

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, Team Learning

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



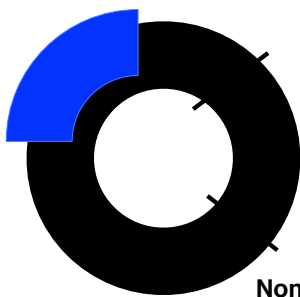
AHI RDI REI

Hypopnea Supine

Terminology

MAD HST PSG

ODI TST



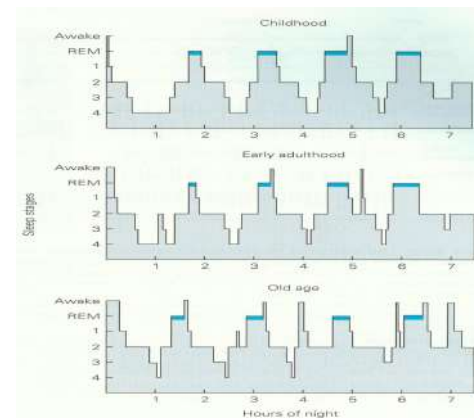
Non-REM

REM

Non-Rapid Eye Movement (NREM) Sleep
(aka: quiet sleep or synchronized sleep)
neuronal quiescence

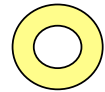
Rapid Eye Movement (REM) Sleep
(aka: active sleep or desynchronized sleep)
generalized neuronal activity

Sleep Architecture - Hypnograms

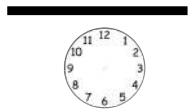
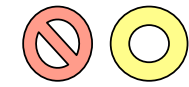




Apnea



Hypopnea

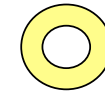


Apnea-Hypopnea Index

AHI = REI



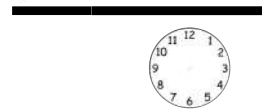
Apnea



Hypopnea



Arousal



Respiratory Disturbance Index

RDI

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%

Stroke
63%

Heart Failure
76%

Severe
Obesity
77%

Drug-Resistant
Hypertension
83%

Coronary Artery
Disease
57%

A-fib
50%

Type 2
Diabetes
72%



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

Epworth Sleepiness
Scale

- ___ 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

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

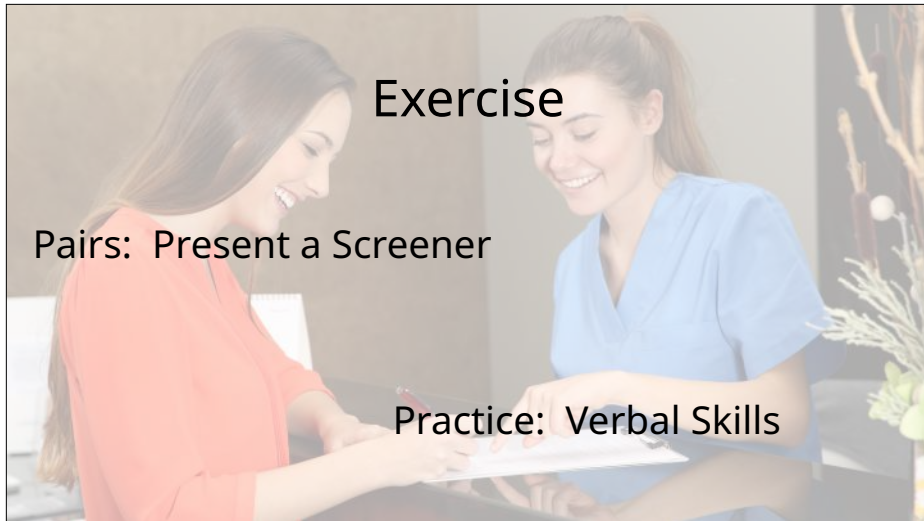
Sensitivity: 65% Specificity: 76%

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.



