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# **Evolve Sleep: Optimized Solutions To Help Your Sleep Medicine Practice Thrive**

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In 2015 the American Academy of Sleep Medicine (AASM) is celebrating its 40th anniversary as the leader in improving sleep health and promoting high quality, patient-centered care. Since its establishment in 1975, the AASM has built the field of clinical sleep medicine through the tireless efforts of our outstanding leaders, dedicated volunteers and loyal members.<sup>1</sup> They have given us a solid foundation for our future.

However, the U.S. health care system has changed significantly since 1975, with the most dramatic changes occurring in the five years since President Barack Obama signed the Patient Protection and Affordable Care Act (ACA) into law on March 23, 2010.<sup>2</sup> Although our foundation remains strong, it is essential for us to reconfigure sleep medicine to provide the patient-centered, value-based care demanded by the ACA, which is summarized in the prevailing Triple Aim of better care for individuals, better health for populations, and lower per capita costs.3 With an increasing proportion of patients obtaining health insurance coverage through public programs, hospital systems transitioning to accountable care organizations (ACO), and ongoing reductions in physician reimbursement rates, it is more important than ever for medical practices to enhance efficiency and improve quality in order to remain relevant and viable. Your sleep medicine practice must evolve. To provide you with vital assistance, the AASM launched Evolve Sleep, a comprehensive Web resource for AASM members, on August 3.

Evolve Sleep will equip you with optimized solutions to help your sleep medicine practice thrive as the U.S. health care system continues to change. Featuring videos, case studies, infographics and other tools, Evolve Sleep gives you the insight you need to move your sleep practice forward with confidence. These resources are conveniently organized into three subsections:

# **PRACTICE STANDARDS**

Evolve Sleep provides you with a consolidated point of access for the manifold practice standards that are essential to sleep medicine, including resources for accreditation, board certification and Maintenance of Certification (MOC). Additional tools are supplied as supplements to the AASM clinical practice guidelines and other evidence-based practice standards, helping you to provide high quality, patient-centered

care. Information also connects you to clinical research resources that are enhancing the vitality and sustainability of the field through the promotion of career development, innovation and quality improvement.

# **Quality Measures**

Also available through Evolve Sleep are supplementary resources supporting the quality measures that the AASM recently published to aid in evaluating the quality of care of five common sleep disorders: restless legs syndrome, insomnia, narcolepsy, obstructive sleep apnea in adults, and obstructive sleep apnea in children.<sup>5</sup> These assets will give you a better grasp of the quality measures and will help you integrate them as part of a quality improvement program. Implementation of these quality measures is necessary to demonstrate quantified value, which is essential if your sleep medicine practice is going to remain relevant in a health care system that demands both quality and efficiency.

# **PRACTICE MANAGEMENT**

The widespread and ongoing changes to the U.S. health care system are creating a potentially overwhelming burden for physicians, who must provide exceptional patient-centered care while wrestling daily with new organizational structures, payment models, performance goals, insurer regulations, technological systems and electronic health record (EHR) requirements. Evolve Sleep will help you understand both the big picture and the finer details of health care reform, enabling you to recognize how sleep medicine fits in the changing medical landscape and equipping you to take the next steps to configure your practice for optimal success. Some of the key practice management issues that will be addressed by Evolve Sleep are discussed below.

#### Physician Reimbursement

In the past year the physician reimbursement landscape has changed considerably, with the U.S. Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) implementing new strategies to emphasize value. In late January HHS announced its goal of tying 30 percent of traditional, fee-for-service Medicare payments to quality or value through alternative payment models by the

end of 2016, and tying 50 percent of payments to these models by the end of 2018.<sup>6</sup> These alternative payment models include ACOs, primary care medical homes, and bundled payments. This announcement was followed in early March by the introduction of the Next Generation ACO Model of payment and care delivery, a new initiative from the CMS Innovation Center.<sup>7</sup> These ACOs will assume more performance risk while potentially sharing in a greater portion of savings.

