

VOLUME 10—NO. 2  
SPRING 2003

# AASM BULLETIN

THE BULLETIN OF THE AMERICAN ACADEMY OF SLEEP MEDICINE

## Inaugural Advanced Sleep Medicine Course a Success

Journal *SLEEP* Launches Web-based Manuscript  
Submission and Peer Review

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2003 Medicare Update - Congress and the President Respond

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## EDITOR'S NOTES

While it has been my distinct pleasure to serve as the editor of the *Bulletin* over the past year, I am looking forward to passing the editorial pen into the capable hands of my successor, Dr. Andrew Chesson. At the same time, I wish to thank

Lance Brink and all of the AASM staff who have worked hard to make the *Bulletin* a reality. In this issue you will find a positive update on reimbursement for sleep services under the Medicare program. We are indeed fortunate for this result and can attribute it, in part, to the hard work of our Health Policy Committee, under the leadership of Dr. David Franco and Board liaison Dr. Baldwin Smith.

Dr. Chesson has provided a smooth and steady hand at the helm of the Academy over the past year. This has translated into continued progress with ACGME (see President's Perspective), culminating in their acceptance of our application to establish a fellowship program in Sleep Medicine. Our dream is becoming a reality thanks to the pioneering work of all the individuals who helped establish AASM-accredited sleep medicine fellowship programs. The 37 existing programs have demonstrated to the ACGME that Sleep Medicine has matured to a level capable of providing structured education to a sufficient number of physicians to sustain future growth in the field.

In addition to providing educational opportunities for young physicians through its fellowship programs, the Academy has responded to the needs of its established practitioners by holding its inaugural Advanced Sleep Medicine Course in San Antonio. The course director, Dr. Eugene Fletcher and his faculty are to be complemented for providing an excellent educational experience to the 180 attendees (see page 17).

This year's 17th Annual Meeting of the Associated Professional Sleep Societies (APSS) from June 3-8, 2003 in Chicago recognizes the 50th anniversary of the discovery of REM sleep. For many of us, this scientific breakthrough occurred during our lifetime, attesting to the infancy of the field. This year's meeting represents a unique opportunity for us to attend the co-keynote presentations of Drs. William Dement and Michel Jouvet, who will share with us their insights into this remarkable discovery. Plan to attend both the APSS meeting and the first annual, "Discovering the Secrets of Sleep" research dinner. The proceeds of this fundraising dinner and dance will provide grant support for young investigators to further advance our knowledge in sleep science and medicine.

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

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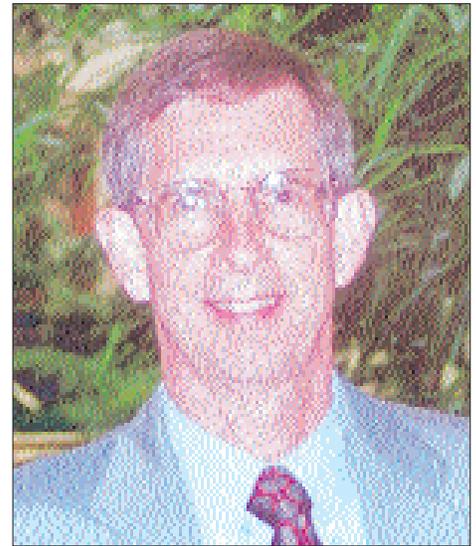
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# PRESIDENT'S PERSPECTIVE

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



The activities of my year as your AASM president are coming to an exciting finale at the June APSS meeting. This 17th Annual Associated Professional Sleep Societies meeting, June 3-8, in Chicago will have an exciting focus on the 50th anniversary of the discovery of REM sleep. The meeting should be an outstanding one. We have had more symposiums, abstracts, and proposed presentations submitted than ever before. The Program Committee has been busy selecting the program balance. The fact that the "birth" of our clinical field is within the scope of our lifetimes (and for some of the meeting attendees, even in our professional lifetimes) underscores how far we have come in a short period of time.

Since the last AASM *Bulletin*, we have continued to grow and develop the field of sleep. The ACGME application for the process of establishing a sleep fellowship continues. They have accepted our application to move further along with the establishment of a fellowship program, and the ACGME has appointed a committee to further develop the content. Several sleep professionals are on this committee. The process of moving the American Board of Sleep Medicine under the American Board of Medical Specialties umbrella continues to move ahead. Although the time line seems, at times, frustratingly slow for those of us working daily or weekly at aspects of this project, it is actually moving at a relatively steady pace for this type of process. Collaboration with those in the leadership of internal medicine, neurology, psychiatry, pediatrics, and pulmonary continues, and all are significant contributors and colleagues to the advancement of this goal. It will continue to keep Dr. Con Iber busy next year as he assumes the role of AASM President.

Another indicator of the collaborative nature of sleep medicine is the work of, the AASM, the American Thoracic Society, and the American College of Chest Physicians on guidelines for portable monitoring use in sleep. The Boards of the respective organizations have approved, or nearly so, a review paper, a practice guideline paper, and are working on an executive summary that will be published in the journals of the three societies. This marks an unusual degree of multi-societal cooper-

ation. It has, indeed, been my pleasure to work with the professionals and leaders of these societies throughout this process.

The Committee Updates section of the *Bulletin* highlights a number of important, ongoing activities, and I encourage you to review those to keep up with the many activities of the AASM. Some particular "firsts" include the development of the Behavioral Sleep Medicine Certification Examination that will be offered for the first time in June, and the new Advanced Sleep Medicine Course. The Advanced Course was held for the first time in February, and based on reports and my observations, it was a remarkable success. New Practice Parameters from the Standards of Practice Committee are also going to press, and the Clinical Practice Review Committee is completing a position paper on a new area of approach for the Academy non-prescription treatments of snoring or obstructive sleep apnea that have limited scientific evidence. There is far too much activity in these committees to list here, but I encourage you to review that section of the *Bulletin*.

If you have not already made arrangements to do so, I encourage you to become active and involved in the AASM PAC as a way of helping influence legislation and policies beneficial to sleep, and to join us for the fund raising dinner, "Discovering the Secrets of Sleep," on Wednesday, June 4, 2003, at the APSS meeting. This is a good way to have some fun as well as be a part of the growth in support for research and education projects in sleep.

As I close, I wish to thank you for the opportunity to contribute to the ongoing growth and development of our organization. To know the activities of the AASM is to be excited by the opportunities available to serve our patients and the public, with development of new research, education and clinical care in the field of sleep and for disorders of sleep.



## AASM General Membership Meeting

Thursday June 5, 2003

12:30pm – 1:30pm

### **BECOME ENGAGED AND AFFECT THE FUTURE OF SLEEP MEDICINE**

The AASM PAC enjoyed a successful year supporting the advancement of sleep medicine. Member support is vital to the continued success of the AASM PAC.

- lobbying against physician payment cuts
- working with government agencies regarding reimbursement policies
- providing members with key information through the legislative action center
- supporting congressional members influential in the advancement of sleep medicine

Become engaged and affect the future of Sleep Medicine by attending either AASM PAC Luncheon or Breakfast.

- The **luncheon** is June 6, 2003 at 12:30pm, with guest speaker Peter W. Carmel, MD from 12:45pm to 1:30pm. Dr. Carmel, a member of the Board of Trustees of the American Medical Association, will provide an in-depth overview of medical liability reform and its impact on the profession.
- The **breakfast** on June 7, 2003 at 6:30am features an engaging presentation from 7:00am to 8:00am by AASM Executive Director Jerry Barrett on the importance of member involvement in supporting legislation and policies beneficial to practitioners and the field.

Registration Fee for each event is \$50 and seating is limited. To attend, please sign up on the 2003 APSS Annual Meeting registration form, available online at [www.apss.org](http://www.apss.org)

To make a contribution to the AASM PAC, visit the AASM Web site, [www.aasmnet.org/PDF/PAC%20Contribution%20Form.pdf](http://www.aasmnet.org/PDF/PAC%20Contribution%20Form.pdf)

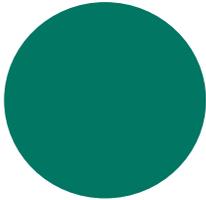


*The amount of your contribution or decision not to contribute will not benefit or disadvantage your status with the AASM in any way. Contributions are not deductible for Federal Income tax purposes as charitable contributions.*

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Polysomnography

# COMMITTEE UPDATES



## **ACCREDITATION**

The Accreditation Committee is currently evaluating pediatric standards for consideration and possible inclusion into the standards for accreditation. The committee would like to obtain feedback on the proposed standards from accredited centers and laboratories to ensure their validity and viability. Accredited centers and laboratories will be contacted for comment by this summer. Safety issues are another area that the committee is considering for further standard development. The focus would entail sleepiness and alertness issues for technicians.

## **BEHAVIORAL SLEEP MEDICINE**

The Behavioral Sleep Medicine Committee is preparing for the first Behavioral Sleep Medicine certification examination. The examination will be held at the APSS 17th annual meeting in Chicago and will take place on June 3, 2003 from 1 p.m. - 5 p.m.

The deadline for applying to sit for the examination was April 1, 2003, and more than 30 applications were received.

