

AASM



2010 MEMBERSHIP REPORT

Focusing

American

on the

Academy

future to

of Sleep

advance

Medicine 2010

sleep

Membership

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Report

today

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From the President: Looking Ahead



FROM THE PRESIDENT: LOOKING BACK

In many ways 2010 was a turbulent year for physicians and other health-care professionals. The passage of national health-care reform in March followed a protracted period of contentious debate, and the law's ultimate fate remained uncertain even after it was enacted.

Then physicians were forced to ride the annual roller coaster of scheduled and delayed payment cuts for services provided to Medicare and TRICARE beneficiaries. Although Congress passed a one-year "Extenders Act" in December, they continued to be unable to find a long-term solution to this ongoing problem.

Despite all of this uncertainty, 2010 was a remarkably strong year for the American Academy of Sleep Medicine as the AASM membership surpassed 9,000 individuals for the first time. Strengthened by the commitment and involvement of our members, the AASM continued to advance the fields of sleep medicine and sleep research.

The completion of the AASM's new national office in June 2010 was a historic achievement for the AASM and our members. The modern, state-of-the-art facility was built debt-free, which makes it a valuable investment in the AASM's future. The headquarters provides the office and warehouse space that will be necessary as the AASM continues to grow, and it has expansive meeting space that will allow many of our educational events to be held on site. For AASM members, the new national office is a symbol of what we have achieved as an organization and as a recognized subspecialty in the medical community.

As sleep medicine providers took advantage of the convenient, new online application for accreditation in 2010, the number of AASM-accredited sleep disorders centers and laboratories for sleep-related breathing disorders surpassed 2,000. The AASM also began accepting applications for a new program offering AASM Durable Medical Equipment (DME) Accreditation for non-Medicare providers, which enhances a sleep center's eligibility for non-Medicare insurance reimbursement.

In addition to promoting the highest standards of quality patient care through accreditation, the AASM continued to develop important recommendations for sleep clinicians. The AASM published an updated review and practice parameters paper on surgical modifications of the upper airway for obstructive sleep apnea in adults, along with best practice guides on treating REM sleep behavior disorder and nightmare disorder.

As the only professional society that is dedicated exclusively to the medical subspecialty of sleep medicine, the AASM continued to represent sleep specialists on issues related to health policy, reimbursement and practice management. We also continued to work with members at the local level, helping them establish and incorporate a state sleep society. I am proud of our members for enthusiastically supporting this initiative, as together we have increased the number of state sleep societies to 43.

In 2010 the AASM released new educational resources to help sleep professionals enhance their understanding of sleep and sleep disorders, including an update to the online Sleep Medicine Practice Exam and a number of reference books for sleep technologists. The AASM Online Learning Center was expanded and enhanced with new learning modules that are available on demand for your convenience. Each learning module has a streaming video presentation, educational references and a post-test that you can take for continuing medical education (CME) credit. Also introduced in 2010 was the Inter-scorer Reliability Testing Program, a practical tool that helps sleep centers meet the AASM Standards for Accreditation for evaluating inter-scorer reliability. The ISR Testing Program is an innovative online resource that provides helpful instruction and training for sleep technologists and makes life much easier for sleep center administrators.

Since 1998 the AASM has advanced the field of sleep research by investing about \$10.5 million in

the American Sleep Medicine Foundation (ASMF). In 2010 the AASM maintained its commitment to promote excellence in sleep medicine research by providing most of the funding for the \$725,000 in grants that the ASMF issued. These studies are investigating a wide range of topics that will be of great value to the field: from memory consolidation in obstructive sleep apnea to the transcriptional control of circadian rhythms; and from preclinical executive dysfunction in idiopathic REM sleep behavior disorder to clarithromycin for the treatment of hypersomnia.

In addition to supporting sleep research and education, the ASMF also has a vision to provide humanitarian aid in times of crisis. When a devastating earthquake struck Haiti in January 2010, the ASMF quickly responded by starting a Haiti Relief Fund. AASM members generously donated more than \$9,700 to the fund, and the AASM matched these contributions with an additional \$10,000 donation. The ASMF donated 100 percent of this money to Doctors without Borders, an organization that delivered vital medical care to those who were suffering in Haiti. I am grateful to each one of our members who participated in this effort.

In 2010 your AASM membership dues remained among the lowest of any professional medical society, making your AASM membership an incredible value when you consider all of the initiatives and member benefits that are detailed in this report. Our success is due in large part to the many ways that members contribute to the AASM: by chairing or serving on a committee, section or task force; chairing or presenting

at an AASM course; attending AASM courses and workshops; and purchasing any of the AASM's many outstanding educational resources.

Your support as an AASM member in 2010 has been vital to our success, and your continued involvement will be critical in the year ahead as the AASM focuses on the future to advance sleep medicine today.

Sincerely,

Patrick J. Strollo Jr., MD

AASM LEADERSHIP

The AASM achieves its vision and mission through the efforts of committed members who volunteer to use their skills and expertise to help the AASM advance the fields of sleep medicine and sleep research. The AASM is led by a membership-elected, 12-person board of directors that consists of four members who serve as president, president-elect, immediate past president and secretary/treasurer, and eight members who serve as directors.

AASM MISSION

The American Academy of Sleep Medicine serves its members and advances the field of sleep health care by:

- Setting the clinical standards for the field of sleep medicine
- Advocating for recognition, diagnosis and treatment of sleep disorders
- Educating professionals dedicated to providing optimal sleep health care
- Fostering the development and application of scientific knowledge

AASM members can help address a specific area of importance to the profession and make an impact on the field by volunteering for service on a standing committee. Members also are encouraged to participate in any of the eight AASM sections and to designate their membership in one primary section, in which they may vote and hold office.

On the AASM website at www.aasmnet.org, members can find a roster for the board of directors, committee rosters and mandates, and information about the membership sections.

ABOUT THIS REPORT

The American Academy of Sleep Medicine (AASM) has been the leader in setting standards and promoting excellence in sleep medicine health care, education and research since 1975. This report gives AASM members, who are the primary stakeholders in the organization, an update on the progress made by the AASM in 2010. At the beginning and end of the report, Patrick J. Strollo Jr., MD, provides his perspective as a longtime member and current AASM president. The rest of the report contains summaries that show how the AASM has served its members and advanced the field of sleep health care during the past year.



FUTURE IN FOCUS: THE NEW AASM NATIONAL OFFICE

During the tenure of AASM President Dr. Mary Susan Esther (2008 – 2009), the board of directors made a careful assessment of the projected resources that would be needed in the future for the AASM to further influence policy and expand its programming to meet the needs of a growing membership. During these discussions the board arrived at the inescapable conclusion that the AASM would need to make a significant investment in the organization's infrastructure by building a state-of-the-art national office. The AASM hired an architecture and construction company that could bring this vision to life and then purchased a parcel of land in Darien, Ill., a suburb of Chicago.

On July 9, 2009, construction on the new AASM headquarters commenced with an official groundbreaking ceremony. In his remarks,

AASM President Dr. Clete Kushida (2009 – 2010) stated that the new national office will help the AASM expand the many programs, initiatives and services it provides for members as both the organization and the field of sleep medicine continue to grow.

"The Academy leadership recognized that our field and the organization were at a pivotal juncture, and made a commitment to ensuring that the Academy is firm in its position as the authoritative voice of sleep medicine," he said.

The vision became a reality in June 2010 when the AASM moved from its leased office space in Westchester, Ill., to its new national office at 2510 North Frontage Road in Darien. Although this relocation covered a distance of only 15 miles, it marked a significant move forward for the AASM. The large facility will accommodate current and anticipated staff needs, and it contains a spacious warehouse and shipping area that enables the AASM to store all of its educational resources on site and efficiently ship orders to members.

The second floor of the building contains expansive meeting space that enables the AASM to host educational courses, professional training and other events. The space includes a model

sleep center for faculty demonstration and hands-on learning opportunities.

While the needs of the AASM and its members were principal factors in the building's design, the AASM also regarded environmental sustainability as a critical component of the project. The firm that the AASM hired to design and construct the national office is a pioneer in sustainable building and a founding member of the U.S. Green Building Council. As a result, the AASM's new headquarters meets rigorous standards for energy efficiency and water conservation. Furthermore, the AASM's property is part of a prairie restoration project that is adding native vegetation to the Illinois landscape.

On Sunday, Oct. 10, 2010, the AASM celebrated the completion of its new headquarters with an official grand opening ceremony. A sunny, fall afternoon was the perfect setting for attendees to tour the facility. AASM President Dr. Patrick Strollo Jr. (2010 – 2011), President-Elect Dr. Nancy Collop, Founding President Dr. William Dement (1975 – 1987) and Executive Director Jerome Barrett all shared their thoughts about this historic achievement with the leaders, members, staff and distinguished guests who were in attendance.

"Our gathering today symbolizes, in a sense, the continued vision of the American Academy of Sleep Medicine: cognizant of our past and firmly established in the present, but with an awareness of our leading role in shaping the future," said Strollo. "For our members, this building is more than a destination. It is your professional home."

