Putting Airway Therapy to Work in Your Practice

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You Want to Incorporate Dental Sleep Medicine Into Your Practice

It’s Airway Therapy

March 2, 2019
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

March 2, 2019
Today is about Creating Action Plans

What are You Going to Do?

Be Clear On the Benefit

Know Your Patient
Know Your Work
Know Yourself
Apply Your Knowledge

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

March 2, 2019
Terminology

AHI  RDI  REI
Hypopnea  Supine
MAD  HST  PSG
ODI  TST

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 Index
AHI  =  REI
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 ≥ 10sec
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%
- Stroke: 63%
- Heart Failure: 76%
- Severe Obesity: 77%
- Drug-Resistant Hypertension: 83%
- Coronary Artery Disease: 57%
- A-fib: 50%
- Type 2 Diabetes: 72%

Chronic Managed Diseases

Airway Therapy Helps

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

How Will Your Life Improve When This Problem is Gone?

Risk Factors

Obesity
Excessive Daytime Sleepiness
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

March 2, 2019
Screeners

Epworth Sleepiness Scale

STOP-BANG

The Elbow Test

New HH Questions

Finding Sleepy Patients

In Your Practice

Screeners

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
STOP-BANG

Do you Snore or has anyone told you that you do?
Are you Tired during the day?
Anyone Observed you Gasping or Choking?
Do you have high blood Pressure 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 utility of the elbow sign in the diagnosis of OSA.
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 About Imaging?

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<table>
<thead>
<tr>
<th>Actions You Can Take</th>
<th>Actions You Can Take</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who will find the sleep physicians in your community?</td>
<td>Will you use HST-remote?</td>
</tr>
<tr>
<td>How will you go about making a relationship?</td>
<td>Sleep docs?</td>
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<td></td>
<td>Your own HST?</td>
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<tr>
<td></td>
<td>Are you comfortable with HST?</td>
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<tr>
<td></td>
<td>Know your Sleep Docs well?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions You Can Take</th>
<th>Meeting Sleep Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you like to implement ESS, STOP-Bang and Elbow Test?</td>
<td>They already know dentists</td>
</tr>
<tr>
<td>What format?</td>
<td>How are You Different?</td>
</tr>
<tr>
<td>Who is going to create them?</td>
<td></td>
</tr>
<tr>
<td>Who is going to discuss with your patients?</td>
<td></td>
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<tr>
<td>How is follow-up going to happen?</td>
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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

Dental
Very Specific
Defined Terms
Two Codes
Audits
Sets Up Payment

GIGO

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?

1. Initial Consultation
2. Records
3. Delivery
4. First Follow-up
5. Efficacy
6. 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

Requesting MD notes
Sleep Studies
Benefit Checks
Pre-Authorizations
Lab Communications
MD Letters
Admin Time

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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
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

Level 2: doctor involved

Level 3: detailed

5 Levels

Level 4: very detailed documentation

Level 5: not possible for dentists

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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

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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

15%

85%
Each Year

1,700,000 PAP sold
820,000 PAP abandoned
110,000 claims for E0486

Your Patients Need Your Help

ADA.org/Meeting

March 2, 2019
Go Help Them.

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