

Putting Airway Therapy to Work in Your Practice

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Disclosures

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You Want to Incorporate
Dental Sleep Medicine
Into Your Practice

It's
Airway
Therapy

Making it Happen in Your Practice Requires

Organization Disruption Rewards

Prepare Your Team
Aware of Risk Factors
Screen Every Patient
Seek a Diagnosis



**“High perceived benefit is the first,
and perhaps the most important, step
on the road to
therapeutic acceptance and utilization”**

Principles and Practices of Sleep Medicine, 5th ed.
Chapter 142: Monitoring Techniques for Evaluating Suspected Sleep-
Disordered Breathing
Hirshkowitz and Kryger



Today is about Creating **Action Plans**

What are You Going to Do?



Be Clear On the Benefit

What's A Benefit?
Know Your Patient

Know
Your Work



Apply Your
Knowledge

Know Yourself

Active Listening Exercise

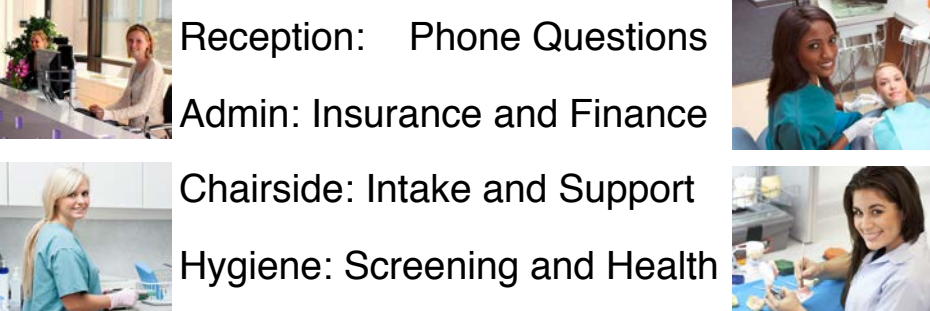


“So that we can work well
together,
what should I know about you?”

5 minutes - Questions - Switch


Prepare Your Team

Everyone
Terminology
Importance



Reception: Phone Questions
Admin: Insurance and Finance
Chairside: Intake and Support
Hygiene: Screening and Health

“You may be smarter than me,
but you’re not smarter than me
and my team”



