



UNLOCK THE SECRETS OF SLEEP

Planning Guide for a Career in Sleep Medicine



THIS BOOK IS THE SECOND PART OF A FREE,
INTRODUCTORY SERIES FOR PHYSICIANS FROM
THE AMERICAN ACADEMY OF SLEEP MEDICINE.

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About AASM

The American Academy of Sleep Medicine (AASM) is the physician organization representing specialists in sleep medicine and promotes high quality, patient-centered care through advocacy, education, strategic research, and practice standards. AASM offers educational conferences (SLEEP, Trends in Sleep Medicine, National Sleep Medicine Course, Board Review Course), special topic seminars, online learning modules and the premier clinical publication, the *Journal of Clinical Sleep Medicine*.

Available services to improve your practice include: Interscorer Reliability program, AASM Sleep™ telemedicine platform, AASM Coding Education Program (A-CEP) and Accredited Sleep Technologist Education Program (A-STEP).

**Become part of our
community at aasm.org!**

The AASM provides multiple aids for fellows to prepare for the board certification examination including the Board Review Course, online learning modules and practice exams. Study materials available from the AASM include:

- **AASM Manual for the Scoring of Sleep and Associated Events**
- **AASM Standards and Guidelines for the Practice of Sleep Medicine**
- **Case Book of Sleep Medicine**
- **International Classification of Sleep Disorders, 3rd Edition**

The AASM advocates for the sleep field through the AASM Political Action Committee and promotes sleep science through the American Sleep Medicine Foundation. Network with others in the field through AASM's member forums and other social media outlets.



Becoming a Board-certified Sleep Medicine Physician

By enrolling in a sleep medicine fellowship, you have already taken the first step to becoming a board-certified sleep medicine physician (BCSMP). You are entering an exciting and dynamic field. From its origins with the establishment of the first sleep center at Stanford University in 1970, the field has grown to include over 6,000 BCSMP's and over 2500 accredited sleep facilities.

WHERE TO BEGIN

The first task is completing your fellowship. This requires acquisition and demonstration of competency in the areas of Patient Care, Procedural Skills, Medical Knowledge, Practice-Based Learning and Improvement, Professionalism, Interpersonal and Communication Skills,

and Systems-Based Practice. Details on the subjects within each area will be available from your program or the Accreditation Council on Graduate Medical Education ([ACGME](#))¹ website. Included are requirements for clinical and procedural activity:

Clinical Activity	
Total patient encounters	580
New adult patients	100
Follow-up adult patients	150
New pediatric patients	40
Follow-up pediatric patients	40
Inpatient consultations	10

Procedural Activity	
Score polysomnograms	25
	At least 5 adult
	At least 5 pediatric
Interpret polysomnograms	200
	At least 40 adult
	At least 40 pediatric

WHAT COMES NEXT

At the completion of training, fellows become eligible to take the American Board of Medical Specialties ([ABMS](#))² sleep medicine certification examination. ABMS works with its member boards to establish standards for specialty certification and examination content. The sleep medicine exam is developed by representatives from the American Board of Internal Medicine, American

Board of Psychiatry and Neurology, American Board of Pediatrics, American Board of Otolaryngology, American Board of Family Medicine and American Board of Anesthesiology. You should apply to take the examination from the board of your primary specialty. The examination is given every other year and initial certification is valid for 10 years.



What Are My Options Once I Am Done With My Training?

One task for your fellowship year is to decide what career path to pursue upon completion of your training. Many of you will have selected your fellowship program with an idea of what path to take, while others were interested in the field but not sure how the experience might shape your career path. Within sleep medicine you can pursue opportunities in clinical practice, academics or research, or a combination of these. As most fellowships are one year of clinical training, you will be exposed to clinical practice and some academic opportunities. Research exposure may be more limited, but research careers are also available and you should consider all the possibilities before deciding. What follows is an overview of possible career paths.