Finally, in April President Obama signed into law the Medicare Access and CHIP Reauthorization Act of 2015, which permanently repealed the flawed sustainable growth rate (SGR) formula and provided five years of stable updates to the Medicare physician fee schedule.<sup>8</sup> The new law also created the Merit-Based Incentive Payment System (MIPS), which in 2019 will consolidate three existing incentive programs into one streamlined system that will provide physicians with financial incentives related to quality, resource use, meaningful EHR use, and clinical practice improvement activities. Evolve Sleep will ensure that you stay abreast of all of these changes and understand how they impact your practice.

#### **Telemedicine**

Telemedicine offers the potential to leverage the expertise of sleep specialists on a broader scale, especially in rural areas, to provide cost-effective clinical care services that improve the patient experience of care without jeopardizing quality. Sleep specialists also can improve care coordination and patient management by using telemedicine for remote consultations with primary care providers and other specialists. An early adopter of telemedicine was the Department of Veterans Affairs (VA) Veterans Health Administration, which uses it both in combat settings and to provide patient-centered care and support for veterans with chronic problems such as traumatic brain injury.

CMS has been hesitant to provide widespread coverage for telemedicine services, spending only \$5 million on telemedicine-related expenditures in 2012, which represents a small fraction of overall Medicare spending.<sup>11</sup> However, there is a groundswell of support for telemedicine reimbursement that is reflected at the state level: forty-eight state Medicaid agencies offer some type of coverage for telemedicine-provided services, and a rapidly increasing number of states and the District of Columbia have enacted full parity laws requiring that coverage and reimbursement for telemedicine-provided services be comparable to that of in-person services.<sup>12</sup> With telemedicine growing as an essential component of health care delivery, Evolve Sleep will help you understand key aspects of integrating sleep telemedicine into your practice.

## Home Sleep Apnea Testing (HSAT)

In an effort to reduce the costs associated with diagnostic testing for suspected obstructive sleep apnea (OSA), many insurers are implementing preauthorization requirements that have precipitated the rapid emergence of home sleep apnea testing (HSAT).<sup>13</sup> While this change requires the adoption of new patient management strategies, it also strains the fiscal viability of a sleep medicine practice. Although a home-based management pathway for OSA can be less costly to the payer than laboratory-based testing, data suggest that it can yield a

negative operating margin for providers who follow standardized protocols that promote high quality care.<sup>14</sup>

As dramatic as this change has been for the practicing sleep medicine clinician, it is only the beginning. New scientific and technological advances are likely to revolutionize sleep diagnostics in the years ahead through innovations such as contactless monitoring, smartphone apps and the identification of OSA biomarkers. Evolve Sleep will help prepare you to implement a HSAT program and navigate the HSAT preauthorization process, while also informing you of the latest developments in sleep medicine diagnostics and therapeutics.

# **PATIENT OUTREACH**

Evolve Sleep connects you to a wealth of resources that will support and energize your outreach to current and prospective patients, your local community and the general public. You can learn about drowsy driving prevention and other critical, sleep-related public safety initiatives. You also can access health advisories developed by the AASM and additional patient education resources that are ready-made for you to share. Information also will update you on initiatives being advanced by the AASM Political Action Committee (PAC) to promote preventive screenings for OSA and improve patient access to high quality diagnostic and therapeutic sleep medicine care.

## **National Healthy Sleep Awareness Project**

Among the patient resources available to you through Evolve Sleep are those developed by the National Healthy Sleep Awareness Project, a collaborative initiative funded by the Centers for Disease Control and Prevention (CDC) and led by the AASM in partnership with the Sleep Research Society (SRS) and other stakeholders. The purpose of the project is to reduce the burden of poor sleep health and sleep disease by developing and implementing a comprehensive, multi-year, nationwide sleep awareness program that promotes the achievement of the sleep health objectives of Healthy People 2020, which is a 10-year federal agenda for improving the nation's health. Infographics and other shareable resources enable you to raise awareness of the health risks associated with OSA, insufficient sleep and drowsy driving.

# **CONCLUSION**

Although ongoing changes in the health care system present numerous challenges for physicians, the door of opportunity is wide open for those clinicians who are willing to adopt new care paradigms, leverage technology, and practice within a more integrated and connected medical setting. For sleep medicine practices that evolve, the prospects are promising. Today we have at our disposal an abundance of resources that would have been unfathomable to our predecessors four decades ago: online platforms that enable us to expedite patient outreach and build awareness among the general public and at-risk populations; a wealth of evidence-based practice standards that provide a framework for quality care; and technological innovations that help us provide better care to more patients.

