

EDITORIAL

AASM President's Viewpoint: Planning for a Challenging Yet Promising Future

Clete A. Kushida, MD, PhD, RPSGT

President, American Academy of Sleep Medicine

It is an honor and a privilege to serve as the 24th American Academy of Sleep Medicine (AASM) President, a role that I take extremely seriously and assume with enthusiasm and dedication. The objectives of this editorial are to highlight my personal view of challenges to our field and to discuss key goals for my tenure as President; the points that I discuss in this editorial were previewed in my President's Remarks at the SLEEP 2009 General Membership Meeting.

Since my first entry into the field of sleep in 1977 as a freshman at Stanford University, I have had the opportunity to approach the field from several different angles, as a trainee, technologist, basic and clinical researcher, physician, and leader. I hope that these diverse perspectives will enable me to represent the wide range of interests and backgrounds present in our membership, since my primary responsibility is to serve as a representative for all the members of the Academy, which include sleep clinicians and researchers, dentists, technologists, allied health professionals, and trainees.

I have been fortunate to have received training from some of the pioneers of sleep medicine and research; I believe that one of the aspects that makes our field unique is that the clinical and scientific exploration of sleep is still relatively new and that many of the leaders in our field are active, productive, and willing and able to train others. We have brilliant clinicians and researchers who strive to make our field better, to ensure that it continues to rise in prominence, and, most importantly, who give their time freely to serve as dedicated advisers, teachers, and mentors. I anticipate drawing on their collective years of wisdom to help guide and nurture our field.

Since sleep medicine is a multidisciplinary subspecialty, our sleep medicine-trained members have diverse backgrounds in pulmonology, neurology, psychiatry, internal medicine, pediatrics, ENT surgery, psychology, and other specialties. This diverse representation is our strength, and it allows us to be far reaching and creative in developing programs for our members and the sleep medicine community, as well as to undertake initiatives to advance the field within the medical community. To have this depth of talent in our membership is critical, for we are now faced with unprecedented challenges, both recurring and new.

As your new President, I am keenly aware that our field must be prepared to meet new challenges in the face of our troubled economy and inevitable health care reform. Currently, Congress and the Administration are developing draft policies for financing health care reform and are meeting with major stakeholders to outline the future of health care. Although health care reform may seem distant, as a specialty and thriving field in medicine, we must begin thinking about the implications that reform will have for our practices, our academic institutions, and our patients.

Sleep technology faces continued challenges, as many of you have experienced firsthand, some of which are initiated by respiratory therapy organizations and threaten the livelihood of the personnel in our centers. In an alarming number of states, respiratory therapy groups are attempting to encompass the role of sleep technologists within the scope of practice of respiratory therapists. This has forced many of our technologists and physicians, including myself, to acquaint ourselves with our home state's legislative process and to learn to fight to protect our practice of sleep medicine. The Academy has worked diligently with state sleep societies to fight these existing bills that are detrimental to sleep technology and to introduce fair and balanced legislation that protects the scope of practice for sleep technologists. After misinformation was circulated in the respiratory care community, the Academy called for an open dialogue with these respiratory care organizations to end the miscommunications surrounding the issue of certification and scope of practice for the respiratory therapist and sleep technologist professions. It is the aim of the Board of Directors that matters regarding sleep technology be addressed in a reasonable and productive manner, and I look forward to continuing the example set by Dr. Esther in this area.

Now that I have touched on some of our challenges, I would like to describe my key goals for my tenure as President.

First, as clinicians, we must strive to use the best evidence possible in making our health care decisions. The Standards of Practice Committee and the newly formed Documents Committee will enable us to continue to successfully guide the best practices of sleep medicine. To continue to ensure that sleep medicine will remain viable and strong in the future, I am committed to bringing together the best in our field to help us map strategies to successfully navigate the uncharted territory that lies ahead so that we will be able to forecast where our field will be 5, 10, even 50 years from now. This is especially important with changes stemming from recent Centers for Medicare and

Address correspondence to: Clete A. Kushida, MD, PhD, RPSGT, Stanford Sleep Medicine Center, 450 Broadway Street, MC 5704, Pavilion C, 2nd Floor, Redwood City, CA 94063-5704; Tel: (650) 721-7560; Fax: (650) 721-3465; E-mail: clete@stanford.edu

Medicaid decisions, such as those regarding portable monitoring and relationships between sleep centers and durable medical equipment companies. We need to continue to explore new technologies for the diagnosis and treatment of sleep disorders. With all of these changes and new technologies, it is inevitable that the way in which a sleep specialist will manage his or her patients decades from now will be radically different from the current practice of sleep medicine. We must anticipate these changes and any crises that lie ahead, and your experienced Board of Directors has a solid track record of being able to recognize and disarm potential threats to our field. It is a priority of mine that we begin examining these issues that will impact the sleep field and explore how we can prepare and be proactive about all impending changes to our field in the near and distant future.