CLINICAL OPPORTUNITIES

There is an assortment of clinical options allowing the sleep specialist to select the opportunity that best fits his/her practice style and life situations. According to an AASM survey of its members, about half of sleep specialists are in clinical private practices and a third are in academic medical centers. Another recent survey of sleep physicians revealed an average salary of \$230,000/year depending on location and practice situation. Clinical opportunities include:

Freestanding Sleep Facility: Free-standing centers are not affiliated with hospitals or healthcare systems and are often owned and operated by the board-certified sleep medicine physicians. The centers typically have a clinic and a sleep laboratory and can also provide durable medical equipment (DME) services such as positive airway pressure (PAP) devices and management. The clinical and administrative staffs are hired and managed by the facility director. The facility

functions as an independent diagnostic testing facility (IDTF), meaning it is regulated differently than a center in a physician's office or hospital. Facility accreditation is a mark of quality service, is often required for reimbursement, and can be obtained from the [AASM](#)³ or other accrediting organizations. This type of practice gives the sleep physician the most control over quality, operations and finances.



Half of sleep specialists are in clinical private practices and a third are in academic medical centers.



Physician Practice-based Sleep Facility: These centers are embedded as a sleep medicine practice within a primary specialty-based practice (i.e. internal medicine, neurology, pulmonary) or as part of a multi-specialty practice. The practice has a clinic and sleep laboratory and may also offer DME services. As a component of a larger practice, the staff and administrative functions are shared with the other practice members. The sleep physician can spend all of his/her time on sleep, or part-time sleep and part-time in a primary specialty. This practice option assures a built-in referral source and provides steady patient volume while building the sleep practice.

Hospital-based Sleep Facility: These centers are owned and operated by hospitals or healthcare systems. The sleep laboratory is either located in the hospital or in a satellite facility. The sleep clinic may be combined with the laboratory, in another part of the hospital or in an affiliated outpatient facility. The clinical and administrative staffs are usually hospital employees, but on some occasions an outside company may be brought in as a vendor to operate the laboratory. Accreditation is still important but may fall under the hospital accreditation. Most often the sleep physician is an employee of the hospital or healthcare system, but some community hospitals will operate the lab independently and private practice sleep physicians can send their patients to the laboratory for testing. In the 2016 AASM member survey, 39% reported practicing in community hospitals. Sleep specialists in this model have the advantages afforded by operating under the auspices of a large healthcare system, including the provision of patients, resources and funding.



Within sleep medicine you can pursue opportunities in clinical practice, academics or research, or a combination of these.

Independent Sleep Practice: This variant features a sleep clinic without a sleep laboratory. Home sleep apnea testing (HSAT) makes it possible to evaluate and test the majority of sleep patients without the need for building a sleep laboratory. The HSAT devices can be purchased or leased for the practice, or the practice may contract with a testing company that can deliver the devices to the patients, then provide the sleep specialist data access for study interpretation. If combined with DME services to provide PAP management, the sleep specialist can manage all types of sleep disorders patients. The independent sleep practice will need to develop a relationship with a local sleep center in order to refer patients requiring laboratory testing. AASM accreditation is available for this practice style. The sleep physician utilizing this model can have an independent, nonaffiliated practice or be part of a hospital-based practice, primary specialty practice or multi-specialty group. This practice model reduces overhead and financial barriers to starting a new practice.

Sleep Telemedicine Practice: This is the newest practice model and takes advantage of the emerging technology of telemedicine. Sleep medicine has utilized telemedicine principles for quite a while, using remote monitoring and store-and-forward technologies to obtain and review sleep study data and monitor PAP compliance. The new advantage is the addition of video conferencing technology for patient consultation and management. When combined with HSAT and PAP management, complete sleep medicine services can be offered to patients in remote sites or to those who cannot get to the

practice site. Sleep physicians can develop an independent telemedicine practice, use telemedicine to supplement one of the other sleep medicine practice models, or work as a sleep physician for a telemedicine group. A [Telemedicine Implementation Guide](#)⁴ with instructions on how to start up a sleep telemedicine practice is available from the AASM, as well as a [position paper](#)⁵ for the practice of sleep telemedicine. This practice model allows the sleep physician the greatest flexibility in scheduling and location as it can be practiced from anywhere with internet access and at whatever time the specialist is available.

