

PRACTICE | ADVOCACY | EDUCATION | RESEARCH



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08

membership report



The American Academy of Sleep Medicine (AASM) has been the leader in setting standards and promoting excellence in sleep medicine health care, education and research since 1975. This report gives AASM members, who are the primary stakeholders in the organization, an update on the progress made by the AASM in 2008. At the beginning and end of the report, Mary Susan Esther, MD, provides her perspective as a longtime member and current AASM president. The rest of the report contains summaries that show how the AASM has served its members and advanced the field of sleep health care over the past year. Details about the progress we have achieved are organized according to the four essential elements of the AASM mission: **setting clinical standards, advocating for the field, educating professionals and fostering sleep medicine research.**

FROM THE PRESIDENT: LOOKING BACK

More than 20 years ago I became a member of the AASM, and over the last two decades I have seen the field of sleep medicine flourish in large part because of the leadership provided by the AASM. Today the robust AASM membership comprises more than 1,600 sleep disorders centers and more than 8,300 sleep physicians, sleep researchers, academicians, dentists, sleep technologists, nurses, sleep research assistants, research trainees and students. The diversity of this membership is one of the strengths of the AASM; it promotes the exchange of new ideas, sparks a spirit of innovation, and encourages lifelong learning and personal growth.

As the only professional society that is dedicated exclusively to the medical subspecialty of sleep medicine, the AASM addresses the pressing concerns of sleep professionals and cultivates the clinical, scientific and academic interests of its diverse membership. Through a shared commitment to excellence, the AASM unites its members in the common cause of advancing the profession.

This report provides you with a summary of the AASM's initiatives and accomplishments from the past year. As you will see in the pages that follow, the impact of the AASM remains stronger than ever.

The AASM continues to be the leader in setting standards for the field. AASM accreditation has always been the gold standard for the profession, which is evident in the quality of care provided at sleep disorders centers and laboratories for sleep related breathing disorders across the U.S. The recent work by a presidential task force to draft a complete revision of the Standards for Accreditation ensures that AASM accreditation will continue to raise the bar for patient care.

Sleep specialists worldwide look to the AASM practice parameters for evidence-based guidance in patient assessment and management. A new paper for the use of autotitrating continuous positive airway pressure devices gives physicians the most current recommendations. The publication of two more AASM clinical guidelines also gives clinicians even more direction in the evaluation, diagnosis, treatment and follow-up of patients with sleep disorders.

As the leading advocate for the field of sleep, the AASM gives members a united, national voice.

Throughout the Centers for Medicare & Medicaid Services review of portable monitoring, the AASM challenged evident conflicts of interest, offered unbiased data and called for fair policies that are rooted in evidence. The AASM also worked directly with local Medicare contractors to develop fair coverage-determination policies in a collaboration that continues today.

By launching an ongoing initiative to encourage the formation of a sleep society in every state, the AASM is helping members support the profession at the local level. Members who engage in this effort are able to stand together with their colleagues to promote legislation and policies that improve patient care and advance the field of sleep.

The AASM continued to develop premier educational resources and opportunities, including courses, webinars and slide sets that equipped members with the latest information and provided continuing education.

The AASM's five-year pledge of \$1.875 million enabled the American Sleep Medicine Foundation to issue the first round of AASM Physician Sleep Scientist Training Awards. The AASM also recognized the first two AASM Comprehensive Academic Sleep Programs of Distinction.

The financial overview shows that the AASM continues to be in a position of financial health despite the struggling national economy. With a strong, growing and loyal membership, and reasonable membership dues, the AASM has the financial resources needed to fund the projects that are most important to members and to the field and to our patients.

I hope this report encourages you to become even more involved in the activities of the AASM by volunteering for a committee, participating in a section and joining the effort to form a sleep society in your state. Enjoy this report and see how you have helped advance the field of sleep medicine by investing in the AASM through your membership.

Sincerely,



Mary Susan Esther, MD
President

VISUM | ABSENTIS | GUBERNATIO

AASM VISION

The American Academy of Sleep Medicine is the leader in setting standards and promoting excellence in sleep medicine health care, education and research.

AASM MISSION

The American Academy of Sleep Medicine serves its members and advances the field of sleep health care by:

- ▶ Setting the clinical standards for the field of sleep medicine
- ▶ Advocating for recognition, diagnosis and treatment of sleep disorders
- ▶ Educating professionals dedicated to providing optimal sleep health care
- ▶ Fostering the development and application of scientific knowledge

AASM LEADERSHIP

The AASM achieves its vision and mission through the efforts of committed members who volunteer to use their skills and expertise to help the AASM advance the fields of sleep medicine and sleep research. The AASM is led by a membership-elected 12-person board of directors that consists of four members who serve as president, president-elect, immediate past president and secretary/treasurer, and eight members who serve as directors.

AASM members can help address a specific area of importance to the profession and make an impact on the field by volunteering for service on one of 10 AASM standing committees. Members also are encouraged to participate in any of the eight AASM sections and to designate their membership in one primary section, in which they may vote and hold office.

On the AASM Web site, www.aasmnet.org, members can find rosters for the board of directors, committees and sections, as well as information about volunteering to serve.

