

VOLUME 10—NO. 4
FALL 2003

AASM BULLETIN

THE BULLETIN OF THE AMERICAN ACADEMY OF SLEEP MEDICINE

AASM Call for Committee Volunteers

2004 Physician Fee Schedule Updated

2003 National Sleep Medicine Course Review

2004 Advanced Sleep Medicine Course Registration Open

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EDITOR'S NOTES

Andrew L. Chesson Jr., MD
Editor-in-Chief

Browsing through the adjacent AASM Bulletin index certainly provides a sense of excitement about what's going on in sleep and the AASM's level of impact on the world of sleep medicine. As AASM members, you are each a part of that ongoing change.

We are beginning our yearly cycle of selecting new committee members for next year, and if you have an interest in serving the AASM, certainly volunteering for committees is one excellent way. Reviewing the **committee list** on pages 6-8 will help you understand the scope of what the American

Academy of Sleep Medicine is trying to achieve and might give you some ideas about potential ways you can contribute to our success. While not everybody gets their first choice the first time, certainly I encourage you to express your interest if you would like to be considered for specific committees. These requests will be forwarded to the office staff, Nominating Committee and the Board of Directors to consider for committee appointments. While many committee tasks are time consuming, and do require significant effort from our volunteers, I personally believe that the rewards are substantial.

The **Member Update** provides a way to keep up with current things being done in the Academy and to be apprised of very exciting new plans. Several new practice guidelines are approved for development and recently completed clinical practice reviews also provide a framework to help us in the management of our patients. Not an actual part of our Standards of Practice Committee output but related and important to the field is the completion of the joint AASM-ATS-ACCP Guideline entitled "Practice parameters for the use of portable monitoring devices in the investigation of suspected obstructive sleep apnea in adults," which is now available and represents a landmark sleep-related activity. This is significant not only for the sleep community regarding its content, but for the medical community in general because of its status as a practice parameter developed in a coordinated manner by three major soci-

eties, using an evidenced-based methodology. The AASM is proud to be one of those associations. Another AASM product that has reached national attention is our **SAFER** (Sleep, Alertness and Fatigue Education in Residency) CD-ROM. This was developed by a group of AASM members and educators in conjunction with members of the AMA and ACGME. We have just been notified that the AASM has been awarded the AMA's Resident and Fellow's Section Resident Recognition of Excellence distinction as "a group that has made significant impact on the lives or the images of our nation's resident and fellow physicians." This award, which singles out the October 2001 Conference, Sleep, Fatigue and Medical Training, and the SAFER curriculum development, and our inclusion of residents in the appropriation and execution of these projects, is another exciting recognition of the Academy, its members and our broader impact on medical care.

We are preparing not only for the **APSS Annual Meeting** in Philadelphia, June 5-10, 2004, but also additional education venues, including the **National Sleep Medicine Course** and the **Advanced Sleep Medicine Course**, both of which are currently open for registration. These have evolved into mature and useful courses for the sleep clinician, whether novice or experienced.

The **health policy/governmental affairs** arena has had ongoing successes, including blocking undesirable changes that were scheduled to go into place for physician fees, as well as providing assistance in having sleep physicians appropriately reimbursed for sleep studies.

Some particularly exciting activities that are major in scope include the progress on the **ICSD update** which is outlined in skeletal form on pages 13 and 14, and two upcoming projects which will also be highlighted at the APSS Annual Meeting: one on better defining **non-rapid eye sleep** and the other on consideration of revisions of the Rechtschaffen and Kales manual for scoring sleep, and other methodologies used for various aspects of **sleep and sleep disorders scoring**. Much more will be available at the APSS meeting concerning these three endeavors and we look forward to your input and discussion concerning these topics.

I urge you to make your plans now for attending the APSS Annual Meeting. The Program Committee is well on its way to rounding out the program details; I have no doubt that it will be an exciting and educationally rewarding meeting.

I hope your holidays are filled with family and friends and holiday togetherness, and the New Year with good health and good sleep.

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Editor: Andrew L. Chesson, Jr., M.D., Past-President; Associate Editor: Lee Brown, M.D.
Production Editor: Thomas Meyer
Editorial Advisers: Conrad Iber, M.D., President; Jerome A. Barrett, Executive Director
American Academy of Sleep Medicine, One Westbrook Corporate Center, Suite 920, Westchester, IL 60154
Phone: (708) 492-0930, Fax: (708) 492-0943, E-mail: aasm@aasmnet.org, Web site: http://www.aasmnet.org

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PRESIDENT'S PERSPECTIVE

By Conrad Iber, MD
AASM President



The membership of the American Academy of Sleep Medicine is a talented and diverse resource that fuels the dynamic science and enriches the clinical practice of Sleep Medicine. The Academy structure empowers members to contribute to the field and to further professional interests and growth. Participation in AASM Board Committees provides a tremendous fabric of support and nurturing for the field of sleep medicine through the accreditation of centers, development of practice parameters and position papers, the shaping of health policy, and the facilitation of education, training, mentoring, and research. The newly reconstituted Membership Sections Committee provides a format for interaction of members in topical areas and for the germination of proposals for the APSS Annual Meeting and other special projects. The growth of the field of sleep medicine owes much tribute to the activity of the dedicated and altruistic membership of the Academy.

MEMBERSHIP RENEWAL

Membership is the core of the Academy, and the organization continues to enjoy strong growth in both individual and center membership. Renewal notices for 2004 have been mailed to members, and we look forward to your continued support and involvement. I encourage members to be active in the organization in a variety of ways. This issue of the *Bulletin* includes information about volunteering your time and expertise in the Academy's committees. Members are also encouraged to join in a membership section, which are a means to share ideas and suggestions with colleagues of similar interests and specialties, as well as with the Board of Directors and the APSS Program Committee.

DONATIONS WELCOME

I also invite members to consider contributing to the American Sleep Medicine Foundation and the Political Action Committee when renewing their membership. These important initiatives assist members in their dedicated service to patients and the field of sleep medicine. The American Sleep Medicine Foundation continues to promote education and fund research through the distribution of grants. Last year, the Foundation awarded grants to Young Investigators and High Risk Research, and continues to look to the future of sleep medicine by searching for new and innovative ways to fund research. Page 30 of this issue relays some of the activities the Foundation is currently undertaking.

Similarly, the Political Action Committee continues to work on policies, including Medicare coverage, reimbursement and CPT and APC issues, which directly affect our members. Pages 19-21 of this issue contain specific information about revised fee schedules recently legislated. In 2003, members of the Academy hand delivered funds to several Congressional members supportive of legislation related to sleep medicine – these donations were possible because of generous member support. Members who contribute to the PAC relay a message to legislators that details the importance of sleep medicine and deliver funds to support these interests. Page 15 of this issue outlines the objectives and activities of the AASM Political Action Committee.

CALL FOR VOLUNTEERS

In its annual "Call for Volunteers," the Board invites members to rededicate themselves to the field by participating in Board Committees and sections. Interested members will find a description of committee activities and mandates on pages 6-8 of this issue, as well as links to the application for committee membership on the Web site. Those who have questions regarding this process may call the Membership Department at the AASM office.

CONTINUING EDUCATION OPPORTUNITIES

The Academy places a high priority on continuing the education of its members and the sleep community. Pages 16 and 17 of this issue highlight a few of the educational opportunities offered by the AASM. The National Sleep Medicine Course, held in August 2003 near the AASM National Office in Oak Brook, Illinois, was an unparalleled educational initiative that combines an intensive learning environment with a prestigious networking opportunity. The Advanced Sleep Medicine Course, new in 2003 and being held February 19-22, 2004 in Denver, Colorado, is similar to the National course in its intensive approach to sleep medicine review. The Academy also offers its members readily-available educational resources online via MED-Sleep.

KEEP MEMBERSHIP GROWING

The Academy also welcomes those who may be still considering membership. Immediate benefits of membership include subscription to the journal *SLEEP* and the *AASM Bulletin*; the AASM Weekly Update, a timely email list serve that keeps members abreast of the activities of the Sleep Medicine field; the annual membership directory, which includes members of the AASM, the Sleep Research Society, the Association of Polysomnographic Technicians, and the Academy of Dental Sleep Medicine; and discounts to the APSS Annual Meeting, educational courses and on AASM educational products. Enduring benefits of membership are perhaps less tangible but more important: opportunities for professional growth and fulfillment and for collegial interaction. Pages 11-14 of this issue outline many of the benefits, activities and initiatives of interest to both current and prospective members.

Astro-Med

COMMITTEE NEWS CALL FOR VOLUNTEERS

The AASM invites volunteers to participate in its established Board Committees. Committee members provide a valuable service to the field of sleep medicine and have the opportunity of personal intellectual enrichment through the diverse activities the committees have to offer. A description of each Academy Board Committee follows, including the committee mandate and strategic activities as outlined by the Board of Directors.

Members interested in serving on one of the Academy Board Committees should visit the AASM Web site at www.aasmnet.org/committee.htm and print the committee interest and conflict of interest form posted as a PDF document. The completed form should be submitted with a brief letter of interest and a copy of a two-page curriculum vitae summary. All documents can be mailed to American Academy of Sleep Medicine, One Westbrook Corporate Center, Suite 920, Westchester, IL 60154; or they may be faxed to the attention of the Committee on Committees at (708) 492-0943. The deadline for committee participation interest forms is January 15, 2004.

ACCREDITATION

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 and abroad. The committee is responsible for monitoring these procedures and making recommendations for changes in the accreditation procedures and Standards to the Board, as needed. On behalf of the AASM, the committee may grant accreditation to full-service centers, specialty laboratories, and satellites 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 by the Board of Directors:

- Promote the development of new sleep medicine fellowship training programs with the goal of increasing the number of sleep medicine fellowships to 75 by 2005 and 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, fel-

- lowship training and AASM educational efforts;
- Encourage outcome studies demonstrating the effectiveness of sleep medicine specialists; and
- Lead the development of analytical and methodological tools to assess patient outcomes at accredited sleep disorder centers.

BEHAVIORAL SLEEP MEDICINE

MANDATE: The Mandate of the Behavioral Sleep Medicine Committee is to evaluate and recommend issues of credentialing, training, and reimbursement as they relate to Behavioral Sleep Medicine. The Committee is also responsible for the development, administration and evaluation of the annual Behavioral Sleep Medicine certification examination.