The images that follow in this report will give members a photographic tour of the new AASM national office.



- 1 A bright reception area greets visitors when they enter the AASM national office.
- 2 A comfortable lobby invites guests to sit and relax for a while.
- 3 Floor-to-ceiling windows flood the sitting area with natural light.
- 4 A modern kitchen provides a relaxing area where staff can enjoy lunch or a coffee break.
- 5 An open floor plan promotes collaboration among the 50 staff members who work in the national office.
- 6 A curving balcony overlooks the lobby and leads to the spacious second-floor meeting space.
- 7 The meeting space includes a model sleep lab for faculty demonstration and hands-on learning.
- 8 The national office at 2510 North Frontage Road in Darien, Ill., is the professional home for AASM members.

SETTING CLINICAL STANDARDS

The AASM sets the clinical standards for the field of sleep medicine. These standards help medical professionals provide their patients with the highest quality of sleep-related health care.

Accreditation

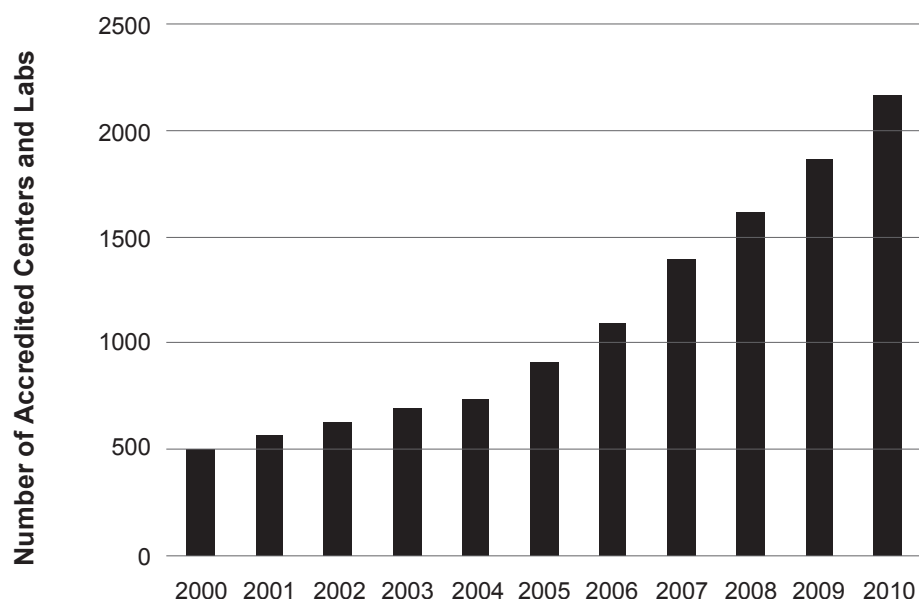
AASM accreditation is the gold standard by which the medical community and the public can evaluate sleep medicine services. To earn accreditation a sleep disorders center must demonstrate that it meets the highest standards of quality patient care.

The AASM accredited a sleep disorders center for the first time in 1977, and the number of accredited facilities steadily increased during the following two decades. In the last 10

years there has been dramatic growth in the number of AASM-accredited sleep medicine providers. The AASM accredited 290 new sleep disorders centers in 2010, and at the end of the year there were 2,168 AASM-accredited sleep disorders centers in the U.S., Guam, Puerto Rico, Virgin Islands and Canada; this represents an increase of 16 percent since 2009.

Applying for accreditation became easier in 2010 when the AASM introduced an online application on the AASM website at <http://www.aasmnet.org/AccredApplication.aspx>. The online application allows sleep facilities to begin the application process and save their progress as they collect the necessary information and materials for accreditation. After a facility submits the application, the AASM Accreditation Department begins the application review process. The AASM no longer accepts paper applications for accreditation.

AASM ACCREDITATION GROWTH



AASM DME Accreditation

In September the AASM began accepting applications for a new program offering AASM Durable Medical Equipment (DME) Accreditation for non-Medicare providers. Both the application and the AASM Standards for DME Accreditation, which was modeled after Centers for Medicare & Medicaid Services (CMS) standards, were made available on the AASM website at <http://www.aasmnet.org/DMEAccreditation.aspx>.

Earning AASM DME Accreditation from the leader in sleep medicine will enable a sleep medicine provider to:

- Obtain integrated sleep medicine accreditation for your DME and sleep facility
- Gain recognition as a DME provider that meets the highest standards of quality
- Enhance your eligibility for non-Medicare insurance reimbursement

BSM Training Program Accreditation

Sleep disorders centers that receive accreditation from the American Academy of Sleep Medicine (AASM) can serve as the clinic site for an accredited training program in behavioral sleep medicine (BSM). These programs promote excellence in the treatment of sleep disorders through behavioral and cognitive methods. They also provide the training required to sit for the Behavioral Sleep Medicine Exam. Core areas of educational focus for a BSM training program include treatment approaches to insomnia, management of CPAP compliance and normal sleep physiology. Currently there are nine AASM-accredited

AASM-ACCREDITED BSM TRAINING PROGRAMS

Program	Year
Wilford Hall Medical Center	2010
University of Michigan	2009
Johns Hopkins University	2008
University of Alabama	2008
Hospital of the University of Pennsylvania	2007
University of North Texas	2007
Stanford University School of Medicine	2006
Rush University Medical Center	2005
University of Rochester	2005

BSM training programs, including the program at Wilford Hall Medical Center at Lackland Air Force Base in Texas, which earned accreditation in 2010.

Practice Parameters

Since 1992, the AASM has developed evidence-based practice parameters that provide physicians with clear recommendations for the evaluation and management of patients with sleep disorders. Public and private insurance providers also look to AASM practice parameters for guidance when developing insurance coverage and reimbursement policies. The parameters are written by the AASM Standards of Practice Committee and are based on an exhaustive review of the scientific literature by a task force of experts. The AASM now has 15 practice parameters papers available for clinicians, including the updated "Practice parameters for the surgical modifications of the upper airway for obstructive sleep apnea in adults," which was published in the October 2010 issue of *SLEEP*. New practice parameters are in the process of being developed on both respiratory indications for polysomnography in children, treatment of central sleep apnea, and an update on treatment of restless legs syndrome.

Best Practice Guides

The AASM Standards of Practice Committee develops best practice guides, which summarize the research and provide physicians with recommendations on focused topics for which there are few high-quality studies. In 2010 in the *Journal of Clinical Sleep Medicine*, the AASM published "Best practice guide for the treatment of REM sleep behavior disorder (RBD)" and "Best practice guide for the treatment of nightmare disorder in adults."

AASM PAPERS PUBLISHED IN 2010

Program	Citation
"Best practice guide for the treatment of REM sleep behavior disorder (RBD)"	J Clin Sleep Med. 2010 Feb 15;6(1):85-95.
"Best practice guide for the treatment of nightmare disorder in adults"	J Clin Sleep Med. 2010 Aug 15;6(4):389-401.
"Surgical modifications of the upper airway for obstructive sleep apnea in adults: a systematic review and meta-analysis"	Sleep. 2010 Oct 1;33(10):1396-407.
"Practice parameters for the surgical modifications of the upper airway for obstructive sleep apnea in adults"	Sleep. 2010 Oct 1;33(10):1408-13.
"Best clinical practices for the sleep center adjustment of noninvasive positive pressure ventilation (NPPV) in stable chronic alveolar hypoventilation syndromes"	J Clin Sleep Med. 2010 Oct 15;6(5):491-509.

In the October 2010 issue of the *Journal of Clinical Sleep Medicine*, the AASM also published "Best clinical practices for the sleep center adjustment of noninvasive positive pressure ventilation (NPPV) in stable chronic alveolar hypoventilation syndromes," which was developed by the AASM's NPPV Titration Task Force.

Clinical Guidelines

The AASM develops clinical guidelines that provide physicians with comprehensive recommendations for the evaluation, diagnosis, treatment and follow-up of patients with sleep disorders. These guidelines incorporate the AASM's evidence-based practice parameters and supplement them with consensus-based recommendations formed by a task force of experts. The AASM is in the process of developing a clinical guideline on management strategies for the use of portable monitors.

FUTURE IN FOCUS: THE FUTURE OF SLEEP MEDICINE

Since the initial formation of a Presidential Task Force on the Future of Sleep Medicine in the summer of 2009, the American Academy of Sleep Medicine has been focusing on where sleep medicine will be in the future with respect to technology, staffing, research, economics and health care delivery. In particular, the AASM has been examining how changes in health care delivery might impact the evaluation, management and treatment of patients with sleep disorders.

To help identify future directions for the sleep field, the AASM held a Future of Sleep Medicine conference Oct. 11, 2010, at the AASM national office in Darien, Ill. AASM leadership and key stakeholders in the field gathered for topical briefings from expert sleep clinicians and scientists.

The summit began with presentations that focused on the current evidence for use, barriers to implementation and possible solutions related to three forms of current technology: actigraphy, nasal endoscopy and portable monitoring.

