Updates from the American Academy of Sleep Medicine

Thomas Heffron
Senior Director

aasm.org
# Conflict of Interest Disclosures for Speakers

1. I do not have any relationships with any entities **producing, marketing, reselling, or distributing** health care goods or services consumed by, or used on, patients, OR

2. I have the following relationships with entities **producing, marketing, reselling, or distributing** health care goods or services consumed by, or used on, patients.

<table>
<thead>
<tr>
<th>Type of Potential Conflict</th>
<th>Details of Potential Conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant/Research Support</td>
<td></td>
</tr>
<tr>
<td>Consultant</td>
<td></td>
</tr>
<tr>
<td>Speakers' Bureaus</td>
<td></td>
</tr>
<tr>
<td>Financial support</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

3. The material presented in this lecture has no relationship with any of these potential conflicts, OR

4. This talk presents material that is related to one or more of these potential conflicts, and the following objective references are provided as support for this lecture:

1.  
2.  
3.  
About AASM
VISION

SLEEP IS RECOGNIZED AS ESSENTIAL TO HEALTH.
Mission

ADVANCING SLEEP CARE AND
ENHANCING SLEEP HEALTH
TO IMPROVE LIVES
Individual AASM Members 2017 - 2022

*2022 projection based on YTD total of 9,515 as of Aug. 2
Member Engagement

AASM Assemblies

- Advanced Practice Providers
- International
- Dental
- Early Career Physician
- Psychologist
- Sleep Tech & Respiratory Therapist
Welcome to the Community
Collaborate with peers to share strategic advice, solve challenges and develop new approaches.

• New online community for members
• Networking resource
• Robust discussion forum

AASMi Engage
AASM Accreditation
Accreditation Network

- New accreditation application type
- Practices & facilities under the same ownership or legal entity
- Simplified and streamlined process
- Volume discounts
New Model of Accreditation

- New component-based accreditation model
- Proposed revisions to standards
- Submit comments by Sept. 23
Current & Proposed AASM Accreditation Models
Active U.S. Sleep Physicians 2016 – 2021

Workforce Development

- Advancing Innovation in Residency Education (AIRE) pilot programs
- Medical Specialties Matching Program
- Annual certification exam
- APP and Dental job task analyses
NEW Specialty Practice Accreditation

Expand your referral network

- Medical practices outside the sleep field
- Patients with high risk of OSA
- Currently – only cardiology practices
- Referral relationship with AASM-accredited sleep facility
AASM Advocacy
Philips Respironics PAP Device Recall

- Philips June 2021 PAP recall notification
- 5.2 million devices affected worldwide
- 3 million repair kits & replacements produced (7/22/22)
- 1.4 million devices shipped in the U.S.
PAP Recall Advocacy

- Meetings with FDA
- Impact on clinicians & patients
- FDA pressure on Philips
- Payer advocacy
- Congressional staff
- White House staff
United HealthCare
Attended Polysomnography for Evaluation of Sleep Disorders

Effective 04/01/2020 – 63%

Effective 12/01/2017 – 63%

Effective 08/01/2017 – 40%

AASM Payer Policy Review Committee
• Reviews current policies
• Produces policy scorecards
• Communicates with payers
• Posts scorecards at aasm.org

Payer Policy Scorecards
Daylight Saving Time

- Advocacy for permanent standard time
- Dr. Beth Malow – witness
- House committee hearing
- Sunshine Protection Act
- Media interviews
Telemedicine Coverage

- CMS expanded coverage due to COVID-19
- Waivers are temporary
- Advocating for permanent coverage
Strategic Initiatives
Strategic Analysis

- How sleep medicine will change over the next 10 years
- Economic analysis and modelling
- Changes in models of care
- Disruptors and innovations
- Opportunities to advance sleep care
Insomnia Initiatives

• Virtual Summit with collaborating organizations (Fall 2022)
• Presidential Committee on Insomnia Reimbursement (2022-23)
OSA Awareness Program

- Funded by CDC grant
- Three-year project
- Public, health care & public health
- Under-represented groups
- Collaborative initiative
- Implementation this year
Sleep is Good Medicine

- Multi-year, national PR campaign
- Vision: Sleep is recognized as essential to health
- Equal to nutrition and exercise
- General public and health care professionals
- SleepisGoodMedicine.com
Create strategies for adoption and implementation of the AASM Scoring Manual RECOMMENDED adult hypopnea scoring rule (≥3% oxygen desaturation or arousal) amongst all members, sleep facilities, payers and device manufacturers.