CLINICAL PRACTICE REVIEW

MANDATE: The mandate of the Clinical Practice Review Committee is to respond to issues referred by the Board and received from physicians, patients, and third-party payers regarding clinical management or reimbursement in sleep medicine. The scope generally includes 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 by the Board of Directors:

- Define and promote improved clinical practices in sleep medicine using AASM standards of practice and other guidelines;
- Integrate improved clinical practices 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; and
- Make recommendations regarding sleep disorders in future versions of the International Classification of Disease (ICD).

CONTINUING MEDICAL EDUCATION

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, and others, to ensure 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 a 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 development of an educational activity.

STRATEGIC ACTIVITIES: The Continuing Medical Education Committee has been assigned the following strategic activities by the Board of Directors:

- 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 educational offerings;
- Initiate and maintain an Advanced Sleep Medicine Course geared to address the needs of the Board-certified sleep medicine specialist as part of the continuing National Sleep Medicine Course; and
- Explore the development of Internet-based educational programs.

FELLOWSHIP TRAINING

MANDATE: The mandate of the Fellowship Training Committee is to establish, 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 by the Board of Directors:

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

HEALTH POLICY

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 the AASM membership 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 can be given by the AASM 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 by the Board of Directors:

- 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 with 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; and
- 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

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 by the Board of Directors:

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

MEDICAL SCHOOL EDUCATION

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 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 by the Board of Directors:

- Provide resources to strengthen the sleep medicine curricula in medical schools and postgraduate training;
- Develop undergraduate/pre-clinical, residency program, fellowship program, and CME goals and objectives 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; and
- Develop programs for effective mentoring and faculty development.

MEMBERSHIP SECTIONS

MANDATE: The mandate of the Membership Sections Committee is to discern the educational, academic and pragmatic needs of the members of the association. The committee will 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 oversee membership sections and will suggest to the Board means of promoting a membership with diversified interests, backgrounds, and orientations.

STRATEGIC ACTIVITIES: The Membership Sections Committee has been assigned the following strategic activities by the Board of Directors (previously assigned to the Membership Committee):

- Promote the multidisciplinary nature of membership and ensure the relevance of services offered to 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 and graduate student organizations;
- Develop an identifiable and meaningful role for its members with specific needs; and
- Develop a mechanism to determine the needs of different member segments.

PUBLICATIONS

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 multimedia products. The audience for these materials may include sleep medicine physicians, clinicians, other physicians, and health care providers, patients, or the public.

STRATEGIC ACTIVITIES: The Publications Committee has been assigned the following strategic activities by the Board of Directors:

- Optimize the relationship between the AASM and other sleep organizations;
- Promote the multidisciplinary nature of membership and ensure the relevance of member services;
- 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; and
- Promote a public health message of good sleep.

RESEARCH

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 activities by the Board of Directors:

- 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 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 and graduate student organizations;
- Develop an 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/ASMF research activities and the importance of sleep research to AASM members; and
- Regularly communicate news of AASM research activities, new sleep research findings, and research finding announcements in the *AASM Bulletin*.

SLEEP MEDICINE COURSES

MANDATE: The mandate of the Sleep Medicine Courses Committee is to propose, develop, and conduct courses for physicians and other clinicians seeking certification from the American Board of Sleep Medicine, re-certification, 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 Sleep Medicine Courses Committee has been assigned the following activities by the Board of Directors (previously assigned to the National Sleep Medicine Course Committee):

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

STANDARDS OF PRACTICE

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 by the Board of Directors:

- Act as the leading organization in 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; and
- Define effective medical procedures that currently do not have codes and advocate for their reimbursement.

CERTIFICATION IN BEHAVIORAL SLEEP MEDICINE

The Behavioral Sleep Medicine Committee extends its congratulations to the 31 candidates who passed the first annual examination in June at the APSS Annual Meeting.

Sonia Ancoli-Israel, PhD
Michael W. Anderson, PhD
J. Todd Arnedt, PhD
Lauren E. Broch, PhD
Valerie M. Crabtree, PhD
Laura Anne Czajkowski, PhD
Cynthia M. Dorsey, PhD, D,ABSM
Jack D. Edinger, PhD
Gina M. Graci, PhD
Suzan E. Jaffe, PhD
Brett R. Kuhn, PhD
Tracy F. Kuo, PhD
Daniel S. Lewin, PhD
Rachel Manber, PhD
Michael J. Neeb, PhD
James F. Pagel, Jr., MS, MD

Donn A. Posner, PhD
Jaan Reitav, PhD
Saul A. Rothenberg, PhD
Susan Rubman, PhD
Michael T. Smith, Jr, PhD
Arthur J. Spielman, PhD
Cheryl L. Spinweber, PhD, D,ABSM
Edward J. Stepanski, PhD
Debra Jane Stultz, MD
Janet E. Tatman, PhD
Robert Joseph Thomas, MD
Margaret H. White, PhD
William K. Wohlgenuth, PhD
James K. Wyatt, PhD, D,ABSM
Chien-Ming Yang, PhD

The committee is currently preparing for the second annual Behavioral Sleep Medicine certification examination. The examination will be held at the APSS 18th Annual Meeting in Philadelphia. **The deadline for postmarked application and examination fee to sit for the BSM examination is January 15, 2004.** A copy of the Behavioral Sleep Medicine exam requirements and application is available on the AASM Web site at www.aasmnet.org/behavioralexam.asp.



S A F E R

Did you know that resident training programs are required by the ACGME to educate residents and faculty about fatigue and its management? Sleep loss and fatigue are serious matters. Included in the revised ACGME standards is the requirement that program directors, faculty and residents be educated about the effects of sleep loss on performance and well-being, how to recognize fatigue, and how to apply appropriate countermeasures. Failure to comply with ACGME work-hour standards may result in the loss of ACGME accreditation of the resident training program.

The AASM has developed a CD-ROM slide set that fully complies with the ACGME educational requirements. The **S.A.F.E.R. (Sleep, Alertness and Fatigue Education in Residency)** CD-ROM slide set and curriculum syllabus follows the guidelines outlined by the ACGME, including:

- A description of factors that put residents at risk for sleepiness and fatigue.
- Recognition of domains impacted by sleep loss.
- Identification of signs of sleepiness and fatigue.
- Acknowledgement of misconceptions among physicians about sleep and sleep loss.
- Tools and strategies for alertness management for your facility.

The ACGME requires that resident training programs comply with resident work-hour standards by July 1, 2003. Development and implementation of an internally-produced educational program is costly, time consuming and exhausting. We believe the purchase of S.A.F.E.R. not only satisfies ACGME standard compliance requirements, but is an affordable option to reuse for future resident education. Contact the AASM national office at (708) 492-0930 to place an order, or go directly to www.aasmnet.org.

School of
Clinical
Polysomnography

memberupdate

Membership in the American Academy of Sleep Medicine continues to grow thanks to the support and encouragement of our members. Over 500 new individual and center members have joined the AASM so far in 2003, putting our total membership at more than 5,000 individuals and 560 centers.

Beginning in 2004, annual membership dues are increasing by 15% - the first dues increase in 20 years! What does a dues increase mean to you as a member of the Academy? It means that the Academy will be able to better address your expectations and needs: Additional member support staff can be hired, the Academy infrastructure will be improved to better handle the growing membership, new member services, educational products and resources will be developed, and we will be better suited overall to meet members' needs.

STANDARDS OF PRACTICE

The continued education of American Academy of Sleep Medicine members and other sleep medicine practitioners is a high priority of the Academy. The Standards of Practice Committee (SPC), under the leadership of Clete Kushida, MD, PhD, continually strives to explore and explain the ever-evolving field of sleep disorders by establishing new practice parameters and reviewing existing parameters.

As testament to these ongoing efforts, the following papers have recently been approved by the AASM Board of Directors for development:

- "Practice Parameters for Using Polysomnography to Evaluate Insomnia: An Update for 2002"; published in *SLEEP* volume 26, No. 6, 2003. It is also posted on the SPC page of the Web site, <http://www.aasmnet.org/practiceparameters.asp>.
- "Practice Parameters for the Dopaminergic Treatment of Restless Legs Syndrome and Periodic Limb Movement Disorder," and "An Update on the Dopaminergic Treatment of Restless Legs Syndrome and Periodic Limb Movement Disorder."

Members should be aware that several archived parameter papers are available for download on the AASM Web site and are encouraged to utilize this unparalleled resource.

In addition to the pending publications listed above, the Committee continues to explore topics of interest for future development. The following SPC proposals for new papers have recently been approved by the Board of Directors, and the SPC has begun working on the following topics:

- "Non Pharmacologic Treatment of Bedtime Problems and Night Wakings in Infants and Young Children;"
- "Medical Therapy of Obstructive Sleep Apnea;"
- The SPC has also started work on "Non-pharmacologic Treatment of Chronic Insomnia," which will update the 1999 "Practice

Parameters for the Non-pharmacologic Treatment of Chronic Insomnia" and the accompanying review paper "Non-pharmacologic Treatment of Chronic Insomnia Review Paper."

The Standards of Practice Committee is also pilot testing Web-based technology to increase the efficiency of the process of collecting evidence-based information.

CLINICAL PRACTICE REVIEW

In addition to the ongoing efforts of the SPC, the Clinical Practice Review Committee (CPRC), under the leadership of chair Amy Lynn Meoli, MD, has recently completed the review of several position papers:

- "Non-prescription Treatments of Snoring or Obstructive Sleep Apnea: An evaluation of products with limited scientific evidence." This paper was published in the August 2003 issue of *SLEEP*, and is posted on the AASM Web site. The CPRC is also working on a patient version of this paper
- "Upper Airway Management of the Adult Patient with Obstructive Sleep Apnea in the Perioperative Period - Avoiding Complications." This paper has been submitted to the journal *SLEEP* for inclusion in a future publication.
- The CPRC is also working on a paper addressing non prescription treatments for insomnia.

The CPRC invites members to suggest topics for parameter papers and forward clinical questions and reimbursement concerns to Patricia Nuccio, Administrative Support, at pnuccio@aasmnet.org. For information on current clinical practice review papers, please visit the AASM Web site at <http://www.aasmnet.org/positionpapers.htm>.

COOPERATIVE EFFORTS

The American Academy of Sleep Medicine has worked with the American College of Chest Physicians and the American Thoracic Society to draft three coordinated publications – a review paper, a practice parameter, and executive summary – based on the systematic evaluation of data on the use of portable monitoring devices used to treat obstructive sleep apnea. "Practice Parameters for the Use of Portable Monitoring Devices in the Investigation of Suspected Obstructive Sleep Apnea in Adults," was published in November issue of the journal *SLEEP*, and is available for review on the AASM Web site at www.aasmnet.org/PDF/260719.pdf. The practice parameter paper is neither a consensus paper nor a statement of acceptable clinical practice based on expert opinion, but rather is based entirely on evidence. The review paper was published in the October issue of *CHEST* and the executive summary will be published by the American Thoracic Society.