ACADEMIC OPPORTUNITIES

Sleep physicians play a key role in educating both patients and medical colleagues about the value of restorative sleep and the health problems connected with sleep disorders. Very little education on sleep and sleep disorders is provided to physicians during medical school or residency training, so a rotation with a sleep physician is often the first time most physicians learn about evaluating and treating patients for sleep disorders.

The ACGME-accredited sleep medicine fellowship programs provide training for board-certified sleep medicine physicians, but sleep physicians at academic medical centers also teach physicians in other specialties. Because of the overlap of sleep with other disciplines, some sleep education is part of the required curriculum in neurology, pulmonary and psychiatry training programs. These programs need sleep physicians to provide this training. In the AASM member survey, 35% of respondents worked in academic medical centers, offering sleep rotations, giving lectures and rounding with residents.

Additional teaching and learning opportunities are provided through a variety of academic meetings and courses provided by the [AASM](#)⁶. These include the annual meeting SLEEP (the premier scientific meeting for sleep researchers and clinicians), the yearly Sleep Medicine Trends course, the National Sleep Medicine course, the Board Review course and topical courses such as Expanding Your Practice through Telemedicine. Academic sleep physicians should also consider submitting articles to the [Journal of Clinical Sleep Medicine](#)⁷, the primary sleep journal for sleep clinicians.



Sleep physicians play a key role in educating both patients and medical colleagues.

RESEARCH OPPORTUNITIES

Sleep scientists are investigating a wide range of questions about the sleep state and sleep disorders, providing a variety of opportunities for sleep physicians interested in research careers. Because of the large number of Americans adversely affected by sleep disorders, Congress and the Department of Health and

Human Services have recognized sleep and circadian disturbances and disorders as high priority targets for basic and clinical scientific investigation. The National Institutes of Health's (NIH) [Sleep Disorders Research Plan](#)⁸ identifies and prioritizes research goals in several areas. Basic science research topics include the anatomy,

physiology and function of the sleep/wake regulatory systems and understanding of the circadian regulatory system and chronobiology. Clinical research topics promote the prevention, diagnosis, and treatment of sleep and circadian disorders, chronic sleep deficiency, and circadian disruption, and evaluate the resulting impact on human health, including identification of genetic, pathophysiological, environmental, cultural, and lifestyle factors contributing to the risk of sleep and circadian disorders. Another goal is to enhance the translation and dissemination of sleep and circadian research findings to improve health care, inform public policy, and increase community awareness to enhance human health.

Because sleep impacts all organ systems, sleep scientists receive funding from multiple sources including the National Heart, Lung and Blood Institute (home of the [National Center on Sleep Disorders Research](#)⁹), National Institute of Mental Health, National Institutes of Neurological Disorders and Stroke, National Institute of Child Health and Human Development and the National Center for Complementary and Alternative Medicine. Other agencies that fund

sleep research include the Centers for Disease Control and Prevention, Department of Defense, Department of Transportation and Department of Veterans Affairs.

The AASM research foundation, the [American Sleep Medicine Foundation](#)¹⁰, and the [Sleep Research Society](#)¹¹ provide assistance to sleep physicians starting a research career. Both offer grant opportunities for trainees, young investigators and junior faculty. In addition, many of the ACGME-accredited sleep medicine fellowship programs offer NIH funded T32 Institutional Training Grants as an opportunity to get sleep fellows started on research projects during their training.



Sleep and circadian disturbances and disorders are recognized as high priority targets for basic and clinical scientific investigation.

HOW TO DECIDE?

The best way to decide on a career path is to get some experience with each type of practice to determine the best fit for you. Spend some time with attendings and mentors in each of the categories; clinical, academic and research. Some activities that might help you decide:

- **Do a research project during your fellowship or get experience in an ongoing clinical or basic research trial.**
- **Prepare and deliver lectures to house staff; conduct teaching rounds with residents and medical students.**
- **Write a case report or review article for the *Journal of Clinical Sleep Medicine*.**
- **Attend the annual SLEEP meeting and explore clinical populations you might not see in your program; explore sleep science in areas out of your program's expertise.**
- **Ask yourself: Do I get the most satisfaction from seeing patients, teaching or doing research projects?**



Looking For a Job

After deciding on which career path to pursue, you will want to find a job in that area. Jobs with academic and research orientations often follow the academic calendar, with jobs available in the summer or early fall. While clinical jobs may be available at any time, they also are often slated to start in the summer or early fall as that is when candidates completing their training become available. The process typically unfolds along the following path: identify job opportunities, contact desirable employers, establish mutual interest, interview, entertain offers, negotiate position contract, arrange move if necessary.

