

## *Expert Interviews*

### **“10 Steps for CPAP Success”**

**With President of Restoration Medical and CPAP Expert, Mr. Chip Smith**

**During this interview, you will discover:**

- What CPAP is and how it can help you sleep better, wake up energized, and feel more rested and awake than ever before.
- How to prevent pesky leaks and upkeep your CPAP machine to optimize and maintain its effectiveness.
- Even more reasons why CPAP could be the right treatment for obstructive sleep apnea for you or your loved ones.

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**DR. PARK'S EXPERT INTERVIEWS:  
"10 Steps for CPAP Success"**

**With President of Restoration Medical and CPAP Expert, Mr. Chip Smith**

**Dr. Park:** Hi, I'm Dr. Steven Park and welcome to another edition of my *Breathe Better, Sleep Better, Live Better* Expert Interview Series. Tonight we're going to talk about CPAP. Specifically how you can properly use and benefit from CPAP, whether you're a beginner or an experienced CPAP user. I'm sure you already know that CPAP or Continuous Positive Airway Pressure is the most common way obstructive sleep apnea is treated. Used properly it can change people's lives. Unfortunately, many people can't benefit from its use for a number of different reasons, various reasons that we are going to talk about tonight.

For CPAP to work properly there are a number of different issues that all must work simultaneously and if there's even one problem it's like having a weak link in a chain. So tonight we are going to be enlightened on the ten most important components of making CPAP work for you and I'm honored to have with us Mr. Chip Smith, who is the President of Restoration Medical supply, which is the only durable medical equipment company in the metro New York area that focuses exclusively on sleep therapy. He received his Bachelors from Fordham University and has an MBA from NYU, Stern School of Business. And he founded Restoration Medical in 2004 after working as a national account executive for Covidien – is that how you pronounce that?

**Chip Smith:** Yes.

**Dr. Park:** And he founded Restoration Medical, a company whose main focus is customer satisfaction, patient education, follow up and support. So tonight we have almost a hundred people registered for this program, mostly from the U.S., but also people from Canada and Europe. And we received a lot of great questions and hopefully our discussion should answer most of your questions. I'm sorry to say that we can't answer every one of your questions that came in. So, let's get started. Chip, welcome to the program.

**Chip Smith:** Thanks so much for having me, I appreciate it, and thanks for the opportunity to speak with you and your group. I definitely enjoyed and benefited from your previous discussions and think of the one with Dr. Jacobs on insomnia, I really urge people to go back the archives and listen to those. And I will say I feel like the bar has been set high and so hopefully this can be a productive call as well.

**Dr. Park:** Yeah, I really look forward to hearing from – what you have to say as well. Now, let me just ask you, how did you get involved in this area and how did you just become so passionate about what you do?

**Chip Smith:** Well, you know, my – I would call it a difference between interest and passion. My interest was piqued when I started on the manufacturing end for a company that did manufacture CPAPs, bi-levels, and really sleep therapy, and it was sort of my introduction to the category. So it's where I became familiar with it, it always kind of fascinated me. And then after getting my MBA, kind of having an entrepreneurial urge,

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as well as the birth of my first son, I made the decision to start my own company and, you know, like most small business owners, I went with what I knew and that made starting a DME company, given my background, a natural fit for me.

But when I did it, I wanted to do something a little bit different and that's where the interest in sleep therapy and understanding that not only as a category that is growing tremendously but just also that CPAP therapy is different from other types of medical equipment, you know, it's not a – it's not a walker, it's not a wheelchair, some of those things that you just intuitively know how to use if somebody comes by and drops them off on your door step. CPAP you really need to understand your condition, you really need to understand how the machine works, and if those things are not in place – and you really need to have a support network there to help you out as well, and if those things are all not in place, you know, it's a recipe for failure or frustration. And it's also, you know, what I hope is an opportunity for us to do something a little bit different and, you know, have our company just through this focus provide better service that comes with that kind of focus and understanding.

But that's really where my interest came in and I'd call my passion coming in, you know, from a combination of seeing how the therapy and being successful with this can help patients and then that really did home for me where I feel that CPAP therapy has been a savior for my father in particular. And, you know, this background and getting me involved in this was a huge part of me just understanding and recognizing the signs and symptoms that really pushed me to get him in for his tests and then for the titration and it's just made a world of difference for him. And, you know, again, I think, a difference between passion and interest and I definitely have both for the category.

It's coupled with my partner in the business is also CPAP user, so for those – one of the questions that came in was why doesn't every DME company have a CPAP user there. And, you know, it would be best – in a perfect world, it would be best if everyone did. We do have ours, we call him the Guinea Pig, you know, when a rep – manufacturer rep comes in and says we have the latest and greatest, you know, machine or mask, we always say give it to the Guinea Pig and we'll let you know. But, you know, I really refer to this as a grand experiment to see if a sleep only focused DME company can make it, but really have to say so far, so good.

**Dr. Park:** That's great, that's a great story. So let's go into the topic for tonight. Now, you gave me a list of ten topics or issues or problems or, you know...

**Chip Smith:** Yeah, sort of like the most common lists that comes up.

**Dr. Park:** Are commonly talked about, yeah. Okay, so let's start with number one. You said understanding sleep apnea, what that is.

**Chip Smith:** It is and if you think about CPAP, to me CPAP success comes about really before the delivery even takes place. Because if you're going to ask a patient to put on a face mask,

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you've slept all of your life without a face mask on and without air blowing into your face, if somebody doesn't understand their condition, there is very little chance they are going to be successful at it. So it really begins there and when we think about, you know, an expectation of the DME company that comes to see you, the first part of that visit should include a good education about sleep apnea. You know, without that understanding, and that could be provided at the clinic, it could be provided by the DME company, or just going out and getting it on your own, but without that understanding it really – why are you going to put up with frustrations that come with using this. You know, because initially no matter what there are always some hurdles to [inaudible 05:52.6]. It's rare the patient that takes to it the first night, although there are those cases. But for the most part there's always some troubleshooting that needs to be done.

And again if you understand it – I think we were just on with the doctor who just wrote a book if anybody joined us early, he said, you know, I tend to scare people. And we often make that joke when we're doing the set up that it starts with an open discussion, I guess, about the risks that come from untreated obstructive sleep apnea. And you need to understand that and sometimes it does result in you starting off with a bit of a scare, but it follows with the good news is that it's very treatable and it's treatable as long as you use your CPAP. And, you know, if you're not successful at CPAP there are some other treatments as well, but the focus of this will be CPAP.

So, you know, again, the first one just really understand the condition and that comes before the CPAP ever arises. There are ways for you to get that education. There's some excellent resources out there. I refer people to your website, it has one clear one. Most manufacturers have some very good information. ResMed has an excellent patient education piece, understanding sleep disordered breathing. Resironics has some as one, as well as other manufacturers. But those really are just good pieces to start with so you can understand why you even need to use this.

So again, here I know what some of the preliminary questions that came in, some of those kind of fall on that category. I know [Danny] asked a question if you have had a bad experience with CPAP, but you think that you might like to try again in the future, how long should you wait? And I think the answer for that is you should not wait at all. What you should do is try to address the issues with, you know, someone, get a support structure, whether that's your doctor or your DME company, that can help you overcome the reasons why you were not successful the first time. But the longer you go, every time you're sleeping and you're not using the CPAP or have not gotten successful at it, you know, you're at risk for having the apneas associated with, you know, with your condition and all the problems that come about because of that.

