

The Michigan Academy of Sleep Medicine:  
Working Together to Improve Sleep Health in Michigan



*MASM endeavors to preserve the public trust in the practice of sleep medicine by promoting the highest standards of patient care for disorders of sleep and wakefulness while striving to increase public awareness of impact of sleep disorders on health and safety, and promoting the availability of sleep medicine services for all since 1990.*

Welcome to our May 2017 newsletter! In this issue, we have our President's Letter, reports from several MASM committees, an interesting case, and announcements. If you are interested in contributing, please contact Karen Carter ([kcarter@wcmssm.org](mailto:kcarter@wcmssm.org))

## President's Letter: The Wisdom of Why's

Mark Goetting, MD

Our field, our discipline, our profession is undergoing rapid change, much due to forces beyond our control and in directions that confine our practices and that push us in directions we resist. I hear the complaints and the worry about what will become of us.

Take heart, for this is healthy for us. It is normal for the course of a developing specialty and cannot be avoided. And it is a sign we have arrived.

Sleep medicine has carried with it a mixture of enthusiasm, brilliance, controversy and anxiety since formally joining clinical medicine. It arose out of a huge unmet need from millions of affected Americans that other specialties paid insufficient attention to. At first, we were an intriguing curiosity viewed as helpful and non-threatening. It wasn't long before the sleep laboratory boon followed and the CPAP industry skyrocketed. Safer but more expensive treatments for insomnia and narcolepsy followed. And there were FDA approved therapies for restless legs syndrome. Sleep medicine soon became more mainstream and much more expensive.

The infancy, childhood and adolescent phases of sleep medicine has ended, at least in the medical economic sense. How can we tell? That we are heavily challenged to show our worth to society tells us so.

For example, it is no longer enough to diagnose sleep apnea, provide CPAP, encourage adherence, and follow the patient. We are expected at a minimum to adequately treat OSA. To do this we must somehow partner with the patient in a way that produces effective protection from the harms of sleep apnea. It is on its face an inadequate standard to accept four hours a night, 70% of night. In theory, the concept of the effective residual AHI is much sounder. This AHI takes into account all of the respiratory events that occur while using CPAP and while not using it, a truer measure of the ongoing physiologic stress of OSA in the treated patient.

Further, we likely will need to show that treating OSA truly does prevent death and disability from cardiovascular disease and is cost effective. These questions are continually asked because of shrinking financial resources for healthcare per capita and because the American adult is a moving target medically. To the latter point, the reduction in the smoking prevalence and the emphasis on other preventative measures such as salt, exercise, and diet requires reevaluation of how harmful OSA is in the otherwise healthier patient.

## President's Letter, continued

Congratulations! We are now in the same arena that cardiologists, cardiovascular surgeons, urologists, psychiatrists, and many other specialties are in. Because we are powerful and fully accepted we must constantly justify our actions and endure attacks. Enjoy this delicious paradox. This apparent threat to our security assures our permanence.

So what should we do to ride out the storms? It really helps to know your purpose. This will anchor you firmly. A tool to help figure out your purpose comes from the early Toyota days in Japan, back in its early days. This came to be known as the 5 why's. It goes something like this that I borrowed from Wikipedia:

The vehicle will not start. (the problem)

1. **Why?** - The battery is dead. (First why)
2. **Why?** - The alternator is not functioning. (Second why)
3. **Why?** - The alternator belt has broken. (Third why)
4. **Why?** - The alternator belt was well beyond its useful service life and not replaced. (Fourth why)
5. **Why?** - The vehicle was not maintained according to the recommended service schedule. (Fifth why, a root cause)

This same process can work when contemplating what our purpose is. For example, I'm ordering a sleep study because the patient may have sleep apnea **AND** treatment may eliminate the effects of apnea **AND** the patient may have a lower risk of heart disease **AND** may avoid a heart attack **AND** may live longer and healthier **AND** I will therefore make the world a better place.

I encourage those who feel the growing pains of change to go through the why's of what you do and feel so that you know your foundation. This is your source of stability.

## MASM Committee Updates

### Health Policy Committee

Board Liaison: Mark Garwood, MD Chair Person: R. Bart Sangal, MD Members: Mark Goetting, MD; and Harvey Organek, MD

The Health Policy Committee serves to monitor insurer policies for adherence with published practice guidelines, providing recommendations and feedback to insurers on evaluation, diagnostic, and treatment strategies in the field of sleep medicine. As an example, late last year after our fall meeting our committee worked with BCBSM to discuss ways we thought we as sleep physicians could work with them to better enhance screening for obstructive sleep apnea in their patient cohort. We also worked to identify strategies that might allow collaboration to improve patient compliance in BCBSM patients diagnosed with obstructive sleep apnea and treated with PAP therapy. If any of our members identify any concerns regarding health care policy related to insurers please don't hesitate to contact one of us. In the interim we will continue to advocate on your behalf.

