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# American Academy of Sleep Medicine

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**Samuel Fleishman, MD**  
**Report of the 2012 – 2013 AASM President**  
**SLEEP 2013**  
**Baltimore, MD**  
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Now it is my privilege to present to you the Report of the President. As I begin, I want to extend a special thanks to my wife Sharon, who was unable to be here today. She unfortunately had to stay behind with my youngest daughter, Maggie, as we prepare for her graduation this Thursday. As you can imagine, there are a number of festivities and activities associated with this. I had to devote long hours and numerous weekends to the needs of the Academy this year, and I'm grateful for Sharon's support and understanding.

I'm thankful that my mom Ellie and my oldest daughter, Hannah, who also just graduated from college, could be here with me today, and I'm sure they both could tell you that the Presidency can become all consuming. In the past year everyone in my family became all too aware of the changes occurring in health care as I constantly discussed the latest issues affecting the field of sleep medicine. I am so thankful for their patience, and I imagine, no, I know, they are happy to see me pass the baton to Safwan today.

I would also like to especially thank my colleagues and staff at Cape Fear Valley Health. They all had to step up and cover a lot of my clinical responsibilities, and at times at a moment's notice. Without their support and cooperation, I would never have been able to have the privilege of serving in this position.

I would also like to thank a few other people from the Academy. First is Ms. Jordana Money, Executive Assistant. Jordana spends endless hours coordinating so many things for the board of Directors and Jerry Barrett. She keeps us all running in the right direction and

makes sure everyone ends up in the right place. So for all that you do, Jordana, I would like to give you a small token of my appreciation.

I would also like to thank Ms. Kathleen Mccann. Kathleen is the Assistant Executive Director of the Academy and oversees a number of the initiatives the Academy undertakes. Kathleen is an excellent administrator and writer and assists us in so many ways. For all you do, I would like to provide you with a small token of my appreciation.

Certainly I would be remiss without mentioning Jerry Barrett, our Executive Director. The Academy has been under his watchful eye now for almost 20 years. Jerry has been an instrumental part of all that we have accomplished. I am so appreciative for his support, counsel and assistance over the past year.

All of you are well aware that the past 12 months have been an eventful period of time for anyone who works in the health care field. Late last June, only a couple weeks after we gathered in Boston for SLEEP 2012, the U.S. Supreme Court upheld the Patient Protection and Affordable Care Act. The Court's 5 to 4 decision set in motion the implementation of sweeping health care reform. The repercussions of that decision have been swift and widespread, and certainly will have a lasting impact on the way we practice medicine.

Since that decision, the Academy has diligently worked to educate members about the Affordable Care Act and how it will affect sleep medicine. Special articles and analysis have frequently appeared in our Weekly Update e-newsletter and on the Academy website, and we included ACA presentations in Academy courses. As the voice of the sleep field, the Academy has been actively contacting policy makers in every state to ensure that sleep medicine services are covered by the insurance policies offered through the state health insurance exchanges. We will continue to be proactive and will keep our members informed about the latest developments in health care reform, especially as the state exchanges open in the fall and numerous other ACA provisions take effect on January 1, 2014.

In addition to these broad changes to the health care system, the sleep field recently experienced significant changes in the way private payers cover sleep medicine services. Through preauthorization requirements and utilization management review, many private payers are requiring the use of out of center sleep testing for many patients with suspected sleep apnea. The implementation of these billing and reimbursement procedures, which have been common in other medical specialties for many years, has been a dramatic change for sleep physicians. The Academy's response to the regional expansion of OCST has been multi-faceted.

First, we completed a comprehensive revision of our Standards for Accreditation of Out of Center Sleep Testing. The revisions strengthened the standards in areas such as HIPAA compliance, personnel, equipment maintenance, data reporting, and quality assurance. These changes ensure that patients will continue to receive the highest quality of care from facilities that provide OCST.

We also recognized that implementing an OCST program forces a sleep center to adopt a new business model, which requires a significant capital investment in new equipment. Yet sleep centers don't always have the time and resources needed to adapt quickly to this new diagnostic paradigm. That is why the Academy developed standards and began to evaluate national suppliers that offer to provide OCST services for sleep centers. The new designation for Approved National Suppliers of OCST gives you another option as you evaluate your sleep center's position in your market.

If you choose not to implement an in-house OCST program, then an Approved National Supplier can handle the logistics of OCST for your accredited facility. This arrangement allows the board certified sleep medicine physician at your sleep center to focus on evaluating the patient, ordering the test, interpreting the results, making the diagnosis, and overseeing all follow-up care for the patient.