## **CLINICAL PRACTICE REVIEW**

The Clinical Practice Review Committee is completing position papers on the non-prescription treatments of snoring or obstructive sleep apnea with limited scientific evidence, and upper airway management in the adult patient with obstructive sleep apnea in the perioperative period. The committee continues to draft the position paper regarding non-prescription treatments for insomnia with limited scientific evidence. The committee is currently drafting a patient version of the non-prescription treatment of snoring or obstructive sleep apnea paper.

## **CONTINUING MEDICAL EDUCATION**

The Continuing Medical Education Committee recently sponsored CME credit for the following activities: The APSS 17th Annual Meeting, Volume 26 of the journal *SLEEP*, and the Southern Sleep Societies 25th Annual Meet-

ing. The committee has also conducted an internet-based needs assessment survey. The survey was sent to a random representative sample of the membership and results are currently being reviewed and assessed by the committee.

## **FELLOWSHIP TRAINING**

The AASM has 37 accredited fellowship training programs throughout the United States. As the AASM continues to pursue Accreditation Council of Graduate Medical Education (ACGME) accreditation, the committee is evaluating the process of transitioning existing programs to comply with ACGME guidelines. The committee would like to encourage those programs that currently are accredited as an AASM alternate track program to try and achieve regular track status. AASM accredited regular track programs best follow ACGME guidelines and would allow for possible future transition to ACGME accreditation.

## **GOVERNMENT AFFAIRS**

The Government Affairs Committee is planning two PAC fundraising events to take place at this year's APSS 17th Annual Meeting in Chicago. One event will be held 12:30 p.m. to 1:30 p.m. on Friday, June 6, 2003 with the presentation details still being worked out (look for this information in a future AASM list serve announcement). The second event will be held from 6:30 a.m. to 8:00 a.m. on Saturday, June 7, 2003 with a presentation being made by Jerome Barrett on the importance of member involvement in supporting legislation and policies beneficial to practitioners and the field.

The committee invites you to show your support for the governmental activities of the association by attending either of these topical presentations. Your support of the AASM PAC is crucial to the lobbying efforts surrounding sleep medicine and reimbursement issues.

## **HEALTH POLICY**

The health policy committee is developing an analytical and methodological tool to assess the economic impact of sleep

specialists on health care. The committee is developing a pilot study to collect information from patients and a second phase to look at patient, physician and vendor information. The Health Policy Committee continues to refine a presentation to inform insurance companies and, possibly, employers about sleep procedures and the importance of reimbursement, and insurance coverage policies pertaining to sleep medicine services.

### **INTERNATIONAL AFFAIRS**

The AASM has expanded the international mini-fellowship program this year to accommodate 6 individuals. The International Affairs Committee received and reviewed 20 applications to fill the respective programs. This year's participants include the following individuals Armin Heli Degado, from Peru; Osama Abu El Maged El Kholy, from Egypt; Alejandro Marcelino Jimenez-Genchi, from Mexico; Nurudeen Akanbi Lawal, from Nigeria; Jiyang Pan, from China; and Yin Chu Catherine Tse, from Hong Kong. The international mini-fellowship programs will conclude at the APSS annual meeting where the AASM and SRS are jointly meeting with the World Federation of Sleep Research Societies giving this meeting a very international flavor.

### **MEDICAL SCHOOL EDUCATION**

The Medical School Education Committee continues to work with current Sleep Academic Awardees in the development and posting of educational resources. The committee has developed a process for the periodic review and updating of all existing resources to continue to provide up-to-date information. MEDSleep Resources are intended for educational use only and must be referenced to the MEDSleep Resource web site, the original author, the AASM, and the NCSDR Sleep Academic Awardee Program, when used in their entirety. Once a resource is altered it can no longer be referenced back to the above individuals/organizations.

### **NATIONAL SLEEP MEDICINE COURSE**

The 2003 National Sleep Medicine Course is August 9-13 at the Oak Brook Hills Resort in Oak Brook, Illinois, a suburb of Chicago. The registration form and course outline can be found on the AASM web site. Seating is limited to 150. Initial plans are being discussed for a 2004 Advanced Sleep Medicine Course to be held in February, location to be determined.

### **PUBLICATIONS**

The Publications Committee currently has six patient brochures and four slides sets educational products under content review. The committee will assess the information made available through these products and determine where updates need to be made. The committee will be working jointly with the health policy committee on their insurance employer presentation as well as a public relations piece aimed at the general public.

### **RESEARCH**

The Research Committee has assisted in the development of feedback provided to NIH Center for Scientific Review (CSR) in regards to the reorganization of study sections. The feedback provided to CSR was based on the National Heart Lung and Blood Institute, National Center for Sleep Disorders Research and Trans-NIH Sleep Committee updated Five Year Sleep Disorders Research Plan. When the plan was compared to the CSR Integrated Review Group (IRG), mandates and specific areas covered by the study sections two areas of recommendations were developed. The CSR was encouraged to maintain a minimum of two reviewers with sleep expertise when "sleep" or "sleep disorders" were listed in a study section mandate. The AASM also noted that several major sleep disorders were not associated with any IRG or study section and encouraged the CSR to consider incorporation of these sleep disorders into the appropriate study section mandate.

### **STANDARDS OF PRACTICE**

The Standards of Practice Committee has completed the update for the combined practice parameter and review paper titled "Practice parameters for the use of polysomnography to evaluate insomnia; an update for 2002." This combined paper will be submitted to *SLEEP* for future publication. The committee is finalizing the update for the practice parameter and review paper titled "Practice Parameter 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." This paper will undergo a final review and receive final approval prior to submission to the journal *SLEEP*. Committee and related task forces are updating three existing practice parameters and their respective review papers, and two new practice parameter topics are in different stages of the evidence review process. Once drafted, these papers go through a rigorous review process prior to approval and submission to the journal *SLEEP*.

A fundraising dinner  
to benefit research in sleep medicine

# Discovering the Secrets of Sleep

Time is running out! A limited number of tickets are still available for the first annual *Discovering the Secrets of Sleep* research fundraising dinner.

Enjoy an evening of dinner and dancing to help raise money in support of the advancement of knowledge in the field of sleep medicine.

**Wednesday, June 4, 2003**

6pm Cocktails

7pm Dinner

Hyatt Regency Hotel  
Crystal Ballroom  
151 East Wacker Drive  
Chicago, Illinois  
*Business/casual attire*

*Ticket information:*

Patron Tables: \$5000 (Priority seating & recognition at the dinner)  
Sponsor Tables: \$2500 (Preferred seating & recognition in the program)  
Individual Tickets: \$150  
*All tables seat ten.*

Space is limited. Purchase your tickets today by contacting Carey Pulvino at (708) 492-0930 or [cpulvino@asmnet.org](mailto:cpulvino@asmnet.org).

Sleep Medicine Education and Research Foundation is a 501(c)(3) charitable organization.  
The federal tax ID number is 41-1920576. For tax purposes, the estimated value  
of the dinner is \$75 per person.

# member benefits

## Section Meetings

In accordance with AASM bylaws, membership sections will hold annual meetings during the APSS Annual Meeting in June. Attendance at section meetings is encouraged by all members, irrespective of section membership. Formal agendas for each meeting will be posted on the AASM Web site at [www.aasmnet.org/Sections.htm](http://www.aasmnet.org/Sections.htm) prior to the June meetings; section meetings will also be published in the APSS Annual Meeting final program.

A single representative from each section will be selected by the section's membership at its annual meeting and affirmed by the Board of Directors as the Section Chair. This representative will then serve a one-year term as Chair, and will work with a similarly-selected three-person committee toward achieving the goals of the section. Section chairmanship is an excellent opportunity for members to get involved in the leadership of the Academy and to promote section-specific proposals to the APSS Program Committee and the Sleep Medicine Education and Research Foundation.

Below is a listing of the section meeting times, dates and meeting locations.

7:00p.m. - 8:30p.m.	<b>Thursday, June 5</b>	<b>Location</b>
7:00p.m. - 8:30p.m.	Neurology	Columbus A/B Room
8:30p.m. - 10:00p.m.	Surgery of the Upper Airway	Columbus C/D Room
8:30p.m. - 10:00p.m.	Behavioral Sleep Medicine	Columbus A/B Room
	Sleep Deprivation	Columbus C/D Room
	<b>Friday, June 6</b>	<b>Location</b>
7:00p.m. - 8:30p.m.	Psychiatry	Columbus A/B Room
7:00p.m. - 8:30p.m.	Medical Education in Sleep	Columbus E/F Room
7:00p.m. - 8:30p.m.	Freestanding Sleep Centers	Columbus C/D Room
8:30p.m. - 10:00p.m.	Pediatrics	Columbus A/B Room
	<b>Saturday, June 7</b>	<b>Location</b>
7:00p.m. - 8:30p.m.	Movement Disorders in Sleep	Columbus E/F Room
7:00p.m. - 8:30p.m.	Dreams	Columbus A/B Room
7:30p.m. - 9:00p.m.	Oral Appliances	Columbus C/D Room
8:30p.m. - 10:00p.m.	Sleep Disordered Breathing	Columbus E/F Room

# Ambulatory Monitoring

## 2003 MEDICARE UPDATE CONGRESS AND THE PRESIDENT RESPOND

On February 20, 2003, the President signed H.J. Res. 2, averting the March 1st cut of 4.4 percent in 2003 Medicare physician payments. The provision included in the bill authorizes the department of Health and Human Services to correct projection errors made in 1998 and 1999, which results in an estimated 1.6 percent increase in the conversion factor effective March

1, 2003. However, CMS Administrator Tom Scully indicated that there may be some lag time in payment adjustments as Medicare carriers will likely require time to work out the logistics.

