



The Force for Health®
PREPARED PATIENT PROGRAM

PREPARED PATIENT

Sleep Apnea

Your complete learning module — eight components from newly-diagnosed to a clinically Prepared Patient Ambassador. Everything to know and do, in one place.

8-Component Condition Module

WHAT'S INSIDE — THE 8 COMPONENTS

- | | |
|--------------------------|---------------------------|
| 1 Core Basics | 2 Self-Reflection |
| 3 Force Field Fact Sheet | 4 Prepared Patient Course |
| 5 Materials & Tools | 6 Skills Lab |
| 7 Exam · Ambassador | 8 Disease Advocate |



SCAN TO OPEN THE
LIVE JOURNEY

1 Core Basics

Welcome — why becoming a Prepared Patient matters

Welcome. You're in the right place. This module turns Sleep Apnea from something that happens *to* you into something you help manage — step by step, at your own pace. You don't need to become a doctor. You need to become the most prepared person in the room about *your* health.

WHY THIS MATTERS — FOR YOU AND THE PEOPLE AROUND YOU

As a Patient

Know your numbers, spot your red flags, and act fast when it counts. Prepared patients have better days and fewer emergencies.

As an Ambassador

Speak up in your own care as an equal partner — ask the right questions and help shape your plan.

As a Caregiver

Support someone you love with confidence — know what to watch for and what to do.

SLEEP APNEA — A NATIONAL OVERVIEW

Obstructive Sleep Apnea (OSA) means your upper airway (breathing passage) keeps closing while you sleep. This blocks your breathing. Your oxygen drops.

Your body has stress surges. You wake up for a moment, over and over, but you may not fully wake. This breaks up your sleep. Doctors measure how bad it is with the AHI (apnea-hypopnea index).

It counts breathing events each hour. Mild is 5-15. Moderate is 15-30. Severe is >30. If you do not treat OSA, it can raise your blood pressure. It can lead to type 2 diabetes (T2D), an irregular heartbeat (atrial fibrillation), and stroke.

If you have sickle cell disease (SCD), the low oxygen can set off a sickling crisis. About 30 million U.S. adults have OSA. About 80% do not know it. Treatment works well when you stick with it.

Options include CPAP, an oral appliance, positional therapy, weight management, or surgery.

PRE-KNOWLEDGE CHECK — RATE WHAT YOU KNOW RIGHT NOW (1–5)

Be honest — there's no wrong answer. You'll rate these again at Step 7 and see how far you've come.

What Sleep Apnea actually is

○ ○ ○ ○ ○

My key numbers & targets

○ ○ ○ ○ ○

My red flags — and what to do

○ ○ ○ ○ ○

My medicines & how to take them

○ ○ ○ ○ ○

How to speak up with my care team

○ ○ ○ ○ ○

1 = new to me · 5 = I could teach it



1 Core Basics

Welcome — why becoming a Prepared Patient matters

★ My Prepared Patient Pledge

I pledge to learn about my Sleep Apnea, to know my numbers and my red flags, to speak up in my own care, and to take one small step at a time — for myself and for the people who count on me.

SIGNED

DATE

Additional Notes

☐ I've completed Step 1 · Welcome & Overview for Sleep Apnea



2 Self-Reflection

Eight soft questions to find your honest starting point

No test, no wrong answers — an honest self-reflection to find your starting point with Sleep Apnea. This is an engagement screener, not a clinical assessment. Mark your answers, then carry them into the Fact Sheet.

Q1 Have you ever been told you have sleep apnea, or had a sleep study (in-lab or home test)?

Sleep apnea is sometimes called "loud snoring" or "poor sleep." Naming what you've actually been told is the first step.

CHOOSE ONE

- ☐ Yes — I have a clear sleep apnea diagnosis
- ☐ Once or twice it was mentioned, but I never got a sleep study
- ☐ No, but I snore loudly, gasp at night, or am exhausted in the day
- ☐ No — I don't have sleep apnea
- ☐ I'm not sure

Q2 Has anyone in your family been diagnosed with sleep apnea, or do they snore loudly?

OSA runs in families — and a bed partner's observation is one of the most useful pieces of context.

CHOOSE ONE

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ Some, but I'm not sure who

Q3 Have you ever heard about, or thought about, any of these in connection with sleep apnea? (check all that feel familiar)

This is just a familiarity check, not a behavior audit. Pick whatever rings a bell.

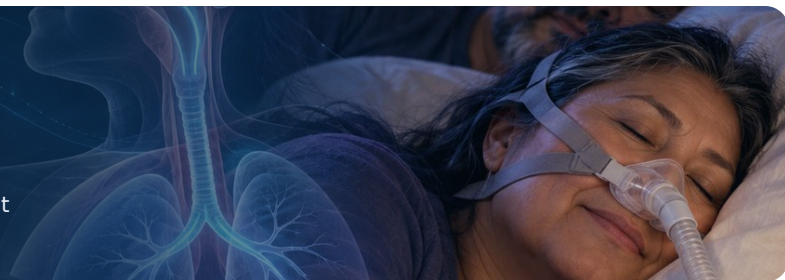
CHECK ALL THAT APPLY

- ☐ CPAP / BiPAP / APAP machines and masks
- ☐ Oral appliances (dental sleep medicine)
- ☐ Polysomnography (in-lab sleep study) or home sleep test
- ☐ AHI (apnea-hypopnea index)
- ☐ Inspire / hypoglossal nerve stimulation
- ☐ Weight, alcohol, or sedatives as triggers
- ☐ None of these — this is all new to me



2 Self-Reflection

Eight soft questions to find your honest starting point



Q4 Do you feel confident that you understand sleep apnea — what it is, what it does to the body, and what helps?

"Somewhat" is a totally fair answer. Most people start there.

CHOOSE ONE

- ☐ Very confident — I know the basics well
- ☐ Somewhat — I know some, want to know more
- ☐ Not really — I'd like to learn more
- ☐ This is new to me

Q5 Do you feel confident you know how to live the highest-quality life possible despite (or to prevent) sleep apnea?

