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# American Academy of Sleep Medicine

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**Report of the 2015 – 2016 AASM President**  
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It's often said that, "timing is everything," and I'm grateful to have the fortuitous timing to begin my term as President when the SLEEP meeting is being held right here in my own backyard in Seattle. Good timing also has allowed me to take office in the midst of a significant year during which the Academy is celebrating its 40th anniversary. Across four decades, from 1975 to 2015, the field of sleep medicine was built and established by the Academy through the tireless efforts of our outstanding leaders, dedicated volunteers, and loyal members, many of whom are in the audience right now. They have given us a solid foundation for our future.

However, the U.S. health care system has changed dramatically since 1975, and all of us are well aware of the significant changes that have occurred just in the last 10 years. Despite these changes, our foundation remains strong. But it is essential for us to build on this foundation by reconfiguring sleep medicine for a new era of patient-centered, value-based care. With that in mind, I'd like to outline some of the professional priorities that demand our attention as we continue building the future of sleep medicine together in the year ahead.

First among our professional priorities is the need to address the long-term sustainability of the sleep medicine workforce. Currently we have a pool of just under 5,700 ABMS-certified sleep medicine specialists. Although our field has grown over the past four decades, we simply don't have the numbers to provide the quality care needed today by an estimated 70 million adults with a sleeping problem, 60 percent of whom have a sleep disease such as obstructive sleep apnea, chronic insomnia, narcolepsy, or restless legs syndrome. Being able to meet this demand for sleep medicine care would require at least a doubling of the sleep medicine workforce.

However, current indicators suggest that our field is at risk of shrinking, rather than growing. Although we celebrate our 40-year heritage this year, the Academy's longevity is also an indicator that our field is aging. Our founders and pioneers are retiring, and more than 50 percent of the Academy's physician and PhD members are 50 years of age or older. This challenge is not unique to sleep medicine. The entire physician workforce is growing older, which reflects the aging of the overall U.S. population.

Thankfully, we have a new crop of bright, talented young physicians who are entering the field through the current roster of 83 fellowship training programs in sleep medicine. These programs filled 94 fellowships in the most recent match. These young physicians represent the future of our field and the next generation of Academy leaders.

However, at current levels, the annual number of new sleep physicians is insufficient to replace the growing number of veteran sleep specialists who are retiring and leaving the field. Therefore, our field faces the daunting reality that the number of practicing board certified sleep medicine physicians will decline in the years ahead.

The Board of Directors is well aware of this challenge, and our discussions to determine the best path forward will deepen at our next meeting in July. These decisions will build on the work achieved under the leadership of my predecessors Dr. Badr and Dr. Morgenthaler, who helped us look to the future of sleep medicine by defining a new sleep care paradigm and establishing measures of quality care in sleep medicine. Now we get to work on Part 2, which is to focus on building the sleep medicine workforce to ensure patient access to quality sleep care.

Such a challenge can only be addressed through a multi-faceted response. First, it is essential that we expand our efforts to increase the number of fellowship training programs at accredited medical schools and teaching hospitals. One way of accomplishing this goal is to conduct outreach to the 58 medical schools that do not have a fellowship, offering resources to assist them with the establishment of a sleep medicine program.

At the same time we must expand efforts to increase the number of resident physicians enrolled in sleep medicine fellowship training programs in the next 10 years. We must think creatively to provide practical assistance and motivational incentives to make sleep a more attractive career option for prospective resident physicians. We also must continue our outreach within the American Medical Association's Medical Student Section. For example, this past Saturday, the Academy participated in the annual AMA Medical Specialty Showcase, giving us an opportunity to present the exciting career potential of sleep medicine to more than 600 medical students.

In addition to strengthening the sleep medicine pipeline, another professional priority is to look for innovative ways to leverage the expertise of sleep specialists on a broader scale. The nationwide shortage of sleep medicine specialists is even worse in some regions because sleep specialists are not well distributed. Board certified sleep medicine physicians are concentrated in a few areas, leaving much of the country without convenient access to a sleep specialist.

Therefore, there is great potential for telemedicine to increase patient access to high quality sleep medicine care, especially in rural areas. An early adopter was the Veterans Health Administration, which in 2011 delivered more than 300,000 remote consultations using telemedicine. The adoption of telemedicine continues to spread rapidly, with an estimated 200 telemedicine networks currently operating nationwide. For the sleep field, the time for telemedicine is now.

An Academy Taskforce on Sleep Telemedicine has been working hard on a Position Paper for the Use of Telemedicine for the Diagnosis and Treatment of Sleep Disorders. It describes the advantages and limits of telemedicine while providing recommendations for the integration of telemedicine as part of a sleep practice. One of the limits described in the paper is the need for the appropriate infrastructure – in particular, a robust telecommunications portal with appropriate bandwidth and backup systems. The development of such a platform requires both technical expertise and a significant financial investment.

