

VOLUME 9—NO. 4
FALL 2002

AASM BULLETIN

THE BULLETIN OF THE AMERICAN ACADEMY OF SLEEP MEDICINE

Call for Volunteers

2003 Guidelines for Sleep Medicine Education and
Research Foundation Young Investigator Awards

Summary of 2002 National Sleep Medicine Course

Announcing 2003 Advanced Sleep Medicine Course

Research Opportunities in Sleep

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EDITOR'S NOTES

The brilliant colors of fall have reached the Northern tier of states. Rochester, Minn. has experienced its first snow shower and the AASM staff has settled into our new national office in Chicago, completing a remarkably smooth transition. Although winter is rapidly approaching, our dynamic Academy is not

entering into hibernation. Under expert guidance provided by Jerry Barrett, Pat Aldrich, Lance Brink, Katie Geraghty, Jennifer Markkanen and Chris Waring in Chicago, and Tom Meyer and Charlene Wibben in Rochester, Minn., the new staff is rapidly learning how the organization works. Everyone is working hard and making new suggestions to enhance the efficiency, effectiveness and future stature of the AASM. Congratulations are in order for our hard working and dedicated staff.

In his President's Perspective, Dr. Andrew Chesson will update you on the status of establishing a Residency Review Committee that would create the guidelines for a one year Sleep Fellowship Training under the auspice of the Accreditation Council on Graduate Medical Education (ACGME). In addition, Dr. Chesson will comment on the Sleep Summit held in conjunction with the American Board of Internal Medicine, American Board of Psychiatry and Neurology, and American Board of Pediatrics to discuss recognition of sleep medicine under the American Board of Medical Specialties. This is an exciting and important time for sleep medicine. We are fortunate in having Drs. Andrew Chesson and Michael Silber (president of the American Board of Sleep Medicine) to represent us in these negotiations.

The continued growth of sleep medicine is documented by the increase in individual AASM membership to 4,692 as well as accredited center membership to 509 (view the list of newly accredited centers on page 25). Sleep science is also flourishing with increased NIH funding (see the article on the NIH Budget for Sleep on page 22 and the Research Committee's report on page 23). The Sleep Medicine Education and Research Foundation (SMERF) continues to invest in the future of our field by offering five, two-year grants at \$30,000 per year. These grants will be made to outstanding Young Investigators whom we feel are capable of garnering independent research funding from traditional sources in the future. The Guidelines are published on pages 16-17, and I encourage everyone who is eligible to apply for one of these grants. The Foundation is interested in funding basic, clinical and educational research.

The National Sleep Medicine Course was successfully administered in a new venue that allowed 275 individuals to participate—the largest attendance ever (see page 10). Special thanks to Dr. Mary Susan Esther for directing the course and to the 26 faculty members who contributed to its success. With so many Academy activities there is always a continuing need for members to volunteer their service to one of our Committees. If you are interested in becoming a member of a Committee, please read the Call for Volunteers on page 18 and submit your name and credentials.

Member Sections, another important benefit and focus of the Academy, are discussed on page 8. We welcome the establishment of the new Section on Surgery of the Upper Airway chaired by Dr. David Bruce. A number of specialty societies (e.g. American Thoracic Society) give Sections time slots at annual meetings for members to plan symposia, discussion groups and poster sessions. If you feel the Academy should move in this direction, please e-mail your comments to me at shepard.john2@mayo.edu.

John W. Shepard, Jr., M.D.
Editor-In-Chief

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2003 Advanced Sleep Medicine Course
February 6-9, 2003
San Antonio, Texas

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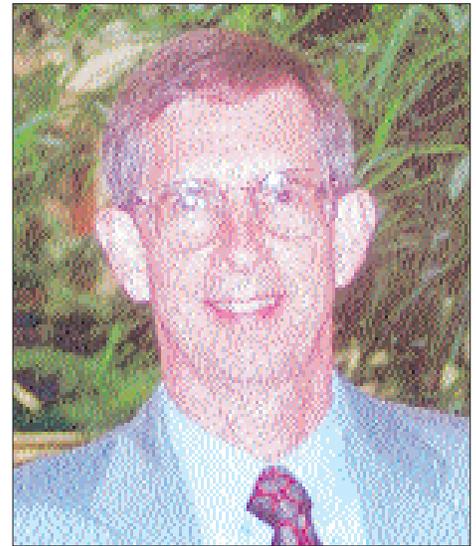
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PRESIDENT'S PERSPECTIVE

By Andrew L. Chesson, Jr., M.D.
AASM President



The officers and staff of our association have been busy with a growing number of new and ongoing activities since my last report in the summer *AASM Bulletin*. I will try to give you an update on a number of those that seem the most important.

MEMBERSHIP RENEWAL

Membership is the core of the Academy, and the organization continues to enjoy strong growth in individual and center membership. Renewal notices for 2003 will be mailed in the beginning of November, and we look forward to your continued membership. I also encourage members to consider participating in Board Committees and Member Sections. These membership benefits are additional forums for sharing ideas and staying abreast of developments in sleep medicine. We also invite members to consider contributing to the Sleep Medicine Education & Research Foundation and the Political Action Committee when renewing their membership. These important initiatives assist members in their dedicated service to patients and sleep medicine. The Sleep Medicine Education & Research Foundation continues to promote education and fund research through the distribution of grants. Last year, the Foundation awarded \$300,000 in grants to Young Investigators and High Risk Research, and continues to look to the future of sleep medicine by searching out new and innovative ways to fund research. The Foundation developed new RFP guidelines for Young Investigators outlined in pages 16-17 of this issue of the *Bulletin*. Similarly, the Political Action Committee continues to work on policies, including Medicare coverage, reimbursement and CPT and APC issues, which directly affect our members. Members of the Academy

hand delivered funds to 14 Congressional members supportive of legislation related to sleep medicine—these donations were possible because of generous member support. Members who contribute to the PAC deliver a message to legislators that details the importance of sleep medicine and deliver funds to support these interests. Pages 12-15 of this issue contain news from the Government Affairs and Health Policy Committees about issues affecting practitioners.

THE MOVE TO CHICAGO

The AASM office is now impressively active, organized and running in our new home in Chicago. Jerry Barrett has done an excellent job in filling the vacant positions, helping integrate new staff, and providing the continued leadership to which we were accustomed in Rochester. The staff hiring is essentially complete. A small number of staff, including Pat Aldrich, Lance Brink, Jennifer Markkanen, Chris Waring and Katie Geraghty, completed the move from Rochester to Chicago this summer. Additionally, Charlene Wibben and Tom Meyer stayed on and continue working from the Rochester office. Both groups have been excellent leaders, helping to carry forward traditions that make us a growing and dynamic organization. It also seems that many of the new staff, whom I've had the opportunity to meet, are developing their new roles in an exemplary manner. As a reminder, the new address is: One Westbrook Corporate Center, Suite 920, Westchester, IL 60154. The new phone number is (708) 492-0930 and the new fax number is (708) 492-0943. Get acquainted with our staff when you have the opportunity to call.

ACGME

The AASM applied to establish a formal one-year sleep medicine training program that is ACGME approved. The ACGME has accepted the application for review, has appointed a committee to study the application and make recommendations, and the AASM leadership has met with ACGME representatives as part of other meeting activities related to this project. It has been indicated that a possible decision could be made at their February meeting.

AMERICAN BOARD OF SLEEP MEDICINE

The American Board of Internal Medicine and American Board of Psychiatry and Neurology are in the process of assessing the sponsorship of the American Board of Sleep Medicine as a Board under the American Board of Medical Specialties certifying process. A day long Sleep Summit, including representative of the above mentioned boards, the ATS, the ACCP, the American Academy of Neurology, the ACGME, the American Board of Pediatrics and the Program Directors for Pulmonary Training of the American Board of Pulmonary Medicine was held in September. Active discussions led to the appointment of two working committees by the ABIM. These two multi-disciplinary working groups are striving to address many of the challenges inherent in such a status change. The challenges are complex, but all groups seem to be working in a reasonable good-faith effort to come to a workable plan for the good of all parties.

THE APSS ANNUAL MEETING IN CHICAGO

Plans continue for what should be an exciting Annual Meeting in Chicago in June, 2003 celebrating the 50th anniversary of the discovery of REM sleep. The APSS Board will meet at the end of October to discuss a number of issues relevant to improved working conditions between the SRS and the AASM and to further those cooperative ventures. The program committee, under leadership of Ron Szymusiak, PhD, continues to work to develop an exceptional program for this special meeting. The WFSRS will also be participating in the meeting in addition to our usual friends, such as the ADSM and the APT. In the wake of the 9/11 terrorist acts last year, the SRS and AASM have established a limited liability corporation for the APSS business for the protection of our associations. This liability corporation takes into account the possibility that such actions could disrupt or prevent a meeting and leave the association with high expenses based on contracts—a prudent business plan. After seeking proper

legal guidance, the protection is now in place. While surely disrupting our income stream, such a terrible event would not reach into the foundations of our existing organizations as under the old arrangements.

STRATEGIC PLAN

All standing Committees reviewed and commented on the AASM five-year strategic plan and the revisions were given to the Board for consideration. Time line documents were then returned to the Committees for utilization in planning their related activities. We anticipate this will help the Committees to function effectively and be comfortable proceeding with the committee's charges and activities, as well as having a check and balance system. The Board can now review Committee activities at each meeting and keep their progress on track. It has been exciting to see some of the strategic activities actually being accomplished in the short time since the plan has been initiated. As we accomplish the various goals, evolution and further development of the plan will be necessary.

NEW ACTIGRAPHY PAPER

The Standards of Practice Committee was hard at work developing an update to the Practice Parameters for the Use of Actigraphy in the Clinical Assessment of Sleep Disorders, which was first published in 1995. The Committee's new paper is in the final stages of review and will be considered by the Board of Directors at their November meeting.

I continue to be amazed by the amount of talent, the diversity of our membership, and the thoughtful efforts by our members, which go into making the AASM such an outstanding organization. It is impressive, as I interact for the AASM at the national level with numerous groups, to see the active role that we, as an association, are playing in bringing sleep to the forefront of many important aspects of medicine. We always encourage members to become involved in the Academy and welcome their contributions. For information on how to become involved in a Committee or Section, please read the Call for Volunteers beginning on page 18. Indeed, we have many challenges ahead but I am excited by the number of resources and talented individuals we have to call upon to act on those challenges.

**2003 MINI FELLOWSHIP PROGRAM
FOR INTERNATIONAL PHYSICIANS**

The International Affairs Committee of the American Academy of Sleep Medicine invites sleep medicine physicians from around the world to submit an application to participate in the 2nd annual Mini Fellowship Program in the Spring of 2003.

