American Academy of Sleep Medicine

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Abraham Lincoln once said: "Determine the thing that can and shall be done, and then we shall find the way." Today, we are here to talk about what I think can and should be done together. As I think about the long list of distinguished leaders who have held this position and who served our membership well, I am humbled by the remarkable opportunity to serve as the 29th president of the Academy. I'm certain that each Academy president has faced unique and daunting challenges during his or her term. But always our organization's leaders and members have banded together and developed constructive and strategic solutions that have advanced the field of sleep medicine, just as we've done in the past year under Safwan's leadership.

We have an exciting history. But, change is happening all around us at an astounding rate. Business is not as usual for anyone. Of companies operating during the economic recessions of the 70's, 80's, 90's, and the last decade, on average 30% are gone. The world's stock of data is doubling every 20 months; the number of internet-connected devices has reached 12 billion. Payments by mobile phone are hurtling beyond the $1 trillion dollar mark.

Big data and advanced analytics have moved from the edges of consciousness to become deeply embedded across industry, government, and now health care. Social technologies are becoming a powerful social matrix - key pieces of organizational infrastructure that links and engages businesses and those they serve like never before. It took commercial television 13 years to reach 50 million households and Internet service providers three years to sign their 50 millionth subscriber. But it took Facebook just a year and Twitter even less time to reach the same milestone.

Whose head isn't dizzy? Like in the case of technology and business, all of you are well aware that the model of care in sleep medicine is changing rapidly, too. Attempts at cost containment have at times left patients with suboptimal outcomes and separated from sleep specialty care, and many existing sleep centers have struggled to adapt to new economic realities.

You also are well aware that the Patient Protection and Affordable Care Act, often called just the ACA, is gradually transforming the practice of medicine in America. The ACA is ushering in a new era of health care that is established on the foundational concept of the patient centered medical home, supported by the development of accountable care organizations, and reliant on new physician payment models. Among many changes, three are huge for sleep medicine.

First, to meet the mandate to improve the health of our citizens, we must form new kinds of relationships with patients, primary care providers, and payors. The nature of the practice of population health centered on accountable care organizations requires that we find new ways to relate and serve our patients and colleagues who help care for them.

Second, our payment structure is changing from a pay for service to a pay for value structure. Probably most of us agree this is a proper arrangement, but getting from here to there is almost certainly going to involve turbulent changes.

Thirdly, between increasing awareness of the importance of sleep health, demographic changes that tend to increase the prevalence of sleep diseases, counterproductive societal pressures, and the increased access to health care inherent in the ACA, more people than ever will require sleep medicine expertise.

Will sleep medicine be able to adapt to these changes and thrive in the new medical world? Your Board of Directors has taken bold steps to address these challenges in the past year. Looking forward, it is time to talk about three key organizational priorities: quality, vitality, and longevity, and how they directly tie in to the mission of the AASM - "to improve sleep health and promote high quality patient centered care."

Quality

The first key focus is on quality. The entire structure of our health care system is shifting from an emphasis on volume to value. In health care, value may be defined as the ratio of quality to costs over time. Quality is at the heart of the ACA, and it is an essential element of the Institute for Healthcare Improvement's Triple Aim for optimizing health system performance. The good news is that quality has always been written into the mission of the AASM: "to promote high quality patient centered care..."

Yet while there is great consensus on the importance of quality in health care, there remains one critical question: Who defines it? Should quality be defined by HHS? CMS? Insurers? Regulators?

In answering this question the Academy Board of Directors unanimously agreed that sleep specialists should lead the way to define quality in sleep medicine. Therefore, at last year's SLEEP conference, the Board launched a Quality Measures Task Force to

develop quality measures for sleep disease evaluation and management of five common sleep disorders: adult OSA, pediatric OSA, insomnia, narcolepsy and restless legs syndrome. Five work groups of topical experts, representing some of the best and brightest minds in the field, were appointed to accomplish this important work, and I was given the charge of serving as task force chair. I am pleased to report that each workgroup has made tremendous progress in drafting process and outcome quality measures. I thank the workgroup chairs and members for their efforts, and I appreciate the assistance of the Board liaisons to the workgroups: Amy Aronsky, Kelly Carden, Ron Chervin and Nate Watson.

The workgroups have tested the draft measures at their own practices, enabling them to gauge how much of the required data can be culled from their patients' medical charts and EHRs. We also have invited feedback on the draft measures from various stakeholders, including patient advocacy groups, sleep physicians, primary care physicians, specialty societies, payors, and the National Quality Forum. Currently the workgroups are reviewing this feedback and discussing potential revisions to their draft measures before presenting them to the Academy Board of Directors for review. I anticipate that the final quality measures will be approved and submitted for publication in the *Journal of Clinical Sleep Medicine* by next year.

As I've mentioned, the emphasis on quality has been foundational to key Academy initiatives throughout the years, including our accreditation program and the development of practice standards. We published our first practice parameters paper in 1992, and today we continue to update and develop new clinical practice guidelines. These papers provide evidence-and-consensus-based recommendations that promote the highest standards of care in sleep medicine, and they will play an increasingly important role in this new era of value-based care. Two of these papers are nearing completion and should be published in 2015. Other projects that are currently in process include the development of clinical practice guidelines for: diagnostic testing for adult OSA, actigraphy, PAP therapy, and pharmacologic treatment of adult primary chronic insomnia. These papers have a scope that is both ambitious and critical to our field, and their completion requires the combined efforts of the dedicated task force members and the talented staff in the Academy's Science and Research Department. I am grateful for their hard work and commitment to these projects.

