

AND UPDATES

MEDICINE NEWS

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Journal of Clinical Sleep Medicine

SLEEP 2011 Marks 25th Anniversary Meeting of the APSS

For 25 years, the SLEEP Annual Meeting of the Associated Professional Sleep Societies LLC (APSS) has served as the leading event for the fields of sleep medicine and sleep research. Since the first meeting of the APSS in 1986, attendance has grown from less than 750 to more than 5,800, illustrating the extent to which the field has progressed in this time.

On June 11–15, 2011, the APSS will celebrate its 25th Anniversary Meeting at the Minneapolis Convention Center in Minneapolis, Minn. Members are encouraged to attend this historic milestone and participate in educational sessions that will highlight the most significant advances in the field. SLEEP 2011 will feature more than 100 sessions and courses covering clinical and research topics as well as more than 1,000 scientific abstracts as oral and poster presentations. The meeting will begin with two days of postgraduate courses and will be followed by the SLEEP 2011 general session beginning at 1 p.m. Sunday, June 12, 2011.

More information about SLEEP 2011 can be found on the meeting's website at www.sleepmeeting.org. Questions about SLEEP 2011 may be directed to the APSS meeting department by sending an e-mail to sleepmeeting@apss.org or calling 630-737-9700.

Attend the SLEEP 2011 Silver Jubilee Reception in Minneapolis

In celebration of the 25th Anniversary Meeting of the APSS, a Silver Jubilee networking reception will be held at SLEEP 2011 on the evening of Sunday, June 12, 2011, from 6 p.m. – 7:30 p.m. at the Minneapolis Convention Center. Tickets are \$50 per person and include an extensive selection of hors d'oeuvres throughout the evening, two drink tickets and live jazz music. Proceeds from the reception will support the American Sleep Medicine Foundation (ASMF) and the Sleep Research Society Foundation (SRSF). In 2010, this networking event sold out; register early to ensure that you are able to attend. Tickets may be added at the time of your meeting registration; learn more at www.sleepmeeting.org/reception.aspx.

AASM Introduces Accreditation for Out of Center Sleep Testing

The AASM announced a new program, Accreditation of Out of Center Sleep Testing for Adult Patients, to meet the changing needs of members, sleep disorders centers, and the sleep medicine field. The application and the Standards for Accreditation of Out of Center Sleep Testing in Adult Patients are available on the AASM website at www.aasmnet.org/outofcenteraccred.aspx.

To receive accreditation for out of center sleep testing, sleep disorders centers currently accredited by the AASM only need to complete and return the attestation form that was previously sent by e-mail to the sleep center's primary contact. Completed attestation forms should be submitted to the AASM Accreditation Department by fax at 630-737-9790 or by e-mail at ocstaccreditation@aasmnet.org.

CMS Approves AASM Request for a Medicare Physician Specialty Code for Sleep Medicine

In late January the Centers for Medicare & Medicaid Services (CMS) notified the AASM that it will be establishing a Medicare physician specialty code for sleep medicine. The letter noted the important work that sleep medicine physicians provide for Medicare beneficiaries and stated that the request submitted by the AASM met all of the criteria for approval.

In the request that the AASM sent to CMS in September 2010, the AASM pointed out that board-certified sleep specialists have been prevented from participating in some formal Contractor Advisory Committee activities because sleep medicine was not recognized as a Medicare specialty. The AASM also explained that the practice pattern of sleep medicine is markedly different from the six "parent" specialties that provide entry to the field, emphasizing that current data used to determine relative value units (RVUs) for sleep diagnostic services identify an array of medical specialists without identifying those physicians who specifically practice in the specialty of sleep medicine.

CMS noted that the establishment of a physician specialty code for sleep medicine will require changes to its enrollment and claims processing systems. Therefore, it is expected that the change will be implemented no sooner than October 2011. The AASM will provide members with additional details as they become available.