The fellowship program provides practical training in sleep medicine to international physicians to encourage them to develop and/or enhance the practice of sleep medicine in their home country.

The highly competitive program will welcome six applicants from around the world to a four-week, intensive training course at an accredited U.S. sleep center, followed by general attendance at the APSS 17th Annual Meeting in Chicago, IL on June 3-8, 2003.

AASM-member sleep centers interested in hosting an international fellow are encouraged to contact Jaime Wrabetz (jwrabetz@aasmnet.org or 708-492-0930) to inquire about qualification requirements.

Applications and requirements for consideration are available online at www.aasmnet.org/iacom.htm.
Deadline for applications is December 6, 2002.

.....MEDSleep.....

Medical Education in Sleep

Do You Teach Sleep Medicine?

Save Time! Enhance your teaching and curriculum! Free educational resources for sleep instruction are available on the AASM Web site under MEDSleep! This site contains many different teaching tools, from *Power Point presentations* to *case studies*.

Whether you're interested in adding resources to existing sleep courses, or integrating sleep topics into other aspects of the curriculum, take advantage of these **FREE** resources today!



Visit

www.aasmnet.org/MEDSleep/medsleephome.HTM



member benefits

Special Sections

With an increasing membership population, members' Special Sections are important in enhancing members' overall AASM experience. Sections are an opportunity for members with a specific interest to share ideas, discuss methodologies, recommend programs, promote education through the AASM, stimulate research and express concerns. Each member of the AASM has a voice in the organization and Sections are an opportunity for that voice to be heard. Section chairs report through the Membership Committee to the Board of Directors, who in turn identify the needs of members and implement those enhancements for the Academy as a whole by sharing special knowledge and expertise.

Membership in a section is limited to current AASM members, but does not require additional dues. Members are permitted to join only one section and must renew their Section membership annually. Sections meet once a year at the APSS Annual Meeting to discuss ideas, events and programs specific to their area of expertise. The outcomes of this meeting are submitted directly to the Board of Directors for review and implementation.

Currently, there are 11 Sections available to AASM members:

- Pediatrics, Chair: Judith Owens, MD
- Surgery of the Upper Airway, Chair: David Bruce, MD

- Neurology, Chair: Bradley V. Vaughn, MD
- Sleep Deprivation, Chair: Michael Russo, MD
- Freestanding Sleep Centers, Jerrold Kram, MD
- Movement Disorders in Sleep, Chair: Christopher Early, MD
- Medical Education in Sleep, Chair: Michael Sateia, MD
- Oral Appliance Therapy, Chair: Dennis Bailey, DDS
- Behavioral Sleep Medicine, Chair: Michael Perlis, MD
- Dreams, Chair: Anne Germain, MD
- Sleep Disordered Breathing, Chair: Daniel Loube, MD

AASM members are encouraged to join a Section to share ideas, express concerns and enhance their overall experience. Section membership selection is available on the annual membership renewal notices mailed in November, or can be submitted to the Membership Department at jwrabetz@aasmnet.org or at 708-492-0930. Additional information on each section is also available at www.aasmnet.org/Sections.htm.

New Venue and Record Attendance at the 2002 National Sleep Medicine Course

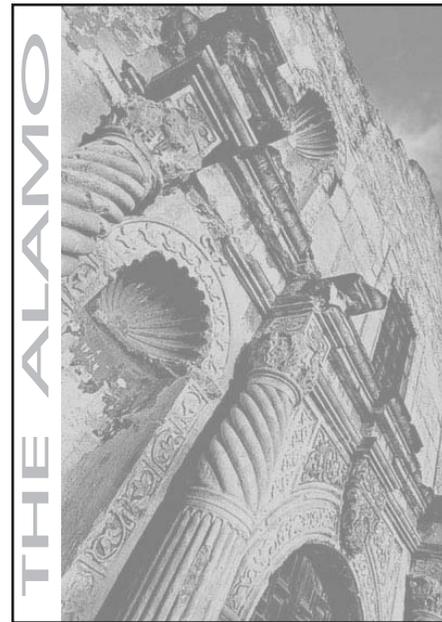
The 2002 National Sleep Medicine Course (NSMC) was held August 10-14, 2002 at the Westin Stonebriar Resort in North Dallas, Texas. The course, which attracted healthcare professionals in the field of sleep medicine, was in high demand due to the upcoming elimination of ABSM Waiver #2 and the unprecedented number of candidates taking the exam this October. To address this overwhelming need, the course was moved to a new location and the course size was increased to accommodate 275 attendees, 100 more seats than any prior year.

Course Director Mary Susan Esther, MD welcomed participants to this highly regarded CME event. With the strong growth of the field of sleep medicine and the ABSM exams just around the corner, attendees arrived with great enthusiasm, although a little skeptical of the formidable Texas heat in the middle of August, to learn and interact with colleagues. A distinguished faculty of 26 professionals representing every aspect of sleep medicine presented excellent lectures and were available to interact with the participants.

Poster viewing sessions, one of the most popular aspects of the course, offered a complete display of polysomnograms, MSLTs, and MWTs. This year's MSLT and MWT display was shown on 10 computer stations generously provided by SensorMedics. Attendees spent long hours and late nights viewing these posters and receiving further instruction on the records from the faculty.

The Academy also recognizes the generous support of sanofi-synthelabo, who provided the tote bags, lanyards, notepads and pens distributed to each attendee.

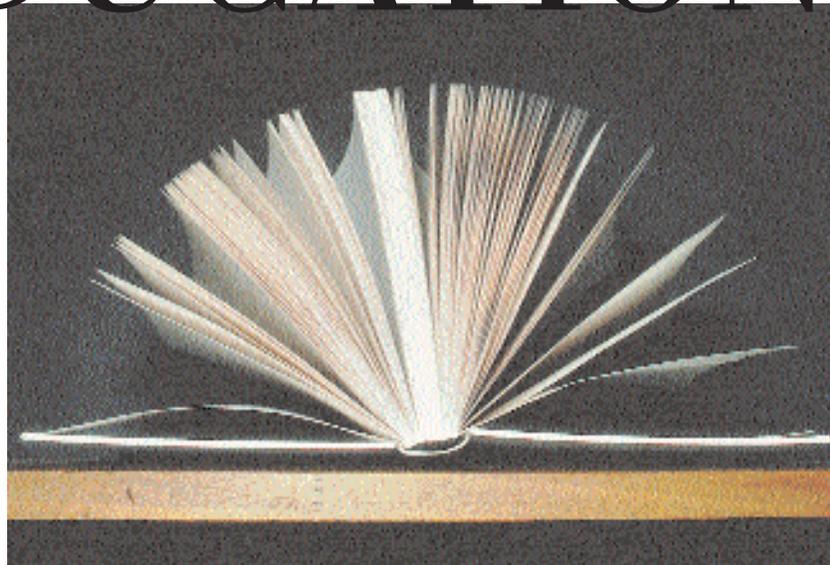
We have already begun work on the 2003 NSMC. The dates and location are yet to be determined, but will be announced in the next issue of the *AASM Bulletin*. An informational brochure will be mailed to all AASM members in early spring of 2003. Contact the AASM Meeting Department at (708) 492-0930 or visit the AASM Web site at www.aasmnet.org for details.



Newly Developed Advanced Sleep Medicine Course Scheduled for February 2003

The Committee responsible for the coordination of the highly regarded National Sleep Medicine Course is ready to launch the newly developed Advanced Sleep Medicine Course (ASMC) in 2003. The ASMC is scheduled to take place February 6-9, 2003 in San Antonio, Texas. The ASMC, led by Course Director Eugene C. Fletcher, MD, is a timely and comprehensive review of relevant clinical topics in sleep medicine for physicians specializing in sleep medicine. Watch for your registration brochure in the mail this fall. Information can also be found on the AASM Web site at www.aasmnet.org or by contacting the Meeting Department at (708) 492-0930.

CME NEWS EDUCATION



SUMMARY OF THE FINALIZED HIPAA PRIVACY RULE

By *MARC Associates*

On August 14, 2002, the Department of Health and Human Services issued the final rule on the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule). The final modifications will affect practitioners in both clinical and research settings. The compliance date for the requirements of the privacy rule described below is April 14, 2003. Additional information, including the text of the rule can be found at www.hhs.gov/ocr/hipaa/.

Standards Affecting Clinical Practice

Consent and Notice of Privacy Practices:

Covered entities (health care providers, health plans and health care clearinghouses) are not required to obtain a patient's written consent to disclose protected health information (PHI) for treatment, payment or healthcare operations (TPO) prior to treatment. A health care provider can elect to have a consent process (and some states may require them to do so).

The privacy rule allows flexibility in the type of consent form used for providers who elect to obtain consent.

In lieu of obtaining consent, a covered entity must provide their patients with a notice of privacy practices. They must also make a "good faith" attempt to acquire a patient's written acknowledgement of receipt of such notice no later than the first date of treatment (i.e., when the patient enters the office). A good faith effort means actually acquiring a signature or documenting why a signature was not acquired (i.e., the patient refused to sign). For providers whose initial contact with the patient is not a face to face encounter, a notice should be sent to the patient on the same day of contact. Providing privacy policies can be done electronically if the covered entity can capture the patient's acknowledgement in an electronic format. An exception would be allowed in emergency situations when written acknowledgement could be captured after the treatment.



Authorization:

Covered entities must get an authorization to disclose PHI for any purpose that is not required by law or otherwise permitted in the privacy rule. A provider may use one authorization form for multiple purposes as long as it states the type of PHI to be disclosed, who can disclose it and to whom, the reasons for the disclosure, an expiration date, a signature of the patient or guardian and statements indicating that the authorization can be revoked, treatment cannot be based on the authorization, and a possibility of the PHI being redisclosed by the recipient.

Marketing:

Marketing is defined as "to make a communication about a product or service that encourages the recipients of the communication to purchase or use the product or service." With a few exceptions, all communications involving the disclosure of protected health information under this definition of marketing would require patient authorization. Such authorization must indicate if the marketing involves direct or indirect remuneration from a third party.

An authorization is not needed when the covered entity makes a face-to-face communication to an individual or when a covered entity provides an individual with a promotional gift of nominal value. Communications to patients related to services offered by the provider, the patient's treatment, and case management or coordination of care for the patient are not considered marketing.

Covered entities are prohibited from selling lists of patients or enrollees or their PHI to third parties for independent marketing activities without authorization from the individual.

