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The Role of the CCSH to Improve Sleep in Patients With Insomnia

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*Rebecca, Clinical Research Scientist*

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## Chasing the Dream – Getting to the Next Level (of Sleep) in the Minor Leagues

*By Brendan Duffy, RPSGT, RST, CCSH*

Much has been made of the need for proper and clean sleep in order to perform at the major league level, yet little is being done for those players in the minor leagues who are hoping to make it to “the show.”

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A Missed Opportunity
To recognize narcolepsy symptoms in pediatric patients

Although narcolepsy is often associated with adulthood, symptom onset most commonly occurs in childhood and adolescence.1-4 Understanding how narcolepsy symptoms manifest in pediatric patients may be key to timely recognition and diagnosis.5

Visit NarcolepsyLink.com/Pediatric to learn about early signs of narcolepsy.

References
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AAST THANKS ITS SUPPORTER MEMBERS
From the Editor

Embracing Change

By Melinda Trimble, RST, RPSGT, LRCP

As a former contributor to A2Zzz, I am beyond excited that I have the opportunity to serve as editor of this publication for the next two years. I’m grateful to step into a role on a magazine that is both full of relevant and interesting articles, and is also modern and professional in design.

I have been involved with AAST for 20 years, serving as the president from 2011-2013. Over the years, I’ve sat on many AAST committees, including a stint as chair of the Education Committee. Career-wise, I was the sleep and neurology coordinator at Washington Regional Medical Center for 29 years. Five years ago, I moved to Philips Respironics as a clinical specialist working with sleep centers and physician groups.

Having been a member of AAST for as long as I have, I’ve seen a lot of change in both the organization and the industry as a whole. This is to be expected, of course, as technology inherently evolves, and our community must respond and adapt with it in order to stay beneficial to our members.

Along these lines, in this issue, we have the conclusion of a four-part series on the changes occurring in sleep technology. Kent Caylor, RPSGT, focuses this last installment on how all the changes he discussed in parts one through three will affect the future of the sleep technologist. I can’t think of anything more relevant to AAST members than this topic. I urge you to check out the article starting on page 16.

Elsewhere in this issue, Brendan Duffy, RPSGT, RST, CCSH, takes us on a journey through Minor League Baseball, and how sleep health that's blossoming nationally at the pro level. It's quite interesting and reminds me of the three-part “Sports & Sleep” series AAST did on the blog:

- Part 1: www.aastweb.org/blog/sports-and-sleep-amy-bender
- Part 2: www.aastweb.org/blog/sports-and-sleep-chris-winter
- Part 3: www.aastweb.org/blog/sports-and-sleep-pat-byrne

This last issue of 2018 is rounded out with an article about CBT-I titled “The Role of the CCSH to Improve Sleep in Patients with Insomnia,” and a primer on how to leverage social media to promote your sleep center.

If you have any feedback on A2Zzz or suggestions for future articles, send us an email at A2Zzz@aastweb.org. Happy reading!
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*2016 Philips sponsored market study
During Sept. 28-30, more than 340 people gathered in Indianapolis for AAST’s first independent annual meeting. The event was inspiring, and I am proud to be a part of this knowledgeable group. Thank you to all who were able to attend and make this meeting one to remember. Education is key to this community, and your enthusiasm to continue learning was on display in Indianapolis.

In addition to this year’s meeting being AAST’s first independent event, it was also our 40th Annual Meeting! This meeting offered an interesting combination of offerings including concurrent sessions and panels, covering topics such as sleep and disease, sleep issues in specialized populations, and panel sessions on titration and on Medicare and LCDs. All of which were well received. The poster presentations were both interesting and informative, and the bite-size learning theater topics were so well attended we plan to greatly expand the space for them at next year’s meeting. I personally enjoyed the display of old AAST photos, and recognized many of these people from our earlier (and younger) years. The American Sleep Apnea Association (ASAA) also hosted a fascinating gallery of patient portraits. Many new and different approaches enhanced the meeting experience, and the forward-thinking topics presented provided a new and exciting experience for attendees.

Throughout the three days of sessions, technologists, physicians and dentists brought new topics and perspectives to attendees. We enjoyed special presentations from keynote presenter Colleen Lance, MD, and distinguished lecturer Meir Kryger, MD, FRCPC. Henry Givray provided an inspiring keynote presentation “Leadership’s Calling™” that I hope inspired you to be the best you can be as leaders. You can still view all the session details on the website: www.aastweb.org/2018annualmeeting.

The “Women in Sleep” dinner program, sponsored by Philips Respironics, was an inspiring look at women in our field who have done great things for the profession and patients. Another exciting aspect of the meeting was the Board of Registered Polysomnographic Technologists (BRPT) Special Forum, “Going Beyond the RPSGT Credential – The Increasing Relevance of the CCSH Credential in Today’s Healthcare Environment.” BRPT board member Andrea Ramberg, BA, RPSGT, CCSH, was just one of the well-informed speakers who presented in this informative pre-conference session. This is an exciting topic and a new arena for sleep technologists looking to expand their skills and work directly with patients in a more clinical role.

During the annual membership meeting, the AAST Award winners were recognized for their contributions to the AAST and the profession, and presented with a plaque. In addition, the first class of fellows, consisting of AAST past presidents, were formally inducted as Fellows of the AAST and presented with an AAST FAAST pin to recognize their contributions to the profession.

We also enjoyed our traditional Blues Night celebration at the Slippery Noodle, sponsored by MVAP and Braebon. Good music and some fun with colleagues were enjoyed by all! And just about everyone made it to the sessions the next morning!

Lastly, I’d like to recognize and thank the vendors that supported this year’s event, as well as our generous sponsors: Philips Respironics, ResMed, Braebon, MVAP Medical Supplies and Somnomedics. Our sponsors and vendors were key to the success of this meeting!

