Updates from the American Academy of Sleep Medicine

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aasm.org
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.

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<tr>
<th>Type of Potential Conflict</th>
<th>Details of Potential Conflict</th>
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<tr>
<td>Grant/Research Support</td>
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<td>Financial support</td>
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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.
AASM Membership
AASM Document Types

- Clinical Practice Guideline: Evidence-based recommendations
- Systematic Review: GRADE methodology
- Position Paper: Review but no GRADE
- Consensus Paper/Statement: Modified RAND process
- Position Statement: Concise, expert position
“Clinical practice guidelines are statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.”

Institute of Medicine
(The Health and Medicine Division of the National Academies)

Clinical Practice Guidelines We Can Trust
Recommendations

• Define principles of practice that should meet the needs of **most** patients in **most** situations

• Should **not** be considered inclusive of all proper methods of care or exclusive of other methods of care reasonably used to obtain the same results

• Ultimate judgment regarding propriety of any specific care must be made by the clinician
A **STRONG** recommendation is one that clinicians should, under most circumstances, always follow.
A **CONDITIONAL** recommendation reflects a lower degree of certainty:

- Requires the clinician to use clinical knowledge & experience, and refer to the patient’s values & preferences
- “based on the individual circumstances of the patient and clinician.”
Treatment of Adult Obstructive Sleep Apnea With Positive Airway Pressure

- Journal of Clinical Sleep Medicine
- February 2019
- Susheel Patil, et al
- Clinical practice guideline
- Updating and consolidating previously published practice parameters
Four Strong Recommendations

• Clinicians use PAP to treat OSA in adults with excessive sleepiness

• PAP therapy be initiated using either APAP at home or in-laboratory PAP titration in adults with OSA and no significant comorbidities

• Clinicians use either CPAP or APAP for ongoing treatment of OSA in adults

• Educational interventions be given with initiation of PAP therapy in adults with OSA

Five Conditional Recommendations

• Clinicians use PAP to treat OSA in adults with impaired sleep-related quality of life
• Clinicians use PAP to treat OSA in adults with comorbid hypertension
• Clinicians use CPAP or APAP over BPAP in the routine treatment of OSA in adults
• Behavioral and/or troubleshooting interventions be given during the initial period of PAP therapy in adults with OSA
• Clinicians use telemonitoring-guided interventions during the initial period of PAP therapy in adults with OSA

Workplace Interventions to Promote Sleep Health

• Journal of Clinical Sleep Medicine
• April 2019
• Nancy Redeker, et al
• Review
• AASM/SRS/CDC
• Reviewed the literature on employer-initiated sleep interventions in workplace settings
# Workplace Interventions to Promote Sleep Health

## Strategies for Accredited Sleep Centers
1. Develop expertise about the health and safety risks that are associated with shift work and long work hours and the strategies that reduce those risks. Be a resource for the evaluation and treatment for the workers and consultation for employers.
2. Develop and disseminate sleep education programs that can be provided onsite at workplaces. Publicize to local workplaces and provide programs on request.

## Workplace Strategies for Employers

### On hours worked:
1. Set limits on the number of hours worked per 24 hours and per 7-day period. This should include restrictions on how much and when overtime can be worked.
2. Establish a minimum of 10 to 11 consecutive hours off from work per 24-hour period for workers to obtain at least 7 hours of sleep.
3. Implement flexible scheduling options.

### Environmental support:
1. Provide a sleep education program for all employees.
2. Promote the use of short naps during work breaks.
3. Establish fatigue risk management systems.¹⁰
4. Incorporate fatigue-related factors into incident investigations. Establish an anonymous, no-blame reporting system for incidents and near misses.
5. Establish a system to facilitate workers with sleep problems seeing a health care provider or an accredited sleep disorders center.
6. Protect the time for sleep for evening and night shift employees by not requiring attendance at meetings or attention to work functions during time off.
7. Modify environmental factors, such as lighting, to promote worker well-being and alertness.
8. Incentivize the use of public transportation, especially after long or late shifts and for workers with longer commutes. Educate drivers on the dangers of drowsy driving.
9. Where possible, encourage teleworking to facilitate more time for sleep.