Minimum Necessary, Oral Communications, Incidental Use and Disclosure, & Parents and Minors:

Providers must make a reasonable effort to ensure that only the minimum necessary amount of patient information is disclosed. Exceptions include disclosures for treatment purposes, when PHI disclosure is required by law, PHI is requested by the individual, or when a patient has given authorization for greater disclosure. Providers will need to have office policies indicating which office personnel have access to which pieces of PHI for routine disclosures including reasons for disclosure of a complete medical record.

Physicians should make reasonable efforts to keep information transmitted orally secure. Such efforts would include speaking in a lower tone or using curtains when other people are present to prevent them from overhearing patient information. The rule does not require patients to be kept in separate rooms and physicians are not prohibited from discussing patient care over the telephone with the patient, family members or other involved providers.

Incidental disclosures such as the use of sign-in sheets or having a nurse call a patient back to the treatment area are not considered violations of the minimum necessary and oral communication provisions if the reason for the visit is not announced to the waiting room. Reasonable efforts should be made to limit disclosure of PHI. However, a covered entity will not be penalized if an incidental disclosure occurs in the course of an appropriate dis-

closure of PHI.

Disclosure of a minor's PHI to a parent is determined by state law.

Business Associates:

The privacy rule defines a business associate as a person or entity who provides certain functions, activities, or services for or to a covered entity involving the use and/or disclosure of PHI. A provider's employees and physicians who have hospital admitting privileges are not considered business associates. A provider must obtain reasonable assurances from their business associates that they will only use the information they receive for the contracted purpose and will prevent the misuse of such data. Contracts must stipulate that the business associate will inform the covered entity if misuse occurs. In such situations, a provider is required to take efforts to correct the problem or to terminate the contract. If the contract cannot be terminated, the incident should be reported to the Department of Health and Human Services. The Department has provided sample contracts and is allowing a one year extension to renegotiate contracts with business associates to relieve burden on providers. Contracts must already be in place before October 15, 2002 and not be renewed or modified before April 14, 2003 to qualify for the extension.

Proposed Changes Affecting Research

Research Authorization:

To ease burden on the research recruitment process, the privacy rule permits researchers to combine an authorization form for use and disclosure of PHI for research purposes with any other legal permission document related to the study (i.e., consent to participate in the study). Unlike clinical authorizations, providers can condition the provision of research related treatment on the receipt of authorization to disclose PHI for the research study.

A researcher can continue to use and disclose PHI after the completion of their research project, as long as the participant's authorization form states that there is no expiration date for such use and disclosure. Participants will be able to revoke their authorization at any time during the study (regardless of whether the authorization has an expiration date or not). However, a researcher will still be able to use the individual's PHI that was collected prior to the revocation.

IRB Waivers:

Authorization to use or disclose PHI is not needed if the covered entity is able to get a waiver from an IRB or Privacy Board. To qualify for a research waiver the following criteria must be met:

- (1) The use or disclosure of protected health information involves no more than a minimal risk to the privacy of individuals, based on, at least, the presence of the following elements:
 - (a) an adequate plan to protect the identifiers from improper use and disclosure;
 - (b) an adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; and

- (c) adequate written assurances that the protected health information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research project, or for other research for which the use or disclosure of protected health information would be permitted by this subpart;
- (2) The research could not practicably be conducted without the waiver or alteration; and
- (3) The research could not practicably be conducted without access to and use of the protected health information.

Research Transition Provisions:

A covered entity can continue to use and disclose PHI that was created or received for a specific research study before the April 14, 2003 compliance date if legal authorization to use and disclose PHI was given by the study participant.

De-Identification of Data & Limited Data Sets:

De-identified PHI can be used and disclosed freely. There are two methods to verify appropriate de-identification, including having an appropriately experienced person determine the data is safe or using the privacy rule's "safe harbor" provisions which eliminate certain specified identifiers. Covered entities are

allowed to assign a code or other record identifier to de-identified PHI as long as the code does not easily identify the patient (i.e., a variation on a social security number) and the method for deriving the code is not revealed to others.

The privacy rule also creates a limited data set that would not include "facially" identifiable data, but would include other identifiable elements that are currently excluded from de-identified data. The following identifiers must be removed to qualify for the limited data set: name, postal address (street name and number), telephone and fax numbers, e-mail addresses, social security number, certificate/license number, vehicle identification and serial numbers, web addresses, and identifying photos, medical record numbers, health plan beneficiary numbers, other account numbers, device identifiers and serial numbers, and biometric identifiers. Data that can remain include admission, discharge and service dates, date of death, age, and geographic subdivisions (except street address).

A covered entity must enter into a data use agreement with the limited data set recipient to specify permitted uses of the information. The recipient must also agree not to re-identify the data. The data use agreement would be similar to an agreement between a covered entity and a business associate.

Newsbriefs

Provider Payment

Leaders of the Senate Finance Committee reached agreement Sept. 26 on a \$41 billion provider giveback bill. In announcing the deal, Chairman Max Baucus (D-MT) and Ranking Minority Member Chuck Grassley (R-IA) called on their colleagues and the President to "act swiftly on this comprehensive Medicare package and enact it into law." The lawmakers hoped to introduce a bill Sept. 30. The deal struck by Baucus and Grassley faces several obstacles, however. Some key senators may try to add a prescription drug benefit when the measure goes to the floor. The Senate rejected four proposals to add a drug benefit to Medicare in July.

Like the House-passed bill, the Baucus-Grassley package would block scheduled reductions in physician payments of 12 percent through fiscal 2003 and fiscal 2005; annual increases would be 2 percent each year. The agreement also makes adjustments in the geographic practice cost index (GPCIs) for 2003-2005 and requires GAO to conduct a study on geographic differences in physician payments. In addition, GAO must conduct a study on beneficiary access to physicians' services under Medicare and the Institute of Medicine is to report on the adequacy of the supply of physicians (including specialists) and the factors that affect supply. Regulatory relief provisions passed by the House are in the

package as well.

Sole community hospitals would receive a full inflation update; all other hospitals would receive "market basket" minus .25 percent. Adjustments for indirect medical education would be 6.5 percent in 2003 and 2004 and 6 percent in 2005. Under current law, the adjustment, now at 6.5%, is scheduled to fall to 5.5% in 2003 and beyond.

Just as in the House bill, a scheduled 15 percent cut in payments to home health agencies would be eliminated and updates would be adjusted from fiscal year 2003 through fiscal year 2005. Medicare+Choice plans would see updates of 2 percent to 4 percent in fiscal year 2003 and 3 percent in 2004.

The package adds some modest improvements for beneficiaries, such as coverage of immunosuppressive drugs and cholesterol and lipid screening, a two-year extension of the moratorium on payment caps for physical and occupational therapy, and a five-year extension of the Q1-1 program, which helps low-income elderly pay their Medicare premiums. Aging organizations had demanded a 50/50 split in spending between provisions favoring providers and the elderly in the absence of a drug benefit. Beneficiary enhancements represent only about 8% of the total package, however.

Medical Liability

On a largely party-line vote of 217-203 the U.S. House of Representatives September 26 approved legislation to reform the nation's ailing medical liability system. The House action followed favorable consideration of the HEALTH Act (H.R. 4600) by the two committees of jurisdiction, the Energy and Commerce Committee and the Judiciary Committee.

In a statement after the House vote, HHS Secretary Tommy Thompson said: "Americans increasingly are finding that their doctors are closing their practices, limiting the types of patients they will see, or leaving communities where they have long practiced because they cannot afford the rapidly increasing cost of malpractice insurance or because it is simply not available. This legislation moves us in the direction of addressing this problem."

Backed by the Bush administration, doctors, hospitals, insurers, and business groups, H.R. 4600 would cap noneconomic damages for pain and suffering at \$250,000. Punitive damages would be limited to twice economic damages or \$250,000, whichever is greater. Economic damages, such as medical expenses or lost income, would remain uncapped. The bill also would limit attorneys' contingency fees and set time limits on lawsuits.

Despite strong support among House Republicans for H.R. 4600, the bill faces considerable opposition in the Democratic-controlled Senate. The Senate has not acted on similar legislation (S. 2793) introduced by John Ensign (R-NV) and defeated a more modest measure to limit malpractice awards offered by Mitch McConnell (R-KY) as an amendment to drug pricing legislation on July 30.

Patient Safety

By voice vote, the House Energy and Commerce Committee on September 25 approved legislation that is intended to reduce medical errors through voluntary reporting by health care providers. The Ways and Means Committee approved similar legislation (H.R. 4889) the week before, by a vote of 33-4. Both bills seek to encourage health care providers to voluntarily collect and report patient safety data to newly created patient safety organizations. PSOs would analyze the reported data, develop and report back to providers information to improve patient safety, and submit non-identifiable information to the Center for Quality Improvement and Patient Safety for inclusion in the Patient Safety Database. All reporting would be confidential and legal protections would be provided.

Health Subcommittee Chair Mike Bilirakis (R-FL) introduced the bill marked up by the committee, H.R. 5478, Patient Safety and Quality Improvement Act. "The Institute of Medicine report highlights a serious problem in the American health care system," Bilirakis said. "With this bill, we hope to identify the underlying causes of medical errors and make systematic changes to the health care system to improve patient safety," concluded Bilirakis.

HHS Secretary Tommy Thompson praised the Energy and Commerce Committee's action. "It will take us away from the blame

game and will set us on the more productive path of working together to improve the system," he said in a statement. "Our goal must be to prevent adverse events from occurring in the first place, by encouraging a culture of learning and constant quality improvement in our health care system.

No action has been taken in the Senate on comparable legislation introduced by Jim Jeffords (I-VT), S. 2590.



SLEEP MEDICINE EDUCATION & RESEARCH FOUNDATION

The Sleep Medicine Education & Research Foundation was established in 1998 by the American Academy of Sleep Medicine to support the growth and development of sleep medicine as a medical specialty. The Foundation strives to provide continuing education to physicians, patients, and the public about the diagnosis and treatment of sleep disorders. In addition, its sponsorship of sleep-related research aids in the advancement of the field.

Education and research initiatives are paramount to generating further achievements in the field of sleep medicine. These activities can only continue with your support. Please consider giving back to the profession by making a contribution to the Foundation today.

Your Contribution

Through support of the Sleep Medicine Education & Research Foundation, you help foster the growth and advancement of the sleep medicine field. Your gift to the Foundation, a 501(c)(3) non-profit organization, is tax deductible to the fullest extent allowed by law.