SETTING CLINICAL STANDARDS

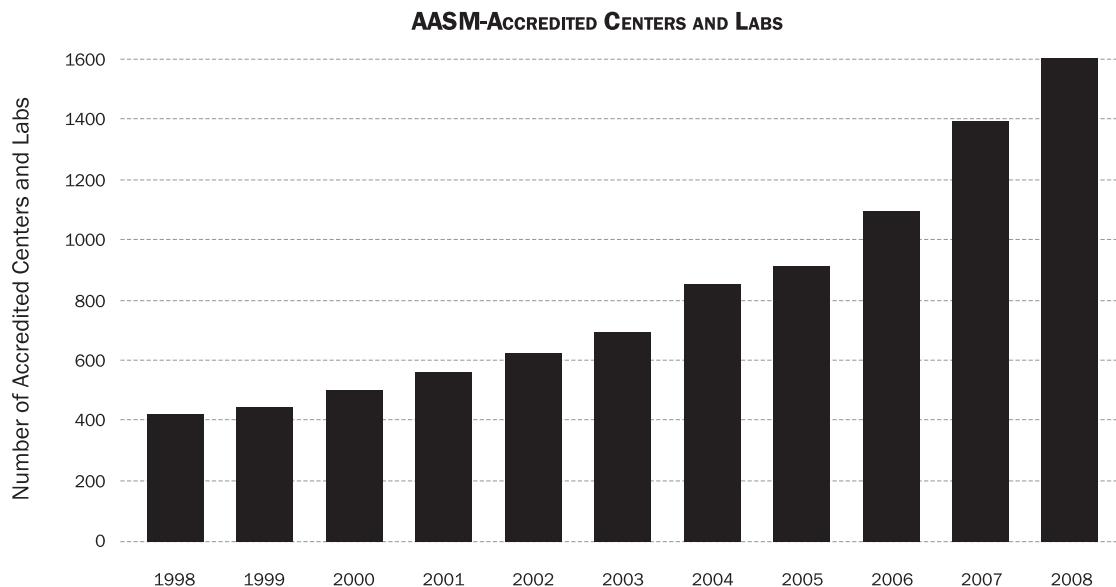
The AASM sets the clinical standards for the field of sleep medicine. These standards help medical professionals provide their patients with the highest quality of sleep-related health care.

ACCREDITATION

AASM accreditation is the gold standard by which the medical community and the public can evaluate sleep medicine services. To earn accreditation a sleep disorders center or laboratory for sleep related breathing disorders must demonstrate that it meets the highest standards of quality patient care.

The AASM accredited a sleep disorders center for the first time in 1977, and the number of accredited facilities steadily increased during the following 20 years. In the last decade there has been dramatic growth in the number of AASM-accredited sleep medicine providers. The AASM accredited 217 new sleep disorders centers and laboratories for sleep related breathing disorders in 2008. At the end of 2008 the total number of AASM-accredited sleep disorders centers and labs was 1,612; this represents an increase of 16 percent since 2007.

AASM ACCREDITATION GROWTH



STANDARDS FOR ACCREDITATION

The board of directors approved several changes to the AASM Standards for Accreditation in 2008. These changes recognize the vital importance of educational standards and certification for sleep technologists and ensure that accredited sleep centers and laboratories record and score sleep-study signals according to the *AASM Manual for the Scoring of Sleep and Associated Events: Rules, Terminology and Technical Specifications*.

In January 2008 the AASM board of directors appointed a presidential task force to review the organization's broader policies regarding accreditation and to evaluate the AASM Standards for Accreditation. The task force drafted a comprehensive revision of the Standards for Accreditation with the objective of developing standards that are quantifiable, verifiable and completely objective. A number of the proposed changes also address the issue of portable monitoring. The revision was posted online, and AASM members were invited to submit feedback to the task force. A final draft of the revised Standards for Accreditation was approved by the board of directors in December 2008, and take effect July 1, 2009. The accreditation section of the AASM Web site, www.aasmnet.org/Accreditation.aspx has the current version of the Standards for Accreditation, which can be downloaded for your information.

Late in 2008, the AASM also assembled a task force of experts in the areas of accreditation and durable medical equipment to develop add-on standards for the accreditation of sleep disorders centers as suppliers of DME.

This was in response to the 2009 Physician Fee Schedule: Final Rule with Comment Period from the Centers for Medicare and Medicaid Services. In the Final Rule, CMS advocates for a transition to the concept of Integrated Sleep Management Programs that provide comprehensive patient care from diagnosis, to treatment, to follow-up to long-term management of patients with obstructive sleep apnea.

PRACTICE PARAMETERS

Since 1992, the AASM has developed evidence-based practice parameters that provide physicians with clear recommendations for the evaluation and management of patients with sleep disorders. The parameters are written by the AASM Standards of Practice Committee and are based on an exhaustive review of the scientific literature by a task force of experts. The AASM now has 17 practice parameters papers available for clinicians, including one update that was published in 2008. The Standards of Practice Committee is in the process of developing three new papers: Indications for Polysomnography in Children, Surgical Modifications of the Upper Airway in the Treatment of OSA, and REM Parasomnias.

