DENTAL SLEEP MEDICINE Insider
MAGAZINE
August/September 2020
Issue 36

DYNAFLEX ALIGNER

THE PERFECT MORNING REPOSITIONER



4 STRATEGIES FOR SUCCESS IN DSM

Mark T. Murphy, DDS, D-ABDSM shares four strategies that will help you outperform other Dental and DSM practices during what is considered the new normal.

LAB RELATIONSHIPS ARE KEY!!!

Holly C. Ellis, DDS, Q.ABDSM discusses the importance of dental sleep labs and how they play an integral part in the patient's treatment plan.

ACKNOWLEDGE, ASSESS, ACCEPT AND ADAPT

Rashmi K. Parmar, DMD, D-ABDSM gives credit where credit is due. Learn how she and her team persevered during COVID-19.

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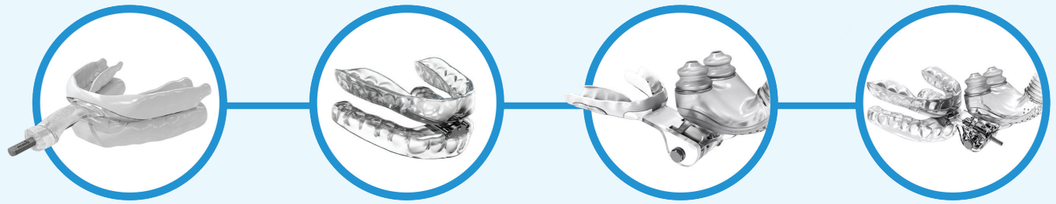

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GY YATROS, DMD

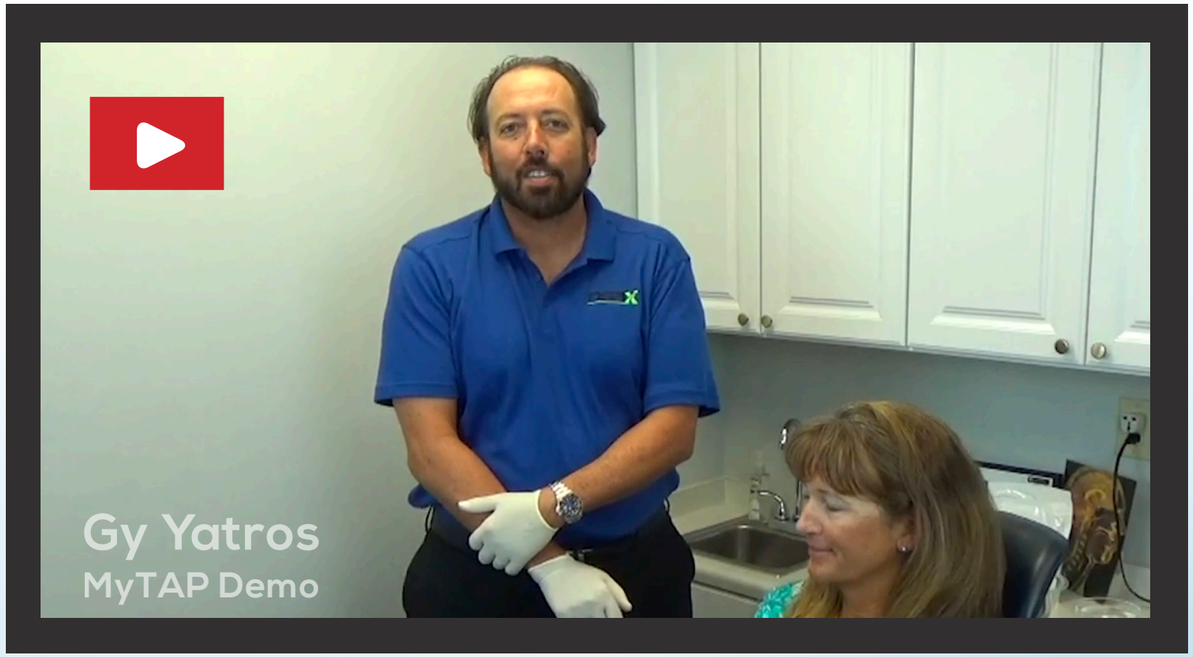
UTILIZING CUSTOM FIT TRANSITIONAL DEVICES

A discussion about dental sleep laboratory workflow would not be complete without including some key points about utilizing provisional devices or what we have coined Custom Fit Transitional Devices in our office.