- My contribution of \$_____ is enclosed. *Please make checks payable to the Sleep Medicine Education & Research Foundation.*
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Please mail your contribution to: Sleep Medicine Education & Research Foundation, One Westbrook Corporate Center, Suite 920, Westchester, IL 60154

2003 GUIDELINES

SLEEP MEDICINE EDUCATION AND RESEARCH FOUNDATION

YOUNG INVESTIGATOR AWARDS

Goal

The Sleep Medicine Education and Research Foundation (Foundation) Young Investigator Award program is intended to foster initial research training, or to support young independent scientists in the field of sleep medicine. The goal is for the awardee to gain the recognition and achievement necessary to successfully compete for funding from traditional sources, including the National Institutes of Health. This award is aimed at the young investigator who may otherwise be unable to obtain funding from traditional funding sources.

Regardless of the topic chosen, all grants will require documentation of the strong support of a mentor. Eligibility requirements for the Young Investigator Award will be strictly applied.

Requirements for Applicants

- 1) The applicant must have a doctoral degree (M.D., D.O., or Ph.D.)
- 2) The applicant must have a current academic appointment at no higher than the assistant professor level.
- 3) Physicians in fellowship training programs are not eligible. Staff research scientists (Ph.D., D.O., or MD) are eligible and salary support can be requested if such a position is clearly a precursor to an academic appointment at his/her institution. Final decisions regarding eligibility for individuals with staff appointments will rest with the Foundation Board of Directors.
- 4) The applicant must have worked with or currently be working with a Principal Investigator on a research project, supported by a competitive research grant from a federal agency (e.g., NIH, NSF, VA) or a national foundation
- 5) Applicants who have received any other Sleep Medicine Education and Research Foundation Award are not eligible. Applicants may have received small grants from other foundations in the past, but will not be eligible if they have received any competitive grant from any of the National Institutes of Health.
- 6) An individual does not have to be a member of the American Academy of Sleep Medicine (AASM) to submit an application. However, if selected, the recipient must become a member of the AASM prior to receipt of the award.

Institutional Commitment

A need for research funding must be demonstrated, and the applicant's institution or clinical practice must allow a minimum of 25% full-time effort to conduct research. The applicant's institution must provide assurance that adequate facilities and the investigator's time will be available to pursue the proposed work, if funded.

Budget

The budget is intended to support new innovations or important modifications that complement ongoing research. It may not be used to simply supplement ongoing research such as studying

additional subjects or purchasing equipment/supplies/technician time for an existing project. The budget may be used for all items to support the new project including equipment, salary, and technical support. Applicants must justify budget requirements specific to their research project and setting. **Awards are limited to two years' duration with a maximum budget of \$30,000 per funding year. Funding of institutional overhead at a 5% rate (excluding equipment) is allowed, but must be included within the total budget request, which may not exceed \$60,000 for two years of support.** The application must include the Foundation Face Sheet with the applicant's institutional signatures (i.e., Grants & Contracts/Sponsored Research), thereby signifying the institution's acceptance of these terms.

Timetable

- 1) Applications must be received by **January 15, 2003**. No exceptions will be permitted.
- 2) Notification of review decisions and awards will be mailed in **June 2003**.
- 3) Start date of the Award will be **September 1, 2003**.

Application

Applications are based on the PHS 398 form for NIH research grants. Applications must be concise, and must include and clearly label each of the sections below. The application must be word processed in 11 pt font or larger, and must include one-inch margins on all sides (excluding page numbers and header). Number all pages as indicated, and include the Principal Investigator's name as a header on each page. **The total length of sections C-F must not exceed 5 pages.**

- A) Face Page (Page 1): Complete each section and ensure that all signatures are present.
- B) Abstract (Page 2): Include the project title, Principal Investigator's name, and names of any co-investigators. Describe the proposed research project in 500 words or less. List up to six key words or terms.
- C) Specific Aims (Pages 3-7): Concisely describe the aims of the research project and hypotheses to be tested.
- D) Background and Significance (Pages 3-7): Describe the context and significance of the proposed work, and how it will advance our understanding of the condition being studied.
- E) Preliminary Results (Pages 3-7): Describe relevant prior results or experience of the investigators.
- F) Research Design and Methods (Pages 3-7): Describe the proposed study in sufficient detail to permit review by an intelligent non-specialist in the area. Include an adequate discussion of statistical analysis and sample size. Also indicate how the data collected will be used to support a subsequent federal grant application, including the likely type of application, agency, and estimated date of submission.
- G) Human Subjects and/or Animal Use (Page 8; one page maximum): Describe the sample, sources of research material, potential risks, procedures to minimize risks, and evaluation

of risk-benefit ratio. Also include a brief statement regarding the inclusion of women, minorities, and (if appropriate) children in the proposed research. If animals are to be used, describe provisions for their adequate care, institutional oversight, and evaluation of risk/benefit.

- H) References (Page 9; one page maximum): List up to 15 relevant literature references for the application.
- I) Budget (Page 10; one page maximum): Provide a yearly summary of budget items, including (if appropriate) salaries, equipment, supplies, institutional overhead, and other research costs. Also include a brief justification for each budget item.
- J) Other Support: Use the standard NIH format to list all other active and pending support for all investigators.
- K) Institutional Assurance: Provide a statement from the institution, signed by the department chair or equivalent, assuring adequate facilities and time to conduct the proposed research.
- L) Letters of Support: Include letters from any departmental or external consultants indicating their willingness to contribute to the proposed research. In addition, a more senior investigator with demonstrable expertise in the area of investigation proposed, who is in residence at the applicant's institution, must submit a letter attesting to their willingness to assist and mentor the applicant in the conduct of the proposed research.
- M) Biographical Sketches: Include a separate biographical sketch in NIH format (two pages maximum) for each investigator. The Biographical Sketch for the Principal Investigator must specify past and current research funding to meet eligibility requirements for this award.

IRB approval for human and animal subjects will need to be verified prior to the time of the Award, as will institutional acceptance of the terms of the Award.

Review Criteria

All applications will be reviewed and scored by a Scientific Review Group selected by the Foundation. Potential conflicts for reviewers will be formally assessed. Members of the Scientific Review Group will be investigators in sleep medicine, but may not have detailed expertise in the specific area of each application. Therefore, applications should be written in terms easily understood by an intelligent non-expert in the field. Applications will be judged on the following criteria: significance of the proposed research; feasibility and appropriateness of the proposed approach; novelty of the research design; eligibility, qualifications, and relevant experience of the investigators, including the quality and strength of the proposed mentoring relationship; quality and appropriateness of facilities; adequacy of human subjects/animal use considerations; and appropriateness of the budget. The judgments will be made in the context of the specific topic of this RFA, and the relevance of the proposed research to the Foundation's overall mission.

Other Considerations

The Foundation is committed to spending the limits of its research budget for direct support of research. Administrative costs of review are small, and members of the Scientific Review Group volunteer their time to evaluate applications. Therefore, no feedback can be provided to applicants. In an effort to fund a reasonable proportion of applications judged to be excellent,

strict adherence to eligibility guidelines is required. This program is intended for young investigators who have not previously had research support in excess of \$50,000. Young investigators holding a career development award are eligible. Those holding an Institutional award (RO1, RO3, P50, K series ...) are not eligible. Foundation support must be acknowledged in all publications resulting from an award (including but not limited to abstracts, papers, media, internet). In addition, an abstract must be submitted to the APSS Program Committee during the second year of the grant. The Principal Investigator is responsible for submitting a progress report each year (due on the anniversary date of funding), and a final report, which must be submitted within three months after the end of funding.

Letter of Intent

A letter of intent, to be submitted by **December 15, 2002**, is recommended and should include the institution, principal investigator, and title. The letter of intent is not binding and investigators will be able to submit an application without submitting a letter of intent, however, this will assist the Board in their preparation for reviewing the proposals.

Submission of Applications

Applicants should submit twelve copies (including original) of the required materials in the above order (A through M) by **January 15, 2003**. The Principal Investigator's name, project title and key words must be included on the abstract. **Do not staple materials.** Clip each copy of the application, and bind all copies with a large clip or rubber band.

Send to:

Sleep Medicine Education and Research Foundation
Attn: Foundation Coordinator
One Westbrook Corporate Center
Suite 920
Westchester, IL 60154

E-mail: CPulvino@aasmnet.org (e-mail answered daily)
web site: www.aasmnet.org

(2003 Guidelines Continued on Page 28)



Call for Volunteers

The AASM invites volunteers to participate in the established Board Committees. Committee members provide a tremendous service to the field of Sleep Medicine and have the opportunity of personal intellectual enrichment through the diverse activities the committees offer. A description of each Academy Board Committee follows, including the committee mandate and strategic activities as outlined by the Board of Directors. If you are interested in participating on one of the Academy Board Committees, please visit the AASM Web site at www.aasmnet.org/members.htm and print the committee interest and conflict of interest form posted as a PDF document. That form should be completed and submitted along with the following items: a brief letter of interest and a copy of a two-page Curriculum Vita summary. Please mail or fax all requested information to the national office at: American Academy of Sleep Medicine, One Westbrook Corporate Center, Suite 920, Westchester, IL 60154, or fax to (708) 492-0943 and address it to the attention of the Committee on Committees. The deadline for the receipt of the completed information is December 13, 2002.

ACCREDITATION COMMITTEE

MANDATE: The mandate of the Accreditation Committee is to carry out the accreditation procedures, as approved by the Board of Directors, for full service centers and specialty laboratories in the United States. The committee is responsible for monitoring these procedures and making recommendations for changes in the accreditation procedures and Standards to the Board, as needed. The committee recommends the Board grant accreditation to full service centers and specialty laboratories in the United States that have successfully completed the accreditation process and met the accreditation Standards.

STRATEGIC ACTIVITIES: The Accreditation Committee has been assigned the following strategic activities over the next one to three years:

- Promote the development of new sleep medicine fellowship training programs with the goal of increasing sleep medicine fellowships to 75 by 2005 and by securing ACGME recognition,
- Promote sleep center accreditation,
- Define and promote improved clinical practices in sleep medicine using AASM standards of practice and other guidelines,
- Integrate these practices into the standards of accreditation, fellowship training, and AASM educational efforts,
- Encourage outcome studies demonstrating the effectiveness of sleep medicine specialists,

- Lead the development of analytical and methodological tools to assess patient outcomes at accredited sleep disorder centers.

CLINICAL PRACTICE REVIEW COMMITTEE

MANDATE: The mandate of the Clinical Practice Review Committee is to respond to issues referred by the Board which were received from physicians, patients, and third party payers regarding clinical management or reimbursement in sleep medicine. The scope will generally include topics involving limited scientific evidence and issues needing an informal or rapid response.

