

# Sleep and TMD Practice Checklist

So, you're looking to add Sleep and/or TMD evaluation, diagnosis, and management to your practice, eh? Well, here are some things to consider that will help you do so with less frustration for yourself and your team. Or you may decide after looking over this list that adding Sleep/TMD isn't the right thing to do at this time. That's ok! You can still screen and refer your patients. After all, the goal is helping your patients, right?

Most of these items apply whether you are looking to add Sleep only (which I could understand), TMD only (which makes no sense), or Sleep and TMD.

## Preparation

'Would you tell me, please, which way I ought to go from here?'

'That depends a good deal on where you want to get to,' said the Cat.

'I don't much care where -' said Alice.

'Then it doesn't matter which way you go,' said the Cat.

**Lewis Carroll, Alice in Wonderland**

- Determine with your team what your capacity is to accept new patients or add additional treatments.**  
How many available appointment slots do you have each week? How much chair time? How much doctor time? If you don't have much extra capacity currently, could you change that? Do you want to change that?
- Assuming you have the capacity, how will you begin to schedule patients?**  
Will you just put them in open slots? If so, be careful with this as sometimes these patients will take more time talking than you are used to, and this can get the hygiene schedule, and the overall schedule, backed up. Will you dedicate a particular day or part of a day? (I recommend this at first.) How long will you need to schedule new patients for? For fitting appointments? For follow up?
- Will you have all of your clinical team trained to work with Sleep/TMD patients (taking records, fittings—if allowed in your state, follow up adjustments, etc.) or just have 1 assistant do this?**  
Where will they get this training? If the person you spend time and money training decides to leave (or goes on family leave), how will you handle that?
- Will you be working with medical insurance?**  
If so, who will take on the responsibility to learn how to do this? (Make sure there is no high window in this person's office to jump out of 😬) Will you work with a billing company initially? (I HIGHLY recommend this...but BE CAREFUL as there are only a few that are reputable.) Do you want to try to be "in network" with medical insurance companies? With Medicare? Will you work with someone to help you get set up, or do this yourself? [*Keep in mind, contracting with Medicare typically takes several months, and sometimes it takes even longer with private insurance, so make sure you have correct expectations.*] If you haven't already downloaded our FREE medical billing manual, please go to **www.JamisonSpencer.com** and do so now. The manual is regarding billing for Dental Sleep Medicine, as TMD is WAY more complicated...but it will still give you a lot of the background information that you'll need.

**Are you going to need some additional equipment and supplies?**

You do NOT need to spend tens of thousands, or even hundreds of thousands, of dollars...but you may need some different acrylic burs, a lab hand piece, acrylic monomer and powder, something to take bite registrations with (for example a George Gauge), a mm ruler, etc. You do NOT need a cone beam CT, airway sonar, EMG's, TENS, electronic articulating paper, etc. to get started, although you may enjoy having some of these items down the road. My advice...learn the basics first so that if you do get some high tech stuff you understand what it's telling you (and when it's "wrong"—kind of like using the GPS on your phone, but knowing enough in general that when it tells you to take a right turn into a lake, you don't).

**Are you going to join an academy? (YES!!)**

I highly recommend joining the American Academy of Dental Sleep Medicine ([www.aadsm.org](http://www.aadsm.org)). Work quickly toward "qualified" status, and then make a plan to become a Diplomate of the American Board of Dental Sleep Medicine. There is a great value in having as many of us as possible as members of this organization, which is tightly connected with the American Academy of Sleep Medicine. I also highly recommend joining the American Academy of Craniofacial Pain (I'm the past president) or the American Academy of Orofacial Pain. I've never been to an AAOP meeting, but all of the dentists I meet who are members seem to be good people who treat patients very similar to how I treat patients. The AACP leans a bit more toward the clinically relevant side, and the AAOP leans a bit more toward the research side, but you'll find great people in both organizations. Each of these organizations also has a sister board for credentialing, and if you're going to be doing a lot of TMD I would encourage working toward Fellowship (AACP) and Diplomate (ABCP and/or ABOP). There are lots of other "academies" and groups out there...but hey, you've only got so much time, so choose wisely.

