

Sweet Dreams or Sleepless Nights?

Comparing Patient Satisfaction in Integrated vs. Traditional Sleep Care Models

Rebecca M. Hankla¹, Jason C. Ong¹, Samantha Edington¹, Frances Thorndike¹, Wendy Cerenzia², Brandon Coleman², Greg Salinas², Heidi Riney¹

¹Nox Health, Inc., Alpharetta, GA, United States

²CE Outcomes, LLC, Birmingham, AL, United States



Presented at SLEEP 2025, @ Seattle, Washington

Introduction

Obstructive sleep apnea (OSA) is a highly prevalent and frequently underdiagnosed condition associated with elevated risks of cardiovascular, metabolic, and neuropsychiatric disorders, alongside reduced quality of life^{1,2}. While continuous positive airway pressure (CPAP) remains the gold standard for treatment, traditional models of care—often fragmented and complex—can impede timely diagnosis, treatment initiation, and long-term adherence³. Patients are frequently burdened by convoluted insurance requirements, disjointed care pathways, and limited access to support for device setup and use. In contrast, clinically integrated care models may mitigate these barriers by unifying diagnosis, education, therapy initiation, and longitudinal follow-up within a coordinated system. This study evaluates self-reported patient satisfaction across two care pathways—traditional and comprehensive, clinically integrated sleep care—to explore whether a streamlined, patient-centered approach enhances the treatment experience and promotes sustained adherence.

Methods

To gain deeper insight into the patient experience across two varying models of sleep care, the study compares outcomes between a traditional sleep care pathway and a clinically integrated, comprehensive sleep care program. Survey data were collected from 206 individuals with obstructive sleep apnea (n = 102 in the traditional care model; n = 104 in the integrated model), assessing key domains of patient satisfaction, CPAP initiation and adherence, and overall quality of life. Participants in the comprehensive cohort were recruited from a proprietary database maintained by a commercial provider of integrated sleep care services, while those in the traditional cohort were recruited via targeted social media advertisements. Using descriptive statistics, chi-square tests, and independent-sample t-tests, differences in outcomes between the two groups were evaluated to determine whether the integrated, clinically coordinated model was associated with improved patient experiences and treatment engagement.