IDENTIFYING JOB OPPORTUNITIES

Job opening notifications can be found in a variety of locations. Start with a discussion with your fellowship Program Director. They receive notification of available jobs and also have contacts with other sleep practices around the country, often at academic institutions. Job openings are frequently listed in medical journals, so start a survey of relevant journals. Start with sleep-related journals such as the *Journal of Clinical Sleep Medicine*. Next survey journals associated with specialties that overlap with sleep, especially if you are interested in a specialty practice-based job where you can practice both sleep and your primary specialty. Academic-oriented jobs may be listed in more general, high visibility journals such as the *New England Journal of Medicine* and *Annals of Internal Medicine*. Research positions may be available in journals on topic areas such as circadian rhythms, neuroscience and respiratory physiology. Another place to survey is the career sections of the websites of physician organizations associated with sleep. The AASM and several other medical associations have online job boards.

Job boards are frequently available at national meetings, especially sleep-related meetings, such as AASM's SLEEP meeting. Specialty meetings such as the AAN Annual Meeting, CHEST, and ATS often have sleep-related job listings as well.



Visit the AASM Job Board to browse current job openings in the field of sleep medicine.

Another approach is to focus on location. If you know someplace you would like to practice, you can try contacting hospitals, clinics and healthcare systems in that area and see if they have a position available or would be interested in creating one. If they have a sleep center, contact the center medical director. If not, contact the human resources department, the department chair in your specialty or the chief of staff.



GETTING TO AND ACING THE INTERVIEW

Once you have identified potential job opportunities, research the position and location. What is the healthcare system or practice type and location? Are there other practitioners in the practice? Before contacting potential practices, prepare yourself for the search. Make sure your CV is up-to-date and reflects your strengths. Be prepared to describe why you have selected the practice type you will be seeking. You are now ready to reach out to the contact person and discuss the position. What are the job responsibilities, practice arrangement and practice location? What is the time commitment and compensation structure? Make sure to sell yourself and be prepared to show how you meet their requirements. If both parties are still interested, you will likely be invited for an interview. Prepare for the interview by researching the people with whom you will be meeting. If an academic position, look up the areas of interest of potential co-workers. For clinical

positions, find out how the practice works, how your past experience fits their model and what you could add to the practice. Be prepared to discuss some cases from your training period that can show off the skills you have acquired during fellowship. Be ready to discuss how you will fit into and enhance your new practice.



Be prepared to describe why you have selected the practice type you will be seeking.

GETTING THE JOB

Even if you know where you want to work, interview at multiple places to get a sense of how different institutions run, what they offer, and to have leverage in contract discussions. Once you have identified where you want to work and have been selected for the job, you can begin contract negotiations. Make sure you understand all aspects of the job, including time commitments (number of clinics, how many sleep studies to interpret

per week, administrative time, amount of ancillary support, availability of PAP services, type of medical records (electronic/paper), teaching requirements and CME time availability). Get a legal review of the contract before signing. When deciding on a starting date, make sure to inquire about credentialing. This process is often a multi-month process, so start early and submit all the paperwork and soon as possible.



SLEEP FACILITY

Starting a Sleep Facility

While positions are available at existing sleep facilities, you may be interested in starting your own sleep facility or be asked to start a new program by a healthcare system or multi-specialty practice. While challenging, it can be very rewarding to build a program of your own. Below is a brief discussion of steps to starting your own sleep facility. Additional resources are given below.