Below is a comparison of the 2002 and the 2003 average Medicare payment for sleep services.

### COMPARISON OF AVERAGE MEDICARE PAYMENT FOR SLEEP MEDICINE SERVICES

CPT Codes	YR 2002 Payment (Conversion Factor - \$36.20)	YR 2003 Payment (Conversion Factor - \$36.78)	CPT Codes	YR 2002 Payment (Conversion Factor - \$36.20)	YR 2003 Payment (Conversion Factor - \$36.78)
95805	\$293.58	\$710.96	95808	\$457.21	\$595.47
-26	\$95.57	\$96.36	-26	\$135.03	\$135.72
-TC	\$198.01	\$614.59	-TC	\$322.18	\$459.75
95806	\$227.70	\$223.62	95810	\$757.30	\$783.05
-26	\$82.90	\$83.49	-26	\$177.74	\$178.75
-TC	\$144.80	\$140.13	-TC	\$579.56	\$604.30
95807	\$461.91	\$517.13	95811	\$777.58	\$807.69
-26	\$82.17	\$82.76	-26	\$190.77	\$192.36
-TC	\$379.74	\$434.37	-TC	\$586.80	\$615.33



# Newsbriefs

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The House and Senate Budget leaders hope to complete final action on a FY 2004 budget resolution by the statutory deadline of April 15. Both chambers approved their respective spending blueprints last month, and conferees will now meet to iron out the differences between the two versions. The \$2.2 trillion budget resolution (H Con Res 95) narrowly passed by the House (215-212) allocates \$400 billion for a Medicare prescription drug benefit but contains some \$93 billion in cuts to the Medicaid program, reductions that elderly advocates, hospitals, and governors say would force states to curb key services for low-income seniors.

The House-approved budget resolution also provides funding for President Bush's tax cut. Dropped from the final resolution were Medicare cuts of \$215 billion, which had been part of a proposal approved by the House Budget Committee. Health groups, Democrats, and moderate Republicans strongly opposed the proposed reductions, and they were omitted from the resolution voted on by the House.

Like the House, the Senate-passed resolution sets aside \$400 billion for Medicare prescription drug coverage but does not propose cuts in the Medicaid program. It also slashes the President's tax cut in half. Voicing their opposition to the Medicaid cuts contained in the House-passed budget resolution, 77 senators sent a letter to Senate budget leaders recently urging them to vote against these reductions when they reconcile the two bills.

The Senate narrowly defeated an amendment by Senator Tom Harkin that would have taken \$25 billion from the budget resolution's tax cut and devoted the savings to correcting the disparity in Medicare reimbursement rates in Iowa and other rural states. By a vote of 96 to 1, the Senate passed an amendment offered by Senator Arlen Specter that adds \$2.8 billion to budget function 550 (health) in the budget resolution [\$1.8 billion for NIH, \$600 million for CDC, and \$400 million for HRSA (for Health Professionals)].

## **CMS Projects Negative Update In 2004**

The Centers for Medicare and Medicaid Services recently announced that it projects a 4.2 percent drop in the FY 2004 conversion factor for physician services and further cuts through 2007. This news follows congressional action in February that corrected an error in the update calculations and resulted in a 1.6 percent payment increase for services provided in 2003. The agency had previously estimated positive updates for 2004 and beyond. CMS attributes the projected FY 2004 reductions to higher spending on physician services overall and a lower-than-expected per capita GDP. During 2002, the agency said, the volume and intensity of physicians' services increased by approximately 6-8 percent. Without congressional action, the updates for 2004 and beyond could have been even lower, according to CMS.

In a March 20 letter sent to the Medicare Payment Advisory Commission, CMS said the projected range for the FY 2004 update was between a 5.8 percent reduction and a 0.6 percent increase but was likely to be -4.2 percent. The agency also said that the estimates were preliminary and likely to change by November 2003 when the update for 2004 is published.

## **Medical Liability**

On March 13, the House of Representatives passed legislation (H.R. 5) by a vote of 229-196. This bill would cap noneconomic damages in medical malpractice lawsuits at \$250,000. President Bush called the action "an important step toward creating a liability system that fairly compensates those who are truly harmed, punishes egregious misconduct without driving good doctors out of medicine, and improves access to quality, affordable health care by reducing health care costs."

The debate now moves to the Senate, where the outcome is less certain as members of both parties have expressed concern about caps on awards. Senators Dianne Feinstein (D-CA) and Majority Leader Bill Frist (R-TN) floated a \$500,000 cap on noneconomic damages as a possible compromise, but health groups favor a \$250,000 cap.

## **Patient Safety**

In other action, the House last month easily approved legislation designed to curb medical errors. By a vote of 418-6, the House passed H.R. 663, whereby the Secretary of Health and Human Services will certify a number of private and public organizations to act as patient safety organizations. These patient safety organizations will analyze data on medical errors, determine their causes, and develop and disseminate evidence-based information to providers to help them implement changes that will improve patient safety. H.R. 663 also provides peer review protections for the documents and communications providers will submit to patient safety organizations, intended to encourage the exchange of this important information.

Bill sponsor Michael Bilirakis (R-FL) said the legislation "provides a basis for combating a serious problem in the American health care system. With its passage, we can begin to examine the underlying causes of medical errors, current practices and potential solutions to this pervasive problem and ultimately increase patient safety."

## **Regulatory Relief**

Key health committees in the House are moving quickly to approve legislation intended to improve Medicare's regulatory and contracting functions. Both the Ways and Means Health Subcommittee and the Energy and Commerce Committee last month passed H.R. 810, the Medicare Regulatory and Contracting Reform Act, introduced by Rep. Nancy Johnson (R-CT).

Energy and Commerce Committee Chairman Billy Tauzin said H.R. 810 "will allow health care providers to spend more of their time delivering health care and less of their time wading through pages of rules and regulations." The House passed similar legislation as part of its Medicare reform package (H.R. 4954) in June 2002.

**As passed by the Energy and Commerce, H.R. 810 would:**

- require CMS to use a central toll free number to allow beneficiaries to get answers to Medicare questions;
- establish a Medicare Beneficiary Ombudsman;
- require competitive rewards for the best qualified entities through the use of performance-based service contracts;
- ensure better communication between the HHS Secretary and Medicare providers;
- create an expedited process for appeals to claim denials;
- provide an education and training program for Medicare contractors.
- require hospitals to provide a list of Medicare-certified nursing facilities to beneficiaries before being discharged,
- require Medicare to inform beneficiaries how many covered days of nursing home care they have utilized well in advance of the 100-day limit; and,
- allow groups that use independent contractors to enroll directly with the Medicare program.

Action by the full Ways and Means Committee is expected in early April.

# Wichita Clinic 1/4 Page

## 2003 NSMC

National Sleep Medicine Course

Sponsored by the American Academy of Sleep Medicine

Oak Brook Hills Resort

Oak Brook, IL (a suburb of Chicago)

August 9-13, 2003

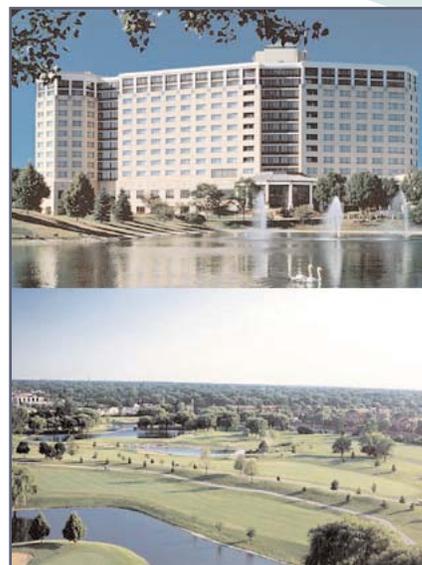
If you are a sleep practitioner seeking an advanced overview of sleep disorders medicine, the AASM National Sleep Medicine Course is for you!

Come join us for the intensive five-day course, guided by a distinguished faculty. As a participant, you'll refine your knowledge of normal sleep and the physiology, diagnosis, and management of common sleep disorders.

You'll be tested on common and unusual events recorded during sleep, and have the opportunity to score and discuss actual polysomnograms.

The NSMC program will be mailed to AASM members this Spring. If you are a non-member and would like to be on the mailing list, or for more information, please contact:

American Academy of Sleep Medicine  
One Westbrook Corporate Center, Suite 920  
Westchester, IL 60154  
Phone: (708) 492-0930 Fax: (708) 492-0943  
[www.aasmnet.org](http://www.aasmnet.org)



**APSS  
Meeting Ad**

## Inaugural Advanced Sleep Medicine Course Receives Favorable Feedback

The newly developed Advanced Sleep Medicine Course (ASMC) proved to be an overwhelming success with more than 180 registrants - far more than the original projected number - assembling to review new treatments, current research, and prospective trends in sleep medicine. This response is an indication of the rapid growth enjoyed by the specialty and is a strong indication of the future development of the field.

The inaugural ASMC was held February 6-9, 2003 in San Antonio, Texas and was led by Course Director, Eugene C. Fletcher, MD along with an outstanding faculty consisting of 21 highly regarded sleep professionals. While the weather did not cooperate - it snowed in San Antonio over the weekend - attendees participated in several, short didactic lectures followed by highly interactive question and answer sessions with the faculty.