AASM Online Learning Center has New Learning Modules Available on Demand

The recently updated AASM Online Learning Center now offers education on demand with a wide assortment of learning modules and practice exams. The new online learning modules include presentations from AASM courses and workshops such as The Business of Sleep Medicine: Making Medicare More Meaningful in 2011, as well as training modules and lectures covering the basics of sleep medicine. Select from topics such as insomnia, sleep apnea, portable monitoring, interpretation of sleep studies, and scoring of sleep recordings.

Each learning module has a streaming video presentation, educational references and a post-test for continuing medical education (CME) credit. For your convenience you can purchase access to a learning module for either three days or 30 days. You may view the streaming video presentation within an online learning module as many times as you like until your access expires. Learning modules are compatible with iPhone and iPad.

The practice exams comprise three sleep study scoring tests and a six-part Sleep Medicine Practice Exam, which will help you prepare for the sleep medicine subspecialty board certification exam. Once you have purchased a practice exam you will have unlimited access to it, and you may retake the exam as many times as you like.

AASM Urges Congress to Maintain Appropriate NIH Funding Levels

The AASM submitted a statement to the U.S. House of Representatives Energy and Commerce Committee's Subcommittee on Health regarding the President's proposed FY2012 budget for the Department of Health and Human Services (HHS). The AASM stated that it supports funding levels for the National Institutes of Health (NIH) that will allow the careful continuation of the current research agenda and urged Congress to recognize the value of the NIH as an incubator for advancing scientific and health-care knowledge. The AASM cautioned that implementing across-the-board budget cuts could stop prominent, patient-oriented research in mid-stream, creating a gap in the research field. The AASM will send a similar statement to the Senate.

AASM & SRS Urge U.S. Dept. of Veterans Affairs to Focus on Sleep Disorders in Gulf War Veterans

A representative of the AASM and the Sleep Research Society (SRS) appeared before the U.S. Department of Veterans Affairs Research Advisory Committee on Gulf War Veterans' Illnesses and submitted a letter urging the Committee to focus on sleep care research associated with the nation's veterans. The letter noted the prevalence of sleep complaints and sleep disorders such as obstructive sleep apnea (OSA) in Gulf War veterans and explained that the role of sleep disruption as a modifiable risk factor of PTSD in Gulf War illnesses remains scarcely investigated. The letter requested that the Committee "consider including specific language on the critical role of sleep research and sleep care in improving health consequences when providing advice and making recommendations to the Secretary of Veterans Affairs on strategies relating to research into the health consequences of military service in the Southwest Asia theater of operations during the Gulf War."

AASM Submits Comments to HHS & AHRQ Focusing on Sleep and Prevention

The AASM and Sleep Research Society (SRS) submitted a joint comment to the U.S. Department of Health and Human Services (HHS) regarding its draft National Prevention Strategy. The comment advised that the strategy's Strategic Directions should be expanded to include healthy sleep, recognizing the reality of poor sleep as a readily identifiable and modifiable risk factor associated with the leading causes of death.

The AASM also submitted a comment to the Agency for Healthcare Research and Quality (AHRQ) regarding its draft

technology assessment (TA), "Lifestyle Interventions for Four Conditions: Type 2 Diabetes, Metabolic Syndrome, Breast Cancer, and Prostate Cancer." The AASM expressed concern that the TA only looked at the relationship between physical activity and diet as modifiable risk factors that may impact onset or progression of disease, ignoring the well-established relationship between sleep and diabetes and metabolic syndrome. The AASM strongly encouraged consideration of sleep modification as an integral lifestyle element that needs to be incorporated in the TA and added as a related topic for future research.

AASM Comments on Washington State Health Technology Assessment of Sleep Apnea

The AASM submitted comments in response to the Washington State Health Care Authority Health Technology Assessment Program on Sleep Apnea Diagnosis and Treatment. The AASM noted that there is an essential patient care benefit in identifying people with OSA and providing the related treatment for this chronic medical condition, outlined some of the connections between OSA and comorbid conditions, and emphasized that the sleep physician has an essential role in the diagnosis and treatment of OSA.