ASSESSING THE MARKET

Does the opportunity exist for a new sleep facility to be successful? Your analysis should include an assessment of the local competition, the demographics of the catchment area and the payer mix of potential patients, the reimbursement structure for facilities in that area, the composition and referral patterns of the local health-care community, and financial requirements to establish a new facility, including space costs, construction costs and local salary ranges for physicians, technologists and administrative personnel.

Most locations are underserved with regard to sleep medicine. The recommendation for the number of specialists per population is 1-4 specialists/1,000 population (Source: [Staff Care](#), 2012)¹². The national average for board-certified sleep medicine physicians is 0.019/1,000 population, but there is great state and regional variability. There is also geographic variability in the density of sleep facility locations, with a tendency for more facilities, with a larger number of sleep physicians, in urban centers near large health care facilities. You will need to decide the proper location for your center based on potential population availability and amount of competition.

Understanding the trends in sleep medicine and the health care industry in general is also important to your decision-making. One trend of note has been the shift in the site of testing from the laboratory to the home.



Most locations are underserved with regard to sleep medicine.

This shift towards home-based testing is driven by the implementation of preauthorization programs by insurers that preferentially direct testing to the home unless there is a contraindication that will warrant in-laboratory testing. However, there is regional variability in the degree and speed of shift. This shift will affect the type of practice you set up and should be part of your financial consideration when planning your facility. The implementation of alternative payment models will also



affect your practice financial parameters. The role of the specialist in the accountable care organization and impact on sleep study reimbursement is not yet clear, but will influence sleep center work flow and financial status.

All indications are that the demand for sleep medicine services will continue to climb, from trends in number of sleep studies performed, increased recognition of the

impact of sleep disorders on health and productivity, increasing obesity rates and increasing sales of consumer sleep-related products. It will be important for you to stay on top of how the changes in the health care system, technology and reimbursement models will affect your practice.

WHAT DO I WANT MY PRACTICE TO DO?

Once you have decided there is an opportunity to start a sleep facility, you will need to decide what type of practice you wish to have in your center. The different types of practices were discussed earlier in this guide, including free-standing facilities, physician practice-based sleep facilities, hospital-based sleep facilities, sleep medicine practices and sleep telemedicine practices. You will need to use your assessment of the marketplace and your own interests to make this decision.

For instance, if you are going to practice in an area with no other sleep practitioners, you will likely want to start a facility with both in-laboratory and home-based testing capabilities as well as the ability to provide DME services. You may decide to affiliate with an existing multi-specialty group that can provide a referral source as you build your practice.

Alternately, if you wish to practice in a city with several existing sleep facilities and local payers require high utilization of HSAT, there may be a surplus of sleep

laboratory beds. In this circumstance you may wish to establish an independent sleep practice that utilizes HSAT for most patients and make arrangements for your laboratory studies to be performed at an existing facility. In addition, you may choose to dedicate a portion of your time to telemedicine patients to augment your catchment area.



**You will need to use your
assessment of the marketplace
and your own interests to
make this decision.**

DEVELOPING A BUSINESS PLAN

A business plan is a guide for your practice that outlines your business goals and details how you plan to achieve those goals. It describes how your business will succeed over the next 3-5 years and serves as a selling document to potential backers, business associates or stakeholders. Additional information on writing a business plan is [available](#)¹³.

The business plan typically begins with an *Executive Summary*, a brief overview that highlights all the important aspects of the plan, followed by more detailed sections. Next is typically a *Company Overview* that describes the practice's goals and strategy, its management team and ownership. The *Business Environment* section discusses the findings of your market assessment as well as your views of the strengths and weaknesses of your group and the threats

and opportunities for the practice. Next is the *Service Description*, where you define your practice model and the services you plan to offer. In the *Strategy, Marketing and Sales* section you will describe the population being targeted, what differentiates your practice from your competitors and how you plan to attract and maintain patients and referrals. The *Operational Strategy and Implementation* section is where you will describe how the practice will run and the steps to implement your business strategy. This will include discussions on personnel, facilities, equipment, affiliations, marketing and reimbursement procedures. In the *Financial Plan* you will describe start-up costs, capital and equipment financing and financing sources. Your plan should include a profit and loss statement, outlining expected revenue and expenses, a balance sheet showing the status of assets, liabilities and equity, and a cash-flow statement.