The course was undoubtedly a success based on the enormously positive feedback received from the attendees. Plans are underway to hold this state-of-the-art course again next February. Details on date and location will be available by early fall. Watch for future announcements in the Bulletin and listserv announcements over the coming months.



*AASM President, Dr. Andrew Chesson welcomes nearly 200 attendees to the ASMC.*

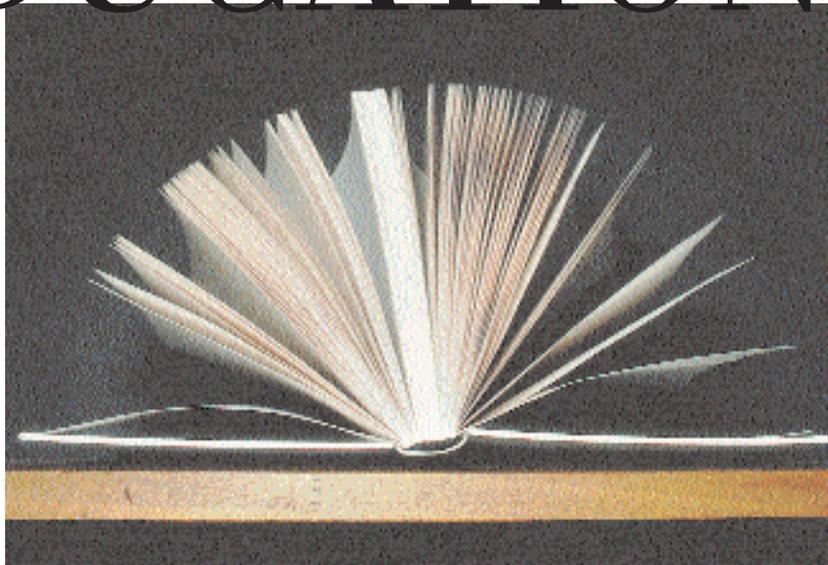


*While others take a break, a few of the attendees get ready for another stimulating lecture.*

NEWS

EDUCATION

CME



# ORIG • NEWS

## RELATED ORGANIZATION NEWS

### APSS 17TH ANNUAL MEETING

The Associated Professional Sleep Societies (APSS) is hosting its 17th Annual Meeting from June 3-8, 2003 in Chicago, Ill. The meeting this year is hosted with the World Federation of Sleep Research Societies - globalizing awareness of the importance of sleep.

The APSS Annual Meeting assembles the world's prominent sleep medicine practitioners and researchers to present and discuss current science and research in the field through symposia, discussion groups, plenary sessions and other presentations. The meeting will also commemorate the 50th anniversary of the discovery of REM sleep at the University of Chicago, an event pivotal to the development of the field. An overview is available on the APSS Annual Meeting's Web site, [www.apss.org](http://www.apss.org).

### FOUNDATION UPDATES

The Sleep Medicine Education and Research Foundation was established by the American Academy of Sleep Medicine (AASM) Board of Directors in March 1998 to promote education and fund research. Through consultation with representatives from the AASM, industry professionals, and the public, the Foundation integrates recommendations to develop initiatives for the advancement of the sleep medicine field.

More than 200 AASM members contributed almost \$20,000 to the Sleep Medicine Education and Research Foundation since the beginning of the 2002-2003 membership drive in October 2002. These figures are nearly double the number of donors and total dollar amounts from the 2001-2002 drive. Members donated in conjunction with dues payments, through honoraria, and directly to the Foundation.

The need for research funding in sleep medicine has never been greater, and yet there are limited resources to fund such endeavors. Contributions to the Foundation are used entire-

ly for research and education initiatives. Support from AASM members will help ensure the continuation of Foundation activities and increase opportunities to advance the field in the future.

Thank you to all those that have donated to the Sleep Medicine Education and Research Foundation. If you have not yet made a donation, please consider doing so now. For more information on the Foundation, please contact Carey Pulvino at (708) 492-0930 or [cpulvino@aasmnet.org](mailto:cpulvino@aasmnet.org).

### Foundation Thanks Takeda Pharmaceuticals North America

Takeda Pharmaceuticals North America, Inc. has contributed \$20,000 in the form of an unrestricted educational grant to the Sleep Medicine Education and Research Foundation. Takeda's interest in expanding education about sleep health is closely aligned with the goals of the Foundation.

"Takeda is committed to providing educational and research support to the efforts of the Sleep Medicine Education and Research Foundation that will advance the care of patients with sleep disorders," said Carl Schmidt, senior manager, new product planning, Takeda Pharmaceuticals North America, Inc. "We are proud to support the Academy's efforts to educate health professionals and the public and about the importance of sleep and treatment for sleep disorders."

Takeda's commitment to supporting the advancement of sleep medicine is greatly appreciated and the funding will allow the Foundation to continue its important research and education endeavors in the field.

Based in Lincolnshire, Illinois, Takeda Pharmaceuticals North America, Inc. is a wholly-owned subsidiary of Takeda Chemical Industries, Ltd. in Osaka, Japan. TCI is a research-based, global company with its main focus on pharmaceuticals. As the largest pharmaceutical company in Japan and one of the industry's leaders worldwide, Takeda is commit-

ted to making a difference in people's lives by creating innovative and effective ways to alleviate disease and promote good health.

### **2003 Sleep Medicine Education and Research Foundation Young Investigator Awards**

The Foundation received 20 proposals for the 2003 Young Investigator Awards. Researchers from 14 institutions submitted applications, which spanned many areas of sleep medicine in both basic science and clinical research. The Foundation will award up to five new two-year grants at \$30,000 a year for two years. Grant recipients will be announced at the Discovering the Secrets of Sleep research fundraising dinner at the APSS meeting in June. Since its inception in 1998, the Foundation has funded over \$1 million in research grants in all areas of sleep medicine.

### **AMERICAN BOARD OF SLEEP MEDICINE (ABSM)**

#### **Important Dates and Deadlines**

#### **2003-2004 Examination Cycle:**

October 3, 2003	Part I Examination - Rosemont, IL (Chicago suburb, near O'Hare Airport)
January 1, 2004	Notification of Part I results
January 15, 2004	Deadline for receipt of Part II letter of intent and examination fee
April 2004	Part II Examination - Chicago, IL; Tampa, FL; and Tucson, AZ
June 30, 2004	Notification of Part II results

#### **2004-2005 Examination Cycle:**

October 2003	2004-2005 application materials will be available
March 1, 2004	Deadline for postmark on application and examination fee
June 30, 2004	Notification of Credentialing Committee decisions
October 2004	Part I Examination - Location TBD
January 1, 2005	Notification of Part I results
January 15, 2005	Deadline for receipt of Part II letter of intent and examination fee
April 2005	Part II examination - Location TBD
June 30, 2005	Notification of Part II results

#### **Changing Requirements**

In light of the ABSM's goal to encourage fellowship training in sleep medicine as route to Board certification, the ABSM will adopt the following changes in eligibility requirements:

Applicants for the 2004-2005 Examination Cycle who did not complete a formal one-year fellowship in sleep medicine can apply under a Waiver. The Waiver requires (but is not limited to) a minimum of 18 months of combined training and clinical experience in sleep medicine. Of the 18 months,

six months full time training (or equivalent number of hours if completed part time) must be completed under the direct supervision of a Diplomate of the ABSM. All experience must be completed by June 30, 2004. If the training and clinical experience is not full time, the part time experience must be equivalent to 18 months full time training. The 2004-2005 Examination Cycle will be the last time the Waiver track will be available.

Beginning with the 2005-2006 Examination Cycle, successful completion of a sleep fellowship (regular or alternate track) accredited by an organization recognized for this purpose by the ABSM will be required. At present, the only organization so recognized is the American Academy of Sleep Medicine (AASM). All applications under regular or alternate tracks based on one year of training NOT accredited by an organization recognized for this purpose by the ABSM must be postmarked no later than March 1, 2004, all training requirements must be completed by June 30, 2004.

In addition to the changes in eligibility requirements, the ABSM announces a change to the Maintenance of Certification process. Commencing with certificates awarded in 2006, the ABSM will issue a 10-year, limited-time certificate. Those who received certificates before this date will not be required to participate in the maintenance of certification process.

The American Board of Sleep Medicine encourages potential applicants to seek additional information regarding the requirement changes by visiting the ABSM's Web site, [www.absm.org](http://www.absm.org), or contacting the national office at (708) 492-1290.

### **ACADEMY OF DENTAL SLEEP MEDICINE (ADSM)**

The Academy of Dental Sleep Medicine (ADSM) is encouraging all AASM members to reevaluate the importance and necessity of dental involvement within the treatment process of sleep disordered breathing. The field of sleep medicine is rapidly expanding and as it does, the role of dentistry is becoming more clearly defined. A number of changes have taken place from the dental perspective in 2002-2003 that you should be aware of, and the ADSM is stepping up to these challenges and the increased demand in this field.

The ADSM is the primary professional resource for dentistry's involvement in the research, assessment and management of SDB. The Academy is the a professional membership organization promoting the use of oral appliances and dental surgery for the treatment of sleep disordered breathing and provides training and resources for those who work directly with patients. The ADSM offers its members educational opportunities, a certification program, a comprehensive Web site, pertinent publications and updates in the field, as well as numerous patient education initiatives. The ADSM urges dentists to work together with medical colleagues and offer thorough and effective patient care.