FELLOWSHIP TRAINING

The American Academy of Sleep Medicine recently granted accreditation to the following Fellowship Training Programs: the Beth Israel Deaconess Medical Center in Boston, Massachusetts;

Wake Forest University Health Services in Winston-Salem, North Carolina; and the Center for Sleep Disorder at Johnson City Medical Center in Johnson City, Tennessee. AASM-accredited Fellowship Training Programs provide an educational experience that ensures that graduates possess sound clinical judgment and a high level of knowledge about diagnosis, treatment and prevention of all sleep disorders. For more information about Fellowship Training Programs, visit www.aasmnet.org/fellowship.asp, or contact Sheila Story at (708) 492-0930.

SCORING MANUAL

The AASM has appointed a committee to develop a new sleep scoring manual. The new committee will consider and incorporate advances in the field, including new technology, and existing evidence when developing the manual. The AASM will continue to update members on the progress of this initiative.

MEMBERSHIP SECTIONS

Member needs are also continually addressed by the Membership Sections Committee. Representatives from each of the 12 member sections compose the committee, discuss the evolving expectations of members and suggest to the Board of Directors a variety of means to address those needs. Plans are underway for section meetings at the APSS 18th Annual Meeting in Philadelphia next June. Committee members are also actively evaluating the AASM Web site and member contact lists to investigate ways to increase the availability and dissemination of pertinent professional information to members.

An example of the ongoing activities of member sections is evident in the accomplishments of the Section on Surgery of the Upper Airway. Several members of the section are actively working with the American Academy of Otolaryngology-Head and Neck Surgery and its Board to ensure that ENTs maintain a solid presence in sleep medicine. The group is circulating a petition to the American Board of Medical Specialties addressing the future possibility of the exclusion of ENTs from sitting for sleep medicine board exams. Section members are also working with the AASM Clinical Practice Review Committee on the revision of the parameter for Surgical Therapy of Sleep Disordered Breathing. The section was well-represented at the APSS 17th Annual Meeting in Chicago with a variety of courses, symposia, presentations, posters and panels relating to surgery of the upper airway; it is anticipated that the section will be equally well represented at the 18th Annual Meeting in Philadelphia.

A proposal for the formation of a section for nurse practitioners and physician assistants has been submitted. According to AASM bylaws, the formation of a section requires at least twenty (20) members in good standing who are not members of another section and who are ideally from a diverse geographic region to be identified as charter members of the section. Interested AASM members should send an e-mail to jwrabetz@aasmnet.org to express their interest in being a charter member.

All AASM members are encouraged to join a section; additional information about each individual section is available on the AASM Web site at www.aasmnet.org/sections.htm. The AASM Web site is an unparalleled resource, providing information that addresses member benefits, accreditation, professional standards, industry news, publications, education and training, and much more. Please visit us at www.aasmnet.org.

PATIENT RESOURCES

While the primary focus of the American Academy of Sleep Medicine is to serve the needs of our members and the field of sleep

medicine, we also place patient education as one of our highest priorities. Our members specialize in all aspects of sleep medicine but are unified in their commitment to identify, treat and advance the field for all those who are adversely affected by sleep disorders.

Patient resources addressing sleep disorders medicine are often overlooked, misunderstood or under-utilized. The AASM currently addresses patient education needs utilizing the following mediums:

Patient Education Brochures - Educating patients about their sleep disorders is a priority in promoting overall wellness. The AASM produces a number of patient education brochures, addressing topics that range from circadian rhythms to obstructive sleep apnea to sleep in women to pediatric parasomnias. The brochures are written with the patient in mind – they explain the problem(s) and subsequent procedural options in easy-to-understand language. Members of the AASM can purchase the brochures in sets of 50 at a significant discount over non-member pricing; the brochures may then be displayed in the sleep center waiting room or mailed to patients before consultation to better help the patient understand the upcoming course of events.

Personalized Brochures - An addendum to the patient education brochures, personalized brochures provide an additional marketing service to members. Ideally suited for use when speaking to community groups, attending health fairs, or promoting your sleep center through a direct mail campaign, personalized brochures provide a means for the continued success of your practice or center. As an AASM accredited center or individual member, you are entitled to all the benefits personalized brochures have to offer. For more information, general guidelines, brochure templates and order form, log on our Web site at www.aasmnet.org and select ‘personalized brochures.’ Contact Henry Kman at hkman@aasmnet.org or call (708) 492-0930 with additional questions.

Center Members on Web site - One of the more visible benefits of center membership in the AASM is the inclusion of those centers on the AASM Web site at www.aasmnet.org/listing.htm. This page of the site is hit on average 40,000 times a month by the general public; it is an unparalleled advertising opportunity for centers that are listed. The listing automatically displays general information, including address, telephone and e-mail address; center members have the option to provide additional information, which may include primary contact names at the center, directions to the facility, helpful information for first-time visitors, insurances accepted and a summary of the services offered.

“Patient Resources” - Also found on the AASM Web site is a section dedicated to patient resources. In addition to the center member listing, this section provides a basic sleep quiz that helps the user identify if he/she may be suffering from a sleeping disorder and should pursue medical treatment; a sleep fact sheet that provides basic information about quality sleep health and identifies behaviors that may help sleep disorders sufferers; a resource page that defines some of the commonly diagnosed sleep disorders and links the user to helpful information addressing sleep issues; and sleep related sites, which also offers links to other organizations in the sleep disorders medicine arena.

AIA - The American Insomnia Association (AIA) is a patient-based organization that is dedicated to assisting and providing resources to individuals who suffer from insomnia. The AIA advocates and promotes awareness, education, and research of insomnia disorders and encourages the formation of local support groups. The AIA Web site, www.americaninsomniaassociation.org, is maintained by

the AASM and has a dedicated staff to address the needs of its members. The Web site provides information including a definition of insomnia, treatment options, medications used to treat insomnia, additional resources available to insomnia sufferers, and AIA membership information.

Patient Education Web site - Still under development, the AASM plans to launch a patient-education Web site that will better address the needs and concerns of sleep disorder sufferers. The site will contain all of the information discussed above, as well as other helpful information including articles, press releases, quizzes, legislative information and links, insurance information, and more.

2004 MINI-FELLOWSHIP PROGRAM FOR INTERNATIONAL PHYSICIANS

The International Affairs Committee of the American Academy of Sleep Medicine invites sleep medicine physicians from around the globe to submit an application to participate in the third annual Mini-Fellowship Program in the spring of 2004.

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. Former program participants have hailed from as far and wide as Nigeria, the Philippines, Peru, China and Mexico; all testify that the program's educational merits have allowed them to actively promote sleep health in their home countries.

Agnes Remulla, MD, a former Mini-Fellow from Muntinlupa, Philippines, shares that her experience participating in the program has had a tremendous affect on the state of sleep disorders medicine in her hospital. "I am very happy to inform you that the Philippine General Hospital is finally putting up a sleep lab," says Dr. Remulla. "I cannot be any more excited at this prospect. We are still making the plans, but all the material and exposure I received from [the Mini-Fellowship Program] helped. Because of this, the hospital's other specialties, whose representatives are much more senior than me, have included me in the project's core planning group. All the reasons I wrote about in my application for wanting to pursue sleep medicine are finally coming true."

The highly-competitive program will welcome six participants from around the world to a three-week intensive training course at an accredited U.S. sleep center, followed by general attendance at the APSS 18th Annual Meeting in Philadelphia, PA on June 5-10, 2004.

AASM accredited centers interested in hosting an international fellow are encouraged to contact Jaime Wrabetz via e-mail at jwrabetz@aasmnet.org or call (708) 492-0930 to inquire about qualification requirements. Past host sites have included the Mayo Sleep Disorders Center at Mayo Clinic, the Sleep Disorders Center at the Cleveland Clinic Foundation, Sleep Medicine Associates of Texas, and the University of Pennsylvania Sleep Center.

Participant application and requirements for consideration are available for download online at www.aasmnet.org/iacom.htm. The deadline for applications is January 31, 2004.

ICSD UPDATE

The original proposal for the organization of ICSD-2 was presented at the APSS 17th Annual Meeting in Chicago in June 2003. Since that time, the ICSD Rewrite Committee has refined the proposal with the AASM Board, the NIH committee that assigns codes for ICD-9-CM and ICD-10-CM, other national sleep organizations, the American Academy of Neurology and the American Psychiatric

Association. The primary concern is the assurance that the *International Classification of Sleep Disorders* maintains consistency with other classification systems, such as ICD, DSM-IV, etc.

Below is a summary of the proposal to date. Readers should note that the proposal is still in a preliminary state and remains subject to review and revision. Concerns or questions about this proposal should be directed to Peter Hauri, Chairman of the Committee, at Hauri.Peter@mayo.edu.

The first number before each listed disorder is the proposed ICD-9-CM code; the second number is the proposed ICD-10-CM code. These codes have not yet been officially accepted and therefore should not be used. The committee is currently in the process of developing the accompanying texts for each of the identified disorders.