I am pleased to report that the Academy board of directors saw this challenge as an opportunity, rather than a barrier. Recognizing the importance of telemedicine to the future of our field, we have invested in the development of a state-of-the-art, cloud-based sleep telemedicine portal, called Tell A Sleep Doc. It will allow you to conduct synchronous, live visits with patients in which you are separated by distance, but interact in real-time through videoconferencing. This HIPAA-compliant system has the potential to be a game changer. It will significantly broaden your patient base while greatly expanding overall patient access to the expertise of sleep specialists. I am incredibly excited about the sleep telemedicine portal, which we expect to introduce to you later this year. Stay tuned for more details.

Another professional priority is to ensure that CMS, private payors, and large employers fully understand the importance – and recognize the value - of diagnosing and treating OSA. Due to ongoing efforts such as the Academy's public relations campaign and our partnership with the CDC, awareness of the *prevalence* of OSA has never been greater. In recent years payors also have scrutinized the *cost* of OSA. Now it is up to us to ensure that the *value* of managing OSA is crystal clear. We know from a variety of studies and data sources that effective treatment of OSA lowers health care utilization, improves the management of comorbid conditions, increases productivity, and reduces the risk of accidents and injuries. But we need a comprehensive, current analysis that combines all of these data points and presents a rock solid value proposition that will get payors' attention. They need to see the numbers – with dollar signs – showing that treating OSA is not a cost, but a savings. As Academy president I will commission this economic analysis.

The rise of consumer sleep technology presents us with another professional priority. Consumer devices – such as Fitbit, Basis and Jawbone - that track, estimate or “guesstimate” sleep duration and sleep quality have exploded on the scene in recent years. As an industry leader, Fitbit has sold 21 million fitness bands since its founding in 2007, and it is anticipated that sleep tracking will be one of the next features added to the Apple Watch, which was launched in April. The devices on the market today often deny any official medical claims or scientific validity in fine print. Yet consumers often use them assuming that their accuracy has been validated, which in most cases is unsubstantiated. As sleep physicians it is important for us to recognize that these devices are used every day by our patients, who receive little guidance on how to interpret – or avoid misinterpreting – the data produced. Therefore, I will be discussing with the Academy board of directors the need to assess the benefits, limits and potential detriments of consumer sleep tracking, with the goal of providing clear guidance to help consumers use these devices appropriately.

I believe that the sleep medicine community also has a responsibility to engage policy makers and the general public on sleep-related issues that can impact public health and safety. Foremost among these issues is drowsy driving. Last October I had the privilege of representing the Academy at a drowsy driving forum organized by the National Transportation Safety Board, during which I gave a presentation addressing concerns for novice drivers. More recently the Academy has appointed a Sleep and Transportation Safety Awareness Task Force to develop educational tools about the dangers of drowsy driving, which causes an estimated 6,400 fatal crashes each year. Through the National Healthy Sleep Awareness Project, we also are partnering with the CDC and the Sleep Research Society on the “Awake at the Wheel” public awareness campaign to reduce drowsy driving. In May when several members of the board of directors visited Capitol Hill to advocate for sleep medicine, I had an opportunity to meet with Mark Rosekind, who now leads the National Highway Traffic Safety Administration. Dr. Rosekind is a renowned fatigue expert and passionate advocate for drowsy driving prevention, and we are offering our help as he addresses drowsy driving prevention and driver safety at NHTSA.

In addition to focusing on drowsy driving in the year ahead, the Academy will be developing policy statements to address other pressing issues. First, I believe that the time is ripe for the sleep medicine community to take a stand and advocate for the repeal of daylight saving time. Originally enacted during war time, its benefits appear to be negligible, and its disruptive effect on the body’s natural circadian rhythm has a potentially adverse impact on health and safety. Second, we need to push back against what I like to call “the caffeine industrial complex,” which obviously has a strong foothold here in Seattle. We need to be loud and clear in communicating the message that caffeine is not a substitute for sleep. Finally, we need to challenge parents and local

school boards to work together to implement high school start times that allow teens to get the healthy sleep they need to meet their full potential.

Finally, our overarching professional priority for the year ahead is to further equip sleep medicine professionals to thrive in a changing health care environment. We will continue to provide relevant resources such as new clinical practice guidelines and updates to the scoring manual, as well as unrivaled educational opportunities such as the Sleep Medicine Trends course. In the months ahead we also will be launching a comprehensive, new Web resource focused entirely on helping your sleep practice evolve to successfully meet the demands of a value-based health care system. In order to have long-term viability, today's sleep medicine practice must evolve to embrace home sleep apnea testing, measure quality of care, offer patient-centered care including telemedicine, and operate a fully integrated electronic health record system. That's an ambitious task list for a busy physician, so our new resource will provide you with the tools and insight you need to move your sleep practice forward with confidence.

In closing, I thank the members of the Academy for giving me the privilege of serving as president, and I look forward to an exciting year ahead. Timing isn't really everything, but it is important – and I believe that this is a good time to be a sleep specialist. Never has our expertise been needed more than it is today, both in the clinic and in the public arena. Healthy sleep is key for the achievement of optimal health – and it may be the key that is most often overlooked.

There are challenges for us to overcome as we build new sleep medicine practices that are optimized for a value-based health care system. But I am confident that we will succeed together. We have good timing, because the time for us is now. Thank you.