



American Academy of Sleep Medicine

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One year ago in Denver I was given the honor and privilege of serving as the President of the AASM. It has been an exhilarating year for me, marked by hard work but also a true sense of accomplishment. Although I get to speak for the organization, the things that have been, and are being done, occur only as the result of the effort of an entire team of people who you may not hear from. I would like to thank the Board of Directors for their hard work, their support, their counsel, and mostly for making it fun to work together. I thank all of you who volunteered as Committee members and Chairs, who did much of the work, and I also want to thank you, the members, for entrusting this position to me and for providing me with this great opportunity.

Last, but definitely not least, I would like to acknowledge and thank the AASM staff who actually carry out all the things we think of for the organization to do. These folks work extremely hard and are a dedicated bunch. Our society is in very good hands. Just to give you independent confirmation, after our most recent financial audit I spoke with the auditor who told me "For its size, I haven't run across a better run not-for-profit". Much of the credit for this belongs to our Executive Director, Jerry Barrett. This meeting also marks an anniversary for Jerry. He was hired in 1995 and this marks his 10th year of service to the Academy and his 10th Annual meeting. In recognition of his outstanding dedication and leadership I would like to present Jerry with this gift signifying 10 years of meritorious service to the Academy.

So, what have we been doing? When I assumed the presidency we were at a turning point in the history of our organization and our field. Sleep medicine had just achieved recognition as an independent subspecialty of medicine. The questions before the organization were how to continue to promote development of the field and how this reality would shape the mission and function of the AASM. I am pleased to turn over the organization in good shape; financially, structurally and philosophically.

We continue to grow and improve. Dr. Sheldon's report highlighted our continued sound financial position. Compared to this time last year we have had double digit growth in individual and center members and, particularly, in the number of accredited centers.

When I spoke last year, these were the areas I committed to work on.....

- Increasing the number of clinicians and researchers in sleep medicine
- Increasing public awareness about sleep and sleep medicine
- Making sure the AASM is an effective organization that meets the needs of its members
- Ensuring that there are adequate numbers of well-trained technologists and
- Engaging AASM in effective advocacy for the sleep field and for its members

I would like to review the progress our organization has made on each of these points.

Great strides were made this year in increasing the number of clinicians and researchers in sleep medicine.

The Accreditation Council for Graduate Medical Education (ACGME) announced the first round of sleep medicine fellowship training programs, with 25 programs receiving program accreditation. After a second round, this number has increased to 45 accredited programs. This is an acknowledgement of the enormous growth and development that has occurred in our field and a validation of the decision to accredit sleep medicine training programs. However, this will still not likely result in sufficient numbers of sleep specialists to meet the ever increasing demand. We need more training programs. Not all of the current AASM fellowship training programs have applied for accreditation, and I encourage all program directors to do so, and we need to encourage new sites to develop programs. At 4:30 this afternoon Dr. Nancy Collop will lead “Incorporating Sleep Medicine into Medical School and Postgraduate Education,” and I urge current and potential program directors to attend this valuable discussion.

The second major milestone was the decision by the American Board of Medical Specialties to provide a certification examination in Sleep Medicine. The first test will be given in fall of 2007. The new examination is a major step in the recognition of our field and, while I am not eager to take another board examination, I encourage all qualified sleep specialists to take the new examination. We have worked collaboratively with other organizations, particularly the American Thoracic Society and the American College of Chest Physicians to encourage qualified physicians to take this examination. The AASM is committed to helping our members prepare for this new task and to help them continue to improve their knowledge base and skill set. We have developed a Sleep Medicine Board Review course, under the Direction of Dr. Michael Littner, that will be given for the first time this fall.

In addition, in response to a growing demand for more educational opportunities, we launched the AASM Sleep Education Series. New courses were developed to provide comprehensive education in sleep medicine disorders and relevant information about the business and management aspects of the field, with courses that appeal to both sleep medicine practitioners and physicians from other specialties. We continued to offer our established courses, the National Sleep Medicine, Advanced Sleep Medicine and Behavioral Sleep Medicine Courses. Over this last year we added

Diagnosis & Treatment of Sleep Related Breathing Disorders Course
Insomnia: Psychology, Physiology & Pharmacology
Sleep for the Primary Care Physician

Board Review for Sleep Specialists Course
Sleep Center Management Issues Course
Essentials of Sleep Technology: CPAP Titration Course
Essentials of Sleep Technology: Hypersomnia Course

We also launched the AASM Online Learning Center as a venue where medical professionals of various backgrounds and different levels of experience can enhance their understanding of sleep and sleep disorders on the Internet.