ICSD-2 – Proposed Sleep Disorders Categories and Individual Sleep Disorders (As of September 18, 2003)

Insomnia

| | | |
|--------|-------|--|
| 307.42 | F5101 | Psychophysiological Insomnia |
| 307.42 | F5102 | Sleep State Misperception (Paradoxical Insomnia?) |
| 307.41 | F5103 | Adjustment/Acute Insomnia (Adjustment Sleep Disorder?) |
| 307.41 | F5104 | Inadequate Sleep Hygiene |
| 780.52 | G4701 | Idiopathic Insomnia |
| 307.42 | F5105 | Behavioral Insomnia of Childhood Limit-setting Sleep Disorder Sleep-onset Association Disorder |
| 780.52 | G4708 | Insomnia related to another medical disorder |
| 780.52 | G4702 | Fatal Familial Insomnia |
| 307.42 | F5100 | Insomnia not due to a substance or known physiological condition, NOS |
| 780.52 | G4700 | Insomnia, NOS |

Sleep Related Breathing Disorders

| | | |
|--------|-------|--|
| 780.53 | G4732 | Obstructive Sleep Apnea/Hypopnea Syndrome, Adult |
| 780.53 | G4733 | Obstructive Sleep Apnea/Hypopnea Syndrome, Pediatric |
| 780.51 | G4731 | Central Sleep Apnea/Hypopnea Syndrome Idiopathic Central Sleep Apnea Cheyne-Stokes Breathing Pattern |
| 780.57 | G4734 | Sleep Related Non-obstructive Alveolar Hypoventilation, Idiopathic |
| 780.57 | G4735 | Congenital Central Alveolar Hypoventilation Syndrome |

Sleep Related Breathing Disorders Unique to Childhood

| | | |
|--------|-------|--|
| 798.0 | R99 | ALTE/SIDS |
| 770.81 | P283 | Apnea of Prematurity |
| 780.57 | G4738 | Sleep Related Breathing Disorder related to another medical disorder |
| 780.57 | G4730 | Sleep Related Breathing Disorder, NOS |

Hypersomnia not due to a sleep related breathing disorder

| | | |
|--------|-------|---|
| 347.1 | G4741 | Narcolepsy with Cataplexy |
| 347.2 | G4742 | Narcolepsy Without Cataplexy |
| 347.7 | G4748 | Narcolepsy related to another medical disorder |
| 347.9 | G4740 | Narcolepsy, NOS |
| 780.54 | G4711 | Idiopathic Hypersomnia with normal sleep time with prolonged sleep time |
| 780.54 | G4712 | Recurrent Hypersomnia |

- 307.44 F5111 Insufficient Sleep Syndrome
- 780.54 G4718 Hypersomnia related to another medical disorder
- 307.44 F5110 Hypersomnia not due to a substance or known physiological condition, NOS
- 780.54 G4710 Hypersomnia, NOS

Circadian Rhythm Sleep Disorder

Delayed Sleep Phase Pattern

- 307.45 F5123 Predominantly Behavioral
- 780.55 G4721 Predominantly Physiologic

Advanced Sleep Phase Pattern

- 307.45 F5124 Predominantly Behavioral
- 750.55 G4722 Predominantly Physiologic
- 780.55 G4723 Non-24 Hour Sleep/Wake Pattern
- 307.45 F5125 Irregular Sleep/Wake Pattern
- 307.45 F5121 Jet Lag Syndrome
- 307.45 F5122 Shift Work Sleep Disorder
- 780.55 G4728 Circadian Rhythm sleep Disorder related to another medical disorder
- 307.45 F5120 Circadian Rhythm sleep disorder not due to a substance or known Physiological Condition, NOS
- 780.55 G4720 Circadian Rhythm Sleep Disorder, NOS

Parasomnia

Disorders of Arousal (From Non-REM Sleep)

- 780.56 G4751 Confusional Arousals
- 307.46 F513 Sleepwalking
- 307.46 F514 Sleep Terrors

Parasomnias Usually Associated with REM Sleep

- 780.56 G4752 REM Sleep Behavior Disorder, Including Parasomnia Overlap Disorder and Status Dissociatus
- 780.56 G4753 Recurrent Isolated Sleep Paralysis
- 307.46 F515 Recurrent Nightmares

Other Parasomnias

- 780.56 G4754 Sleep Related Eating Disorder
- 300.15 F449 Nocturnal Dissociative Disorder
- 780.56 G4755 Disruptive Sleepwalking
- 788.36 N3944 Nocturnal Enuresis
- 780.56 G4758 Parasomnia related to another medical disorder
- 780.56 G4750 Parasomnia, NOS
- Catathrenia (Nocturnal Groaning)
- Exploding Head Syndrome

Sleep Related Movement Disorders

- 780.58 G4761 Restless Legs Syndrome (including Sleep Related Growing Pains)
- 780.58 G4762 Periodic Limb Movement Sleep Disorder
- 780.58 G4763 Nocturnal Leg Cramps
- 780.58 G4764 Sleep Related Bruxism
- 780.58 G4765 Sleep Related Rhythmic Movement Disorder
- 780.58 G4768 Sleep Related Movement Disorder related to another Medical Disorder
- 780.58 G4760 Sleep Related Movement Disorder, NOS
- Sleep Related Facio-Mandibular Myoclonus

Other Sleep Disorders

- 780.59 G4781 Sleep Related Epilepsy
- 780.59 G4782 Sleep Related Headaches
- 780.59 G4783 Sleep Related Gastroesophageal Reflux Disease
- 780.59 G4784 Sleep Related Coronary Artery Ischemia
- 780.59 G4785 Sleep Related Abnormal Swallowing
- 780.59 G4786 Sleep Related Choking

- 780.59 G4787 Sleep Related Laryngospasm
- 780.59 G4788 REM Sleep Related Sinus Arrest
- 307.49 F5181 Environmentally Induced Sleep Disorder
- 780.59 G4780 Other Sleep Disorder, NOS
- 307.49 F519 Sleep disorder not due to a substance or known physiological condition, NOS
- 995.2 T42 Sleep disorder due to adverse effect of sedative/hypnotic drugs
- 995.2 T43 Sleep disorder due to adverse effect of psychotropic drugs, not elsewhere classified
- 291.89 F10-19 Sleep disorder due to alcohol use
- 292.89 F10-19 Sleep disorder due to psychoactive substance use

Isolated Symptoms, apparently Normal Variants and Unresolved Issues

- 307.49 R2981 Long Sleeper
- 307.49 R2981 Short Sleeper
- 786.09 R065 Snoring
- 781.01 R258 Sleep Starts, Hypnic Jerks
- 781.01 R258 Benign Neonatal Sleep Myoclonus
- 781.01 R258 Hypnagogic Foot Tremor
- 781.01 R258 Excessive Fragmentary Myoclonus
- 781.01 R258 Propriospinal Myoclonus at Sleep Onset
- Atypical Polysomnographic Findings
- Alpha Intrusions
- Cyclic Alternating Pattern

STETHOSCOPE COLLECTION DRIVE

The American Academy of Sleep Medicine is partnering with the American Medical Association's WorldScopes program to conduct an online stethoscope collection drive in celebration of Medical Ethics Day.

WorldScopes is one of several newly created programs launched by the AMA's Caring for Humanity initiative, an effort to utilize the unique position of the American medical community to volunteer time, expertise, and resources toward solving critical health challenges at home and abroad. In its short existence, WorldScopes has already distributed thousands of stethoscopes to hospitals, medical schools, and clinics. Stethoscopes have been delivered to medical students in Guatemala, nurses in Uganda, and physicians in Afghanistan. However, the goal of collecting 100,000 scopes is far from achieved, and we need your help to do so.

As a tangible way to promote the spirit of ethics and professionalism in medicine, the AMA is organizing a nationwide online collection drive, calling on state and specialty medical societies to encourage their membership to make a tax-deductible financial contribution or online stethoscope donation. The American Academy of Sleep Medicine encourages you to visit the WorldScopes Web site at www.worldscopes.org and to generously contribute to this humanitarian cause. If you are interested in learning more about WorldScopes and how you can organize your own local collection efforts or to directly donate new or used stethoscopes, please send an e-mail to caring@ama-assn.org.





AASM

Political Action Committee

The American Academy of Sleep Medicine Political Action Committee (AASM PAC) strengthens the Academy's ability to affect health policies that benefit sleep medicine providers, researchers and patients with sleep disorders, and brings sleep medicine issues to Congress and governmental agencies. Your participation and contributions to the PAC are essential to the advancement of sleep medicine. In order to provide members with a more effective political presence, it is essential to understand the fundamental purpose and significance of a Political Action Committee.

What is a PAC?

A Political Action Committee (PAC) is a sponsored entity of a corporation or organization that is permitted by law to make contributions or expenditures in connection with federal elections. PACs follow clearly defined rules and procedures established by the Federal Election Campaign Act (FECA) and are monitored closely by the Federal Election Commission (FEC) to ensure legitimacy and fairness in the election process. A PAC is a well recognized political tool that serves to promote the organization through its individual contributors. As established by the FECA, a PAC is the only organizational mechanism allowed by law to make contributions to federal elections.

Why do you need a PAC?

Professional societies such as the AASM are a means to organize the efforts of individuals toward the common goals of the entire group. A Political Action Committee is a conduit for this type of broad support in government. Individually, you may choose to support issues and policies through contributions and your vote. While this is effective, the support of a single individual has limitations. In 2000, Congressional election funding reached \$800,000,000 - a single voice is undoubtedly lost within this near billion dollar industry. The AASM PAC serves as the collective voice for all AASM members and, politically, is stronger than the sum of its parts. The PAC's strength allows your opinions, as they relate to sleep medicine, to affect federal legislation.

What has the AASM PAC accomplished?

Through AASM member support, the AASM PAC has experienced a great deal of success in its efforts over the past several years. There have been significant improvements in Medicare coverage and payment for sleep medicine services, including a more than 40% increase in the relative value for polysomnography services. Most recently, a contingency plan for Medicare's HIPAA electronic filing requirement deadline was established through extensive efforts by the AASM PAC in conjunction with allied medical societies. Sleep medicine research has enjoyed meaningful growth within the NIH in the same period. In 2002, NIH funding for sleep-related research totaled more than \$162 million from eleven Institutes and Centers. During the 2002 federal election cycle, the AASM PAC distributed a total of \$18,000 to 18 candidates in both the House and the Senate, of which 17 were elected to office.

Why is the PAC important now?

Congress is currently working on several issues that can have a significant affect on the sleep community, specifically the modernization of Medicare and Medical Liability reform. These two issues hit close to home as the first has the potential to negatively affect the 2004 Medicare physician fee schedule, and the second, if not passed, would not cap non-economic damages for medical liability. If the Medicare reform bill does not make it out of committee with the physician update adjustment intact, it is expected that the Medicare physician fee schedule will be reduced by 4.2% instead of the 1.5% increase for 2004 and 2005 that the bill would allow. The AASM PAC and the medical community supported this provision, and lobby vigorously in pursuit of a reprieve from the projected cuts. Medical liability reform for the first time has been seriously reviewed by the House and Senate. The House passed a bill that caps non-economic damages at \$250,000, and the Senate is considering similar legislation. Support of the Patients First Act of 2003, specifically the cap of non-economic damages, is a positive step towards the reduction of crippling malpractice insurance premiums incurred by physicians. The AASM PAC will continue to monitor and support this legislation.

The AASM PAC is also focusing its attention on the National Drowsy Driving Act of 2003 (Maggie's Law). In addition, 2004 is a presidential election year that may bring significant changes to the House and Senate. It is therefore necessary to begin protecting and promoting the issues relative to sleep medicine early to ensure continued success.