Quality of life is the goal — energy, mood, marriage, work, the morning headache going away — not just "using the machine."

CHOOSE ONE

- ☐ Yes
- ☐ I'm getting there
- ☐ Not yet — I want to learn how
- ☐ Not applicable to me right now

Q6 Are you ready to become an informed and respected part of your care team — where your observations, communications, and actions are the most important part of your care?

This is the heart of the Prepared Patient idea.

CHOOSE ONE

- ☐ Yes — I'm ready
- ☐ Almost — I want to learn more first
- ☐ I'd like to but I'm not sure how
- ☐ I hadn't thought of it that way before



2 Self-Reflection

Eight soft questions to find your honest starting point

Q7 Do you have a bed partner, family member, or friend who can give you honest feedback about your sleep?

In OSA more than almost any condition, the bed partner often knows things you don't.

CHOOSE ONE

- ☐ Yes — and they've already mentioned it
- ☐ Yes, but we haven't talked about sleep
- ☐ Not yet — but I'd like someone to observe
- ☐ I sleep alone

Q8 What brought you to this Prepared Patient program today?

Your answer is private and helps us speak to you better.

CHOOSE ONE

- ☐ I have sleep apnea
- ☐ Someone I love has sleep apnea
- ☐ I might have it — bed partner has noticed something
- ☐ I have HTN, T2D, or AFib and want to rule out OSA
- ☐ I'm a student, professional, or educator
- ☐ I'm just curious

What these answers tell me about where I'm starting



2 Self-Reflection

Eight soft questions to find your honest starting point

Additional Notes

☐ I've completed Step 2 · Self-Reflection for Sleep Apnea



3 Force Field Fact Sheet

Primer · Foundations

This is the heart of the resource: the complete Sleep Apnea Force Field, organized in knowledge tiers. Each card gives the essentials, then **Concepts** (what to know), **Skills** (what you can do), **Actions** (this week), and your **Plan** (share & sustain).



What Is Obstructive Sleep Apnea?

PRIMER · TIER 0

Obstructive Sleep Apnea (OSA) means your upper airway (breathing passage) keeps closing while you sleep. This blocks your breathing. Your oxygen drops.

Your body has stress surges. You wake up for a moment, over and over, but you may not fully wake. This breaks up your sleep. Doctors measure how bad it is with the AHI (apnea-hypopnea index).

It counts breathing events each hour. Mild is 5-15. Moderate is 15-30. Severe is >30. If you do not treat OSA, it can raise your blood pressure. It can lead to type 2 diabetes (T2D), an irregular heartbeat (atrial fibrillation), and stroke.

If you have sickle cell disease (SCD), the low oxygen can set off a sickling crisis. About 30 million U.S. adults have OSA. About 80% do not know it. Treatment works well when you stick with it.

Options include CPAP, an oral appliance, positional therapy, weight management, or surgery.

CONCEPTS · LEARN IT

- AHI = events each hour. Mild 5-15 · moderate 15-30 · severe >30
- Airway keeps closing → oxygen drops → damage to BP and heart
- ~30M U.S. adults · 80% do not know they have it
- Raises risk of HTN, T2D, AFib, stroke. Low oxygen triggers SCD crises.
- CPAP is the top treatment, but sticking with it is the key

ACTIONS · THIS WEEK

- Get checked if you snore and feel tired all day
- If you have OSA: order a CPAP and start within 30 days
- Add OSA, your AHI, and other conditions to your phone medical ID

SKILLS · LIVE IT

- Say your AHI, O2 nadir, and Epworth Sleepiness Scale score
- Know OSA signs: snoring, gasping in sleep, tired all day
- Tell your team about your heart and metabolic problems
- Read your sleep study report

PLAN · SHARE IT

- Read all 16 squares
- Open deep course tile #1
- Build your CPAP routine



3 Force Field Fact Sheet

Primer · Foundations



360 Human Anatomy: Pulmonary / Sleep

PRIMER · ANATOMY

Take a tour of the body where OSA happens. Your upper airway (tongue, soft palate, and oropharynx, the back of the throat) closes during sleep. Your lungs move less air.

Your oxygen drops. Your brain wakes for a moment to start your breathing again. This can happen hundreds of times a night. Each time, your body has a stress surge.

Your blood pressure rises. Your heart rate jumps. Stress hormones pour out. Over years, this harms your brain (stroke, memory loss). It harms your heart (AFib, heart failure, heart attack).

It also harms your kidneys and how your body handles sugar (insulin resistance, T2D). With sickle cell disease (SCD), the low oxygen sets off sickling.

So OSA can make SCD crises worse.

CONCEPTS · LEARN IT

- Airway closes → oxygen drops → brain wakes you
- Stress surge → blood pressure and heart rate jump in sleep
- Years of this → blood vessel and metabolic damage
- In SCD: low oxygen triggers sickling crises
- CPAP holds the airway open

ACTIONS · THIS WEEK

- Click into 360 Anatomy: respiratory system
- Find your highest-risk organs from your history
- Mark your yearly checks (echo, BP, A1c, eye exam)

SKILLS · LIVE IT

- Open the 360 Human Explorer
- Name the 3 main upper airway parts
- Explain why low oxygen matters in SCD
- Describe what CPAP actually does

PLAN · SHARE IT

- Visit the respiratory anatomy
- Add notes about your worries
- Bring your notes to your next sleep clinic visit





Who Gets Sleep Apnea?

PRIMER

About 30 million U.S. adults have OSA. But about 80% do not know it. Some things raise your risk. These include extra weight and a large neck (>17" men, >16" women).

Family history, older age, alcohol, and sedatives (calming drugs) add risk too. So does your build, like a small jaw or large tonsils. Men get it more than women.