Over the past six months, the ADSM has seen many positive administrative changes, including the transfer of the national office to Westchester, Ill, the re-launch of the official ADSM Web site, and the reorganization of standing committees. The ADSM has also experienced substantial growth in membership. The Academy is looking forward to continuing this expansion well into the future.

### **The Evolving Field of Dental Sleep Medicine**

The field of dental sleep medicine is certainly not standing still. Many changes are taking place and dentists find the growing need to offer treatment options for SDB within their practice. The ADSM, along with other organizations, has taken on the task of assuring that dental management of this disorder is done properly and in concert with a medical team. To this end, the ADSM has established its credentialing process.

The Certification Board of the Academy of Dental Sleep Medicine is a means for dentists with an interest and expertise in dental sleep medicine to be recognized as possessing the knowledge and skills necessary to interface with our physician colleagues. The credentialing process is designed to identify those individuals that have acceptable knowledge in the field of dental sleep medicine, which includes basic sleep medicine, oral appliance therapy and upper airway surgery. Credentialing indicates to patients, professional colleagues and organizations in both medicine and dentistry, that one has met established qualifications in these areas.

The ADSM encourages AASM accredited centers and labs to rely on credentialed members as staff or consultants within their facilities. Credentialed members are prepared and equipped to provide your patients with the best possible care. In addition, credentialed members are required to re-certify every two years to ensure they are staying abreast of the progressing industry.

A large change reflecting the ongoing expansion of the field was the Food and Drug Administration's announcement of the final rule that changes the classification of intraoral devices for the treatment of snoring and obstructive sleep apnea to Class II (special controls). This rule took effect December 12, 2002.

Formerly, these appliances remained unclassified as medical devices by the FDA. According to Dr. Susan Runner, of the Center for Devices and Radiological Health, the regulation will help increase the legitimacy of oral appliance therapy for the treatment of sleep disordered breathing. This may also add to the recognition of oral appliances by insurance providers, thus increasing the possibility of reimbursement for these procedures.

Class II refers to medical devices requiring special controls in order to ensure public health and safety, such as intraoral soreness, TMD, obstruction of oral breathing, loosening or flaring of lower teeth, general tooth movement, and others defined by a FDA Guidance Document. Mandating these

considerations will add medical validity to the use of these appliances and significantly reduce the number of unmitigated devices. Dr. Harold A. Smith, President of the Academy of Dental Sleep Medicine and AASM member, states, "The FDA classification of oral devices is a forward step in the future of oral appliance therapy, but more importantly, will ensure the effective treatment and overall health of patients."

Since this announcement, the FDA rule has had a very positive impact in the field of dental sleep medicine. Many disreputable products formerly marketed towards apneic and snoring patients have fallen to the wayside. Through this change, it is evident that oral appliances are a viable and effective treatment option.

### **2003 ADSM 12th Annual Meeting**

The ADSM is pleased to announce its 12th Annual Meeting is scheduled, Friday June 6 through Sunday June 8, 2003. The meeting will be held at the Palmer House Hilton Hotel in Chicago, just a few blocks from the APSS Annual Meeting.

The Academy extends a welcome to physicians, researchers, academicians and all professionals involved in the management of sleep disordered breathing to attend this year's upcoming meeting.

The Annual Meeting will open on Friday with a number of courses sponsored by leading dental laboratories and oral appliance manufacturers. These courses will feature hands on training and valuable educational content pertaining to individual appliances and procedures.

The scientific portion of the Annual Meeting takes place Saturday and Sunday, with leading professionals presenting the most relevant research throughout the past year in the fields of sleep medicine, sleep disordered breathing, oral appliance therapy and surgical options for obstructive sleep apnea. Also scheduled is an opportunity to address these individuals in an open panel discussion forum.

Detailed program information, online registration and other pertinent meeting news is available at the ADSM Web site, [www.dentalsleepmed.org](http://www.dentalsleepmed.org) or by calling the national office at (708) 273-9335.

## *SLEEP* Launches Web-based Manuscript Submission and Peer Review

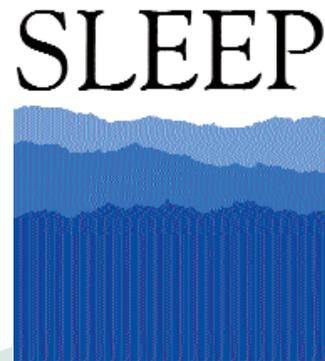
In March 2003, the journal *SLEEP* editorial office launched Manuscript Central, a Web-based system for manuscript submission and peer review. Manuscript Central is operated by ScholarOne, a software company that specializes in scholarly publishing applications. The system allows authors, reviewers, 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>.

Electronic submission of manuscripts eliminates mailing costs, facilitates and encourages global participation, accelerates the peer-review process, and enables authors to access journal operations and check the status of their manuscripts or update their contact information. In addition, a Web-based system allows editors direct access to an extensive database from which to select reviewers by name, areas of expertise, and key words.

Built-in security ensures that editors and reviewers assigned to a particular manuscript can view only that manuscript. Only reviewers, whose identities are kept confidential, have access to the manuscript until they have completed and submitted their reviews.

More detailed information on electronic submission and peer review will be published in upcoming issues of *SLEEP* and on the Web at <http://www.journalsleep.org>.



## AIA Web Site Launched

The American Insomnia Association announces the launch of its Web site at <http://www.americaninsomniaassociation.org>. The AIA is a patient-based organization dedicated to assisting and providing resources to individuals who suffer from insomnia. The Web site currently offers information about the causes of and treatments for insomnia, and contains a registration form for those interested in membership. The site will continue to be updated with new features for sufferers and healthcare providers. For more information, please contact Carey Pulvino at [cpulvino@aasmnet.org](mailto:cpulvino@aasmnet.org) or 708-492-0930.

# TRANS-NIH SLEEP RESEARCH COORDINATING COMMITTEE ANNUAL REPORT - FISCAL YEAR 2002

## FINANCIAL REPORT AND FUNDED SLEEP RESEARCH DETAIL

A Complete Listing of Funded Sleep Research For Each Trans-NIH SRCC Institute for Fiscal Year 2002 is Provided in the Following Pages  
Sleep Disorders Research  
(Dollars in thousands)

	1995 Actual	1996 Actual	1997 Actual	1998 Actual	1999 Actual	2000 Actual	2001 Actual	2002 Actual	2003 Estimate	2004 Estimate
NHLBI*	13,674	16,450	19,219	22,932	31,845	35,128	37,579	45,155	48,090	49,292
NINDS*	8,018	9,453	11,598	13,639	15,231	12,495**	17,603	22,918	24,537	25,081
NICHD*	6,627	7,368	7,217	9,131	7,116	6,797	7,084	7,344	7,900	8,200
NIA*	7,847	7,800	9,179	11,818	13,296	13,034	14,533	14,600	15,700	16,300
NIMH*	29,721	27,231	28,601	34,027§	39,219	40,667	50,742	56,647	61,161	63,438
NIDA*	1,084	1,201	1,042	1,586	2,163	2,533	2,517	3,235	3,500	3,600
NIAAA*	793	551	728	766	736	1,132	1,681	4,342	4,560	4,700
NINR*	2,107	2,842	3,565	3,394	3,503	4,635	5,375	8,091	8,415	8,583
NCRR	2,944	3,247	3,570	5,542	6,637	7,117	7,193	11,490	12,794	13,496
NIAMS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	300	330	340
NCCAM	N/A	N/A	N/A	N/A	N/A	N/A	177	900	970	1000
NHGRI	N/A	N/A	N/A	N/A	N/A	N/A	599	0	0	0
<b>Total</b>	<b>72,815</b>	<b>76,143</b>	<b>84,719</b>	<b>102,835§</b>	<b>119,746</b>	<b>123,558</b>	<b>145,083</b>	<b>175,022</b>	<b>175,485</b>	<b>194,030</b>

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

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

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

The Trans NIH Sleep Research Coordinating Committee facilitates the interchange of information on sleep and sleep-related research. The committee is composed of representatives from the National Heart, Lung, and Blood Institute (NHLBI), National Institute on Aging (NIA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute of Child Health and Human Development (NICHD), National Institute on Drug Abuse (NIDA), National Institute of Mental Health (NIMH), National Institute of Neurological Disorders and Stroke (NINDS), and National Institute of Nursing Research (NINR).

### NIH Request for Applications

Below is a list of recent request for applications from Institutes of the Trans NIH Sleep Research Coordinating Committee. These opportunities reflect the vast dimension of biomedical research that is of potential interest to sleep researchers. More detailed information about each program is available through the provided Web sites.

#### From Intervention Development to Services: Exploratory Research Grants (R34)

The National Institute of Mental Health announced a new program for research on the development and/or pilot testing of new or adapted interventions. Complete information and requirements concerning this program are available online at <http://grants.nih.gov/grants/guide/pa-files/PAR-03-078.html>.

#### Gene Discovery for Complex Neurological and Neurobehavioral Disorders

The National Institutes of Health has announced a new program for a research project and exploratory/developmental grant to identify human susceptibility genes or gene-environment interactions for complex neurological and neurobehavioral disorders. For complete information and program requirements, visit <http://grants.nih.gov/grants/guide/pa-files/PAS-03-092.html>.

