



HIGHLIGHTS FROM THE AASM

Paving the Way for Sleep Medicine Professionals

This newsletter updates you on the advances that the AASM has made on behalf of our members. The AASM is committed to protecting quality patient care, professional and public education, research, legislation (national and state) and economics in sleep medicine. These member-funded activities are critical to the advancement of sleep medicine, and we thank you for your support.

Here are just a few of the initiatives that the AASM is working on:

AASM President's Goals for 2013-2014

Dr. M. Safwan Badr, AASM President, has three main goals for his term: fighting for our members on issues related to insurance coverage and reimbursement for sleep medicine services; implementing sleep medicine education into more medical schools; and expanding training for the future leaders of the AASM. Dr. Badr discusses implementation strategies for these goals in [this video](#).

Quality Measures Task Force

In an effort to ensure that the quality and value of care delivery in sleep medicine is appropriately evaluated, the AASM commissioned the Quality Measures Task Force, chaired by Timothy Morgenthaler, MD, to develop appropriate process and outcome quality metrics for the:

- Assessment and Management of Adult Patients with Obstructive Sleep Apnea Syndrome
- Assessment and Management of Patients with Insomnia
- Assessment and Management of Patients with Restless Legs Syndrome

- Assessment and Management of Patients with Narcolepsy
- Assessment and Management of Pediatric Patients with Obstructive Sleep Apnea Syndrome

Long term, these quality measures are anticipated to be tested and used when developing and updating clinical practice guidelines, MOC products and accreditation standards. Task force members attended an information webinar on June 28, 2013 and will start having conference calls in late July. It is expected that the quality measures will be published in the *Journal of Clinical Sleep Medicine* in 2014.

Clinical Practice Guidelines

Clinical Practice Guidelines (CPGs) provide physicians with comprehensive recommendations for the evaluation, diagnosis, treatment and follow-up care of patients with sleep disorders.

Three new CPGs were published in 2012:

1. The Treatment of Central Sleep Apnea Syndromes in Adults: Practice Parameters with an Evidence-Based Literature Review and Meta-Analyses

2. The Treatment of Restless Legs Syndrome and Periodic Limb Movement Disorder in Adults-An Update for 2012: Practice Parameters with an Evidence-based Systematic Review and Meta-Analyses
3. Practice Parameters for the Non-Respiratory Indications for Polysomnography and Multiple Sleep Latency Testing for Children

Seven CPGs are currently being updated:

1. Practice Parameters for the Treatment of Snoring and Obstructive Sleep Apnea with Oral Appliance: An Update for 2005
2. Practice Parameters for the Clinical Evaluation and Treatment of Circadian Rhythm Sleep Disorders
3. Practice Parameters for the Use of Actigraphy in the Assessment of Sleep and Sleep Disorders: An Update for 2007
4. Practice Parameters for the Use of Continuous and Bilevel Positive Airway Pressure Devices to Treat Adult Patients with Sleep-Related Breathing Disorders*
5. Practice Parameters for the Use of Autotitrating Continuous Positive Airway Pressure Devices for Titrating Pressures and Treating Patients with Obstructive Sleep Apnea Syndrome: An Update for 2007*
6. Practice Parameters for the Indications for Polysomnography and Related Procedures: An Update for 2005*
7. Clinical Guidelines for the Use of Unattended Portable Monitors in the Diagnosis of Obstructive Sleep Apnea in Adult Patients*

*Upon update, #4 and #5 will be combined into one guideline, as will #6 and #7.

One new CPG is currently being developed:

1. Pharmacological Treatment of Primary, Chronic Insomnia in Adults

It is anticipated that the current CPGs will be completed over the next two years.

Preauthorization Survey

Recently, private payers have changed coverage policies for sleep services to include stipulations for utilization management review and preauthorization as well as appeals of denied claims. These requirements have created concern among members as these policies result in increased administrative work associated with ordering sleep studies. The AASM recently distributed a preauthorization survey to examine and quantify how these policies affect the quality and cost of patient care. We gathered data about preauthorization, denials and appeals and requested documentation of when members encountered inappropriate contracting practices and unjustified denials for in-lab sleep studies. The AASM will use this information to form a clear picture of how preauthorization protocols are impacting the membership, so we can effectively communicate with insurance companies and utilization management companies. In the following weeks, we will compile and analyze the data from the survey. The results will be reviewed and discussed by the Board of Directors at its July meeting.