For the presentation on portable monitoring, AASM

President-Elect Nancy Collop, MD, provided key findings from four recent studies and discussed the confusion regarding the Current Procedural Terminology (CPT) codes, G codes and T codes for reimbursement.

Collop then noted that most sleep centers are trying to figure out when it makes practical and economic sense to use portable monitoring, and she summarized ongoing AASM initiatives that will provide additional guidance for sleep physicians. The AASM's Technology Assessment Workgroup is in the process of developing a new classification system for portable-monitoring devices for the diagnosis of obstructive sleep apnea (OSA), and the Sleep Apnea Definitions Task Force is re-examining current scoring rules to include both polysomnography and portable monitoring. The AASM also is revising and updating the "Clinical guidelines for the use of unattended portable monitors in the diagnosis of obstructive sleep apnea in adult patients," which was published in 2007, and devising out of center accreditation standards for sleep centers that use portable monitoring.

The next session focused on new technologies such as transcutaneous CO₂ monitoring, which uses a skin surface sensor to measure CO₂ as it diffuses through body tissues; and ambulatory blood pressure monitoring, which allows for the collection of 24-hour blood pressure data.

AASM Past President Clete Kushida, MD, PhD, also described the potential use of neurocognitive testing to assess the long-term effectiveness of continuous positive airway pressure (CPAP) therapy on neurocognitive function. He explained how the Apnea Positive Pressure Long-Term Efficacy Study (APPLES) has

incorporated a neurocognitive test battery to evaluate attention and psychomotor function, learning and memory, and executive and frontal-lobe function. Kushida concluded that more data from large-scale studies is required for the development of standardized test batteries and the selection of key variables.

The final morning session looked at three emerging technologies. Ruth Benca, MD, PhD, explained how high-density electroencephalography (EEG) analysis could be a useful component of polysomnography. Using more than 60 and potentially hundreds of electrodes, Hd-EEG can give a reliable and stable image of the brain during sleep, revealing changes that may not be seen with fewer electrodes. Benca concluded that Hd-EEG has the potential to help investigate the functional topography of sleep and sleep disorders, reveal clinically relevant information about brain function in sleep disorders, and increase the utility of sleep studies for the diagnosis of a broader range of neuropsychiatric disorders. However, the cost of the hardware required for an Hd-EEG/PSG system currently prohibits its widespread use.

Danny Eckert, PhD, described how the phenotyping of the upper airway may open avenues for novel therapeutic approaches for OSA. Effective treatment strategies could be developed according to underlying pathophysiological traits to target the specific factors that contribute to upper airway obstruction in a particular patient: impaired anatomy, poor upper airway muscle responsiveness, low arousal threshold or ventilatory control instability.

Steven Lockley, PhD, explained the potential of methods for assessing

circadian phase using markers such as melatonin and cortisol. He noted that outpatient 48-hour urinary cortisol assessment currently is not reimbursed, and there is a need for a clinicians' "tool-kit" to guide methodology and interpretation.

The afternoon sessions focused on integrated care and included presentations on the patient-centered medical home (PCMH) and accountable care organizations (ACOs), PAP acclimation, and behavioral interventions for sleep. AASM President Patrick Strollo Jr., MD, also discussed data management, focusing on CPAP tracking systems. He concluded that the current evidence base does not support the use of data management in addition to educational interventions alone in order to enhance the care of OSA, and current care delivery systems are not configured for data management.

Strollo then described the potential benefits of developing a clinical registry for sleep disorders, which would help clinicians and researchers understand the prevalence of chronic and co-morbid diseases in patients with sleep disorders. He noted that a clinical registry also would help sleep specialists gauge the effectiveness of specific medical treatments by tracking the outcomes of these therapies to support treatment decisions. Strollo added that one of the potential barriers to implementation is the long-term commitment of five to 10 years that would be required. The substantial cost of setting up and maintaining the registry also would require support from grants or partnerships, or a strategic investment by the AASM.

The last session of presentations focused on accreditation. Amy Aronsky, DO, chair of the

AASM Coding and Compliance Committee, discussed the future of AASM accreditation. In addition to the longstanding sleep center accreditation program and the recently established accreditation program for non-Medicare DME suppliers, the AASM is working toward the development of out of center sleep testing (OCST) accreditation and an integrated accreditation program, which will combine multiple AASM accreditation programs.

The final presentation by Lawrence Epstein, MD, explained in more detail the current AASM initiative to develop standards for OCST accreditation. The standards will require that a board-certified sleep specialist is the medical director and performs the interpretations; appropriate technical personnel perform scoring; practice parameters and clinical guidelines are followed; quality standards are met; and long-term management is provided, either directly or through an affiliation with an accredited center.

In 2011, AASM Future of Sleep Medicine Workgroups will continue to develop recommendations in three areas: tools, the patient-centered medical home (PCMH), and registries and outcomes. Participants will gather for another face-to-face meeting in February, and then the findings and recommendations of the Future of Sleep Medicine Presidential Task Force will be compiled in a "white paper" that will be submitted to the *Journal of Clinical Sleep Medicine*.

"We should all be concerned about the future because we will have to spend the rest of our lives there."

Charles Franklin Kettering,
American inventor and engineer

ADVOCATING FOR THE FIELD

The AASM represents the interests of sleep specialists on issues related to health policy, reimbursement and practice management. The AASM also monitors legislation and regulations that may impact the practice of sleep medicine both nationally and at the local level.

Medicare Reimbursement

In November the Centers for Medicare & Medicaid Services (CMS) published the 2011 Physician Fee Schedule Final Rule, which described scheduled reductions in physician payments for services provided to patients who are Medicare beneficiaries and other payment adjustments. For sleep physicians, these cuts were projected to be approximately 30 percent.

The AASM board of directors held an emergency meeting the evening of Nov. 15, 2010. The next day the AASM announced a comprehensive action plan and challenged members to engage their elected officials, local media and patients on this important issue. Resources for member involvement – including fact sheets, letter templates, talking points, sample editorials and a discussion forum – were provided in the Member Action Network on the AASM website. A similar online Patient Action Network was developed to educate patients and equip them with resources for involvement. Each week the AASM sent members an e-mail update with current information about the scheduled payment cuts and posted new responses to frequently asked questions on the AASM website.

On Dec. 15, 2010, President Obama signed into law “The Medicare and

Medicaid Extenders Act of 2010” (HR 4994), which maintained the rate of the conversion factor, one of the key elements of the Medicare payment formula. However, CMS was required to reduce the conversion factor from \$36.8729 to \$33.9764 to maintain budget neutrality, and additional cuts to the relative value units (RVUs) for sleep medicine codes went into effect for 2011.

In January 2011 the AASM sent a letter to the American Medical Association (AMA), outlining concerns with the AMA’s Specialty Society Relative Value Scale Update Committee (RUC) and the process it employs for making RVU recommendations to CMS, and requesting a meeting with the AMA’s President to discuss this matter. The AASM’s Future of Sleep Medicine Tools Workgroup also continued to evaluate current and new technologies to determine the feasibility of new codes for sleep medicine.

Medicare Specialty Recognition

On Sept. 10 the AASM petitioned CMS, through its Division of Practitioner Services, to establish formal recognition of the sleep medicine specialty. The AASM has participated in additional discussions on this issue with CMS staff, and a positive response is anticipated in 2011.

NIH Funding

The AASM continued to make inroads to support the National Centers for Sleep Disorders Research (NCSDR), which operates under the National Institutes of Health’s National Heart, Lung, and Blood Institute (NHLBI). The AASM advocated for increased funding for new basic and clinical research related to sleep and sleep disorders, and for the revitalization

of the Sleep Disorders Research Advisory Board (SDRAB). In May 2010, AASM staff went to Washington, D.C., and visited the offices of Congressional members to speak about the importance of maintaining adequate federal funding for the National Institutes of Health (NIH).

During these meetings the AASM emphasized the need for ongoing support of NIH funding; promoted the value of the SDRAB; highlighted the important findings that have resulted from recent sleep-related studies funded by the NHLBI; and stressed that the AASM and its members are at the forefront of the rapidly growing fields of sleep medicine and sleep research. Since these meetings, new appointments to the SDRAB were made, the SDRAB held its first meeting since April 2009, and work began on updating the 2003 Sleep Disorders Research Plan.

AASM Accreditation & Reimbursement

The AASM continued to encourage Medicare and private health insurance providers to link the reimbursement of sleep services to AASM accreditation. Recognizing that accreditation leads to improvements in patient care, many of these providers now cover sleep services only if they are performed in an AASM-accredited facility. This requirement promotes a consistent level of excellence in the provision of sleep medicine services nationwide.

In 2010 TrailBlazer Health Enterprises LLC updated its polysomnography and sleep studies certification requirements. Effective Jan. 1, 2011, a sleep clinic must have on file evidence that it is fully or provisionally accredited by either the AASM or the Joint Commission. Facility accreditation is required when the global, professional

or technical component is billed by a physician’s office, independent diagnostic testing facility (IDTF) or any other non-hospital-based facility. The revised policy affects Region IV facilities in Colorado, New Mexico, Oklahoma and Texas; as well as Region III facilities in Virginia.

