

The Department of Otolaryngology- Head and Neck Surgery,  
University of California, San Francisco School of Medicine, and the  
Penn Center for Sleep Disorders at the University of Pennsylvania  
present

**24<sup>th</sup> Annual**  
**Advances in Diagnosis and**  
**Treatment of Sleep Apnea and**  
**Snoring**

February 16-17, 2018  
Grand Hyatt  
San Francisco, California

Course Chairs

Andrew N. Goldberg, MD, MSCE

Eric J. Kezirian, MD, MPH

Richard J. Schwab, MD



**UCSF**

University of California, San  
Francisco School of Medicine



**Penn**

# **Acknowledgement of Commercial Support**

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# **Exhibitors**

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# Advances in Diagnosis and Treatment of Sleep Apnea and Snoring 2018

## EDUCATIONAL OBJECTIVES

Upon completion of this course, participants will be able to:

- Apply new developments in the pathogenesis, diagnosis, and management of patients with sleep disorders and sleep disordered breathing;
- Assess new, alternative, and established medical and surgical treatments for sleep apnea and snoring in adults and children;
- Evaluate the advantages and disadvantages of home vs. in-laboratory sleep testing;
- Assess the medical and social consequences of sleep apnea and snoring;
- Evaluate how upper airway imaging demonstrates the impact of treatments and may improve treatment selection for sleep apnea and snoring;
- Provide new information to patients regarding the association between obesity and obstructive sleep apnea and the outcomes of medical and surgical treatment of obesity.

## ACCREDITATION

The University of California, San Francisco School of Medicine (UCSF) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of **13.25** *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Optional Sessions are each worth **1.50** additional *AMA PRA Category 1 Credits™*.

This CME activity meets the requirements under California Assembly Bill 1195, continuing education and cultural and linguistic competency.

**Nurses:** For the purpose of recertification, the American Nurses Credentialing Center accepts *AMA PRA Category 1 Credits™* issued by organizations accredited by the ACCME.

**Physician Assistants:** American Academy of Physician Assistants accepts category 1 credit from AOACCME, Prescribed credit from AAFP, and *AMA PRA Category 1 Credits™* from organizations accredited by the ACCME.

**Pharmacists:** The California Board of Pharmacy accepts as continuing professional education those courses that meet the standard of relevance to pharmacy practice and have been approved for *AMA PRA Category 1 Credits™*.



**Dentists:** UCSF designates this activity for 6 units of coursework for California Continuing Dental Education credit.

## General Information

### Attendance Verification / Sign-In Sheet / Electronic CME Certificate

Please remember to sign-in on the sign-in sheet when you check in at the UCSF Registration Desk on your first day. You only need to sign-in once for the course, when you first check in.

[After the meeting, you will receive an email from Qualtrics@ucsf.edu with a link to complete your online \*\*Course Evaluation/ Electronic CME Certificate\*\*. Please make sure that you add this email to your safe senders list. The Qualtrics system will send you reminders to complete your CME Certificate Claiming until you complete it.](#)

[Upon completing the Electronic CME Certificate, your CME certificate will be automatically generated to print and/or email yourself a copy. For smartphone users, you may want to take a photo of your certificate as some settings prevent you from emailing the certificate.](#)

[The link will be available for 30 days after the last day of the course. However, after that date the link will expire and you will no longer be able to claim your credits online. You must then contact the Office of CME at \[registration@ocme.ucsf.edu\]\(mailto:registration@ocme.ucsf.edu\) to receive your certificate and a \\$15 administrative fee may be applied.](#)

## Evaluation

[Your opinion is important to us – we do listen! The speaker survey is the bright yellow hand-out you received when you checked in. Please complete this during the meeting and turn it in to the registration staff at the end of the course.](#)

## Security

We urge caution with regard to your personal belongings and syllabus books. We are unable to replace these in the event of loss. Please do not leave any personal belongings unattended in the meeting room during lunch or breaks or overnight.

## Exhibits

Industry exhibits are located in the ballroom foyer during breakfasts and coffee breaks.

## Lunch

Lunches are on your own. If you pre-registered for the lunchtime breakout sessions, you should have received a color lunch voucher namebadge. Box lunches are available for pick-up in the exhibit hall with your lunch voucher.

## Reception

Upon conclusion of the course on Friday, February 16<sup>th</sup>, we welcome you to join our faculty at the scenic top of the Grand Hyatt (floor 36) for a reception from 5:00-7:00pm. Attendance is complimentary for conference registrants, and guests are welcome for an additional fee. We appreciate pre-registration to this event. Please check at the conference registration desk to indicate your attendance and to purchase additional guest tickets to the reception.

## **Federal and State Law**

### **Regarding Linguistic Access and Services for Limited English Proficient Persons**

#### **I. Purpose.**

This document is intended to satisfy the requirements set forth in California Business and Professions code 2190.1. California law requires physicians to obtain training in cultural and linguistic competency as part of their continuing medical education programs. This document and the attachments are intended to provide physicians with an overview of federal and state laws regarding linguistic access and services for limited English proficient (“LEP”) persons. Other federal and state laws not reviewed below also may govern the manner in which physicians and healthcare providers render services for disabled, hearing impaired or other protected categories

#### **II. Federal Law – Federal Civil Rights Act of 1964, Executive Order 13166, August 11, 2000, and Department of Health and Human Services (“HHS”) Regulations and LEP Guidance.**

The Federal Civil Rights Act of 1964, as amended, and HHS regulations require recipients of federal financial assistance (“Recipients”) to take reasonable steps to ensure that LEP persons have meaningful access to federally funded programs and services. Failure to provide LEP individuals with access to federally funded programs and services may constitute national origin discrimination, which may be remedied by federal agency enforcement action. Recipients may include physicians, hospitals, universities and academic medical centers who receive grants, training, equipment, surplus property and other assistance from the federal government.