Some other questions that came up that kind of fit that category, will I ever be able to get a good night sleep without my CPAP machine? Does sleep apnea ever get better or go away? Or can sleep apnea be cured? And again, I'll defer to you, but I think our answer to that would be it certainly is possible. It depends upon the reasons for your apnea, you know, some people are just build that way. That's, you know, the pharyngeal

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space could be tight and that's kind of how some people that don't fit the standard profile may actually have it. But if someone does have sleep apnea associated with a larger body mass index, you know, larger neck, it is possible through proper diet and exercise to, you know, to work they way off of it, or certainly to reduce their pressures. So the answer does depend, but I think it is certainly possible.

**Dr. Park:** That's a very important point that you brought up that there are different reasons for sleep apnea and there's certain people that only develop it if they gain weight and that's the more traditional sleep apnea patient that you hear about, but now we know that even young, thin people that don't snore can have sleep apnea, so that's not due to being overweight, it's due to your anatomy, so...

**Chip Smith:** Right.

**Dr. Park:** Unfortunately those patients if you have that type of anatomy you're out of luck. But the important thing is that it is treatable and there are different options of which CPAP is probably the best way to go initially.

**Chip Smith:** Right.

**Dr. Park:** And so that's what we're going to focus on tonight. So let's go on to the second topic, which is understanding the equipment. I guess you're going to describe in a little more detail what CPAP is and how it's used.

**Chip Smith:** Sure, and it's really – this comes down to what you should expect also when receiving this. Because, you know, by the time that equipment is dropped off, I think you're going to hear a common thread from when I'm speaking here that this should be a process and not so much an event. In other words managing your condition should – you should rely upon your doctor, you should rely upon your equipment provider, to be there through this process because, you know, unlike all other conditions, this isn't something where you get the machine dropped off, everything just not only goes smoothly, but that you won't need any help or consultation.

And the first part of this is by the time that person leaves you better know how that machine works very well and your expectations should be from whoever comes that they have – that you're completely comfortable before they do leave with how it works, how it operates, because you're going to have to do this on your own every night. There's not going to be somebody there obviously doing this set up for you. That includes fitting the masks while you're there, checking for leaks.

A lot of times if that's left to the patient and in isn't done when the respiratory therapist or the delivery person brings it by, you could have improper fit, you could have situations where the patient feels, and this comes in the face masks that we'll talk about later, that they really need to pull that face mask on tight to get a good seal, which sometimes it is, even though it's counterintuitive is actually hurting the process. So all this comes down to you really need to understand how the equipment functions which at

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it's most basic level we're talking about, this is an air blower, right. You're having an apnea, an apnea means that your throat is closing up, the walls of your throat are relaxing, and it's creating that situation where your throat actually collapses and all this machinery is really doing in its most basic function, is serving as an air blower. Now there are different types of machines out there, but CPAP at its most basic is design to put – force air and keep your airway open. And if you don't have those apneas obviously you're not going to have the downstream effects of apnea related to oxygen levels related to microarousals that come about from the body having to wake up to actually start breathing again.

And again just understanding how the equipment is supposed to function. There is a lot of misunderstanding when we go out to a lot of patients. They sometimes think that it's oxygen being delivered, and really again this is just room air being brought in, the benefit is that it is being filtered and humidified so whatever room condition you're in you should be getting better quality air as long as you continue to maintain the equipment. But again, before that DME Company leaves you should understand all aspects of that machine. And I think that that is another thing that if you don't have a good support system in place and you feel like you on your own went and got that equipment or it was delivered and not properly instructed, it could just lead to the kind of frustration that that will get people to, I think, give up in the therapy earlier than they have to. So again I think...

**Dr. Park:** You know, I hear stories about these CPAP machines being just mail delivered and with minimal to no instructions or it just gets dropped off with no instructions and I find that really disturbing.

**Chip Smith:** Yeah, absolutely and again, I think there's a lot of DME companies out there doing it right and doing it well and, you know, we like to consider ourselves one of those. And we certainly are not perfect, but I think that a lot of it comes down to an understanding that CPAP again is different. If you're a company out there doing a million products across the board, to recognize that one of the pieces is going to require that extra level of care, you know, that actual level of time, especially on the initial set up to make sure that person is completely comfortable with it, and then they have an open line of communication afterwards for the inevitable troubleshooting that needs to take place, again, I just come back to CPAP is different. So make sure that you're understanding that or at least that you have satisfaction with that once that person leaves to get the equipment dropped off.

I'm trying to think here of the specific questions that came up. In terms of understanding the equipment the one that came up from Sherwin was what was the best way to clean the tubing and the mask, really, manufacturers are all going to have this, you know, their instructions for this, but the standard across the industry is really that the mask and the water chamber are meant to be cleaned every day. Manufacturers now say you can use warm soapy water, usually a mild detergent, do not use antibacterial soap since that will often times wear down the materials because it has alcohol in it.

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That is what it makes it antibacterial. So get a mild soap like a Dove or an Ivory liquid soap, and that is how you would go ahead and clean those two and then with the tube it's recommended once a week. You can take that into the shower or the bathtub, get soapy water through that. The traditional way has been to add a little bit of vinegar in there, although that ended up turning quite a bit of people off from the therapy. But that can also help in terms of disinfection or at least keeping everything, you know, as clean as possible. Those would be the three main components to clean, you know, in terms of the equipment. And again, that should be laid out for you when you receive the equipment from the manufacturer.

The same thing goes with there's – most insurances have a standard replacements schedule for those supplies, could be every three months, it could be every six months, but for those of you that maybe out there with machines or masks and you're doing your best, I have seen the most the most creative solutions for fixing masks that you could imagine. Most involve duct tape. But I will say that what you want to do is go back to find out that you're eligible usually for these replacement supplies. Make sure you're checking your filters is another thing. Every machine has a filter through which the air is brought in. And again in some situations you can see some machines where a machine hasn't been cleaned and then you go from what should be a great situation where someone is getting filtered humidified air, to having this air pass through this, you know, horrible filter that's been left in there for a long period of time. So all those things go into proper management. And again that's I think the one question that pertained to understanding the equipment.

You know, the other category, unless there is anything else in understanding equipment, was what we call the importance of practice prior to using this for the first time at night. So if there is anyone out there that is just been prescribed CPAP, is just getting started or that is falling under the category of a frustrated CPAP user, I will tell you that we learned this one through time, but our success rate with CPAP really went up once we started adding this to the instructions. And that is practice, practice, practice. You know, again, you have been prescribed something as a patient that is going to blow air into your face, require you to have a face mask on, invariably the anxiety level goes up and if the first time you're trying to use that, even on night number one, is when you're trying to go to sleep for the first time, it will lead to frustration. And what we started to recommend is, even when we do these deliveries, is to say, look, we want you to use this, turn on the TV, whatever your nighttime routine is, it could be watching television, it could be reading a book, and even though with most masks your vision will be partially obstructed, practice with it. Use it for a minimum of a half hour in the evening while you're awake or in the morning, and if you can do both, you know, that is even better. But what that is going to do is two things, it is going to accelerate your body's acceptance of having this face mask on so that it won't become so much of a nuisance or an annoyance and you can get to that a little bit more quickly than you would if you were only going to be – use it at night. But the other thing is, there will be a point when you first put it on and you get the air blowing and, you know, you're sitting there, the mind usually will not be able to get off the fact that they are hooked up to this machine

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and the air is blowing in. But if you do that practice time, there will be a point over the first day to, you know, one, two or three days of doing this practice that even if it is momentary, you know, a momentary pause, you will be able to focus on either what you're reading, or what you're watching and it's really at that point that the body starts to accept that you can breathe with this normally, the machine isn't trying to breathe for you, but you can actually relax enough to be able to bring it into the bedroom, and try it when you sleep.

