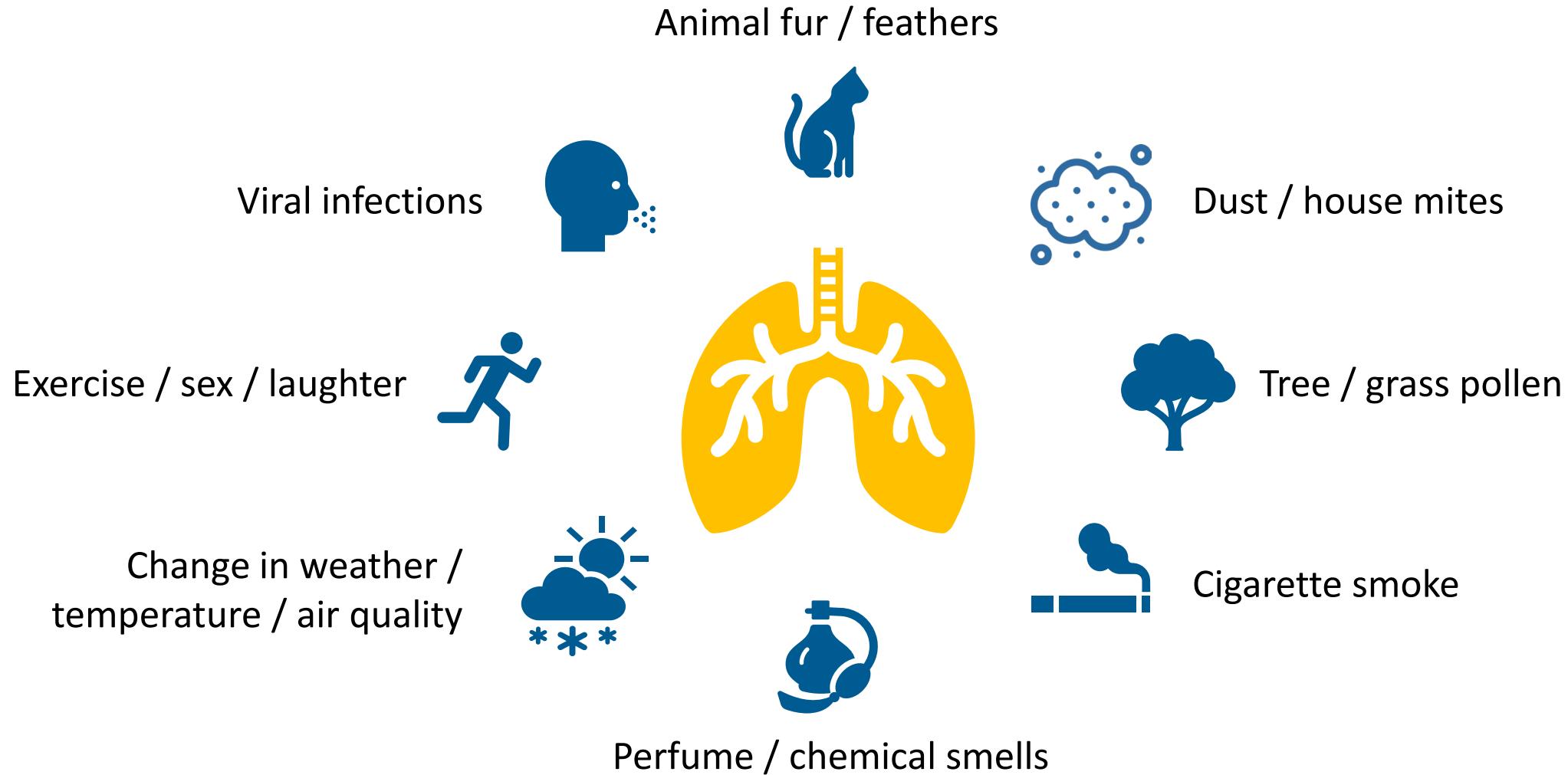


Ethnicity



Stress

# Common Triggers



# Asthma Symptoms and Complications

## Symptoms

- Shortness of breath
- Wheezing or noisy breathing
- Chest tightness
- Coughing (especially at night or early morning and during exercise or laughing)
- Difficulty sleeping

## Complications

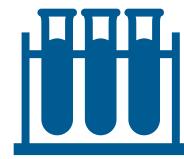
- Frequent emergency department (ED) visits or hospitalizations
- Reduced quality of life
- Fatigue or sleep disturbance
- Worsening of other chronic conditions (e.g., Chronic Obstructive Pulmonary Disease [COPD], heart disease)
- Missed school or work

# How Asthma Is Diagnosed



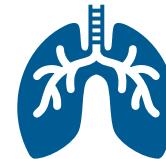
## Physical Exam

- Primary care provider (PCP) or specialists



## Allergy Testing

- Identify environmental triggers



## Pulmonary Function Test (PFT)

- Check lung strength and airflow



## Rule Out Other Conditions

- Vocal cord dysfunction
- Reflux

# Treatments

- Rescue inhalers
  - Examples: *ProAir, Ventolin, Proventil, Xopenex*
- Nebulizers
  - Examples: *Albuterol, Levalbuterol*
- Preventive long-term medications
  - Examples: *QVAR, Advair, Flovent, Asmanex, Symbicort, Spiriva*
- Oral medications
  - Examples: *Singulair*
- Biologics
  - Examples: *Fasenra, Nucala*



# The Care Manager's Role in Asthma Support

- ✓ Encourage follow-up appointments with PCP and other specialists
- ✓ Provide education about when to seek immediate help
- ✓ Encourage daily use of controller inhalers
- ✓ Identify Social Determinants or Drivers of Health (SDOH) factors and support addressing needs
- ✓ Share materials on avoiding triggers
- ✓ Provide referrals that might need to be scheduled

**Goal** = Reduce the symptoms of asthma and ED and/or inpatient visits, improve quality of life for members with asthma, and connect to the right services at the right time

# What Would You Do?

A 16-year-old member was recently treated in the ED for an asthma flare-up.