2011 ABMS Sleep Medicine Certification Exam: Final Opportunity for Practice Pathway Applicants

The 2011 American Board of Medical Specialties (ABMS) sleep medicine certification exam will be offered Nov. 10, 2011, by five member boards of the ABMS:

- American Board of Family Medicine (ABFM)
- American Board of Internal Medicine (ABIM)
- American Board of Otolaryngology (ABOto)
- American Board of Pediatrics (ABP)
- American Board of Psychiatry and Neurology (ABPN)

The 2011 ABMS sleep medicine exam is the final opportunity for physicians to apply under the Practice Pathway. Therefore, the AASM recommends that all eligible individuals sit for the 2011 exam. After this year, all first-time applicants will be required to complete a formal sleep medicine fellowship program before sitting for the exam.

To register for the 2011 sleep medicine exam, physicians must submit an application through the board in which they hold their primary certification. Please consult the website of the appropriate board for more details, including registration dates and requirements.

Attend the AASM Board Review for the Sleep Specialist Course

The average passing rate of the previous American Board of Medical Specialties (ABMS) sleep medicine certification exams is less than 75 percent. So the AASM recommends that exam applicants begin their preparations well in advance. In order to provide members with board preparation resources for this final Practice Pathway exam, the AASM will offer several *Board Review for the Sleep Specialist* courses leading up to the 2011 exam. The final courses scheduled for 2011 are:

- Aug. 12-14, 2011, in Denver, Colo.
- Sept. 9–11, 2011, in Reston, Va.

Additionally, on the Thursday before each course, two halfday companion courses will be held focusing on scoring and

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basic science. Get complete details on the AASM website at www.aasmnet.org/UpcomingCourses.aspx.

Order the Board Review for the Sleep Specialist Course Archive CD-ROM

If you are unable to attend the AASM's *Board Review for the Sleep Specialist* course, then you can order the course's full content on a CD-ROM archive that includes MP3 audio files of the speaker presentations from the March 17–20, 2011, courses, as well as PDFs of all course PowerPoint presentations for review on your computer. The MP3 files included on this CD-ROM allow you to download files to your MP3 player, listen to presentations at your convenience through the use of audio bookmarking, and burn files to CD for use on-the-go.

The CD-ROM includes content from the AASM *Board Review for the Sleep Specialist* course as well as the two half-day companion courses: the AASM *Intensive Scoring Review* course and the SRS *Basic Science of Sleep for the Sleep Specialist* course. Over 25 hours of material! Order your copy to-day by going to the AASM website at www.aasmnet.org/store/OrderboardReview.aspx.

New Oral Appliance Therapy for OSA LCDs Published

The four area DME MACs published draft Local Coverage Determinations (LCDs) addressing oral appliance therapy for obstructive sleep apnea. These four policies took effect Jan. 3, 2011:

- CIGNA Government Services LCD (L28620)
- NHIC LCD (L28603)
- National Government Services LCD (L28601)
- Noridian Administrative Services LCD (L28606)

The LCDs clearly outline the role of the referring physician (MD or DO) in the delivery of oral appliance therapy:

- The patient must have a face-to-face clinical evaluation by the physician prior to the sleep test to assess the patient for OSA.
- The device must be ordered by the treating physician following the review of the report of the sleep test.

The LCDs additionally require that the physician (MD or DO) interpreting the sleep test hold either:

- ABSM sleep medicine certification;
- ABMS sleep medicine certification;
- Completed ABMS member board approved residency or fellowship training who has completed all requirements for sleep medicine certification; or
- Active staff membership of a sleep center or lab accredited by either the AASM or The Joint Commission.

Also noteworthy, the LCDs indicate that no aspect of a home sleep test (HST) may be performed by the dentist supplying the oral appliance. This includes but is not limited to delivery and/ or pickup of the device. Please read the LCDs in their entirety, as this article provides only a brief summary.

Prepare for the Transition to ICD-10

Effective Oct. 1, 2013, diagnostic coding in all health-care settings will change from the International Classification of Diseases Ninth Revision (ICD-9) to the Tenth Revision (ICD-10). The biggest differences between ICD-9 and ICD-10 are:

• There are more codes: ICD-10 has approximately 70,000 codes, while ICD-9 has approximately 14,000 codes.

