American Board of Internal Medicine

Sleep Medicine Quality Agenda
Themes and Corresponding Society Activities*

ABMS Standard 18, Development of a Quality Agenda: In collaboration with stakeholder organizations, Member Boards must facilitate the process for developing an agenda for improving the quality of care in their specialties. One area of emphasis must involve eliminating healthcare disparities.

- Member Boards are expected to support a quality agenda in alignment with their specialty-at-large.
- Member Boards must collaborate with key organizations, including specialty societies and other quality organizations, to identify areas in which patient care can be improved, review the areas and define strategies to improve care.

Problem	Drivers	Relevant Society Strategies
AIM 1: Improve diagnosis of sleep disorders		

Sleep disorders are frequently undiagnosed and therefore untreated. Better screening in high-risk patients is needed to improve early diagnosis.	• Increase recognition of insomnia (and resulting risk of mental health conditions and suicide), including self-induced chronic sleep deprivation, as a clinical disorder rather than as a symptom of other conditions.
	• Research how the use of AI integration can assist in screening for a range of sleep medicine conditions.
	• Partner with sleep technologist societies (such as AAST) to expand training of sleep technologists (for sleep study acquisition and to ensure optimal scoring accuracy).
	• Outreach to/education of high-volume clinical overlap specialties (such as cardiology, neurology, psychiatry, primary care) to augment screening for sleep disorders and facilitate earlier referral for sleep testing/sleep medicine evaluation.
	• OSA:
	  • Educate sleep medicine physicians on emerging methods for improved metrics of OSA severity (e.g., integration of hypoxic burden into diagnostic testing reports).
	  • Diagnosis of OSA including impact and clinical outcomes related to use of AHI 3%
		• The AASM Foundation is funding research evaluating sleep scoring rules, wearables and AI integration.
		• The AASM Artificial Intelligence in Sleep Medicine Committee and Emerging Technology Committee are developing guidance and resources for clinicians.
		• The AASM Re-Envisioning OSA Characterization Steering Committee is overseeing the research and development phase of an updated framework for the characterization of OSA.
		• The AASM Obesity Management Task Force is developing resources to help sleep clinicians improve the treatment of OSA.
		• AASM is advocating for adoption of the 3% oxygen desaturation (or arousal) hypopnea scoring rule.
		• The Management of Chronic Insomnia Disorder and Obstructive Sleep Apnea (Insomnia/OSA) (2025) - VA/DOD Clinical Practice Guidelines

	or arousal vs. 4% hypopnea scoring (including impact on treatment benefits and treatment adherence) • Working to increase access in Medicaid coverage for home sleep apnea testing (HSAT) and polysomnography (PSG). • Explore the possibility of integrating wearables and other tests into sleep disorder screening.	
Problem	**Drivers**	**Relevant Society Strategies**
AIM 2: Improve treatment of sleep medicine conditions.		
There is a lack of physician and patient understanding of treatment options; this can have an impact on quality of life and is associated with adverse health outcomes, including mortality.	• Prioritize one-to-three patient reported outcome measures (PROMs) for OSA to determine success in treatment of all patients. • One possible PROM could be ongoing monitoring of self-reported health outcomes and patient satisfaction. • Amplify the need for improved access to behavioral therapies for sleep disorders. • Explore digital health options for management of insomnia disorder. • Research endo-typing in sleep disorders to guide personalized treatment. • Promote education on the treatment of sleep disorders across disciplines.	• AASM has published the Patient-reported Longitudinal Assessment Tool for OSA. It can be licensed for free use in clinical practice. • AASM is publishing and promoting a new clinical practice guideline on combination therapy for insomnia. • AASM is developing educational collaborations with other specialty societies including the American Association of Clinical Endocrinology and the Obesity Medicine Association.
Problem	**Drivers**	**Relevant Society Strategies**
AIM 3: Address the impact of the sleep medicine physician shortage.		
A shortage of sleep medicine doctors can lead to poorer patient outcomes due to a lack of access to diagnosis and treatment for sleep disorders, which are linked to serious health conditions like	• Research the sleep medicine physician shortage, including: • The ability of the pipeline of trainees to exceed the number of physicians leaving clinical practice over time and the geographic variability in practice locations.	• AASM is developing educational collaborations with other primary care societies including the American College of Osteopathic Family Physicians and other education providers, including Medscape. • AASM APP educational bundle