Sleep and Prevention

On Aug. 24, the AASM submitted a formal request to the Agency for Healthcare Research and Quality (AHRQ) to have its United States Preventive Services Task Force (USPSTF) add sleep as a New Primary and Secondary Health Topic. The AASM stated, “Sleep should be incorporated with diet, tobacco and other drug use as a routine prevention topic that should be addressed at virtually every primary care visit.” On Sept. 30, 2010, the AASM nominated two highly qualified members to serve as members of the USPSTF. Actions on these requests are pending.

Fatigue and Pilots

On Nov. 15 the AASM commented in response to a proposed regulation from the Federal Aviation Administration (FAA) on Flightcrew Member Duty and Rest Requirements. The AASM supported the FAA proposal to establish more cohesive duty hour limits and rest requirements. The AASM stated that the proposed clarifications on duty hours and associated rest periods are an effective starting point to provide a reasonable assurance that flightcrew members will be adequately rested to respond to their duty requirements. The AASM called for clarifications to the proposed fatigue education and training proposals and emphasized the appropriate educational role for the board-certified sleep medicine physician in these educational programs.

Resident Physician Duty Hours

In June the AASM and the Sleep Research Society (SRS) released a joint statement calling on the Accreditation Council for Graduate Medical Education (ACGME) to implement safer work hours for resident physicians. In September the ACGME announced that its board of directors had approved new standards for “common program requirements.” Included were graduated standards for duty hours for the nation’s 111,000 residents training in ACGME-accredited teaching institutions. The new standards stipulate that duty periods may not exceed 16 hours for first-year residents or 24 hours for second-year residents and above. The new standards will go into effect July 1, 2011.

State Sleep Societies

Recognizing that sleep professionals can effectively promote and protect the profession at the local level by uniting together, the AASM continued an initiative to help members and accredited centers in every state establish and incorporate a state sleep society. The AASM has taken an active role in assisting concerned sleep professionals across the country. Since the beginning of this initiative in 2008 the number of state sleep societies has increased from 18 to 43. The AASM is now working with members to help them establish a sleep society in three new states: Alaska, Arkansas and Nevada.

State Sleep Medicine Legislation

To promote the availability and provision of quality sleep medicine services, the AASM supported Oklahoma Senate Bill 1985 (SB 1985), which was signed into law May 4, 2010, by Governor Brad Henry. The law further clarifies the qualifications for the interpreting or supervising

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physician caring for a patient with a sleep disorder. The language ensures that physicians providing sleep medicine services are highly qualified specialists in diagnosing and treating patients with sleep-related disorders.

State Sleep Technology Legislation & Regulations

Early in the year the AASM partnered with the American Association of Sleep Technologists (AASST) to host a free webinar reviewing current issues in state legislation. The webinar provided an overview of existing statutory educational and training requirements for sleep technologists across the country, discussed communications with the American Association for Respiratory Care (AARC) regarding scope of practice definitions, and reviewed the status of the state sleep society initiative.

In several states during the year the AASM also supported legislation and regulations that secure the future of sleep technology and ensure that there will continue to be an ample supply of well-qualified sleep technologists to provide physician-directed sleep medicine services in those states.

Virginia Governor Bob McDonnell signed House Bill 725 (SB 725) into law, establishing licensure for sleep technologists. Virginia became the ninth jurisdiction to provide sleep technologists a specific licensing/certification pathway. Other jurisdictions that have licensure/certification include: California, District of Columbia, Louisiana, Maryland, New Jersey, New Mexico, North Carolina and Tennessee. The AASM and AAST worked closely with the Virginia Academy of Sleep Medicine (VASM) on this important piece of legislation.

Hawaii Governor Linda Lingle signed Senate Bill 2600 (SB 2600) into law. Along with Alaska, Hawaii was one of two states that did not have statutory language addressing the educational or training requirements for either sleep technologists or respiratory therapists. When SB 2600 was first introduced, the bill did not contain any language addressing the practice of sleep technology. The AASM worked with the Hawaii Sleep Society to include exemption language into the bill, ensuring that sleep technologists would be able to continue working unimpeded within their scope of practice.

The Oregon Sleep Society (OSS) and Oregon Respiratory Care Board (RCB) negotiated a temporary rule defining the services that may be provided in an accredited sleep facility by someone who does not hold a state license to practice respiratory care. Under the temporary rule, sleep facilities have to be hospital based or AASM accredited or in the AASM accreditation process to be in compliance. This temporary rule was negotiated with the understanding that legislation will establish a clear-cut solution on a scope of practice for sleep technologists. The AASM is continuing to work with the OSS to develop statutory language before the Temporary Administrative Rule expires April 30, 2011.

The AASM successfully petitioned the Tennessee Board of Respiratory Care (TBRC) to raise the minimum number of hours in a sleep center or sleep lab that a respiratory therapist needs to complete to be deemed qualified to perform sleep medicine services. The TBRC had issued an emergency regulation stipulating that a respiratory therapist who has not been credentialed as a registered

polysomnographic technologist (RPSGT) by the Board of Registered Polysomnographic Technologists (BRPT) or as a sleep disorders specialist (SDS) by the National Board for Respiratory Care must complete a minimum of 100 hours in a sleep center or sleep lab. After receiving input from the AASM, the TBRC increased the requirement to 504 hours for a certified respiratory therapist (CRT) and 252 hours for a registered respiratory therapist (RRT).

The AASM is working with the New Hampshire Sleep Society (NHSS) to request amendments to the state Respiratory Care Board in response to proposed regulatory language outlining the scope of practice for sleep technologists. Among the requests is the addition of an examination requirement that would require all individuals who are applying for initial licensure to have passed a sleep technology credentialing examination.

The AASM worked closely with the California Sleep Society (CSS) to monitor regulations proposed by the Medical Board of California that outline the educational and training requirements a sleep technologist must complete to obtain the designation of "certified polysomnographic technologist" by the Board. The proposed regulations are mandated by Senate Bill 132, which was signed into law Oct. 23, 2009. The law requires that the Board approve the specific educational and examination qualifications that sleep technologists must complete to obtain a state certificate.

EDUCATING PROFESSIONALS

The AASM presents sleep specialists and other medical professionals with opportunities to enhance their understanding of sleep and sleep disorders. These opportunities equip health-care providers with the latest scientific evidence in the field so that they can offer the highest quality medical care to patients with sleep disorders.

SLEEP Annual Meeting

In 2010 the premier educational and scientific event in the field continued to be the SLEEP annual meeting of the Associated Professional Sleep Societies LLC (APSS), a joint venture of the AASM and the Sleep Research Society. More than 5,000 sleep medicine specialists, sleep researchers, sleep technologists, allied health professionals and other health care professionals gathered in San Antonio, Texas, from June 5 to 9 for SLEEP 2010, the 24th annual meeting of the APSS.

The SLEEP 2010 scientific program commenced Monday, June 7, with the plenary session, which included the keynote address by Derk-Jan Dijk, PhD: "Sleep and Circadian Rhythms – Closer Together Again."

The plenary session also included a presentation of the AASM awards.

Also on Monday, June 7, the AASM hosted its General Membership Meeting to discuss recent and upcoming initiatives, and to install the officers of the 2010 – 2011 board of directors: Patrick J. Strollo Jr., MD, as the 25th president of the AASM; Nancy A. Collop, MD, as president-elect; Clete A. Kushida, MD, PhD, RPSGT, as past president; and Timothy I. Morgenthaler, MD, as secretary/treasurer. Ronald Chervin, MD; Susan Redline, MD; and Merrill Wise, MD, began their terms as newly elected directors, while Lawrence Epstein, MD; Mary Susan Esther, MD; and Daniel Glaze, MD, completed their terms on the board of directors.

During SLEEP 2010, attendees enjoyed a scientific program with more than 90 sessions, including clinical workshops, discussion groups, lunch and learn debate sessions, meet the professor sessions and symposia. Eight experts in sleep science and sleep medicine also detailed their recent research findings as plenary speakers and invited lecturers. Twenty-two of the meeting's sessions were recorded and made available as audio downloads. Each session recording included the full session content in an MP3 audio

file, as well as all presentations in PowerPoint or outline format (when applicable), allowing users to listen and learn at their own convenience.

More than 1,100 research abstracts were presented as posters and oral presentations. After the meeting, more than 265 of the posters were available for viewing and discussion on the new SLEEP 2010 Online Poster Viewing Site.

Currently the APSS Program Committee is planning for SLEEP 2011, the 25th Anniversary Meeting of the APSS, which will be held in Minneapolis, Minn., from June 11 to 15.