We are already beginning the planning for next year’s meeting in St. Louis! Save the dates – Sept. 6 – 8, 2019. I look forward to seeing you there!
Instructions for Earning Credit

AAST members who read A2Zzz and claim their credits online by the deadline can earn 2.0 AAST Continuing Education Credits (CECs) per issue, for up to 8.0 CECs per year. AAST CECs are accepted by the Board of Registered Polysomnographic Technologists (BRPT) and the American Board of Sleep Medicine (ABSM).

To earn AAST CECs, carefully read the four designated CEC articles listed below and claim your credits online. You must go online to claim your credits by the deadline of March 1, 2019. After the successful completion of this educational activity, your certificates will be available in the My CEC Portal acknowledging the credits earned.

COST
The A2Zzz continuing education credit offering is an exclusive learning opportunity for AAST members only and is a free benefit of membership.

STATEMENT OF APPROVAL
This activity has been planned and implemented by the AAST Board of Directors to meet the educational needs of sleep technologists. AAST CECs are accepted by the Board of Registered Polysomnographic Technologists (BRPT) and the American Board of Sleep Medicine (ABSM). Individuals should only claim credit for the articles that they actually read and evaluate for this educational activity.

STATEMENT OF EDUCATIONAL PURPOSE & OVERALL EDUCATIONAL OBJECTIVES
A2Zzz provides current sleep-related information that is relevant to sleep technologists. The magazine also informs readers about recent and upcoming activities of the AAST. CEC articles should benefit readers in their practice of sleep technology or in their management and administration of a sleep disorders center.

READERS OF A2ZZZ SHOULD BE ABLE TO DO THE FOLLOWING:

- Analyze articles for information that improves their understanding of sleep, sleep disorders, sleep studies and treatment options.
- Interpret this information to determine how it relates to the practice of sleep technology.
- Decide how this information can improve the techniques and procedures that are used to evaluate sleep disorders patients and treatments.
- Apply this knowledge in the practice of sleep technology.

You must go online to claim your CECs by the deadline of March 1, 2019.

READ AND EVALUATE THE FOUR FOLLOWING ARTICLES TO EARN 2.0 AAST CECs:

Chasing the Dream—Getting to the Next Level (of Sleep) in the Minor Leagues

Objective: This article provides insight into the sleep health of athletes and coaches, specifically those in the minor leagues.

The Changing Face of Sleep Technology, Part IV

Objective: This article focuses on how the changes in the field directly impact the future of sleep technologists.

The Role of the CCSH to Improve Sleep in Patients With Insomnia

Objective: This article discusses cognitive behavioral therapy (CBT) as a method for treating adults with insomnia.

Leveraging Social Media to Fill Beds at Your Center

Objective: This article details various social media platforms and explains why it is important to use this technology to market your sleep center.
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Chasing the DREAM
Getting to the Next Level (of Sleep) in the Minor Leagues

By Brendan Duffy, RPSGT, RST, CCSH
hey call it “the grind.” Long bus rides, late night fast food, hotels of bad and mediocre quality, roommates who snore louder than any hometown home run crowd noise, and living conditions that can be anything from air mattresses, to stolen motel pillows or even dog beds on a bus floor.

Much has been made of the need for proper and clean sleep in order to perform at the major league level, yet little is being done for those players in the minor leagues who are hoping to make it to “the show.” This became apparent to me when a Minor League Baseball general manager reached out to me and said that much is being done for major league players now with regard to “teaching sleep,” but nothing is being done for the many minor league players and the coaches at that level. He wanted a few tips that might ease the burden for his 200 players and many coaches in his minor league system.

I had the good fortune and opportunity to touch base with two former minor leaguers to pick their brains as to what they experienced as far as sleep obstacles during their minor league playing days and nights. Nick Lockwood was a multiple position infielder in the Minnesota Twins organization, while Drew Milligan was a 6-foot-6 pitcher drafted by the Kansas City Royals in 2015. Both related similar themes of long bus rides and inconsistent schedules that made it hard to get the required recovery sleep needed to excel, much less compete, at their potential.

While getting drafted by a Major League Baseball team is a dream come true, the reality is that, for many, it is the beginning of a battle to perform under very stressful and sleep-deprived conditions. The idea of actually getting nine hours of sleep, as many elite athletes require, is the new dream for many newly minted aspiring major league prospects.

This can be even more of an obstacle for those players who are drafted straight out of high school and have never scheduled their downtime away from home for themselves. This was the case for infielder Lockwood, a ninth round draft pick of the Minnesota Twins.

Lockwood related that as the demands for sleep increased due to the more intense schedule of a professional as compared with high school baseball, the temptations and new latitude to make your own schedule also reaped havoc for a while. “Sleep changed drastically,” says Lockwood. “I needed more sleep to perform. But this was also my first long-term venture away from home, so later nights did start to happen.” Former pitcher Milligan relates that “Sleep in the minors is very inconsistent, to say the least. In high school, it’s easy to stick to a routine.”

For players who may not speak English, there is the potential for a slew of other added stress, such as not being able to (or being reluctant to) speak up about their sleep issues. And if players have families of their own, that is yet another stress on them that could impact sleep.

In what ways does lack of sleep impact these elite athletes? Can it derail their opportunities to make it to the major leagues?

Sleep is important for many reasons, and especially for athletes who are performing at the elite level. It plays a big part in reaction time and mood as well as perception of pain and fatigue. These are certainly areas that a minor league player would want to pay attention to. Add to that the impact of sleep as a major part of recovery and you wonder why no one has ever worked with minor league teams to offer some instructions to these highly regarded prospects.

A study done back in 2012 from Vanderbilt University indicated the long season and the fatigue that overtakes the MLB teams is responsible for hitters becoming less disciplined and swinging at more bad pitches. Another study by Dr. Christopher Winter in 2010 suggested that a pitcher’s chronotype, whether they are a night owl or a lark, might impact their performance based on what time the game is played. Other studies have suggested that how tired a player is during the day could predict how long they would last in the major leagues, with those players reporting excessive sleepiness during the day being more apt to be released sooner than those who are less sleepy.

