**Physician Dentist Collaboration**

Ronald S. Prehn, ThM, DDS

**Legal Perspective**

MD CAN LEGALLY MAKE PROPER DIAGNOSIS

DDS CAN LEGALLY FABRICATE DENTAL SLEEP APPLIANCES

**Legal Perspective**

TWO PROFESSIONS WORK TOGETHER...

**IMPACT**

• PATIENT CARE
• MEDICAL LIABILITY
Collaboration with a Sleep Physician

Besides the law and liability...

WHY COLLABORATE?

PREVALENCE OF SLEEP APNEA IN COMORBIDITIES

- Hypertension
- Obesity
- Congestive heart failure
- Type 2 diabetes
- Parkinson's
- Atrial fibrillation
- AHI >15
- Coronary artery disease

<table>
<thead>
<tr>
<th>Disease</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>85%</td>
</tr>
<tr>
<td>Obesity</td>
<td>77%</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>73%</td>
</tr>
<tr>
<td>Type 2 diabetes</td>
<td>72%</td>
</tr>
<tr>
<td>Parkinson's</td>
<td>59%</td>
</tr>
<tr>
<td>Atrial fibrillation</td>
<td>43%</td>
</tr>
<tr>
<td>AHI &gt;15</td>
<td>37%</td>
</tr>
<tr>
<td>Coronary artery disease</td>
<td>20%</td>
</tr>
</tbody>
</table>

- % of patients who also have sleep apnea (OSA)
More than 40 million US adults suffer from sleep-disordered breathing (SDB).

More than 85% remain undiagnosed.

• 820,000 patients are non-compliant or refuse CPAP every year for various reasons.

• 51% compliance to CPAP therapy.

• The dental option provides alternative pathways for patients to achieve better sleep.

Economic cost of unmanaged mod-severe OSA in the US

estimated between ~$65B and $165B

Public Health Costs
1. Diagnosis and treatment 2-20B
   MD visits, testing, treatment
2. Hidden healthcare costs 5-80B
   Co-morbidities, traffic/workplace accidents

Public Safety Costs
4. Traffic accidents 10-40B
4. Traffic accidents 10-40B
5. Workplace accidents 5-20B
5. Workplace accidents 5-20B
6. Loss of productivity 5-15B
6. Loss of productivity 5-15B
6. Other Unknown costs
6. Other Unknown costs
IMPORTANCE OF COORDINATED CARE – CAN BE COMPLICATED

Methods of Screening Each contribute towards a full assessment/Focused, Detailed Sleep Questionnaire

Physical Exam in conjunction with Sleep history

Positive responses from screening assessments Medical Evaluation

Refer patient to a physician, preferably a sleep specialist. The dentist MUST provide a history and exam findings to the physician.

Sleep Testing NPSG or HSAT Testing type depends on many factors

Diagram developed by Jerald H. Simmons, MD © 2017 www.CSMA.Clinic

Any questions should be directed to Dr. Simmons

Traditional Office Visit Telemedicine Consult done remotely

The Dentist Screening for Sleep Apnea Syndrome

The Physician sends the report of the evaluation and testing to the dentist to collaborate on a treatment plan

The Physician makes final determination of resolution of OSAS

General Algorithm for Dentists and Physicians

Patient - NO Previous Sleep Evaluation

The Dentist

The Physician
Who the Dentist chooses to work with.

Factors in Choosing Which Sleep Doctor to Refer to for Diagnosis

- Refer to Several Local Sleep Doctors/Labs: 56%
- Partner with a Doctor to Help Manage Patients: 18%
- Patient Chooses Use AASM Accredited Labs: 27%
- Lisa BSNM Contracted to Read HSTs: 12%
- Use the Sleep Doctor(s) Contracted to Read HSTs: 6%
- Other: 0%

THE FIVE ASPECTS WHERE THE DENTIST PLAYS A VITAL ROLE

1. Screening
2. Dental Appliance as Mono Therapy
3. Dental Appliance as a Hybrid Therapy
4. Dental Appliance as an Augmentation of treatment in patients requiring positive Pressure Therapy
5. Dental Appliance in conjunction with Surgery.
1. **Physician responsibility:**
   - Diagnosis by Boarded Physician
   - Final determination of treatment efficacy

2. **Dentist responsibility:**
   - Determine if OAT is effective for airway patency (obj & sub)
   - Communicate with MD
   - Establish a written SOP (standard operating procedure)
The Dentist should put this SOP in writing for them both to sign.

4. It would be ideal if the Sleep Physician would see every patient to review the study and to talk about options including diet.

No local Sleep Physician?