Courses and Webinars

In 2010 AASM Sleep Education Series courses such as Behavioral Sleep Medicine: An Introduction to the Psychology of Sleep Medicine, Board Review for the Sleep Specialist, The Business of Sleep Medicine, Comprehensive Evaluation and Management Coding, Current Topics in Sleep Medicine, and Pharmacology and Sleep Medicine gave attendees the opportunity to learn from leading specialists in the field and to interact with colleagues from across the country. The AASM also held workshops on the topics of Intensive Scoring, Portable Monitoring and The Sleep Apnea Examination. AASM webinars provided participants a convenient way to learn from a leading expert in the field through series such as Current Topics in Sleep Medicine, Interpreting Sleep Studies and Introduction to the Psychology of Sleep Medicine.

2010 AASM AWARDS

Recipient	Award
Michael H. Silber, MBChB	Nathaniel Kleitman Distinguished Service Award
Stuart F. Quan, MD	William C. Dement Academic Achievement Award
Charles A. Czeisler, MD, PhD	Mark O. Hatfield Public Policy Award
Richard B. Berry, MD	Excellence in Education Award

The AASM
presents sleep
specialists and
other medical
professionals with
opportunities to
enhance their
understanding
of sleep and
sleep disorders.

New Online Tools

Several new online resources were introduced by the AASM in 2010, including the SLEEP 2010 Online Poster Viewing Site and audio downloads. The AASM launched an expanded and enhanced AASM Online Learning Center, where new learning modules are available on demand. Online learning modules include lectures from AASM courses, AASM workshops and training modules, and lectures covering the basics of sleep medicine. Each learning module has a streaming video presentation, educational references and a post-test that you can take for continuing medical education (CME) credit. Two options are available, allowing users to access a learning module for either three days or 30 days.

Also available in the AASM Online Learning Center is the online Sleep Medicine Practice Exam, which was updated for 2010 to help sleep specialists prepare for the sleep medicine subspecialty board certification examination that will be offered in 2011 by member boards of the American Board of Medical Specialties. The six-part online exam comprises 150 questions in a variety of topic areas and features instant feedback for each question, a built-in reading list and a printable summary guide.

The AASM also launched the Inter-Scorer Reliability Testing Program, a convenient, comprehensive online testing resource that enables a sleep disorders center to ensure that it meets the AASM Standards for Accreditation for evaluating inter-scorer reliability. The AASM provides the test records, posting a new set of 200 consecutive epochs each month so that scorers can log in to their accounts and complete the required

amount of testing at their convenience. The AASM also provides the “gold standard,” so sleep centers no longer need to designate a reference specialist to score record samples. Immediate feedback is provided at the end of an exam, displaying correct and incorrect answers for every epoch. Scorers who need more training to improve their results can access AASM supplemental scoring modules directly through the program, which also provides record keeping for sleep centers. When a scorer completes an exam, his or her results are added automatically to the sleep center’s account. Sleep center administrators can monitor and compare exam results for every individual at their facility and see how these results measure up against other programs across the country.

In response to feedback from ISR Testing Program users indicating that additional information to help increase agreement with the Gold Standard Scorers would be useful, the AASM added a new feature that incorporates streaming video presentations to review a previous month’s sleep record. The presentations include a scoring explanation and discussion of epochs from the record where significant disagreement existed on the scoring of stages, respiratory events, arousals or limb movements. A new presentation is added to the site each month and is available to users on demand for six months following its posting.

New Resources

The AASM also introduced several new resources to promote the education and training of professionals in the sleep field. The AASM partnered with the Sleep Research Society to publish *A Guide for Developing, Writing, & Implementing Scientific Research Grant Proposals*. The guide provides individuals with the necessary tools for successful grant writing.

The Scoring of Sleep: Sleep Education Tool (SET) is a comprehensive training resource that allows a facility to offer systematic, customizable learning for sleep technologists. The SET enables centers to provide course-based learning - including didactic lectures, pre- and post-tests, and companion material - to a group of technologists. If needed, a board-certified sleep specialist is available to travel to the facility to present the SET.

A Technologist’s Introduction to Sleep Disorders was published by the AASM to help the technologist understand the sleep study in the broader context of sleep medicine. *A Technologist’s Guide to Performing Sleep Studies*, which the AASM published together with the American Association of Sleep Technologists (AASST), provides step-by-step instructions on how to obtain an artifact-free study that conforms to published standards. These individual resources were bound together with *A Technologist’s Handbook*, which the AASM published in 2009, to form the *Essentials of Sleep Technology*. This compilation is a comprehensive reference manual that can be used as a training resource for sleep technologists and as a resource for experienced technologists throughout their careers.

NEW RESOURCES INTRODUCED IN 2010

Category	Resource
Online	SLEEP 2010 Audio Downloads
Online	SLEEP 2010 Online Poster Viewing Site
Online	Online Learning Modules
Online	Sleep Medicine Practice Exam: 2010 Update
Online	Inter-Scorer Reliability Testing Program
Training	Scoring of Sleep: Sleep Education Tool (SET)
Reference	A Guide for Developing, Writing, & Implementing Scientific Research Grant Proposals (AASM/SRS)
Reference	A Technologist’s Introduction to Sleep Disorders
Reference	A Technologist’s Guide to Performing Sleep Studies (AASM/AASST)
Reference	Essentials of Sleep Technology

A-STEP

In 2010 the AASM accredited 17 new providers of the Accredited Sleep Technologist Education Program (A-STEP) Introductory Course and re-approved 22 providers, ending the year with 76 A-STEP providers. A-STEP equips students with the knowledge and skills they need to excel in the profession of sleep technology and prepares them for the registry exam. In 2010, more than 550 students completed the A-STEP Introductory Course, and more than 5,000 individuals completed all 14 of the A-STEP online self-study modules.

Effective Jan. 1, 2011, the AASM will require the completion of 18 online A-STEP Self-Study Modules: the 14 modules that have been required since the program’s inception along with four additional scoring modules that

were introduced in 2009 as a program supplement. Based on student feedback, the AASM determined that the completion of these modules greatly benefits students in their understanding of scoring rules. Requiring the completion of the four additional scoring modules will improve students’ preparation for a career in sleep technology.

BSM Mini-Fellowships

The AASM Mini-Fellowship Program for Behavioral Sleep Medicine (BSM) provides practical training in behavioral sleep medicine to psychologists and other health professionals. The four-week training program includes three weeks of hands-on teaching and a supervised clinical mentorship at an AASM-accredited sleep center. Three fellows completed the program in 2010.

2010 MINI-FELLOWSHIPS FOR BSM

Fellow	Host Site
Lisa Cottrell	Stanford University
Marcia Lindsey	Cleveland Clinic
Nancy Voight	University of Michigan

International Scholars

In 2010 the AASM selected eight candidates for the AASM Mini-Fellowship Program for International Scholars, a four-week program that equips international physicians with practical training in clinical sleep medicine. The objective is to help them improve the quality of sleep-related health care in their home country.

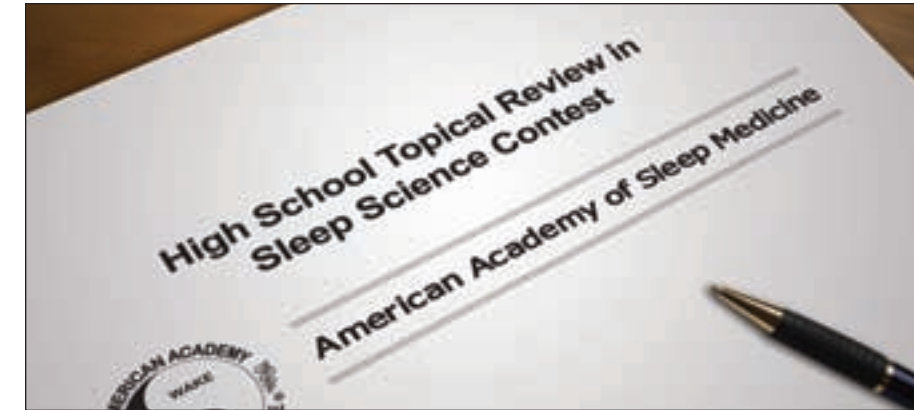
Websites & Social Media

The AASM expanded its online presence, using its websites and current social media tools to keep members informed of news and trends in the sleep field, and to educate the public about sleep and sleep disorders. In 2010 the AASM's public education website at www.sleepeducation.com received 40,000 monthly visits, and the online directory of AASM-accredited member centers at www.sleepcenters.org was visited 17,000 times per month. The

AASM's Sleep Education Blog at <http://www.sleepeducation.blogspot.com/> was a nominee for Best New Medical Weblog as part of the 2009 Medical Weblog Awards, sponsored by Epocrates and conducted by medGadget. The blog has been visited by more than 106,000 individuals from 173 countries and territories around the world. Hundreds of people also began getting timely updates on the latest sleep medicine news by following @AASMOrg on Twitter.