STRATEGIC ACTIVITIES: The Clinical Practice Review Committee has been assigned the following strategic activities over the next one to three years:

- To better define and promote improved clinical practices in sleep medicine using AASM standards of practice and other guidelines,
- These practices will be integrated into the standards of accreditation, fellowship training, and AASM educational efforts,
- Promote a public health message of good sleep practices to employers,
- Define effective medical procedures that currently do not have codes and advocate for their reimbursement,
- Make recommendations regarding sleep disorders in future versions of The International Classification of Disease (ICD).

CONTINUING MEDICAL EDUCATION COMMITTEE

MANDATE: The mandate of the Continuing Medical Education Committee is to review and recommend CME credit for medical educational activities, including courses, lectures, publications, electronic media, and others, ensuring that all meet the high standards required by ACCME. In addition, the committee will ensure that all ACCME requirements continue to be met, that necessary changes are recommended to the Board for adoption, and that appropriate records and documentation are on file. The committee will maintain the AASM's ACCME accreditation and develop liaison with ACCME to ensure that the AASM's education policy is in line with the necessary requirements. The committee will participate in all CME activities of the AASM through representation on the appropriate committee or task force charged with the development of an educational activity.

STRATEGIC ACTIVITIES: The Continuing Medical Education Committee has been assigned the following strategic activities over the next one to three years:

- Expand the educational offerings for members, colleagues, and trainees to provide for successful practice and life-long education in Sleep Medicine,
- Conduct a needs assessment of the membership to explore the desirability and feasibility of various types of educational offerings,
- As part of the continuing National Sleep Medicine Course, initiate and maintain an Advanced Sleep Medicine Course geared to address the needs of the Board-certified Sleep Medicine specialist,
- Explore development of Internet based educational programs.

FELLOWSHIP TRAINING COMMITTEE

MANDATE: The mandate of the Fellowship Training Committee is to establish, periodically review, and update the standards of fellowship programs in sleep disorders medicine and clinical polysomnography in order to ensure proper education of trainees for practice in the field of sleep disorders. The committee will determine the quality of individual educational programs by site visits. The committee will also act as an advisory resource to institutions wishing to develop training programs in sleep disorders medicine and clinical polysomnography.

STRATEGIC ACTIVITIES: The Fellowship Training Committee has been assigned the following strategic activities over the next one to three years:

- Promote the development of new sleep medicine fellowship training programs, with the goal of increasing sleep medicine fellowships to 75 by 2005 and by securing ACGME recognition,
- Develop a Sleep Medicine Fellowship match program to determine fellow placement,
- Provide resources to strengthen the sleep medicine curricula in medical schools and postgraduate training,
- Develop a model curriculum for fellowship training programs.

GOVERNMENT AFFAIRS COMMITTEE

MANDATE: The Governmental Affairs Committee is responsible for monitoring and informing the Board of Directors of all federal legislation and rule making that has a potential impact on the health of our patients, the practice of sleep disorders medicine and sleep research, public safety, reimbursement, and research funding. The committee, when necessary, should recommend to the Board that it support, oppose or take no action, on a legislative or regulatory bill and provide supporting documentation for its recommendations. The committee also works in cooperation with the AMA and other organizations in similar programs. Finally, the committee is responsible for the Key Contact Program (KPC) and the Political Action Committee (PAC).

STRATEGIC ACTIVITIES: The Government Affairs Committee has been assigned the following strategic activities over the next one to three years:

- Promote a public health message of good sleep practices to employers,
- Update members of changes in federal insurance policies that

affect the practice of sleep medicine,

- Keep sleep medicine practitioners abreast of trends and issues with reimbursement so that they can be active on a local level and serve as advocacy network when the need arises,
- Communicate with the Center for Medicare and Medicaid Services on a regular basis to bring current sleep information to their attention.

HEALTH POLICY COMMITTEE

MANDATE: The mandate of the Health Policy Committee is two fold: (1) to represent the AASM in relations with nationwide payers and policy makers of sleep medicine services and, (2) to provide, on a regular basis, up-to-date information to the AASM Board of Directors and to AASM members regarding changes in insurance reimbursement issues nationwide. The committee is to develop authoritative and timely data regarding the cost/benefits of the practice of sleep disorders medicine that the AASM can provide to insurance companies. The committee will develop procedures and methods for advising members of the AASM regarding issues of changes in the medical delivery environment.

STRATEGIC ACTIVITIES: The Health Policy Committee has been assigned the following strategic activities over the next one to three years:

- Encourage outcome studies demonstrating the effectiveness of sleep medicine specialists,
- Develop analytic and methodological tools to assess economic impact of sleep specialists on health care,
- Promote a public health message of good sleep practices to employers,
- Advise federal agencies on the importance of sound reimbursement policies pertaining to the provision of sleep medicine services,
- Provide members updates on changes in federal insurance policies that affect the practice of sleep medicine,
- Develop a mechanism to analyze insurance coverage and reimbursement for sleep medicine,
- Inform sleep medicine practitioners of trends and issues with reimbursement so that they can be active on a local level and serve as an advocacy network when the need arises,
- Communicate with the Center for Medicare and Medicaid Services on a regular basis to bring current sleep information to their attention,
- Assist in the expansion of educational offerings for members, colleagues, and trainees to provide for successful practice and life long education in sleep medicine.

INTERNATIONAL AFFAIRS COMMITTEE

MANDATE: The mandate of the International Affairs Committee is to receive and review queries from international sleep societies or individuals and to recommend actions. The committee also serves as a resource for AASM members interested in aiding international individuals or societies.

STRATEGIC ACTIVITIES: The International Affairs Committee has been assigned the following strategic activities over the next

one to three years:

- Expand the Mini Fellowship Program over the next years by recruiting additional facilities to host these programs,
- Encourage the submission of programs impacting international members to the Annual Meeting and other venues.

MEDICAL SCHOOL EDUCATION COMMITTEE

MANDATE: The mandate of the Medical School Education Committee is to propose, plan, develop and disseminate educational products concerning sleep medicine and sleep research with the purpose of meeting the educational needs of the AASM membership, other medical professionals, medical schools and the lay public. The committee will work with the NCSDR Sleep Academic Awardees to disseminate their materials to all medical schools, academic institutions and others. The committee will continually monitor the progress of the SAA program and make recommendations when materials require updating, or are no longer relevant to the educational objectives of the AASM. The committee will also monitor and update the SAA Web page to ensure the quality of all programs and materials being offered. When appropriate, the committee will seek CME credit for the use of the materials.

STRATEGIC ACTIVITIES: The Medical School Education Committee has been assigned the following strategic activities over the next one to three years:

- Provide resources to strengthen the sleep medicine curricula in medical schools and postgraduate training,
- Develop undergraduate/preclinical, residency program, fellowship program, and CME goals and objective in Sleep Medicine and provide a rationale for each,
- Develop a core curriculum for undergraduate medical education,
- Develop innovative methods for attracting young investigators and supporting their original research,
- Develop programs for effective mentoring and faculty development.

MEMBERSHIP COMMITTEE

MANDATE: The principal mandate of the Membership Committee is to discern the educational, academic, and pragmatic needs of the members of the association, and recommend to the board programs and membership services that will fulfill those needs and aid members in their research and clinical endeavors. The Committee will work with the involved Committees in implementing these programs and services. The Committee is also charged with fostering an appropriate size for the association. To that end, the Committee will recommend strategies to the board that bring the association to the attention of professionals involved in the field of sleep. The Committee will oversee the makeup of the membership as a whole and will suggest means of ensuring a membership with diversified interests, backgrounds, and orientations to the Board.

STRATEGIC ACTIVITIES: The Membership Committee has been assigned the following strategic activities over the next one

to three years:

- Promote the multidisciplinary nature of membership and ensure the relevancy of services to all members,
- Actively recruit and retain members from multiple disciplines,
- Develop innovative methods for attracting young investigators and support their original research,
- Develop contacts with trainee groups, e.g. medical students, resident, graduate student organizations,
- Develop an identifiable and meaningful role for its members with specific interests,
- Develop a mechanism to determine the needs of different member segments.

NATIONAL SLEEP MEDICINE COURSE COMMITTEE

MANDATE: The mandate of the National Sleep Medicine Course Committee is to propose, develop, and conduct courses for physicians and other clinicians seeking certification or re-certification from the American Board of Sleep Medicine, or continuing education in sleep medicine occurring outside of the structure of the APSS annual meeting. The committee will work in conjunction with the CME Committee to obtain CME credits for these activities. It will also work with the Medical Education Committee to develop educational proposals appropriate for the setting of a course in sleep medicine.

STRATEGIC ACTIVITIES: The National Sleep Medicine Course Committee has been assigned the following strategic activities over the next one to three years:

- Expand the educational offerings for members, colleagues, and trainees to provide for successful practice and life-long education in sleep medicine,
- Continue the National Sleep Medicine Course, and initiate and maintain an Advanced Sleep Medicine Course geared to address the needs of the board certified sleep medicine specialist. This might include clinically based seminars, practice management programs and advanced Sleep Medicine programs.

PUBLICATIONS COMMITTEE

MANDATE: The mandate of the Publications Committee is to develop, or consult on the development of educational materials including slide sets, videotapes, pamphlets, electronic materials and multi media products. The audience for these materials may include sleep medicine physicians, clinicians, other physicians, and health care professionals, patients, or the public.

STRATEGIC ACTIVITIES: The Publications Committee has been assigned the following strategic activities over the next one to three years:

- Optimize the relationship between the AASM and other sleep organizations,
- Promote the multidisciplinary nature of its membership and ensure the relevancy of its services to all members,
- Pursue joint activities with other societies,
- Increase advocacy efforts to ensure all sleep related disorders

are recognized and that their diagnosis and treatment are reasonably reimbursed.

- Promote a public health message of good sleep practices to employers.
- Expand its educational offerings for members, colleagues and trainees to provide for successful practice and life long education in sleep medicine.

RESEARCH COMMITTEE

MANDATE: The mandate of the Research Committee is to facilitate and promote basic and clinical research in the sleep field.

STRATEGIC ACTIVITIES: The Research Committee has been assigned the following strategic activities over the next one to three years:

- Advance the model of an academic unit of sleep medicine. Define and publish various models by which an academic unit of sleep medicine can evolve,
- Publish the history and methods by which current academic units of sleep medicine evolved or were created,
- Expand its educational offerings for members, colleagues, and trainees to provide for successful practice and life-long education in sleep medicine,
- Develop innovative methods for attracting young investigators and supporting their original research,
- Develop contacts with trainee groups, e.g. medical students, resident, graduate student organizations,
- Develop award program for best original research by individuals at different levels of training,
- Develop programs for effective mentoring and faculty development,
- Improve communication regarding AASM/SMERF research activities and the importance of sleep research, to AASM members,
- Communicate more regularly news of AASM research activities, new sleep research findings, and research funding announcements in the *AASM Bulletin*.

