

LETTER FROM THE PRESIDENT**ELECTED OFFICERS***President*

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Thank you all for making our annual conference such a great success this year! We enjoyed a record attendance, and excellent member feedback. Many of you have provided some great suggestions for topics and speakers for next year, and we have already started our planning.

One of the overwhelming requests I heard from all our members.....techs, physicians, clinicians, administrators...is "what can I do to get more involved in the society?" With the momentum in our society's influence in the Maryland sleep community, we have many opportunities for involvement as our society grows. Our advocacy committees are becoming more active, and we definitely can use the help of our members to represent us in several of our newly identified advocacy targets, particularly those who have a passion for a particular cause (e.g delayed school start times).

First of all, I would like to move forward on the suggestion of some to explore interest in a society meeting this fall. The agenda would probably not be pertaining to clinical topics (as is the purpose of our spring conference) but more focused on the "New Model of Practicing Sleep Medicine." While we are all feeling our way through the algorithm of HSTs, declining reimbursements, etc., we all know that the number of patients out there is greater than ever. I would

predict that we would all learn that our business models would change just by hearing the experiences of many of our neighboring colleagues. I also think we could discuss our committee and advocacy needs in such a meeting as well.

I will be visiting the offices of Rep Dutch Ruppersberger and Senator Mikulski on July 29th, and will be presenting our concerns regarding patient education, patient advocacy, clinical reimbursement concerns, as well as some of the AASM initiatives that we have endorsed. I will be sharing our survey data, so please understand your feedback for all these surveys is important.

I hope everyone enjoys the rest of their summer, and we will be reaching out soon about interest in the Society Meeting this fall.

Brian

[CLICK HERE TO TAKE OUR SCHOOL START TIMES SURVEY](#)**What's Happening in our Neighbor States?**[Delaware - Polysomnography Rule Adoptions](#)[New Jersey - Polysomnography Rule Adoptions](#)

The MDSS Distinguished Service Award presented to Thomas E. Hobbins, MD, accepted by his wife, Jen, at the 2014 Annual Conference.

NEW SCIENTIFIC FINDS PRESENTED AT APSS

- Chronic sleep restriction can increase permeability through the blood brain barrier.
- Micro-sleeps can occur only in regions of the brains that were most taxed with learning/other tasks in the hours preceding.
- A steeper slope of an EEG slow wave correlates to increased sleep drive.
- Sleep loss causes DNA damage in the liver and small intestine. DNA repair activity is increased in recovery sleep.
- Intermittent hypoxia in OSA can worsen non-alcoholic fatty liver disease by increasing collagen cross-linking
- Chronic insomnia does pose a risk for cancer development, but only if less than 5 hours per night.

RESEARCH FUNDING RESOURCES

There were two sessions at APSS on research opportunities in sleep. The message at both was that there's a lot of money out there and very few people applying for it. In addition to the big large grants at NIH, there are numerous smaller grants (<\$20,000) out there as well for small projects. Below are some links to the ones discussed:

- American Sleep Medicine Foundation: <http://www.discoversleep.org/documents.aspx>
- Patient Centered Outcomes Research Institute: <http://www.pcori.org/>
- Horizon 20-20 (this is a European grant but Americans are permitted to apply)
<http://ec.europa.eu/programmes/horizon2020/en/how-get-funding>
- Mid-Career Grants: <http://www.nhlbi.nih.gov/funding/training/redbook/estk24.htm>.
- Building Interdisciplinary Research Careers in Women's Health (BIRCHW):
<http://orwh.od.nih.gov/interdisciplinary/bircwh/>

AMA ADOPTS POLICY ON TELEMEDICINE

The American Medical Association adopted a controversial policy on telemedicine in June. The policy recommends that physicians be licensed in the state where the patient is receiving treatment and even requires face-to-face examinations prior to the continuation of treatment via telemedicine in some scenarios. The policy justifies this requirement by citing the need for a "valid patient-physician relationship" and indicating that such a valid relationship can only be formed with an initial face-to-face encounter. The AMA policy also supports a recent policy adopted by the Federation of State Medical Boards that contends that the point of care is the patient's location, not the physician's location. (Sources: Andis Robeznieks, AMA telemedicine policy echoes controversial state boards' view, Modern Healthcare, June 12, 2014; Dan Bowman, AMA telemedicine policy emphasizes in-state licensure, in-person visits, FierceHealthIT, June 12, 2014, via drlaw.com.)