- Establish a relationship with any Licensed Physician for a diagnosis and resolution of OSA
- Consider using a Telemedicine Option to link in with a physician sleep specialist

But... all PSG or HST studies should be interpreted by a Boarded Sleep Physician

---

**SLEEP REFERRAL FORM**

**Patient Name:** _________________________  **DOB:** ____________

**PLEASE EVALUATE FOR THE FOLLOWING TENTATIVE DIAGNOSIS:**
- Possible OSA
- **INSOMNIA**
- **RLS**
- OSA w CPAP difficulties
- Excessive Daytime Sleepiness
- Unusual Behaviors during sleep
- Sleep Bruxism

**PROTOCOL/ORDERS:**
- **NEED CONSULT BEFORE TESTING** -
- **HSAT or PSG**
- **Good OAT patient** or
- **IF OSA PROCEED WITH CPAP Tx**

**CURRENT HISTORY/NOTES:**
- Complex sleep patient. (Needs consultation first before PSG is ordered)
- CPAP patient that needs a sleep study so that the STOP Index is now OSA
- Simple OSA patient that needs a MAAS for treatment. (Refer back to STOP here)
- PSG patient with only CEF in PSG to preserve pressure (Hypertension)
- Generalized OSA patient. Needs up front Combination Therapy with TURF
- Confirmed OSA with that PHiCO OSA
- Confirmed OSA with that PMs OSA
- Previous diagnosis with that PMs OSA

**SLEEP REFERRAL FORM**

**ORDERS**

- **History**
- **Type**

**REFERRAL TYPE:**
- Complex sleep patient. (Needs consultation first before PSG is ordered)
- CPAP patient that needs a sleep study so that the STOP Index is now OSA
- Simple OSA patient that needs a MAAS for treatment. (Refer back to STOP here)
- PSG patient with only CEF in PSG to preserve pressure (Hypertension)
- Generalized OSA patient. Needs up front Combination Therapy with TURF
- Confirmed OSA with that PMs OSA
- Confirmed OSA with that PMs OSA
- Previous diagnosis with that PMs OSA

**REFERRAL TYPE:**
- Complex sleep patient. (Needs consultation first before PSG is ordered)
- CPAP patient that needs a sleep study so that the STOP Index is now OSA
- Simple OSA patient that needs a MAAS for treatment. (Refer back to STOP here)
- PSG patient with only CEF in PSG to preserve pressure (Hypertension)
- Generalized OSA patient. Needs up front Combination Therapy with TURF
- Confirmed OSA with that PMs OSA
- Confirmed OSA with that PMs OSA
- Previous diagnosis with that PMs OSA

**REFERRAL TYPE:**
- Complex sleep patient. (Needs consultation first before PSG is ordered)
- CPAP patient that needs a sleep study so that the STOP Index is now OSA
- Simple OSA patient that needs a MAAS for treatment. (Refer back to STOP here)
- PSG patient with only CEF in PSG to preserve pressure (Hypertension)
- Generalized OSA patient. Needs up front Combination Therapy with TURF
- Confirmed OSA with that PMs OSA
- Confirmed OSA with that PMs OSA
- Previous diagnosis with that PMs OSA

**REFERRAL TYPE:**
- Complex sleep patient. (Needs consultation first before PSG is ordered)
- CPAP patient that needs a sleep study so that the STOP Index is now OSA
- Simple OSA patient that needs a MAAS for treatment. (Refer back to STOP here)
- PSG patient with only CEF in PSG to preserve pressure (Hypertension)
- Generalized OSA patient. Needs up front Combination Therapy with TURF
- Confirmed OSA with that PMs OSA
- Confirmed OSA with that PMs OSA
- Previous diagnosis with that PMs OSA

**REFERRAL TYPE:**
- Complex sleep patient. (Needs consultation first before PSG is ordered)
- CPAP patient that needs a sleep study so that the STOP Index is now OSA
- Simple OSA patient that needs a MAAS for treatment. (Refer back to STOP here)
- PSG patient with only CEF in PSG to preserve pressure (Hypertension)
- Generalized OSA patient. Needs up front Combination Therapy with TURF
- Confirmed OSA with that PMs OSA
- Confirmed OSA with that PMs OSA
- Previous diagnosis with that PMs OSA
Subjective

Objective

OAT Titration Worksheet

---

Ever wonder what the average sleep physicians think about Oral Appliance Therapy?

( Helpful Hint: Address these concerns when establishing a relationship with a Sleep Physician)

ROLE OF ORAL APPLIANCES IN THE TREATMENT OF OSA

Q14. What role do Oral Appliances play in the treatment of OSA?
Q21. What are your concerns, if any, when using an oral appliance to treat patients with OSA? (Select all that apply)

- Concern about efficacy of treatment
- Lack of insurance coverage
- Concern about long-term effects to the patient's bite and/or jaw
- Patient discomfort with oral appliance
- Other

Percentage of sleep physicians

Oral Appliance Attitudes & Behaviors, April 2013

N=101

DDS Collaboration MD

Ideas

Sleeping Doctor

Locate Boarded MD that practices Sleep Medicine
Improved Outcome of Full Face Mask CPAP Treatment with Mandibular Stabilization using a Dental Appliance

Offer to take the CPAP intolerant and the difficult full mask patients (combination therapy)

Physician’s Guide to Dental Sleep Medicine

- Oral Appliances
- OA vs CPAP
- Oral Appliance Therapy
- Combination Therapy
- AASM and AADSM Clinical Guidelines highlighted
- Orthognathic surgery information
- Any personal articles/testimonies
- Suggested protocol for collaboration
• Set up a meeting, visit sleep lab.
• Bring snack for lab technicians.
• Spend time talking to them after talking to MD.

Become a Board Certified Sleep Dentist
Other ideas to enhance collaboration?

ORAL APPLIANCE MARKET TRENDS

Summary – Why Collaborate?

1. Legal/liability/standard of care
2. Unmet need for screening
3. Unmet need for initiating treatment
4. Need for effective treatment
5. Need for excellence in patient care
Believe me... I know about DDS – MD collaboration!!!