Vitality

In addition to focusing on quality, our initiatives in the year ahead will promote the vitality of the sleep medicine specialty. Sleep medicine must remain vital if it is to be positioned to share our clinical expertise with patients in need. Sadly some business models reduce access to sleep specialists but do so without improving quality of care. We have learned that many practices need help moving faster into the new age of the ACA and interconnectivity.

This means help with networking, negotiating the payor playing field, improving practice efficiency, synchronizing and adding new important health care technologies, and measuring and improving quality. Many of the skills needed to achieve these changes smoothly and with grace are not taught in medical school. It is these needs that led to the Academy's investment in the establishment of the Welltrinsic Sleep Network, an entity independent from the Academy yet one that we feel will be a significant development that will be essential to this long-term vitality for many in sleep medicine.

There are several other important projects that will improve our vitality and ability to reach and provide quality care to patients. First, the Academy has appointed a new Telehealth Protocol Task Force, with Jaspal Singh as the chair. The mandate of the task force is to develop a protocol for integrating telehealth into a sleep practice. According to the U.S. Census Bureau, about 19 percent of the U.S. population lives in a rural area. Furthermore, the Department of Health and Human Services has identified more than 6,100 primary care health professional shortage areas, affecting a population of 60 million Americans. Telehealth is a burgeoning segment of medical care delivery, and it will be essential to the vitality of sleep and circadian population health management in the U.S. The sleep medicine specialty is well-suited for a telehealth model, which will help us ensure that the care provided by sleep specialists is accessible to all patients.

We also are appointing a new EMR Integration Task Force, with Dennis Hwang as chair. This group will develop a set of sleep-related questions that could be incorporated into EMRs on a national level. As I described earlier, the implementation of quality measures in sleep medicine will require the extraction of relevant data from EMRs. Yet these systems currently do not include data fields that are specific to the needs of our specialty. It is imperative that we work strategically to infuse EMRs with sleep-related questions.

Implementing the integrated care paradigm also requires the expansion of cognitive behavioral therapy capabilities so that we are able to provide long-term care for the large population of insomnia patients. Therefore, the Academy is partnering with the Society of Behavioral Sleep Medicine to develop B-STEP, which will comprise web-based continuing education modules to provide specialty training in CBT-I for primary care physicians, psychologists, nurses and social workers.

Finally, the vitality of our field also requires that we expand our organizational relationships and partnerships – with patients, providers and payors - to broaden the footprint of sleep medicine throughout the entire health care system. We will continue our ongoing public relations campaign, which to date has generated more than 67 million impressions since January 2014, and our new partnership with the CDC to raise awareness of the sleep medicine specialty and bring increased recognition to "healthy sleep" as a key to population health and public safety. We will look for new ways to

strengthen collaborative relationships with primary care providers and non-sleep specialists. We will reach out to patient advocacy groups concerned with sleep diseases. Finally, we will continue to reach out to payors to ensure that their policies recognize the expertise of sleep specialists, reflect clinical practice guidelines, and protect patient access to quality care. All of these efforts will increase awareness of our specialty as well as the vital mission we are dedicated to as sleep specialists and AASM members: "to improve sleep health and promote high quality patient centered care."

Longevity

Lastly, in addition to focusing on quality and vitality, we also will promote the longevity of the sleep medicine specialty in the year ahead. Many of you are aware of the disappointing results from the most recent sleep medicine fellowship match - in which about 25 percent of the offered positions went unfilled. We must be concerned about the strength of the sleep medicine pipeline.

Already the Academy has ramped up targeted advertising efforts, reaching out to potential trainees to help them recognize the unique and rewarding aspects of specializing in sleep medicine. In the year ahead we will continue to work with our Sleep Medicine Fellowship Director's Council to pinpoint critical areas of need and bolster the training of our future workforce.

The longevity of our field also requires that we promote the acceleration of translational and clinical research in sleep and circadian rhythms. As health care reform continues to refocus attention on the importance of improving the health of populations, we hold one of the keys to success through our ability to identify and address the health and societal impact of sleep deficiency and circadian dysfunction, an area no other specialty is poised to address as well as us.

We also can demonstrate the positive health impact of new approaches to improve treatment outcomes for sleep and circadian disorders. Opportunities are abundant in this era of genomics, personalized medicine, and patient-centered outcomes research. We need to identify sleep and circadian biomarkers and genetic variants, gather normative data, and develop new diagnostic tools and therapies. Technological advances appear very likely in the area of contextual and interconnected personal monitoring. The Academy will continue to provide funding to the American Sleep Medicine Foundation to support strategic research projects, and together with our Sleep Research Society colleagues we will find creative approaches to catalyze sleep and circadian research and enhance sleep and circadian research training.

Professor of Public Policy and prior Secretary of Labor Robert B. Reich, speaking about the rapidly changing and globalizing economy in his 1991 book, "The Work of Nations," once said: "The competitiveness of Americans in this global market is coming to depend,

not on the fortunes of any American corporation or on American industry, but on the function that Americans perform - the value they add - within the global economy."

I think we could paraphrase that as it applies to sleep medicine:

"The relevance of sleep medicine to patients will depend, not on the fortunes of any sleep center or on those of any famous sleep clinic or company, but on the function that sleep medicine professionals perform - the value they add - within the lives of the patients."

Healthy sleep is essential to health. Sleep medicine has a lot to offer to improve quality of life, the very vitality of our citizens, and even their longevity. To do this, the AASM will focus on quality, on the vitality of sleep medicine, and on the longevity of our field.

Thank you.