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Chronic Opioid Therapy and Sleep

- Journal of Clinical Sleep Medicine
- November 2019
- Ilene Rosen, et al
- Position statement
- Describes the complex relationship among opioids, sleep and daytime function
Chronic Opioid Therapy and Sleep

It is the position of the AASM that:

• Medical providers need to be aware that chronic opioid therapy can alter sleep architecture and cause respiratory depression, increasing the risk for SDB.

• Appropriate screening and diagnostic testing can identify sleep-related hypoventilation, CSA and OSA in people treated with chronic opioid therapy.

• The treatment of opioid-associated SDB can improve patients’ health and well-being.

• In patients with chronic pain, collaboration among primary care providers, pain medicine specialists, and sleep specialists is encouraged to provide high quality, patient-centered care for people who are treated with chronic opioid therapy.

• Medical providers need to be aware that the cautious and judicious use of low-dose opioid therapy is a treatment option for severe, refractory RLS.

Coming in 2020

Public comment: Treatment of narcolepsy and other hypersomnias of central origin (clinical practice guideline)

Public comment: Behavioral and psychological treatments of insomnia (clinical practice guideline)

Indications for follow-up PSG and HSAT in adults with OSA (position paper)

Principles for the management of shift length (joint position paper with SRS)

Sleep, fatigue and burnout among physicians (position statement)

Artificial intelligence in sleep medicine (position statement)
Scoring Manual Committee

Led by Stuart Quan, MD – Chair

Reviews the manual on an annual basis

Ensures consistency with AASM guidelines

Addresses evolution in sleep technology

Submits recommendations to the AASM board of directors

Responds to frequently asked questions
Scoring Manual
Version 2.5

• No updates in 2019
• Online subscription
• AASM Resource Library app
• Print copies available
• Updated version expected in 2020
Scoring Manual FAQs

- Go to “My Account” at aasm.org
- Select “Subscriptions”
- Choose your Scoring Manual subscription
- Access FAQs PDF
- Questions? Send email to scoringmanual@aasm.org
- Sample questions:
  - Are there maximum impedances for leg EMG and ECG?
  - Should an arousal be scored at the beginning of an awakening?
Updated Standards for Accreditation

- July 1, 2019
- To simplify requirements that have a limited bearing on quality
- Compliance required by Nov. 1, 2019
<table>
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<th>Section</th>
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| Section I | **Emergency Procedures**  
• Accepts hospital-based policies for sleep facilities that use hospital team codes in a medical emergency |
| Section J | **Quality Assurance**  
• No longer required to have a separate HSAT QA program |
| Section K | **Safety**  
• Language requiring eyewash stations was removed |
| More Info | Complete details at [aasm.org/accreditation/resources](http://aasm.org/accreditation/resources) |
**New Accreditation Site Visit Process**
- Site visit is scheduled AFTER the initial accreditation decision.
- Shortens the application process to as little as 2-4 months

**Relocation Special Circumstance Application**
- Remote site visit instead of an on-site visit
- Reduced fee and simpler application

Streamlined Accreditation
Medicare Program; Request for Information Regarding the Physician Self-Referral Law

A Proposed Rule by the Centers for Medicare & Medicaid Services on 06/25/2018

Stark Law Reform
Prior Authorization

• Reform Principles
• June 2019 letter to U.S. House
• Sept. 2019 Letter to CMS Administrator

Source: 2018 AMA Prior Authorization (PA) Physician Survey
• AMA House of Delegates
• AMA/Specialty Society Relative Value Scale Update Committee (RUC)