STANDARDS OF PRACTICE COMMITTEE

MANDATE: The mandate of the Standards of Practice Committee is to develop and update scientifically sound and appropriate guidelines for the practice of sleep medicine based on literature review, expert opinion, and consensus. The purpose of these practice parameters is to provide guidance and aid to physicians in the diagnosis and treatment of sleep disorders. Written reports recommending indications and standards for selected diagnostic studies or therapeutic procedures will be submitted to the AASM Board of Directors for endorsement. The committee can choose to delegate to specific task forces the task of developing suggested guidelines and consensus statements.

STRATEGIC ACTIVITIES: The Standards of Practice Committee has been assigned the following strategic activities over the next one to three years:

- To be the leading organization setting standards and meeting

professional and patient needs in sleep medicine,

- Define and promote improved clinical practices in sleep medicine using AASM Standards of Practice and other guidelines,
- Promote a public health message of good sleep practices to employers,
- Promote quality and cost effective care by educating insurers with the Standards of Practice and other products that are developed by the AASM,
- Define effective medical procedures that currently do not have codes and advocate for their reimbursement.

WEB SITE EDITORIAL ADVISORY COMMITTEE

MANDATE: The mandate of the Web site Editorial Advisory Committee is to ensure that the content of communication on the Web site is accurate, appropriate, up-to-date, and internally consistent. The Committee will also develop modifications in operation and design of the AASM Web site to facilitate and encourage visits by membership, other health care providers, and the public.

STRATEGIC ACTIVITIES: The Web site Editorial Advisory Committee has been assigned the following strategic activities over the next one to three years:

- Enhance communications to the membership and public utilizing the Web site and utilizing the existing association structure as resources for information,
- Make the *AASM Bulletin* available on the Web site and archive past issues.

The Committee on Committees will review volunteer applications in January and make recommendations for new Committee members to the Board of Directors at their March meeting. New Committee members will be contacted following the March Board of Directors meeting and the terms on each respective Committee will commence at the APSS Annual Meeting in June 2003. All Committee member terms are reviewed by the Committee on Committees on an annual basis. Each Committee member may be reappointed for no more than three continuous terms. An individual may serve three additional years on a committee if made a chairman or vice chairman, and an additional three years as a subcommittee/task force chair. If you have additional questions on Committee involvement or responsibilities, please contact Lance Brink at the AASM national office at (708) 492-0930 or via e-mail at lbrink@aasmnet.org.

ORIG • NEWS

RELATED ORGANIZATION NEWS

Trans-NIH Sleep Research Coordinating Committee 2001 Annual Report

The National Institute of Health's Trans-NIH Sleep Research Coordinating Committee, which facilitates the interchange of information on sleep and sleep related research within the NIH, released a 2001 Annual Report. The Report details sleep research activities conducted by Committee Member Institutes, including NHLBI, NIA, NIAAA, NICHD, NIDA, NIMH, NINDS, and NINR, and outlines research objectives for current initiatives. The report also provides information on education programs, including a list of FY 2001 sleep-related workshops and FY 2002 pending workshops, a list of FY 2001 publications and a summary of public communications; the committee then appointed a Working Group to evaluate these programs. Additionally, the committee reports the success of the 1996 Sleep Disorders Research Plan, which led to increased NIH research funding. As a result of the Plan's success, the Committee commissioned a Task Force to develop a five-year research plan by the end of fiscal year 2002-using the 1996 Plan as a template-that reviews accomplishments and identifies new objectives and opportunities in sleep research. Complete contents of the Annual Report are online at www.nhlbi.nih.gov/health/prof/sleep/Sleep-01.htm.

Financial Report FY 2001 Sleep Disorders Research Funding (Dollars in thousands)

	1995 Actual	1996 Actual	1997 Actual	1998 Actual	1999 Actual	2000 Actual	2001 Actual	2002 Estimate	2003 Estimate
NHLBI	13,674	16,450	19,219	22,932	31,845	35,128	37,579	41,337	44,230
NINDS	8,018	9,453	11,598	13,639	15,231	12,495*	17,603	19,108	20,393
NICHD	6,627	7,368	7,217	9,131	7,116	6,797	7,084	8,100	8,800
NIA	7,847	7,800	9,179	11,818	13,296	13,034	14,533	16,500	17,900
NIMH	29,721	27,231	28,601	34,027§	39,219	40,667	50,742	57,438	62,243
NIDA	1,084	1,201	1,042	1,586	2,163	2,533	2,517	2,800	3,000
NIAAA	793	551	728	766	736	1,132	1,681	1,807	1,897
NINR	2,107	2,842	3,565	3,394	3,503	4,635	5,375	5,913	6,268
NCRR	2,944	3,247	3,570	5,542	6,637	7,117	7,193	8,906	9,764
NCCAM	n/a	n/a	n/a	n/a	n/a	n/a	177	210	250
NHGRI	n/a	n/a	n/a	n/a	n/a	n/a	599	679	740
Total	72,815	76,143	84,719	102,835§	119,746	123,558	145,083	162,798	175,485

** FY2001 Trans-NIH Sleep Research Coordinating Committee Member Institute

§ Revised from Trans-NIH Annual Report for fiscal year 1998

* This reduction in FY 2000 funding compared to FY 1999 was due to a one-time change in the method of identifying sleep-related grants

Research Opportunities in Sleep

Research opportunities in sleep medicine are growing, with the National Institutes of Health estimated to budget \$175 million for sleep medicine in 2003-this translates into approximately \$38,000 per year for each AASM member. In addition to facilitating and promoting clinical research in the sleep medicine field, the AASM Research Committee provides input to the development of the National Plan for Sleep Disorders Research.

In 1996, the National Center on Sleep Disorders Research drafted the National Plan for Sleep Disorders Research to serve as a guide for sleep researchers. The Plan, which is broad in scope and multidisciplinary in nature, calls for the strengthening of existing sleep research programs and the creation of new programs that address research gaps and opportunities. Additionally, the NCSDR outlined two themes as paramount in the sleep medicine field: the need to apply technology to the study of sleep and the need to understand daytime sleepiness and reduce its negative impact on society. While the Plan serves as a valuable tool in the sleep medicine field, it is outdated. In response, the NIH drafted a new National Plan for Sleep Disorders Research and released it on June 1, 2002.

The AASM Research Committee evaluated the draft, sought input from the AASM membership and penned a critical response to the Plan. The Committee submitted suggestions, compiled by Dr. Allan Pack, to the AASM Board of Directors. Upon approval from the Board of Directors, these comments were presented to

the NIH for consideration. The Committee sent the following suggestions:

- The AASM Research Committee suggests the National Center on Sleep Disorders Research set priorities in research, such as highlighting research that has a large impact on public health, understanding the relationship between sleep disorders and other diseases and focusing on pediatric sleep disorders.
- The Plan should incorporate a specific section to improve research training.
- The Research Committee suggested additional topics for specific sections of the research plan, including a clinical trials network, women's issues in sleep, the use of informatics and computational biology, methodical issues in sleep research, sleep and neurodegenerative disease and sleep and stress.
- The Committee addressed additional perceived omissions from the original draft plan.

The AASM and the Research Committee anticipate the final version of the National Plan for Sleep Disorders Research as it will continue to serve as a guide for sleep researchers working to improve the health of Americans through research, training, technology and treatment.

The Research Committee welcomes member's input; send comments or questions to Allan Pack at pack@mail.med.upenn.edu or Steven Shea at steven_shea@hms.harvard.edu.

Polysomnographic Technologists Receive NCCA Accreditation

The National Commission of Certifying Agencies (NCCA) in August certified the Board of Registered Polysomnographic Technologist's credentialing program for registered polysomnographic technologists.

The Board of Registered Polysomnographic Technologists (BRPT) administers a credentialing program, the RPSGT, designed to assess the professional competence of practitioners who perform polysomnography and associated therapeutic interventions. The program also ensures that RPSGT credentialed technologists maintain current knowledge of standards and prac-

tices within the discipline through continuing education.

An integral part of credentialing is the Comprehensive Registry Examination for Polysomnographic Technologists, which qualifies individuals for the RPSGT certificate. The RPSGT program is the only existing credential for polysomnographic technologists and currently 4,860 technologists hold the credential.

Details of the NCCA Standards of Accreditation for Accreditation of Certification Programs are available at www.noca.org/ncca/accreditation.htm. Information about the BRPT credential program is online at www.brpt.org.

Accreditation FAQ.....

The Accreditation Committee receives many calls and e-mails from Academy members and other individuals with questions relative to the process for the accreditation of centers and laboratories. Below are some of the most frequently asked questions and the corresponding answers, which were supplied by Dr. Donna Arand, chair of the Accreditation Committee. If you have questions specific to the accreditation process, please e-mail them to John Slater at the national office (j Slater@aasmnet.org) and we will consider placing them in future issues of the *AASM Bulletin*.

1. How long do we have to be open before we can apply for accreditation?

There is no minimum time for operation, but the facility must be able to provide all of the information requested in the application.

2. What is the difference between a laboratory and a center?

The AASM accredits two different types of sleep disorders facilities. They are sleep disorders centers and laboratories for sleep-related breathing disorders. The standards for accreditation are almost identical with two exceptions. A center must have a Diplomate of the ABSM or someone accepted to take the exam on staff at the time of application. A laboratory does not need a D,ABSM at the time of application but must obtain such an individual within three years. Secondly, a laboratory may not advertise the evaluation and treatment of all types of sleep disorders, but must limit advertising to only sleep-related breathing disorders. However, patients evaluated for sleep related breathing disorders may have a different disorder or more than one sleep disorder. Consequently laboratories must be able to identify all types of sleep disorders and have a mechanism for providing treatment or referral for treatment of all sleep disorders identified in their patients.

3. Can patient charts be stored electronically or is a paper chart required?

Patient charts can be stored electronically and a paper chart is not required. However, if patient charts are only stored electronically, the chart must be accessible to all necessary personnel at the time and location that the patient is seen. Sleep physicians, technicians and appropriate office staff must have a computer available at the location needed and they must have access to the data and be able to operate the computer.