Jim Pride DDS



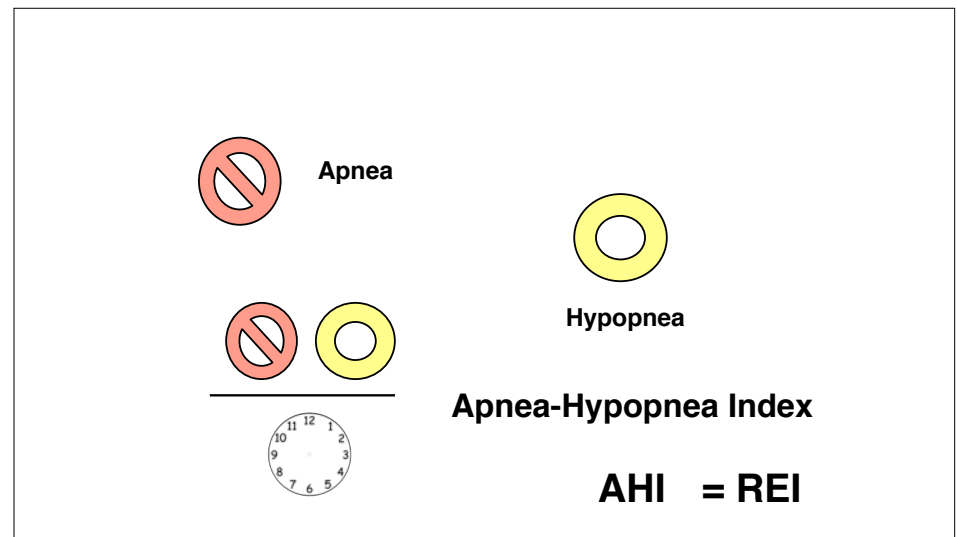
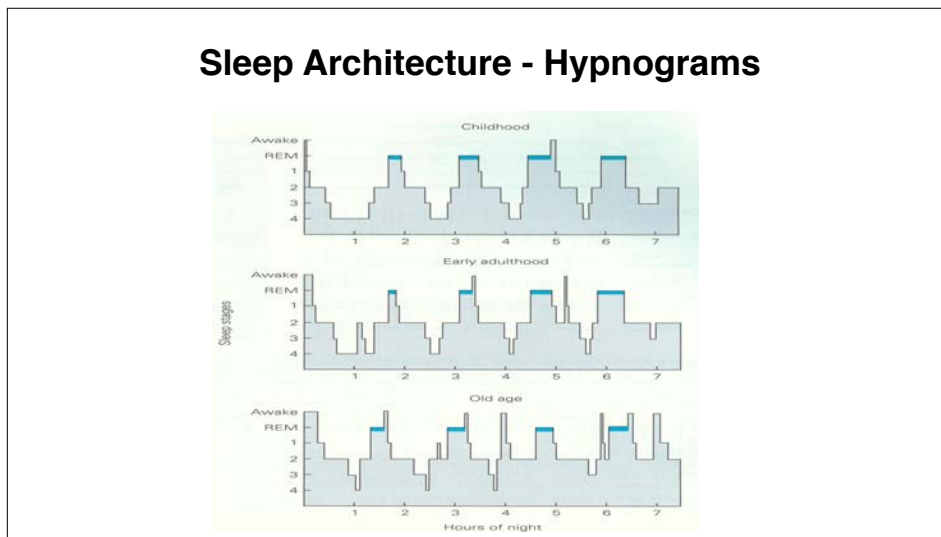
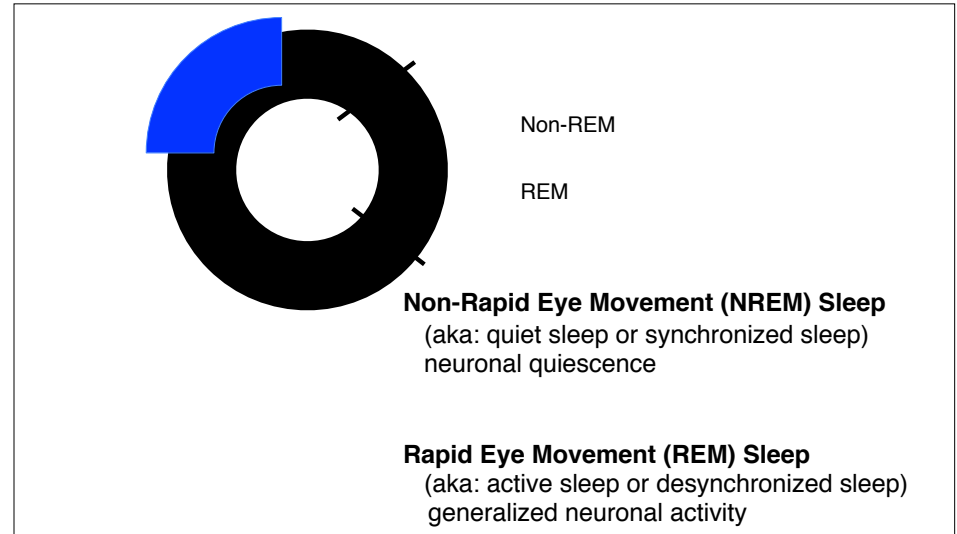
Terminology

AHI RDI REI

Hypopnea Supine

MAD HST PSG

ODI TST



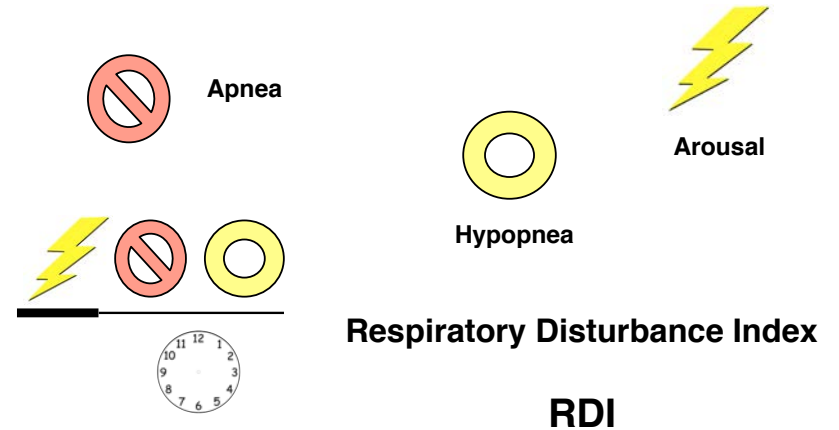
Hypopnea Has Two Definitions

1A: when ALL criteria are met:

1. 30% reduction in airflow on nasal pressure transducer or PAP flow signal
2. Event lasts ≥ 10 sec
3. 3% O₂ desaturations or arousal

1B: Hypopnea

3. 4% oxygen desaturation from baseline



Apnea: Diagnostic Criteria

Mild	5 - 15 episodes per hour
Moderate	15 - 30 episodes per hour
Severe	30+ episodes per hour

Sleep Disordered Breathing

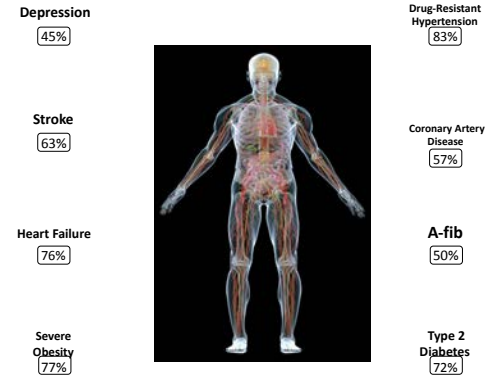
Can't Breathe =
Obstructive Sleep Apnea (OSA)

Won't Breathe =
Central Sleep Apnea (CSA)

Events longer than
10 seconds count



Importance



Depression

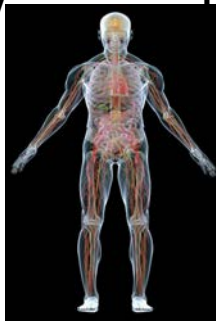
45%

Coronary
Artery
Disease

57%

Type 2
Diabetes

72%



Drug-Resistant
Hypertension

83%

Atrial
Fibrillation

50%

Chronic Managed
Diseases
Airway Therapy Helps

What in Your Life is Worse Because of
Your Airway Problem?

Importance

How Will Your Life Improve When
This Problem is Gone?

Risk Factors

Aware

Health History

Know Your Patient



Obesity

Excessive Daytime Sleepiness

Risk Factors

Snoring

Functional Somatic Syndrome

Functional Somatic Syndrome

migraine headache/tension headache syndrome

irritable bowel syndrome (IBS)

fibromyalgia

temporomandibular joint (TMJ) syndrome

Health History

Do You Snore?

Describe Your Sleep Quality

Ever Been Evaluated for Sleep?

Health History

Heart Trouble?

Diabetes Type 2?

Hypertension?

Systemic Inflammatory Disease?

Actions You Can Take

Create a Team Meeting Agenda for Introducing Airway Therapy

Decide How You Can Teach Terminology to Your Team

Highlight on Your HH Questions Pertaining to Sleep

What do you want to add to your HH?



Team Meeting

Leader: You are a New Patient

Ask everyone an airway-related question from your medical history

Screening and
Diagnosis

New HH Questions

Finding Sleepy Patients
In Your Practice

Screeners

Screeners

Epworth Sleepiness Scale

STOP-BANG

The Elbow Test

In contrast to just feeling tired, how likely are you to doze off or fall asleep in the following situations?

Use the following scale to choose the most appropriate number for each situation:

0 = Would never doze

1 = Slight chance of dozing

2 = Moderate chance of dozing

3 = High chance of dozing

SITUATION

- ___ Sitting and reading
- ___ Watching Television
- ___ Sitting inactive in a public place (i.e. theater)
- ___ As a car passenger for an hour without a break
- ___ Lying down to rest in the afternoon
- ___ Sitting and talking to someone
- ___ Sitting quietly after lunch without alcohol
- ___ In a car, while stopping for a few minutes in traffic

Epworth
Sleepiness
Scale

STOP-BANG

Do you **S**nore or has anyone told you that you do?
 Are you **T**ired during the day?
 Anyone **O**bserved you Gasping or Choking?
 Do you have high blood **P**ressure or take meds for it?