AASM PRACTICE PARAMETERS PUBLISHED IN 2008

Publication Date	Title	Citation
Jan. 1, 2008	Practice parameters for the use of autotitrating continuous positive airway pressure devices for titrating pressures and treating adult patients with obstructive sleep apnea syndrome: an update for 2007.	Sleep 2008;31(1):141-7

CLINICAL GUIDELINES

The AASM develops clinical guidelines that provide physicians with comprehensive recommendations for the evaluation, diagnosis, treatment and follow-up of patients with sleep disorders. These guidelines incorporate the AASM's evidence-based practice parameters and supplement them with consensus-based recommendations formed by a task force of experts. The AASM published two clinical guidelines in 2008, and another guideline is being developed on the evaluation, management and long-term care of obstructive sleep apnea in adults.

AASM CLINICAL GUIDELINES PUBLISHED IN 2008

Publication Date	Title	Citation
April 15, 2008	Clinical guidelines for the manual titration of positive airway pressure in patients with obstructive sleep apnea.	J Clin Sleep Med 2008;4(2):157-71
Oct. 15, 2008	Clinical guideline for the evaluation and management of chronic insomnia in adults.	J Clin Sleep Med 2008;4(5):487-504

OSA PHYSICIAN MEASUREMENT SET

The AASM worked with the American Medical Association's Physician Consortium for Performance Improvement® and the National Committee for Quality Assurance to develop the Obstructive Sleep Apnea Physician Performance Measurement Set. The draft measurement set facilitates continuous clinical quality improvement in the diagnosis, treatment and follow-up of adult patients with obstructive sleep apnea. The four draft measures are: Severity Assessment, Positive Airway Pressure Therapy Prescribed, Adherence to Positive Airway Pressure Therapy, and Assessment of Sleep Symptoms. The AMA posted the draft measures online for public comment before the AASM presented them to the Consortium on Sept. 26, 2008. At the meeting the Consortium approved all four measures, which will be sent to the National Quality Forum for approval.

ADVOCATING FOR THE FIELD

The AASM represents the interests of sleep specialists on issues related to health policy, reimbursement and practice management. The AASM also monitors legislation and regulations that may impact the practice of sleep medicine both nationally and at the local level.

PORTABLE MONITORING

In 2007 the Centers for Medicare & Medicaid Services (CMS) initiated a review of its National Coverage Determination (NCD) policy regarding continuous positive airway pressure (CPAP) for obstructive sleep apnea (OSA). From the beginning of this process, the AASM has been actively engaged, working closely with CMS on iterations of the policy to ensure it is rooted in evidence and includes provisions for the effective, safe and comprehensive treatment of sleep disorder patients.

The diligent campaign undertaken by the AASM, which included sending a series of letters and providing expert testimony to CMS, has been successful.

On March 13, 2008, CMS published the Decision Memo for CPAP Therapy for OSA (CAG-00093R2) that responded to the AASM's call for clarifications of numerous ambiguities that were identified by a proposed change to allow coverage for CPAP based on "a combination of a clinical evaluations and unattended home sleep monitoring." The AASM strenuously objected to the failure to identify the clinical evaluation requirements and called for this diagnosis "to be performed under the supervision of a specialist board certified in sleep medicine."

CMS received our comments. In the resulting NCD, CPAP coverage is allowed based on a home sleep test (HST) only where the clinical evaluation is performed by a physician who is: 1) board certified in sleep medicine; 2) in the initial eligibility period to take the sleep medicine board examination; or 3) on active staff membership at an accredited sleep center.

In the ongoing process of developing and maintaining the Local Coverage Determinations (LCDs) that address coverage for physician services relating to the interpretation of sleep studies, the AASM continues to work closely with local Medicare contractors to ensure fair and comprehensive policies. In these efforts, the AASM strives to have the contractors incorporate AASM clinical guidelines that recommend that sleep studies are conducted in AASM-accredited sleep disorders centers and laboratories under the direction of a board-certified sleep specialist. To date, contractors representing almost half of the states have moved in this direction; please visit the Government Relations section of the AASM Web site for current information on the contractor for your state.

Last November 19, CMS published and solicited comments on the 2009 physician payment schedule. In regulations that go into effect in 2009, CMS recognized the importance of integrated sleep management programs where patients have continuity of care that includes steps leading to diagnosis and the provision of CPAP from a single source. In the regulation and consistent with comments previously submitted by the AASM, CMS allows the sleep center to also dispense CPAP equipment where the OSA diagnosis is based on what the regulations define as an "attended facility-based polysomnogram." In commenting, the AASM is seeking a clarification in this regulatory definition to have it specify a Type I test conducted in an accredited facility.

The AASM has called for CMS to establish a uniform, quality standard where all sleep testing, including home sleep testing would be provided through AASM-accredited centers. The AASM went on to state that "this uniform direction will establish an important quality assurance benefit and eliminate the current situation that confronts physicians, DME suppliers and Medicare beneficiaries where patients could have a covered home sleep test that identifies OSA and where the coverage for the necessary CPAP equipment would not be allowed...By requiring that all sleep tests are provided through accredited facilities, all Medicare beneficiaries who are identified to be in need of CPAP therapy will be able to have program coverage for this essential care."

To help members understand how these developments will affect their practice, the AASM provided multiple educational opportunities including interactive webinars and special sessions at SLEEP 2008.