But women catch up fast after menopause. Rates are higher in African American, Hispanic, and Asian American people. OSA often comes with other problems.

It goes with high blood pressure (HTN) 50-60% of the time. It goes with T2D 50-80% of the time. It comes with heart failure (30%) and AFib (40%). With hard-to-control high blood pressure, it is 60%+.

OSA is the most missed heart and metabolic driver in primary care.

CONCEPTS · LEARN IT

- ~30M U.S. adults · ~80% do not know it
- Risk: weight, neck size, family history, age, build, alcohol
- Higher rates in AA, Hispanic, Asian American people
- Missed far too often in women
- Comes with HTN, T2D, HF, AFib at very high rates

ACTIONS · THIS WEEK

- Take STOP-BANG today
- If high risk: ask your PCP for a sleep study (home or in-lab)
- Add your OSA risk to your phone medical ID

SKILLS · LIVE IT

- Take the STOP-BANG screener (4+ = high risk)
- Use the Epworth Sleepiness Scale
- Listen to what your bed partner sees
- Ask about OSA in your family

PLAN · SHARE IT

- This week: STOP-BANG + Epworth
- This month: a sleep study if you need one
- Add your screening results to your Health Passport



3 Force Field Fact Sheet

Primer · Foundations



The Numbers PRIMER

About 30 million U.S. adults have OSA. It costs the U.S. about \$150 billion a year. That covers care, accidents, and lost work. OSA doubles your stroke risk.

It doubles your risk of dying from heart disease. But CPAP cuts heart events by about 30% in people who use it. CPAP also lowers your A1c (average blood sugar).

It lowers your blood pressure. It cuts down AFib episodes. Untreated OSA raises your car crash risk about 7x. The biggest hurdle is sticking with it. Across the country, people use CPAP only about 50% of the time.

Coaching, mask-fit help, and follow-up change that.

CONCEPTS · LEARN IT

- ~30M U.S. adults · ~\$150B/yr U.S. cost
- OSA ~2x stroke risk · ~30% fewer events with steady CPAP
- Sticking with it is the key — coaching beats pressure alone
- ~7x higher car crash risk when untreated
- Cuts AFib episodes when treated

ACTIONS · THIS WEEK

- Check your CPAP use each week
- Aim for >4 hr/night, >70% of nights
- Ask your team about your AHI on therapy

SKILLS · LIVE IT

- Share one number that motivates you
- Find your CPAP use % (the machine tracks it)
- Track your AHI while on therapy

PLAN · SHARE IT

- Add an AHI and use log to your Passport
- Set a use goal
- Join PHIT to add to national results



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Knowing My Numbers

LEARN IT · TIER 1 AWARE

AHI (Apnea-Hypopnea Index) — breathing events each hour of sleep. Mild 5-15 · moderate 15-30 · severe >30. **O2 nadir** — your lowest oxygen in sleep. Normal is >90%.

A lower nadir means more blood vessel damage. **Epworth Sleepiness Scale** (ESS) — scored 0-24. Over 10 (>10) means you are too sleepy in the day. **CPAP-AHI** — your AHI while on CPAP.

It should be <5. **Mask leak %** — should be <24% so your data is right. **Hours/night and % nights** — Medicare wants >4hr/night on >70% nights. Bring your CPAP data to every sleep visit.

CONCEPTS · LEARN IT

- AHI: mild 5-15, moderate 15-30, severe >30
- O2 nadir — normal >90% (lower is worse)
- Epworth — >10 means too sleepy
- CPAP-AHI — should be <5 on therapy
- Mask leak <24% for valid data
- Use: >4hr/night, >70% nights

ACTIONS · THIS WEEK

- Pair myAir / DreamMapper to your phone this week
- Keep a 14-day use log
- Bring it to your next visit, ask: 'Am I at goal?'

SKILLS · LIVE IT

- Say your AHI, O2 nadir, Epworth, and CPAP-AHI on therapy
- Read your sleep study report
- Pair your CPAP to a phone app
- Spot a bad reading (big leak, machine off)

PLAN · SHARE IT

- This week: app + log
- This month: talk about your best pressure
- Add your AHI trend and goal to your Passport



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Master CPAP & Treatment

LEARN IT · TIER 1 AWARE

CPAP is the top treatment. Mask types: nasal pillows (lightest), nasal mask (medium), and full-face (for mouth-breathers). A good mask fit and fixing leaks matter as much as the pressure.

Ramp and a heated humidifier make it more comfy. **Oral appliances** (mandibular advancement, a mouthpiece that moves the jaw forward) are another choice for mild-moderate OSA or CPAP-intolerant patients.

Positional therapy (avoid lying on your back, called supine) helps positional OSA. **Inspire** (a hypoglossal nerve stimulator, an implant that keeps the airway open) is for moderate-severe OSA failing CPAP.

Weight loss works: a 10% loss can reduce AHI ~25%. **GLP-1 RAs** (a newer type of drug) are emerging as an add-on treatment.

CONCEPTS · LEARN IT

- CPAP is the top treatment
- Good mask fit + leak control = comfort + steady use
- Oral appliance for mild-moderate or CPAP-intolerant
- Inspire (nerve stim) for select patients
- 10% weight loss = ~25% AHI reduction
- GLP-1 RAs emerging

ACTIONS · THIS WEEK

- This week: book a mask-fit follow-up if it feels wrong
- Set up the app and auto-share data with your team
- Ask: 'Should we try a different mask?' if leaks keep up
- Try positional therapy if you have positional OSA

SKILLS · LIVE IT

- Show a correct mask fit
- Fix a mask leak
- Clean your CPAP mask and tubing weekly
- Use the ramp and humidifier features
- Read your CPAP usage app data

PLAN · SHARE IT

- This week: make it more comfortable
- This month: review your data with your team
- This quarter: finish any missed labs (esp. for other conditions)



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Spot Red Flags Early

LEARN IT · TIER 1 AWARE

Falling asleep while driving or running machines = STOP and call your team. You may need a sleep study or a CPAP use check. **Bad morning headaches** = maybe low oxygen at night, call your team.