BMI > 35?
Age > 50
Neck Size > 40cm
Gender M?



Screeners

ESS: 10 or more for sleepiness

STOP-Bang: 3 - 4 is high risk for OSA

The Elbow Test



Does your bed partner ever poke or elbow you:
 because you are snoring?
 because you have stopped breathing?

The Elbow Test

Snoring? OR of AHI>5: 3.9

Stopped breathing? OR of AHI >5: 5.8

Sensitivity: 65% Specificity: 76%

Positive Predictive Value 90%

Chest. 2014 Mar 1;145(3):518-24. doi: 10.1378/chest.13-1046.

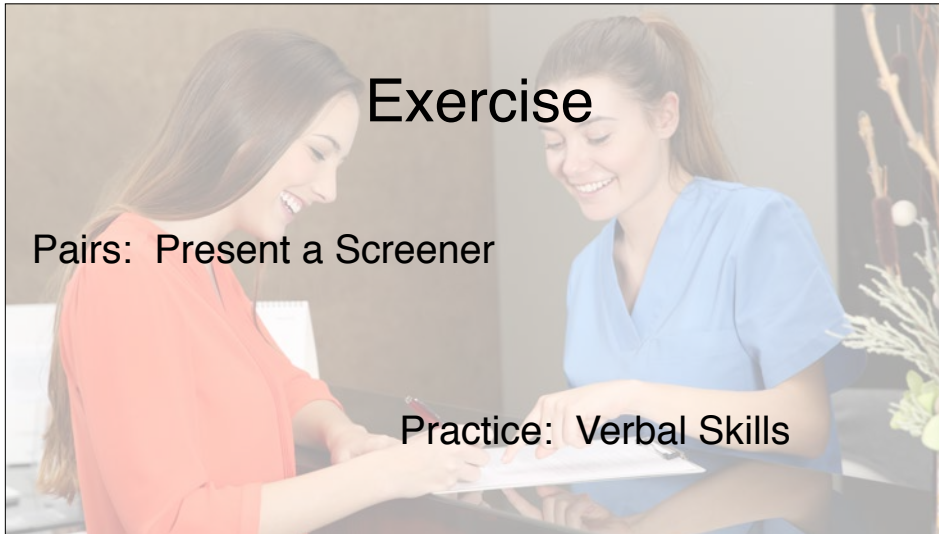
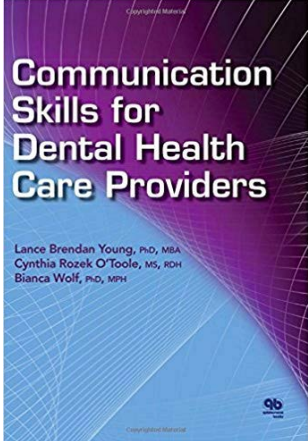
The utility of the elbow sign in the diagnosis of OSA.

Fenton ME, Heathcote K, Bryce R, Skomro R, Reid JK, Gjevre J, Cotton D.