## Committee updates, continued

### **Membership Committee**

Board Liaison: Soumya Madala, MD Chair Person: Soumya Madala, MD Members: Lee Marmion, MD, Afifa Shamim-Uzzaman, MD; Lorraine Brierley, RPSGT; Ashley Brown, RPSGT; Jennifer Speller, RPSGT; and Karen Carter

Help strengthen your state sleep society! Recruit 2 new members to the MASM and receive free registration to the next annual Fall Conference.

The MASM is proud to sponsor the 2nd Annual MASM Excellence in Research Award. We are seeking submissions from candidates presenting at SLEEP 2017. Both posters and oral presentations accepted at SLEEP 2017 are eligible. Submissions should be sent to Karen Carter by Monday May 22nd, 2017. Five finalists will be notified by Friday, June 2nd, 2017. The finalists will be assessed at their respective presentations during SLEEP 2017. Prizes will be awarded during discussion of the research based on scientific excellence, clarity of presentation and personal knowledge.

*Prizes:* All finalists will have their registration fee waived towards the MASM Fall Conference in Lansing.

*1st Place winner:* Plaque and \$200 presented at MASM Fall Conference.

*1st and 2nd Runners Up:* Plaque and \$100 each, presented at the MASM Fall Conference.

### **Education and Practice Management Committee**

Board Liaison: Cynthia Nichols, PhD Chair Person: Cynthia Nichols, PhD Members: Neeraj Kaplish, MD, Harvey Organek, MD; Afifa Shamim-Uzzaman, MD; and Virginia Skiba, MD

The Education and Practice Management Committee serves to communicate new or updated information relevant to clinical practice by reviewing and providing feedback on changes in AASM accreditation standards, scoring requirements, and clinical practice guidelines. We want to ensure that you are not “the last to know”!

The AASM has published new practice guidelines for diagnostic testing for adult OSA.

<http://www.aasmnet.org/jcsm/ViewAbstract.aspx?pid=30972>

If you are not a subscriber to JCSM, the reference for the new guidelines is:

Kapur VK, Auckley DH, Chowdhuri S, Kuhlmann DC, Mehra R, Ramar K, Harrod CG. Clinical practice guideline for diagnostic testing for adult obstructive sleep apnea: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med*.2017;13(3):479–504.

Useful education and practice management links:

<http://sleepeducation.org/>

- Up to date sleep education materials are available, as well as a blog.

<http://www.aasmnet.org/codingnews.aspx>

- AASM’s practice management news

## Interesting Case

A 27 year old woman presented with her spouse with the spouse's complaint that she made a funny sound in her throat during sleep. It has been present for at least three years. She has never noticed this and has no daytime symptoms.

Her spouse describes a clicking or clucking noise that coincides with her breathing. The sound occurs most nights but comes and goes during her sleep period. It can occur in all positions. He wants to make sure she is healthy.

Her BMI was 26. Her speech was normal. The oral examination showed an open posterior airway with the soft palate margin at about the level of the tongue. The palate elevated normally. Her uvula was unremarkable. Swallowing was normal.

Her spouse brought a recording of the sounds. <https://soundcloud.com/marty-grass/cluxism>

The recording reveals a clucking sound at initiation of inspiration with quiet airflow following. Expiration is unremarkable.

This phenomenon involves the popping open of the pharynx during inspiration with release of the palate from the posterior pharynx. This is a benign event that may relate to a confluence of anatomic or functional factors that favor occlusion of the pharynx by the soft palate at the initiation of inspiratory effort.

To my knowledge there is no English medical literature about this. Dr. John Shepard at the Mayo Clinic mentioned this entity in his Atlas of Sleep Medicine published in 1993. I contacted Dr. Michael Silber at Mayo recently, who had mentioned this clucking sound in a lecture back around 2000. He confirmed that this case is what Dr. Shepard described and that it is benign. To his knowledge, Mayo has had two cases total. They refer to it as "cluxism".

## Announcements

- Save the Dates: Michigan Academy of Sleep Medicine 2017 Conference

The MASM annual educational conference is October 13 and 14 at the East Lansing Marriott at University Place. This promises to be a combination of learning and fun. Our Educational Committee is bringing you a group of first rate speakers on topics requested by our members. The facilities are gorgeous and spacious. We chose the food and drinks in consultation with the Marriott chefs, so this will be a real treat. East Lansing offers an interesting night life with many quaint shops and bars in easy walking distance. There is also transportation available to historic downtown Lansing. Please check the website <http://masm.wildapricot.org/> for more information and to register.

- Volunteers

If you are interested in volunteering for any MASM activity (helping at the conference, committee or board membership, contributing to the newsletter) or if you have any questions or concerns that you believe will affect the practice of sleep medicine in Michigan, please contact Karen Carter or any of the board members: Mark Goetting, MD (president), Q. Afifa Shamim-Uzzaman, MD (president-elect), Neeraj Kaplish, MD (past president), Cindy Nichols, PhD (secretary-treasurer), Mark Garwood, MD (member), Soumya Madala, MD (member), Lee Marmion, MD (member)

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