2010 MINI-FELLOWSHIPS FOR INTERNATIONAL SCHOLARS

Fellow	Country	Host Site
Jitendra Kishore Bhargava	India	Beth Israel Deaconess Medical Center
Sandeep Raj Bharna	India	Johns Hopkins Hospital Sleep Disorders Center
Ravi Gupta	India	LDS Hospital Sleep Disorders Center
Talha Saad	India	University of Pennsylvania School of Medicine
Ram Kishun Verma	India	Southwest Cleveland Sleep Center
Hye Eun Seo	Republic of Korea	Harper University Hospital
Gregory Tintinger	South Africa	Sleep Therapy & Research Center
Kiratikorn Vongvaianich	Thailand	Cleveland Clinic



FUTURE IN FOCUS: HIGH SCHOOL TOPICAL REVIEW IN SLEEP SCIENCE CONTEST

A great flame follows a little spark," the Italian poet Dante wrote hundreds of years ago. For 18-year-old Elyssa Schlossberg, that spark came in 2008 when she was a high school sophomore. While flipping through the pages of the October 2008 issue of *Popular Science*, she came across a list of five "Bizarre Sleep Disorders."

Intrigued by the description of sleep paralysis, Schlossberg began to read more about sleep disorders and eventually selected narcolepsy as her topic of interest for a three-year science research program at her school, Milken Community High School in Los Angeles, Calif. One year later, her teacher and research mentor, Roger Kassebaum, gave her a flier that he had received from the American Academy of Sleep Medicine about the

AASM's new High School Topical Review in Sleep Science Contest.

"I was researching narcolepsy, and he thought the contest would be right up my alley," said Schlossberg.

One of about 90 high school juniors and seniors who entered the contest, she prepared and submitted the paper, "Hypocretin: an alternative theory regarding its function in the sleep-wake cycle and its role in narcolepsy."

Schlossberg was selected as a co-winner, along with Apryl Jimenez of Ossining High School in Ossining, N.Y., who submitted the paper, "Temperature and the regulation of the sleep wake cycle: a look at its relationship and considering its role in the performance of adolescents." All of the contest entries were published online in conjunction with the August issue of the *Journal of Clinical Sleep Medicine*.

In addition to winning a U.S. savings bond as a scholarship award, Schlossberg and Jimenez received a trip to SLEEP 2010 in San Antonio, Texas, where they were recognized during the AASM General Membership Meeting on Monday, June 7. Despite the fact that she had

to spend time at her hotel working on a final paper for school and had two final exams to take when she returned home, Schlossberg made the most of her day at the meeting.

She had contacted Dr. Emmanuel Mignot in advance and was able to meet with him for breakfast, and later that afternoon she attended the symposium, "Advances in the Basic Science and Clinical Understanding of Narcolepsy," which was chaired by Dr. Thomas Scammell.

"It was such a great opportunity and experience for me," she said. "It was so interesting to be a witness to the real cutting-edge research that was presented."

The presentations also provided another spark, giving Schlossberg an idea for a new project to undertake. Currently she is following up on the idea by developing a survey for narcolepsy patients.

As a senior, Schlossberg's academic goals include deciding where to attend college next year and, ultimately, going on to medical school. Wherever she goes, her interest in sleep disorders is sure to go with her: What began as a spark is now a flame that will not be easily extinguished.

"I definitely find the sleep disorders really interesting," she said. "I'm not going to throw this experience aside after high school."

In 2011 the second cycle of the contest is being administered by the American Sleep Medicine Foundation. The AASM also is developing lesson plans for teachers and organizing a workshop for educators to help them bring sleep into the classroom.

FOSTERING SLEEP MEDICINE RESEARCH

The AASM is committed to advancing the understanding of sleep and sleep disorders and improving the quality of health care available for sleep disorders patients through strategic scientific research. The AASM established the American Sleep Medicine Foundation (ASMF) in 1998 to support education as well as clinical and basic research. The AASM has invested about \$10.5 million in the ASMF since 1998, providing the funding for all of the foundation's administrative costs and most of the ASMF grants. The ASMF has awarded \$4.6 million in grants since its inception, including \$725,000 in 2010.

Physician Sleep Scientist Training Awards

In 2007 the AASM made a five-year pledge to the ASMF totaling \$1.875 million to support the education and training of sleep scientists through a new initiative: the AASM Physician Sleep Scientist Training Awards. The ASMF will award up to five one-year grants in the amount of \$75,000 each to trainees at ACGME-accredited sleep medicine fellowship programs for research in sleep medicine. The ASMF awarded five Physician Sleep Scientist Training Awards in 2010 – four in the category of Best Science and one to support a fellow for training in sleep medicine research at an AASM Comprehensive Academic Sleep Program of Distinction.

Strategic Research Award

The Strategic Research Award supports up to two, one-year, \$75,000 grants for research that addresses significant knowledge gaps in the field of sleep medicine. Two grants were awarded for the 2010 cycle.

Educational Projects Award

The Educational Projects Award supports up to two, one-year, \$75,000 grants for research that focuses on sleep in medical school education. Two grants were awarded for the 2010 cycle.

ABSM Junior Faculty Research Award

The ASMF received a generous contribution of \$2 million from the American Board of Sleep Medicine (ABSM) for the creation of an endowment that will support multiple

grant opportunities. The ASMF board of directors decided to devote this contribution to the research training of clinical sleep fellows. The first of these opportunities is the ABSM Junior Faculty Research Award, which is only the beginning of a long-term, multi-faceted grant program that will be funded by this endowment. The award assists new faculty in the development of a career in academic sleep medicine. One two-year, \$50,000 grant was awarded for the 2010 cycle.

Academic Sleep Programs of Distinction

The AASM Comprehensive Academic Sleep Programs of Distinction is an initiative to recognize academic sleep

programs that have demonstrated excellence through compliance with rigorous standards in the areas of clinical service, educational mission and research accomplishments. The program is a step toward the broad goal of independent, interdisciplinary academic units within every medical school in the U.S. The initiative enables recognized programs to compete, on an annual basis, for a one-year ASMF grant that supports a fellow for training in sleep medicine research. All recognized programs also receive an annual grant that provides travel assistance to the SLEEP annual meeting for one fellow. In 2010 the AASM announced the recognition of the fourth AASM Comprehensive

Academic Sleep Program of Distinction: the Wayne State University Sleep Disorders Program.

Young Investigator Award

The AASM recognizes the critical role of young investigators in the field and encourages these scientists to pursue new research opportunities. At SLEEP 2010 the AASM recognized the outstanding efforts of young investigators in the field of sleep research with the Young Investigator Award and the Young Investigator Honorable Mention Award.

2010 ASMF AWARDS

Recipient	Institution	Proposal	Award
Ron Anafi, MD, PhD	University of Pennsylvania	"Phase coordination in the transcriptional control of circadian rhythms"	PSTA – Best Science
Oleg Chernyshev, MD, PhD	LSU Health Science Center – Shreveport	"The cardiopulmonary study as an early sleep apnea screening tool in acute ischemic stroke"	PSTA – Best Science
Yo-Ei Ju, MD	Washington University School of Medicine	"Preclinical executive dysfunction in idiopathic REM sleep behavior disorder"	PSTA – Best Science
Diane Lim, MD	University of Pennsylvania	"CHOP-C/EBP basis of hippocampal memory impairment and injury in sleep apnea"	PSTA – Best Science
Brian Abaluck, MD	Brigham & Women's Hospital	"Changes in cognition across internship"	PSTA – Program of Distinction
Janine Hall, PhD	St. Luke's Hospital	"Hypnotic medications and sleep-dependent memory consolidation: The effect of variable drug exposure during the night"	Strategic Research
Lynn Marie Trotti, MD	Emory University	"Clarithromycin for the treatment of hypersomnia"	Strategic Research
Alon Avidan, MD	University of California	"Sleep DOVE (Distant Online Virtual Education)"	Educational Projects
Charlene Gamaldo, MD	Johns Hopkins University	"Developing an interactive educational supplement for undergraduate course in sleep"	Educational Projects
Ina Djonlagic	Brigham & Women's Hospital	"Predictors of sleep-dependent memory consolidation in obstructive sleep apnea"	ABSM Junior Faculty Research

AASM COMPREHENSIVE ACADEMIC SLEEP PROGRAMS OF DISTINCTION

Program	Year
Wayne State University Sleep Disorders Program	2010
University of Michigan Center for Sleep Science	2009
Brigham & Women's Hospital Division of Sleep Medicine	2008
University of Louisville Sleep Fellowship Program	2008

2010 YOUNG INVESTIGATOR AWARDS

Recipient	Institution	Abstract	Award
Siobhan Banks, PhD	University of South Australia	"Effect of sleep dose on recovery sleep stage and slow wave energy dynamics following chronic sleep restriction"	Young Investigator Award
Annette Fedson	University of Western Australia	"Cardiovascular and associated morbidity comparisons between obstructive sleep apnea patients and general population controls using Western Australian linked health data"	Honorable Mention
September Hesse	Morehouse School of Medicine	"Sex chromosome complement has influences on rapid eye movement sleep rebound from forced wakefulness"	Honorable Mention
Judette Louis, MD, MPH	MetroHealth Medical Center	"Associations between anti-angiogenic proteins with overnight hypoxemia and sleep disorder breathing in pregnancy"	Honorable Mention
Jeanne Maglione, MD, PhD	University of California Los Angeles	"Depressive symptoms and subjective and objective disturbances in sleep in community-dwelling older women"	Honorable Mention

2010 - 2011 MEMBERSHIP SECTION CHAIRS

Chair	Section
Oliviero Bruni, MD	Childhood Sleep Disorders and Development
James Wyatt, PhD	Circadian Rhythms
Ryan G. Wetzler, PsyD	Insomnia
Arthur S. Walters, MD	Movement Disorders
Eve Rogers, MD	Narcolepsy
Milena Pavlova, MD	Parasomnias
Siobhan Banks, PhD	Sleep Deprivation
Kannan Ramar, MD	Sleep Related Breathing Disorders

Membership Section Chairs

The eight AASM membership sections promote the understanding of sleep and sleep disorders by providing opportunities for members to discuss the latest findings and developments in sleep medicine and sleep research. Each section has its own online discussion forum on the AASM website and holds an open meeting during the SLEEP annual meeting. AASM members may participate in all of the sections but must designate one "Primary Section" in which they may vote and hold office. The voting membership for each section elects a section chair each year.