Sleep is important for many reasons, and especially for athletes who are performing at the elite level.
performance was amazing. Once he was getting better sleep, his fastball speed improved to over 100 mph from his previous norm of between 89 and 93. He had 133 strikeouts over 92 innings with the AAA Fresno Grizzlies. He had more energy on the field. He got called up to the Houston Astros at the end of the season and had a memorable debut, going five innings against the Los Angeles Angels with nine strikeouts. And a big part of this was almost accidental, only made possible because a roommate just happened to advise him to go get his sleep reviewed. Because of this newly found vast improvement in energy, James now found himself in the middle of the World Series chase as a valuable piece of the Houston Astros post-season roster this year.

There are other sleep and performance disruptors for players and roommates alike that are making headlines these days, late night video games being one. It has gotten to the point that scouts are cautious about drafting players who play the current crize game Fortnite, and some teams are looking to place restrictions on the excessive playing of these sleep-stealer games. And that isn’t even touching the concern that some people had when avid Fortnite MLB player David Price missed a start due to carpal tunnel syndrome. It used to be late nights out that were of concern to coaches, but now it appears that late nights in the hotel room playing on electronic devices is also getting their attention and concern.

So, what can players do to better manage the grind of the minor league lifestyle? Let’s look into a few areas where some gains can be made with some simple adjustments, education and discipline.

1. **Education**

First of all, it would benefit the players and the coaches to have certified sleep educators or sleep physicians talk about sleep with their team every year prior to the season. This would allow players to start fresh and get the education about how sleep can be the difference maker of getting to the next level. The players need to understand how sleep impacts performance, injury, immune system, recovery, and reaction time as well as mood and anxiety. Even perception of pain and endurance is reduced when you are sleep deprived. They also don’t understand how sleep directly impacts weight and muscle gain and testosterone and growth hormone levels. They don’t know the signs to look for as far as sleep apnea and how it can derail their dreams if not resolved. In summary, most players and coaches do not know how much sleep impacts performance and recovery. Nor do most trainers or strength coaches, as they do not cover this area in their training.

2. **Caffeine Use**

Milligan stated during his time in the minors, “Baseball players live off caffeine. There is Red Bull and pre-workout everywhere. It is what has to be done to be sharp and alert.” Caffeine and energy drinks should be used prudently, as the same caffeine that helps the player perform can also be a detriment when they try to go to sleep. Every player may metabolize caffeine at different rates, but generally the quarter life of coffee can be up to 12 hours. That means that coffee at noon before heading to the ball park for the afternoon workouts may still be circulating at midnight. If you truly want five hours of energy, players should find an extra five hours of sleep during their week.

3. **Travel**

While the minor league life doesn’t allow for much air travel, the bus experience needs to be as comfortable as possible. Teams would be smart to send starting pitchers on ahead of the team if possible so those starters can get a solid night of sleep prior to their start. It also may be very helpful to look at the schedule and strategically choose spots for recovery where you stay over and travel in the morning rather than travel all night after a game. If there is more than one bus, perhaps one bus can be designated as a “quiet” bus where no loud noises or electronics, cellphones or card games are allowed and players can be given neck pillows, eye shades and earplugs if needed.

4. **Hotels**

Players should make sure to use blackout curtains and remove the cellphones and electronic devices. They also should set the room temperature to a very cool setting, as sleep is better in cold, dark environments. If they have roommates who snore, they should suggest that they get screened for their sleep issues, as they can be a debilitating performance problem — and also the roommate should wear earplugs or change rooms if possible, as snorers will cause each player’s sleep to suffer. It would also be helpful prior to the season to determine player chronotype, (i.e., whether they are night owls or larks) and group players by chronotype. This will maximize sleep for both players and minimize sleep disruption. Former Royals pitcher Milligan states, “I was actually pretty lucky with my roommates. None had snoring issues that personally inconvenienced me. However, I know some guys had roommates who would play video games all night or be on the phone with a significant other at late hours. That can be tough to sleep through.”

These are the types of opportunities where you can improve performance by matching chronotype teammates. Small performance gains among individuals in a group make for large team gains.

5. **Sleep Aids**

Both players whom I spoke with mentioned the rampant use of melatonin in the minor leagues. Players desperately need to be educated about the use of melatonin, Nyquil and other sleep aids that are utilized. They need to realize that just changing some of their behaviors, such as not using electronic devices before bed or while on the bus, may be enough to allow them to secrete their own melatonin and fall asleep. Also, players need to realize that melatonin is not regulated in the U.S. and they may inadvertently ingest a substance that is not what they
believe they are taking. Melatonin also can cause players to be drowsy in the morning and negatively impact any workouts or commitments they may have.

Team clubhouses should invest in lighting that will enable the players to become more alert, as it simulates sunlight and brightness. This would help to improve players’ circadian alignment and alertness. They also may want to consider adding nap rooms, which have become standard in many major league ballparks such as Fenway Park. A well-placed nap can do a lot for a player’s alertness and performance, and sleep educators can review this information as part of the sleep education process.

**How many players (and coaches) are unwittingly sabotaging their careers by mismanaging a third of their performance time (their sleep time)?**

6. **Racing Mind/Performance Rewind**

Baseball players and athletes in general often have a hard time sleeping before or after an outing. They often state that they can’t “turn off” their brain. Some techniques that could be employed are stretching prior to sleep, practicing mindfulness exercises (there are plenty of apps for these mindfulness exercises) or doing various sleep yoga exercises. Others have found reading to be a relaxing entrance habit prior to sleep. If a player is thinking about things on the agenda for the next day, it is often helpful to create a list in order to “unload the brain” and relax. Another way to get set for sleep is to take a warm shower. As your body cools down, it signals to the brain that it is time for sleep. Your core body temperature drops as you get set for sleep.