As researchers, we should take full advantage of the increased funds available for scientific endeavors provided to the National Institutes of Health (NIH) as a result of the federal stimulus money. President Obama signed the American Recovery and Reinvestment Act on February 17, 2009, as an unprecedented effort to jumpstart our economy, create and save jobs, and assist in addressing challenges so that our country can thrive. The recovery act provides a total of \$10.4 billion to the NIH for 2 years. These funds will be used by the NIH to support research priorities, strategic plans, and comparative effectiveness research; build scientific infrastructure; and demonstrate the value of science for the nation's recovery. These opportunities will undoubtedly enhance sleep-related research by allowing our scientists to collaborate with their colleagues to develop innovative and creative research projects. As a field, we must nurture this research by continuing to provide funds through the American Sleep Medicine Foundation (ASMF) so that these studies can develop into large-scale projects like the Sleep Heart Health Study, the Apnea Positive Pressure Long-term Efficacy Study (APPLES), and the CPAP Apnea Trial North American Program (CATNAP). I will work diligently with the Board of Directors to develop these research collaborations and scientific networks so that our research can continue to flourish even after this current boom in NIH funding. I also plan on working with our Board and NIH program officials to explore mechanisms as to how the research priorities of our field can obtain adequate funding.

As mentors, we need to continue to support young investigators, for they are our future and they have the heavy responsibility of determining whether we will continue to make significant research breakthroughs and advances within our field and exert influence on other disciplines of medicine. Drs. Sai Parthasarathy, Richard Berry, Stephen Shea, and Michael Twery were instrumental in developing our first AASM Young Investigators Forum held on April 15-16, 2009, at the NIH in Bethesda, Maryland. This program exceeded its goals of providing young investigators with the tools they need to launch a successful research career, covering the basics such as developing grant applications, refining presentation skills, planning controlled trials, and writing and reviewing manuscripts. We plan to track these trainees over time to ensure that they will be able to succeed in academic sleep medicine and continue to offer this type of program to our young investigators. Additionally, I have asked several experienced investigators of the

AASM and Sleep Research Society (SRS) to contribute chapters to a new publication, entitled *A Guide for Developing, Writing, and Implementing Research Grant Proposals*. This guide, which will be published jointly by the AASM and SRS, will be widely available to several groups within these organizations at no charge, and the goal is to update it at regular intervals to keep the information current and relevant to trainees. We also must continue our commitment to worthwhile programs such as the ASMF's Physician Scientist Training Awards so that these young investigators have the funds necessary to fulfill their academic dreams.

As a former trainee, my interest in the field of sleep was supported at an early age. I am sure many of you have been contacted by students as young as those in high school who find sleep and its disorders fascinating and who need assistance to develop school projects focused on these topics. This burgeoning interest, if nurtured, may grow as the students continue their educations, and these students may be encouraged to take a sleep-related course in college and perhaps later rotate through a medical school clerkship in sleep medicine. When the same students complete their residencies, these prior positive forays in sleep may prompt them to apply for fellowships in sleep medicine and select a career that incorporates the clinical practice and/or research exploration of sleep. I am committed to exploring ways to introduce the field of sleep to our youth, such as through a sleep-related essay contest for providing scholarships to high school students and the development of a textbook and materials for an introductory-level course on sleep. We know from the efforts of the Academic Affairs Committee that medical schools do have sleep medicine represented in their curricula, and there is evidence to indicate that the number of hours of these courses has increased over time, but there is much needed work to be done. Further, we realize that residency and fellowship training are longer and more complex, and we must seek solutions that enable our trainees to be able to complete their postgraduate training in a reasonable time period and yet not compromise the comprehensiveness of their education in sleep medicine.

As citizens, there are many crises that are impacting our world, including the recession, global warming, and the recent bout of swine flu. Time and time again, the American people and our government have learned that we must pull together to overcome these crises. Moreover, the world appears to be shrinking, largely due to the rapidly evolving Internet-based applications and other new communication tools. In parallel with these changes affecting our nation and the lessons learned from them, we need to share ideas and programs with our international colleagues and to increase the availability of our education resources to those in developing countries. Although we are called the *American* Academy of Sleep Medicine, more than 10% of our members are from outside the United States. My agenda includes working together with other international sleep organizations to meet the needs of our international sleep specialists and to help foster sleep technology throughout the world.

One essential component of sleep medicine is often overlooked. This was impressed upon me early on by none other than Dr. William C. Dement. It was not unusual for him to call me, often at 5 or 6 in the morning when I was traveling, and ask

if I planned to visit local politicians and educate them on the importance of sleep medicine. I believe we can learn by his example in making sure that, personally and as a field, we develop and maintain contacts within the government at the local, state, and national levels and that these politicians are acutely aware of our needs so that the needs can be adequately represented and supported. With health care reform looming, we must take action to prevent other groups from taking over elements of our specialty and to make sure that our interests are protected.

Lastly, our field is still a relatively new discipline; it has been only a little over 50 years since REM sleep was discovered. There are unlimited discoveries yet to be made, and very basic questions such as the function of sleep that demand answers.

Certainly, there are serious challenges ahead of us. However, I am confident that, with our outstanding Board of Directors, a highly experienced Executive Director, and a talented and dedicated staff, we will continue to expand our field and to attract the best minds to delve into the mysteries of sleep. So, as your 24th Academy President, I promise to serve in the best tradition of the Presidents who have come before me, most recently, Drs. Larry Epstein, Michael Silber, Alex Chediak, and Susie Esther. I have benefited from the experiences and lessons learned from these amazing colleagues, and I look forward to helping to shape the direction of our clinical and research endeavors and to safeguard the future of sleep medicine.