• The format is different: ICD-10 codes are all alpha-numeric and range from 3 to 7 characters, while ICD-9 codes are primarily numeric and are 5 digits or less.

To help facilitate the transition, General Equivalence Mappings (GEMs) have been developed to convert data from ICD-9 to ICD-10 and vice versa. Get more information on the transition from ICD-9 to ICD-10 and find a full listing of the 2011 version of the GEMS on the CMS website at https://www.cms.gov/ICD10/.

To accommodate the changes to the code structure resulting from this transition, CMS is requiring an update to the transaction standards used for electronic health-care claims. The current standards, Version 4010/4010A, must be upgraded to Version 5010 by Jan. 1, 2012. CMS recommends establishing a timeline for setting up and testing your Version 5010 system. It is recommended that health-care providers perform internal testing of their Version 5010 system throughout 2011 to resolve any issues and avoid any delays in payment due to system problems. For more information about the transition to Version 5010 and for detailed instructions on how to prepare for the transition, visit the Get Ready 5010 website at www.getready5010.org.

AASM Congratulates New Fellow Members

Fellow status in the AASM is a unique honor that recognizes special competency in sleep medicine and significant contributions to the field. The AASM is pleased to welcome the following new Fellow Members:

- Jeffrey M. Ellenbogen, MD, FAASM
- Atul Malhotra, MD, FAASM
- Rene Sanchez-Borrero, MD, FAASM

If you are interested in becoming a Fellow member of the AASM, please review the requirements on the AASM website at www.aasmnet.org/Articles.aspx?id=292. All required documentation should be submitted to the AASM Membership Department. Please contact the AASM national office at 630-737-9700 if you have any questions regarding your membership status.

Social Media: Stay Connected with the AASM

Stay connected with the AASM online and participate in ongoing discussions about sleep and sleep disorders by following the AASM on Facebook, Twitter, LinkedIn and the Sleep Education Blog. AASM members also can view and post comments in the Member's Discussion Forum when you log in on the AASM website at www.aasmnet.org.

ABSM Announces New Sleep Technologist Certification Exam

The American Board of Sleep Medicine (ABSM) announced a new Sleep Technologist Certification Examination, with the inaugural exam to be offered in November 2011. The primary goal of the ABSM is to offer a certification examination for sleep technologists based on a blueprint reflective of the day-to-day professional responsibilities of sleep technologists in the sleep center setting and instruction received from available didactic programs.

CDC Issues Reports on Unhealthy Sleep-Related Behaviors & Short Sleep Duration

In the Morbidity and Mortality Weekly Report (MMWR), the Centers for Disease Control and Prevention (CDC) reported on an analysis of data from a new sleep module added to the Behavioral Risk Factor Surveillance System (BRFSS) in 2009. This analysis determined that, among 74,571 adult respondents in 12 states, 35.3 percent reported sleeping less than seven hours on average during a 24-hour period; 48 percent reported snoring; 37.9 percent reported unintentionally falling asleep during the day at least one day in the preceding 30 days; and 4.7 percent reported nodding off or falling asleep while driving in the preceding 30 days.

The CDC also reported on an analysis of data from the 2005 - 2008 National Health and Nutrition Examination Survey (NHANES), which found that at least one third of U.S. residents do not get enough sleep on a regular basis, and this impairs their ability to perform daily tasks. Results show that 37.1 percent of U.S. adults reported regularly sleeping less than seven hours per night. Among six sleep-related difficulties assessed, the most prevalent was not being able to concentrate on doing things, reported by 23.2 percent of U.S. adults.

Safety and Efficacy of Hypnotic Drugs Workshop is May 10-11

The U.S. Food and Drug Administration (FDA) Division of Neurology Products, in conjunction with the Pharmaceutical Education & Research Institute Inc. (PERI), will host the Safety and Efficacy of Hypnotic Drugs workshop May 10-11, 2011, at the Bethesda Marriott Hotel in Bethesda, Md. The first day of the workshop will focus on the definition of insomnia, study population selection, end-points and efficacy assessments. The second day will center on the safety of insomnia drugs, in particular on the assessment of next-day function, including psychomotor vigilance and driving testing. For more information visit the PERI website at www.peri.org or send an e-mail to info@peri.org. To register for this workshop (course #Y26), call the PERI Registrar at 703-276-0178. AASM members can receive a \$100 discount off published course rates by using the registration code "AASMY26" when you register by phone.