STATE SLEEP SOCIETIES

Recognizing that sleep professionals can effectively promote and protect the profession at the local level by uniting together, the AASM launched an initiative at SLEEP 2008 to help members and accredited centers in every state establish and incorporate a state sleep society. Special sessions provided attendees with information about organizing at a local level, running an effective state society, tax regulations, state legislative and regulatory issues, and recent initiatives undertaken by state sleep societies. The AASM has taken an active role in assisting concerned sleep professionals in 13 states and Washington, D.C. Organizing activities where the AASM has been able to assist with these initial states include formation of an Organizing Committee, Articles of Incorporation, draft bylaws and recruiting members.

CPT CODE FOR ACTIGRAPHY

After several years of AASM advocacy, actigraphy was approved for designation as a reimbursable Category I Current Protocol Terminology (CPT) code. The AASM Health Care Policy Committee submitted the application to the American Medical Association's CPT Editorial Panel on February 9, 2008. The actigraphy code was previously a Category III (0089T) code, a non-reimbursable temporary code that facilitates data collection and assessment of new services and procedures. To provide accurate and representative information on physician work and practice expense for actigraphy, the AASM conducted a membership survey and then collaborated with allied professional societies to develop a summary of the data. The AASM presented the application with the summary data at the Relative Value Scale Update Committee (RUC) meeting on April 25, 2008.

While the RUC set a value for the actigraphy code, CMS has solicited additional information. The RUC already has placed actigraphy in its February 2009 agenda, and AASM will be presenting further recommendation on valuing this service, and requested CMS consider establishing a single national value for the code

HCPCS G CODES

The AASM worked closely with the National Correct Coding Initiative (NCCI), a subsidiary of CMS, on its edits related to Healthcare Common Procedure Coding System (HCPCS) level II codes G0398-G0400. G-codes are Medicare-specific codes that are typically used by CMS for reporting services under conditions unique or particular to the Medicare program and that are generally not recognized by other payers. The NCCI consented with many of the AASM recommendations, but did not accept the AASM's recommendation to define a Type IV monitor with the following parameters: ventilation, respiratory effort and oxygen saturation. In the possible move from G-codes to CPT codes, the questions raised by AASM are still under consideration.

HCPCS CODE FOR APAP

The AASM contacted CMS in support of a separate HCPCS Code for auto-titrating positive airway pressure (APAP), with the caveat that the code would clearly define the certain conditions in which APAP is appropriate. These conditions were established in the practice parameters that the AASM published in the January 1, 2008, issue of the journal *SLEEP*.

BEHAVIORAL SLEEP MEDICINE TAXONOMY CODE

The AASM worked closely with the American Medical Association on the development of a new taxonomy code for psychologists and PhDs administering behavioral sleep medicine services. The new professional designation, "Sleep Medicine Specialist, PhD," was added to the January 2008 release from the National Uniform Claim Committee and took effect April 1, 2008.

PHYSICIAN PRACTICE SURVEY

The AASM worked with the American Medical Association and more than 70 other organizations to conduct a comprehensive, confidential, multi-specialty survey of America's physician practices. The Centers for Medicare & Medicaid Services has indicated it will use the results of this study to help determine physician payment.

PHYSICIAN FEE SCHEDULE

The AASM strongly urged CMS to work with Congress and develop a fair and balanced rejoinder that enacts positive physician payments for 2008 and subsequent years and accurately reflects realistic medical practice costs incurred

by physicians. Further, the AASM requested that CMS and Congress assess the current sustainable growth rate (SGR) formula that will result in significant reimbursement cuts, and replace it with a meaningful system that considers the continually increasing costs associated with care provided by physicians for patients who are Medicare beneficiaries.

NIH BUDGET

The AASM contacted the chairman of the Senate Appropriations Committee to support an increase to the budget for the National Institutes of Health (NIH). In July 2008 legislation was introduced to provide an additional \$5.2 billion to the NIH for fiscal year 2009. The bill was referred to the Senate Committee on Appropriations for further consideration. It is likely the NIH will receive added funds in the projected economic stimulus package.

SLEEP TECHNOLOGY LICENSURE

In several states the AASM supported licensure legislation that secures the future of sleep technology and ensures that there will continue to be an ample supply of well-qualified sleep technologists to service sleep medicine practices in those states. In New Mexico a licensure bill was signed into law on February 29, 2008, requiring that sleep technologists become licensed in the state by July 1, 2010.

STATES THAT LICENSE SLEEP TECHNOLOGY AS AN INDEPENDENT PROFESSION

Date	State
June 2005	Louisiana
Dec. 2005	New Jersey
May 2006	Maryland
June 2007	Tennessee
Feb. 2008	New Mexico

The AASM supported the introduction of licensure legislation in California, New York and North Carolina. In California, the legislation was approved with sizable majorities in the state Assembly and Senate. However, the governor signed only high-priority bills in response to a historic delay in passing the state budget. California Senate Bill 1526 was one of 137 bills that the governor vetoed at the end of the legislative session. In both New York and North Carolina, licensure bills remained in committee when the 2008 legislative session ended. In Maryland the AASM supported House Bill 1082, which waived certain educational requirements for out-of-state sleep technologists relocating to the state and included an amendment to extend the licensure deadline to October 1, 2012. The AASM opposed legislation introduced in the Washington, D.C. City Council that proposed to give the Board of Respiratory Care the authority to regulate the practice of sleep technology and license sleep technologists. The AASM began working closely with local leaders to amend language in the bill. The measure in Washington, D.C. is scheduled for committee action in 2009. In August, the AASM made state-by-state information on current statutory requirements for sleep technologists available in the Government Relations section of the AASM Web site.

