



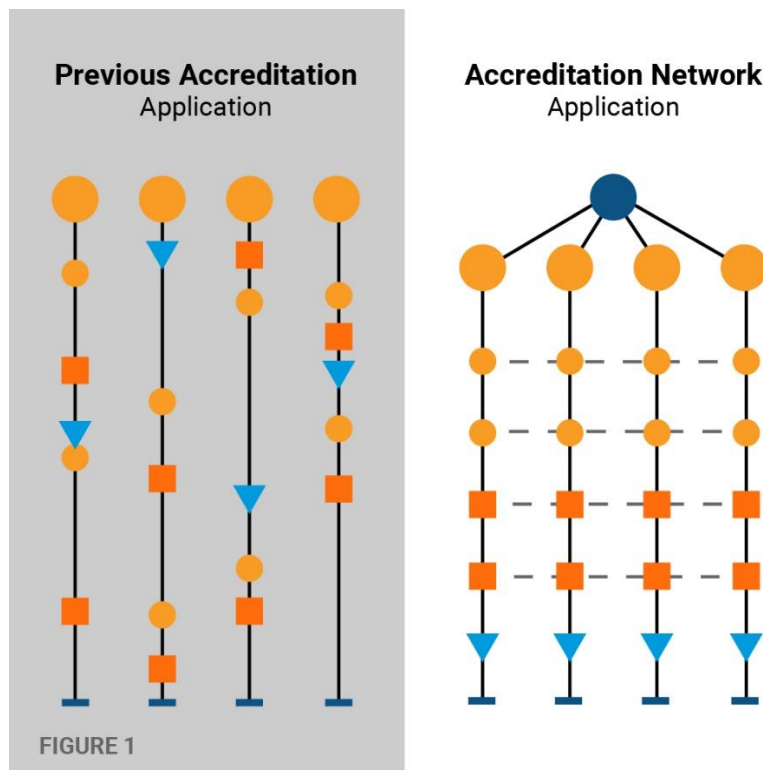
Overview of New Model of Accreditation

The American Academy of Sleep Medicine (AASM) is proposing a new model of accreditation that will reflect changes in the practice of sleep medicine and align more seamlessly with the recently launched Accreditation Network application type. This proposal for a component-based accreditation system is focused on providing greater flexibility and accommodating all practice models. The following overview describes the rationale for the proposal and explains how it differs from the current accreditation model. Draft changes to the AASM Standards for Accreditation also are presented for review and comment.

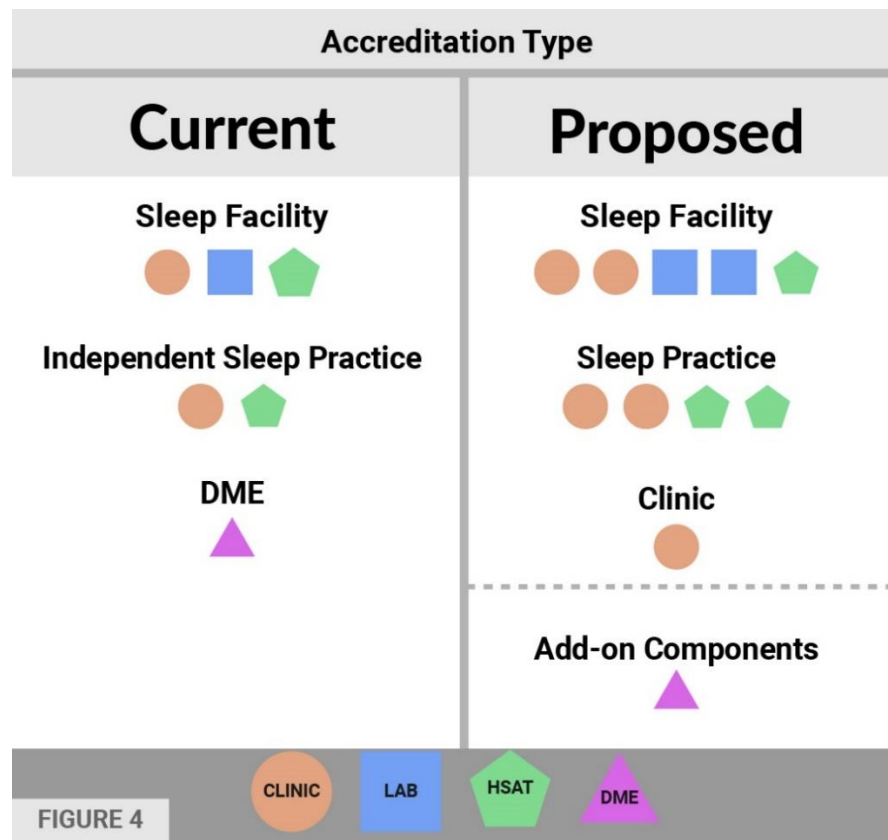
Network Accreditation

In the field of sleep medicine, it has become commonplace for accredited programs to be associated with one another either under a hospital, large health system or multi-clinic sleep practice. To this end, in July 2021 the AASM introduced the [Accreditation Network](#) framework to improve the application experience for accredited programs that share commonalities (e.g., may operate under the same ownership/legal entity or under the same policies and procedures).

Figure 1 illustrates how the previous accreditation application was linear. Even though an entity may have shared commonalities, these commonalities were unable to be copied easily among applications, resulting in a lot of duplicative work. By identifying the Accreditation Network, the AASM now groups programs that share commonalities for an enhanced and streamlined application process.



Sleep Facility removes all Lab components, it becomes a Sleep Practice. Add-on components (e.g., DME) will not change the accreditation type.



Pricing for the proposed model will move to component-based fees to align with a component-based structure. Though accreditation fees will move to a component-based structure, it is anticipated that accreditation fees under the proposed model will be equivalent to current accreditation fees. For example: A new single Sleep Facility, which is made up of a single sleep clinic, lab and HSAT component, currently pays \$4,500 for a new Sleep Facility Accreditation application. In the proposed model, each of the three components (sleep clinic, lab and HSAT) will be assigned a fee for the sleep clinic, lab and HSAT component, which combined equals \$4,500. Since individual components may be added to an accreditation (as long as the minimum standard requirements are met) accreditation fees will more appropriately reflect the component makeup of the Accreditation Network.

Proposed Standards for New Model of Accreditation

The constant evolution of sleep medicine necessitates an update to the AASM Standards for Accreditation to reflect the current models of practice. The importance of quality clinical care has become the foundation for improving outcomes and simplifying the continuum of care for patients. For this reason, the [proposed Standards for Accreditation](#) includes accreditation of a clinical component. It also categorizes standards as those that are required to be met by the Network versus standards that must be met by the site/component. These changes to the standards were developed to (1) align the Standards for Accreditation with Accreditation Networks and the new component-based accreditation model, (2) reflect updates in clinical practices, and (3) account for changes in technology.

In addition to reviewing the proposed standards, you can download a [summary of the notable changes](#) to the current Standards for Accreditation.