So, if we want to set you up for success, I would say anybody that gets that machine, practice with it and when you get to the point where you can actually, you know, again focus on something else while you're using the machine, then that is the time when you're ready to take it in at night. And now you're poised for success on that first night as well as possible.

**Dr. Park:** Just one clarification.

**Chip Smith:** Yeah.

**Dr. Park:** So you're saying, use the mask with the headgear, but not attach the tubing?

**Chip Smith:** No, thank you for clarifying. No actually I'm saying use it attached to the machine with the air blowing.

**Dr. Park:** Okay.

**Chip Smith:** So get the machine out and bring it into the living room. Yeah, because there is a lot of anxiety, a lot of feelings of people, especially when they first put it on, as though thinking that the machine is trying to breathe for them. Because no matter what, the anxiety level goes up when you put these on. It, you know, it happened for me when I've used it as well. And again, if you use that for long enough, you start to get over that feeling and start to realize that you can start to relax enough and relax enough to focus on something else.

Now this is also bridging into the face mask issue, you know, if you're using a nasal only mask, a nasal pillow or a nasal mask, you know, one that goes around the nose, it's important to keep your mouth closed, because if you think about it we're obviously forcing the air in through your nasal passage the air is intended to get to your airway and your throat and to keep that open. And if you open your mouth up in the therapy some of that air is leaking out, so it could very well compromise the therapy. It's called a mouth leak as probably many of the listeners now. Well that practice time is also a chance for you to practice keeping your mouth closed while on the therapy. And surprisingly most people actually can train themselves to do that. Just because when you first start onto the therapy you kind of involuntarily open up your mouth, it doesn't mean that you can't be successful at it. At using a nasal only mask.

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Now if you really – there are some people that just cannot get used to that, and again we'll address this in masks and there are other masks options at that point, but again to get back to the point, the practice is actually with the air blowing while you're sitting there reading or watching TV. That will accelerate the process of the body accepting it and you being able to relax enough that when you go to bed, it is not a novel or new feeling, but you're actually able to relax a little bit more than you would had you just being trying it for the first time when you go to sleep.

**Dr. Park:** How many days should they practice for?

**Chip Smith:** Boy, again, we put it one, two or three days. It's really – the answer we usually give to that question is when you find that you have been able to loose yourself in whatever it is you're doing. You know, whether it is watching a game on TV, whether it's reading a book, whatever it's, that you were able to – once you have that moment where you find hey, you know what, I didn't – I wasn't completely focused or obsessed with the fact that I have this headgear and the air blowing into my face, then you're ready to take it in. And that usually does happen in that one to three day time frame. Anything further than that we'd really be speaking with the patient, you know, to make sure that there isn't, you know, some other issue at play, you know, or something else that we need to resolve. So it shouldn't go any more than I would say, two to three days.

**Dr. Park:** Sure. This is actually different than what I have heard from some other people, they said to start with the mask only to get acclimated and then you attach the machine when you go to bed, but this makes sense. You have to feel, you know, what it's really like when you're using the mask when you're using the machine.

**Chip Smith:** Yeah, that [inaudible 20:00.1] get used to. And in fact before we started recommending that, we had done the same thing. In particular for, and this is another question that came up for patients that feel claustrophobic when they put the mask on, and that could be exacerbated especially by a full face mask. You know, these things look like something out of alien, when they're just going right over the face and a lot of people can just feel concerned. So if you're walking around without the mask, it helps your body get used to it, it helps you realize that with the vents on you can breathe no matter what, so that's oftentimes – the more you can wear the mask around, the more you're going to overcome that claustrophobia. But we also recommend adding that practice too with the air blowing because it really does – we saw our compliance take a noticeable up tick when we started adding that in.

Again, those first few nights are just so critical. So you can make or break someone's CPAP therapy experience based on those first few nights and that's what makes that initial set up so important. That you get all the information, your understanding of sleep apnea, your understanding of the machine, and also you add that practice time into it, you're much more poised for success in those first few nights. If you have just frustration in those first few nights, you know, it's just – it's very tough to get someone to say, okay, I'm going to go ahead and use that when all I've been - all I've done is been

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frustrated by it and yeah, I have this, you know, I have – I may have been diagnosed with apnea but I feel worse when I try to use that. And, again, you try and minimize that frustration and set people up for success. And...

**Dr. Park:** Now, when you're practicing with the mask on attached to the machine, can – I'm assuming that if you have any leak issues you would be able to pick that up. Right?

**Chip Smith:** Exactly. That's also a great time because you also, you know,, you're practicing not only – not only the feeling and the sensation, and the feeling of having the headgear on, but you also have to then practice every time. It is a few times putting the mask on and off. And so that helps as well. And that is where, you know, a lot of times we'll get questions after the first day of practice, you know, there's air blowing into my face if it's a nasal pillow and, yeah, you might need to go over some other things to make sure you get a proper fit. But that's absolutely right. You know, it gives you a change to feel what it should feel like, you know, with a proper fit and it gives you a chance to address that again while you're awake and alert as well and just get better at putting that mask on.

**Dr. Park:** So this next topic is very important. It's the humidification process. Can you talk about that?

**Chip Smith:** Yeah, and actually humidification if you were to ask more people, you know, that really focus on this category, whether it's because you're a user, a doctor or an equipment provider, I think the two most common answers that came up once someone is already on CPAP therapy, if you would ask why someone would fail or just, you know, be non-compliant or, you know, what can you do to get them back on board, humidification and face masks which are the next two categories are absolutely huge.

Humidification is important. It's really the – one of the – one of the only comfort features that you as a CPAP user have control over. Really in every make and model that 's out there, whether it is the low end CPAP all the way on up to, you know, a high end BiPAP auto or something like that, they all come with now heated humidification. It's pretty much standard. If you don't have it on your machine, you should definitely call your equipment provider. And the reason that that is so important is first of all just for comfort, right. One of the big complaints when these machines first came out was that people would just wake up from the dryness associated with CPAP therapy, just having the air blow in all night and that dryness could lead to discomfort, it could lead to bloody noses at an extreme, you know, at an extreme point, but mainly with just, you know, a feeling of someone – would lead to non-compliance because people are just not comfortable enough when they wake up.

And there is a second level, not just comfort though, why humidification is important. And I'm sure you could speak better than this but I can, but, you know, I'll do the layman's term and maybe that will help connect as well.

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**Dr. Park:** Sure, go ahead.

**Chip Smith:** On the humidification side, if you are not humidified well enough you will lead to dryness. And that dryness, which I guess is obvious, but the dryness will lead to congestion. And if you get too congested, the body – especially if you're on a nasal mask, the body is going to compensate. If you're not having an apnea and you're breathing is not stopping because of the apnea, and but your nose continues to get – your nasal passage get too congested, your body is going to compensate on its own and the natural way to do that is to open up your mouth. Right, so once you open up your mouth as we said before the therapy is compromised, because now you're having mouth leak. And the air is now rushing out that we're bringing in through the nasal passages and again your therapy is compromised. It doesn't mean that your therapy is just not working, we just don't know how well it is working, especially if you're prescribed CPAP something less than your prescribed pressure is now getting into your airway. And proper humidification can really reduce that congestion associated with dryness and it can turn someone who says they are an absolute mouth breather back into someone who can breathe – who can use the CPAP machine and keep their mouth closed at night. So humidification absolutely is important.

