

## What Can Sleep Medicine Do?

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The editorial “A Warning Shot Across the Bow: The Changing Face of Sleep Medicine”<sup>1</sup> is a cautionary tale. It would seem that a “warning shot” is an understatement. This comes on top of another cautionary tale<sup>2</sup> that 25% of sleep medicine fellowships did not fill up last year, i.e., before recent events. None of this should come as a surprise since the writing has been on the wall for some time (see commentary I wrote in December 2011<sup>3</sup>).

We should not have positioned sleep medicine as a diagnostic discipline based on one test for one diagnosis. The perception of our field nationally is that we simply make money by testing, if not over-testing. It is a perception that we need to counter by accreditation standards to avoid over-testing.

Sleep medicine is a chronic care management discipline with management of many highly prevalent chronic disorders. Accreditation should be based on outcomes of care, not diagnostic criteria, as recommended by the Institute of Medicine report in 2006 (Recommendation 9.2).<sup>4</sup>

The positive aspect is that as medicine moves to emphasizing patient-centered outcomes, we are in a field that has major assets: (a) highly prevalent disorders that directly affect patient lives, and (b) effective treatments that directly benefit patients. We need, however, a new vision for this field. We need new accreditation standards that help implement this vision and emphasize outcomes of care and comprehensive management of all sleep disorders, based on a team approach, not just sleep apnea. Given “dead

canaries” and “warning shots,” we need change now before the next editorial is about an even more catastrophic event.

### CITATION

Pack AI. What can sleep medicine do? *J Clin Sleep Med* 2013;9(6):629.

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### DISCLOSURE STATEMENT

Dr. Pack has indicated no financial conflicts of interest.