4. How should our records be stored? And for how long?

Records may be stored electronically or on paper. However, data reduction is not allowed when storing records electronically. The standards for accreditation simply require programs to meet all facility and state requirements for length of medical record storage. Consequently, this can vary from state to state and between programs.

5. What should CME for techs consist of?

All technical staff are required to have 10 hours per year of sleep-related education. This can all be done in-house if necessary and any continuing educational activities related to sleep will currently qualify. For example, this can include attendance at sleep lectures, clinical case conferences in the sleep lab, local sleep conferences, journal club, local DME presentations on PAP equipment, or any local, regional or national sleep meetings. Written documentation of all sleep-related educational activities must be kept for each technician and formal CME credits are not required.

6. What information needs to be included in our sleep database?

Almost all items in the database can be determined by the sleep program, based on their interests and needs. The database information usually includes patient demographic data (name, address, phone, DOB) and often the referring physician, sleep physician, type of insurance, date and type of studies and primary and secondary final diagnoses. Other useful information includes AHI, CPAP pressure and DME company. However, the name and final diagnosis are the only items required by the standards for accreditation and the diagnosis must be based on the current ICSD. The ICSD terminology and/ or ICSD code must be used for diagnostic classification in the database. The database must also allow sorting of patients by diagnostic category.

NEW

AASM ACCREDITED

SLEEP DISORDERS CENTERS AND LABORATORIES

Sleep Diagnostics of Northeast Alabama
Gadsden Regional Medical Center
1007 Goodyear Ave
Gadsden, AL 35903
Accredited Center

Sleep Disorders Center
Memorial Hospital
1400 E Boulder St
Colorado Springs, CO 80909
Accredited Center

The Sleep Disorders Laboratory of
North Hawaii Community Hospital
67-1125 Mamlahoa Hwy
Kamuela, HI 96743
Accredited Laboratory

Gritman Sleep Laboratory
Gritman Medical Center
700 S Main St
Moscow, ID 83843
Accredited Center

Alternative Sleep Disorders Center
1122 N Main St
Algonquin, IL 60102
Accredited Center

Proctor Hospital Sleep Clinic and Diagnostic
Lab
Proctor Hospital
5409 N Knoxville Ave
Peoria, IL 61614
Accredited Center

OCF Saint Francis Sleep Disorders Center
OCF Saint Francis Hospital
530 NE Glen Oak
Peoria, IL 61637
Accredited Center

Goshen General Hospital Center for Sleep
Studies
Goshen General Hospital
1806 Mayflower Pl
Goshen, IN 46526
Accredited Center

Illiana Institute of Sleep Disorders
701 Superior Ave
Munster, IN 46321
Accredited Center

Illiana Institute of Sleep Disorders - Phase II
521 E 86th Ave, Ste G
Merrillville, IN 46410
Accredited Center

The Sleep Lab at Bluegrass Community
Hospital
360 Amsden Dr
Versailles, KY 40383
Accredited Laboratory Satellite

Sleepworks
250 E Laurel Ave
Eunice, LA 70535
Accredited Laboratory

Franklin Square Sleep Center
Franklin Square Hospital Center
9000 Franklin Square Dr
Baltimore, MD 21237
Accredited Center

Bozeman Deaconess Sleep Disorders Center
Bozeman Deaconess Hospital
915 Highland Blvd
Bozeman, MT 59715
Accredited Center

HPRHS Sleep Disorders Lab
High Point Regional Health System
601 N Elm St
High Point, NC 27261
Accredited Center

Rex Sleep Disorders Center
4201 Lake Boone Trail, Ste 202
Raleigh, NC 27607
Accredited Center

Gauga Sleep
13221 Ravenna Rd
Chardon, OH 44024
Accredited Center

TriHealth Sleep and Alertness Center
Bethesda North Hospital
10500 Montgomery Rd
Cincinnati, OH 45242
Accredited Center

Sleep Care at Victorian Village Health Cen-
ter
1087 Dennison Ave
Columbus, OH 43202
Accredited Center

Southwest Cleveland Sleep Center
7050 Engle Rd, #102
Middleburg Heights, OH 44130
Accredited Center

Toledo Sleep Disorders Center
3441 Granite Cir
Toledo, OH 43617
Accredited Center

St. Luke's Hospital and Health Network
Sleep Disorders Center
St. Luke's Hospital and Health Network
801 Ostrum St
Bethlehem, PA 18015
Accredited Center

Penn Center for Sleep Disorders at
Doylestown
800 W State St, Ste 204
Doylestown, PA 18901
Accredited Center

Sleep Disorders Center at the Medical Col-
lege of Pennsylvania
3300 Henry Ave
7th Floor East
Philadelphia, PA 19129
Accredited Center

Penn Sleep Center at Phoenixville
Phoenixville Hospital
140 Nutt Rd
PO Box 809
Phoenixville, PA 19460-0809
Accredited Center

Northern Virginia Sleep Diagnostic Center
8503 Arlington Blvd, Ste 340
Fairfax, VA 22031
Accredited Center

Sleep Disorders Center for Adults and Chil-
dren
Williamsburg Community Hospital
1308 Mount Vernon Ave
Williamsburg, VA 23185
Accredited Center

2003 YOUNG INVESTIGATOR RESEARCH AWARD APPLICATION FACE SHEET

INSTITUTIONAL AFFILIATION _____ Tax ID # _____

PRINCIPAL INVESTIGATOR NAME _____ DEGREE _____

ACADEMIC POSITION _____

DEPARTMENT _____

ADDRESS _____

(Please include mail box numbers. All correspondence from the Foundation will be sent to you at the above address.)

TELEPHONE _____ FAX _____ EMAIL _____

CO-INVESTIGATOR NAMES, ACADEMIC POSITIONS AND INSTITUTIONS

PROJECT TITLE _____

BUDGET REQUEST (**Total \$** for **all** years) _____

List up to six key words indexing primary attributes of the proposed research.

Key Words: _____

Institutional Signature (Grants & Contracts/Sponsored Research Official)

Name _____ Title _____

Institution _____ Date _____

CHECKLIST

- Submit application materials in the order indicated in the guidelines, labeling each section A – M.
- Place a Foundation Face Sheet form on top of each set of application materials (copies acceptable).
- Be sure your name, project title, and key words are on the abstract.
- Do not staple materials.** Clip each copy of the application, and bind all copies with a large clip or rubber band.

Send twelve copies (including original) of the application materials by January 15, 2003 to:

Sleep Medicine Education and Research Foundation

Attn: Foundation Coordinator

One Westbrook Corporate Center

Suite 920

Westchester, IL 60154

Looking for something new for casual Fridays?

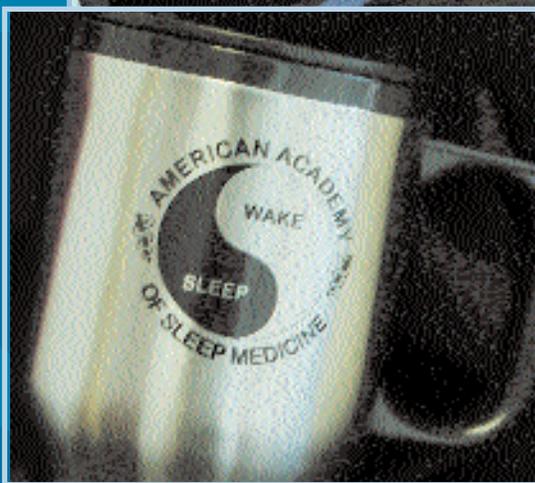
Every dollar spent on merchandise goes to the Sleep Medicine Education & Research Foundation

You can find the answer while supporting the Foundation with AASM Apparel!



The AASM polos, denims and sweatshirts are professional, yet comfortable for your work environment.

These products also make great gift ideas for incoming employees or all staff uniforms.



Other great gifts include mugs, office accessories, key chains, hats, ties, lapel pins, and much more!

Order yours today by visiting the AASM Web site at www.aasmnet.org and make your casual Fridays even better!

2002 IS AN ELECTION YEAR



What's the most important thing you can do this election year other than vote?
Invest in the American Academy of Sleep Medicine Political Action Committee! (AASM PAC)
By investing in the AASM PAC, you are doing the following:

- Participation:** Your contribution allows you to have an active voice at the Capitol.
- United Voice:** Your contribution combined with other members of the AASM are working toward a common goal.
- Educate:** Your contribution helps educate both government agencies and legislators about changes in the field of sleep medicine.
- Price of Doing Business:** Your contribution helps the Academy get a seat at the table with decision makers.
- Strength in numbers:** Your participation shows legislators that members of the Academy are concerned about the future of sleep medicine.
- Relationships:** Your contribution allows the AASM PAC to maintain relationships with legislators by supporting fund-raisers and organizing meetings between legislators and members of the Academy.
- Goals:** By contributing, you are ensuring the voice of sleep medicine is heard; achieving the Academy's goal of advancing sleep medicine and increasing value to the work you do.

Members of the AASM can contribute to the PAC by completing and faxing the form below to (507) 287-6008 or visit our website at www.aasmnet.org/aasm/pac/contribution.asp

CUT ALONG DOTTED LINE

MAKE YOUR CONTRIBUTION TODAY

The American Academy of Sleep Medicine Political Action Committee needs your assistance in continuing its efforts to educate Congress in supporting the advancement of Sleep Medicine.

- \$50 \$100 \$250 \$500 Other (you are free to contribute as much or as little as you wish)*
- VISA MasterCard American Express Check (checks must be from a personal account)

CC# _____ Exp. ____/____/____

Signature _____ Name on Card _____

The following information will be used to identify your Congressional District

Name _____

Address _____

City, State, Zip _____

Phone _____ / _____ FAX _____ / _____ E-mail _____

Please detach this portion and fax to (708) 492-0943

*The amounts listed are simply suggestions; feel free to contribute as much or as little as you wish.

The amount of your contribution or decision not to contribute will not benefit or disadvantage your status with the AASM in any way.
Contributions are not deductible for Federal Income tax purposes as charitable contributions.

