ADA Takes A Big Step Forward On SLEEP



On October 23, 2017, the American Dental Association (ADA) joined the fight against our national sleep crisis by adopting a policy that calls for every dentist to screen and treat appropriately for sleeprelated breathing disorders.^(a) The ADA could not have chosen a better time as the National Heart Lung and Blood Institute (a division with the National Institute of Health, or NIH) just upped its estimate of the financial impact, citing that undiagnosed sleep apnea alone costs the US \$150 billion, annually.^(b)

THE DENTIST'S ROLE IN TREATING SLEEP.

In the policy, dentists are called upon to systematically screen for sleep related breathing disorders and send patients for proper diagnosis. It also confirms that Oral Appliance Therapy (OAT) is an appropriate treatment for mild and moderate sleep apnea, and for severe sleep apnea when a CPAP is not tolerated by the patient. Dentists should treat with OAT when appropriate. Continuing education on sleep related breathing disorders is also called out. In total, there are 11 action items that dentists should initiate to comply with the new policy.

An ADA News story on October 31, 2017 started with the statement that "Dentists are the only health care provider with the knowledge and expertise to provide oral appliance therapy, according to Resolution 17H-2017 passed by the ADA House of Delegates at ADA 2017 – America's Dental Meeting."

This support from the ADA strengthens our position as dental practitioners with our medical doctor colleagues and medical insurance companies who pay for oral appliance treatment via medical insurance policies. Importantly, the policy on sleep encourages collaboration and communication with a patient's medical doctor or others who may be involved with follow-up of the treatment, including follow-up sleep testing that should confirm the efficacy of the OAT. Sleep-related breathing disorders require the expertise of dental and medical providers working together.

ENORMOUS IMPACT OF ADOPTING SLEEP DENTISTRY

With the undiagnosed rate of upwards of 80%^(c), there are no shortage of patients who can benefit from our actions as dentists. By treating patients for sleep related breathing disorders, we as dentists have the ability to truly save lives. Patients who are at risk are walking into our practices and sitting in our dental chairs at least twice per vear. We as dentists have the perfect relationship and touchpoint to engage them in a discussion about sleep. We see the signs of it every day as we look at narrow arches that leave nowhere for the tongue to fall at night but into the airway, thereby blocking the patient's breathing. We see the resulting signs of bruxism and scalloped tongues that can be generated by a patient who is subconsciously working to maintain an open airway at night. The impact goes well beyond the oral cavity. Restoring a patient's sleep to a healthy level can also reduce the risk of cardiovascular disease, high blood pressure, diabetes, stroke and depression.^(d)

BUILDING YOUR PRACTICE WITH SLEEP

What's more, serving sleep patients can be a great way to grow your practice

financially. With the right partners to help with the administrative and financial aspects of sleep medicine. an adjunctive sleep practice can add 10-20% or more to a typical dental practice's revenue. Most medical insurance covers OAT and patients have also proven willing to pay out of pocket for a therapy that truly improves their health and quality of life. It is even likely that many patients in your practice have already been diagnosed with a sleep apnea and are unwilling or unable to comply with Continuous Positive Airway Pressure (CPAP) therapy. These patients are often eager to consider OAT once they find out that it is an option. You will find that once you start treating for sleep, case acceptance of your general dentistry work will also increase because patients are more willing to accept caps, crowns, implants and clear aligner therapy when it is related to treating a more important health issue like sleep apnea. Another benefit of serving patients with sleep therapy is that patients treated for sleep are happy and grateful patients. They can be a great source of referrals for more patients to your practice.

HOW TO START

The easiest first step is education for you and your staff. There are several great sources of basic education on sleep. Everyone in the office needs to be educated on the important role of dentistry as described in the ADA policy and the problem facing patients with sleep related breathing disorders. Another good step is to implement a sleep screening program in your office. It could start as easily with a basic assessment form that you add to patient intake documents. There are also some new high-quality partners and vendors in the industry that have developed more turnkey screening programs to get you started. Your options for the patients you identify who are at risk for sleep related breathing disorders are to either refer them to a local sleep lab or request a home sleep test that is read and interpreted by a medical doctor. Many insurance companies require the use of home sleep testing as a first step because it is less expensive and appropriate for most patients for diagnosis. Also, by using home sleep testing, you can directly receive the results of the diagnostic test from the sleep physicians. This can be a good way to maintain contact with the patient and make sure patients are offered the option of OAT, if appropriate. Dentists have the power to

ensure that we never have another headline about a train engineer whose undiagnosed obstructive sleep apnea caused an accident taking many innocent lives. It is critical for us to make the effort to gain the knowledge necessary to screen for sleep apnea and, if desired, go even further and treat it. We as a profession will have the ability to again positively impact the quality of life of our patients, and this time, save lives as well

To learn more about some practical tips on how to get started in the office, visit the following link to a free 1-CE Webinar, sponsored by SleepArchiTx, an end-to-end solution provider that builds your sleep practice, enabling you to screen, diagnose, treat and get paid: <u>http://www.sleeparchitx.</u> com/treating-srbd.html

References:

a) https://www.ada.org/en/press-room/ news-releases/2017-archives/october/adaadopts-policy-on-dentistry-role-in-treatingobstructive-sleep-apnea

b) https://www.nhlbi.nih.gov/science/ sleep-science-and-sleep-disorders

c) https://www.sleepapnea.org/learn/ sleep-apnea-information-clinicians

d) http://www.webmd.com/sleepdisorders/sleep-apnea/sleep-apnea

ADA press releases and news stories mentioned:

https://www.ada.org/en/press-room/ news-releases/2017-archives/october/adaadopts-policy-on-dentistry-role-in-treatingobstructive-sleep-apnea

https://www.ada.org/en/publications/adanews/2017-archive/october/sleep-relatedbreathing-disorder-treatment-outlined-innew-policy



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