I think the other note related to humidification is a lot of times we get comments back from our patients saying, well, you know I think I'm having too much humidification so I keep turning the humidifier down, but I keep getting this, and this is some of the questions we got as well, I keep getting like some like run off on my nose, it's almost like I'm getting too much humidification, but my nose is still blocked. And a lot of times if your nose – your nasal passages are too blocked, what will happen is that you have this warm humidified air that is really condensing, it's not able to fight through that, because the humidification is not actually high up, you know, up high enough, so whatever humidification is there can't break through the congestion and so it is sort of gathering in there and that is why they get that run off. Those patients that are having the congestion, and even if it is a little bit of a runny nose, a lot of times if you try to increase the humidification at that point and take it higher it will fight through that congestion and you will relieve the symptoms of runny nose associated with CPAP therapy, that they only associate with CPAP therapy.

**Dr. Park:** Yeah, while we're on the topic of nasal congestion, after you've tried all these steps, if your nose is still stuffy, for some people it can be an structural anatomic problem as well. So a lot of people what I find it that if you address these nasal congestion issues, whether medically or surgically, it can actually improve CPAP therapy. So that's something to think about after you've tried all these conservative options first.

**Chip Smith:** Absolutely. These are kind of the quick solutions. But if they don't solve it, I'd really again refer people back, especially to your website as well as questions to you, but somebody that it will treat that kind of again the entire situation as supposed to – because the answer might not just be CPAP. But to the extent that it is and it is about humidification or it's congestion there, a lot of times increasing that humidity can help.

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You know, it's so important I guess that even some companies, Fisher Paykel for instance is a company that focuses very much on humidification, thinking humidification, proper humidification, is the key to success for CPAP. And they make some great products including one that has heated tubing, so that heated tube will actually prevent, you know, give you a probably double level of humidification of any CPAP that is on the market.

And it will also reduce one of the other complaints that comes with CPAP therapy which is, and this is especially true either in the winter or in a very cool air conditioned room in the summertime, and that is rain out or condensation forming. Some people wake up, you know, feeling that wetness or just outright water in the mask or they might hear a knocking in their tube, and think it's – immediately that the machine is broken. And here what's happened is by the time that warm humidified air has travelled out of the humidifier itself, travelled the length of the tube, the tube is in this cool room, and it condenses, so the water droplets actually condense back into water and you get this knocking in the tube. And it really again is – it's easy to remedy that usually, you know, by doing a few things. Patients if they sleep with covers on, can try to keep part of the tube underneath the covers that would usually resolve it. You could play around with the humidification settings to see if it goes away. There are products for sale if necessary that could be tube covers that go around there to try to maintain that. and again you have a product for those patients that need it like the Fisher Paykel that has the heated tube that the gives you that double that level of humidification. But it is a big enough issue where it comes up and it frustrates people and if they don't know there's an answer it could be one of the reasons why again they decide to give up on this or assume that their machine is broken. So, you know, again [inaudible 28:25.9].

**Dr. Park:** Now I have one question that comes up quite frequently and that is what kind of water should you be using? Especially if you're travelling, what are your options?

**Chip Smith:** Great question. Well the, you know, what the manufacturers recommend is to use either distilled water. Distilled water is the clear recommendation. You can buy that usually at your local pharmacy. If you cannot get the distilled water it is recommended that you boil water, let it cool down, make sure it's not being put when it's boiled, but then you want to use that as more, you know, purified water. But really when you talk to the manufacturers about that the point that it is not so much health related as it is much to extend the life of the chamber. If what you're using in your water chamber is consistently tap water there are invariably mineral deposits and other things that will build up and pit the chamber itself and to the point where it will become unusable after a certain amount of time. So you're really extending the life of the chamber. And that's why that leads to – we've had patients that have called up and said, look I couldn't find water, I was on a trip and so I didn't use my CPAP because I could not find distilled water. And we just said, oh, you know what, we failed you for that trip because you really should use any water that you can get in that situation, you know, as long as it's – as long as it's clean water, but if you have bottled water or whatever, use that water. It's more important that you have your therapy and you treat your condition than it is that

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you used quote-unquote distilled water. Again that is very much about the chamber itself than it is about a health issue.

**Dr. Park:** Okay, so temporarily you can use bottled water or tap water if you're bind...

**Chip Smith:** Exactly. In a pinch, it's better for you to use the machine then it is for you not to use it because you could not find distilled water.

**Dr. Park:** Let's go on to face masks.

**Chip Smith:** Yeah, this is probably the one that we can expend the whole hour on.

**Dr. Park:** I'll give you about five or ten minutes.

**Chip Smith:** Yeah, the most questions I think came in on this one as well. And just to try to go through what my points here were, the first thing is to understand that there – for every face that is out there and how every face is different, there are just about as many face masks. And so the first thing I'll touch upon for those that don't know it is you may have been prescribed a face mask from the clinic, maybe you don't know that there are other options out there. But there are three, I would call it, I guess, three and a half, three main types of – general types of face masks. Nasal prongs or pillows, the kind that go directly into the nostrils and deliver direct nasal pressure, and those tend to be good for the most part at low to moderate pressures. I know that there are some masks out there that can work at higher pressures, but this is just a general rule so I'm speaking in, you know, very general terms. The second type is a nasal mask and that's sort of the traditional triangle that goes over the nose to where the is underneath that mask. Most masks have a bridge to the forehead, they're to maintain a good seal, but that's the second type. And the third type is the full face mask. As I alluded to earlier it goes around the mouth and the nose, and that allows for people that are mouth breathers, first of all, because you can open up your mouth because your mouth is part of the closed system. And in it also, as pressures get higher, you know we have patients that are on the mid teens to upper teens into the twenties, it becomes very difficult to tolerate all that pressure being delivered to the nasal passage, so it kind of needs to be split between both, and that's where most people, not all but most, will need a full face mask.

So, again those are the three major types of face masks. And, you know, the good news is if your pressure's lower, you can kind of use a pick from anyone of those three. And, you know, as you get higher, it doesn't mean that you can't try the other ones but those are general rules again, you typically need the full face mask for those really higher pressures. But when it comes to face masks, I really say this is one thing that sounds counterintuitive, tighter does not always mean a better seal. So, if you're someone that is walking up with – a lot of times there's skin breakdown at the bridge of the nose for instance, or just those pressure marks that come from having to really ripe that thing on tight in order to maintain a proper seal, it mostly is a sign of either an improper fit, or maybe just a mask, you know, you need to find a different manufacturer because all of

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these things have different makes and molds. And what works for you or your friend, may not work for, you know, the other one of you or your other friend just based upon face structures. So, this is where there are so many different options and so many different answers.

But again I come back to tighter does not always mean a better seal for those of you that use a nasal mask or even a full face mask and you're familiar with – again I'm not here to promote anything in particular, I'll just bring it up because it fits for this topic, but ResMed has a Quattro full face mask. It's a great mask. It has a dial on the end of it really to help alleviate that nasal pressure. But if you look at that mask as well as some of their other nasal masks like the Micro or their Ultra Mirage there is actually two walls of polyurethane in there and what those are designed to do is when the mask is pretty loose, that is designed to form a pop or a seal and it is really that second layer of polyurethane that does that. And if you pull that mask too tight, you don't allow that second seal to work and it actually becomes more difficult to get that seal oftentimes once you go too tight. Then you're sort of this downward spiral where you really got to rip it tight, because you're not getting the benefit of that dual wall.