#### Research on Children Exposed to Violence

The NIH has announced a program for exploratory, preliminary, or innovative research projects to investigate etiology, effects and early interventions for children exposed to domestic violence, community violence, and war/terrorism. For complete information on this grant, visit <http://grants1.nih.gov/grants/guide/pa-files/PAR-03-096.html>.

#### Long Term Cancer Survivors: Research Initiatives

The National Cancer Institute has announced a new research grant, exploratory grant, and small grant to investigate the impact of long-term survival in cancer patients. For information and the special requirements for this grant, visit <http://grants1.nih.gov/grants/guide/rfa-files/RFA-CA-04-003.html>.

#### Safe Practice Implementation Challenge Grants

The Department of Health and Human Services has announced a new program for cooperative agreements to investigate risks to patients in the process of care leading to preventable injuries or harm, and to devise intervention strategies. Complete information and special requirements are available online at <http://grants1.nih.gov/grants/guide/rfa-files/RFA-HS-03-005.html>.

#### Pilot Research Grant Program to Stimulate Aging Research

The National Institute on Aging announced a small grant for new investigators to stimulate aging research. The grant will provide support for pilot research that will lead to future grants focusing on aging and the advancement of aging research. For further information on this opportunity, visit <http://grants1.nih.gov/grants/guide/pa-files/PAR-03-056.html>.

# HIPAA ADMINISTRATIVE SIMPLIFICATION

Health Insurance Portability and Accountability Act of 1996 was developed to provide consumers with greater access to health care insurance, to protect the privacy of health care data, and to promote more standardization and efficiency in the health care industry.

## There are four parts to HIPAA's Administrative Simplification:

- Electronic transactions and code sets standards requirements
- Privacy requirements
- Security requirements
- National identifier requirements

HIPAA calls for changes designed to streamline the administration of health care. It requires uniformity and basic standards for all health information. No longer can every insurer or employer have unique requirements for the processing of claims. Everyone will be required to provide the same information -- standard formats for processing claims and payments; as well as for the maintenance and transmission of electronic health care information and data. In the short term, HIPAA will require effort, resources and commitment on the part of providers' offices to meet these standards. In the long run this law has major benefits. Currently, there are over 400 different ways to submit a claim. With new HIPAA standards there will be one way. With these standards in place, your office staff may spend less time on the phone getting information they need to submit a claim. As a result, the standardization of submitting claims and simplification of processes should make getting paid quicker and easier - and less costly. The requirements mandated by HIPAA should also help providers take advantage of new technologies and ultimately improve their overall business practices.

## ELECTRONIC TRANSACTIONS AND CODE SETS STANDARDS REQUIREMENTS

Transactions are considered activities involving the transfer of health care information for specific purposes. Under HIPAA Administration Simplification if a health care provider engages in one of the identified transactions, they must comply with the standard for that transaction. HIPAA requires every provider who does business electronically to use the same health care transactions, code sets, and identifiers. HIPAA has identified ten National Standards for Electronic Data Interchange (EDI) for the transmission of health care data. Review the list below and determine what standards are used by your office:

### Standard Transactions

- Claims or equivalent encounter information
- Payment and remittance advice
- Claims status inquiry and response
- Eligibility inquiry and response
- Referral certification and authorization inquiry and response
- Enrollment and disenrollment in a health plan
- Health plan premium payments
- Coordination of benefits

### Standard Transactions Pending approval:

- Claims attachments
- First report of injury

Code sets are the codes used to identify specific diagnosis and clinical procedures on claims and encounter forms. The CPT-4 and ICD-9 codes that you are familiar with are examples of code sets for procedure and diagnosis coding. Other code sets required in HIPAA's Administrative Simplification law include codes used by medical suppliers, dental services and drugs.

- Physician services/ other health services - HCPCS and CPT-4
- Medical supplies, orthotics, and DME - HCPCS
- Diagnosis codes - ICD-9-CM, Vols 1&2
- Inpatient hospital procedures - ICD-9-CM, Vol 3
- Dental services - Code on dental procedures and nomenclature
- Drugs/biologics - NDC for retail pharmacy

### Privacy Requirements

The privacy requirements limit the release of patient protected health information (PHI) without the patient's knowledge and consent beyond that required for patient care. Patient's personal information must be more securely guarded and more carefully handled when conducting the business of health care.

### Security Requirements

The security regulation outlines the minimum administrative, technical, and physical safeguards required to prevent unauthorized access to protected health care information. The Department of Health & Human Services published final instructions on security requirements in the Federal Register on February 20, 2003. The compliance dates are April 21, 2005, and April 21, 2006 for small health plans.

### National Identifier Requirements

HIPAA will require that health care providers, health plans, and employers have standard national numbers that identify them on standard transactions. The Employer Identification Number (EIN), issued by the Internal Revenue Service (IRS), was selected as the identifier for employers and was adopted effective July 30, 2002. The remaining identifiers are expected to be determined in the coming year.

## HIPAA APPLIES DIRECTLY TO THREE GROUPS REFERRED TO AS "COVERED ENTITIES."

### Health Care Providers

Any provider of medical or other health services, or supplies, who transmits any health information in electronic form in connection with a transaction for which standard requirements have been adopted.

### Health Plans

Any individual or group plan that provides or pays the cost of health care.

## Health Care Clearinghouses

A public or private entity that transforms health care transactions from one format to another.

## HIPAA AND YOUR PRACTICE

HIPAA may affect your office in many ways. The law mandates new standards and procedures that will take time, money and resources to implement. However, at the same time, HIPAA offers opportunities to reduce costs, automate processes, lower errors and improve service. To take advantage of HIPAA's benefits, the first question a provider should ask is "does HIPAA apply to me in my current business environment?"

It is important to note that HIPAA directly and indirectly affects many in the health care industry. For instance, software billing vendors and third party billing services that are not clearinghouses are not required to comply with the law; however, they may need to make changes in order to continue to do business with someone who is "covered" by HIPAA.

Are you a provider who must comply with HIPAA? Do you or does your organization:

### Provide health care?

Common examples include physicians, dentists, nurses, mental health providers, radiology centers, laboratories, pharmacies, durable medical equipment providers, hospitals, and other types of health care providers. Also included are services that are not commonly thought of as "health care" such as ambulance companies, home health workers, case managers, and social workers.

**Conduct one or more standard HIPAA transactions?** (or pay someone to conduct on your behalf, such as a billing service or clearinghouse?) Refer to the list of Standard Transactions.

**Transmit or receive standard transactions in electronic form?** (or pay someone to transmit your transactions in electronic form, such as a billing service or clearinghouse?) Review the types of electronic media used in your organization.

If you answered yes all three questions, then you are likely a provider who is a covered entity. Covered providers are subject to all HIPAA regulations --transactions, privacy, security, identifiers, and any others to come.

HIPAA provides a standardized, effective means for physicians, practitioners, suppliers, and other health care providers to submit Medicare claims electronically to all payers with which they interact.

Effective October 16, 2003, HIPAA law requires that all claims submitted to Medicare be submitted electronically in the HIPAA standard format. At that time, Medicare will no longer accept paper claims (with the exception of certain small providers and other limited circumstances). The rule detailing the new Medicare electronic requirement is currently being finalized.

The new Medicare electronic requirements should reduce the administrative burden and paperwork associated with Medicare claims submission. Moving from paper to electronic claims has

the potential for significant savings and efficiencies for Medicare physicians, suppliers, and other health care providers - as well as for the Medicare program itself.

Please note that this provision only applies to Medicare claims. However, it does not prevent any providers from submitting paper claims to other health plans that accept paper claims. Also note that health plans are not required to accept paper claims and most are moving to the more efficient and cost effective electronic methods.

HIPAA law provides an exception for small providers and suppliers who meet specific size requirements. The following small providers and suppliers may continue to submit paper claims to Medicare. The law defines a small provider or supplier as:

- A provider of services with fewer than 25 full-time equivalent employees, or
- A physician, practitioner, facility or supplier (other than a provider of service) with fewer than 10 full-time equivalent employees.

Be aware that even small providers and suppliers, as defined above, are still subject to HIPAA requirements if they are considered "covered entities". For example, you may be a physician with fewer than 10 employees who submits claims to Medicare electronically. In this case, you are also a covered entity under HIPAA.

Likewise, you may be a small provider who currently submits only paper claims to Medicare. However, you check a patient's eligibility for Medicare electronically. You are also a "covered entity" and must comply with HIPAA's other requirements, such as privacy and security.

While health care providers could revert to conducting solely paper transactions - doing so would have many negative effects for most providers. Business processes could be disrupted with the preparation of paper claims and all eligibility and claim status would be confirmed by phone. Reverting to paper could also cause particular problems with the receipt of Medicare payments.

First, providers could experience delays in receiving payments, because Medicare by law cannot pay paper claims until 28 days after receipt (as opposed to 14 days for electronic claims.) Secondly, effective October 16, 2003, Medicare is prohibited by law from paying paper claims except for those from small providers and under certain other limited circumstances. After that date, any provider that does not meet the "small provider" or other exception would have to return to electronic claims submission in order to continue to receive Medicare reimbursement. At that time, the provider would again be required to comply with the Privacy rule requirements.

The AASM will provide additional information on HIPAA as it becomes available in future issues of the *Bulletin* and in the AASM List Serve. Additional information can be researched on the Centers of Medicaid and Medicare Services (CMS) web site at <http://www.cms.gov/hipaa/>.