American Academy of Sleep Medicine - Product Order Form

TITLE	ITEM#	QTY	PRICE		TOTAL
			(prices subject to change)		
			Member	Non-member	
PATIENT EDUCATION BROCHURES (Available only in lots of 50)					
Circadian Rhythms	0002	_____	\$20.00	\$35.00	_____
Coping with Shift Work	0012	_____	\$20.00	\$35.00	_____
Drowsy Driving	0023	_____	\$20.00	\$35.00	_____
Insomnia	0003	_____	\$20.00	\$35.00	_____
"My Child Can't Sleep"	0019	_____	\$20.00	\$35.00	_____
"My Child Snores"	0020	_____	\$20.00	\$35.00	_____
Narcolepsy	0001	_____	\$20.00	\$35.00	_____
Obstructive Sleep Apnea & Snoring	0007	_____	\$20.00	\$35.00	_____
Overnight Sleep Studies	0014	_____	\$20.00	\$35.00	_____
Parasomnias	0009	_____	\$20.00	\$35.00	_____
Positive Airway Pressure Therapy for Sleep Apnea	0018	_____	\$20.00	\$35.00	_____
Restless Legs Syndrome and Periodic Limb Movement Disorder	0013	_____	\$20.00	\$35.00	_____
Sleep & Depression	0016	_____	\$20.00	\$35.00	_____
Sleep & Health	0021	_____	\$20.00	\$35.00	_____
Sleep & Heart Disease	0026	_____	\$20.00	\$35.00	_____
Sleep As We Grow Older	0006	_____	\$20.00	\$35.00	_____
Sleep Diary	0022	_____	\$20.00	\$35.00	_____
Sleep Hygiene	0004	_____	\$20.00	\$35.00	_____
Sleep in Women	0017	_____	\$20.00	\$35.00	_____
Sleepwalking and Other Childhood Parasomnias	0024	_____	\$20.00	\$35.00	_____
Teenagers, Young Adults and Sleep	0025	_____	\$20.00	\$35.00	_____
Treatment Options for Obstructive Sleep Apnea Syndrome	0015	_____	\$20.00	\$35.00	_____
Pamphlet Sampler Pack (one of each of the above)	0008	_____	\$10.00	\$15.00	_____
PATIENT EDUCATION VIDEO					
Visiting a Sleep Lab Sleep Apnea — Diagnosis and Treatment	1002	_____	\$30.00	\$50.00	_____
PROFESSIONAL ACCREDITATION MATERIALS¹					
Starting a Sleep Disorders Program Manual	9001	_____	\$60.00	\$60.00	_____
Center Accreditation/Reaccreditation Application	9002	_____	\$300.00	\$300.00	_____
Lab Accreditation/Reaccreditation Application	9006	_____	\$300.00	\$300.00	_____
Application on disk	9007	_____	\$25.00	\$25.00	_____
(only available with the purchase of an application)					
Accredited Facility Patient Referral Brochure (Available only in lots of 50)	9008	_____	\$20.00	\$35.00	_____
Accreditation Reference Manual	9010	_____	\$395.00	\$595.00	_____
¹ You must list on page two the program name that the accreditation materials are being purchased for.					
CERTIFICATE FRAMES					
Membership certificate in frame, cherrywood *	5001	_____	\$50.00	\$65.00	_____
Membership certificate in frame, black *	5002	_____	\$35.00	\$50.00	_____
Certificate Frame (no certificate), cherrywood	5001-A	_____	\$40.00	\$50.00	_____
Certificate Frame (no certificate), black	5002-A	_____	\$25.00	\$35.00	_____

*Indicate certificate to include: AASM individual membership AASM center membership AASM center accreditation

Print name to appear on Certificate _____

Provide additional instructions on a separate sheet if ordering multiple certificates or ordering certificates for more than one individual or entity, or ordering for an individual not listed on this order form.

TITLE	ITEM#	QTY	PRICE		TOTAL
			(prices subject to change)		
			Member	Non-member	
PROFESSIONAL REFERENCE MATERIALS					
The International Classification of Sleep Disorders, Revised: Diagnostic and Coding Manual (ICSD-R)					
Softbound, 1997 Revised Edition	2001	_____	\$55.00	\$65.00	_____
Pocket 2000 Edition	2003	_____	\$30.00	\$40.00	_____
Sleep Center Management Manual	4002	_____	\$25.00	\$40.00	_____
AASM Clinical Practice Parameters & Review Papers	4003	_____	\$50.00	\$65.00	_____
Practice Parameters & Review Paper CD-ROM	4004	_____	\$50.00	\$65.00	_____
SLEEP Archives 1998 CD-ROM	6001	_____	\$50.00	\$50.00	_____
SLEEP Archives 1999 CD-ROM	6002	_____	\$50.00	\$50.00	_____
SLEEP Archives 2000 CD-ROM	6003	_____	\$50.00	\$50.00	_____
Patient Satisfaction Surveys (50/tablet)	7001	_____	\$15.00	\$20.00	_____
PROFESSIONAL EDUCATION MATERIALS (Slide sets and *CD-Rom)					
Sleep Apnea: Diagnosis and Treatment.....	3001	_____	\$195.00	\$390.00	_____
*Sleep Apnea: Diagnosis and Treatment	3001CD	_____	\$195.00	\$390.00	_____
Insomnia: Etiology, Evaluation and Treatment	3002	_____	\$195.00	\$390.00	_____
*Insomnia: Etiology, Evaluation and Treatment	3002CD	_____	\$195.00	\$390.00	_____
*Illustrated Guide to Polysomnography: Normal Sleep.....	3010CD	_____	\$99.00	\$200.00	_____
Respiratory Sleep Disorders in Children	3011	_____	\$150.00	\$300.00	_____
Non-Respiratory Sleep Disorders in Children	3012	_____	\$175.00	\$350.00	_____
Both Pediatric Slide Sets	3013	_____	\$275.00	\$550.00	_____
Narcolepsy	3014	_____	\$175.00	\$350.00	_____
*Narcolepsy	3014CD	_____	\$175.00	\$350.00	_____

***SHIPPING**

For U.S. UPS Ground Orders Only

Order Size	Add
1-6 items	\$8.00
7-12 items	\$13.00
13-18 items	\$19.00
19-24 items	\$24.00
Over 24 items	Based on Cost
<input type="checkbox"/> Next Day	<input type="checkbox"/> Second Day
Based on Cost	Based on Cost

*** All Canadian and International orders will be based on cost.**

Subtotal _____

IL State residents add 7.75% sales tax _____

Shipping from box at left _____

(applies for U.S. UPS GROUND ORDERS ONLY,
all others will be based on cost)

Handling Charge **\$5.00**

New AASM Membership Fees _____

(enclose application)

TOTAL _____

Individual or Center Member Name (required): _____ Member # _____

Nonmember

Name _____ E-mail _____

Accreditation Applications Purchased for (Program Name) _____

Phone _____ FAX _____

Address _____ Residential Commercial

City, State, Zip, Country _____

Check enclosed (U.S. Bank Only) American Express VISA MasterCard Purchase Order # _____

CC# _____ **(\$500 minimum on all purchase orders. Hard copy of the P.O. must be attached.)**

Signature _____ Expiration Date ____/____/____

Orders accepted by mail, fax or online at www.aasmnet.org. Please allow up to 2 weeks for delivery.

American Academy of Sleep Medicine
One Westbrook Corporate Center, Suite 920
Westchester, IL 60154
Fax (708) 492-0943

october 2002

Association Name	Meeting Name	Dates	Location
NHLBI	Advisory Council Meeting	Oct. 24-25	NIH

november 2002

Association Name	Meeting Name	Dates	Location
American College of Chest Physicians	CHEST 2002	Nov. 2-7	San Diego, CA
Society for Neuroscience	Annual Meeting	Nov. 2-7	Orlando, FL
SRS	Board of Directors Meeting	Nov. 9-10	Chicago, IL
AASM	Board of Directors Meeting	Nov. 15-17	Charlotte, NC

december 2002

Association Name	Meeting Name	Dates	Location
National Cancer Institute	Advisory Council Meeting	Dec. 3-5	NIH

of events

October

CLASSIFIEDS

REGISTERED SLEEP TECHNICIAN—University Hospitals of Cleveland is the flagship hospital in the University Hospitals Health System. Founded in 1866, we're a 947-bed tertiary and academic medical center with an array of comprehensive services, advanced technologies, and exceptional hospitals and outpatient facilities, making it the choice among patients and staff. Within UHC's Sleep Center full-time, part-time and PRN positions is an opening for a Registered Sleep Technician with at least 2 years of experience performing sleep studies, the ability to score studies and perform duties associated with lab management required. CPR certification required upon employment.

We are an equal opportunity/affirmative action employer.

Interested applicants, please forward a resume to:

University Hospitals of Cleveland

Attn: Recruitment Services

Job Code SSB 104346

11100 Euclid Ave

Cleveland, OH 44106

Fax: 216-844-4765

E-mail: scott.bottcher@uhhs.com

www.uhhs.com

advanced care, advanced caring

NEUROLOGIST—Evanston Northwestern Healthcare Department of Neurology seeks an adult neurologist with special interest in sleep. This is a full time position to lead and develop sleep neurology at Glenbrook Hospital. Applicants must have academic credentials for faculty appointment at the Feinburg School of Medicine at Northwestern University at the instructor or professor level, non-tenure track. Applicants must be Board Certified or eligible in sleep medicine. The proposed start date is July 1, 2003. Send cv to Nicholas A. Vick, MD, Chairman, Department of Neurology, Evanston Hospital, 2650 North Ridge Avenue, Evanston, IL 60201. Evanston Northwestern Healthcare and Northwestern University are Affirmative Action/Equal Opportunity Employers. Hiring is contingent upon eligibility to work in the United States. Woman and minorities are encouraged to apply. End date is March 1, 2003.

FELLOWSHIP—The Henry Ford Hospital Sleep Disorders and Research Center is offering a one-year fellowship in sleep disorders medicine starting July 1, 2003. This full time AASM accredited position involves training in diagnosis and treatment of sleep disordered patients. The Sleep Clinic at Henry Ford Hospital evaluates approximately 900 new patients yearly. The position also includes exposure to research programs in sleep-related breathing disorders, narcolepsy, chronic insomnia, and the pharmacology of sleep. Candidates must be board eligible in psychiatry, neurology, or internal medicine. Send inquires and C.V. to David Hudge, M.D., Henry Ford Hospital Sleep Center, 2799 West Grand Blvd, CFP3, Detroit, MI 48202-2691.

Do you qualify to offer AASM-sponsored CME credit?

In November 1997, the American Academy of Sleep Medicine was awarded full accreditation by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. Since that time, the AASM CME Committee has worked to establish guidelines and procedures to enter into joint sponsorship agreements with organizations not accredited to sponsor CME educational activities. At this time, the Committee is pleased to announce its intent to accept applications from AASM accredited member centers and laboratories and other entities for joint sponsorship with the AASM.

If you are interested in offering CME credit for physician educational activities, please contact Jennifer Markkanen at the AASM National Office by phone at (708) 492-0930, or by e-mail at jmarkkanen@aasmnet.org for additional information and an application for CME credit.