NIH Announces Grant Opportunities

A funding opportunity announcement (PAR-11-098) issued by the National Heart, Lung, and Blood Institute and the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) invites the submission of Education Research (R25) grant applications focused on scientific advances in sleep health and circadian and sleep biology. Proposed projects may include the development of innovative education tools, platforms and programs that will transfer health information and scientific advances in sleep and circadian biology to research scientists, health care providers, educators from diverse disciplines, and to specific populations including youth, older adults, women, racial and ethnic minorities, and veterans. Projects should draw upon cutting-edge education, knowledge transfer, or social marketing models and must include analytic plans for the assessment of program efficacy and plans for adoption and sustained implementation in other settings. The earliest submission date is May 3, 2011. The application due dates are June 2, 2011; Feb. 2, 2012; and Feb. 1, 2013.

The National Heart, Lung, and Blood Institute (NHLBI); the Eunice Kennedy Shriver National Institute of Child Health

and Human Development (NICHD); and the National Institute of Nursing Research (NINR) have announced the "Etiology and Pathophysiology of Sleep Disordered Breathing in Pregnancy" (R01) research project grant opportunity (PA-11-122). The goal of this program is to identify clinically relevant mechanisms of SDB etiology and pathophysiology that will open new avenues to develop therapeutic strategies to reduce the maternal and fetal risks of SDB exposure during pregnancy. The earliest submission date is May 5, 2011. Standard due dates apply.

The National Institutes of Health (NIH) also is accepting Research Project Grant (R01) applications (PAR-11-020) and Exploratory/Developmental Research Project (R21) applications (PAR-11-021) for the development of novel technologies to monitor health or deliver care in a real-time, accessible, effective, and minimally obtrusive way. One of the appropriate topics listed in the funding opportunity announcements is, "Devices to monitor and facilitate sleep health." The next application due date for both grants is May 19, 2011.

The NIH's National Library of Medicine (NLM) is offering G13 grants (PAR-11-084) for the preparation of book-length manuscripts and other scholarly works of value to U.S. health professionals, public health officials, biomedical researchers and historians of the health sciences. The scholarly work may be prepared for publication in print or non-print media, or both. An award for this funding opportunity is up to \$50,000 per year in direct costs, for projects lasting one, two, or three years. NLM anticipates making up to five new awards each year. The application due date is Feb. 23, 2012. Get complete details on the NIH website at www.grants.nih.gov.

Invitation to Participate in the International Collaboration of Sleep Apnea Cardiovascular Trials (INCOSACT) Researchers

The INternational COllaboration of Sleep Apnea Cardiovascular Trials (INCOSACT) Researchers is a newly formed collaboration of investigators interested in conducting randomized controlled clinical trials of sleep apnea treatment interventions that aim to adjudicate cardiovascular disease (CVD) event information. This collaboration is intended to promote the collection of evidence needed to inform the global community on the role of sleep apnea interventions to reduce CVD morbidity and mortality.

INCOSACT was initiated as a "grass-roots" volunteer initiative. Membership is open to all investigators undertaking Phase II as well as Phase III trials of sleep apnea interventions for the reduction of CVD. Governance is through a Steering Committee with rotating membership every two to three years and with global representation. The AASM has agreed to serve as the host organization during the initial phases of this consortium.

INCOSACT will hold a meeting on April 6, 2011, in conjunction with the Sleep and Breathing Meeting-Barcelona. Subcommittees will be formed to help guide INCOSACT's activities. Individuals currently involved in or planning a Sleep-CVD trial are invited to participate in INCOSACT. For more information contact Lisa Wallis at LWallis@aasmnet.org or 630-737-9700.