heart disease, diabetes and stroke.	• Opportunities to address the lack of family medicine physicians in sleep medicine. • The impact of sleep medicine physician shortage and the shortage of sleep medicine team members (e.g., dentists, sleep psychologists, technologists) on availability of sleep studies, specifically data review and treatment decisions. • Given the increasing role of APPs in sleep medicine, provide optimal training and resource guidelines/materials for these practitioners • To mitigate the impact regarding the shortage of sleep medicine physicians: increase education of PCPs and other specialists (e.g., otolaryngology) on sleep conditions and the ordering of home sleep apnea tests and other sleep studies for initial diagnosis in collaboration with accredited sleep centers. • Develop collaborative models of care to improve the management of sleep disorders by PCPs and other specialists. • Increase telehealth options to allow increased access to sleep medicine clinicians, including behavioral health providers. • Identify innovative ways to increase the pipeline for sleep medicine. • Develop training materials and educational content to highlight the importance of sleep medicine clinicians.	• AASM is making some of its educational content available for free through the Vumedi online education platform. • As part of the Advancing Innovation in Residency Education (AIRE) initiative, AASM has been piloting part-time and blended fellowship training models and is seeking to get them approved as permanent pathways for sleep medicine training. • Disseminate clinical guidelines to other specialties/PCPs, especially in the area of sleep disorder diagnostics • ABIM's new Competency-Based Medical Education pilot Special Consideration Pathway to Board Eligibility for IMGs who completed internal medicine training abroad and an ACGME-accredited fellowship
Problem	**Drivers**	**Relevant Society Strategies**
AIM 4: Ensure healthcare equity in sleep medicine patients.		
A lack of health equity for sleep medicine patients is exemplified by reported differential rates of prevalence, severity and outcomes among groups underrepresented in medicine and	• Improve access for patients to diagnostic procedures and treatment including: • Sleep medicine specialists • Sleep apnea testing with an expansion of the appropriate use of HSAT	• AASM is supporting the American Medical Association and the American Telemedicine Association in advocating for Congress to permanently authorize Medicare coverage of telehealth services.

low-socioeconomic-status backgrounds. This can lead to later diagnosis, less access to treatment, lower treatment adherence and poorer health outcomes.	• Durable medical equipment • Appropriately prescribed medications and behavioral treatments for insomnia • Increase access to sleep specialists in rural areas • Regain access to medical review for approval of treatment by insurance companies as opposed to just AI algorithms recently put in place. • Increase patient access to technology-assisted health care such as broadband and smart devices. • Introduce implicit bias training and cultural competence into medical education curriculum at every stage.	• AASM is supporting the AMA in advocating for prior authorization reform to eliminate unnecessary barriers to patient care. • AASM Exclusive Telemedicine Resources
Problem	**Drivers**	**Relevant Society Strategies**
AIM 5: Align screening and diagnostic procedures with presenting symptoms and risk factors.		
Cost-effective evaluation is limited by payer policies, patient expectations, poor recognition of risk factors, access to diagnostic services and lack of screening. Improved use of medical resources would help with availability. There is also a need for more personalized medicine and patient-centered care.	• Assure appropriate risk stratification to inform treatment planning including: • Risk of incident disease • Exacerbation of existing disease • Quality of life • Weight management resources • Comorbid mental health conditions • Secondary prevention including lifestyle modifications. • Address major risk factors, especially obesity. • Ensure diagnostic testing is based on pre-test probability.	• Partner with the American Board of Pediatrics and American Academy of Pediatrics to implement early screening for snoring in pediatric patients. • AASM Disease Specific Guidelines • AASM Quality Measures • ATS Sleep Medicine • Society of Behavioral Sleep Medicine pediatrics recommendations for insomnia.

**Please submit any comments or questions you may have to StrategicAlliances@abim.org. Thank you!*