Medicare and the AASM Scoring Manual V2.0.1 – Updates to Respiratory Rules

AASM accredited sleep centers will be required to use the new hypopnea rule published in the AASM Manual for the Scoring of Sleep and Associated Events Version 2.0.1 starting October 1, 2013. The 2007 version of the AASM Scoring Manual allowed scoring of a hypopnea using either $\geq 3\%$ or $\geq 4\%$ oxygen desaturation as long as it was recorded which rule (4a or 4b) was being used in the report. In V2.0.1 of the Scoring Manual, the recommended rule for scoring respiratory events as hypopneas includes a $\geq 30\%$ drop in nasal pressure for ≥ 10 seconds and a $\geq 3\%$ oxygen desaturation or an arousal. This new change to the hypopnea rule was based on expert consensus and evidence

in the literature.¹ Although the AASM requires the $\geq 3\%$ oxygen desaturation, some patients are covered under policies that require a report using $\geq 4\%$ oxygen desaturation (i.e. Medicare). In these instances, accredited centers would run 2 reports – one at $\geq 3\%$ to stay in compliance with the AASM, and one at $\geq 4\%$ for reimbursement purposes.

The AASM has contacted CMS to make them aware of this change in the hypopnea definition and has requested CMS institute this designation in their polysomnography criteria for diagnosing obstructive sleep apnea. However, until CMS adopts this new definition, accredited centers will need to maintain two different apnea hypopnea indices (AHI) using the definition in V2.0.1 of the AASM Scoring Manual and the current CMS definition.

1. Berry RB; Budhiraja R; Gottlieb DJ; Gozal D; Iber C; Kapur VK; Marcus CL; Mehra R; Parthasarathy S; Quan SF; Redline S; Strohl KP; Ward SLD; Tangredi MM. Rules for scoring respiratory events in sleep: update of the 2007 AASM Manual for the Scoring of Sleep and Associated Events. *J Clin Sleep Med* 2012;8(5):597-619.

Coming Soon! Public Relations Toolkit

The below media tools will be published online for members to access and use while promoting their practice. Materials will be available for download this fall and will be updated regularly.

- **Insider's Media Guide**

This guide provides instruction on leveraging the member toolkit materials and guidelines for identifying and contacting appropriate media.

- **Sleep Apnea Testing Press Release**

Written with a broader consumer focus, this release will answer the question of when patients should be tested for sleep apnea and discuss symptoms and related health conditions.

- **Sleep Apnea, Type 2 Diabetes and Hypertension Press Release**

This release will help encourage at-risk patients to seek the necessary sleep apnea evaluation from their local board-certified sleep medicine physician.

- **Conference Press Release**

When a member has attended a conference or medical education event, this template release may be customized to educate their community about new credentials achieved and the benefits of training and attendance.

- **New Member Press Release**

When a sleep specialist becomes an AASM member, this template release may be used to educate their community on their affiliation and subspecialty.

- **Media Phone Script**

The media phone script provides tips and guidance on conducting outreach to local news organizations and reporters via phone.

- **Breaking News/Research Response Email**

This template email may be used to contact local media with a timely response statement to sleep-related news or research.

- **Media Pitch Email**

This template email may be used to quickly and efficiently reach out to local news organizations regarding the importance of encouraging evaluation for sleep apnea and offering information on where and how to be tested.

- **Primary Care Provider (PCP) Introductory Letter**

This template may be used to introduce a sleep physician and their subspecialty to area PCPs who may then refer their patients for sleep disorder evaluations.

- **Accredited Center Press Release** (*Available from the national office*)

When a sleep center becomes AASM-accredited, this template release may be used to educate the community on the center's accreditation and services.

New Resource Library – Pre-Order the *ICSD-3*!

The [AASM Resource Library](#) is your gateway to the leading scientific and clinical texts in sleep medicine. All eBooks are presented in an easy-to-

read browser-based format. Access online versions of recently updated and brand new resources designed to support patient care and practice management. And the *AASM eBooks* app for your mobile device is coming soon!