Take Action

Because of the current issues under debate in Washington and the preparation for the 2004 election year, it is essential to take an active role in the representation of sleep medicine to elected officials. While it is important to stay involved individually, by joining with more than 5,000 of your fellow AASM members you can increase the impact and influence of your voice as the AASM Political Action Committee serves as the conduit between the AASM, Congress, and government agencies, which ensure the protection and development of sleep medicine.

As a leader in the field of sleep medicine, you have dedicated valuable time to advancing sleep and ensuring its future. Supporting the PAC assures that the collective voice of the American Academy of Sleep Medicine will extend throughout Washington. Offer your support and involvement through a financial contribution to the AASM PAC - one hundred percent of your contribution to the AASM PAC supports legislators who assist in advancing sleep medicine. You can contribute to the AASM PAC on your 2004 AASM Membership renewal form, or by completing the attached contribution card and returning it to the national office, or contributing on-line at http://www.aasmnet.org/PAC1/product.asp?dept_id=1.

NEW VENUE AT THE 2003 NATIONAL SLEEP MEDICINE COURSE

The 2003 National Sleep Medicine Course (NSMC) was held August 9-13, 2003 at the Oak Brook Hills Resort in Oak Brook, IL. The course, attracting healthcare professionals in the field of sleep medicine, was in high demand. This year 145 participants attended the course.

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 to learn and interact with colleagues. A distinguished faculty of 26 professionals representing every aspect of sleep medicine presented excellent lectures and interacted closely with the participants.

Poster viewing sessions offered a complete display of polysomnograms, MSLTs, and MWTs. This year's MSLT and MWT display

was shown via 10 computer stations generously provided by Sandman. 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 in part by an unrestricted educational grant from Pfizer, Inc. and Neurocrine Biosciences in accordance with ACCME Standards.

We have already begun work on the 2004 NSMC. The course will be August 21-25, 2004 at the Oak Brook Hills Resort in Oak Brook, IL. An informational brochure will be mailed to all AASM members in early spring of 2004. Contact the AASM Meeting Department at (708) 492-0930 or visit the AASM website at www.aasmnet.org for details.



During a break, William C. Dement, MD, PhD signed Course books for attendees.



Richard B. Berry, MD discussed the nuances of a poster with participants at the National Sleep Medicine Course.

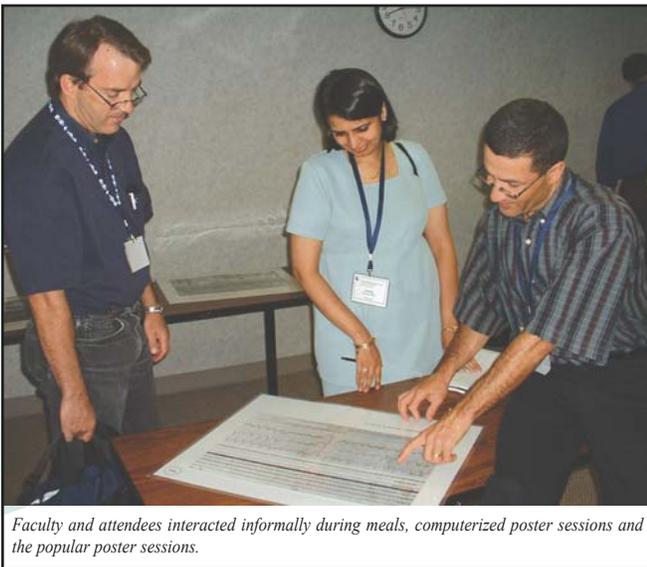
CME/EDUCATION *NEWS*

ADVANCED SLEEP MEDICINE COURSE SCHEDULED FOR FEBRUARY 2004

The 2004 Advanced Sleep Medicine Course (ASMC) will be held February 19-22, 2004 at the Westin Tabor Center in Denver, Colorado. The ASMC, led by Course Director Eugene C. Fletcher, MD, is a timely, comprehensive review of relevant clinical topics in sleep medicine for the Board certified sleep specialist. 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.



The lectures took place in an amphitheater, which provided an excellent setting for the intense educational experience.



Faculty and attendees interacted informally during meals, computerized poster sessions and the popular poster sessions.

FREE TEACHING RESOURCES AVAILABLE ONLINE

In 1996, the NHLBI National Center on Sleep Disorders Research established the Sleep Academic Awards program. The program was developed to improve the quality of education in sleep medicine through identification of needs, implementation and dissemination of programs and materials designed to address those needs, and assessment of outcome. The Academic Awards program also sought to encourage clinical and basic research programs and the development of clinical guidelines focused on diagnosis and treatment of sleep disorders.

Recognizing the limitations of time and resources for implementing new topics in already overcrowded curricula, the Sleep Academic Awards program has developed a variety of teaching resources that will facilitate introduction of sleep medicine into existing curricula. These resources were designed to improve the quality of medical and community education and encourage clinical and basic

research in the field of sleep medicine. In 1998, the American Academy of Sleep Medicine adopted a proposal to coordinate and broadly disseminate resource materials developed by the program. The primary mechanism for this dissemination is the AASM web site. Over eighty exciting MEDSleep Educational Resources are currently offered and can be used **FREE* for educational purposes. The MEDSleep Educational Resources web page can be found at: www.aasmnet.org/MEDSleepprogram.htm.

**The use of these educational resources is free and intended only for educational use. These materials cannot be sold for any purpose. All educational resources must properly recognize the author, the Sleep Academic Award Program and the NHLBI, and the American Academy of Sleep Medicine. Changes made to the educational resources require that the user report that it is not the work of the original author or the AASM.*

Ambulatory Monitoring

MEDICARE ANNOUNCES PLAN TO ACCEPT HIPAA NON-COMPLIANT ELECTRONIC TRANSACTIONS AFTER OCTOBER 16 COMPLIANCE DEADLINE

The Centers for Medicare & Medicaid Services (CMS) announced in late September that it will implement a contingency plan to accept noncompliant electronic transactions after the October 16, 2003, compliance deadline. This plan will ensure continued processing of claims from thousands of providers who will not be able to meet the deadline and otherwise would have had their Medicare claims rejected. CMS Administrator Tom Scully said, "Implementing this contingency plan moves us toward the dual goals of achieving HIPAA compliance while not disrupting providers' cash flow and operations so that beneficiaries can continue to get the health care services they need." CMS made the decision to implement its contingency plan after reviewing statistics showing unacceptably low numbers of compliant claims being submitted. Tom Grissom, director of CMS said, "Medicare is able to process HIPAA-compli-

ant transactions, but we need to work with our trading partners to increase the percentage of claims in production." The contingency plan permits CMS to continue to accept and process claims in the electronic formats now in use, giving providers additional time to complete the testing process. CMS will regularly reassess the readiness of its trading partners to determine how long the contingency plan will remain in effect. The authority to implement a contingency plan was provided by guidance issued by HHS on July 24. CMS recognized that transactions often require the participation of two covered entities and that non-compliance by one covered entity may put the second covered entity in a difficult position. The guidance stated that covered entities that make a good faith effort to comply with HIPAA transactions and code set standards may implement contingencies to maintain operations and cash flow.



Medicare 2004 Physician Fee Schedule and Hospital Outpatient Prospective Payment System Finalized

On November 7, the Centers for Medicare and Medicaid Services (CMS) published final regulations for the 2004 Physician Fee Schedule and Hospital Outpatient Prospective Payment System (HOPPS). The new payment rates and policies will take effect on January 2004. Both rules can be found at www.cms.hhs.gov.

2004 Physician Fee Schedule

While minimal changes were made to the relative value units for sleep services, a reduction in payment for most physician services will occur due to a 4.5 percent reduction in the conversion factor. The conversion factor, a monetary index multiplied by a code's relative value units to determine payment, will be \$35.13, a reduction of \$1.65 from the 2003 level.

Congress is currently considering, as part of the Medicare reform legislation, a provision that would eliminate the reduction and increase the conversion factor by 1.5 percent. CMS would revise the 2004 conversion factor if this legislative provision were signed into law.

Other major changes:

- A number of changes are made to the geographic practice cost indices (GPCI). Because the malpractice indices are particularly volatile, CMS decided to phase in the GPCI changes for the malpractice RVU's, one half in 2004 and the balance in 2005. Most geographic areas will see very modest changes (<0.5 percent) in payment as a result of revision of the GPCI's.
- As indicated in the proposed rule, CMS is making a number of changes in the practice expense values based on input from the PEAC and updated prices for a number of supply items.
- In the proposed rule, CMS indicated that it was considering establishing fee schedule values for CPT Category III tracking codes. In the final rule, CMS indicated it would assign values to Category III codes when there is a programmatic need to do so. CMS emphasized that this would not change contractor discretion regarding coverage of these codes. Also, CMS indicated that if time permitted it would welcome input from specialty societies and the RUC in valuing these codes.
- Consistent with the proposed rule, CMS has changed the relative proportion of RVUs (weights) between physician work, PE and malpractice. This will lead to a 0.57 percent reduction in work, a 0.77 percent reduction for PE, and a 19.86 percent increase for malpractice RVUs. This change is budget neutral overall. For most specialties, the change in the weights had a minimal (<1%) impact; however, several surgical specialties—cardiac surgery, neurosurgery, and orthopedics—will see a 1 percent increase.

2004 Hospital Outpatient Prospective Payment System

Payment for most hospital outpatient sleep tests will increase in 2004 at a level higher than the average inflationary increase for all APCs. For APC 0209, which includes 95805, 95807 – 95811, the hospital facility fee will be \$629.82, an increase of 6.5 percent.

Under HOPPS, hospital procedures are grouped by clinical and resource cost similarities into ambulatory payment classifications (APCs), which are similar to DRGs. The APC payment is made to

the hospital for the facility fee associated with a particular procedure. Physicians continue to bill the professional component of the service separately.

Other major changes:

- Overall, hospitals will see a 4.5 percent increase in services covered by OPSS, reflecting a 3.4 percent increase in the conversion factor due to increases in the market basket and a 1 percent adjustment because pass through expenditures were less than forecast.
- Consistent with the statute, CMS is ceasing transitional outpatient payments for all hospitals other than cancer hospitals and children's hospitals.
- CMS made a number of changes to the APC groupings and weights based on more current data, results of the APC panel recommendations and comments submitted on the proposed rule.
- For 2004, outlier payments will be made when the costs of providing a service exceed 2.6 times the APC payment amount. When the threshold is crossed, the outlier payment is 50 percent of the excess costs.