7. **Alcohol**

Players often incorrectly think alcohol will help them sleep. While they may fall asleep quickly after ingesting alcohol, their sleep will not be the same quality and they will end up waking up several times during the night as the alcohol is metabolized by their body. This not only impacts next-day performance, but it interferes with the natural recovery process.

8. **Electronics**

While many players think they are doing a good thing by not going out and staying out late with their teammates, if they are staying up playing games or watching TV, their performance can severely deteriorate. Many teams have tried to limit the use of electronics, and players are encouraged to wear blue blocker glasses if they can’t handle pre-bed “digital detox.”

9. **Diet**

Many times players are eating the wrong thing at the wrong time. When I asked former Twins infielder Lockwood about his diet, he stated that after a game “McDonald’s also didn’t set me up for success. When a good, clean meal for recovery was needed, those types of places weren’t open at 11 p.m. after a game, and bringing groceries was near impossible.” Eating too close to bedtime can interfere with sleep, especially if it is the wrong meal. Gastric reflux can also result from a late post-game meal. Teams should work with their nutrition experts to create healthy options or to plan ahead as to where they can best find some good recovery meals.

10. **Commitment to Excellence**

Each team and player must make a commitment to make sleep a priority. All the ice baths and massages in the world can’t do as much as sleep when it comes to recovery. With the amount of time, effort and expense spent to recruit and draft each prospect, it is senseless not to educate them as to how important the role of sleep is in their journey toward the major leagues. How many players (and coaches) are unwittingly sabotaging their careers by mismanaging a third of their performance time (their sleep time)? As Lockwood stated when I asked what he wishes he knew about sleep but didn’t during his playing time, “How much better I perform with adequate sleep.”

I am convinced that the gains many have experienced through a clean “championship sleep” program can make the difference for many players attempting to reach the big leagues. And, once they get there, the sleep skills and discipline they have established will help them to last many years and truly do things in a professional manner. They will have mastered sleep during the grind that is the minor league experience. It is my hope that these tips will resonate with some future All-Stars, and I will watch them crush it in the show.

**Author’s Note:** A special thank you to former professional players Nick Lockwood (Twins organization) and Drew Milligan (Royals organization) for providing their thoughts for this article. It is their hope and mine that it will benefit others as they pursue their dreams.

BRENDAN DUFFY, CCSH, RPSGT, is an AAST board member and a certified sleep educator. He is a former travel baseball/hockey coach and has been employed in sleep medicine clinical settings for over 20 years.
The Changing Face of Sleep Technology, Part IV
By Kent Caylor, RPSGT

This is the fourth article in a series on the changing face of sleep technology. The past three articles focused on technology and the economy. This article focuses on how all these changes could directly impact the future sleep technologist.

Technology is advancing at an incredible rate, and with home sleep apnea tests on the rise, the role of the sleep technologist will continue to evolve. I use the word “evolve” because I don’t think this position will be phased out any time soon. In fact, I see just the opposite happening.

But, won’t home sleep apnea tests (HSATs) and auto-titrations ultimately eliminate the acquisition technologist? And what about the regulatory and economic pressures that are changing the way sleep-disordered patients are being diagnosed and treated? These are excellent questions; those issues could definitely cause the financial viability of future sleep centers to become an issue. So, yes, this would lead to a reduction in the in lab technologist workforce.

However, the end is nowhere in sight. In fact, the technologist of the future will be taking on an even greater role in the sleep field. This is because technology is creating other positions within sleep medicine — positions just waiting for a versatile sleep technologist to fill. Thus, our scope of practice could actually be more extensive than it is today.

Let’s take a look at just how this might work.

The Expanded Role of the Sleep Technologist
The sleep technologist of tomorrow will need to do more than just acquire sleep studies. As sleep technology continues to evolve, core competencies will no longer be sufficient. We must become more proficient in all aspects of sleep medicine and be able to be cross-trained in other facets of sleep. These advances in diagnostic and therapeutic devices will require not only greater technical skills, but clinical skills, as well. Tomorrow’s sleep technologist will not only be taking on greater roles in the overall management of those sleep centers that remain; they will also play an integral part in overall patient care.

Other disciplines require higher degrees, but, presently, the highest degree most sleep technologists have achieved is an associate’s degree. An advanced degree would greatly benefit the field of sleep technology. And, actually, tomorrow’s tech will be part of a patient’s whole interdisciplinary team. They will be taking a more active role in the overall care of the patient beyond the acquisition phase. Thus, there will be a need to remain diligent in keeping up with research, as new findings further advance this vital field.

Let’s look at another way technology is creating new opportunities for the future sleep technologist.

Telemedicine
People often confuse the terms telemedicine and telehealth. They are technically different. Telehealth involves various technologies in providing patient care, while telemedicine is a sub-group of telehealth and is strictly involved in clinical care. In this article, we will be more focused on telemedicine as it relates to sleep medicine.

In essence, telemedicine is the use of various ways to communicate electronically, such as visiting with your doctor via the internet from the comfort of your own home. Video conferencing among healthcare professionals would be another example.

Considering that the future sleep technologist will play a more active role in the patient’s interdisciplinary team, there are a number of possible roles for them to fill. And with the increasing use of telemedicine, one of the many things the future sleep technologist might be involved in is that of telepresenter. According to the American Telemedicine Association, the role of the telepresenter “is to support and facilitate communication of both the patient and evaluating provider throughout the tele-encounter process”

Telepresenters need to be proficient in both clinical and technical aspects of sleep medicine. For more information, you can read the AASM position on the use of telemedicine for diagnosing and treating sleep disorders.
sleep disorders. Also, there are currently courses at some colleges offering certification as a telemedicine presenter, although these aren’t specifically for sleep technologists just yet.