We are also working to promote sleep research through the actions of the American Sleep Medicine Foundation. This year the Foundation will give out about \$400,000 in direct grants. I encourage you to support the Foundation. Last night many of you were at the Discovering the Secrets of Sleep dinner, which was a big success. The Academy picks up the costs of administering the Foundation, so every penny donated goes directly to grant support.

The Foundation has also started to develop RFPs. An article from the first grant, evaluating the effect of sleep training on clinical outcomes was published in the last issue of the *Journal of Clinical Sleep Medicine*. It showed that patients were more likely to be compliant with CPAP therapy if they received treatment from a sleep specialist or an AASM-accredited sleep center. In the near future the Foundation will be issuing an RFP to evaluate the efficacy of clinical practice guidelines.

The AASM has stepped up its public awareness efforts. A year ago we launched a patient-oriented Web site: www.sleepeducation.com. It provides information on sleep disorders, current events and helps patients locate an accredited sleep center near them. It has become an increasingly prominent resource for the public – with hits to the site increasing by almost 70 percent in the past six months. We have also launched a public relations campaign. The primary message is that proper sleep is critical to good health, sleep disorders are common and sleep specialists and accredited centers provide the best care. This campaign is being carried out by identifying and training members to serve as local spokespeople, delivering this message. We contact targeted media, direct them to the spokespeople and provide content material to support the message. You should see more of this in the coming year.

And most recently, we launched a nationwide campaign to educate about, and improve, CPAP compliance. This poster and brochure were sent to 10,000 primary care physicians to raise their awareness and educate their patients. The campaign also has a major presence on Sleepeducation.com, where a new section called CPAP Central was launched to provide patients and the public with accurate and reliable information about CPAP therapy. These materials are also available to all AASM members and centers.

In conjunction with this meeting, the AASM has sponsored Sleep Health Day, using local institutions and members to engage the host city's citizens and media. We had representatives of the AASM, American Insomnia Association, Restless Legs Syndrome Foundation, American Sleep Apnea Association and Narcolepsy Network as well as sponsorship from the Latter Day Saints Hospital here in Salt Lake City and the Intermountain Sleep Disorders Center and the

University of Utah's Sleep-Wake Center. This was a big success and we plan to do this in conjunction with each year's SLEEP meeting.

We have also tried to improve the effectiveness of the organization and improve its ability to meet the needs of our members. In accordance with our most recent strategic planning process, we underwent a major bylaws revision that included committee restructuring to make the committees more effective and restructuring of the sections. This was done to bring our structure in line with our position as the organization representing the practitioners of the new field of sleep medicine. We encourage you to identify yourself as sleep specialists and believe the organizational structure should promote it. The sections now represent interest groups centered on areas of sleep medicine, rather than around related disciplines. I hope you will find these of interest and I encourage you to attend the Section meetings and join. You may now join multiple sections depending on your interest. The Childhood Sleep Disorders and Development Section is manning a signup booth in the registration area for those of you who have not already done so.

We have revamped the Web site to make it easier to use and to provide more information. We have also provided a members-only section and message boards to assist section and committee communication.

We were able to provide needed assistance to members and centers damaged by Hurricanes Katrina and Rita through the Hurricane relief fund quickly established by the American Sleep Medicine Foundation. We were able to provide over \$47,000 in direct assistance and over 1,300 CPAP devices and masks for patients who lost their equipment in the storms. I thank all of you who contributed.

The most recent development is the creation of a provisional accreditation status for new centers and laboratories. Current accreditation policy requires many months of clinical experience before enough information is acquired to apply. As the move to link reimbursement to accreditation grows it will be important to be able to have accreditation at the time new centers open for business. This new process will allow new centers to open their doors with a provisional accreditation, provided they meet the high accreditation standards, then complete the full accreditation process within their first year. Provisional accreditation will be available starting this summer.