Exercise

Pairs: Present a Screener

Practice: Verbal Skills

Part I Communication Fundamentals

1. Understanding Communication
2. Preparing for Patient Communication
3. Developing Cultural Competence

Part II Interaction Skills

4. Enhancing Listening Skills
5. Improving Verbal Skills
6. Refining Nonverbal Communication Skills

Part III Communication During the Appointment


7. Initiating and Interviewing
8. Interacting During and After Procedures
9. Presenting Treatment Plans

Part IV Communication Challenges


10. Managing Life Span Challenges
11. Managing Hearing and Speaking Challenges
12. Managing Stigma Challenges

How to Get Your Patients Tested



HST



PSG



Board-Certified Sleep Physician

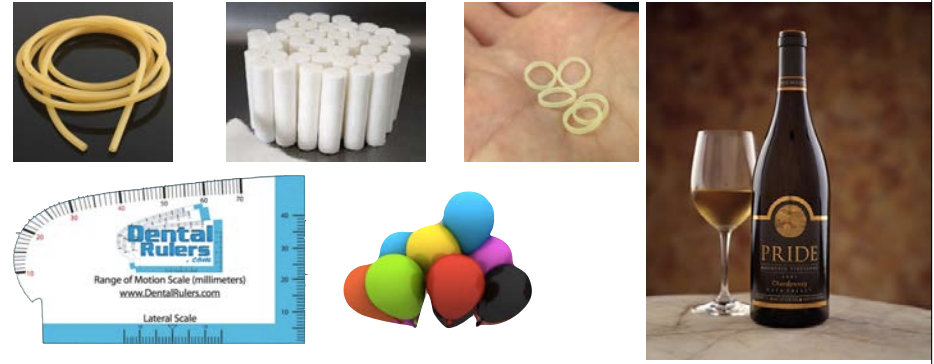



Primary Care Physician

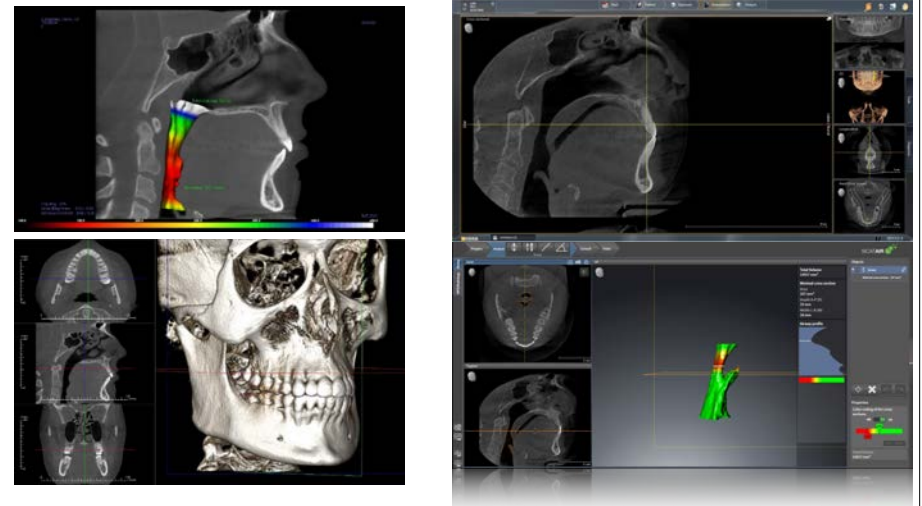
What Equipment Do You Need?



What Equipment Do You Need?



What About Imaging?



Actions You Can Take

Who will find the sleep physicians in your community?

How will you go about making a relationship?

Actions You Can Take

Will you use HST-remote?

Sleep docs ?

Your own HST?

Are you comfortable with HST?

Know your Sleep Docs well?

Actions You Can Take

How would you like to implement ESS,
STOP-Bang and Elbow Test?

What format? Who is going to create them?

Who is going to discuss with your patients?

How is follow-up going to happen?

Meeting Sleep Physicians

They already know dentists

How are You Different?

Airway Treatment Choices are Settled

? Testing is where the debate lies

Organizing Your Practice

Do you need a Specialized Software Package?

Dental vs. Medical Notes

Software Driven
No One Checks

GIGO

Very Specific
Defined Terms
Two Codes
Audits
Sets Up Payment

Thinking Dental, Acting Medical

Dental

Production
Daily Goals
Code-Driven
Ongoing Revenue
Collection %

Medical

Encounters
Patient Count
E&M
Upfront Revenue
Global Assessment

“The Numbers will set you Free,
....but first, they’ll tick you off”

Jim Pride DDS

How Many Visits?

- Initial Consultation
- Records
- Delivery
- First Follow-up
- Efficacy
- 6 month or Annual

How Many Visits

Do You Get Paid For?