Optimizing your sleep medicine practice for a value-based health care system will be challenging. However, the AASM is committed to guiding you along the way, equipping you so your practice can thrive. Evolve Sleep is where a host of relevant, insightful AASM resources have coalesced into an extensive online platform that will be a catalyst for the evolution of your sleep practice. I encourage all AASM members to access Evolve Sleep now at evolvesleep.aasmnet.org. How will your sleep medicine practice evolve?

# **CITATION**

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# **REFERENCES**

- Shepard JW, Buysee DJ, Chesson AL, et al. History of the development of sleep medicine in the United States. J Clin Sleep Med 2005;1:61–82.
- Blumenthal D, Abrams M, Nuzum R. The Affordable Care Act at 5 Years. N Engl J Med 2015 Jun 18;372:2451–8.
- Berwick DM, Nolan TW, Whittington J. The triple aim: care, health, and cost. Health Aff (Millwood) 2008;27:759–69.
- Porter ME, Lee TH. Why strategy matters now. N Engl J Med 2015 Apr 30:372:1681–4.
- Morgenthaler TI, Aronsky AJ, Carden KA, Chervin RD, Thomas SM, Watson NF. Measurement of quality to improve care in sleep medicine. J Clin Sleep Med 2015:11:279–91.
- U.S. Department of Health and Human Services. Better, Smarter, Healthier: In historic announcement, HHS sets clear goals and timeline for shifting Medicare reimbursements from volume to value. Press release. Jan. 26, 2015. Available from: http://www.hhs.gov/news/press/2015pres/01/20150126a.html.
- U.S. Department of Health and Human Services. Affordable Care Act initiative builds on success of ACOs. Press release. March 10, 2015. Available from: http://www.hhs.gov/news/press/2015pres/03/20150310b.html.
- House Committees on Energy & Commerce and Ways & Means. SGR Repeal and Medicare Provider Payment Modernization Act: Section by Section. March 19, 2015. Available from: http://energycommerce.house.gov/sites/republicans. energycommerce.house.gov/files/114/Analysis/20150319SGRSection bySection.pdf.

- Kvedar J, Coye MJ, Everett W. Connected health: a review of technologies and strategies to improve patient care with telemedicine and telehealth. Health Aff (Millwood) 2014;33:194–9.
- Girard P. Military and VA telemedicine systems for patients with traumatic brain injury. J Rehabil Res Dev 2007;44:1017–26.
- Neufeld JD, Doarn CR. Telemedicine spending by medicare: a snapshot from 2012. Telemed J E Health 2015 Apr 3. [Epub ahead of print].
- Thomas L, Capistrant G, American Telemedicine Association. State telemedicine gaps analysis: coverage & reimbursement. May 2015. Available from: http://www.americantelemed.org/docs/default-source/policy/50-statetelemedicine-gaps-analysis---coverage-and-reimbursement.pdf.
- Quan SF, Epstein LJ. A warning shot across the bow: the changing face of sleep medicine. J Clin Sleep Med 2013;9:301–2.
- Kim RD, Kapur VK, Redline-Bruch J, et al. An economic evaluation of home versus laboratory-based diagnosis of obstructive sleep apnea. Sleep 2015;38:1027–37.
- Norman MB, Middleton S, Erskine O, Middleton PG, Wheatley JR, Sullivan CE. Validation of the Sonomat: a contactless monitoring system used for the diagnosis of sleep disordered breathing. Sleep 2014;37:1477–87.
- Nakano H, Hirayama K, Sadamitsu Y, et al. Monitoring sound to quantify snoring and sleep apnea severity using a smartphone: proof of concept. J Clin Sleep Med 2014;10:73–8.
- De Luca Canto G, Pachêco-Pereira C, Aydinoz S, Major PW, Flores-Mir C, Gozal D. Diagnostic capability of biological markers in assessment of obstructive sleep apnea: a systematic review and meta-analysis. J Clin Sleep Med 2015;11:27–36.

#### **SUBMISSION & CORRESPONDENCE INFORMATION**

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# **DISCLOSURE STATEMENT**

Dr. Watson is the President of the American Academy of Sleep Medicine.