HHS recently issued revised guidance documents for Recipients to ensure that they understand their obligations to provide language assistance services to LEP persons. A copy of HHS’s summary document entitled “Guidance for Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons – Summary” is available at HHS’s website at: <http://www.hhs.gov/ocr/lep/> .

As noted above, Recipients generally must provide meaningful access to their programs and services for LEP persons. The rule, however, is a flexible one and HHS recognizes that “reasonable steps” may differ depending on the Recipient’s size and scope of services. HHS advised that Recipients, in designing an LEP program, should conduct an individualized assessment balancing four factors, including: (i) the number or proportion of LEP persons eligible to be served or likely to be encountered by the Recipient; (ii) the frequency with which LEP individuals come into contact with the Recipient’s program; (iii) the nature and importance of the program, activity or service provided by the Recipient to its beneficiaries; and (iv) the resources available to the Recipient and the costs of interpreting and translation services.

Based on the Recipient’s analysis, the Recipient should then design an LEP plan based on five recommended steps, including: (i) identifying LEP individuals who may need assistance; (ii) identifying language assistance measures; (iii) training staff; (iv) providing notice to LEP persons; and (v) monitoring and updating the LEP plan.

A Recipient’s LEP plan likely will include translating vital documents and providing either on-site interpreters or telephone interpreter services, or using shared interpreting services with other Recipients. Recipients may take other reasonable steps depending on the emergent or non-emergent needs of the LEP individual, such as hiring bilingual

staff who are competent in the skills required for medical translation, hiring staff interpreters, or contracting with outside public or private agencies that provide interpreter services.

HHS's guidance provides detailed examples of the mix of services that a Recipient should consider and implement. HHS's guidance also establishes a "safe harbor" that Recipients may elect to follow when determining whether vital documents must be translated into other languages. Compliance with the safe harbor will be strong evidence that the Recipient has satisfied its written translation obligations.

In addition to reviewing HHS guidance documents, Recipients may contact HHS's Office for Civil Rights for technical assistance in establishing a reasonable LEP plan.

### **III. California Law – Dymally-Alatorre Bilingual Services Act.**

The California legislature enacted the California's Dymally-Alatorre Bilingual Services Act (Govt. Code 7290 *et seq.*) in order to ensure that California residents would appropriately receive services from public agencies regardless of the person's English language skills. California Government Code section 7291 recites this legislative intent as follows:

"The Legislature hereby finds and declares that the effective maintenance and development of a free and democratic society depends on the right and ability of its citizens and residents to communicate with their government and the right and ability of the government to communicate with them.

The Legislature further finds and declares that substantial numbers of persons who live, work and pay taxes in this state are unable, either because they do not speak or write English at all, or because their primary language is other than English, effectively to communicate with their government. The Legislature further finds and declares that state and local agency employees frequently are unable to communicate with persons requiring their services because of this language barrier. As a consequence, substantial numbers of persons presently are being denied rights and benefits to which they would otherwise be entitled.

It is the intention of the Legislature in enacting this chapter to provide for effective communication between all levels of government in this state and the people of this state who are precluded from utilizing public services because of language barriers."

The Act generally requires state and local public agencies to provide interpreter and written document translation services in a manner that will ensure that LEP individuals have access to important government services. Agencies may employ bilingual staff, and translate documents into additional languages representing the clientele served by the agency. Public agencies also must conduct a needs assessment survey every two years documenting the items listed in Government Code section 7299.4, and develop an implementation plan every year that documents compliance with the Act. You may access a copy of this law at the following url:

<http://www.spb.ca.gov/bilingual/dymallyact.htm>

## Course Chairs

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## Disclosures

The following faculty speakers, moderators and planning committee members have disclosed NO financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity:

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**Matthew Lin, MD**  
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**Ahmed Shalabi, MD, MSc.**  
**Edward M. Weaver, MD, MPH**

The following faculty speakers have disclosed a financial interest/arrangement or affiliation with a commercial company who has provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity. All conflicts of interest have been resolved in accordance with the ACCME Standards for Commercial Support:

<b>Peter Cistulli, MD</b>	Research Support	ResMed, SomnoMed
<b>Andrew N. Goldberg, MD, MSCE</b>	Consultant/Intellectual Property Rights	Siesta Medical
<b>Eric J. Kezirian, MD, MPH</b>	Consultant	Berendo Scientific Cognition Life Science Nyxoah Pillar Palatal ReVENT Medical
	Grant/Research Support Intellectual Property Rights	Inspire Medical Systems Magnap
<b>Robert L. Owens, MD</b>	Consultant	Novartis
<b>Richard J. Schwab, MD</b>	Consultant Grant/Research Support	Cryosa, Ninox Inspire, Jazz Pharmaceuticals, ResMed
<b>Kingman P. Strohl, MD</b>	Grant/Research Support Consultant	Inspire Medical Systems Sommetrics LLC Galvani Bioelectronics

This UCSF CME educational activity was planned and developed to: uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and, include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

This activity has been reviewed and approved by members of the UCSF CME Governing Board in accordance with UCSF CME accreditation policies. Office of CME staff, planners, reviewers, and all others in control of content have disclosed no relevant financial relationships.