So, if you're there and you're having trouble with the seal and you know you have a properly fitted face mask, then what I recommend is loosen that up to as loose as you can, your face mask, and then put the machine on, make sure that it is one, not on its ramp but at its full prescription pressure, and then you want to make your adjustments from there. And you also want to make those adjustments which include pulling the straps tighter, starting with the lower and whatever you do to the right side of the strap you should do to the left side, both ends of the strap. Work lower first and then work the upper strap but try to do this as much as you can while you're actually lying down as well. Turn from side to side as well when you're fitting it. And all those things are important because a lot of times people will fit their masks while the ramp feature is on, and as you all know with the ramp feature on a CPAP your pressure is going to be lower than what will ramp up to when it ramps up to your prescription pressure and it may be great or very easy to get a seal at your ramp pressure, but it becomes much more difficult to do when you're actually at your CPAP pressure. So people go to bed with a great seal, they fall sleep and then they're woken up by air blowing into their eyes or just the noise of the leak. And that comes about because they did not fit their mask at their higher pressure.

So now I know there were a lot of questions in here. If you're okay with it I'll do my best to try to pepper a few of those in there,

**Dr. Park:** Do you know of any companies that make custom masks? Do you think that we have the technology now?

**Chip Smith:** Well, you know what's interesting is I recently became familiar with one, and I think is called the JPAP if I'm not mistaken, that is similar to a product called CPAP Pro which is the no mask, if you go to nomask.com. I'm not here to promote it. It's just one of the

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questions that came up is how can I find a comfortable mask, I'm on my third kind in less than six months and have a hard time wearing sunglasses, and headbands as well, so for someone like that this is a mask that goes in with a mouth piece and connected to that mouth piece are nasal pillows so there really is no head gear associated with that. Which again can be tough to get a seal, it's a nasal pillow mask. But I think from what I've seen and my understanding of it, and I do not – I do not have a patient on this, nor do I know that much about it, but I think the JPAP is kind of similar in an overall structure of that, but it actually use – they will send you – or create a mold based upon your teeth that's going to be suited to you.

**Dr. Park:** That [inaudible 36:01.9] your teeth. So what about masks that are custom designed for your face?

**Chip Smith:** Boy, you know what, none of that I'm aware of and none that we support, so that's a good question. It could be appropriate for a follow up. You're – you know what, this could be where if anybody chimes in with a question at then end, they may know of one, but again not that I'm aware of. These masks really are – tend to be provided along with the machines by each of the major manufacturers. So they all have masks that fit into those categories. All of those masks tend to fit just a little bit different so if you don't like a nasal pillow from one you may like it from another. This is where I come back again that the face mask, just like we're going to talk about at the end, it's important to have someone you can talk to or go to about this. Some of these forums, the bulletin boards, the message boards that are out there are great resources for this. Your equipment provider should be another resource for that as well. The mask...

**Dr. Park:** Let me give everyone some resources right now, since we're on the topic.

**Chip Smith:** Sure.

**Dr. Park:** So, CPAPtalk.com is one that is very good. The apneasupport.org site that is the American Sleep Apnea Association's forum, another excellent resource. Sleepguide is another one, sleepguide.com. And of course you can always go to my Website doctorstevenpark.com .

**Chip Smith:** Absolutely. And those are all great resources and I would encourage anyone, it's such a helpful and informed and educated group in so many of those. And, you know, I have gone on there and tried to post when I thought I could help, but as much as I have done that I feel like I have learned as well when I have gone on there. Because it is really a knowledgeable group and I think, yeah, you should never be hesitant to throw that out there if you're having a problem. Again especially if you don't feel as if you have that group be it in your equipment provider or the treating physician, this is a great way for you to – you should not be hesitant or bashful about creating a username and putting a message out there saying help. You know, mask help or whatever, and invariably you will get a lot of great feedback.

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Again related to face masks, one other thing I just want to mention is if every – most people's insurances do cover this. If not, then, you know, the same thing is going to hold true which is that a lot of these insurances have replacement schedules for masks. So in other words that you're eligible for a new mask and from Medicare for instance it's every three months. For other insurances it might be six months. You should call your insurance or your provider to understand that. But what we find a lot of patients do, is they might get a mask the second time that is a little bit different than the first one. You might be successful but, you know, not completely sold off on the nasal mask you have and curious about nasal pillows. In your next shipment you might want to take a very good care of that nasal mask so you can try out the nasal pillows.

And in fact, you know, my partner here who is the Guinea Pig for all of us, he actually wanted me to pass along to everyone that he does this, you know, with us in terms of switching masks. He will find that seasonal changes require that he changes his mask. And in the summertime he has now moved to a nasal pillow mask, whereas a lot of times in the fall and the spring he's able to tolerate the full face mask. But he feels the heat and little bit of it's just too much – too difficult for him to tolerate having that full face mask on, and, again, he is just successful kind of switching back and forth and finding what works. So, look, if it's not broke don't fix it. You have your mask that is working well for you, I'd say continue on with that. But if you're not certain, curious what the other one might be like, I think that is certainly a good avenue to look into.

**Dr. Park:** So next topic is how lack of follow up can lead to failures using CPAP . Can you talk about that?

**Chip Smith:** Yeah, this really where it comes into viewing this as a process there, you know, I would say there is no finish line when it comes down to CPAP therapy. And, you know, at the recent meeting that you spoke at that we went to as well, I know there are a conversation there that a lot of insurance companies including Medicare, you know, tend to treat this as an acute rather than a chronic condition. And because of that you tend to get this sort of event driven series of health care meetings, which is you get your delivery of the CPAP and then you may never see that person again or have communication.

And I really come back to whether it's – there should be a circle here of support and that includes the DME Company, it includes your treating physician, to make sure that you're continuing to follow up with them. Once you get your CPAP, look there could be changes, there are people that we have that have them for five years or more and we get calls saying, you know, I have never been to the doctor for instance. Well if you've had dramatic weight changes or, you know, one way or the other, that pressure you received either might be more than you need right now or it might not be enough. And so, you need to continue to follow up and maintain your relationship with your sleep doctor or find one you can have a relationship with, as well as your DME Company. You know, again I come back to pressures can change. And you're going to know about that if you're continuing to communicate.

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But that follow up includes also just communicating in general terms how you're feeling, if you're noticing any differences, right. You may not know the answer, but because we have been through this, you know, it is not because we're so much trained experts as much as our patients have educated us through their phone calls, you know, this is my issue, this is my problem and chances are we've seen it before, chances are your equipment company has seen it before. So go to them and ask that question. It could be anything from, I'm seeing some of the questions up here, you know, what I am doing wrong if I don't feel the energy boost that many CPAP users do. I know that is one of the questions that came up. But those should be the things that you're discussing with your company. You know, along those lines I would say for – some patients do not feel that. Most do. You should know pretty quickly after using it. If you were someone that had excessive day time sleepiness as one of your symptoms, then you should know pretty quickly that it is working for you and you should be able to feel that. Now I'll tell you again going back to my partner here, he would say that because it's subjective he wasn't always able to tell immediately that it was working, but he did go on a trip a couple of months after therapy, forgot to take his CPAP with him, and he came back and said, I know it's working. Because he was able to tell once he went off the therapy.