IMPLEMENTING THE PLAN

The business plan serves as a roadmap for starting your facility and completing your vision for the practice. You will already have identified contacts required to develop affiliations with health care providers and referral sources. Contracting with payers is essential to assure timely reimbursement for services. You can begin constructing, furnishing and stocking the office space, purchasing equipment and hiring personnel. Once the space is finished, personnel are hired and trained, and payer contracts are in place, you can begin to see patients.

One way to establish your facility as one providing high quality service is through facility or practice accreditation. Many payers now require accreditation in order to receive reimbursement. A number of organizations provide accreditation services, including the AASM. The process of accreditation typically requires an application followed by a site visit. Areas evaluated include proper policies and procedures, adequacy of facilities and proper qualifications of personnel. Proper preparation includes reviewing and adhering to established accreditation standards.



REGULATORY AND LEGAL ISSUES

It is essential that you understand the regulatory environment where you want to open your practice. This will influence your ability to be paid as well as keep you away from legal problems. There are federal, state and local regulations that you need to understand, as well as payer rules for reimbursement.

Federal regulations typically govern practice and payment for government insurance patients, those receiving Medicare benefits. The Center for Medicare and Medicaid Services (CMS) issues regulations regarding allowed services, reimbursement rates and policies for acceptable testing and therapies. Reimbursement rates for services are published in the [Physician Fee Schedule](#)¹⁴ and vary by location. Allowable services are delineated in National Coverage Decisions and exist for [OSA](#) [sleep testing](#)¹⁵ and [CPAP therapy for OSA](#)¹⁶. In addition, regional Medicare contractors can issue Local Coverage Determination policies that detail more requirements. Practices setup as [IDTFs](#)¹⁷ need to be aware of Medicare [rules](#)¹⁸ for those types of facilities, which cover facility requirements and provider and technologist qualifications. Medicare has also established rules for the Physician Quality Reporting System (PQRS) and is developing new programs as part of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). A summary of sleep-related Medicare issues is available from the [AASM](#)¹⁹.

State regulations cover issues such as physician and technologist licensing, telemedicine, physician prescribing and health facilities regulations. Medicaid is typically governed by state rules, which often mirror federal Medicare rules but can also differ widely. Local regulations include building codes, healthcare facility licensing and parking codes.



There are federal, state and local regulations that you need to understand, as well as payer rules for reimbursement.

Insurance payers can set their own policies for what testing and treatments are covered and reimbursed for patients in their plans. They also determine who can provide services for their patients so it is important to be included in provider panels. Each payer also typically sets their own processes for claims processing and preauthorization, which are important to follow to receive timely payment.

ANALYSIS AND PLANNING

You will need to continually analyze the performance of your practice to ensure quality and financial success. During your initial planning identify performance and financial parameters to measure. Then set a regular schedule to analyze the parameters and revise your practice operations and business plans to maximize performance and results.

Quality assurance programs will help you identify practice areas requiring improvement or modification. These programs will also be essential for accreditation and reimbursement in alternative payment models. You will need to monitor patient outcome measures, physician and technologist performance and customer satisfaction. The AASM has published [quality measures](#)²⁰ for treating each of major sleep disorders that you

should build into your quality program. The AASM accreditation standards also require and describe quality measurements for the services provided in your center.

To assure financial success, identify operational parameters and monitor them regularly. These can include parameters such as referral numbers and types, referral sources, number and types of studies, no-show and cancellation rates, staffing and personnel costs and, importantly, profitability of each business segment. Regularly review the parameters with management and staff, target areas needing improvement, develop improvement plans and monitor intervention outcomes. Continue to look for ways to increase your referral base and provide high quality service in a cost effective manner.



ANTICIPATE CHANGE

You will spend a lot of time making the decisions discussed in this guide; what areas to specialize in, what type of practice to join, whether to start a sleep facility. However, don't stop evaluating and anticipating change once these first decisions are made. The sleep practice of today looks much different from the first practices that were established. Sleep studies were all performed in laboratories on analog equipment that produced stacks of paper records and only looked for a couple of disorders. Now testing is all digital, performed outside the laboratory to a great degree and there are over 70 described sleep disorders.