Watched apneas with chest pain = go to the ER. **Stroke FAST** signs = call 911. **CPAP not working with O2 drops on a home pulse-ox (finger oxygen monitor)** = call your team the same day.

If you have SCD: any reported apnea can trigger a sickling crisis and needs same-day team contact. Most other high AHI readings can wait for your team within 24-48 hours.

CONCEPTS · LEARN IT

- Daytime crashes = STOP + call team
- Bad morning headaches = maybe low oxygen
- Watched apneas + chest pain = ER
- FAST stroke = 911
- CPAP failure + O2 drops = same-day call
- SCD + apnea = same-day call (crisis trigger)

ACTIONS · THIS WEEK

- Save 911, your sleep team, and urgent care
- Get a home pulse-ox if you don't have one
- Print the Red Flag card
- Practice teach-back with your bed partner

SKILLS · LIVE IT

- See daytime sleepiness as a red flag
- Use a home pulse oximeter
- Say the FAST stroke check
- Know when CPAP is not working

PLAN · SHARE IT

- This week: red flag card on the fridge
- This month: rehearse one scenario
- Quarterly: review with your team



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Lifestyle Force Field

LEARN IT · TIER 1 AWARE

Weight loss: a 10% loss can reduce AHI ~25%. That is big. **Sleep position:** if you have positional OSA, don't sleep on your back (supine). Sleep on your side.

Avoid alcohol/sedatives within 3 hr of bedtime. They relax airway muscles and make OSA worse. **Sleep hygiene:** keep a set schedule, a dark room, and a cool temperature.

No screens 1 hr before bed. **Treat allergies and nasal congestion** — a stuffy nose makes CPAP worse. **Smoking cessation** helps your airway. **Daytime exercise** improves how you sleep.

CONCEPTS · LEARN IT

- 10% weight loss = ~25% AHI reduction
- Don't sleep on your back if positional OSA
- Alcohol/sedatives within 3 hr = airway relaxation
- Treat nasal congestion (CPAP works better)
- Smoking cessation helps
- Keep a regular sleep schedule

ACTIONS · THIS WEEK

- This week: try side-sleeping (or a positional device)
- Track your alcohol timing for 1 week
- Add sleep hygiene rules to your routine
- If overweight: book a weight management visit

SKILLS · LIVE IT

- Set up positional therapy (back-pillow or wedge)
- Stop alcohol 3 hr before bed
- Treat nasal congestion (saline, allergy meds)
- Exercise daily, but not within 2 hr of bed
- Keep the same sleep and wake times

PLAN · SHARE IT

- Daily: position + alcohol + screens
- Weekly: weigh in, review your use
- Quarterly: review CPAP and lifestyle with your team



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Make Every Visit Count

LIVE IT · TIER 2 ACTIVE

A great OSA visit is not about cramming. Bring your CPAP usage data and your Epworth score. Write 3 top questions. Do 1 teach-back. Make 1 shared decision.

Leave with 1 clear next step. Use the AHRQ SHARE Approach. Ask: "What's my AHI on therapy?" Ask: "Should we adjust the pressure?" Ask: "What about positional therapy or an oral appliance?" Make sure you know your next steps before you leave.

CONCEPTS · LEARN IT

- CPAP data + 3 questions + 1 teach-back + 1 shared decision
- Health Passport = a record you can carry
- The SHARE Approach beats 'just ask'
- Setting goals up front saves 10 min
- Map your next steps before you leave

ACTIONS · THIS WEEK

- Prep ritual (15 min, the day before)
- During: one teach-back
- After: list 3 next steps
- Follow up on the portal in 24 hr

SKILLS · LIVE IT

- Before: download CPAP data, write 3 priority questions
- During: one teach-back, one shared decision
- Ask 'What's my AHI on therapy?' and 'What would you do?'
- Send a portal follow-up within 24 hr

PLAN · SHARE IT

- Prep ritual
- Practice teach-back with your bed partner
- Set a debrief after the visit



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Care Team Members

LIVE IT · TIER 2 ACTIVE

A sleep medicine doctor (sleep-board-certified) leads the team. **Primary care** coordinates and screens. **A CPAP DME tech** (durable medical equipment supplier) handles mask fit and replacements.

An ENT (ear, nose, and throat doctor) helps with anatomy issues like a deviated septum or large tonsils. **A dentist** with sleep training makes oral appliances.

An RD (registered dietitian) helps if weight is part of your plan. **Behavioral health** helps with sticking to CPAP and with insomnia. **A peer mentor** with OSA and CPAP experience can guide you.

Your bed partner is the home Ambassador who sees what you can't.

CONCEPTS · LEARN IT

- OSA care is a team sport
- The CPAP DME tech is a big help and often underused
- Sleep dentists are real and helpful
- Behavioral health helps you stick with CPAP
- Your bed partner is the home observer

ACTIONS · THIS WEEK

- Build a Care Team card
- Find a CPAP DME you trust
- Get a sleep dentist referral if you may want an oral appliance
- Bring your partner to your next visit

SKILLS · LIVE IT

- List every team member
- Use 'who handles what' to sort issues
- Book mask-fit follow-ups
- Run a hand-off meeting

PLAN · SHARE IT

- This month: Care Team card
- This quarter: mask-fit follow-up
- This year: an optimization review



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Telemedicine & Tech

LIVE IT · TIER 2 ACTIVE · TECH

Telemedicine (video care) and tech have changed OSA care. CPAP modems auto-share your data with your sleep team. Apps (myAir from ResMed, DreamMapper from Philips) show your usage, leak, and AHI.

Most routine OSA visits are now 15-min video reviews of the data. Wearables track your sleep stages. Home sleep tests replace in-lab sleep studies for many people.

AI-assisted scoring is now common.