Besides telepresenters, the sleep technologist of the future will be involved in every aspect of patient care.

The Future Sleep Technologists’ Scope of Practice

The scope of practice of tomorrow’s sleep technologist will also encompass patient care from pre-test evaluation to long-term care. In fact, the Journal of Clinical Sleep Medicine defines the following five major categories of care as:

1. Pre-Test Evaluation — Examples of this would include pulmonary function tests, pre-test screening and patient education. The technologist will need to be proficient in clinical evaluation and accurate documentation.
2. Diagnostic Testing — This would include out-of-center (OOC) testing, actigraphy and CO2 monitoring. For this area, the technologist will need to be proficient in age-appropriate care, as well as have a thorough understanding of comorbidities.
3. Provision of Treatment — Under this category are advanced PAP treatment and appropriate use of O2. Here, the technologist will need to be proficient in critical care, basic physiology and alternative therapies.
4. Follow-up — This includes monitoring treatment adherence. Here, the technologist will need a good understanding of the various treatment modalities, as well as be proficient in patient education.
5. Long-Term Care — The sleep technologist will monitor equipment and patient compliance and will need to be proficient in coding and billing.

Also, at present, the number of sleep technologist educators is on the decline, just as the need for more education is needed. So, this is definitely another critical role needing to be filled.

Additionally, reimbursements for HSATs are lower than for in-lab studies, which translates to more HSATs being ordered. However, there will most likely continue to be patients who are too severe for home studies, such as those with comorbidities. These patients will need in-lab studies; thus, those sleep technologists will be seeing more complex patients. It will be to their benefit if they are more highly skilled and have a more advanced degrees than today’s sleep technologists. Also, obesity is on the rise, so it’s highly likely that more people will be diagnosed with OSA in the coming years.

Besides the increased opportunities for future sleep techs, there are also health benefits to be gained by more day shift work.

Health Risks of Shift Work

If you work the night shift, you know it can be stressful. But stress isn’t just hard to deal with emotionally; chronic stress can cause physical damage, as well. That’s because stress releases a chemical called cortisol. In the short term, cortisol is part of the fight-or-flight response and is a good thing. However, elevated levels of cortisol over an extended period actually cause more harm than good.

For instance, chronic elevations in cortisol lead to insulin resistance, which is the main component of type 2 diabetes. Insulin resistance has also been shown to increase risk of cardiovascular disease.

Even more critically, consistently working the night shift causes our circadian rhythm to get out of sync, also known as circadian rhythm misalignment. This results in a number of health hazards. Let’s do a little review and see how this happens.

There are a group of neurons located in the hypothalamus called the suprachiasmatic nucleus, or SCN. The SCN is our “master clock” and drives biological functions that fluctuate on a roughly 24-hour basis, known as our circadian rhythm. And while there are both internal and external factors that influence the circadian rhythm, the one that has the most effect is exposure to light through the eyes.

A hormone known as melatonin is secreted by the pineal gland, and although driven by the circadian rhythm, its secretion is greatly influenced by light. This hormone is involved in our sleepiness drive with levels usually peaking around 3-4 a.m. However, if you are a chronic night shift worker, melatonin production is suppressed. But melatonin does more than just make us sleepy; it has been shown to actually inhibit tumor growth, as well as help regulate the inflammatory process. There is also a greater risk of heart disease as well as a higher mortality rate (See “Working on Atypical Schedules”).

However, working nights isn’t just hard on our bodies. This is because sleep and our circadian rhythm help regulate not only our physical health, but our mental health as well. Studies have shown that circadian clock dysfunction is actually a common risk factor for various psychiatric disorders. And while mood disorders such as nervousness, anxiety and irritability can cloud our judgement and affect our decision making, circadian clock dysfunction also results in deficits in both thinking and memory.

Stress isn’t just hard to deal with emotionally; chronic stress can cause physical damage, as well.
Conclusion

This article wraps up a series on the changing face of sleep technology. We’ve looked at the past, present and future of the sleep field. We’ve also explored how technology and economic pressures might impact the sleep technologist of the future — how these changes will actually create other, more diverse roles for tomorrow’s sleep technologists.

But to be a part of this change, we need to stay ahead of the game. We need to plan ahead and position ourselves for the coming change. We will need to increase our value as members of an integrated healthcare team and see these opportunities as more than just a job. We will need to adapt to new technology. Technical, clinical and communication skills will be a must. So, although we can’t be certain about the future, one thing is sure: Our role as sleep technologists is evolving and will continue to evolve.

Also, the more closely we look at something, and the more time we spend thinking things through, the greater our understanding becomes. It appears that our knowledge of sleep medicine is not complete, so as your position becomes more diversified, remain diligent; you might just observe something others have missed and help advance the field of sleep medicine.

KENT CAYLOR, RPSGT, has been performing sleep studies since May 2006. He works for Precision Diagnostic Services, located in Fargo, North Dakota. He has a blog called Kent’s Sleep Blog and is also an active contributor to the American Sleep Apnea Association.

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The Role of the CCSH to Improve Sleep in Patients With Insomnia

By Kathryn Hansen, BS, CPC, CPMA, REEGT

It is very common to have patients with occasional to frequent restless nights followed by increased sleepiness during the day, and subsequent performance issues. In addition to the immediate impact of excessive daytime sleepiness and dysfunction, there is potential to develop chronic insomnia. There is also considerable data that links chronic insomnia to increased risk for diabetes, obesity, hypertension, plus an impact on the personal safety of an individual with chronic insomnia.

Cognitive behavioral therapy (CBT) is an accepted intervention to treat adults with insomnia. The American Academy of Sleep Medicine and American College of Physicians have both published position statements and papers to support the efficacy of treatment for chronic insomnia with cognitive and behavioral interventions, which includes behavioral interventions such as sleep restriction, stimulus control and education to improve their sleep habits, also known as sleep hygiene.