CPAP DONATIONS

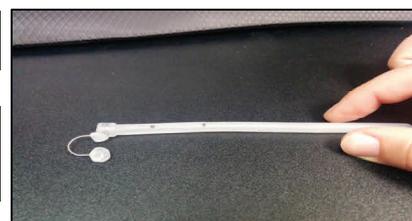
We all know of patients who might benefit from these programs:

[ResMed CPAP Donations](#)

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JEANNE GEIGER BROWN, PhD, RN, FAAN



Jeanne Geiger Brown, PhD, RN, FAAN is an associate professor at the University of Maryland School of Nursing. She studies work-related sleep deficiency as a CDC-funded (National Institute for Occupational Health and Safety) researcher, where she is finding ways of improving sleep quantity and quality in shiftworkers and those working long work hours. She is also interested in the relationship between sleep and treatment outcomes in patients with chronic illness. She provides cognitive-behavioral therapy for insomnia at the University of Maryland Sleep Disorders Clinic. She has mentored several PhD students with interests in sleep and fatigue, and infuses sleep content into the doctoral courses that she teaches. She is a fellow in the American Academy of Nursing.

Jeanne sings with the Baltimore Choral Arts Society, and enjoys walking her retired rescued greyhound. Her husband of 38 years is a violinist and private pilot.

She can be reached by email at : info@marylandsleepsociety.com

SUSHEEL P. PATIL, MD, PhD

Susheel P. Patil, MD, PhD is an Assistant Professor of Medicine and Clinical Director of the Johns Hopkins Sleep Medicine Program. Dr. Patil came to Johns Hopkins for fellowship training in Pulmonary and Critical Care Medicine, during which he also completed training in Sleep Medicine. Dr. Patil also received a PhD in Clinical Investigation at the Johns Hopkins Bloomberg School of Public Health.

Dr. Patil has been active in numerous committees and leadership roles in the Sleep and Respiratory Neurobiology Assembly of the American Thoracic Society and the American Academy of Sleep Medicine, and the American College of Chest Physicians. He has organized or spoke in numerous scientific symposia at the international meetings related to sleep medicine. He is the author of more than 30 publications, and has given invited lectures throughout the US. He is the Associate Director of the ACGME Sleep Fellowship at Johns Hopkins. Dr. Patil is also active in sleep medicine related public policy at the state level as Chair of the Polysomnography Practice Committee of the Maryland Board of Physicians and is a Board Member for the Maryland Sleep Society.

Dr. Patil has a longstanding interest in the pathogenesis of obstructive sleep apnea, particularly examining the relationship of obesity, inflammation, and adipokines to mechanical and neuromuscular factors that contribute to upper airway collapsibility. This has involved research studies involving bariatric surgery, HIV-infected, and non-alcoholic fatty liver disease patient groups affected by OSA. More recently he has been involved in clinical trials examining the effects of therapy on the cardiovascular consequences of OSA.

Dr. Patil is married and his wife is trained in classical and popular Indian dance. They have 2 young sons. Dr. Patil enjoys cycling when time allows and participating in long distance rides.

He can be reached by email at : info@marylandsleepsociety.com



FROM MED CHI

New study demonstrates Maryland physicians drive \$28.5 billion in economic activity in Maryland

Maryland's patient care physicians fulfill a vital role in the state's economy by supporting 179,511 jobs and generating \$ 28.5 billion in economic activity, according to a new report released by MedChi, the Maryland State Medical Society, and the American Medical Association (AMA). Physicians are important economic engines that create jobs while providing the high quality patient care that patients expect and deserve. The study clearly shows while physicians work to improve our public health, they are also improving our economic health as significant contributors to Maryland's economy.

"Physicians carry tremendous responsibility as skilled healers charged with safeguarding healthy communities, but their positive impact isn't confined to the exam room," said AMA President Ardis Dee Hoven, M.D. "The new study illustrates that physicians are strong economic drivers who are woven into their local communities by the economic growth, opportunity and prosperity they generate." The report notes that, given the changing health care environment, it is paramount to quantify the economic impact physicians have on society. To provide lawmakers, regulators and policymakers with reliable information, the report measured the economic impact of Maryland physicians according to key economic barometers. The overall findings in the state of Maryland include the following:

Jobs: Each physician supported an average of 10.4 jobs and contributed to a total of 179,511 jobs statewide.

Output: Each physician supported an average of \$1.6 million in economic output and contributed to a total of \$28.5 billion in economic output statewide.

Tax Revenues: Each physician supported \$79,329 in local and state tax revenues.

To view the full report and an interactive map of the United States, please visit www.ama-assn.org/go/eis.

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