EDUCATING PROFESSIONALS

The AASM presents sleep specialists and other medical professionals with opportunities to enhance their understanding of sleep and sleep disorders. These opportunities equip health care providers with the latest scientific evidence in the field so that they can provide the highest quality medical care for patients with sleep disorders.

SLEEP ANNUAL MEETING

In 2008 the premier educational and scientific event in the field continued to be the SLEEP annual meeting of the Associated Professional Sleep Societies, a joint venture of the AASM and the Sleep Research Society. More than 5,500 sleep professionals attended SLEEP 2008, the 22nd annual meeting of the APSS, in Baltimore, MD., from June 7 to 12. J. Allan Hobson, MD, gave the keynote address on "Sleep, Dreaming and Consciousness – A New Paradigm." The plenary session also included a presentation of the AASM awards.

2008 AASM AWARDS

Year	Award	Recipient
2008	Nathaniel Kleitman Distinguished Service Award	Conrad Iber, MD
2008	William C. Dement Academic Achievement Award	Terry Young, MS, PhD
2008	Mark O. Hatfield Public Policy Award	Neil Kavey, MD
2008	Excellence in Education Award	Michael Littner, MD

At the AASM General Membership Meeting, officers of the 2008 – 2009 board of directors were installed: Mary Susan Esther, MD, as the 23rd president of the AASM; Clete Kushida, MD, PhD, RPSGT, as president-elect; Alex Chediak, MD, as past president; and Nancy Collop, MD, as secretary/treasurer. M. Safwan Badr, MD, and Sam Fleishman, MD, began their three-year terms as newly elected directors, while Richard Berry, MD, and Art Spielman, PhD, completed their terms as directors.

SLEEP 2008 had a diverse and robust scientific program and showcased the latest findings in sleep research from around the world. More than 1,150 research abstracts were presented - more than 900 as poster presentations and nearly 250 as brief oral presentations. Five “late-breaking abstracts” also were presented during a special session.

Currently the APSS Program Committee is planning for SLEEP 2009, the 23rd Annual Meeting of the APSS, which will be held in Seattle, WA., from June 6 to 11.

COURSES AND WEBINARS

AASM Sleep Education Series courses such as National Sleep Medicine Course, Advanced Sleep Medicine Course, Insomnia and Behavioral Sleep Medicine, and Management of a Sleep Disorders Center: Administrative, Legal & Health Policy Practices gave attendees the opportunity to learn from leading specialists in the field and to interact with colleagues from across the country. A new course, Interpreting Sleep Studies: Using the New AASM Scoring Manual, offered an in-depth overview and discussion of the AASM scoring manual. AASM webinars provided participants a convenient way to learn from leading experts in the field about relevant and timely topics and issues such as Home Sleep Testing Discussion Forum, CMS National Coverage Decision, and Medicare Fraud and Abuse: Polysomnography and the OIG. Webinars also allowed for ongoing education on a broad theme through series such as Clinical Evaluation, Scoring Workshop and Portable Monitoring: Different Perspectives. In 2008 the AASM offered a total of 9 courses and 24 webinars.

NEW RESOURCES

The AASM introduced several new resources to promote the education and professional development of sleep specialists. The new *Case Book of Sleep Medicine* extends the clinical utility of the *International Classification of Sleep Disorders, Second Edition (ICSD-2)* with 70 cases that allow readers to follow as experienced clinicians gather information from the patient’s history, physical examination and laboratory tests.

The AASM also increased the audience of its webinars by making them available for purchase on CD-ROM. Webinars can be purchased individually or together in series, such as Board Review, Case-Based Board Review, Portable Monitoring, Clinical Evaluation, Scoring Workshop, Sleep Center Accreditation and Essentials of Sleep Technology.

NEW RESOURCES INTRODUCED IN 2008

Reference	Case Book of Sleep Medicine
Slide Set	“Sleep in Women”
Slide Set	“Essentials of Sleep Technology: Sleep Stage Scoring”
Slide Set	AASM Webinar Archive
Patient Brochures	Teenagers & Drowsy Driving, CBT for Insomnia, OSA & Surgery

A-STEP

In 2008 the AASM accredited 38 new providers of the Accredited Sleep Technologist Education Program (A-STEP) Introductory Course, bringing the total number of A-STEP providers to 74. A-STEP equips students with the knowledge and skills they need to excel in the profession of sleep technology and prepares them for the registry exam that is administered by the Board of Registered Polysomnographic Technologists.

BEHAVIORAL SLEEP MEDICINE

The AASM Mini-Fellowship Program for Behavioral Sleep Medicine (BSM) provides practical training for physicians, psychologists and advance practice nurses. The AASM selected five candidates as fellows in 2008. The AASM held a Behavioral Sleep Medicine Seminar at SLEEP 2008 and gave 17 psychologists, physicians, and advance practice nurses a registration fee waiver so they could attend the seminar and the annual meeting. The AASM also transferred responsibilities for the administration of the BSM certification examination to the American Board of Sleep Medicine. The eligibility requirements were expanded and the format of the examination was revised to better promote BSM and foster the growth of BSM certification. There are now 134 certified BSM specialists.