- 1. Initial Consultation**
- Records
- 3. Delivery**
- First Follow-up
- Efficacy
- 6. 6 month or Annual**




- 1. Initial Consultation**
- Records
- 3. Delivery**
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- 6. 6 month or Annual**

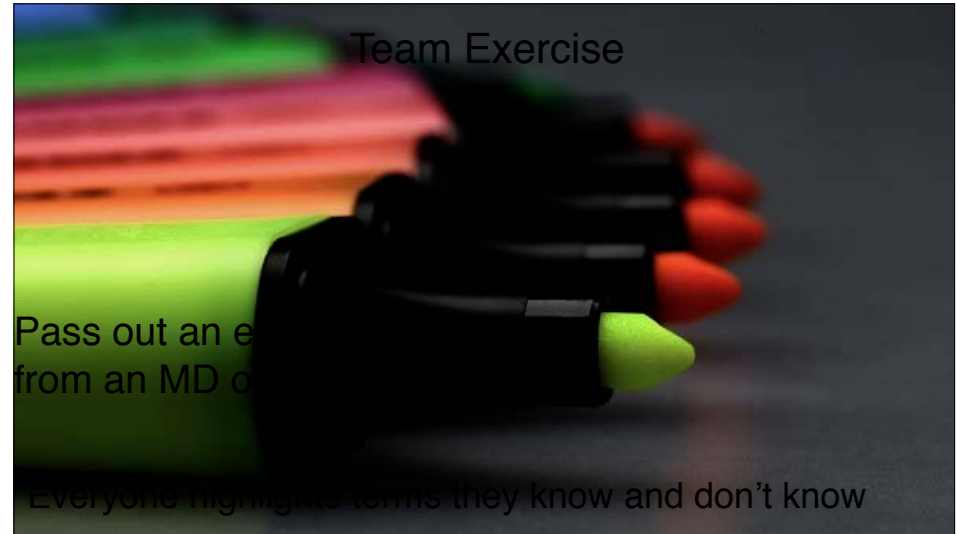
Lab Communications

- Requesting MD notes
- Sleep Studies
- Benefit Checks
- Pre-Authorizations

MD Letters

Admin Time


	History	S – What the Patient Reports
	Physical Examination	O – What you Find
	Medical Decision Making	A – What You Decide
		P – What You Prescribe



The Medical Encounter


5 Steps

Check-In – Intake – Exam – Sign-Off - Checkout



Check In

- Insurance Card
- Verify Benefits
- Online Resources
- Check on Co-Pay and Deductible



The Physical Exam

Not much more than what you do now

Add Airway Details



Physical Exam Checklist

Three vital signs

General appearance

Inspection of lips teeth and gums

Examination of oropharynx, oral mucosa

Examination of neck

Orientation x3

Inspection of conjunctiva and eyelids

Examination of gait and station

Inspection of skin and subcutaneous tissues

Assessment of range of motion

Description of patient's judgment and insight

Assessment of nasal mucosa, septum, and turbinates

Action You Can Take

Create a Template, Form, or Page

Chief Complaint

Physical Exam and Medical Decision-Making

Two Codes:

Diagnosis

Procedure

G47.33 OSA, adult and pediatric

Procedure

Evaluation and Management

Durable Medical Equipment

Evaluation and Management

9920x 1 - 5 for New Patients

9921x 1 - 5 for Existing Patients

Evaluation and Management

Level 1: no doctor

5 Levels

Level 2: doctor involved

Level 3: detailed

Evaluation and Management

Level 4: very detailed documentation

Level 5: not possible for dentists

Resources for Coding

1995 / 1997 CMS
Guidelines

Durable Medical Equipment



E0486



Sign -Off and Checkout

The Doctor must sign all notes

Collections, Future Appointments

Action Items

Create Your “Why”

Involve Your Team

Choose your Screening Plan

Action Items

**Involve Your Team - Create
a Task Force**

**Decide on Specialized vs.
Existing Software**

Action Items

**Decide on Medical Billing or
Cash Practice**

(There are billing services to help you)

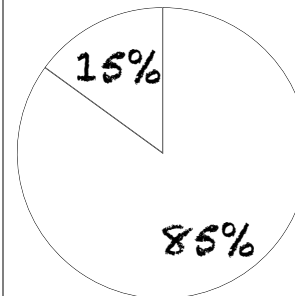
Make It About the Patient

Team Exercise

List Every Money Question

Practice Answers

Most Important Fact



**Only 15% of
patients at risk
are diagnosed**

Each Year

1,700,000 PAP sold

820,000 PAP abandoned

110,000 claims for E0486



ADA | **fdi**
WORLD DENTAL CONGRESS
SAN FRANCISCO 2019

ADA.org/Meeting

Your Patients Need Your
Help

Go Help Them.

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