## **HIPAA & BUSINESS ASSOCIATE AGREEMENTS**

The recent implementation of HIPAA regulations has impacted the relationship of Sleep Centers and Laboratories with the American Academy of Sleep Medicine (AASM) as it relates to AASM accreditation. Specifically, the HIPAA privacy rules require covered entities (Sleep Centers and Laboratories) to enter into written agreements with their business associates. Business associates are defined by HIPAA as any individuals or organizations that have access to Protected Health Information (PHI) as a result of providing services to that covered entity. During AASM accreditation PHI information is shared within the application and site visit process, thus the AASM is considered a business associate of a sleep center / laboratory. To comply with new HIPAA regulations, your sleep center/Laboratory will need to enter into a business associate agreement with the AASM.

The AASM has developed a standard business associate agreement that can be used for this purpose. It is written in a simple and concise manner to be applied to this business associate situation. The AASM will be sending out this agreement to all accredited sleep programs. The AASM strongly encourages accredited programs to use the business associate agreement to comply with HIPAA requirements.

### **American Academy of Sleep Medicine Launches Redesigned Web Site: [www.aasmnet.org](http://www.aasmnet.org)**

The American Academy of Sleep Medicine (AASM) launched a redesigned Web site, [www.aasmnet.org](http://www.aasmnet.org), on Monday, February 17, 2003.

The new Web site should prove to be an invaluable tool for both professional practitioners and the public, the revised Web site is the preeminent resource for information regarding sleep disorders and the sleep medicine field.

The Web site boasts a user-friendly format and expanded content. Improved features include comprehensive information regarding Academy membership, AASM accreditation, education and training opportunities, patient resources and professional standards. Other features include a job board service for members, an e-commerce section, which offers products beneficial to practitioners and centers, and access to AASM publications. The site also provides links to relevant sleep medicine associations and patient groups.

# 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 are supplied by Dr. Donna Arand, Chair of the Accreditation Committee. If you have questions specific to the accreditation process, please e-mail them to John Slater at the national office (jslater@aasmnet.org) and we will consider placing them in future issues of the *AASM Bulletin*.

## **1. Who can read sleep studies?**

Accreditation standards do not set qualifications to read sleep studies. Qualifications and privileges to read sleep studies are determined by each facility and outlined in their policy & procedures approved by the medical director. Generally, doctoral level professionals read sleep studies with a D,ABSM signing all interpretations done by non-certified doctors.

## **2. Does the D,ABSM have to be on staff at the facility, or can the D,ABSM be contracted as a consultant?**

The D,ABSM must be part of the sleep center staff. They must be listed as sleep center staff and not consultants. Their services may be contracted, just as the medical director is often contracted by hospitals or independently owned facilities.

## **3. If our sleep center is in the middle of the hospital (i.e. no natural light), do we need special lighting to do a proper MSLT study?**

There is currently no requirement concerning the type of lighting needed for an MSLT. The only requirement is that the bedroom is dark during the performance of a nap trial.

## **4. Where does the D,ABSM signature have to appear on the report? Next to the signature of the interpreting doctor? Elsewhere?**

The D,ABSM signature should appear on the bottom of the sleep study interpretation report. It may be next to, below or above the interpreting physician's signature. It does not have to appear elsewhere in the file.

## **5. What does CME or CME equivalent refer to?**

Physicians are required to have sleep-related CME credits. Technicians and non-physician professionals are required to have sleep-related educational activities. One hour of these activities is equivalent to one CME. For technicians, these activities can include: DME equipment presentations, attendance at sleep lectures, journal clubs, regional sleep meetings, case conferences, etc.

# NEW

## AASM ACCREDITED

### SLEEP DISORDERS CENTERS AND LABORATORIES

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**Yale Center for Sleep Medicine/New Haven**

Yale University School of Medicine  
40 Temple St  
New Haven, CT 06510  
Accredited Center

**Waterbury Hospital Regional Sleep Laboratory**

Waterbury Hospital  
64 Robbins Street  
Waterbury, CT 06721  
Accredited Laboratory

**The Sleep Center of Northeast Georgia Medical Center**

535 Jesse Jewell Parkway, Ste B  
Gainesville, GA 30501  
Accredited Center

**Sleep Disorders Center (127 CDD)**

Lexington VAMC  
1101 Veterans Drive  
Lexington, KY 40502-2236  
Accredited Center

**North Oaks Sleep Disorders Center**

North Oaks Medical Center  
15790 Paul Vega, M.D., Drive  
Hammond, LA 70403  
Accredited Center

**Gulf South Sleep Laboratory**

Crosby Memorial Hospital  
801 Goodyear Blvd  
Picayune, MS 39466  
Accredited Laboratory

**Alegent Health Sleep Disorders Center**

Alegent Health-Midlands Community Hospital  
11111 South 84th Street  
Papillion, NE 68046-4157  
Accredited Center

**Sleep/Wake Center**

Palisades Medical Center  
7600 River Road  
North Bergen, NJ 07047  
Accredited Center

**Holzer Clinic Sleep Center of Athens**

Holzer Clinic, Inc.  
224 Columbus Rd.  
Athens, OH 45701  
Accredited Center

**Adena Regional Medical Center Sleep Center**

Adena Regional Medical Center  
272 Hospital Road  
Chillicothe, OH 45601  
Accredited Center

**The Samaritan Sleep Center**

Good Samaritan Hospital  
9000 North Main Street  
Suite 225  
Dayton, OH 45415  
Accredited Center

**Mid-Columbia Center for Sleep Medicine**

Mid-Columbia Medical Center  
1700 East 19th Street  
The Dalles, OR 97058  
Accredited Center

**The Sleep Center at Riddle Memorial Hospital**

Riddle Memorial Hospital  
1068 West Baltimore Pike  
Suite 2501  
Media, PA 19063  
Accredited Center

**Cool Springs Sleep Disorders Center**

2001 Mallory Lane  
Suite 101  
Franklin, TN 37064  
Accredited Center

**Johnson City Sleep Disorders Center**

Johnson City Medical Center  
310 N. State of Franklin Rd.  
Suite 301  
Johnson City, TN 37604  
Accredited Center

**Sleep Diagnostic Center-Beaumont**

2627 Laurel Street  
Beaumont, TX 77702  
Accredited Center

**Sleep Diagnostics Center-Humble**

9914 W. FM 1960 Bypass  
Humble, TX 77338  
Accredited Center

**Mon Valley Sleep Center**

1194 Pineview Drive  
Morgantown, WV 60154  
Accredited Center

ResMed

# Looking for something new for casual Fridays?

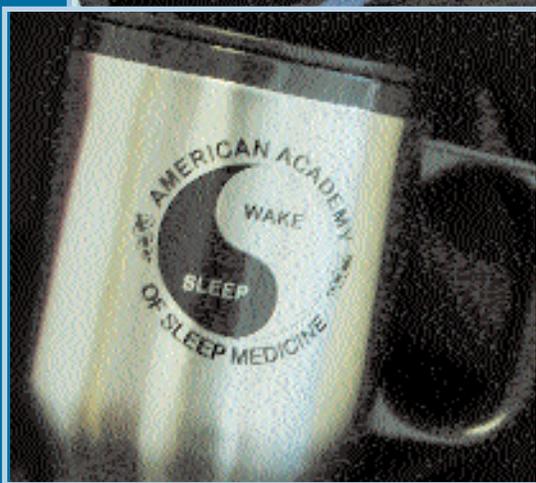
Every dollar spent on merchandise goes to the Sleep Medicine Education & Research Foundation

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



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

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

**Order yours today by visiting the AASM Web site at [www.aasmnet.org](http://www.aasmnet.org) and make your casual Fridays even better!**

NTS

# American Academy of Sleep Medicine - Product Order Form

TITLE	ITEM#	QTY	PRICE		TOTAL
			(prices subject to change)		
			Member	Non-member	
<b>PATIENT EDUCATION BROCHURES</b> (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	_____
<b>PATIENT EDUCATION VIDEO</b>					
Visiting a Sleep Lab Sleep Apnea — Diagnosis and Treatment .....	1002	_____	\$30.00	\$50.00	_____
<b>PROFESSIONAL ACCREDITATION MATERIALS<sup>1</sup></b>					
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	_____
<sup>1</sup> You must list on page two the program name that the accreditation materials are being purchased for.					
<b>CERTIFICATE FRAMES</b>					
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	
<b>PROFESSIONAL REFERENCE MATERIALS</b>					
The International Classification of Sleep Disorders, Revised: Diagnostic and Coding Manual (ICSD-R)					
Softbound, 1997 Revised Edition .....	2001	_____	\$55.00	\$65.00	_____
Pocket 2000 Edition .....	2003	_____	\$30.00	\$40.00	_____
Sleep Center Management Manual .....	4002	_____	\$25.00	\$40.00	_____
AASM Clinical Practice Parameters & Review Papers .....	4003	_____	\$50.00	\$65.00	_____
Practice Parameters & Review Paper CD-ROM .....	4004	_____	\$50.00	\$65.00	_____
SLEEP Archives 1998 CD-ROM .....	6001	_____	\$50.00	\$50.00	_____
SLEEP Archives 1999 CD-ROM .....	6002	_____	\$50.00	\$50.00	_____
SLEEP Archives 2000 CD-ROM .....	6003	_____	\$50.00	\$50.00	_____
Patient Satisfaction Surveys (50/tablet) .....	7001	_____	\$15.00	\$20.00	_____
<b>PROFESSIONAL EDUCATION MATERIALS (Slide sets and *CD-Rom)</b>					
Sleep Apnea: Diagnosis and Treatment.....	3001	_____	\$195.00	\$390.00	_____
*Sleep Apnea: Diagnosis and Treatment .....	3001CD	_____	\$195.00	\$390.00	_____
Insomnia: Etiology, Evaluation and Treatment .....	3002	_____	\$195.00	\$390.00	_____
*Insomnia: Etiology, Evaluation and Treatment.....	3002CD	_____	\$195.00	\$390.00	_____
*Illustrated Guide to Polysomnography: Normal Sleep.....	3010CD	_____	\$99.00	\$200.00	_____
Respiratory Sleep Disorders in Children .....	3011	_____	\$150.00	\$300.00	_____
Non-Respiratory Sleep Disorders in Children .....	3012	_____	\$175.00	\$350.00	_____
Both Pediatric Slide Sets .....	3013	_____	\$275.00	\$550.00	_____
Narcolepsy .....	3014	_____	\$175.00	\$350.00	_____
*Narcolepsy .....	3014CD	_____	\$175.00	\$350.00	_____