You can now Pre-Order the *International Classification of Sleep Disorders, 3rd Edition*

Expected release date: October 1, 2013

The project to revise the *ICSD-2* was approved by the AASM Board of Directors in June 2011. The new edition, edited by Michael Sateia, MD, reflects changes in sleep disorder diagnosis since 2005. For the first time, readers will be able to access the *ICSD* text online. The new edition will also feature accurate *ICD-9* coding for all sleep diagnoses. Significant changes to the nosology of sleep related breathing disorders, disorders of hypersomnolence and insomnia are expected.

***Pre-Order ICSD-3 by
October 1 to save!***

Member Price: ~~\$90.00~~ \$60.00

Maintenance of Certification

[AASM MOC](#) is a recertification solution tailored to the needs of sleep medicine physicians. All programs are self-directed, giving you the freedom to learn at your own pace. Earn CME credits while working towards your MOC. Each module costs \$50 for AASM individual members compared to \$100 for nonmembers.

→ [AASM MOC – General Sleep Disorders Module](#) was the original Maintenance of Certification product developed by the AASM and has been approved by the ABPN and the ABIM for MOC Part II credits. This module includes 25 multiple-choice case-based questions on all sleep disorders. For ABIM diplomates, it is eligible for 10 MOC points and 2 CME credits. For ABPN diplomates, it is eligible for 2 self-assessment CME credits. Upon successful completion of the module, documentation will be automatically transferred to the ABIM or ABPN.

Now Available!

→ [Sleep Disordered Breathing Module](#)

Approved by the ABPN!

This module includes 25 multiple-choice case-based questions on sleep disordered breathing and is eligible for 2 self-assessment CME credits.

Coming this Fall!

MOC for 200-Epoch Scoring Reviews

Approved by the ABIM and ABPN! One module will be released each month!

The 200-Epoch Scoring Review is an online program that allows users to practice scoring sleep stages, arousals, limb movements and respiratory events and receive instant feedback. Each monthly review features a record sample of 200 epochs that have been previously scored by participants in the AASM Inter-scorer Reliability Program. After users score all 200 epochs, they receive immediate feedback; the system displays an epoch-by-epoch comparison of scores to the AASM gold-standard and the thousands of AASM Inter-scorer Reliability Program users. Each 200-Epoch Scoring Review also comes with a record review video, in which the gold standard scorer walks users through the sleep record, highlighting areas of disagreement and reviewing scoring rules.

Upcoming Educational Events

The AASM Sleep Education Series courses offer interactive professional educational opportunities for sleep medicine professionals. 2013 educational events include:

[Sleep Medicine Exam Cram Course](#)
September 28, 2013

[Sleep Medicine Exam Cram Course](#)
September 29, 2013

[Managing Sleep Disorders in Patients with Co-morbid Conditions](#)
October 5-6, 2013

[Successfully Navigating Reimbursement for Sleep Medicine](#)
November 2-3, 2013

Accreditation Update

OCST helps centers offer a full spectrum of diagnostic testing to expand their sleep services outreach and meet payer requirements. OCST Accreditation provides patients and payers with the reassurance that your OCST program is recognized for providing high quality care. View the *Standards of Out of Center Sleep Testing Accreditation* [here](#). Existing AASM accredited sleep centers can become accredited by complying with the Standards and completing a simple attestation process.

Now Available in the Resource Library!

[Accreditation Reference Manual](#) offers an explanation of the *Standards for Accreditation*

of Sleep Disorders Centers and will assist in the development of policies that meet each Accreditation Standard.

[OCST Integration Guide](#) provides a comprehensive overview of the business issues involved in adding OCST to an existing sleep center. [Order this guide today!](#)

Coming in 2013!

Accreditation Reference Manual II will include additional comprehensive operational policies, processes and procedures for the sleep center.

OCST Reference Manual will assist in the development of policies that meet each OCST Accreditation Standard.

Thank you!

Your member dues helped fund these important initiatives! Thank you for your membership support, and we appreciate your continued involvement!