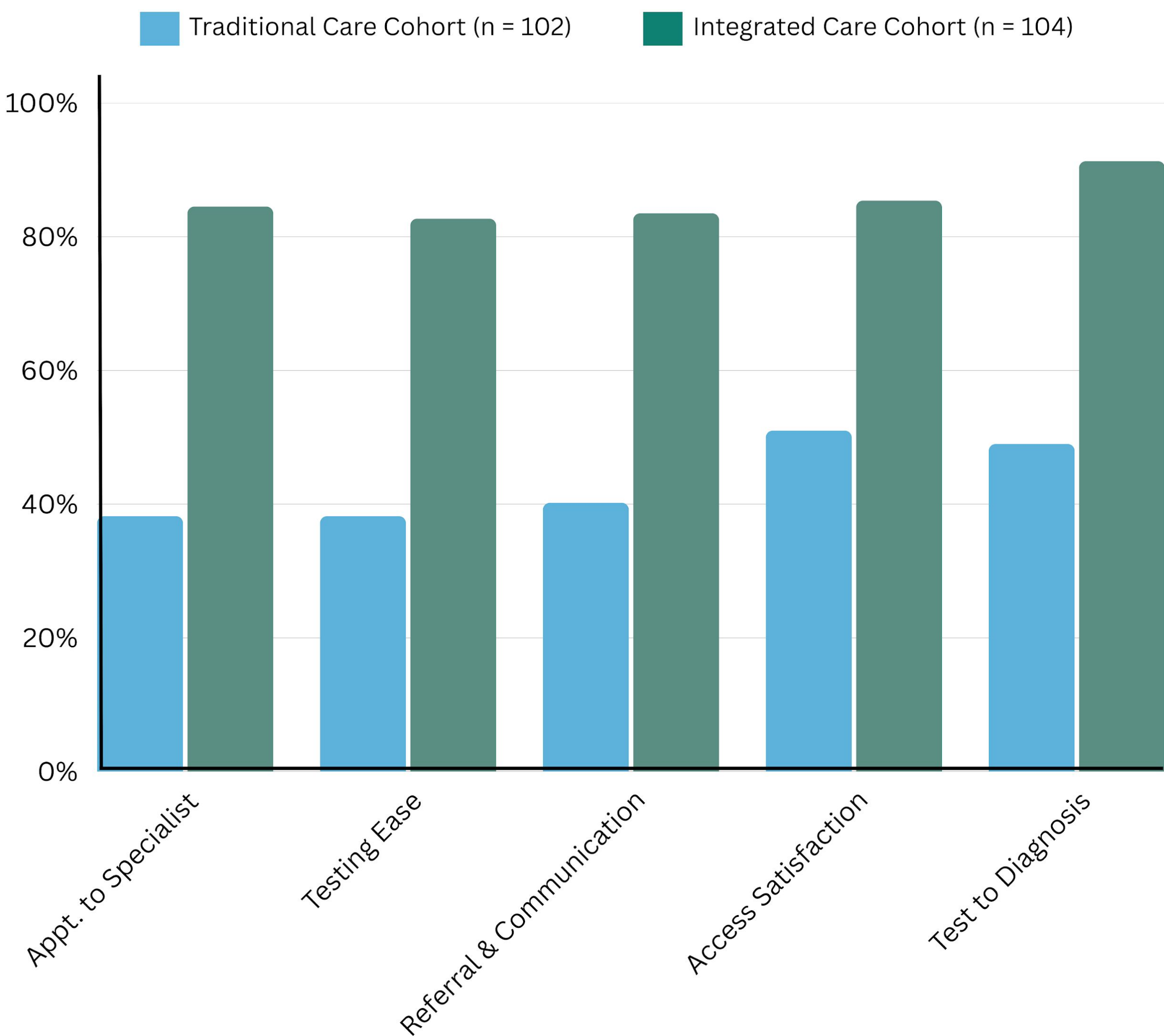
Table 1: Sample Demographics

	Traditional Care Cohort (n = 102)	Integrated Care Cohort (n = 104)
Age	44	45
Years with OSA	5 years	5 years
Gender	49% female	49% female
Race		
American Indian	1%	2%
Asian/Asian American	5%	6%
Black/African American	17%	12%
Hispanic/Latino/Spanish Origin	11%	6%
White	71%	79%
Other/prefer not to say	1%	3%
Marital status		
Single (never married)	29%	14%
Married	43%	76%
Divorced	21%	8%
Widowed	6%	2%
Use of CPAP		
Never used a CPAP before	14%	7%
Former CPAP user	32%	3%
Currently use CPAP	54%	90%

Results

Patients receiving care in the clinically integrated comprehensive sleep apnea model reported significantly higher satisfaction across every stage of the patient journey compared to those in the traditional model. A striking 85% of patients in the comprehensive model were satisfied with their access to care, compared to just 51% in the traditional model (p < .05). Satisfaction with the ease of navigating the sleep testing process was more than twice as high in the comprehensive model (83% vs. 38%, p < .05), and 91% of patients were very satisfied with the time between diagnosis and receiving a CPAP device, compared to only 43% in the traditional model (p < .05).

Figure 1: Comparison of Cohorts by “Very Satisfied” Status



Furthermore, patients in the comprehensive model reported markedly higher satisfaction with the education and support they received: 68% were very satisfied with troubleshooting support at CPAP initiation (vs. 39%, p < .05), and 79% reported high satisfaction with ongoing CPAP support (vs. 39%, p < .05). Overall satisfaction with the quality of care from their provider was nearly double in the comprehensive group (85% vs. 44%, p < .05). Notably, fewer patients in the comprehensive model experienced life disruptions due to sleep apnea. Only 7% reported missing work in the past three months due to sleep apnea, compared to 58% of patients in the traditional model (p < .05).

“What an amazing quick process, working with friendly ‘live’ people helping all the way.”

“This experience has blessed my life!”

“Having private work sponsored programs help a lot in access and easier follow up.”

Selected Participant feedback from post-treatment survey

Conclusions

This study highlights the potential of a comprehensive sleep care model to improve patient satisfaction, streamline access to diagnosis and treatment, and reduce daily life disruptions. Compared to traditional care, patients in the comprehensive model reported higher satisfaction and more efficient experiences, reinforcing the value of integrated approaches in sleep medicine. These findings underscore how a clinically integrated model not only improves access and experience but also meaningfully enhances patients’ day-to-day functioning and satisfaction with care.

Limitations: This study’s limitations include potential selection bias due to targeted social media recruitment, use of self-reported data subject to recall bias, and limited generalizability from the exclusion of publicly insured populations. While the design captured real-world perspectives, differences in diagnostic methods and non-randomized enrollment should be considered when interpreting results.