CONCEPTS · LEARN IT

- CPAP auto-data is standard
- myAir + DreamMapper = consumer apps
- Most OSA visits are now virtual
- Home sleep tests replace in-lab tests
- Wearables track sleep stages

ACTIONS · THIS WEEK

- Sign up for the app today
- Book your next visit as a video visit
- Try a home sleep test if you're undiagnosed
- Do a 30-day use review

SKILLS · LIVE IT

- Pair your CPAP to your phone
- Send your data to the team through the app
- Read your AHI, leak, and usage trend
- Run a video visit smoothly

PLAN · SHARE IT

- This week: app + data sharing
- This month: try a video visit
- Quarterly: review your log with the team



Force Field Fact Sheet

Tier 2 · Live It · Active



Insurance, Referrals & Cost

LIVE IT · TIER 2 ACTIVE

Most insurance covers CPAP when you meet the AHI rules. That is usually AHI ≥ 5 with symptoms, or AHI ≥ 15 on its own. **Medicare wants proof you use it:** $>4\text{hr/night}$ on $>70\%$ of nights in the first 90 days, or you can lose coverage.

Co-pay help comes from AASM resources and maker programs (ResMed, Philips). **Prior auth** for Inspire and oral appliances often needs appeals. **FMLA/ADA** covers bad daytime sleepiness that hurts work or school.

Care navigators (often free at academic sleep centers) help with all of it.

CONCEPTS · LEARN IT

- CPAP covered when AHI criteria met
- Medicare 90-day adherence rule ($>4\text{hr}$, $>70\%$ nights)
- Co-pay help: AASM, manufacturer programs
- Prior auth for Inspire + oral appliance often appealable
- FMLA + ADA = your rights at work and school

ACTIONS · THIS WEEK

- Print one EOB and learn it
- Apply for one co-pay program
- Save 3 help links
- Talk to HR about FMLA

SKILLS · LIVE IT

- Read your EOB and find the appeal address
- File a CPAP/Inspire prior auth appeal
- Apply for co-pay help
- Get your FMLA paperwork

PLAN · SHARE IT

- This week: gather your last 3 EOBs
- This month: apply for co-pay help
- Annually: re-verify FMLA / ADA



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Equity & the 4-Way Cluster

SHARE IT · TIER 3 CERTIFIED

OSA is badly underdiagnosed in **African American, Hispanic, Asian American, and women** — even with classic symptoms (CDC, AASM disparity data). When SCD is added in AA patients, the cluster **SCD + HTN + OSA + T2D** piles up vascular damage.

OSA's hypoxia events directly trigger sickling crises in SCD patients. This 4-way cluster causes the most preventable strokes of any well-defined comorbid pattern in U.S.

populations. Banner Health's Maricopa footprint covers all four populations. Screen for the whole cluster — don't manage OSA in isolation.

CONCEPTS · LEARN IT

- OSA underdiagnosed in AA, Hispanic, Asian American, women
- SCD + HTN + OSA + T2D = highest preventable-stroke burden
- OSA hypoxia triggers SCD crises
- Treating OSA improves all 4 conditions
- Equity is central, not a side topic

ACTIONS · THIS WEEK

- Save written notes after each visit
- Build a cluster-aware Care Team card
- Find a local OSA-savvy advocate
- Practice the 'broken record' redirect

SKILLS · LIVE IT

- Ask about HTN + T2D + CKD + SCD screening
- Write down any visit discrepancies
- Stay calm while you advocate
- Speak up about underdiagnosis in your community

PLAN · SHARE IT

- This month: complete one equity training (AASM / IHI)
- This quarter: write your story
- Long-term: become an Ambassador (Tier 3)



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Teach, Mentor, Ambassador

SHARE IT · TIER 3 CERTIFIED

You become your strongest self when you teach others. The bed partner is the #1 home observer of apnea events. A **high-school student Ambassador** can notice snoring, daytime fatigue, and watched apnea in a parent or grandparent, then prompt screening.

That is a population-level scout layer Banner's care team can't match from inside the EHR (electronic health record). Mentor a newly-diagnosed neighbor.

Run a 'know your apnea' coffee hour. Speak at your church or job about workplace sleep screening.

CONCEPTS · LEARN IT

- Bed partner = #1 observer
- A HS-student Ambassador can prompt screening of older family
- Mentoring improves your own outcomes
- One clear story beats ten slides
- Bring data — your CPAP screenshot

ACTIONS · THIS WEEK

- Sign up to mentor one newly-diagnosed family
- Speak once at school, work, church, or community
- Send your story to AASM / FFH
- Co-present grand rounds with your sleep team

SKILLS · LIVE IT

- Tell your story in 3 minutes
- Run a 30-min peer support session
- Write a 'what I wish I'd known when I was diagnosed'
- Co-teach with your sleep team
- Set healthy mentoring boundaries

PLAN · SHARE IT

- This month: find one mentoring opportunity
- This quarter: give one talk
- This year: finish the Tier 3 Ambassador requirements



Share Insights with Clinicians

SHARE IT · TIER 3 CERTIFIED

Bring your CPAP data. After a great or rough visit, write a short letter to your sleep team: 'what worked, what didn't, what we learned.' Help train residents on mask fit, leak troubleshooting, and adherence support.

CPAP success comes from coaching as much as the pressure setting.

CONCEPTS · LEARN IT

- Keep letters short, specific, and named
- Concrete stories beat general feedback
- Most teaching programs welcome patient teachers
- Even anonymized insights help
- Feedback closes the loop

ACTIONS · THIS WEEK

- Write one feedback letter this quarter
- Volunteer for one teaching round this year
- Send one insight to the FFH staff training library

SKILLS · LIVE IT

- Write a 'worked / didn't / learned' letter under 200 words
- Lead a 5-min slot in resident teaching rounds
- Send feedback through the portal
- Turn a tough event into a teaching case

PLAN · SHARE IT

- This month: one feedback letter
- This quarter: present once
- This year: contribute to the FFH library



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Join the ROI Study (PHIT)

SHARE IT · TIER 3 CERTIFIED · STUDY

PHIT — Population Health Impact Tracking — asks a question. Does the Prepared Patient program help people use CPAP, cut ED visits, and lower the total cost of care for OSA populations? You can opt in to share pooled, de-identified outcomes (AHI on therapy, adherence %, badge progress, and your own quality-of-life ratings).

