

STRENGTHENING COLLABORATION BETWEEN DENTISTS AND PHYSICIANS

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Effective dentist and physician collaboration is key to addressing the underdiagnosis of obstructive sleep apnea and improving patient care and therapy compliance rates.

For sleep dentists, forging relationships with physicians and becoming a trusted partner not only ensures patients receive optimal care but also helps dentists sustain and grow their sleep practice.

Clinical practice guidelines¹ jointly commissioned by the American Academy of Sleep Medicine and the American Academy of Dental Sleep Medicine for the treatment of obstructive sleep apnea (OSA) through oral appliance therapy (OAT) underline the inherent need for effective collaboration between dental sleep medicine practitioners and physicians. While physicians—particularly sleep physicians—are charged with diagnosing OSA and prescribing appropriate treatment, sleep dentists have the specialized training and skills necessary to treat the condition with OAT. A strong bilateral partnership between the two practitioners is vital to ensuring the best possible treatment outcome for a patient.

¹ Ramar K, Dort L, Katz S, Lettieri C, Harrod C, Thomas S, Chervin R. Clinical practice guideline for the treatment of obstructive sleep apnea and snoring with oral appliance therapy: an update for 2015. *J Clin Sleep Med.* 2015;11(7):773–827.

COMMON CHALLENGES TO PHYSICIAN COLLABORATION

Sleep dentists are likely to encounter a few common challenges as they work to build relationships with physicians in efforts to establish cross-discipline partnerships. A few of the most common challenges include:

CHALLENGES

CHALLENGE 1:

LACK OF EDUCATION ABOUT OAT

Positive airway pressure (PAP) is widely acknowledged as the most effective treatment option for OSA, making it the gold standard for physicians prescribing treatment for the condition. As such, some physicians may be hesitant to refer their CPAP-intolerant patients due to questions or concerns about the efficacy of OAT or its potential side effects. Qualified, informed dentists should be equipped to discuss research that proves the efficacy of oral appliances as well as mitigation tactics for the therapy's potential side effects.

CHALLENGE 2:

NAVIGATING MEDICAL INSURANCE

The medical insurance landscape is constantly changing and requires continuous effort to understand and adapt to policy updates, protocol changes, and reimbursement fluctuations. Whether it's decreasing reimbursements for certain therapies, navigating the same-or-similar policies, or setting expectations about the out-of-pocket expense for patients, insurance changes often create challenges for the collaborative relationship between sleep dentists and physicians. To ease uncertainty and facilitate physician partnerships, dentists should keep referring physicians abreast of the in-network plans their practice accepts, as well as any strategies the practice employs to minimize the out-of-pocket cost for the patient.

CHALLENGE 3:

ORAL APPLIANCE MANUFACTURERS BYPASSING DENTISTS

Oral appliance manufacturers are always looking for ways to increase market share and provide their appliances to more patients. For some companies, these efforts have included bypassing sleep dentists entirely to supply physicians with appliances—and even going directly to the patient by opening storefronts in major metropolitan areas. And while these tactics are certainly disheartening for sleep dentists, most physicians adhere to the clinical practice guideline that recommends that OAT should be administered by a qualified dentist. By making oneself an indispensable partner, dentists will enjoy continued referrals from physicians.

STRATEGIES TO FACILITATE EFFECTIVE PHYSICIAN COLLABORATION

Despite the challenges, effective dentist-physician collaboration can be achieved with a bit of patience, persistence and by employing strategies that position the dentist as a trusted and knowledgeable partner.

STRATEGIES

STRATEGY 1: COMMUNICATE WITH PHYSICIANS ABOUT THEIR PATIENT

Thorough and timely communication with a physician about a referred patient is fundamental in establishing a trusted partnership. At minimum, a referring physician should receive communication — in the form of a fax, a letter, or both—at several key junctures: 1) when the patient has completed their initial consultation 2) when they've received their appliance and 3) when the patient is ready to undergo follow-up testing to determine efficacy of treatment. To foster additional trust and goodwill, many referring physicians appreciate receiving their first communication about a patient as soon as the patient has made their initial consultation appointment.

STRATEGY 2: SEND PATIENTS BACK TO REFERRING PHYSICIANS FOR FOLLOW-UP

A cardinal rule in the physician-dentist relationship is that the patient should always be referred back to the physician once the oral appliance has been titrated. Per clinical practice guidelines, physicians are responsible for determining efficacy of OAT and ensuring the patient's condition has been adequately treated. Failure to refer a patient back to the physician is a sure-fire way to sully the professional relationship.

STRATEGY 3: OUTBOUND REFERRALS CREATE EVEN STRONGER PARTNERSHIPS

Sleep dentists have the opportunity—and responsibility—to refer patients to physicians when the patient isn't an appropriate candidate for OAT. Dentists are also uniquely positioned to establish relationships with an extended network of medical professionals, such as psychologists, ENTs, PCPs, and neurologists, who treat OSA comorbidities. Any partnership in which referrals are sent bilaterally significantly improves treatment outcomes for patients, strengthens the professional relationship of the practitioners, and elevates the profile of the dentist as an expert in the field of OAT.

Effective dentist-physician partnerships are a fundamental part of the sleep medicine world's quest to solve the problems of sleep apnea underdiagnosis and treatment non-compliance. Forging these partnerships can be a challenge for dentists but it is also a tremendous opportunity that, when done successfully, has a marked impact on patient treatment outcomes, as well as the success of the dentist's practice.



ABOUT THE AUTHOR

Dr. Kent Smith is board certified in dental sleep medicine and has been treating patients for over 30 years. He is a Diplomate of both the American Board of Dental Sleep Medicine (ABDSM) and the American Sleep and Breathing Academy (ASBA) and serves as president of the American Sleep and Breathing Academy. Dr. Kent Smith is founder and clinical director of Sleep Dallas, a dental sleep medicine practice with two locations in the Dallas metro area.