2008 MINI-FELLOWSHIPS FOR BSM

Fellow	Host Site
Patricia Bach, PsyD	Duke University
Pamela Minarik, PhD	VA, Greater Los Angeles Healthcare
Julie Pickholtz, PhD	University of Pennsylvania
Carol Stephens, PsyD	Stanford University
Rachel Weiss, PhD	University of Michigan

MINI-FELLOWSHIP PROGRAM FOR INTERNATIONAL SCHOLARS

In 2008 the AASM selected nine candidates for the AASM Mini-Fellowship Program for International Scholars, a four-week program that equips international physicians with practical training in clinical sleep medicine. The objective is to help them improve the quality of sleep-related health care in their home country.

2008 MINI-FELLOWSHIPS FOR INTERNATIONAL SCHOLARS

Fellow	Country	Host Site
Dr. Albert Kwaka Akpala	West Africa	The Spectrum Health Sleep Disorders Center
Dr. Sushant Meshram	India	John Hopkins Hospital Sleep Disorders Center
Dr. Carmen-Violeta Rasanu	Romania	National Jewish Medical and Research Center
Dr. Steve Conrad Medford	Trinidad	Baylor College of Medicine
Dr. Parag Virendra Mehta	India	The Sleep Center at the University of Pennsylvania
Dr. Manjari Tripathi	India	Northwestern University Medical School
Dr. Maria Plataki	Greece	The Sleep Disorders Institute
Dr. Renata Marques	Brazil	Stanford Sleep Disorders Clinic
Dr. Edison Zancanella	Brazil	Cleveland Clinic Foundation

MEDICAL SCHOOL EDUCATION

A new standing committee, the Academic Affairs Committee, promotes sleep medicine as an academic specialty in medical schools. The committee will work toward the establishment of interdisciplinary academic sleep units, established as independent entities outside of traditional divisions and departments. It will strive to promote the teaching of sleep medicine to medical students at every medical school in North America.

FOSTERING SLEEP MEDICINE RESEARCH

The AASM is committed to advancing the understanding of sleep and sleep disorders and improving the quality of health care available for sleep disorders patients through strategic scientific research. The AASM established the American Sleep Medicine Foundation (ASMF) in 1998 to support education as well as clinical and basic research. The AASM provides the funding for all of the foundation's administrative costs. From 2000, when the first grants were awarded, to 2007, the AASM also contributed more than \$2 million to support the ASMF grant programs. Through 2008 the ASMF has awarded \$3.145 million in grants.

NEW RESEARCH OPPORTUNITIES

The ASMF Executive Board developed two proposals for the 2009 grant cycle: Strategic Research and Educational Projects. The Strategic Research grant opportunity will support up to two, one-year grants in the amount of \$75,000 each, studying the effects of gender on manifestations, diagnosis, treatment or impact of sleep disorders. The Educational Projects opportunity will support up to two, one-year grants in the amount of \$75,000 each, for research that focuses on sleep in medical school education.

The ASMF received a generous contribution of \$2 million from the American Board of Sleep Medicine (ABSM) for the creation of an endowment that will allow for even more grant opportunities in the years ahead. The ASMF board of directors decided to devote this contribution to the research training of clinical sleep fellows. The first of these opportunities is the new ABSM Junior Faculty Research Award, which will assist new faculty in the development of a career in academic sleep medicine. Beginning in 2009 the ASMF will award a two-year, \$50,000 grant to one applicant per year. This award is only the beginning of a long-term, multi-faceted grant program that will be funded by this endowment.

PHYSICIAN SLEEP SCIENTIST TRAINING AWARDS

In 2007 the AASM made a five-year pledge to the ASMF totaling \$1.875 million to support the education and training of sleep scientists through a new initiative: the AASM Physician Sleep Scientist Training Awards. The ASMF will award up to five, one-year grants in the amount of \$75,000 each, to trainees at ACGME-accredited sleep medicine fellowship programs for research in sleep medicine. The AASM will fund up to five grants each year for the next five years—for a total of up to 25 awards. The ASMF awarded four Physician Sleep Scientist Training Awards in 2008, one of which was supported in part by a \$60,000 grant from Takeda Pharmaceuticals North America, Inc.

2008 AASM PHYSICIAN SLEEP SCIENTIST TRAINING AWARDS

Recipient	Institution	Proposal
Josna Adusumilli, MD	Brigham and Women's Hospital	"Effectiveness of Night Floats and Naps in reducing the risks of interns' 24+ hour shifts"
Ina Djonić, MD	Brigham and Women's Hospital	"Sleep, Learning and Parkinson Disease"
Mikhail B. Litinski, MD	Brigham and Women's Hospital	"Modulating Effect of Circadian Rhythm and Sleep/Wake Cycle on Severity of Sleep Apnea Hypopnea Syndrome"
Dennis Hwang, MD	NYU School of Medicine	"A Pilot Study Evaluating Changes in PCrit after Therapy for OSA with Oral Appliance Therapy and Upper Airway"

ACADEMIC SLEEP PROGRAMS OF DISTINCTION

The AASM board of directors created AASM Comprehensive Academic Sleep Programs of Distinction, an initiative to recognize academic sleep programs that have demonstrated excellence through compliance with rigorous standards in the areas of clinical service, educational mission and research accomplishments. The program is a step toward the broad goal of independent, interdisciplinary academic units within every medical school in the U.S. The initiative enables recognized programs to compete, on an annual basis, for a one-year ASMF grant that supports a fellow for training in sleep medicine research. All recognized programs also receive an annual grant that provides travel assistance to the SLEEP annual meeting for one fellow. In 2008 the AASM announced the recognition of the first two AASM Comprehensive Academic Sleep Programs of Distinction: Brigham and Women's Hospital and the University of Louisville Sleep Fellowship Program.