No PHI (personal health info) is shared. You can withdraw anytime.

CONCEPTS · LEARN IT

- PHIT = de-identified, aggregate only
- Validated programs become reimbursable + scalable
- Your data + 1,000 others = publishable
- Anytime opt-out
- FFH ROI Engine pairs PHIT data with cost data

ACTIONS · THIS WEEK

- Opt in with the green box on this page
- Read your first quarterly summary
- Tell one peer about PHIT
- Check researchers with FFH first

SKILLS · LIVE IT

- Read a one-page consent
- Tell PHI apart from aggregate data
- Check the dashboard now and then
- Withdraw anytime

PLAN · SHARE IT

- Today: opt in if it feels right
- Quarterly: review the summary
- Yearly: decide whether to continue

Additional Notes

☐ I've read the full Sleep Apnea Fact Sheet · Step 3



4 Prepared Patient Course

The complete course — three levels, applied to your life

The course takes you through the Fact Sheet in three levels — from newly-diagnosed to prepared — then shows how every part applies to you and the people around you.

Level 1 · Aware

Know the basics — what Sleep Apnea is, your numbers, your meds.

Level 2 · Active

Manage & do — self-monitor, act on red flags, work your plan.

Level 3 · Certified

Advocate & share — teach it, bring your team in, help others.

The Numbers

About 30 million U.S. adults have OSA. It costs the U.S. about \$150 billion a year. That covers care, accidents, and lost work. OSA doubles your stroke risk.

It doubles your risk of dying from heart disease. But CPAP cuts heart events by about 30% in people who use it. CPAP also lowers your A1c (average blood sugar).

It lowers your blood pressure. It cuts down AFib episodes. Untreated OSA raises your car crash risk about 7x. The biggest hurdle is sticking with it. Across the country, people use CPAP only about 50% of the time.

Coaching, mask-fit help, and follow-up change that.

- ~30M U.S. adults · ~\$150B/yr U.S. cost
- OSA ~2x stroke risk · ~30% fewer events with steady CPAP
- Sticking with it is the key — coaching beats pressure alone
- ~7x higher car crash risk when untreated
- Cuts AFib episodes when treated

THE FULL COURSE — HOW EACH PART APPLIES TO YOUR LIFE

Every part of the Sleep Apnea Force Field lands differently depending on who you are. Here is the complete course — what each concept means for **you**, your **family**, the **workplace**, and **students** learning it.

What Is Obstructive Sleep Apnea?

FOR YOU · THE PATIENT

OSA can be fixed. Most people on CPAP feel much better within weeks. Read this once all the way through. Then come back one square at a time.

EMPLOYERS & WORKPLACE

Untreated OSA leads to car crashes and work accidents. Sleep referrals and CPAP support save lives. They also lower your risk.

FAMILY & CAREGIVERS

Bed partners see apnea events first. What you notice matters a lot. Propping up pillows can help. If you see it, urge them to get checked.

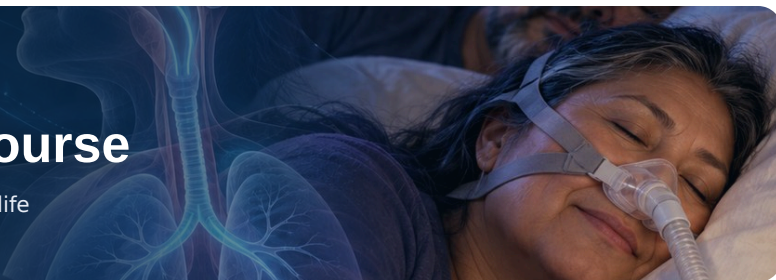
STUDENTS & LEARNERS

OSA is the most common sleep disorder in clinic. Learn the AHI, the heart and metabolic loops, and why CPAP use is hard.



4 Prepared Patient Course

The complete course — three levels, applied to your life



360 Human Anatomy: Pulmonary / Sleep

FOR YOU · THE PATIENT

Knowing where the disease lives makes the rest make sense. You see why CPAP matters. You see why other conditions add up.

EMPLOYERS & WORKPLACE

This shows why a treated employee is far more alert and gets more done.

FAMILY & CAREGIVERS

Use 360 Anatomy with your bed partner. The pictures show why apnea events matter.

STUDENTS & LEARNERS

This is the best free interactive sleep anatomy. Bookmark it.

Who Gets Sleep Apnea?

FOR YOU · THE PATIENT

You did not cause this. It comes from your build, your biology, and life. Knowing your risk is the first step.

EMPLOYERS & WORKPLACE

Offer STOP-BANG screening at wellness events. It finds a lot for a low cost.

FAMILY & CAREGIVERS

Watch for apnea. Note the snoring and gasping. Urge them to get checked. Most people miss their own apneas.

STUDENTS & LEARNERS

Know STOP-BANG cold. Memorize the Epworth scale. Both are top screening tools.

The Numbers

FOR YOU · THE PATIENT

You are not just a statistic. But the numbers are on your side. Using CPAP saves lives.

EMPLOYERS & WORKPLACE

OSA-friendly support saves money. Screening at hire pays off well.

FAMILY & CAREGIVERS

These numbers show why pushing for CPAP coaching matters.

STUDENTS & LEARNERS

Memorize three: ~30M, \$150B, and CPAP cuts CV events ~30%. You'll use them weekly in clinic.

Knowing My Numbers

FOR YOU · THE PATIENT

Two minutes to check your data the right way pays off. It keeps your care accurate. You avoid chasing a number that is not real.

