

Oral Appliance Therapy: Testimonial

NOVEMBER 2015



DENTIST PROFILE

Sheri Katz, DDS

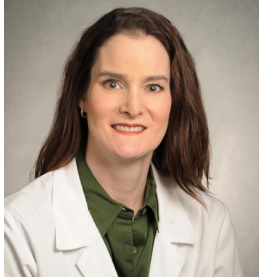
I have always sought to work with physicians who have similar goals to mine in that they have patient-centered practices and are appreciative of the collaborative nature of treating sleep disorders. Physicians in my area seeking qualified dentists to work with have historically been able to find me through the American Board of Dental Sleep Medicine (ABDSM) website. The ABDSM website features a list of board certified dentists searchable by last name or by state. Since my dental practice is also accredited by the AADSM, my information is also available on the AADSM's list of accredited centers. Unfortunately, the numbers of dentists holding certification and/or accreditation are currently still limited. Physicians seeking qualified dentists to partner with may need to individually vet the dentists advertising oral appliance therapy in their area.

Once physicians find a dentist to partner with, continued communication throughout the treatment process is critical. I regularly discuss treatment protocol with the referring physician. OSA is a serious disorder requiring the treating physician to exercise quality assurance when referring the patient for therapy. So meeting with the physician and his/her staff is important to ensure them that their patients are being managed appropriately. This entails my expectation that the patient has had a face-to-face meeting with the physician and appropriate sleep testing for an accurate and thorough diagnosis. The physician forwards to me a referral and sleep testing results. The physician should expect a detailed letter as to my findings and progress notes so that, at any given time, he knows the treatment status of his patient. After treatment has been initiated, the patient is followed by me, to improve the patient's symptoms (snoring, sleepiness, etc.) to the best of my ability. The patient is then referred back to the physician for his/her evaluation and any testing necessary to ensure that the OSA is being well managed.

All of the readers of this article are experienced enough to realize that the referral and treatment pathway discussed above, does not always go smoothly. There are a few measures I like to follow to maintain a good working relationship with my physician partners. When anything questionable, serious, out of the ordinary or just interesting occurs, I make sure that I contact the physician to discuss the situation. I attend their conferences and meetings whenever possible. This is an important way for me to continue to develop knowledge in sleep as well as to share and vet new ideas in dental sleep medicine with my medical colleagues. Furthermore, I make sure I am available to them (and their patients!) to ensure successful therapy.

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PHYSICIAN PROFILE

Kelly Carden, MD

Saint Thomas Sleep
Specialists

There is little room for debate that positive airway pressure is the first line treatment for the most severe cases of OSA. However, if a patient is intolerant to positive airway pressure despite all efforts, other options should be explored. Additionally, you may encounter a number of patients with less severe apnea who are interested in considering oral appliance therapy (OAT) as a first line therapy. For me to provide effective sleep therapy for all patients, I feel that it is critical to have a well-established relationship with one or more qualified dentists.

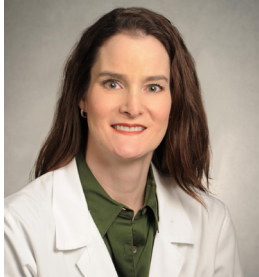
Exposed to dental sleep medicine since the time of my fellowship training, I have long advocated for the use of OAT in appropriately selected patients. However, a partnership between physician and dentist remains somewhat novel to many and can be challenging. The American Academy of Sleep Medicine (AASM) and American Academy of Dental Sleep Medicine (AADSM) describe this partnership in the *Clinical Practice Guideline for the Treatment of Obstructive Sleep Apnea and Snoring with Oral Appliance Therapy: An Update for 2015*. The guideline states that the physician is responsible for diagnosis and long term management of the patient's medical disorder and the dentist is responsible for the fitting and delivery of an appropriate appliance and management of dental-related side effects.

To date there are 249 dentists who are board certified in dental sleep medicine in the United States. Therefore it may not be possible to limit your partnerships to dentists holding certification. As you consider dentists with whom to work, it is helpful to have a prepared list of questions. The following are sample questions I have relied on in the past:

- Are you board certified in dental sleep medicine?
- Are you involved with the AADSM?
- Is your office accredited by the AADSM?
- How many appliances have you made?
- How many different appliances do you use?
- How do you maintain patient records?
- How do you communicate with your physician colleagues?
- Do you send your patients back to the physician for repeat sleep study to determine oral appliance efficacy and to calibrate the positioning?
- Have you tracked your patients' adherence to therapy and long term improvement?
- What is your success rate and how do you define success?

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Once you have identified a dentist you are interested in working with, it is important to establish an understanding of the referral pattern and how the patients' clinical information is to be shared and used. Always be mindful of the regulatory aspects of the Health Insurance Portability and Accountability Act (HIPAA). In addition to a referral, you must provide your dental colleague with a prescription for the OAT, documentation of the medical indication and medical necessity for the device. There are certain elements that the prescription must contain and one should be aware of federal and state laws with regards to such. It is helpful to include office notes as well as any home sleep apnea test (HSAT) or polysomnography (PSG) results (including positional AHI data and/or a hypnogram with sleep positions). To ensure complete medical records in both the physician office and at the dental office, it is critical to establish processes between the two offices for the sharing of progress notes and follow-up sleep testing.

The best treatment outcomes are more likely with a strong physician – dentist partnership. Coordination, communication, and collaboration between dental sleep medicine practitioners and sleep medicine physicians ensures that together we achieve the ultimate goal—the highest quality of care for patients with OSA.