



Report of the 2017 – 2018 AASM President

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June 5, 2017, SLEEP 2017, Boston

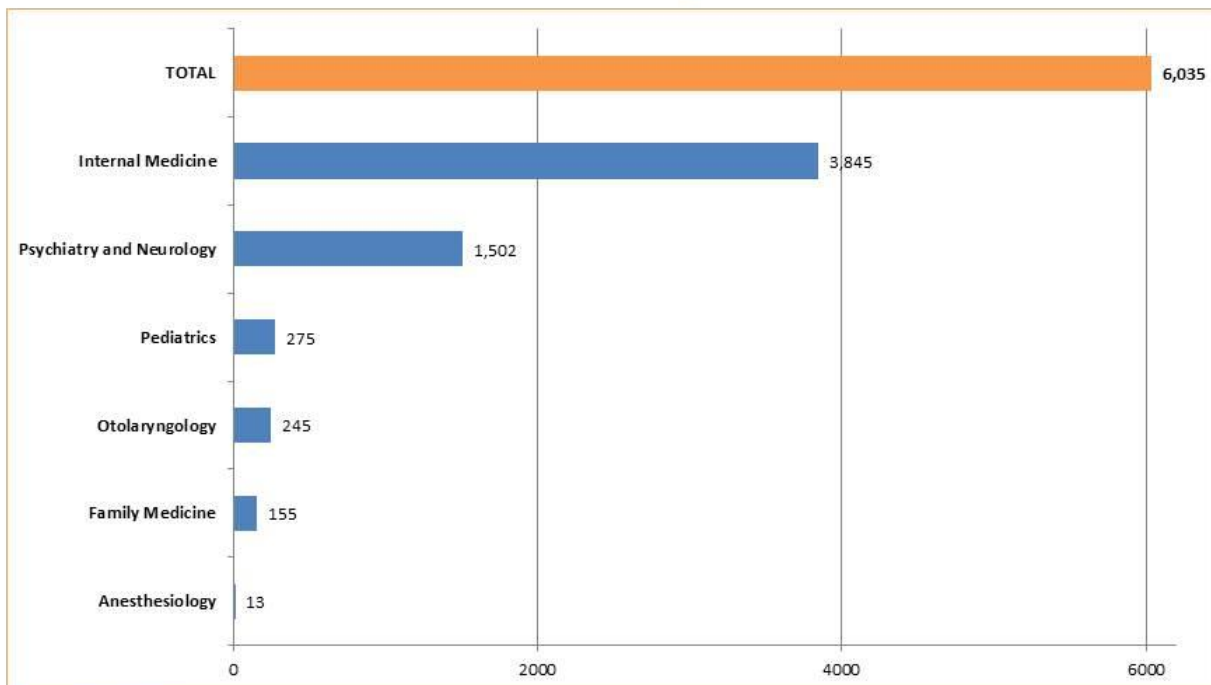
It is my privilege to present this report of the president of the American Academy of Sleep Medicine. Forty-two years after its establishment in 1975, the Academy continues to be *the leader* in improving sleep health and promoting high quality, patient-centered care.

Because of the Academy's success, the field of sleep medicine is poised for a prosperous future with abundant opportunities to improve sleep health. Today the general public is more aware than ever before of the importance of healthy sleep. Employers are placing a greater value on sleep and are including sleep in their employee wellness programs, and insurers, regulators and legislators recognize the importance of diagnosing and treating sleep disorders.

At the same time, new advances in our field offer hope for an even brighter future. Genetic research is giving us a better understanding of sleep disease and helping us identify those who are most at-risk. Chronomedicine is opening new doors for sleep specialists to use our expertise to enhance chronic disease management, boost alertness and improve performance. Innovations from the technology sector, some of which are on display this week in our Exhibit Hall, are giving us more options to provide better diagnostic and therapeutic care for our patients. The forecast for the sleep field would seem to be bright.

However, there are storm clouds on the horizon. Our current workforce comprises 6,000 board-certified

ABMS Board-Certified Sleep Medicine Physicians



sleep medicine physicians leading teams of skilled clinicians at our 2,500 accredited sleep facilities. The reality is that this workforce is insufficient to meet the demands of the enormous population of patients who have a sleep disease.