One critical area we identified was the need to further develop sleep technology as an independent allied health profession and to protect the field from on-going legislative efforts that threatened to limit the scope of practice for sleep technologists. To this end, we joined with the Association of Polysomnographic Technologists and the Board of Registered Polysomnographic Technologists on a sleep technologist's initiative. The initiative has multiple components with the broad aims being to increase the number of trained technologists, to increase and standardize the level of technologist training and to establish legislative and regulatory protection for sleep technologists. We have been quite successful on all these fronts. The AASM proposed, and APT and BRPT endorsed a two-track training initiative. The first track is the establishment of college based sleep technology training programs, similar to those of other allied health fields. The three groups formed the Committee on Accreditation for Polysomnographic Technology, to promote and accredit one year or greater college-based programs. As of this point there are 10

pending program applications. I would encourage any of you with relationships with community college programs, such as respiratory therapy or electroneurodiagnostic technician training programs, to consider participating in a sleep technology training program.

Building upon these efforts, the Board commissioned the PSG Technologists Issues Committee to take on the challenge of developing a standardized on-the-job training program for sleep technologists. The result of their work is the Accredited Sleep Technologists Education Program, or A-STEP. This is a two-step training program in accredited centers and academic institutions for sleep technologists that includes an 80-hour didactic course and an 18-month on-the-job training and e-learning program. The first A-STEP providers were recently accredited, and there are now 11 accredited A-STEP providers. I encourage any of you with training programs to apply for A-STEP accreditation and those of you seeking initial training for new technologists to send them to an A-STEP accredited program.

We have also played an active role in supporting and helping to secure legislation that protects the profession of sleep technology. Efforts had been made in many states, primarily by the respiratory therapy organization, to exclude sleep technologists from being able to conduct sleep studies and PAP titration. We have been quite successful in blocking these attempts by passing exemption legislation for sleep technologists, including here in Utah in 2006. We have also been involved in assisting three states, most recently Maryland, in passing independent sleep technology licensing acts. The AASM will continue to take a proactive role in all legislative and regulatory matters that impact the future practice of sleep medicine.

The AASM has been very active in advocating for its members and the field of sleep medicine. In concert with the recent update of the ICD-9, we have been working to increase the number of sleep related diagnostic codes in the International Classification of Diseases. Due to the efforts of the staff, the Health Policy Committee and, to a large degree our Mark Hatfield Public Policy Award winner, Dr. Bart Sangal, more than 40 sleep codes have been added to ICD-9. Another of these areas of concern for our members is that the coverage determination policies of insurance carriers provide for the fair reimbursement of sleep medicine services. We have been aggressively contacting Medicare carriers and third-party payers on behalf of our members to ensure the recognition of and coverage for the ICD-9 codes for sleep disorders. At the same time, we have been working with Medicare to link AASM accreditation of sleep centers and labs with reimbursement for services. This will enhance the quality of medical care for sleep disorders patients and promote a consistent level of excellence in the provision of sleep medicine services nationwide. Several local carriers have added this requirement. Most recently, the carrier in South Carolina will require accreditation for reimbursement starting in October of this year.

Another breakthrough for sleep medicine came when The National Uniform Claim Committee accepted a request from the AASM for a new healthcare provider taxonomy code for sleep medicine, which will take effect on October 1. This makes Sleep Medicine an independent specialty recognized by Medicare and I strongly encourage you to identify sleep medicine as your primary specialty when designating your status as a provider with Medicare. We will now work with third-party payers for wider acceptance of this new taxonomy code.

The AASM also is a participating member in the AMA's Consortium for Performance Improvement, which is evaluating measures of clinical performance and improvement. As a result, the Board is establishing a process for the development of clinical performance measures and outcomes reporting tools for sleep medicine physicians. To make sure that we, the leaders and practitioners of the field of sleep medicine, rather than others have a role in setting the standards for the sleep medicine field, it is critical that the AASM provides leadership for this "pay for performance" initiative.

To keep you all abreast of these and other efforts, we have started an AASM Advocacy newsletter, the Sleep Medicine Advocate. It is an on-line newsletter and can be found at our Web site: aasmnet.org.

All of this is really only a portion of what the AASM did this year to advance the field of sleep medicine. Because of these efforts, the field is flourishing: More physicians are specializing in sleep medicine, more centers are seeking AASM accreditation, sleep-specific training and education is increasing, and as a result, our future is very bright.

Again, I am grateful for the opportunity to serve as your President – it has been an honor, a great challenge, and I have enjoyed it a lot.

Thank you.