But the point is again, that all should be part of the communication, I would say, especially in the beginning when you first get that machine. You know, take notes, don't hesitate to call the company, don't hesitate to speak to your doctor, because, you know, hey, I'm feeling dry or I'm feeling a little bit of – the mask isn't completely comfortable, I'm having some trouble with that. You know, the dryness may lead us to ask you questions that it will help us discover that you have been breathing through your mouth. You know, it may help us do some other things. And these are things that we can correct, but we can only correct them if we know they are a problem. So I would say continue to just make sure that you're continuing to follow up and again whether it is pressures, whether it's just regular troubleshooting .

And the final thing I'll leave on that is you are your own best judge as a CPAP user, if you have been feeling a benefit from CPAP therapy and then you find that you start to get sluggish tired again and that's something again a sign – a symptom. Trust what you're feeling. Get back in and see your doctor again at that point.

**Dr. Park:** So what is your company's follow up schedule after you hand over a machine to someone that is new? Just at – from a reference.

**Chip Smith:** You know, initially they get a phone call in that first – after the first few days of therapy to make sure that, you know, that there are any questions that do come up. Invariably we get calls from patients, because we try to leave it in that first session that they leave it open in the expectation that they should call us to just give us updates, to let us know how they are doing, and also to call with questions. But if not we call them to make sure as well. Most insurance for us also require that we are getting some sort of compliance off of their machine to prove that they are using it to prove that – to justify the payments that are taking place. So we do have someone in the office dedicated

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strictly to compliance. So at that phone call for compliance, which a lot of times takes place at fifteen days and the standard is about 45 days, when you get into that realm, you know, at that fifteen day call it maybe for compliance but we also just ask how things are going in general. And then again it's going to per the schedule. We really heavily weight it, I guess, towards initial set up. Once you get someone running and they feel comfortable with calling you as well, you know, they tend to be a lot of times self sufficient once – we want to, I guess, teach people how to fish as opposed to providing them with it, is a good way to put it.

**Dr. Park:** Okay, so the next section is sleep hygiene and proper sleep environment, can you talk about how important that is?

**Chip Smith:** Yeah, absolutely. And, you know, I won't spend a ton of time on this because it is not necessarily related to CPAP. But, you know, if you think about it a lot of times people who have obstructive sleep apnea, have had it untreated for a long period of time, that has lead them to have poor quality sleep and as a result they have developed bad sleep habits surrounding that. So CPAP is going to come in and just correct the obstructive sleep apnea. So when you do fall sleep it is actually going to correct it for that time. It's a treatment again not a cure. But it's not going to solve other problems for a patient that, you know, can't fall sleep and this is really where I come back to the previous sessions you did with Dr. Jacobs on insomnia and some great issues there, but this is where proper sleep environment comes into play. Consistent bed times, you know, it could be the pillow, you may want to take a look at the bed as well, you know, dark rooms are better as well, but all those things can come into play. You want to address and not just act like CPAP is going to solve all your sleep problems if you're someone who also is continuing to have poor sleep hygiene or a poor sleep environment.

You know, I think other things not related to the CPAP could be discussing with your doctor, especially for certain heart conditions, where the supine position, laying on your back, is not appropriate. A lot of people throw more apneas when they do that. So sleeping on your side is important. They require a positional pillow. Some people need to be at an incline. All those things come into play and that should be discussed especially with your sleep specialist. But again I come back to see CPAP is not – CPAP can address the OSA, it can't solve every sleep problem that you have.

**Dr. Park:** Sure. If you – if people want more information on doctor – the interview that I did with Dr. Jacobs, you can either let me know, just e-mail me at [drpark@doctorstevenpark.com](mailto:drpark@doctorstevenpark.com). And you can also go to Dr. Jacobs website at [cbtforinsomnia.com](http://cbtforinsomnia.com), it's like C-B-T for cognitive behavioral therapy, [cbtforinsomnia.com](http://cbtforinsomnia.com).

**Chip Smith:** Absolutely, and I know we've probably longwinded on some of these topics, so I don't mean to breeze through any of these as well, but there is more information out there. I think that we were going to talk about concerned or related to machines, related to possibly billing and some of the other things. I don't know if you want to...

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**Dr. Park:** Yeah, why don't we go over that quickly and we want to leave some time for questions at the end. So the next one is about the big question about insurance and what does insurance pay for and what does it not cover?

**Chip Smith:** You know what, in most cases, it is based upon the plan that you have and you need to find out from your insurance whether or not you have DME coverage. Durable medical equipment coverage. Some people have medical coverage but it is not included a DME plan, in which case it's as though for this product it's not covered at all. It's going to have to come out of pocket. Most insurances do have DME coverages. You'll have to check with your insurance. It's covered either fully, at 100%, you know, and some patients may have a deductible, in which case you'd have to meet the deductible for that. And then they also have a portion or a co-pay. You know, the insurance may cover 80% or 90%. That is everything that first of all you should know when you're calling or going through this process, but also the equipment provider should provide that information to you, so that there are no surprises when it comes time to get billed. I think the other important thing here is for Medicare patients here in the US. Medicare covers 80% of the fees.

And the other thing that's important to say as a DME company, we don't set that or establish that, the insurance company tells us we pay x for this product, this is your schedule fee, if you want to take our insurance, you're going to accept our money. So we don't have a choice over the amount that gets billed, when we are billing the insurances, we can choose if the amount is too low to say we are not going to take those patients from x,y, z insurance.

But again to get back to Medicare, Medicare pays 80% and the patient usually through a secondary insurance, but not always, is responsible for the 20% co-pay. The other important thing there, and I actually think this is a very good thing, a good development for this, is that Medicare and some other insurances are now requiring what they call adherence requirements of the patient. You as the patient are required to use this, and we have to prove it as the DME Company that provided in order to continue to bill, that you're using the product and that absolutely made sense. Why should they pay for something that is just going to sit in someone's closet. But it is important to know that you as the patient has to use this thing in Medicare's case for a minimum of four hours per night for a portion of thirty days, consecutive days. That comes out to 70 % of thirty consecutive days. So we need to produce that, we need to give you a machine that produces the kind of report that will show whether or not you're or not using it.

And then you're also responsible to schedule a follow up visit with your prescribing physician or your treating physician, could be your sleep doctor, could be your primary care, and have them have a meeting with you to review the therapy and actually say, yes, this is benefiting you, you need to continue to do this. And so it's really become a challenge for the DME providers to follow those rules, but they are again a good thing in terms of that to me is driving more towards treating this as, you know, more of a chronic condition as opposed to an acute one and also recognizing that we should be

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incented to try to make sure that you're using it as you're opposed to just that one time event of here's your CPAP machine. Okay, I billed it, I don't have to ever see you again.

But again, you as the patient are responsible for getting those things done. There is a risk in at certain point if you just choose not to get your compliance into us because some machines require smart cards to get them in. Some machines require you to phone into us, but you as the patient are responsible for provide that to us and if you're not providing or un willing to go back to your doctor, then you're at risk of, you know, having that billing shift to you as the patient.

A lot of that comes down to there's a lot of – we send a patient satisfaction questionnaires after every set up, and the most common thing that comes back is I don't understand my insurance or how is this going be paid for. So again that could probably be another hour long session. Most insurances do pay for it as a rental as opposed to a sale and if that's the case if you switch insurances, you should notify your DME provider because it could be in the middle of your rental term. But again, I think I could probably spend a ton of time and...