EMPLOYERS & WORKPLACE

A quiet spot and 5 min lets an employee check CPAP data. Trust them.

FAMILY & CAREGIVERS

Memorize the AHI goal. It belongs on every emergency contact card.

STUDENTS & LEARNERS

AHI on therapy is the modern standard, not just the first AHI.



4 Prepared Patient Course

The complete course — three levels, applied to your life

Master CPAP & Treatment

FOR YOU · THE PATIENT

CPAP is hard for the first 2 weeks. By week 6 it can change your life. Stick with it. Coaching and a good mask fit fix most problems.

EMPLOYERS & WORKPLACE

A treated employee is far more alert. If you offer health benefits, offer CPAP support too.

FAMILY & CAREGIVERS

Help with the routine. Don't let it turn into a fight. Cheer on the cleaning habit.

STUDENTS & LEARNERS

Learn mask types, ramp, humidifier, and leak fixes. The drugs are few here; the gear matters.

Spot Red Flags Early

FOR YOU · THE PATIENT

This square saves lives. Falling asleep while driving is a 911 matter. Don't drive sleepy.

EMPLOYERS & WORKPLACE

Take 'I keep falling asleep at my desk' seriously. Help with a team referral.

FAMILY & CAREGIVERS

Bed partners and family see apnea events. What you notice IS the screening.

STUDENTS & LEARNERS

Daytime sleepiness is a red flag for OSA, narcolepsy, depression, or a medication side effect. Don't dismiss it.

Lifestyle Force Field

FOR YOU · THE PATIENT

You can drop your AHI a lot with lifestyle alone if you stack the levers. And CPAP works better too.

EMPLOYERS & WORKPLACE

A nap room, fair late-shift scheduling, and sleep-hygiene education help the whole workforce.

FAMILY & CAREGIVERS

Help set up side-sleeping, no alcohol within 3 hr, and a dark, cool room. Habits spread inside families.

STUDENTS & LEARNERS

The AASM lifestyle bundle is gold-standard add-on treatment. Memorize: weight, position, alcohol, allergies.

Make Every Visit Count

FOR YOU · THE PATIENT

Five minutes of prep equals fifty minutes of better care.

EMPLOYERS & WORKPLACE

A 30-min visit window saves money downstream.

FAMILY & CAREGIVERS

Be the second pair of ears. Help capture the next steps.

STUDENTS & LEARNERS

Use the SHARE Approach every time. Awkward at first, then second nature.



4 Prepared Patient Course

The complete course — three levels, applied to your life



Care Team Members

FOR YOU · THE PATIENT

You don't need to know everything. Just know who to call.

EMPLOYERS & WORKPLACE

One named HR contact and one patient contact = no chaos.

FAMILY & CAREGIVERS

Help keep the Care Team card up to date.

STUDENTS & LEARNERS

Become a sleep-fluent clinician. There aren't enough of you.

Telemedicine & Tech

FOR YOU · THE PATIENT

Tech multiplies your effort. Auto-data sharing means the team sees your trend before you walk in.

EMPLOYERS & WORKPLACE

A 30-min video visit during the workday saves hours.

FAMILY & CAREGIVERS

Help set up the app together. Caregivers can have data access too.

STUDENTS & LEARNERS

Tele-sleep is the standard. Train in it now.

Insurance, Referrals & Cost

FOR YOU · THE PATIENT

A few hours of paperwork can save you thousands. It can also keep you from losing CPAP coverage.

EMPLOYERS & WORKPLACE

FMLA, ADA, and proactive HR save money and retain talent.

FAMILY & CAREGIVERS

Take the lead on paperwork during the 90-day Medicare adherence window.

STUDENTS & LEARNERS

Most clinicians don't teach this. Learn it and you'll be the most useful person on the rotation.

Equity & the 4-Way Cluster

FOR YOU · THE PATIENT

You are not imagining it. The system is uneven. Knowing that helps you protect yourself.

EMPLOYERS & WORKPLACE

Believe what your team member tells you. Bias is well documented.

FAMILY & CAREGIVERS

Be the calm voice. Be the second witness.

STUDENTS & LEARNERS

Read the AASM disparity data and the AHA OSA position statement. Then change how you act.



4 Prepared Patient Course

The complete course — three levels, applied to your life

Teach, Mentor, Ambassador

FOR YOU · THE PATIENT

Teaching cements what you know.

EMPLOYERS & WORKPLACE

A teammate who mentors others becomes an internal champion.

FAMILY & CAREGIVERS

Caregiver-to-caregiver mentoring is just as powerful.

STUDENTS & LEARNERS

Learning alongside patient-experts is how you become a sleep-fluent clinician.

Share Insights with Clinicians

FOR YOU · THE PATIENT

Your feedback could change how 100 future patients are treated.

EMPLOYERS & WORKPLACE

Encourage employees to share what works.

FAMILY & CAREGIVERS

Caregiver feedback matters too — the in-between moments clinicians never see.

STUDENTS & LEARNERS

The best teaching you'll ever get is from a patient. Show up early.

Join the ROI Study (PHIT)

FOR YOU · THE PATIENT

Taking part is a quiet act of advocacy.

EMPLOYERS & WORKPLACE

Sponsoring a PHIT cohort shows your investment is working.

FAMILY & CAREGIVERS

Caregivers can opt in too.

STUDENTS & LEARNERS

This is participatory research done right.

QUIZ YOURSELF — CAN YOU ANSWER THESE WITHOUT NOTES?

- ☐ What is Sleep Apnea, in one plain sentence?
- ☐ What are my target numbers, and my personal baseline?
- ☐ What are my red flags — the signs that mean “call now”?
- ☐ What do I do first if those red flags happen?
- ☐ What is each of my medicines for?