To help you evaluate the options for your sleep center, the Academy developed an OCST Integration Guide, which presents you with multiple business models to review when

considering how to add OCST to an existing sleep center. This valuable resource will jump start the OCST integration process so that your sleep center can quickly and effectively conceptualize, develop and implement an OCST program. We also made OCST a major focus area of our Winter Course, which was held in Phoenix in February. If you were unable to attend the sold-out course, many of the presentations are now available as learning modules in the AASM Online Learning Center.

When the Academy began receiving complaints from members who were encountering inappropriate contracting practices and unjustified denials for in-lab sleep studies, we took action and responded directly and firmly to insurers such as Cigna, MVP and United Healthcare. The Academy demanded that they improve their processes for OCST contracting and sleep testing preauthorization.

Their policies must be consistent with the evidence and expert consensus of our clinical guidelines, and they must recognize the unique expertise of accredited facilities and board certified sleep medicine physicians. We will continue to monitor the policies of these and other insurers and will take action as necessary to represent the needs of our members.

With so much attention being given to health care reform and OCST, it would be easy to overlook our other initiatives and accomplishments from the past year. To raise awareness of the importance of sleep and the prevalence of sleep illness, we redesigned and relaunched our public website at [SleepEducation.com](http://SleepEducation.com). At this meeting we are launching a multi-year public relations campaign to promote the quality of care that is provided by board certified sleep medicine physicians and the team of health care professionals at our accredited centers. A member toolkit with campaign-related resources will soon be available to help you promote your practice locally.

We successfully worked to have two new pediatric polysomnography codes included in the 2013 edition of the CPT codebook, and we unveiled a new Practice Management page on our website. There in one convenient location you will find all of your coding and

reimbursement tools and resources, including the new PQRI Wizard, which will help you collect and report quality measure data for the CMS incentive payment program.

In the past year the Academy released numerous other resources to benefit our members, including a new Maintenance of Certification web portal that has educational programs and products to help you fulfill requirements for sleep medicine recertification. We made significant improvements to our online Inter-scorer Reliability Program, which is the easiest way for your center to evaluate and compare the scoring skills of staff while fulfilling the ISR requirement of the Standards for Accreditation. We released A-CEP, a new online coding program for sleep medicine that provides coding and billing basics for office staff and technologists, and we introduced a new course to help you learn how to implement DME in your practice. Version 2.0 of the Scoring Manual was released as both a digital and print publication, and the free scoring manual app now gives subscribers unprecedented access to the scoring rules. We also published new clinical practice guidelines to provide you with the best recommendations for the evaluation and management of patients with a sleep illness.

In 2012 the Academy invested nearly 1.2 million dollars in the American Sleep Medicine Foundation to support sleep research and humanitarian projects that promote sleep. We also advanced sleep research in other ways, such as by hosting the 5<sup>th</sup> Young Investigator Research Forum this past April. In 2013 we started publishing the *Journal of Clinical Sleep Medicine* monthly instead of bi-monthly, putting more cutting-edge research at the fingertips of our members. I am proud to report that the *JCSM* impact factor ranks in the top 3 among original sleep and circadian science journals, which is a testament to the relentless work of founding Editor Stuart Quan. Finally, in addition to partnering with the Sleep Research Society to publish the journal *SLEEP* and organize SLEEP 2013, the Academy and SRS also formed a joint task force to identify key research needs in the sleep field.

In addition to all of these accomplishments, we've also laid the groundwork for important initiatives that will continue during Safwan's term as President. Most importantly, we will

continue to advocate for a Stark Law exception that will allow board certified sleep medicine physicians to provide long-term care for Medicare patients with sleep apnea. We will complete the third edition of the *International Classification of Sleep Disorders*, thanks to the hard work and expertise of numerous volunteers, including ICSD Revision Task Force Chair Mike Sateia. Our recently appointed Quality Metrics Task Force, led by Tim Morgenthaler, will begin to identify outcome measures to evaluate quality and value of care for several common sleep disorders, and when completed these measures will be incorporated into our Accreditation standards along with some of the other proposed changes which were reviewed by the membership earlier this year. Finally, we will continue to provide management services for the nine sleep-related organizations we contract with, as a unifying voice in sleep medicine and research.

All of these programs and services reflect just a few of the initiatives the AASM undertakes for its members and the field. The Board of Directors started a strategic planning process this year to consider how to best address the changing landscape of medicine and its impact on sleep medicine. This process will inform our future, and we look forward to sharing results at the conclusion of strategic planning.

Clearly, we have taken great strides to advance the field of sleep medicine in the past year. None of this would have been possible without a remarkably dedicated Board of Directors, committed volunteers and loyal members. It truly has been a privilege to serve as your President. Thank you.