**Are you going to need some additional education, training and mentoring?**

If so, seek out people who have already done what you are looking to do. Basic education is fairly easy to come by....more advanced is not. The AADSM and AACP both have advanced programs, and there are excellent mini residencies in Dental Sleep Medicine at Tufts, in Boston, and at UOP, in San Francisco. The AACP also has a mini residency in TMD. Of course, Spencer Study Club could also be an option for you if you prefer to not travel or have the time out of your office. Talk to peers who have done the programs and select what is right for you at the time. As you and your practice develop, other training and mentorship will likely become necessary. Consider getting a mentor who has done what you are looking to do...that is the fastest pathway to success.

## **Execution**

What you can do, or dream you can, begin it,  
Boldness has genius, power, and magic in it,  
Only engage, and then the mind grows heated—  
Begin it, and the work will be completed!  
**John Anster—Interpretation of Goethe**

**Get started!**

What are you waiting for? People need your help now! Even if you are never going to treat Sleep and TMD patients, you MUST be screening your patients for these issues, educating them, and referring them. If you've come across this document, it most likely means that YOU ARE NO LONGER IGNORANT. Ignorance was bliss, right? Well, no longer. Meet with your team and get the education in place ASAP so you can screen your patients and have a reasonable understanding of what is going on. You don't need to be an expert...you just need to care. There are too many dentists paralyzed by the fear of "doing something wrong," so instead they do nothing at all. That would be fine if we were talking about doing something that could hurt someone (first, do no harm)...but we're

talking about things that can massively help people...perhaps even save a life! So get started. Again, you don't have to be ready to treat to get started. "Screen and refer" is a great way to get involved while you're getting everything else set up and ready. Start today!

**Grow at a pace you and your team can handle.**

You've seen the marketing from companies telling you they're going to get you dozens, or even hundreds, of new patients for Sleep and/or TMD treatments. Assuming they could do that, could you even handle it? Again, do you have the capacity? What would you have to stop doing in order to handle that influx? Determine a rate of growth that you can sustain sanely, and work toward that...or plan on having a lot of employee turn over.

**Work with your medical and dental community.**

The same companies that claim they can get hoards of patients beating a path to your door also claim that they can make you "the local expert." Really? Does that make sense to you? Me neither. Having become a local expert in several different cities now, I know what it takes...and it ain't some company marketing for me. It takes grass roots, old school, relationships based efforts. On the TMD side of things, MOST of the dentists in your community want nothing to do with TMD, and will be more than happy to refer their patients to you (if they trust you). Some dentists in your community want nothing to do with Sleep, and will be happy to refer their patients to you (if they trust you). The medical community often just needs to know that you're there and that you're interested in helping their patients (and that they can trust you). The best way to connect initially with your medical community is by referring your patients to them for evaluations (sleep, ENT, neuro, etc.). Attend local medical meetings on Sleep. Once you make a couple of good connections, see if those connections can connect you to other good doctors. Networking 101.

**Take it to the next level, if you want to.**

You may be thrilled to "just" help the Sleep and TMD patients from your own practice, and to do this long term. Or, you may want to provide more and more of this physically less stressful, and emotionally rewarding care (and often more mentally challenging—which you may enjoy). I know many dentists who are bringing in associates to take some of the restorative dentistry off of their plate so that they can spend more time with the Sleep and TMD patients. If this is your desire, you will hit a point where you need some specialized help, possibly including medical electronic health record (EHR) software, diagnostic instruments, treatment modalities, additional clinical and office team training, and perhaps some mentoring to help you navigate this path as efficiently as possible. Remember though...first you need to know where you want to go. Get crystal clear on that, and then go and make it happen.

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