Section Investigator Awards

Each AASM membership section had the opportunity to select the best abstract that was submitted in its area for SLEEP 2010. Authors of the selected abstracts received a monetary award and had the opportunity to present their abstracts at the section meetings during the annual meeting.

Journals

The Associated Professional Sleep Societies (APSS) LLC, a joint venture of the AASM and the Sleep Research Society, published the 33rd volume of *SLEEP*. According to Journal Citation Reports statistics, the 2009 impact factor for *SLEEP* is 5.402.

This is the highest impact factor in the journal's history and ranks *SLEEP* first among all original-science sleep journals. The five-year impact factor for *SLEEP* is 5.949, which is also first among all original-science sleep journals. The impact factor for *SLEEP* has continuously risen over the past decade; in 1998 the impact factor was 1.880 and in 2000 it was 3.168.

The APSS launched a redesigned website for *SLEEP*, which will transition to a digital publication beginning in 2011 with volume 34. The journal's website at <http://www.journalsleep.org> incorporates a variety of new and improved features. Tabs within an article now allow readers to move easily from the abstract to full text, to references, and to the PDF version of a paper. Figures and tables are easy to enlarge and read, and references within an article are hyperlinked. A new bookmarking feature also enables readers to keep track of their favorite articles or come back to an article that they have not finished reading.

The APSS also launched a new Kindle edition of *SLEEP* for Kindle wireless reading devices and Android phones through Amazon Digital Services. The Kindle edition of *SLEEP* contains the same articles and content found

in the online edition, including all tables, charts and images, which are formatted for e-readers. For monthly subscribers the Kindle journal is auto-delivered wirelessly when each online issue is published. Journal issues also can be purchased individually. Kindle for Android is a free application for Android phones that allows users to read the color Kindle edition of *SLEEP* with high-resolution color images – no Kindle is required. Simply search for "Kindle" in the Android Market on any phone with Android OS 1.6 or higher. Kindle magazines and journals are not currently available for Kindle for BlackBerry, for iPad, iPhone, iPod Touch or Windows Phone 7; *SLEEP* will be offered on these platforms when available.

The AASM published the sixth volume of the *Journal of Clinical Sleep Medicine*. Each issue of *JCSM* contains new scientific investigations that are of direct relevance to the sleep specialist, along with additional articles such as case reports and sleep pearls that highlight unique or important findings. AASM clinical guidelines and best practice guides published in *JCSM* also ensure that sleep specialists stay up to date on the latest practices in sleep medicine.

Second AASM Young Investigator Research Forum

The AASM hosted the second Young Investigator Research Forum April 14 to 15, 2010, at the NIH Natcher Conference Center in Bethesda, Md. The Forum aids the career development and shapes the career plans of promising young investigators in clinical and translational sleep research. Twenty-one attendees had the opportunity to listen to NIH program officers regarding areas of research emphasis, team science and core competencies in sleep disorders

2010 AASM SECTION INVESTIGATOR AWARDS

Recipient	Institution	Abstract	Section
Angela R. Jackman	University of Melbourne	"Discrepancy between cognitive and behavioral profiles of young children with sleep-disordered breathing"	Childhood Sleep Disorders and Development
Tina M. Burke	University of Colorado at Boulder	"Interactions between cognitive work and homeostatic, circadian, and sleep inertia processes on subjective sleepiness, alertness, and motivation"	Circadian Rhythms
Ketan Satish Deoras	University of Arizona	"Using actigraphy to measure the effects of selective serotonin reuptake inhibitors on night-to-night variability in awakenings"	Insomnia
Daniel B. Kay	University of Florida	"Parkinson patients care about improving their sleep difficulties: Do we care?"	Movement Disorders
Yo-Ei Ju, MD	Washington University School of Medicine	"Sex ratio, antidepressants, and autoimmunity in REM sleep behavior disorder"	Parasomnias
Kimberly Hutchison, MD	Kimberly Hutchison, MD	"Neural correlates of adaptation to sleep deprivation in obstructive sleep apnea – a pilot study"	Sleep Deprivation
Rayleigh Ping-Ying Chiang, MD	Shin Kong Wu Ho-Su Memorial Hospital	"Abnormal afferent nerve endings in the uvulae of patients with obstructive sleep apnea"	Sleep Related Breathing Disorders

clinical research. The attendees also made a presentation of their research.

Guide for Scientific Research Grant Proposals

A Guide for Developing, Writing, & Implementing Scientific Research Grant Proposals was published jointly by the AASM and the Sleep Research Society in 2010. Editor Clete A. Kushida, MD, PhD, developed the *Guide* to provide individuals with the necessary tools for successful grant writing. The 136-page *Guide* includes a collection of core competencies for clinical sleep disorders research for trainees with expansion on how to develop, write and implement scientific research grants. It is a useful tool for postgraduate students, residents, fellows and trainees, as well as junior faculty, and PhD and MD students. The primary focus of the *Guide* is for National Institutes of Health (NIH) grants; however, individuals applying for Veterans Affairs, industry and research-related grants also will find this publication to be helpful.

2010 YOUNG INVESTIGATOR RESEARCH FORUM ATTENDEES

Attendee	Location
Folu Akinnusi, MD	Buffalo, N.Y.
Bilgay Izci Balserak, PhD	Philadelphia, Pa.
Rakesh Bhattacharjee, MD	Toronto, Ontario
Eilis Boudreau, MD, PhD	Portland, Ore.
Francesca Facco, MD	Chicago, Ill.
Kelly Glazer Baron, PhD	Chicago, Ill.
Michael Grandner, PhD	Philadelphia, Pa.
Carla Jungquist, RN-C, PhD	Rochester, N.Y.
Diane Lim, MD	Philadelphia, Pa.
Abid Malik, MD	Garden City, Kan.
Ashwin Mehta, MD	Miami, Fla.
Theodore Omachi, MD	San Francisco, Calif.
Thomas Rice, MD	Thomas Rice, MD
Neomi Ashwin Shah, MD	Bronx, N.Y.
Katherine Sharkey, MD, PhD	Providence, R.I.
Providence, R.I.	Boston, Mass.
David Strayhorn, MD, PhD	St. Louis, Mo.
Jennifer Teske, PhD	St. Paul, Minn.
Wendy Troxel, PhD	Pittsburgh, Pa.
Aleksandar Videnovic, MD	Chicago, Ill.
Fahd Zarrouf, MD	Anderson, S.C.

TIMELINE: AASM & MODERN SLEEP MEDICINE

1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992

- 1975** The Association of Sleep Disorders Centers (ASDC) is formed - later to become the American Academy of Sleep Medicine (AASM).
- 1977** AASM grants accreditation to a sleep center for the first time.
- 1978** AASM and the Sleep Research Society (SRS) publish the first issue of the peer-reviewed, scientific journal *SLEEP*.
- 1978** AASM begins to administer board certification in "clinical polysomnography."
- 1986** More than 700 people attend a joint annual meeting of professional sleep societies in Columbus, Ohio – later to become the SLEEP Annual Meeting of the Associated Professional Sleep Societies LLC (APSS).
- 1989** AASM begins to accredit fellowship training programs in sleep medicine.
- 1990** AASM publishes *The International Classification of Sleep Disorders: Diagnostic and Coding Manual (ICSD)*.
- 1991** AASM forms the independent American Board of Sleep Medicine (ABSM), which assumes responsibility for the administration of the board certification exam in sleep medicine.

