

Aligning Obstructive Sleep Apnea Care with Value-Based Healthcare Goals; Olumuyiwa Bamgbade, Salem Pain Clinic Canada

*Bridging Gaps Between the Clinical Care of Obstructive Sleep Apnea and Value-Based Healthcare Principles;
Olumuyiwa Bamgbade, Salem Pain Clinic Canada*

SURREY, BC, CANADA, July 10, 2025 /EINPresswire.com/ -- Obstructive sleep apnea (OSA) is an

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Standardizing care for obstructive sleep apnea isn't just a clinical priority; it's a value-based imperative that transforms risk into resilience and variability into equity”

Olumuyiwa Bamgbade

increasingly prevalent comorbidity that challenges road safety, perioperative care, and healthcare efficiency. A medical research publication highlights critical gaps in preoperative screening, anesthetic strategy, and postoperative monitoring for patients with OSA. These findings underscore a valuable opportunity to enhance value-based healthcare (VBHC) delivery through standardized, evidence-based practices prioritizing safety, outcomes, and system efficiency. Dr. [Olumuyiwa Bamgbade](#) of the specialized [Salem Anaesthesia Pain Clinic](#) led the [peer-reviewed study](#).

VBHC emphasizes maximizing patient outcomes while minimizing cost. Regarding OSA, suboptimal perioperative care increases postoperative respiratory complications, length of stay, and readmissions, factors directly undermining VBHC principles. The study's findings reveal significant variation in clinical screening, optimization, and intraoperative management approaches. This inconsistency leads to fragmented care and resource inefficiency.

Applying VBHC requires shifting from discretionary practices to standardized, protocol-driven care tailored to risk profiles and grounded in evidence. By implementing validated tools consistently across surgical populations, systems can identify OSA early and reduce adverse events, a key VBHC outcome metric. Investing in CPAP optimization before surgery directly aligns with preventive care models that reduce emergency interventions and resource-intensive ICU admissions. Systematic use of such strategies can be scaled across health systems through decision-support systems and training, creating consistency that reduces complications and enhances patient experience, two pillars of VBHC.

Value-based models reward reduced readmissions and complications. The study's emphasis on structured emergence criteria and postoperative monitoring for OSA patients reinforces how attention to transitions of care can prevent unplanned ICU transfers or respiratory crises. Embedding postoperative monitoring pathways for high-risk patients within bundled payment structures ensures alignment between provider behavior and reimbursement goals, particularly for accountable care organizations.

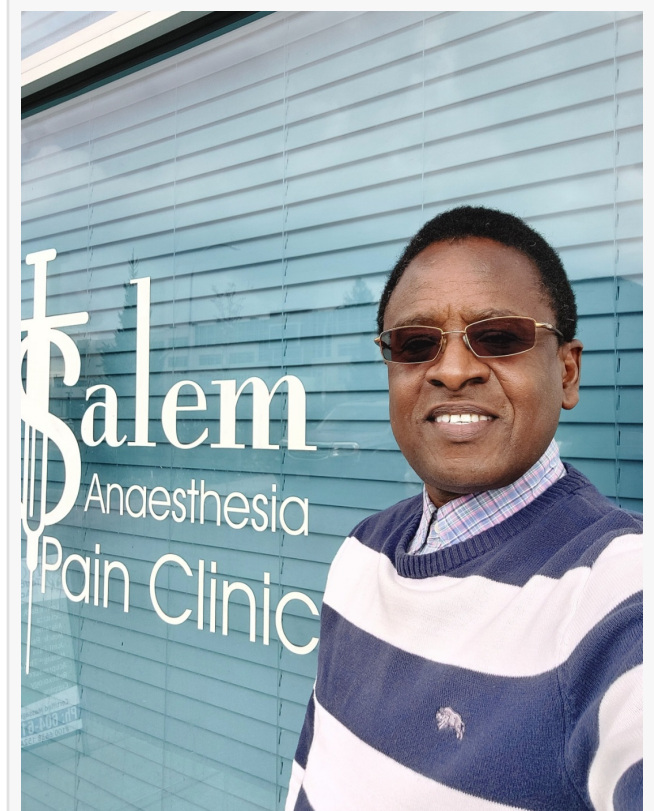
The study highlights clear leverage points where OSA perioperative care can evolve to reflect the tenets of VBHC: safety, efficiency, and patient-centeredness. Health systems should leverage this to develop standardized protocols, emphasize regional anesthesia when appropriate, and invest in preoperative optimization and postoperative monitoring. These changes protect vulnerable patients and support sustainable healthcare delivery in an era where value, not volume, is the currency of care.

Dr. Bamgbade is a healthcare leader with an interest in value-based healthcare delivery. He is a specialist physician trained in Nigeria, Britain, the USA, and South Korea. He is an adjunct professor at institutions in Africa, Europe, and North America. He has collaborated with researchers in Nigeria, Iran, Armenia, Zambia, China, Rwanda, the USA, Kenya, South Africa, Britain, Tanzania, Namibia, Australia, Botswana, Mozambique, Ethiopia, Jamaica, and Canada. He has published 45 scientific papers in PubMed-indexed journals. He is the director of Salem Pain Clinic, a specialist and research clinic in Surrey, BC, Canada. Dr Bamgbade and Salem Pain Clinic focus on researching and managing pain, insomnia, value-based care, health equity, injury rehabilitation, neuropathy, societal safety, substance misuse, medical sociology, public health, medicolegal science, and perioperative care.

Reference

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