**Dr. Park:** Okay. Let's talk about the different types of machines that are out there.

**Chip Smith:** Well, in very general terms, there is CPAPs which more people are prescribed. It's the most common treatment. There are auto adjusting, auto-titrating CPAPs, APAPs, which is really billed through your insurance as a CPAP, just so everyone is aware that there is no separate code for APAP. And that will actually produce a titration for you. It is a much more – or it is a more expensive machine. But it will produce more data because it's really responding to you. An auto adjusting machine is set for a range of pressures, as opposed to one specific pressure. And so basically through the night it will start off and it will respond to you based upon an algorithm set in the machine and when it senses that you've deviated from the breathing pattern that you have established, it will raise that pressure until it fights through that hypopnea or the apnea to make sure that you're continuing to breathe. So the auto titration is really interesting and it's not for everyone, but it really is a great solution for a lot of people. That's the final category, I think in terms of PAP therapy would be bi-levels. So, again, two levels for people that can't tolerate CPAP. A lot of times a bi-level can be great because you'll have a different pressure on inspiration than you will have on expiration. So...

**Dr. Park:** I think there are these other models now that have the expiratory release pressure and pressure release features that supplement the regular CPAP...

**Chip Smith:** Yes. Yeah, so they come CPAP with EPR respiratory pressure relief, or C-Flex you may hear or A flex, and those are, you know, the question comes up a lot of times, well, why would I need a BiPAP and there are a little bit different. What you see is if you saw the wave that – the breathing wave that is created or the pressure wave from these machines if you're on CPAP there is basically a slight dip that occurs, it could be from anywhere from one, two or three centimeters, so basically you're breathing in at the

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CPAP therapy, when you go to exhale the machine senses that and it dips the pressure down at the beginning of your expiration. Again, just at the beginning of it, for EPR for C-Flex and it could be the EPR or C-Flex setting of one, it will go down from if your pressure is ten it may dip to nine, for the beginning of that inspiration, if you have it set at two, it will dip to eight, and if you have set it to the maximum of three it will dip to seven. And that really is designed – it's a comfort feature. You typically as a user have control over one, two or three and even if you're not going to use it, but if you think about it, it makes sense. You're breathing in while the pressure is going in, it's much easy to tolerate CPAP when you're breathing in because you're going with the flow of air. And when you breathe out a lot of times people feel uncomfortable, you feel that air fighting back in and pushing back in at you and a lot of times that subtle dip that comes with an EPR or C-Flex can make a lot of difference in terms of comfort. But it is important to note that it is not the same as BiPAP, a bi-level or BiPAP is set at two pressures, one for inspiratory, one for expiratory, and it will remain at that expiratory pressure, at least this is the explanation I have had of it, it will remain at that expiratory pressure for a longer period of time and throughout the expiration before going up to your inspiratory pressure.

**Dr. Park:** Now, you mentioned that the APAP machines give you a lot more data, including the effective apnea-hypopnea index. Now...

**Chip Smith:** Yeah, and that is actually true of the higher end CPAPs as well, so, don't, yeah, it's not strictly on an APAP.

**Dr. Park:** Now...

**Chip Smith:** Yeah, there are machines out there that are just air blowers that do not produce any data. There are machines out there in the second category that produce what is called compliance data and the compliance data is, you know, will show insurance companies and doctors that the patients are actually using the product, but it is really just usage data. It's I put on the mask at, you know, 8:00 o'clock, took it off at 7:00 o'clock in the morning and you – we know how many of hours it was used, maybe if there were breaks in there that were taken, any interruptions and things like that, but it won't produce the detailed data that the higher end machines will – will supply. And the higher end machines will actually give us information such as leak data, such as apnea-hypopnea index data, and some really valuable information that we can help mine when it's produced.

**Dr. Park:** Now if a really motivated patient wanted to start off with a higher rate model, how would that work with insurance company?

**Chip Smith:** You know, you really need to communicate that with your DME Company. It's tough. I wish I had a better answer for you other than on all of this, when it is the mask, when it is what machine you get, you should be communicating – educating yourself and communicating with the DME company and communicating with your insurance to see

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what you're eligible for. Whether there is a choice between CPAP, auto-titrating CPAP or a bi-level, that choice is really the sleep doctors. And we do what we are told. So that, you know, whether you're qualify for bi-level, that is a sleep doctor decision and that is where you should be having that conversation. When it comes down to what is your insurance will pay for that is where the DME company and the insurance company come into play. And, you know, we do our best to always try and it's our preference to supply high end machines when we can but they are considerably more expensive. And sometimes we can, sometimes we cannot make that work.

And again I'm sure that we can spend another hour on this, but the more that I think people are educated about how this works, you know, just to give you a very brief example, we get for the machine itself, around \$42 back for an AETNA patient for a ten month period, so spread out over ten months about \$420. The auto-titrating CPAPs are more expensive than that, so, you know, it's – there is no way that we can make that to work as a business model. We would love to say we'll offer auto-titrating CPAPs to everyone. Maybe there will be a point in future when the market will recognize that or, you know, prices come down enough to do that. But again that is why I don't have a firm answer for you to say, you know what, if you want to get this machine, this is all you have to do. I think the best thing that I can say is just make sure you're communicating before you get the machine with your DME company making sure your wishes, if not demands, are known and try to work things out with them as well as with the insurance company.

**Dr. Park:** Okay. So let's close off with your last point here, which is the importance of a support network.

**Chip Smith:** Yeah, I think that is the final piece of the puzzle and that is, you know, a lot of people tend to view this as they are out on an island and, you know, some people that is the way that it has to be or they are going to go on their own, but we really find most people have success if they actually have a – whether it's a supportive family group, a supportive friends group, people that they are comfortable with doing, and that could extend into, you know, a message board community, people out there who can help them. But the point is if you sit out there and you're having issues and you're having problems, there are a bunch of people be it the DME company, be it the doctor, people on the message boards or friends and family that really you should turn to be part of your success and your support group. And that is the best way. We drive compliance with people that have that support group.

That could be when we go to do the initial set up that a significant other, a spouse joins us for that. It could be that, you know, some other family member or friend may join us for that. But even if that is not possible to reach out and just get an understanding that there are other people, you know, an understanding, I guess of how common this is and where to go when you have issues and problems. That's the support network I'm talking about. So consider the DME company one part of that puzzle, I think, consider your sleep doctor, a doctor like yourself, part of that, but, you know, it could be personal

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trainer, dietician, whatever it is, reach out and communicate about that. Because the first thing is, there is nothing to be concerned or embarrassed about. This is a condition that is really the fastest segment growing area of health care and – or of home care at least. And, you know, as such it is so common. Once you have your antenna up for this, you will realize how many family and friends, you know, have CPAP therapy or have struggled and failed and maybe you can get them back on track. But certainly how many other people are going through what you're going through. And the more that you're willing to go out there, and, you know, ask those questions or just let that be known, I think the more successful you can be. So lean on that support network. And if you don't have an immediate one to turn to, create one through these message board communities.

**Dr. Park:** That is a great point. And I just wanted to mention one more valuable resource, The American Sleep Apnea Association has local A.W.A.K.E. groups and these are live meetings that people with sleep apnea gather together and they discuss these kind of topics, it's a very valuable resource. And actually Mike Goldman from sleepguide.com just started a New York chapter and you were there at [inaudible 59:18.6].