0209—Extended EEG Studies and Sleep Studies, Level II

| | |
|-----------------------------|------------------------------|
| 2004 APC Rate: | \$629.82 |
| 2003 APC Rate: | \$591.23 |
| Change 2003 v. 2004: | \$38.59/+6.52 percent |

| <u>CPT Codes</u> | <u>Definition</u> |
|------------------|---|
| 95805 TC | MSLT |
| 95807 TC | Sleep Study-attended |
| 95808 TC | Polysomnography-attended |
| 95810 TC | Sleep Staging w/4+add'l parameters - attended |
| 95811 TC | Sleep Staging w/4+add'l parameters and CPAP or bilevel ventilation-attended |
| 95827 TC | EEG all night sleep only |
| 95951 TC | EEG w/Video-24 hour |
| 95953 TC | EEG w/Computer-24 hour |

0213—Extended EEG Studies and Sleep Studies, Level I

| | |
|-----------------------------|-------------------------------|
| 2004 APC Rate: | \$158.53 |
| 2003 APC Rate: | \$169.79 |
| Change 2003 v. 2004: | \$-11.26/-6.63 percent |

| <u>CPT Codes</u> | <u>Definition</u> |
|------------------|--|
| 95806 TC | Sleep Study-unattended |
| 95812 TC | EEG extended monitoring up to 1 hour |
| 95813 TC | EEG extended monitoring more than 1 hour |
| 95950 TC | Ambulatory EEG monitoring |
| 95955 TC | EEG during nonintra-cranial surgery |
| 95958 TC | WADA test |

**Medicare Physician Fee Schedule 2004
Final Rule
November 7, 2003**

| Relative Value Units (RVUs) for Sleep Medicine Services | | | | |
|--|-----------------------------|----------------------------|----------------------------|-------------------|
| CPT | Short Descriptor | 2003 Total RVUs | 2004 Total RVUs | Difference |
| 95805 | Multiple sleep latency test | 19.33 | 18.78 | -0.55 |
| -26 | | 2.62 | 2.6 | -0.02 |
| -TC | | 16.71 | 16.18 | -0.53 |
| 95806 | Sleep study, unattended | 6.08 | 5.91 | -0.17 |
| -26 | | 2.27 | 2.27 | 0.00 |
| -TC | | 3.81 | 3.64 | -0.17 |
| 95807 | Sleep study, attended | 14.06 | 14.04 | -0.02 |
| -26 | | 2.25 | 2.25 | 0.00 |
| -TC | | 11.81 | 11.79 | -0.02 |
| 95808 | Polysomnography, 1-3 | 16.19 | 16.36 | 0.17 |
| -26 | | 3.69 | 3.67 | -0.02 |
| -TC | | 12.50 | 12.69 | 0.19 |
| 95810 | Polysomnography, 4 or more | 21.29 | 21.37 | 0.08 |
| -26 | | 4.86 | 4.85 | -0.01 |
| -TC | | 16.43 | 16.52 | 0.09 |
| 95811 | Polysomnography w/cpap | 21.96 | 23.11 | 1.15 |
| -26 | | 5.23 | 5.23 | 0.00 |
| -TC | | 16.73 | 17.88 | 1.15 |

| Payment for Sleep Medicine Services | | | | |
|--|-----------------------------|-------------------------|--------------------------|---------------------------|
| CPT | Short Descriptor | 2003 Payment | 2004 Payment* | Percent Change |
| 95805 | Multiple sleep latency test | \$711.07 | \$659.74 | -7.22% |
| -26 | | \$96.38 | \$91.34 | -5.23% |
| -TC | | \$614.69 | \$568.40 | -7.53% |
| 95806 | Sleep study, unattended | \$223.66 | \$207.62 | -7.17% |
| -26 | | \$83.50 | \$79.75 | -4.49% |
| -TC | | \$140.15 | \$127.87 | -8.76% |
| 95807 | Sleep study, attended | \$517.21 | \$493.23 | -4.64% |
| -26 | | \$82.77 | \$79.04 | -4.51% |
| -TC | | \$434.44 | \$414.18 | -4.66% |
| 95808 | Polysomnography, 1-3 | \$595.56 | \$574.73 | -3.50% |
| -26 | | \$135.74 | \$128.93 | -5.02% |
| -TC | | \$459.82 | \$445.80 | -3.05% |
| 95810 | Polysomnography, 4 or more | \$783.17 | \$750.73 | -4.14% |
| -26 | | \$178.78 | \$170.38 | -4.70% |
| -TC | | \$604.39 | \$580.35 | -3.98% |
| 95811 | Polysomnography w/cpap | \$807.81 | \$811.85 | 0.50% |
| -26 | | \$192.39 | \$183.73 | -4.50% |
| -TC | | \$615.42 | \$628.12 | 2.06% |

*Calculated based on a -4.5% reduction in the 2003 conversion factor (2004 CF = \$35.13). A 1.5% increase is being considered in legislation currently before Congress.

| Payment for Evaluation and Management Services | | | | | | | |
|---|---|---|--|---------------------------|--|---|---------------------------|
| CPT | Short Descriptor | 2003 Office/Free Standing Center Payment | 2004 Office/Free Standing Center Payment* | Percent Change | 2003 Hospital Out-patient Payment | 2004 Hospital Out-patient Payment* | Percent Change |
| 99201 | Office/outpatient visit, new, level I | \$34.95 | \$34.43 | -1.49% | \$23.17 | \$22.13 | -4.49% |
| 99202 | Office/outpatient visit, new, level II | \$62.54 | \$60.42 | -3.39% | \$45.98 | \$43.91 | -4.50% |
| 99203 | Office/outpatient visit, new, level III | \$92.70 | \$90.64 | -2.22% | \$70.26 | \$67.45 | -4.00% |
| 99204 | Office/outpatient visit, new, level IV | \$132.06 | \$128.22 | -2.91% | \$103.74 | \$99.07 | -4.50% |
| 99205 | Office/outpatient visit, new, level V | \$168.48 | \$161.95 | -3.88% | \$137.58 | \$130.68 | -5.02% |
| 99211 | Office/outpatient visit, est, level I | \$20.60 | \$20.73 | 0.63% | \$8.83 | \$8.43 | -4.53% |
| 99212 | Office/outpatient visit, est, level II | \$36.42 | \$36.18 | -0.66% | \$23.17 | \$22.13 | -4.49% |
| 99213 | Office/outpatient visit, est, level III | \$51.13 | \$49.88 | -2.44% | \$34.58 | \$33.02 | -4.51% |
| 99214 | Office/outpatient visit, est, level IV | \$79.82 | \$77.29 | -3.17% | \$56.65 | \$53.75 | -5.12% |
| 99215 | Office/outpatient visit, est, level V | \$116.98 | \$112.42 | -3.90% | \$91.23 | \$86.77 | -4.89% |
| 99241 | Office consultation, level I | \$47.45 | \$47.07 | -0.80% | \$33.11 | \$31.97 | -3.44% |
| 99242 | Office consultation, level II | \$88.29 | \$86.07 | -2.51% | \$68.05 | \$65.34 | -3.98% |
| 99243 | Office consultation, level III | \$116.61 | \$113.82 | -2.39% | \$90.49 | \$86.42 | -4.50% |
| 99244 | Office consultation, level IV | \$165.90 | \$160.90 | -3.01% | \$134.27 | \$127.87 | -4.77% |
| 99245 | Office consultation, level V | \$215.20 | \$206.92 | -3.85% | \$177.67 | \$169.33 | -4.69% |

*Calculated based on a -4.5% reduction in the 2003 conversion factor (2004 CF = \$35.13). A 1.5% increase is being considered in legislation currently before Congress.

Newsbriefs

APPROPRIATIONS

Senate Approves Labor-HHS Bill

On September 10, the Senate approved its version of the FY 2004 Labor, HHS, and Education Appropriations bill by a vote of 94 to 0. It rejected an amendment offered by Senators Arlen Specter (R-Pa.), Tom Harkin (D-Iowa), and Dianne Feinstein (D-Calif.) and supported by research stakeholders that would have boosted NIH's budget by an additional \$1.5 billion, for a total increase of \$2.5 billion. The agency is slated to receive \$27.9 billion in FY 2004 under the legislation passed by the Senate, an increase of \$1 billion (3.7 percent) over last year's appropriation. The House approved \$27.6 billion for NIH in July.

The Senate did accept an amendment offered by Senators Barbara A. Mikulski (D-Md.) and Susan M. Collins (R-Maine) that will help ease the nursing shortage by recruiting and retaining more nurses. The amendment would increase funding for the Nurse Reinvestment Act and other nursing workforce development programs (Title VIII) by \$50 million, bringing the total funding to almost \$163 million for these programs. The Senate did not reverse the 93 percent cut in Title VII funding approved by the Senate Appropriations Committee earlier in the year.

The Senate bill adds \$147.9 million to CDC in FY 2004, for a total of \$4.4 billion. Included in this amount is \$802 million for chronic disease prevention and health promotion, of which \$50 million is for obesity prevention.

The bill provides \$6 billion for AIDS research, prevention, and services. This includes over \$2 billion for Ryan White programs, an increase of \$23.6 million over the fiscal year 2003 level; \$932 million for AIDS prevention programs at the Centers for Disease Control and Prevention; and \$2.8 billion for AIDS research programs at the National Institutes of Health.

Under the bill, the Agency for Healthcare Research and Quality receives \$303.6 million, the same funding level as FY 2003.

The spending measure now goes to a conference committee where the differences between the House and Senate versions will be reconciled.

In related news, the House and Senate Sept. 25 approved a continuing resolution (CR) to keep the government running through Oct. 31. The CR, probably the first of many, was needed because lawmakers have only passed three of the 13 regular appropriations bills: defense, homeland security, and legislative branch.

MEDICAL LIABILITY

President Renews Calls for Reform

President Bush renewed his support for passage of medical liability legislation in his weekly radio address to the nation September 20. "I have proposed reasonable limits on the lawsuits that are raising health care costs for everyone," he said. The White House backs legislation that would cap noneconomic damages at \$250,000. "We need to address the broader problems of frivolous litigation," Bush said in his address. "We need effective legal reforms that will make sure that settlement money from class actions and other litigation goes to those harmed, and not to trial lawyers."

While the House has passed a Republican-backed bill capping noneconomic damages at \$250,000, Senate Democrats blocked a similar meas-

ure in July. In an attempt to jumpstart the debate, Senate lawmakers plan to introduce a bill soon that would limit noneconomic awards for services provided by obstetricians and gynecologists. Subsequent legislation will cover emergency room services, rural and underserved areas, and so-called Good Samaritans.