**\*SHIPPING**

**For U.S. UPS Ground Orders Only**

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

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

Subtotal	_____
IL State residents add 7.75% sales tax	_____
Shipping from box at left (applies for U.S. UPS GROUND ORDERS ONLY, all others will be based on cost)	_____
Handling Charge	\$5.00
New AASM Membership Fees (enclose application)	_____
<b>TOTAL</b>	_____

Individual or Center Member Name (required): \_\_\_\_\_ Member # \_\_\_\_\_

Nonmember

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Accreditation Applications Purchased for (Program Name) \_\_\_\_\_

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City, State, Zip, Country \_\_\_\_\_

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

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

Signature \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Orders accepted by mail, fax or online at [www.aasmnet.org](http://www.aasmnet.org). Please allow up to 2 weeks for delivery.**

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

# may 2003

Association Name	Meeting Name	Dates	Location
National Institute of Mental Health	Advisory Council Meeting	May 8-9, 2003	NIH
National Institute of Nursing Research	Advisory Council Meeting	May 20-21, 2003	NIH
National Institute on Aging	Advisory Council Meeting	May 20-21, 2003	NIH
National Institute on Drug Abuse	Advisory Council Meeting	May 21-22, 2003	NIH
National Institute of Neurological Disorders and Stroke	Advisory Council Meeting	May 22-23, 2003	NIH
National Heart Lung and Blood Institute	Advisory Council Meeting	May 29-30, 2003	NIH

# june 2003

Association Name	Meeting Name	Dates	Location
Associated Professional Sleep Societies	Annual Meeting	June 3-8, 2003	Chicago, IL
Association of Polysomnographic Technologists	Annual Meeting	June 4-7, 2003	Chicago, IL
National Institute on Alcohol Abuse and Alcoholism	Advisory Council Meeting	June 5, 2003	NIH
Academy of Dental Sleep Medicine	Annual Meeting	June 6-8, 2003	Chicago, IL
National Institute on Child Health and Human Development	Advisory Council Meeting	June 12-13, 2003	NIH
American Medical Association	Annual House of Delegates Meeting	June 14-19, 2003	Chicago, IL

of events

ORDER

# C L A S S I F I E D S

**PEDIATRIC SLEEP SPECIALIST IN ILLINOIS**—Pediatric Sleep Specialist being actively recruited for suburban Chicago area to join pulmonary/sleep/allergy practice. Looking to expand sleep medicine program to include pediatrics. Practice employs 4 BC Sleep Specialists, directing two accredited sleep labs and several other testing sites. The candidate must be a pediatrician or have extensive experience in medical/behavioral treatment of pediatric sleep disorders. Would consider full or part time contract. For additional information please contact: Cliff Massie at 847-981-3660 ext. 209; FAX: 847-956-5108; email: clifford.massie@sublung.com

**DIRECTOR OF PEDIATRIC SLEEP MEDICINE PROGRAM**—The Ohio State University, Department of Pediatric/Children's Hospital in Columbus, Ohio seek a Director for their Pediatric Sleep Program. Children's is a 353 bed, tertiary care, Level I trauma center and serves 37 counties in Ohio. The program did 600 studies in 2002. The director will be responsible for growing a comprehensive, multidisciplinary program that is a nationally recognized program. There is significant support for the program with a well-trained, certified staff and a state of the art technology. The Director will be board certified in Sleep Medicine with a commitment to developing a strong multidisciplinary clinical program, participating in teaching and promoting research. For additional information please contact: Barbara Fahey @ (630) 545-2470 or Email: bfahey@faheyassociates.com

**UNIVERSITY OF MICHIGAN - ANESTHESIOLOGY**—The Department of Anesthesiology is seeking to fill a research faculty position for a candidate at the Assistant Professor level. The candidate should have a successful record of pre-clinical research into the cellular and molecular mechanisms contributing to the central generation of sleep and/or anesthesia. Investigators with a primary interest in basic pain mechanisms also are encouraged to apply. Ralph Lydic, PhD Bert La Du Professor of Anesthesiology Research, Department of Anesthesiology, University of Michigan Medical School, 1500 E. Medical Center Drive, Ann Arbor, MI 49109-0048 The University of Michigan is an Equal Opportunity/Affirmative Action Employer

**SLEEP NEUROLOGIST**—Join one other sleep neurologist within a group of 17 BC neurologists in the Midwest. This group was established in 1975 and continues to grow and prosper. Admit to three area hospitals with ASDC accredited sleep labs. Teaching appointments are available at a local University Medical school. A highly competitive remuneration and benefits package will be offered along with partnership after two years. For more information, please contact Jackie Gable at Gable Healthcare Group, 800-430-4424 or 954-785-6700, fax your CV in confidence to 954-786-0473 or 954-786-0124 or email to jgable@gablehealthcare.com Sorry, this is not a J-1 position.

**CHIEF SLEEP TECHNICIAN**—The Comprehensive Sleep Medicine Center at Tulane University Hospital and Clinic has an immediate opening for our AASM-accredited sleep center -- the only accredited sleep fellowship training program in the Gulf South. We're acquiring new diagnostic equipment and increasing the number of patients we serve by expanding from 5 to 7 beds. Our new facility and enhanced research program will need a leader with the ability to perform both administrative and technical activities including, but are not limited to, new hire training; staff education, supervision, and scheduling; and ongoing evaluation and testing. Requires: certification as a Registered Polysomnographic Technologist (RPSGT); 5 years' experience; CPR certification; and the ability to perform basic and complex polysomnographic testing, analysis, and associated interventions. The ability to successfully build and maintain a team is also essential. Tulane offers a competitive salary and comprehensive benefits. Please send a resume, along with a cover letter stating salary requirements, to: Tulane University Hospital & Clinic, HR EP10, Attn.: F. Jackson, 1415 Tulane Avenue, New Orleans, LA 70112. Fax: (504) 587-7553. E-mail: felicia.jackson@hcahealthcare.com E.O.E. Tulane University Hospital & Clinic is a drug-free workplace.

**PULMONARY/CRITICAL CARE/SLEEP- WASHINGTON**—Position available in a high quality 45+ physician owned integrated multi-specialty group with 3 Pulmonologists. BC/BE pulmonary disease, critical care and sleep certification required. Practice covers all aspects of outpatient pulmonary medicine, hospital-critical care and with emphasis in sleep medicine. Located in NW Washington on Puget Sound. Thriving 165,000+ community - excellent area for family and recreational, social, cultural, and educational activities. Comprehensive compensation package - base with potential production bonus, full spectrum of benefits. Shareholder potential after two years. To learn more about Madrona Medical Group, P.S. visit our Web site at [www.madronamedical.com](http://www.madronamedical.com). Position Reply: Human Resources Director, Madrona Medical Group, P.S., 4545 Cordata Parkway, Bellingham, WA 98226. FAX 360-752-5681, Email: madronahr@hinet.org

**SLEEP MEDICINE SPECIALIST**—The Methodist Medical Sleep Diagnostic Center of Oak Ridge, TN is seeking a physician board certified in sleep medicine to join an active and growing practice. Background in pulmonology or neurology preferred. Our Center is 6 beds, with clear growth potential to 8 within the next two years. Oak Ridge is a picturesque city of 30,000 with a nationally ranked public school system, 20 minutes away from Knoxville. Call Dr. Paul Gurecki, 865-481-1535 for more details. Fax CV to 865-481-1531.

**POSITION AVAILABLE: SLEEP PHYSICIAN**—New England's largest provider of sleep medicine diagnostic and treatment services seeks a Board Eligible/Certified sleep specialist. 100% clinical sleep medicine practice. The clinic is affiliated with Harvard Medical School and an AASM accredited sleep medicine fellowship program. Competitive salary and benefits, located in the Boston area. Contact: Lawrence Epstein, M.D., Sleep Health-Center, 1400 Centre St., Suite 109, Newton, MA 02459, Fax: 617 527-2098, e-mail: [lawrence\\_epstein@sleephealth.com](mailto:lawrence_epstein@sleephealth.com)

## 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](mailto:jmarkkanen@aasmnet.org) for additional information and an application for CME credit.

School of  
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Medicine  
I.S. Back

Cadwell  
O.S. Back