When the care manager investigated this further, they found that the member had:

- Missed multiple PCP follow-up appointments
- Did not pick up prescribed inhalers
- Vapes regularly
- Diagnosed with seasonal allergies



# **As a care manager, which of the following is NOT an appropriate next step in supporting this teenage member?**

- A. Schedule an in-home assessment
- B. Coordinate with the PCP to reschedule missed appointments and ensure inhaler access
- C. Educate the member about the risks of unmanaged asthma, referral to cessation programs, and provide written materials
- D. Tell the member they have to wait for their next Dr. Apt to get medication for the Asthma



# Sleep Apnea

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# What Is Sleep Apnea?

**Sleep apnea** is a serious sleep disorder where breathing repeatedly stops and starts during sleep.

**Three types:**

- **Obstructive Sleep Apnea (OSA):** Most common; throat muscles collapse
- **Central Sleep Apnea (CSA):** The brain doesn't send proper signals to muscles that control breathing
- **Complex Sleep Apnea:** A combination of both types



# What percentage of U.S. adults between ages 30 and 70 are estimated to have sleep apnea?

- A. 5%
- B. 12%
- C. 26%
- D. 42%



# Risk Factors for Sleep Apnea



Family History



Age



Obesity



Smoking



Male sex



Chronic Health  
Conditions



Neurological  
Disorders

# Signs and Symptoms of Sleep Apnea



Daytime fatigue or sleepiness



Loud, chronic snoring



Gasping, choking, or pauses in breathing during sleep



Morning headaches



Irritability or mood changes



Trouble concentrating or forgetfulness

# How Sleep Apnea Is Diagnosed



## Physical Exam

- Rule out other causes (e.g., nasal obstruction, jaw/tonsil structure)



## Health and Sleep History

- Sleep quality, medication use, sleepwalking/talking
- Family history and daytime symptoms



## Sleep Study

- Overnight monitoring of breathing, oxygen, heart, and brain activity
- In-lab studies provide more detail
- Home tests are more accessible



## Sleep Diary or Screeners

- Track patterns and sleep quality over time

# Common Treatments for Sleep Apnea

## Medical Treatments

### Continuous Positive Airway Pressure (CPAP) Therapy

- Gold standard for OSA

### Bilevel Positive Airway Pressure (BiPAP) or Auto-Adjusting Positive Airway Pressure (APAP) devices

- Alternatives to CPAP

### Oral appliances

- Custom mouthpieces that keep the airways open

### Surgical options

- For structural issues (e.g., enlarged tonsils, deviated septum)

### Medications

- Zepbound

## Lifestyle and Behavioral Strategies

### Weight loss

- Reduces airway obstruction in many patients

### Quit smoking

- Decreases inflammation and airway reactivity

### Avoid alcohol and sedatives before bed

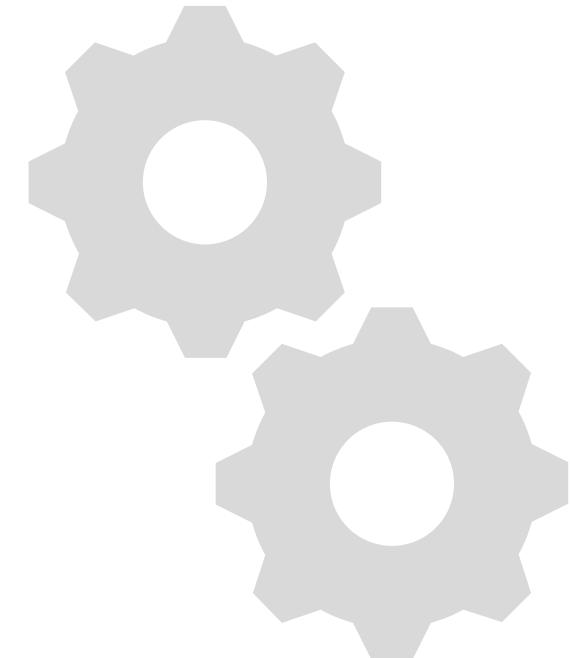
- These relax throat muscles and worsen apnea

### Positional therapy

- Sleeping on the side instead of the back

# The Care Manager's Role in Sleep Apnea Support

- ✓ Share practical tools and resources
- ✓ Recognize red flags (e.g., sleepiness, snoring, fatigue)
- ✓ Support referrals and follow-up appointments with PCPs or sleep specialists
- ✓ Educate on when to seek urgent care
- ✓ Coordinate with Durable Medical Equipment (DME) vendors for timely equipment setup and training
- ✓ Monitor equipment use and troubleshoot with the care team
- ✓ Help address treatment barriers like transportation, discomfort, stigma, or supply needs



Sleep apnea is **treatable**, and care managers help make that possible.

# What Would You Do?

A member with an intellectual/developmental disability lets their care manager know:

- They have been diagnosed with sleep apnea
- Reports they can't keep the CPAP mask on and don't use the machine
- Has questions about equipment and hasn't received what they need
- Needs help understanding alternate options, use of equipment, and making follow-up visits with their care provider



# As a care manager, what is the most appropriate next step?

- A. Refer the member to a behavioral therapist for sleep coaching
- B. Schedule a follow-up with the prescribing sleep doctor to reassess equipment and options
- C. Close the issue for now and revisit at the next monthly staffing
- D. Send the member printed instructions on CPAP usage



# Asthma Information Sources

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