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

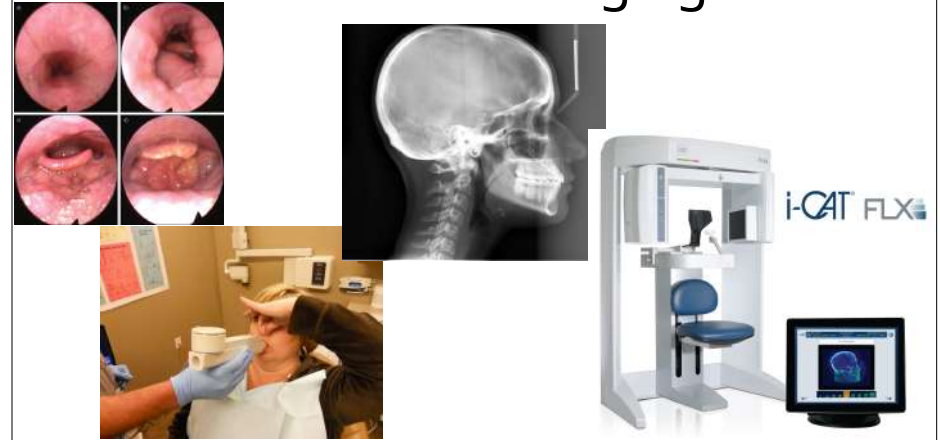
Board-Certified Sleep Physician

Primary Care Physician

What Equipment Do You Need?



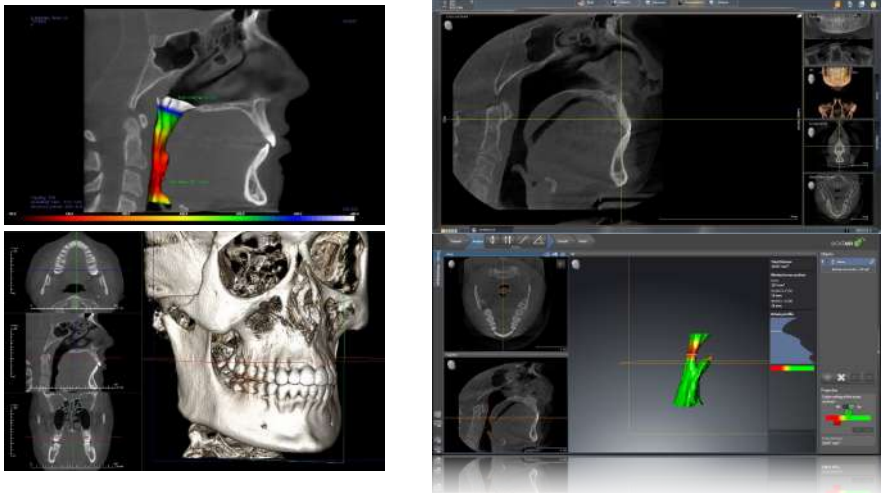
What About Imaging?



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

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

First Follow-up

Efficacy

6. 6 month or Annual

MD Letters

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

Admin Time

Team Exercise

Pass out an envelope
from an MD

Everyone highlights terms they know and don't know

H

History

S - What the Patient Reports

PE

Physical Examination

O - What you Find

MDM

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



The Physical Exam

Not much more than what you do now

Add Airway Details



Physical Exam Checklist

- | | |
|--|--|
| Three vital signs | Inspection of conjunctiva and eyelids |
| General appearance | Examination of gait and station |
| Inspection of lips teeth and gums | Inspection of skin and subcutaneous tissues |
| Examination of oropharynx, oral mucosa | Assessment of range of motion |
| Examination of neck | Description of patient's judgment and insight |
| Orientation x3 | 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)

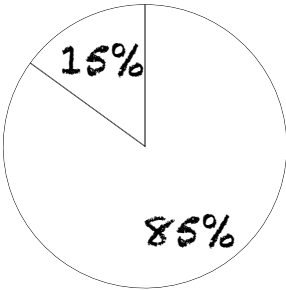
Make It About the Patient

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



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Your Patients Need Your Help

Go Help Them.

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