AASM SECTION INVESTIGATOR AWARDS

Each AASM membership section had the opportunity to select the best abstract that was submitted in its area for SLEEP 2008. Authors of the selected abstracts received a monetary award and had the opportunity to present their abstracts at the section meetings during the annual meeting.

2008 AASM SECTION INVESTIGATOR AWARDS

Year	Recipient	Section
2008	Denys Volgin, PhD	Childhood Sleep Disorders & Development
2008	Kun Hu, PhD	Circadian Rhythms
2008	Jennifer Martin, PhD	Insomnia
2008	Christopher M. Jung	Sleep Deprivation
2008	Nabil Al Lawati, MD	Sleep Related Breathing Disorders

JOURNALS

More than 30 years ago the AASM partnered with the Sleep Research Society to form the Associated Professional Sleep Societies LLC (APSS). In 1978 the APSS published the first issue of the journal *SLEEP*, which is recognized as the leading scientific journal in the field. The number of meritorious manuscripts submitted to the journal *SLEEP* grew substantially as the fields of sleep medicine and sleep research flourished. The need arose for a complimentary publication that would focus on the practice of clinical sleep medicine, and in 2005 the AASM published the first issue of the *Journal of Clinical Sleep Medicine (JCSM)*.

In 2008 the AASM continued posting *JCSM* podcasts on the journal's Web page. Each podcast is hosted by Editor Stuart Quan, MD, and features summaries of important articles published in the current issue as well as occasional interviews with authors of these papers.

Starting in 2008, issues of *SLEEP* and *JCSM* became available on PubMed Central, a free online archive of biomedical and life sciences journal literature hosted by the U.S. National Institutes of Health (NIH).

FINANCIAL OVERVIEW

Historically the AASM board of directors has taken a conservative and disciplined approach to the management of the organization's finances. This prudence has enabled the AASM to make significant investments in initiatives and programs that are critical to the sleep field without increasing membership dues, which remain among the lowest of any medical association.

The AASM's fiscal responsibility was never more important than in 2008, when conditions in the U.S. and global markets led to an economic recession. Despite the challenges associated with operating in a struggling economy, the AASM remains in a position of financial stability entering 2009. This is a testimony both to the AASM's resource management and to its strong, growing and loyal membership.

Although final accounting reports for the 2008 fiscal year were not yet available at the time of this report's preparation, unaudited projections and highlights from fiscal year 2008 are provided below. An updated, complete and audited financial report will be presented to members at the AASM General Membership Meeting at SLEEP 2009 this June in Seattle, WA.

Current projections estimate an increase in the AASM's operating revenue to \$10.5 million in 2008. The foundation for the AASM's financial health is the diversity of its revenue streams. In 2008 no source of income supplied more than 25 percent of the AASM's overall revenue. Rather, multiple sources of revenue, including membership, educational product sales, accreditation, and education and continuing medical education (CME), lend to our overall fiscal health.

Along with an increase in revenue came a corresponding increase in expenses, with the current projections estimating \$7.9 million in 2008. The AASM invests generously in expanding professional education opportunities for members, which include high-quality courses and webinars, as well as resources and references for research, instruction and clinical practice. Through the activities of the board of directors and the national office, the AASM also invests significantly in health policy initiatives and advocacy efforts to address legislative matters and policy issues that affect every member. In 2008 the AASM again reinforced its commitment to the future of sleep medicine by pledging more than \$1 million to support grant programs of the American Sleep Medicine Foundation. This pledge supports critical research, foster the careers of young investigators in the field and promotes the continued advancement of sleep science.

Because of current economic uncertainties in the U.S., the board of directors exercised caution in planning the AASM's 2009 budget. Yet the AASM continues to have the financial resources that will be needed to fund the projects that are most important to members and to the field of sleep medicine. In 2009 the AASM will continue to be proactive in developing and implementing new initiatives and programs to help members thrive in their profession.