4 Prepared Patient Course

The complete course — three levels, applied to your life

The one thing about Sleep Apnea I most want to remember

 Additional Notes

☐ I've completed Step 4 · Prepared Patient Course for Sleep Apnea



5 Materials & Tools

Your home kit — the tools that keep you prepared

Being prepared between visits takes a few simple tools. Set these up for Sleep Apnea, and check them off as you go.

YOUR KIT

- ☐ **Health Passport** — meds, numbers, allergies & contacts on one page.
- ☐ **Your meters / devices** — whatever you use to track Sleep Apnea at home.
- ☐ **Your action plan** — green / yellow / red: what to do at each level.
- ☐ **Reminders** — a pillbox or phone alarm for medicines and refills.
- ☐ **A tracker** — one number or habit to watch over time.

THIS WEEK'S ACTIONS FOR SLEEP APNEA

- ☐ Get checked if you snore and feel tired all day
- ☐ If you have OSA: order a CPAP and start within 30 days
- ☐ Add OSA, your AHI, and other conditions to your phone medical ID
- ☐ Click into 360 Anatomy: respiratory system
- ☐ Find your highest-risk organs from your history
- ☐ Mark your yearly checks (echo, BP, A1c, eye exam)
- ☐ Take STOP-BANG today
- ☐ If high risk: ask your PCP for a sleep study (home or in-lab)
- ☐ Add your OSA risk to your phone medical ID
- ☐ Check your CPAP use each week
- ☐ Aim for >4 hr/night, >70% of nights
- ☐ Ask your team about your AHI on therapy

The one number or habit I'll keep an eye on



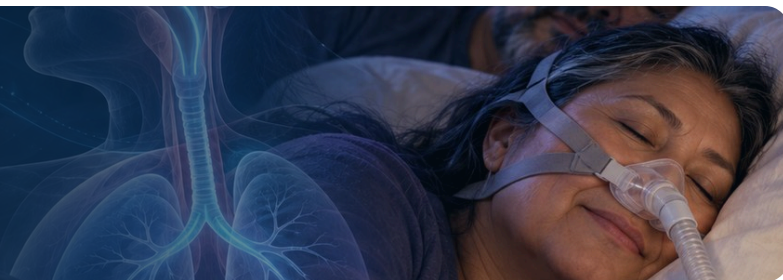
5 Materials & Tools

Your home kit — the tools that keep you prepared

Additional Notes

☐ I've completed Step 5 · Materials & Tools for Sleep Apnea





Skills Lab is where you **show** an educator (or a trusted person) the hands-on parts of managing Sleep Apnea, in your own words. Practise and demonstrate these:

SKILLS TO DEMONSTRATE

- ☐ Say your AHI, O2 nadir, and Epworth Sleepiness Scale score
- ☐ Know OSA signs: snoring, gasping in sleep, tired all day
- ☐ Tell your team about your heart and metabolic problems
- ☐ Read your sleep study report
- ☐ Open the 360 Human Explorer
- ☐ Name the 3 main upper airway parts
- ☐ Explain why low oxygen matters in SCD
- ☐ Describe what CPAP actually does
- ☐ Take the STOP-BANG screener (4+ = high risk)
- ☐ Use the Epworth Sleepiness Scale
- ☐ Listen to what your bed partner sees
- ☐ Ask about OSA in your family
- ☐ Share one number that motivates you
- ☐ Find your CPAP use % (the machine tracks it)

TEACH IT BACK

The fastest way to know you've got it: explain Sleep Apnea in your own words — what it is, your main signs, what helps, and your red flags — with no notes.

My red flags for Sleep Apnea — the signs that mean “call now”



6

Skills Lab

Show you can do it — hands-on teach-back

Additional Notes

☐ I've completed Step 6 · Skills Lab for Sleep Apnea





THE FORCE FOR HEALTH® · PREPARED PATIENT

Prepared Patient Ambassador

This certifies that

has completed the Prepared Patient module for **Sleep Apnea** — knowing their condition, their numbers, their red flags, and how to speak up in their own care.

SKILLS-LAB EDUCATOR SIGN-OFF

DATE

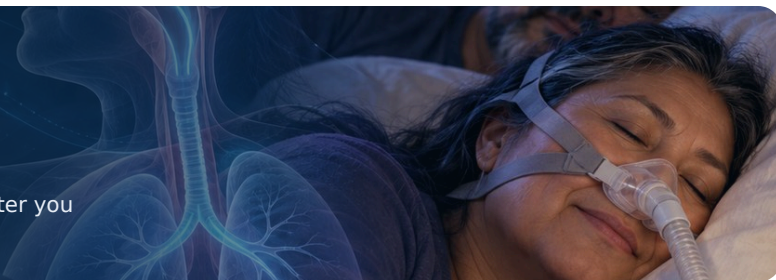
Workbook completion certificate. The clinical Prepared Patient Ambassador credential is confirmed by your Skills-Lab educator or the certification exam.



SCAN TO VERIFY &
COMPLETE
CERTIFICATION

8 Disease Advocate

Optional — beyond yourself: help those who come after you



This optional step is a gift you give the next person. Turn what you learned about Sleep Apnea outward.

WAYS TO ADVOCATE & SHARE

- ☐ Read all 16 squares
- ☐ Open deep course tile #1
- ☐ Build your CPAP routine
- ☐ Visit the respiratory anatomy
- ☐ Add notes about your worries
- ☐ Bring your notes to your next sleep clinic visit
- ☐ This week: STOP-BANG + Epworth
- ☐ This month: a sleep study if you need one
- ☐ Add your screening results to your Health Passport
- ☐ Add an AHI and use log to your Passport
- ☐ Share your story and what helped you most.
- ☐ Complete a row of Advocate Bingo.
- ☐ Support someone newly diagnosed with Sleep Apnea.

My feedback on this program (Coach Lucy & Dr. Rob read these)



8 Disease Advocate

Optional — beyond yourself: help those who come after you

Additional Notes

☐ I've completed Step 8 · Disease Advocate for Sleep Apnea