Centers for Medicare & Medicaid Services

CMS announced that it has updated and improved the process for making Medicare coverage decisions. A notice published in the Federal Register on September 26 outlines the steps the agency is taking to make the process more efficient. Some of the improvements are:

- Establishing a separate process, with more rigid time frames, for beneficiaries who qualify as aggrieved parties under section 522 of BIPA;
- Revising, formalizing, and updating the elements that constitute a complete, formal request to reflect best practices;
- Updating and clarifying the conditions for acceptance of a complete, formal request; and
- Making it clear that all evidence currently available must be adequate for CMS to conclude that the item or service is reasonable and necessary.

The notice was effective on October 27, 2003. Go to www.access.gpo.gov/su_docs/fedreg/a030926c.html and scroll down to CMS.

NATIONAL INSTITUTES OF HEALTH

NIH Roadmap

Soon after becoming the Director of the National Institutes of Health (NIH) in May 2002, Elias A. Zerhouni, M.D. convened a series of meetings to chart a "roadmap" for medical research in the 21st century. The purpose was to identify major opportunities and gaps in biomedical research that no single institute at NIH could tackle alone but that the agency as a whole must address to make the biggest impact on the progress of medical research. The opportunities for discoveries have never been greater, but the complexity of biology remains a daunting challenge. NIH is uniquely positioned to catalyze changes that must be made to transform our new scientific knowledge into tangible benefits for people

Developed with input from meetings with more than 300 nationally recognized leaders in academia, industry, government, and the public, the NIH Roadmap provides a framework of the priorities the NIH as a whole must address in order to optimize its entire research portfolio. It lays out a vision for a more efficient and productive system of medical research. It identifies the most compelling opportunities in three main areas: new pathways to discovery, research teams of the future, and re-engineering the clinical research enterprise.

Initiatives under the NIH Roadmap will help enable the agency to sustain its historic record of cutting-edge contributions that are central to extending the quality of healthy life for people in this country and around the world.

The Roadmap is available online at <http://nihroadmap.nih.gov/>. For Dr. Zerhouni's testimony October 2 before a joint hearing of the Energy and Commerce Committee and the Senate Health, Education, Labor and Pensions Committee, go to <http://energycommerce.house.gov/108/Hearings/10022003hearing1096/hearing.htm>.

Frontiers of Knowledge in Sleep & Sleep Disorders: Opportunities for Improving Health and Quality of Life

Bethesda, Maryland - March 29-30, 2004

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and Trans-NIH Sleep Research Coordinating Committee

NTS

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 you will find some of the most frequently asked questions and the corresponding answers, which were supplied by Dr. Paul Saskin, Chair of the Accreditation Committee. If you have questions specific to the accreditation process, please send an e-mail to John Slater at the national office (jslater@aasmnet.org) and we will consider placing them in future issues of the AASM Bulletin.

1. Do all patient files have to be kept in the sleep center?

With changes in federal regulations (HIPAA) concern has been raised over the ability of a Sleep Center to maintain records or information on patients that have not technically been “enrolled” in the program. This presents somewhat of a challenge to facilities in adhering to the requirement that they maintain a complete patient record. A partial solution to this problem can be reached by obtaining appropriate release from all patients identified as “Sleep Center” patients, particularly those seen in a staff physician’s office who may not necessarily present to a Center for Sleep Lab study. In a situation where more than one physician office is involved, it may be necessary to establish a process through which this information can be collected, with appropriate authorization from the patient. A simpler solution exists in the situation where the Medical Director/DABSM is responsible for the interpretation of ALL sleep studies. In that scenario, the DABSM Physician should be maintaining a medical record for each patient, even if he/she has not been involved in the original clinical evaluation of the person (ie. direct referral). The medical record in the physician’s office can then serve as the central record for the center, with some indication in the policies and procedure manual of the facility that this is the case.

2. Can someone other than the medical director, review and approve studies on directly referred patients?

Decisions regarding the acceptance of these patients should be made by the leadership of the center. Anyone designated by the medical director, with appropriate training/licensure/qualification can review and approve studies on directly referred patients. This can include a non-physician DABSM or a practitioner (PA, NP, RN) who is authorized to practice under the supervision of the medical director. This is an issue that must be addressed in terms of state regulations and should be verified with a State Medical Board. A written policy must be maintained. The medical director has responsibility for patients in the sleep center.

3. Can a PA or nurse practitioner do H&Ps and follow-up on sleep patients?

A PA or NP (Nurse Practitioner) can perform H+P evaluations as well as follow-up visits on sleep patients, working under the supervision/direction of the physician. As in (2) this is a process that is typically covered under state medical licensing, in terms of physician extenders.

4. What constitutes “pediatric emergency equipment” for a free standing center?

If emergency services are provided through 911, no specialized equipment is required in the facility. The staff should be fully trained in pediatric CPR, and appropriate policies must be present in the policy and procedures manual.

5. Can sleep patients be seen at the physician’s office instead of the sleep center?

Sleep patients can be, and usually are, seen at the physician’s office. The model of all patients seen within the confines of an identified sleep center are not really that consistent with the manner in which sleep medicine is being practiced in the 21st century. With an increase in free-standing facilities as well as the inability of physicians to see patients within the hospital environment, it becomes increasingly important to identify the physician office as part of the Sleep Center. With this in mind, the requirement for appropriate charting and documentation, as well as centralization of charts (addressed in (1) above) becomes all the more relevant. It is sometimes helpful, within the physician office setting, to create a system to “flag” or identify “sleep patients” with some specific coding, or with a different color chart. As more offices move to computerized systems, the ability of a Center and Physician office to interface and share information (within the boundaries of confidentiality) will be facilitated.

NEW

AASM ACCREDITED

SLEEP DISORDERS CENTERS AND LABORATORIES

Madison Sleep Center

Huntsville Hospital
8371 Hwy 72 West
Suite 204
Madison, AL 35758
Accredited Center

American Sleep Diagnostics-Phoenix

4602 North 16th Street, Suite 305
Phoenix, AZ 85016
Accredited Center

The Connecticut Center for Sleep Medicine

The Stamford Hospital
Shelburne Road @ West Broad Street
Stamford, CT 06902
Accredited Center

Central Illinois Sleep Disorders Center

St. Mary's Hospital
1800 East Lake Shore Drive
Decatur, IL 62521-3883
Accredited Center

Bedford Regional Medical Center

2900 W. 16th Street
Bedford, IN 47421
Accredited Center

Diller Regional Sleep Disorders Center - Murray

218 South 12th Street,
Murray, KY 42071
Accredited Center

St. Joseph Sleep Disorders Center

St. Joseph Medical Center
7601 Osler Drive
2nd Floor
Towson, MD 21204
Accredited Center

Sleep Disorders Center

Greenwood Leflore Hospital
1401 River Road
Greenwood, MS 38930
Accredited Center

Sleep Disorders Laboratory

St. Dominic-Jackson Memorial Hospital
969 Lakeland Drive
Jackson, MS 39216
Accredited Laboratory

Christian Hospital Northwest Sleep Disorders Center

BJC Health System
1225 Graham Road
Florissant, MO 63031
Accredited Center

Sleep Diagnostics of Dayton

7016 Corporate Way
Centerville, OH 45459
Accredited Center

Holzer Clinic Sleep Center- Coal Grove

319 Marion Pike
Coal Grove, OH 45638
Accredited Center

Grove City Sleep Diagnostic Center

2441 Old Stringtown Road
Grove City, OH 43123
Accredited Center

Sleep Center of Lima

967 Bellefontaine Ave.
Suite 202
Lima, OH 45804
Accredited Center

Med Central Sleep Disorders Center

391 Glessner Ave.
Mansfield, OH 44903
Accredited Center

Klamath Sleep Medicine Center

2628 Campus Drive
Klamath Falls, OR 97601
Accredited Center

Sleep Medicine Services

Main Line Health Center
1991 Sproul Rd. Lawrence Park Shopping Center
Ste 500
Broomall, PA 19008
Accredited Center

Sleep Disorders Center

York Hospital
1001 South George Street
York, PA 17405
Accredited Center

Methodist Diagnostic Sleep Laboratory

The Methodist Hospital
6447 Main Street
MS DCH100
Houston, TX 77030-2707
Accredited Laboratory

Sleep Disorders Center of Virginia-Tri Cities

130 Temple Lake Drive
Suite 5
Colonial Heights, VA 23834
Accredited Center

Sleep Disorders Center of Virginia-Hanover

8405 Northrun Medical Drive
Mechanicsville, VA 23116
Accredited Center

St. Luke's Sleep Disorders Center

St. Luke's Medical Center
2801 W Kinnickinnic Parkway
Suite 445
Milwaukee, WI 53215
Accredited Center

Saint Francis Sleep Center

Saint Francis Hospital
333 Laidley Street
Charleston, WV 25322
Accredited Center

Russell Medical Center

Sleep Disorders Center
PO Box 930
Alexander City, AL 35010
Accredited Center

Madison Sleep Center

Huntsville Hospital
8371 Hwy 72 West
Suite 204
Madison, AL 35758
Accredited Center

Sleep Disorders Center of Florida

1355 37th Street
Suite 302
Vero Beach, FL 32960
Accredited Center

ARMC Sleep Disorders Center

Athens Regional Medical Center
1199 Prince Avenue
Athens, GA 30606-2793
Accredited Center

Central Illinois Sleep Disorders Center

St. Mary's Hospital
1800 East Lake Shore Drive
Decatur, IL 62521-3883
Accredited Center

Bedford Regional Medical Center

2900 W. 16th Street
Bedford, IN 47421
Accredited Center

The Sleep Center at Saint Margaret Mercy Healthcare Center Dyer

Dyer 24 Joliet Street
C/O Respiratory Care
Dyer, IN 46311
Accredited Center

The Sleep Center at Saint Margaret Mercy Healthcare Center Hammond

5454 Hohman Avenue
C/O Respiratory Care
Hammond, IN 46320
Accredited Center

Community Health Network Sleep/Wake Disorders Center North

7150 Clearvista Drive
Indianapolis, IN 46256
Accredited Center

Community Health Network Sleep Center- South

Community Health Network- South
1402 E. Country Line Road
Indianapolis, IN 46227
Accredited Center

Iowa Sleep Disorders Center, PC

4080 Westown Parkway
West Des Moines, IA 50266
Accredited Center

The Medical Center Sleep Center

Bowling Green
250 Park Street
Bowling Green, KY 42101
Accredited Center

Sleep Related Breathing Disorders Laboratory

Pikesville Methodist Hospital
204 Collins Circle
Prestonsburg, KY 41653
Accredited Laboratory

Sleep Solution of Lafayette

134 Hospital Dr
Suite 205
Lafayette, LA 70503
Accredited Center

New England Sleep Disorders Center

20 Tremont St., Ste. 20
Duxbury, MA 02332
Accredited Center

Southern Nights Sleep Disorders Center

6026 U.S. Hwy 98 West
Suite 3
Hattiesburg, MS 39402
Accredited Center

Sleep Disorders Laboratory

St. Dominic-Jackson Memorial Hospital
969 Lakeland Drive
Jackson, MS 39216
Accredited Laboratory

Sleep Lab

Bay Area Hospital
1775 Thompson Rd
Coos Bay, OR 97420
Accredited Laboratory

York Hospital

Sleep Disorders Center
1001 South George Street
York, PA 17405
Accredited Center

Respironics



APSS

18TH ANNUAL MEETING

Planning for the 2004 APSS Annual Meeting is well underway, and the Program Committee is developing a scientific program that will present the best and most recent basic and clinical science.