TIMELINE: AASM & MODERN SLEEP MEDICINE

- 1975 – The Association of Sleep Disorders Centers (ASDC) is formed - later to become the American Academy of Sleep Medicine (AASM)
- 1977 – AASM grants accreditation to a sleep center for the first time.
- 1978 – AASM and the Sleep Research Society publish the first issue of the peer-reviewed, scientific journal *Sleep*.
- 1978 – AASM begins to administer board certification in “clinical polysomnography.”
- 1986 – More than 700 people attend a joint annual meeting of professional sleep societies in Columbus, Ohio – later to become the SLEEP Annual Meeting of the Associated Professional Sleep Societies.
- 1989 – AASM begins to accredit fellowship training programs in sleep medicine.
- 1990 – AASM publishes *The International Classification of Sleep Disorders: Diagnostic and Coding Manual (ICSD)*.
- 1991 – AASM forms the independent American Board of Sleep Medicine, which assumes responsibility for the administration of the board certification exam in sleep medicine.
- 1992 – AASM publishes its first practice parameters paper.
- 1995 – American Medical Association (AMA) recognizes sleep medicine as a self-designated practice specialty.
- 1997 – AMA grants the AASM a seat in its House of Delegates.
- 1997 – Accreditation Council for Continuing Medical Education (ACCME) accredits the AASM as a sponsor of continuing medical education for physicians.
- 1998 – AASM establishes the Sleep Medicine Education and Research Foundation – later to become the American Sleep Medicine Foundation.
- 2003 – AASM administers the first certification exam in behavioral sleep medicine.
- 2003 – Accreditation Council for Graduate Medical Education (ACGME) formally recognizes sleep medicine as an independent subspecialty.
- 2004 – ACGME approves program requirement for residency education in sleep medicine training.
- 2005 – Louisiana becomes the first state to pass a licensure law for the profession of sleep technology.
- 2005 – AASM publishes *The International Classification of Sleep Disorders, 2nd Edition (ICSD-2)*.
- 2005 – AASM publishes the first issue of the *Journal of Clinical Sleep Medicine*.
- 2005 – AASM launches a public education Web site at <http://www.sleepeducation.com>.
- 2006 – The Centers for Medicare & Medicaid Services and the National Uniform Claim Committee recognize sleep medicine as a medical subspecialty with a Level III Health Care Provider Taxonomy Code.
- 2006 – Number of AASM-accredited sleep disorders centers and laboratories for sleep related breathing disorders surpasses 1,000.
- 2007 – AASM publishes *The AASM Manual for the Scoring of Sleep and Associated Events: Rules, Terminology and Technical Specifications*.
- 2007 – The board examination in sleep medicine is administered for the first time by member boards of the American Board of Medical Specialties.
- 2007 – AASM membership surpasses 7,000 individuals.
- 2008 – More than 5,500 people attend SLEEP 2008, the 22nd Annual Meeting of the Associated Professional Sleep Societies, in Baltimore, Md.

FROM THE PRESIDENT: LOOKING AHEAD

The previous timeline highlights the remarkable achievements of the AASM during the past 33 years. Clearly the AASM has had great success as the leader in the field of sleep medicine, and I believe that many more opportunities are emerging for both the AASM and the field.

In light of how the field of sleep medicine has matured and evolved, the role of the sleep specialist has become more important than ever. The AASM will continue to promote the recognition of sleep specialists as the physicians who are uniquely qualified to provide an accurate diagnosis and appropriate plan of treatment for patients with sleep disorders.

As efforts to implement national health-care reform focus attention on quality of care, the AASM will continue to emphasize the value of certification and accreditation. The next certification exam in sleep medicine will be offered later this year by member boards of the American Board of Medical Specialties; I encourage sleep clinicians who did not become board certified in 2007 to begin making preparations for the 2009 exam.

I certainly expect that AASM accreditation will retain its status as the gold standard for sleep disorders centers and laboratories for sleep related breathing disorders. The AASM will continue working to ensure that Medicare carriers, private insurers, primary physicians and the general public recognize that patients with sleep disorders receive the highest quality of medical care from board-certified sleep specialists at AASM-accredited sleep centers. A significant part of this effort will be to ensure that local coverage determination policies for continuous positive airway pressure (CPAP) therapy provide a comprehensive framework for the use of unattended portable monitoring and are focused on quality of care for patients.

With a background in psychiatry I also value certification in behavioral sleep medicine, and I am committed to promoting behavioral therapy as a first-line treatment for insomnia. One of my personal goals for this year is to oversee a seamless transition of the behavioral sleep medicine certification exam from the AASM to the American Board of Sleep Medicine.

Promoting quality of care requires that appropriate standards be in place, which makes the AASM

practice parameters and clinical guidelines a great asset and necessitates that the AASM continue to take a lead role in the development of more physician performance measurement sets for the field of sleep medicine.

Because these standards for clinical practice must be based on the best scientific evidence, the AASM will continue to invest in sleep research by providing significant funding opportunities through the American Sleep Medicine Foundation (ASMF). The AASM board of directors also will work with the ASMF executive board to make research networks a priority for both organizations and to work cooperatively with other granting agencies in promoting research networks and translational research.

The AASM also will continue to promote sleep medicine as an academic specialty in medical schools, supporting the physician scientists who are such an integral part of our membership. Two specific goals are to work toward the establishment of interdisciplinary academic sleep units and to see a sleep medicine curriculum implemented at every medical school in North America.

I am confident that the AASM will successfully balance these clinical, scientific and academic priorities because of the leadership of a diverse and highly qualified board of directors. The expertise, insight and perspective of each of the board members are invaluable to our organization.

Your participation as an active member also is critical to our success. Becoming involved in the AASM's activities and initiatives is personally rewarding and is one of the most important ways you can help advance the sleep field. I encourage you to invest your time and talents in the AASM in 2009, and I hope you have already begun making plans to attend SLEEP 2009, the 23rd Annual Meeting of the Associated Professional Sleep Societies, June 6 to 11 in Seattle, WA.

Sincerely,



Mary Susan Esther, MD
President

S E T T I N G
CLINICAL
STANDARDS
A D V O C A T I N G
FOR THE FIELD
E D U C A T I N G
PROFESSIONALS
F O S T E R I N G
SLEEP MEDICINE
R E S E A R C H