- 1992** AASM publishes its first practice parameters paper.
- 1995** American Medical Association (AMA) recognizes sleep medicine as a self-designated practice specialty.
- 1997** AMA grants the AASM a seat in its House of Delegates.
- 1997** Accreditation Council for Continuing Medical Education (ACCME) accredits the AASM as a sponsor of continuing medical education for physicians.
- 1998** AASM establishes the Sleep Medicine Education and Research Foundation – later to become the American Sleep Medicine Foundation (ASMF).
- 2003** AASM administers first certification exam in behavioral sleep medicine.
- 2003** Accreditation Council for Graduate Medical Education (ACGME) formally recognizes sleep medicine as an independent subspecialty.
- 2004** ACGME approves program requirement for residency education in sleep medicine training.

1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010

- 2005** Louisiana becomes the first state to enact a licensure law for the profession of sleep technology.
- 2005** AASM publishes the *ICSD-2*.
- 2005** AASM publishes the first issue of the *Journal of Clinical Sleep Medicine*.
- 2005** AASM launches a public education website at <http://www.sleepeducation.com>.
- 2006** The Centers for Medicare & Medicaid Services and the National Uniform Claim Committee recognize sleep medicine as a medical subspecialty with a Level III Health Care Provider Taxonomy Code.
- 2006** Number of AASM-accredited sleep disorders centers and laboratories for sleep related breathing disorders surpasses 1,000.
- 2007** AASM publishes *The AASM Manual for the Scoring of Sleep and Associated Events: Rules, Terminology and Technical Specifications*.
- 2007** The board examination in sleep medicine is administered for the first time by member boards of the American Board of Medical Specialties (ABMS).
- 2007** AASM membership surpasses 7,000 individuals.
- 2008** AASM recognizes the first AASM Comprehensive Academic Sleep Program of Distinction.
- 2009** AASM launches the Sleep Education Blog at <http://www.sleepeducation.blogspot.com>.
- 2009** AASM holds the inaugural AASM Young Investigator Research Forum at the National Institutes of Health in Bethesda, Md.
- 2010** AASM moves into its new national headquarters in Darien, Ill.
- 2010** Number of AASM-accredited sleep disorders centers and laboratories for sleep related breathing disorders surpasses 2,000.
- 2010** More than 5,000 people attend SLEEP 2010, the 24th Annual Meeting of the APSS in San Antonio, Texas.
- 2010** AASM membership surpasses 9,000 individuals.

FINANCIAL OVERVIEW

Historically the AASM board of directors has taken a conservative and disciplined approach to the management of the organization's finances. This prudence has enabled the AASM to make significant investments in initiatives and programs that are critical to the sleep field without increasing membership dues, which remain among the lowest of any medical association.

The AASM's fiscal responsibility has been invaluable as the U.S. and global markets have struggled to recover from a prolonged economic recession. Despite the challenges associated with operating in times of economic uncertainty, the AASM remains in a position of financial stability entering 2011. This is a testimony both to the AASM's resource management and to its strong, growing and loyal membership.

Although final accounting reports for the 2010 fiscal year were not yet available at the time of this report's preparation, unaudited projections and highlights are provided below. An updated, complete and audited financial report will be presented to members at the AASM General Membership Meeting at SLEEP 2011 this June in Minneapolis, Minn.

Current projections estimate the AASM's operating revenue to be \$11.5 million in 2010. The foundation for the AASM's financial strength is the diversity of its revenue streams. In 2010 no source of income supplied more than 25 percent of the AASM's overall revenue. Rather, multiple sources of revenue, including membership, educational

product sales, accreditation, and education and continuing medical education (CME), contributed to the organization's fiscal health.

Current projections estimate the AASM's expenses to be \$8.6 million in 2010. The AASM invests generously in expanding professional education opportunities for members, which include high-quality courses and online learning, as well as resources and references for research, instruction and clinical practice. Through the activities of the board of directors and the national office, the AASM also invests significantly in health policy initiatives and advocacy efforts to address legislative matters and policy issues that affect every member. In 2010 the AASM again reinforced its commitment to the future of sleep medicine by pledging \$810,000 to support the grant programs of the American Sleep Medicine Foundation. This pledge will support critical research, foster the careers of young investigators in the field and promote the continued advancement of sleep science.

In 2010 the AASM moved into its new, state-of-the-art national office in Darien, Ill. Construction of the \$5.5 million building was the most significant expenditure in the AASM's 35-year history. However, because of the AASM's sound economic stewardship, the costs associated with purchasing the land and constructing the office were transferred in full from healthy cash reserves. Furthermore, the AASM was able to capitalize on the downturn in the real estate and construction industries, which allowed the project to be completed on time and under budget. The national office is an investment that will be a valuable, long-term asset for the AASM and its members.

Because of current economic uncertainties in the U.S., the board of directors exercised caution in planning the AASM's 2011 budget. Yet the AASM continues to have the financial resources that will be needed to fund the projects that are most important to members and to the field of sleep medicine. In 2011 the AASM will continue to be proactive in developing and implementing new initiatives and programs to help members thrive in their profession.

FROM THE PRESIDENT: LOOKING AHEAD

This report clearly shows that after 35 years, the AASM continues to be the leader in setting standards and promoting excellence in sleep medicine health care, education and research. However, rather than being content with our present status, in 2011 the AASM must focus on the future to advance sleep medicine today.

How do we accomplish this? First, we prepare for changes that will alter the landscape of clinical medicine in the coming years. Although it is impossible to predict fully the effect that legislative reform and technological advances will have on sleep medicine, the AASM will continue to anticipate these changes, understand what they mean for our members, and address them accordingly.

I will continue to work closely with the AASM Presidential Task Force on the Future of Sleep Medicine, the Practice Development and Advisory Council, and the Coding and Compliance Committee, all of which are expert groups that will offer valuable input and perspective as we consider our future directions as an organization.

Additionally, the Sleep Apnea Definitions Task Force is modifying the respiratory rules of the *AASM Manual for the Scoring of Sleep and Associated Events*; revising the classification system for limited-channel monitoring devices based on the type of data recorded; and developing a clinical guideline on management strategies for the use of portable monitors, which will include

scoring methodology. Their efforts will produce a wealth of practical recommendations that will help guide sleep specialists in the years ahead.

In addition to publishing valuable recommendations and guidelines for sleep clinicians, the AASM will continue to promote the highest quality of medical care for sleep disorders patients through accreditation. The AASM is in the early stages of developing new accreditation programs: out-of-center accreditation for sleep centers that utilize unattended portable monitoring, and an integrated accreditation that combines multiple AASM accreditation programs.

When assessing the future of sleep medicine, it also is inevitable that we must look at the resources and opportunities available for our members as medicine moves toward comprehensive care and chronic disease management models that are designed to enhance our efficiency in diagnosing and treating patients. With this shift in care models, the AASM will continue to evaluate how the development of a patient registry specific to sleep could help us understand the prevalence of chronic and co-morbid diseases in our patients and gauge the effectiveness of specific medical treatments by tracking the outcomes of these therapies to support treatment decisions. The data from a registry also could provide longitudinal records of patient encounters, which would yield unprecedented opportunities for research.

Regarding the future of sleep research, the AASM will continue to provide critical grant support at a time when funding is severely limited. In 2011 the AASM is projected to invest \$1.4 million in the American Sleep

Medicine Foundation to fund the administration of the ASMF's research grant programs and educational initiatives. At the same time, the AASM will work collaboratively with the Sleep Research Society (SRS); the National Center on Sleep Disorders Research (NCSDR); and the National Heart, Lung, and Blood Institute (NHLBI) to promote sleep research at a national level. As an organization, we also will consider a model for translational research, examining ways to leverage our resources to address topical areas of critical importance to our field, and to spur the development of new diagnostic and therapeutic tools for sleep providers.

Focusing on the future also means that the AASM will take advantage of current technology to develop innovative tools for the education and development of sleep specialists and other professionals in the sleep field.

In 2011 a redesign of the AASM website at www.aasmnet.org includes an expanded and enhanced AASM Online Learning Center, where practice exams and new learning modules are available on-demand for your convenience. Online learning modules include lectures from AASM courses, AASM workshops and training modules, and lectures covering the basics of sleep medicine. Each learning module has a streaming video presentation, educational references and a post-test that you can take for continuing medical education (CME) credit.

Also in 2011 the journal *SLEEP*, a joint publication of the AASM and the SRS, transitions to a digital publication. New and improved features on the journal's recently redesigned website at www.journalsleep.org make it easier for you to access and utilize

the research published in the premier scientific journal for the sleep field.

Additional journal options currently being developed will allow you take *SLEEP* wherever you go using your e-reader or smart phone. The first of these new editions of *SLEEP* to be released in 2011 is the Kindle edition for your Kindle wireless reading device or Android phone. When you subscribe to the Kindle edition, the journal is auto-delivered wirelessly when each online issue is published. I expect that there will be many more AASM resources in the future that will be compatible with your smart phone, e-reader or tablet.

Finally, to focus on the future means that the AASM will be focusing on the needs of our members, who represent the future of the field. With an enthusiastic and engaged membership, a dedicated board of directors and talented staff, the AASM will continue to advance the fields of sleep medicine and sleep research in 2011 and beyond.

Sincerely,



Patrick J. Strollo Jr., MD