AMA Advocacy
Medicare Reimbursement: PSG Rates

Medicare Reimbursement: PSG & HSAT Volume

Source: American Medical Association RVS Update Committee (2018).
RUC Database 2018 version 2.
AASM Payer Policy Review Committee

- Reviews current policies
- Produces policy scorecards
- Communicates with payers
- Posts scorecards at aasm.org
Maintenance of Certification

- Two-year “Knowledge Check-In” option starting in 2020 (ABIM)
- Development of a longitudinal assessment option (ABIM)
- Maintenance of primary certification is now optional (ABPN)
Yesterday we sent a letter to California Governor Gavin Newsom urging him to sign #SB328 to promote education and health equity for teens & help level the playing field for all students to succeed. Time to set an example for other states. Read our letter: bit.ly/2kRplAK
Two pilot programs:
- 2-year, part-time
- Blended fellowship

Approved/began July 2019
- Beth Israel Deaconess Medical Center
- LSU Health Sciences Center-Shreveport
- Rush University Medical Center
- UCLA David Geffen School of Medicine
• Alternative Payment Models Task Force
  o Bundled payment
• Quality Measures Task Force
  o Measure maintenance
• Patient-Reported Outcome Tool for OSA
  o Monitor progress & demonstrate value
Qualified Clinical Data Registry

- First national registry for sleep medicine
- 1-2 year development
  - Accreditation
  - Quality measures
  - Benchmarking
  - Research
  - QI activities
  - National quality reporting

Questions? Email coding@aasm.org
Sleep Technology

- Consumer and Clinical Technology Committee
  - Launched online resource of trending sleep tech
- Artificial Intelligence in Sleep Medicine Committee
  - Finalizing a position statement on AI in sleep medicine
Collaboration

• Sleep-Disordered Breathing Collaboration Summit
  ○ Explore unique care models to expand access to care
  ○ Discuss training models for potential partners

• Intersociety Collaborations Presidential Committee
Diversity & Inclusion

- New D&I statement
  - aasm.org/about

- New D&I Committee
  - Analyze data
  - Detect barriers
  - Recommend strategies
Public Awareness

Cognitive behavioral therapy for insomnia (CBT-I)
- Safe
- Effective
- Long-lasting

Get help from a behavioral sleep medicine provider.

Sleep Works for You
High School Video Contest

But Do You Make Time to Sleep?
Compensation Survey

Source: 2018 AASM Physician & Advanced Practice Provider Compensation Survey Report
Accredited Sleep Technologist Education Program

- Now 26 modules
- 1 AASM CEC/module
- Three latest modules:
  - Infection Control in the Sleep Center
  - Non-PAP Therapies for the Treatment of OSA
  - Administration and Titration of Oxygen

astep.aasm.org
Sleep ISR

• New Pediatric Track
• Robust annotations
• Intuitive staff reports
• Updated dashboards
• High resolution support
• Individual accounts
• Earn CECs or CME

isr.aasm.org
AASM SleepTM

• 450+ sleep centers
• 800+ providers
• 3,500+ patients
• Patients use a mobile device for 20% of encounters.

sleeptm.com
AASM Foundation

- More than $13.5 million awarded
- Sleep research and education
  - Career Development Awards (Due Nov. 25)
  - Strategic Research Awards
  - Focused Projects Awards
  - Community Sleep Health Award

foundation.aasm.org
American Alliance for Healthy Sleep

- Membership organization
- Uniting patients & providers
- “Improving the lives of patients with all sleep disorders”
- Engaging policymakers and the public
- Providing support services for patients
- Promoting healthy sleep in all populations

sleepallies.org
New Resources

Skin-to-Screen
Sleep Technologist Troubleshooting Guide

Case Book of Sleep Medicine, Third Edition

Sleep Technologist Practice Exams

BEHAVIORAL THERAPIES BUNDLE
Events in 2020

SLEEP MEDICINE TRENDS
February 21 - 23, 2020

SEE YOURSELF at SLEEP 2020
Philadelphia | June 13-17
Questions?

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