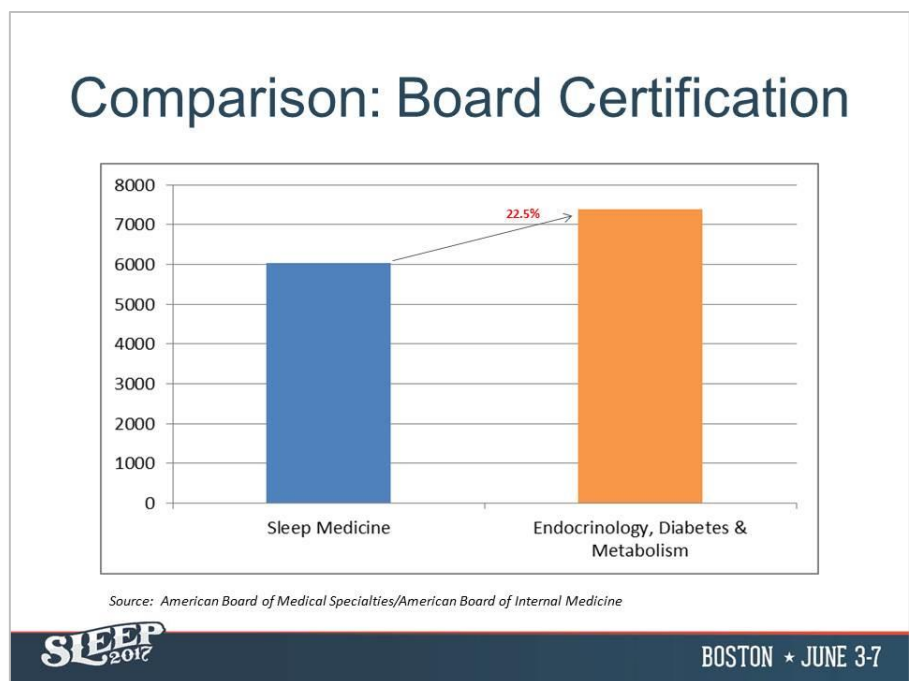
Our own estimate is that there are [23.5 million adults in the U.S.](#) with obstructive sleep apnea who remain undiagnosed and untreated. Quite frankly, this is unacceptable. It is our responsibility as the leading organization focused on improving sleep health and promoting high-quality, patient-centered care to address this staggering issue head on.

Clearly, we need more providers. That is why we continue to equip and empower our ACGME-accredited sleep medicine fellowship training programs. Through our [Choose Sleep](#) initiative, we also are promoting the sleep medicine specialty, with the goal of ensuring that every available fellowship training slot is filled with a talented young physician. However, at best, this means that about 200 physicians will be entering the field each year. With a growing number of our sleep physician colleagues retiring each year, it will be difficult, if not impossible, for us to achieve significant gains for our total workforce based on this model.

We need to get creative. That is why I have established the Innovative Fellowship Model Implementation Presidential Committee, led by David Plante as the chair. Building on the work of an exploratory committee led by Andy Chesson, this committee will develop a proposal to submit to ACGME as part of its [Advancing Innovation in Residency Education](#) program. Our strategy is to augment our current, full-time, 1-year programs with part-time training options that would still meet all ACGME requirements. Offering another pathway with more flexibility would allow us to broaden the pool of potential sleep specialists.

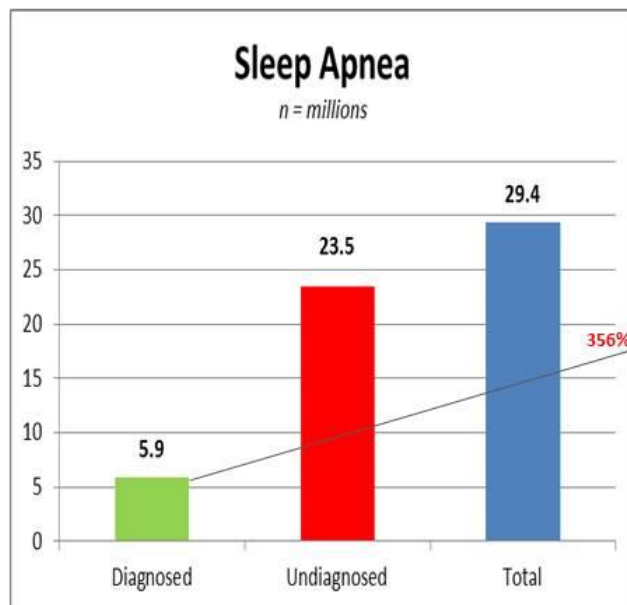
However, even if this initiative is successful, we're still lacking the workforce we need. To give us a picture of where we are, and where we need to be, let's take a moment to compare the field of sleep medicine with the field of endocrinology, diabetes and metabolism.