CBT focuses on what we think about our sleep, which can develop into self-fulfilling outcomes that have the power to sabotage sleep onset and the maintenance of sleep. Plus, CBT addresses negative behaviors that rob one of sleep, such as inappropriate use of caffeine, tobacco, alcohol, sleep aids, bedtime rituals, work patterns, and ruminating or dwelling on negative occurrences while lying awake in bed.

As the complexities of patient care expand, specialization has become increasingly important to all aspects of medical practice.
Continuing education is an essential component for the CCSH to include in their professional tool kit in order to remain current with the changing landscape of sleep medicine and the healthcare environment.

Continuing education is an essential component for the CCSH to include in their professional tool kit in order to remain current with the changing landscape of sleep medicine and the healthcare environment. Added to this is the importance for the CCSH to understand reimbursement guidelines and regulatory standards within the scope of practice. Additionally, a standardized care plan, validated questionnaires, documentation tools and patient educational resources are basic to the CCSH tool kit, which are developed in collaboration with the program director and the BSM provider.

Behavioral sleep medicine courses and pre-recorded webinars incorporating a case-based approach to managing common sleep disorders focused on patient-centered care are available on the Society of Behavioral Sleep Medicine website. Other published peer-reviewed studies are available from the American Academy of Sleep Medicine.

Many digital apps are available on the market, which patients are using to measure their sleep score, compliance with therapy, and now the availability of online CBT-I. To interpret the digital data, the CCSH is responsible to research the scientific evidence supporting the technology, and differentiate the validity of the data. Added to the digital prevalence impacting the relationship with our patient, the future for the CCSH will include telehealth technology to communicate with patients and licensed BSM providers.

Are we ready for the integration of digital technology to expand the role of the CCSH? This may be the link to collaborating with licensed providers in the near future.

Summary

Over the past several decades, evidence has clearly shown that behavioral sleep medicine interventions are highly effective and complements an important part of the multidisciplinary approach to treating sleep disorders. Documentation of specialized experience and skills yields the additional benefits of professional satisfaction and recognition by healthcare organizations and insurers. To augment the work of a CCSH, continuing education is essential to continue working and remaining competent with innovative therapies. The CCSH is a valuable and knowledgeable liaison between the sleep lab, sleep clinic, DME, hospital and community working with the licensed providers to improve the effectiveness of care and improve the outcomes for the patient. The future for the CCSH is an opportunity to collaborate with cognitive and behavioral providers as an active specialist dedicated to impacting effective outcomes for the patient with insomnia.

References
1. www.aasmnet.org
2. www.brpt.org
3. www.bsmcredential.org
4. www.behavioralsleep.org
5. www.sleepio.com/cbt-for-insomnia
6. www.sleephealthlou.com
7. www.sleeplog.app

KATHRYN HANSEN, BS, CPC, CPMA, REEGT, is the executive director of the Kentucky Sleep Society, the Society of Behavioral Sleep Medicine and owner of Integration Consultants LLC, a healthcare consulting firm working with hospitals and medical practices to grow revenue and maintain compliance with federal and state regulatory standards. Recently, she has joined Sleep Education Partners, a company dedicated to meeting cost-effective electronic educational needs for professional in sleep medicine providers.
Leveraging Social Media to Fill Beds at Your Center – A Social Media Primer

By Gerald George Mannikarote, MBBS, MBA, RPSGT

I’m sure you read the title and wondered “What does Snapchat have to do with filling beds in a sleep center?” Bunny ears and limb leads? Location filters and 10-20 paste? I hope this article will help connect the two.

We all know that we can’t have sleep studies without our patients. And we also know that patients come to our centers through our physicians. So, what causes the physician to send a patient to one sleep center versus another? Let’s look at that a little more in detail.

There are many factors that may contribute to a physician’s or a patient’s decision to go to one sleep facility or another. It could be better service. It could be better care. It could be better information. It could be a better relationship. It could be brand equity. The truth is there could be any number of reasons a patient may insist on going to a specific sleep center or a physician may choose to send them to. So, how does this link with social media?

Social media engages the consumer at the levels described above: service, care, information, relationships and brand equity, among other things. But before we talk about this, let’s look at social media in greater detail.

If you search “social media” on the web, you’ll probably get a ton of different definitions. I like the definition provided by investopedia.com the best. According to investopedia.com, social media is “a computer-based technology that facilitates the sharing of ideas and information and the building of virtual networks and communities.” I like this definition because it stresses the “building of virtual networks and communities.” If you’ve used any form of social media, you’ve probably built a virtual network or community of friends or like-minded people. When using social media for business, it’s a very similar concept of building a community. You have to build your community and reach out to them.

There are many popular social media platforms available now: Instagram, LinkedIn, Snapchat, Twitter and Facebook, just to name a few. Creating an account is just a step in reaching your customer. The other part of it is developing content.

During the coursework for my MBA, there was a section on marketing. However, when I got into the real world, I was introduced to content marketing. Content marketing is basically the sharing of material on social media platforms to stimulate awareness or interest in a particular subject, service, product, brand or even person. It isn’t necessarily something used to promote these things, but rather to spark interest.

According to social media guru Gary Vaynerchuk, “The right product and content will be key to building a vibrant personal brand.” Not only do you have to have the right content, but you also have to be in the right place. This means finding the right social media platform to post your content for your community. A combination of the right social media platform and the right types of content will help you get the results you want in reaching the right audiences.

Finding the right social media is key to developing the right type of content. Is your audience on Twitter? Are they making faces on Snapchat? What are they sharing on Facebook? What are they doing on Instagram? By understanding where your audience is spending time, you will be able to develop content based on that platform.

