

The Use of Online CBT-I at Jefferson Sleep Disorder Clinic: A Quality Improvement Study

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Introduction

Insomnia is a common medical complaint with an estimated office visit rate of five million per year in the US. The prevalence increases with age and is more common in women than men. There have been numerous studies which recommend cognitive behavioral therapy for Insomnia (CBT-I) for initial treatment rather than pharmacologic therapy. CBT-I has shown less dependency on medications and more long term control of symptoms. However, this is largely dependent on availability and access to CBT-I. Recently, a large 15 study meta-analysis was published comparing online CBT-I to traditional in-person therapy citing no difference in efficacy. Online CBT-I is more widely available and cost effective compared to in-person therapy. Patients are able to use it at home on their desktop computer and/or on their mobile devices. Online CBT-I is an effective treatment option for insomnia and recommended as an alternative to in-person therapy.

Objectives

We propose to introduce online CBT-I into our patient practice by distributing flyers to patients who complain of insomnia. We have made flyers available in all the exam rooms and educated physicians, nurse practitioners and staff. We will then review charts after the intervention period to evaluate for an increase in recommendation for CBT-I as a treatment option and education for patients.

Methods

Sleep Healthy Using the Internet (SHUTi) an Online CBT-I recommended by Harvard Health was selected for distribution at Jefferson Sleep Disorders Center. Flyers from the website were printed and copied for distribution at the end of August. Copies were placed in folders made available to all clinicians in a total of six exam rooms. Clinicians were educated on SHUTi via staff meetings, various staff email reminders and by verbal reminders by house staff through September and October months. Documentation of SHUTi education and resource distribution were made in patient charts. Charts were subsequently reviewed to assess if the intervention increased online CBT-I recommendation by the clinician.

Results

85 patient charts were reviewed over 4 months. The initial 44 charts were reviewed from July 1, 2017 to August 31, 2017 prior to the intervention and 41 additional charts were reviewed from September 1, 2017 to October 31, 2017 following intervention. 28 patients were excluded due co-morbid conditions that may interfere with the diagnosis of insomnia or patient was lost to follow up. Online CBT-I was offered to 3 out of 30 patients prior to intervention (10.0%) and 6 out of 27 after (22.2%). This shows a 12.2% increase in utilization.

Conclusion

Our study showed that we were able to increase utilization in our practice of online CBT-I by distributing handouts in the exam rooms and emailing reminders to physicians, nurse practitioners and staff. This demonstrates improvement in the quality of care of patient with insomnia by providing them with more available resources for CBT-I that are both easily accessible and affordable.

References

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