As you see here, there are just over 6,000 physicians who have been board-certified in sleep medicine since 2007 by a member board of the American Board of Medical Specialties. In comparison, in the U.S. today there are about 7,400 board-certified endocrinologists, a specialty that had its first ABIM exam in 1972. Thus the field of endocrinology has a physician workforce that is about 23 percent larger than ours – a substantial difference, but not a dramatic difference. Now let's compare the impact of these two specialties on two diseases: obstructive sleep apnea and diabetes.

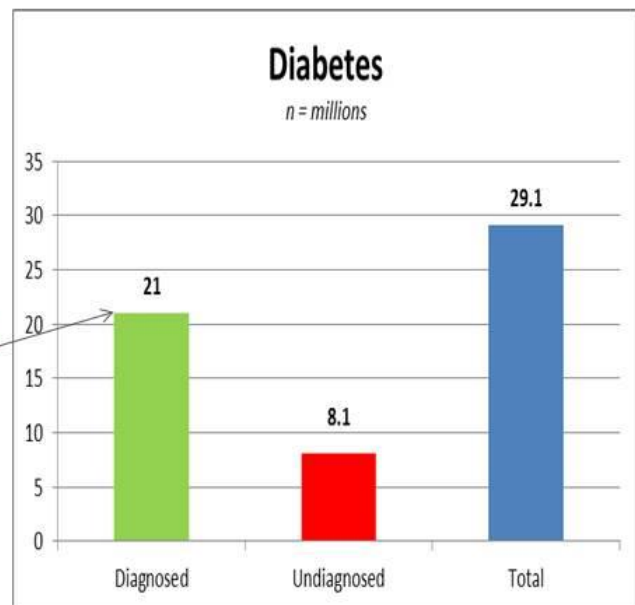


As you see here, the difference is dramatic. While each disease afflicts approximately 29 million people in the U.S., the number diagnosed with diabetes is 356% more than the number diagnosed with sleep apnea. To be clear, I am not suggesting that the sleep field is only about sleep apnea. We could use insomnia as a similar example in terms of its overall impact and inadequate access for treatment. I simply want us to think about where we are today, shown here on the left, and how we can get here, shown on the right.

Comparison: Patient Reach



Source: Frost & Sullivan. AASM. Hidden health crisis costing America billions. 2016. www.aasmnet.org



Source: American Diabetes Association. "Statistics About Diabetes." www.diabetes.org

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How did endocrinology do it? While they've had the advantage of being around longer than us, they've also done a tremendous job of leveraging the collective strength of the primary care workforce – internists, family practitioners, and advanced practice clinicians. This expanded workforce helps reach far more patients than the endocrinologists could reach on their own. More patients are diagnosed and managed, while at the same time the specialty remains relevant and maintains its distinctiveness and its significance.

This is the way forward for the sleep field. We've already taken a first step with the completion of an [online curriculum for advanced practice registered nurses and physician assistants](#). This helps address the immediate need for standardized, sleep-specific education for APRNs and PAs who are involved in accredited sleep facilities.

I believe that the next step is for us to expand our field by creating new education and pathways that bring other clinicians into the field of sleep medicine as "approved sleep medicine partners." They may come from specialties such as primary care including pediatrics, pulmonology, cardiology, or neurology. *Report of the 2017-2018 AASM President Dr. Ilene Rosen – June 5, 2017*

It would make sense initially to prioritize the geographic areas where sleep physicians are most scarce. I am willing to personally talk to any partners about any models that get patients with sleep disorders the care they need. In my opinion, we need to consider distinctive and novel approaches – and quite frankly, we should pilot those strategies that question the prevailing paradigm.

As we focus on providing high quality, patient-centered care, we also need to consider the necessity of adapting to current patient trends. Today’s patients are now “health care consumers” who are more informed, more engaged, and more selective of their care. Before they even consider visiting a sleep center, they are attempting to “hack” their sleep to improve their sleep quality and daytime alertness. They are monitoring and tracking their own sleep in ways we never could have imagined 20 years ago.

In fact, they are being targeted as we speak by companies such as Apple and Google, who have recognized the opportunity afforded by the consumerization of sleep. Because of this, I believe that not that far way, our model for diagnosing sleep apnea will change. I believe this model will be analogous to home pregnancy testing: Patients will contact us stating, “I believe I have OSA.” That is, patients will have prescreened themselves. We are likely to need to change our practice model for sleep apnea to be one of evaluation; confirmation testing, if appropriate; and chronic disease management.

In addition, our patients also desire immediate and more convenient access to their health care providers. We [performed a survey](#) earlier this year, and as you can see here, patients are ready to use telemedicine to receive care for their sleep problems, especially among the younger generations.