**Chip Smith:** Yeah, that was a...

**Dr. Park:** That was a great turnout.

**Chip Smith:** It really was a great meeting.

**Dr. Park:** Yeah. So maybe we can look forward to attending more of those sessions. So let's – actually we're a little behind schedule, but let's just open it up for questions. So if you have a question for Chip you need to press star, 7 to unmute yourself and just state your name, where you're from, and ask Chip your question. So star, 7 to unmute yourself

**Chip Smith:** I'll take that as a sign that I answered them all.

**Dr. Park:** You answered most of those. Great. You gave a lot of great information.

**Chip Smith:** I'm sure that I didn't. I'm sure that it is more of a phone function.

**Dr. Park:** So star, 7 to unmute yourself. Anyone have a question? Hello? I know we have a lot of people in the call still. Why don't I...

**Chip Smith:** [Inaudible 1:00:25.4] there's nothing...

**Dr. Park:** [Inaudible 1:00:27.9].

**Chip Smith:** I will say if there's nothing specific – okay. Yeah. You can go to Restorationmedical.com there's always a contact us note as well.

**Dr. Park:** Oh, that's right. Restorationmedical.com, that's your Website?

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**Chip Smith:** Yes. Yeah, it's just – it's still – we also invite feedback on that Website we just got a Website up and running as well, so...

**Dr. Park:** Great.

**Chip Smith:** I'm trying to make it a patient resource center.

**Dr. Park:** Okay. If they want, can they contact you through that Website also?

**Chip Smith:** Absolutely, there is a contact us button there as well.

**Dr. Park:** I unmuted everyone [inaudible 1:00:54.2]. Do you have a question for Chip Smith? Chip, I think you did answer all their questions.

**Chip Smith:** I'm glad to hear that. If someone is either unwilling to speak or does have some follow up questions please go ahead and provide that. And also we did go ahead and questions when you signed up for the event and we will do our best to answer all of those to the best of our abilities, some of them, even if they are outside of our realm or scope of service, we'll try to [inaudible 1:01:22.4]. I do – it does sound like somebody got – was successful at pressing the [inaudible 1:01:31.3] 7.

**Dr. Park:** Okay, last chance for your questions for Chip Smith.

**Participant:** I'll ask one. My name is [Susan Collins] and I'm calling from the Boston area.

**Chip Smith:** Okay, [Susan], thanks for joining us.

**Participant:** Oh, thanks, I'm actually more like a UARS patient. My apnea-hypopnea index was like, very, very low, but I guess my question is I'm using a CPAP with the nasal pillows and a CPAP therapist at the sleep clinic I got to said that in time, like you spoke about, like I would learn to breathe better through my nose. But it's been about three weeks and I'm still waking myself up with that whoosh of air at a very low setting, it's six.

**Chip Smith:** Okay.

**Participant:** So the first week I seemed to feel a little bit better, but I feel like I've had like a set back somewhat because I just – once it wakes me up now it's sort of like an anxiety type of thing now...

**Chip Smith:** Sure, sure.

**Participant:** ...I get back to sleep. So the full face mask I just – I didn't find comfortable and I did try that for a period of time but I find the nasal pillows very comfortable, so I guess my

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question is am I every going to get used to sleep – breathing through my nose, which is clear, I don't have congestion, I don't think I do anyway,

**Chip Smith:** Okay, well one of my – well, the machine you're using, does it produce compliance, do you know?

**Participant:** It's a REMstar Plus and I through the menu and I believe it does.

**Chip Smith:** That will produce compliance information, usage information.

**Participant:** Okay.

**Chip Smith:** As opposed to detailed data information, so they will tell if you're using it. It is a very good piece of equipment.

**Participant:** Okay. But my follow up appointment, actually my first one is Thursday, so they will look at that and...

**Chip Smith:** Well, they will but again this goes into the category of it's just usage that you're going to get out of a Plus.

**Participant:** Okay.

**Chip Smith:** Their full data or detailed equipment is called the Pro, M-Pro.

**Participant:** Okay.

**Chip Smith:** And that is the one you have to see in order to get that really detailed mind data. Now, again that is where I go back and have a conversation with them about is it possible to if not switch out possibly upgrade or pay to upgrade or even temporarily get a machine that will give you some full data so you can, you know, get a little bit of a look at what is taking place while you're sleeping, there could be some other things that you learn from that data. Again it is not going to be the same, it's not going to be the full breadth and depth of data you get from actually going back to the sleep clinic, but it still can be very telling information. And, you know, if you're able get through a few hours of that. I come back to it, are – you're not having any dryness issues when you wake up, do you feel dry, is it...

**Participant:** No, no, I mean, I can breathe pretty good through my nose as far as I...

**Chip Smith:** Have you tried a chin strap with that.?

**Participant:** Yeah. I tried the chin strap and, you know, I'm embarrassed to say I've even tried taping my mouth shut, which does seem to help. So I tried to do that for a little while to, you know, accustom myself to breathing through my nose, but I'm not sure if maybe it's the pressure is too much or not enough, I don't know.

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**Chip Smith:** No, there is no way that six is, I would say – there's no way that six is too much. There's other factors at play. You can definitely tolerate and get used to six. You know, some interesting things came out of the last, I mean, the meeting that was referenced there at the Manhattan A.W.A.K.E group, there was a dentist that was there that spoke about a hybrid approach of using a dental appliance along with that for patients that can tolerate a full face mask. He prescribes or builds these. Again we – I do not want to take this as a vouching for. We do not have any patients that have done this, but it was an interesting thought that came up. Patients that cannot keep a full face mask on, they tend to rip the mask off at night, he has claimed to have had some success with using the dental appliance, which produces, which makes you keep your mouth closed, and nasal pillows, and with the combination of both is if – even if the mask comes off at night you tend to get some benefit out of the mouth piece. That could be a last ditch short of solution. But again I think an approach would be first of all can we get a look at the data, since we cannot look at the data is there a way to – have you played around humidification settings a little bit to the extent that you could be getting dry out, you know, I don't know if you have had your humidification setting at.

**Participant:** Yeah, it's at three and I feel comfortable. At three it doesn't too much or too little. I do get the rain out occasionally if the air conditioner is on.

**Chip Smith:** Okay, I mean, you may want to increase that and then try to keep the – usually just some subtle insulation can eliminate that rain out, which means just trying to keep the tube to the extent that you can underneath the covers and that should solve the problem, but try to increase that and see if that would help as well.

**Dr Park:** Thank you Chip. I want to thank you for taking time from your busy schedule to give us information. I hope everyone has learned at least one useful and practical tip from this discussion. And if you had a question that wasn't answered tonight, you can always post it on my Ask Dr. Park forum at [doctorstevenpark.com](http://doctorstevenpark.com).

Just a few announcements on upcoming events. On September 15, I have invited Dr. Jacob Teitelbaum who is one of the world's foremost experts on chronic fatigue and fibromyalgia and how sleep is related to these conditions. And in October, I'm going to have Mr. Ed Grandi who is the Executive Director of the American Sleep Apnea Association. You can also check my website at [doctorstevenpark.com](http://doctorstevenpark.com) under upcoming events for up to the minute information.

So that's it for tonight's program. Thanks for joining me. For everyone that's registered, you'll get a link to the MP3 recording in a few days via e-mail. A transcript for this program will also be available for a nominal charge and details will follow in the upcoming e-mail. For more information about this program or for other topics, please visit [doctorstevenpark.com](http://doctorstevenpark.com).

This is Dr Steven Park, helping you to breathe better and sleep better, until next time good night.