Simply cutting and pasting your posts from one platform to another won’t work. For example, a 30-minute video on sleep health may not be best suited for Facebook. Such a video may be better accessed on YouTube. Twitter is a place where people look for quick bursts of news. That’s not a place to try to fit a long blog post. You could post a nice factoid of information for your Instagram followers and try a live video for them via Snapchat.

Finding the right social media is key to developing the right type of content.
LinkedIn could be a place where you could post an infographic related to your business. Each social media platform has its own favored content type. Leverage that content to reach your audience.

The content you develop is up to you, but you need to make it unique and make it interesting. You also need to cater it to your audience. The content you publish should offer value to your audience. It should teach them something and bring awareness to them. As I mentioned before, it should spark awareness and interest in your brand.

The most successful companies use a variety of media to leverage their social media presence. They use short videos (30 seconds to three or four minutes) in one platform; long videos (up to 30 minutes) on another platform; still pictures on another platform; and gifs on another. By utilizing different types of media on different platforms, companies are able to reach different audiences.

The next step is to develop a frequency for your audience. By developing the right frequency, your audience will look forward to what you have to offer. You are developing trust and a relationship with them. This will then be the start of your customer engagement.

Let’s try applying this to a sleep center. ABC Sleep Center develops a social media marketing campaign. The intent is to reach a larger audience and ultimately keep their beds filled every night. So they use the following strategy:

**YouTube**: 10-minute videos every two weeks explaining a specific sleep disorder

**LinkedIn**: A sleep related news article twice a week

**Facebook**: A picture once a week showcasing the facilities at the center

**Snapchat**: Live video twice a week discussing how patients are cared for at the center

**Instagram**: An interesting sleep fact post every day

These are the basics of leveraging social media for your business. There are more nuances to it, but that’s beyond the scope of this article. However, with a little trial and error, and a lot of persistence, you should be able to take it head on. And if you ever need any help, don’t hesitate to reach out to me.

**References**

2. Gary Vaynerchuk, Crushing It!, (New York, NY HarperColins), 2018

**DR. GERALD G. MANNIKAROTE (JERRY) is a sales and marketing professional with a niche in the healthcare space. Jerry has been in the healthcare space for over 20 years and in sales and marketing for over 10 years. He currently is the director of business development for dMann Training Technologies, a sales and marketing training company that specializes in working with small and mid-sized healthcare companies. He helps his customers in the digital sales and marketing space, assisting them in the digital transformation of their business. If you have any questions about this article or need any further information, please contact jerrydmann@dmanntraining.com.**
An AAST Video Blog Series

In this new video series on the AAST blog, top sleep-care professionals discuss the following topics:

- Primary Care Physician vs. Sleep Specialist — View here
- Why Is CPAP Adherence So Critical? — View here
- Talking Tech With Patients — View here
- The Need for Ongoing Education — View here

Go to www.aastweb.org/blog to view the series.
IN THE MOONLIGHT

Q&A with Michael G. Eden, RPSGT, RST

Michael G. Eden, RPSGT, RST, has been working in sleep medicine for 23 years and became an RPSGT in 1998. Eden has worked for the College of Physicians and Surgeons of Ontario as a task force member, creating legislation for all sleep clinics in Ontario. He has been on the executive board of the Canadian Sleep Society and chairs the Education Committee. Eden has been on the Scientific and Technologist Planning Committee for both the Canadian Sleep Society and the World Sleep Society, planning international meetings. He has been on the CEC Committee for AAST for the past two years. Recently, he was elected to the AAST Board of Directors. It is his pleasure to serve the sleep community in any capacity, but education and patient advocacy are key elements to his work.

What did you want to be when you grew up?
I wanted to work as a clinical psychiatrist or as a medical doctor. My schooling took me in a totally different direction. My university (Brock University) has a great research lab, so the professors and students in the lab changed my direction and career choice.

Why did you decide to become a sleep technologist?
In my undergraduate program, I worked with many great professors who guided me into the field of sleep medicine. I decided I wanted to conduct research and become a technologist. As a research participant to complete my undergraduate degree, I was hooked. I knew I wanted to be involved with a facet of medicine that had a profound and immediate impact on patients’ lives.

Where was your first job in sleep technology?
The first non-university lab I worked at was in Niagara Falls, Ontario. Soon after, I secured employment in Toronto and spent many years in the downtown core before settling in the eastern part of the Greater Toronto Area. I set up my own laboratory in 2006 in the small community of Cobourg.

Why did you become an AAST member?
I became a member of AAST when it was called the APT (Association of Polysomnographic Technologists). I joined to network with other PSG technologists and to gain information to write the BRPT exam. I met a lot of people and made some great friends to share valuable information through the AAST.

Who has had the greatest influence on your career?
Dr. Bob Ogilvie at Brock University (and a past president of the Canadian Sleep Society) was my initial influence. He taught me about sleep and technology. My current influence is from being a patient advocate. Patients encourage me to use my knowledge to educate people about sleep.

What is the most challenging part of your profession?
The most challenging part of the profession is the noncompliant patient. It can be a challenge to help those who feel they do not need it. I’m sure everyone has had numerous patients that state they “Don’t know why they are here.” Many of these patients are resistant to treatment options. I try to persevere and get the patient to at least try a modality of treatment that they would gain benefit from.

What do you like most about your profession?
I love having an immediate effect on the patients that come through the lab. They are usually sleeping well for the first time in their lives, and they tell me how much energy and stamina they now have. It is quite rewarding to see that.

What do you do for fun on days off from work?
I am married and have two kids. They are my joy. I enjoy going to NBA and NHL games in Toronto. I love to read and watch documentaries and, of course, “Game of Thrones.”

What is the biggest change you have seen in the profession since you started?
The biggest change I have seen is the introduction of advanced PAP titration devices. Most technologists fear autoPAP (APAP) and/or assisted servo ventilation (ASV). With the right education and patient population, these devices have helped many more patients in the sleep labs.

