Women, Families With Children Need Sleep Education

By Sharon Worcester
Southeast Bureau

New Orleans — Mothers of young children aren’t likely to be surprised by a recent study showing that they were more prone to sleep deprivation than were their partners, Dr. Ronald D. Chervin said at the annual meeting of the Associated Professional Sleep Societies.

For example, a sleep scientist may not rub elbows daily with a pulmonologist or ENT specialist, he said.

The structural challenges that persist at many research universities can make interdisciplinary integration difficult, even though such integration may be the way to provide the best patient care, Dr. Chervin noted. But the tug-of-war persists between clinician desires to provide good multidisciplinary care versus departmental concerns for the bottom line.

Most sleep specialists agree that patients receive the best care when they see clinicians from a variety of medical fields, Dr. Chervin said. But sharing human resources is not always a priority for any given academic department, and it is not always easy to give up billing opportunities to another department in order to serve a higher goal and allow faculty to pursue diverse interests, he explained.

The role of sleep medicine can be difficult to explain to administrators and faculty outside the field, in part because there often is inadequate investment in sleep medicine specifically.

For example, even at the University of Michigan, which has a large and successful sleep disorders center, there is no administrator dedicated to sleep medicine to help the director manage budgets and financial spreadsheets, “which we are not trained in medical school to manage budgets and financial spreadsheets,” Dr. Chervin said. Also, billing and hiring issues still create interdepartmental friction.

“I’m proud of our faculty here at Michigan, but we have lost some opportunities to hire qualified personnel because of these departmental issues,” he said.

One strategy that the university has used to overcome some of the interdepartmental barriers has been the creation of an “Alternatives to CPAP” clinic.

“We can see patients should to shoulder with an ENT specialist, maxillofacial surgeon, and dentist. It serves the patients’ interests and is wonderful for education,” he said. “And we managed to satisfy all the departments in terms of billing.” The university has developed two other clinics that follow the CPAP program model—a multidisciplinary pediatric sleep and behavior clinic and another behavioral sleep medicine clinic for adults.

What does the future hold for sleep medicine? Dr. Chervin said he believes that creating comprehensive sleep centers at universities would improve patient care and promote the basic scientific research that continues to drive advances in sleep medicine.

Ideally, a “center for sleep science” would unite sleep specialists on campus, at least for joint teaching, and for pre- and postgraduate grant submissions that could cross departmental boundaries, he said.

In his view, sleep centers should upload a tripartite mission that includes research, education, and patient care and provide both clinical and preclinical programs.

Sleep centers need their own physical space and dedicated funding, in part to allow them to bill for clinical and laboratory services and then reimburse other departments for faculty effort, Dr. Chervin said. And sleep centers should have a greater say in hiring decisions, he added.

As more data emerge to support the impact of sleep and sleep problems on a range of medical conditions, support for interdisciplinary work in sleep medicine and the establishment of dedicated sleep centers may gain traction. “How does a new interdisciplinary field fit within a traditional, department-based academic medical center?” Dr. Chervin asked. “It’s like trying to put a square peg in a round hole.”