The field will continue to change, and it's important that you understand the dynamics of the field and stay on top of changes. New technologies and wearable devices will continue to change testing even more. Telemedicine will change the scope of your practice's reach. Evaluation of circadian rhythms will modify the timing and delivery of treatments. Changes in the health care field will alter reimbursement models and patterns and transform practice models yet again. What won't change is the need for trained specialists to provide the highest quality care. You have selected a vibrant and exciting area of medicine; welcome to the field!



JOIN THE AASM

DISCOVER THE FIELD OF SLEEP MEDICINE

Medical students receive **great benefits** that can help you learn the basics, stay up-to-date on hot topics and network with other sleep specialists.

PEER-REVIEWED JOURNALS

Access *Journal SLEEP* and the *Journal of Clinical Sleep Medicine*, two top-rated journals in the field.

MEMBERS-ONLY UPDATES

View online membership directory and job board listings, as well as receive weekly email updates.

EDUCATIONAL RESOURCES

Learn all there is to know about sleep with member discounts on AASM courses and educational products.

JOIN OUR COMMUNITY

[AASM.ORG/MEMBERSHIP](https://aasm.org/membership)

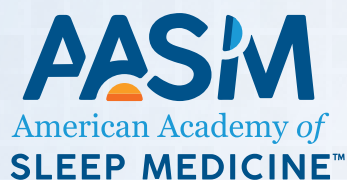


Resources

1. ACGME: <http://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcetid/2/Internal%20Medicine>
2. ABMS: http://www.abms.org/media/114634/guide-to-medicalspecialties_04_2016.pdf
3. AASM Accreditation Standards: <https://aasm.org/accreditation/>
4. AASM Telemedicine Implementation Guide: <https://aasm.org/clinical-resources/telemedicine/>
5. AASM Telemedicine Position Paper: <https://aasm.org/wp-content/uploads/2017/09/Telemedicine-position.pdf>
6. AASM Educational Activities: <https://aasm.org/events/>
7. *Journal of Clinical Sleep Medicine*: <http://www.aasmnet.org/jcsm>
8. NIH Sleep Disorders Research Plan: <https://www.nhlbi.nih.gov/files/docs/resources/sleep/20110101NationalSleepDisordersResearchPlanDHHSPublication11-7820.pdf>
9. National Center on Sleep Disorders Research: <https://www.nhlbi.nih.gov/about/org/ncsdr/>
10. American Sleep Medicine Foundation: <http://www.discoverssleep.org>
11. Sleep Research Society: <http://www.sleepresearchsociety.org>
12. Staff Care: <https://www.staffcare.com/uploadedFiles/physician-to-population-ratios-physician-supply-standards.pdf>
13. Writing a Business Plan: <https://www.sba.gov/starting-business/write-your-business-plan>



14. Physician Fee Schedule: <https://www.cms.gov/Medicare/Medicare-Fee-For-Service-Payment/PhysicianFeeSched/Index.html>
15. National Coverage Decisions OSA Sleep Testing: <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=330&ncdver=1&bc=AAAAgAAAAAAAAA%3d%3d&>
16. National Coverage Decisions CPAP Therapy for OSA: <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=226&ncdver=3&bc=AAAAgAAAAAAAAA%3d%3d&>
17. Medicare IDTF Overview: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ICN909060-IDTF-Fact-Sheet.pdf>
18. Medicare IDTF Rules: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/downloads/independentdiagnostictestingfacility.pdf>
19. AASM Medicare Resources: <https://aasm.org/clinical-resources/coding-reimbursement/medicare-resources/>
20. AASM Quality Measures: <https://aasm.org/clinical-resources/practice-standards/quality-measures/>



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INTRODUCTORY SERIES FOR PHYSICIANS FROM
THE AMERICAN ACADEMY OF SLEEP MEDICINE.

YOU CAN REQUEST ADDITIONAL INSTALLMENTS BY SENDING
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