Any words of advice for people who are new to the profession?
Make sure you say “yes” to any educational opportunities granted you. Whether it be to attend in-service and/or national/regional conferences, or to present at a local community center. As a patient advocate, I am a lifelong learner. I hope all technologists feel the same need to educate and teach others within or outside our profession.

What are your professional goals in the next five years?
I am involved with the CSS, AAST and World Sleep Society (WSS). All of these associations are looking at new and innovative ideas to teach and learn. I hope to be very involved with the process at all of the associations.
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Renew your membership today to ensure you continue receiving the latest in:

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**RENEW TODAY**
On Aug. 8, 2018, Carecentrix released its criteria for determining the medical necessity for the diagnosis and treatment of sleep disordered breathing in adults and children. I wanted to take this opportunity to review their guideline for home sleep apnea testing (HSAT).

Carecentrix works with payors with coordination of care for sleep disordered patients from diagnosis through sleep therapy management.

In my business managing labs in Texas, HSAT is the fastest growing service, and I am often asked to review the rationale behind the decisions made in determining which test to use. I probably should preface this with the statement that Carecentrix publishes this as a guideline only. The guideline does not represent medical advice. Medical decisions are the responsibility of the patient and the attending physician. Benefits are determined by the health plan and employer group contract and eligibility of the subscriber at the time services are rendered.

An HSAT (95800, 95801, 95806, G0398, G0399, G0400) is an unattended sleep study administered using a portable monitoring device that measures physiologic indicators of respiratory activity during sleep, unattended, in a setting outside of the sleep center facility for adult patients, age 18 years or older. HSAT is the preferred method to diagnose obstructive sleep apnea (OSA) when OSA is suspected and there are no comorbid conditions which may necessitate attended monitoring or that could degrade the accuracy of HSAT.

An initial HSAT may be medically necessary when all of the following conditions are met:

1. Signs and symptoms of sleep-disordered breathing are present
2. Absence of other comorbid medical conditions or concomitant sleep disorders that could degrade the accuracy of HSAT

   • Comorbid medical conditions which would degrade HSAT include:
     • Moderate to severe COPD or asthma, as diagnosed on pulmonary function studies (PFTs)
     • Moderate to severe congestive heart failure (NYHA Class III or IV) or LVEF less than or equal to 45 percent
     • Moderate to severe pulmonary hypertension, with pulmonary artery pressure greater than 40 mm Hg or neuromuscular/neurodegenerative disorder causing restrictive lung disease, such as: severe kyphoscoliosis, myasthenia gravis, amyotrophic lateral sclerosis (ALS), post-polio syndrome, polymyositis, and Guillain-Barre syndrome
     • Acute, uncontrolled cardiac arrhythmia(s) supported by clinical documentation
     • Chronic opioid medication use

   • Secondary concomitant or associated sleep disorders which would degrade HSAT include:
     • Previously diagnosed periodic limb movement disorder (PLMD), defined as greater than or equal to 15 periodic limb movements per hour resulting in arousal when the arousals are not associated with respiratory events
     • Complex parasomnias, with potentially injurious, disruptive or violent behavior, such as REM Behavior Disorder (RBD) or sleep walking
     • Narcolepsy, or narcolepsy-related symptoms, after OSA has been evaluated and effectively treated as documented by the patient’s objective adherence to therapy (PAP download)
Compliance Corner continued

With Laura Linley, CRT, RPSGT, FAAST

- Obesity hypoventilation syndrome (OHS), defined as pCO2 greater than 45 mm Hg and pO2 less than 60 mm Hg on arterial blood gas
- Central sleep apnea (CSA) or treatment-emergent sleep apnea, defined as central apneas and/or hypopneas greater than 50 percent of the total number of apneas and/or hypopneas and central apneas and/or hypopneas greater than or equal to five times per hour of sleep
- Nocturnal seizures which are acute and/or not effectively controlled and occurring concomitantly with other sleep disorders.

3. Cognitive and physical ability to safely and effectively perform the sleep test outside of the sleep laboratory

4. Age 18 years or older

Understanding medical coverage policies is critical in getting proper sleep testing reimbursed, and, from a compliance perspective, everyone in your organization should understand the importance of gathering proper documentation to support testing and treatment. The review should start with making sure the referring physician has properly listed the necessity for testing; if the diagnosis of sleep disordered breathing is suspected, then those signs and symptoms must be documented in the office visit notes.

Signs and Symptoms of Sleep Disordered Breathing:

Initial testing for the diagnosis of sleep disordered breathing is appropriate via laboratory polysomnography (PSG) or home sleep apnea testing (HSAT) if a patient presents with at least one sign/symptom from category A and one sign/symptom from category B.

A. Evidence of Excessive Daytime Sleepiness (EDS)
   - Disturbed or restless sleep
   - Non-restorative sleep
   - Frequent unexplained arousals from sleep
   - Fragmented sleep
   - Epworth Sleepiness Scale (ESS) greater than or equal to 10
   - Fatigue

B. Evidence Suggestive of Sleep Disordered Breathing (SDB)
   - Habitual snoring
   - Witnessed apneas during sleep
   - Choking or gasping during sleep
   - BMI greater than or equal to 30
   - Neck circumference greater than 17 inches (men) or greater than 16 inches (women).

This is an ongoing discussion in our organization, and we often review and ask others to review documentation to make sure as an organization that we are consistent in the understanding and implementation of the referral process. We use these guidelines as a communication point when visiting our referring provider offices.

AAST offers some management tools to support a sleep center’s HSAT program, including a Policy and Procedure Manual - HSAT Program guide.

To access the full Carecentrix guideline, please visit http://help.carecentrix.com/ProviderResources/SMS_PEIA_CRITERIA.pdf.
The AAST Learning Center is accessible 24/7 and provides you with on-demand videos, advanced learning modules that you can start and stop on your schedule, conference recordings and more!

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