The graphic is a white rectangular box with a dark blue footer. At the top, the title "Telemedicine Survey" is written in a large, dark blue font. Below the title, the survey question "If you needed to see a doctor who specializes in treating sleep disorders, would you be willing to use live video visits?" is displayed in a bold, dark grey font. Two bullet points in green text show the results: "• Yes, 68%" and "• Yes, 82% of millennials". In the bottom right corner of the white area is the AASM SleepTM logo, which consists of a stylized orange and white circular icon followed by the text "AASM SleepTM". In the bottom left corner of the white area, the source is cited as "Source: AASM survey, 2017." The dark blue footer contains the "SLEEP 2017" logo on the left and the text "BOSTON ★ JUNE 3-7" on the right.

The AASM developed [SleepTM](#)

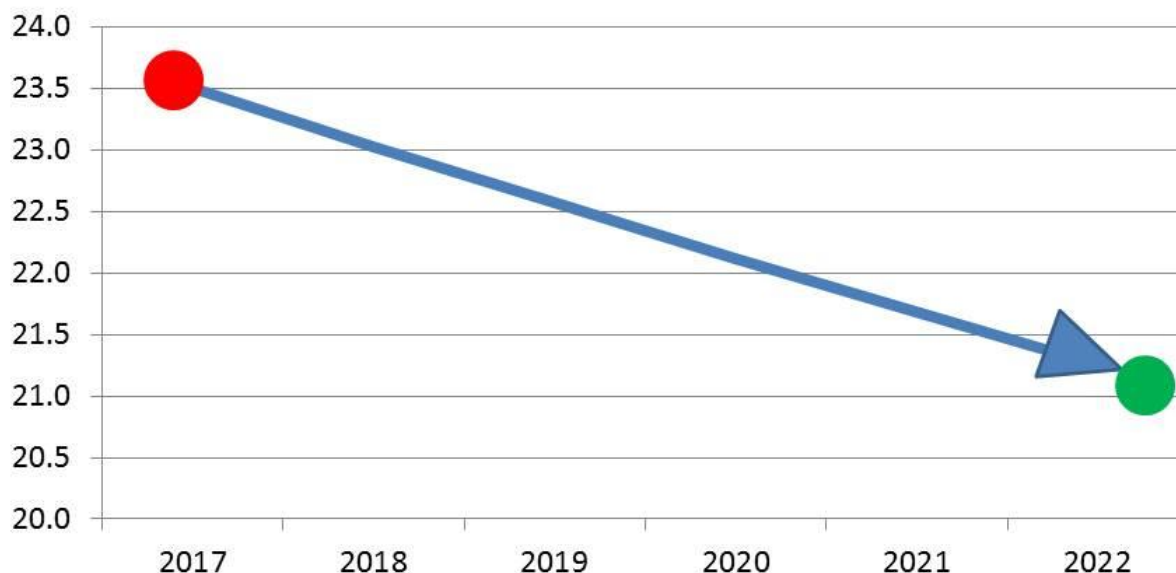
to help our members improve the efficiency of our practices and increase our reach. While telemedicine still may seem new and innovative to many of us, it is rapidly becoming a standard component of medical care. It is critical that we begin adopting it now, in some form, before our field falls behind.

Given the focus on high quality, patient-centered care, my challenge to the Academy members and to our field is for us to reduce the number of undiagnosed and untreated patients by at least 2 percent every year for the next 5 years. By 2022, a 2-percent annual decrease would get us down near 21 million patients with undiagnosed sleep apnea, which is still far too many. But at least we would be heading in the right direction.

Our Challenge

Undiagnosed Sleep Apnea

n = millions



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How do we respond to these overwhelming needs and this challenge? Well, first of all, we cannot run away from the realities I have outlined. Frankly, we still have a lot of work to do as a field to take our focus off testing. Even if the use of home sleep apnea testing (HSAT) currently is only 20% nationally, we can look at advances in testing for pregnancy, as well as advances in INR testing and glucose monitoring, and we can know that technology will catch up with us one way or another.

Given the exponential growth of technology, the realities of our workforce in terms of numbers, and the national health care climate, our goals have to be more explicitly patient-centered. As your president, it is my responsibility to be sure that we address these issues head on. It is therefore my intention to take these issues to the board of directors. I am confident that the collective wisdom and vision of my unbelievably talented colleagues will lead us down the right path for our field, and ultimately, for our patients.

In summary, my goal as your president is to push forward and refine our strategic plan and continue to lead our Board in meaningful discussions about what is best for the care of our patients. Some say the “Golden Age of Sleep” is dead. I say sleep medicine is alive and thriving. We are uniquely positioned to make sleep care more accessible by leveraging technology and providing more portals of entry into our field. I look forward to working with you to find solutions to these important issues over the next 12 months.

Thank you.

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