Electronic abstract submission opened on October 15, 2003, which was earlier than first anticipated in order to allow authors more time to revise, edit and preview their submitted abstracts. The deadline to submit an abstract is December 15, 2003. In order to expedite the abstract submission process, while maintaining scientific integrity and fairness, abstracts should be submitted through Abstract Central, a Web-based system for abstract submission and peer review. Abstract Central is operated by ScholarOne, a software company that specializes in abstract submissions.

This year, **Clinical Workshops** have been added to the Scientific Program in order to provide a new forum for clinicians to review and discuss clinical challenges in sleep medicine. During these sessions, a variety of formats such as case discussions, review of polysomnograms with a panel of "master" clinicians or lectures reviewing a clinical topic followed by group discussion, will be used to present and discuss controversial topics or difficult situations that demonstrate the critical thinking process in clinical sleep medicine.

For more information regarding the APSS 18th Annual Meeting, please visit www.apss.org or contact the National Office at (708) 492-0930.

Mark your calendar to attend the largest gathering of sleep professionals in the world, June 5-10, 2004 in Philadelphia, Pennsylvania.

SLEEP

SLEEP Launches Web-based Manuscript Submission and Peer Review

The journal *SLEEP* editorial office has launched Manuscript Central, a Web-based system for manuscript submission and peer review. Manuscript Central is operated by ScholarOne, a software company that specializes in scholarly publishing applications. The system allows authors, reviewers, editors, and editorial office staff direct access to journal operations through the Web.

Digital workflow will expedite the peer-review process and streamline the journal's administrative tasks. Manuscripts and reviews will be transmitted electronically among authors, the journal office, editors, and reviewers around the world. The system enables authors to submit their manuscripts as Microsoft Word, RTF, PostScript, HTML, and PDF files, and it accepts a wide variety of graphic file types and multi-media formats. Manuscript files are then accessible to reviewers and editors through the journal's Manuscript Central site, which is accessible through <http://www.journalsleep.org>.

More detailed information on manuscript submission guidelines is available on the Web at <http://www.journalsleep.org>.



American Sleep Medicine Foundation

A Foundation of the American Academy of Sleep Medicine

Grant Funding Opportunities!

The American Sleep Medicine Foundation announces new funding opportunities to support research in sleep medicine for 2004.

ASMF Faculty Career Advancement Award

The American Sleep Medicine Foundation (ASMF) Faculty Career Advancement 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 awardees 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 investigators who have not obtained funding from traditional sources.

ASMF Educational Research Award

The American Sleep Medicine Foundation (ASMF) Educational Research Award program is intended to foster educational research in sleep medicine with strong emphasis on specific outcome measures that will be replicable within and between institutions. The objective of this award is to fund research that supports initial studies leading to more extensive medical education research design, which may be funded by traditional sources (e.g., USPHS/NIH). Additionally, this program is intended to fund educational research projects that will advance knowledge of successful methodologies of sleep medicine education. The goal is for the awardees to identify those specific testable factors that will enhance sleep medicine education within universities and colleges, as well as other institutions of medical education. Curricular development within Sleep Medicine Fellowship Programs, Residency Training, and Medical School Education require systematically testable outcomes that fall within the context of educational research. The ASMF Educational Research Award is aimed at supporting investigators in sleep medicine education who have not obtained funding from traditional sources.

Visit the Foundation website at <http://www.aasmnet.org/foundationgrants.htm> to review the guidelines for the awards or contact Carey Pulvino at cpulvino@aasmnet.org or (708) 492-0930 with questions.

DISCOUNTS ON EDUCATIONAL PRODUCTS OFFERED

The American Sleep Medicine Foundation (formerly Sleep Medicine Education and Research Foundation) recently announced funding opportunities for research in sleep medicine for 2004. It will offer grants in both Faculty Career Advancement (renamed from Young Investigator) and Educational Research categories. The Foundation seeks your help to continue these and other important activities.

To help promote contributions to the Foundation, the American Academy of Sleep Medicine is offering discounts on educational products, including personalized brochures, with qualifying donations through December 31, 2003.

| <u>Donation</u> | <u>Product Discount*</u> |
|-----------------|--|
| \$500 | 10% off next order |
| \$1,000 | 10% off orders for one year** |
| \$1,500+ | 15% off next order, 10% off additional orders for one year** |

**Discounts are calculated on merchandise totals, prior to tax, shipping, and handling.*

***All promotional discounts must be redeemed within one year of issue.*

As a special thank you, all those who contribute \$100 or more to the Foundation by December 31, 2003 will receive a framed certificate acknowledging this support. You are encouraged to display the certificates in your offices or sleep centers.

The American Sleep Medicine Foundation is a not-for-profit 501(c)(3) charitable/scientific organization; as such, your contribution should be fully tax deductible. Consult your tax advisor for further information. Please consider making a donation today. For more information on the Foundation, contact Carey Pulvino at (708) 492-0930 or cpulvino@aasmnet.org.

American Academy of Sleep Medicine - Product Order Form

| TITLE | ITEM# | QTY | PRICE (prices subject to change) | | TOTAL |
|---|--------|-------|-------------------------------------|------------|-------|
| | | | 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 | _____ |
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| PROFESSIONAL EDUCATION MATERIALS (Slide sets and *CD-Rom) | | | | | |
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January 2004

| Association Name | Meeting Name | Dates | Location |
|--|--------------------------|---------------------|----------|
| National Institute of Nursing Research | | January 27-28, 2004 | |
| National Institute of Child Health & Human Development | Advisory Council Meeting | January 29-30, 2004 | NIH |

February 2004

| Association Name | Meeting Name | Dates | Location |
|--------------------------------------|--------------------------------|----------------------|---------------------------------|
| National Institute on Aging | Advisory Council Meeting | February 3-4, 2004 | NIH |
| National Institute of Mental Health | Advisory Council Meeting | February 6, 2004 | NIH |
| National Advisory Disorders & Stroke | Advisory Council Meeting | February 12-13, 2004 | NIH |
| National Heart, Lung, & Blood | Advisory Council Meeting | February 12-13, 2004 | NIH |
| American Academy of Sleep Medicine | Advanced Sleep Medicine Course | February 19-22, 2004 | Westin Tabor Center, Denver, CO |

March 2004

| Association Name | Meeting Name | Dates | Location |
|------------------|---------------------------|-------------------|----------|
| NIH | National Sleep Conference | March 29-30, 2004 | NIH |

C L A S S I F I E D S

POLYSOMNOGRAPHIC TECHNOLOGIST—Madrona Medical Group, a comprehensive primary and specialty care outpatient clinic has an exciting opportunity in our soon to open new Sleep Center. Located in the beautiful northwest region of Washington State, Bellingham, WA, borders the majestic North Cascades mountain range and the San Juan Island region of Puget Sound. Our Sleep Center will open as a 4 bed facility with state of the art equipment utilized in conducting comprehensive sleep studies.

- Position responsibilities include study set-up, monitoring, and study evaluation/scoring.
- Full-time night position requiring RPSGT certification
- Prefer bachelor degree in health science or applicable field
- Required to have 2 + years experience in performing and scoring sleep studies.
- Certification in Basic Life Support
- Computer skills equivalent to the position requirements
- Organized, self motivation, excellent communicator

Competitive compensation package offered – includes salary and comprehensive benefit program. To apply, email fax or mail resume can cover letter to – please specify position: Madrona Medical Group, HR Recruitment, 4454 Cordata Parkway, Bellingham, WA 98226, Fax 360-752-5681, Email: madronahr@hinet.org
Visit our web site to gain more information about our organization: www.madronamedical.com
EEO Employer

SLEEP LABORATORY DIRECTOR—Wanted for a brand new state-of-the-art four bed sleep disorders laboratory in Atlanta, Georgia. Salary is extremely competitive and will include a performance incentive. Benefits include health insurance, life insurance, dental plan, pension fund, as well as paid vacation. We are searching for a top quality, highly motivated individual with experience in management and patient care. This laboratory is associated with three BC/BE Sleep Disorders physicians, and will be seeking AASM accreditation as a Sleep Center. For further information please contact Deryl Roberson, phone number (770) 948-5409 or fax resume to: (770) 948-7994.

POSITION AVAILABLE—United Sleep Medicine in Charlotte, NC is looking for an experienced, patient friendly physician who is board certified in Sleep Medicine to work 3 to 4 1/2 days a week. A salary of 125K to 200K can be expected depending on the number of days you choose to work. We only practice Sleep Medicine. Almost no call. Benefits provided. Email CV to SHardyMD@yahoo.com.

FELLOWSHIP—The Henry Ford Hospital Sleep Disorders and Research Center is offering a one-year fellowship in Sleep Disorders Medicine starting July 1, 2004. 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 breathing disorders, narcolepsy, chronic insomnia and the pharmacology of sleep. Candidates must be board eligible in psychiatry, neurology, or internal medicine. Send inquiries and CV to David Hudgel, M.D., Henry Ford Hospital Sleep Center, 2799 West Grand Blvd, CFP3, Detroit, MI 48202-2691.

PEDIATRIC SLEEP MEDICINE SPECIALIST—Seeking board eligible/board certified sleep medicine specialist with pediatric experience for a multi location sleep disorder centers. Excellent benefits with opportunity to participate in possible partnership agreement. For additional details call Crystal at 614-560-9972.

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.

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