- Promote adoption of recommended (3% or arousal) rule
- Treat more symptomatic patients
- Scoring Manual 3
- Task force article in May issue of JCSM

Hypopnea Scoring Rule
Task Force
Innovation in Sleep Medicine

- Pilot program for artificial intelligence certification
- Emerging technology assessments - #SleepTechnology
- Quarterly State of Sleep Medicine Reports
Patient Advocacy Roundtable

- Partnering with patient organizations to advance shared goals
- Advocating together for patients who have sleep disorders
- Collaborating to raise awareness
- Increasing the patient voice in AASM initiatives
AASM Foundation

• More than $23 million awarded
• Sleep research and education
  • Career Development Grants
  • Strategic Research Grants
  • Focused Projects Grants
• Community Sleep Health Grant

foundation.aasm.org
Recently Published Papers
<table>
<thead>
<tr>
<th>AASM Document Types</th>
<th>Evidence Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Practice Guideline</td>
<td>Evidence-based recommendations</td>
</tr>
<tr>
<td>Systematic Review</td>
<td>GRADE methodology</td>
</tr>
<tr>
<td>Clinical Guidance Statement</td>
<td>Review but no GRADE</td>
</tr>
<tr>
<td>Consensus Paper/Statement</td>
<td>Modified RAND process</td>
</tr>
<tr>
<td>Position Statement</td>
<td>Concise, expert position</td>
</tr>
</tbody>
</table>
Age and Weight for Pediatric CPAP

• Journal of Clinical Sleep Medicine
• Online August 2022
• Position statement
• Provides guidance for age and weight considerations for using CPAP therapy in pediatric populations
“When managed by a clinician with expertise in evaluating and managing pediatric OSA, CPAP can be safe and effective for outpatient treatment of OSA for pediatric patients, even children of younger ages and lower weights.”
Diagnosing and Treating OSA in the Transportation Industry

• Journal of Clinical Sleep Medicine
• Online September 2021
• Position statement
• Urges collaborative effort to improve public health and safety
OSA in the Transportation Industry: Position

• Workers who perform safety-sensitive functions in the transportation industry should be screened for OSA using both self-reported symptoms and established, objectively measurable criteria such as blood pressure and body weight.

• Personnel identified to be at risk for OSA should be diagnosed and effectively treated according to current best practices.

J Clin Sleep Med. 2021
Recommended Protocols for the MSLT and MWT in Adults

• Journal of Clinical Sleep Medicine
• Online August 2021
• Guidance
• Updated protocols previously published by the AASM
Protocols for MSLT & MWT in Adults: Changes

A technical change to include the frontal electrodes was made for consistency with the current scoring recommendations for sleep staging.

A procedural change specifies termination of stimulating activity 30 minutes prior to naps/trials.

The clinician should discuss acceptable caffeine consumption with the patient prior to testing to avoid confounding the MSLT results while avoiding caffeine withdrawal symptoms on the day of the test.

Patients should obtain at least 6 hours of sleep, preferably more than 7 hours, prior to testing with concomitant use of OSA treatment, if applicable.

PAP and non-PAP treatments should also be used during each nap trial for the MSLT.

Referral of Adults with OSA for Surgical Consultation

- Journal of Clinical Sleep Medicine
- Online August 2021
- Clinical practice guideline & systematic review
- Established recommendations for clinical practice
1. We recommend that clinicians discuss referral to a sleep surgeon with adults with OSA and BMI<40 who are intolerant or unaccepting of PAP as part of a patient-oriented discussion of alternative treatment options. (Strong)

2. We recommend that clinicians discuss referral to a bariatric surgeon with adults with OSA and obesity (class II/III, BMI ≥35) who are intolerant or unaccepting of PAP as part of a patient-oriented discussion of alternative treatment options. (Strong)

3. We suggest that clinicians discuss referral to a sleep surgeon with adults with OSA, BMI<40, and persistent inadequate PAP adherence due to pressure-related side effects as part of a patient-oriented discussion of adjunctive or alternative treatment options. (Conditional)

4. We suggest clinicians recommend PAP as initial therapy for adults with OSA and a major upper airway anatomic abnormality prior to consideration of referral for upper airway surgery. (Conditional)

Other Papers in Progress

- Treatment of REM sleep behavior disorder
- Treatment of restless legs syndrome and periodic limb movement disorder
- Treatment of extrinsic circadian rhythm sleep-wake disorders
- Management of inpatient sleep-disordered breathing
- Treatment of central sleep apnea
Professional Education
Sleep ISR Scoring Course

- New tool for education in sleep scoring
- Online, modular program
- Included with premium subscriptions
- Add-on for other plans
A-STEP CCSH Education Program

- Certification in Clinical Sleep Health
- 12 online modules
- Open access to the modules for three years
- STAR Designated Program by the BRPT
Sample Episode Topics:

- Innovation in sleep medicine
- Beyond the AHI
- AI in sleep medicine
- Sleep and immunity
- Management of Refractory RLS
Educational Courses

SLEEP MEDICINE essentials
BOARD PREP
Virtual Course
Sept. 15-18

SLEEP MEDICINE TRENDS

Practice Management
Nov. 18-19
REFUEL AT SLEEP 2023

INDIANAPOLIS, IN
JUNE 3-7, 2023
Questions?

Thomas Heffron
theffron@aasm.org

contact@aasm.org
accreditation@aasm.org
coding@aasm.org
membership@aasm.org
(630) 737-9700