We came up with the name Custom Fit Transitional Devices (CFTD) because we felt it better described the process while giving more value to this extremely important service. If you are going to be seeing dental sleep patients then you must have these devices in your armamentarium.

I have used a lot of different types of these devices over the years, but we have settled on the MyTap by Airway Management as suiting most all our needs. The MyTap is sturdy, easy for the patient to adjust and comfortable enough for the patient to wear while still leaving a lot of room for improvement with the custom fabricated laboratory device. There is a bit of a learning curve so if you have not made a MyTap before I encourage you to watch the below video.

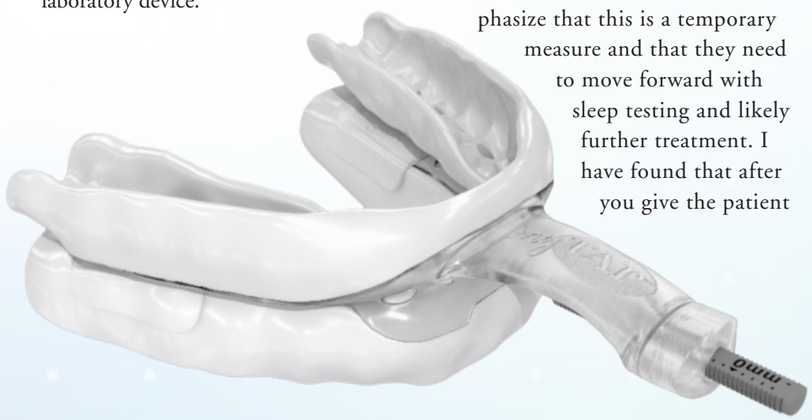
With a bit of practice, you or your assistant can predictably make this CFTD in about 20 minutes. It may



be the most valuable service per minute that we perform in DSM.

There are three situations where we routinely call on the CFTD. The first and most obvious is when a patient breaks or loses their device. Patients will become very dependent on our life saving devices and you need to have a solution when these emergencies happen. A bit of important advice, DON'T WAIT until this happens to order a CFTD and learn how to use it. Get one today and become competent in making it. You will thank me later.

We also utilize the CFTD as a trial device for diagnosed patients. Occasionally, due to high deductibles or other reasons, a patient will not want to invest in a custom laboratory device. They may also have concerns that they will not be able to wear the device. We offer our CFTD to these patients for a fee that can be partially credited toward a custom laboratory device if they move forward with traditional treatment in the future. The advantage to the patient is they get to "test drive" the device and have a provisional back-up device if they transition into a custom laboratory device.



The final use for a CFTD is for an indication that I have struggled with over the years. I believe we all want to put our best foot forward and to provide optimal service. This includes having our patients sleep tested and diagnosed prior to providing treatment. But how many patients who seek treatment because they want help with their snoring leave our offices after learning of this sleep testing obstacle? I can guarantee you it is more than one in everyone's office. If you do this long enough it is likely hundreds or more. I have concluded that sometimes it is better to give these patients some form of treatment rather than letting them walk out the door. One of the first things I was taught in dental school was to address the patient's chief complaint. If you don't, they will go somewhere else.

So, on occasion, when a patient is insistent that they just desire to have a treatment for their snoring we will make a CFTD, often that day. We will let them know that we care about their chief complaint and we will address it. But we do emphasize that this is a temporary measure and that they need to move forward with sleep testing and likely further treatment. I have found that after you give the patient what they want and build a relationship with them, a much higher percentage will move forward with sleep testing and a custom laboratory device in the future. Either way, we are helping these patients breathe better which is our daily mission in our offices at New Concept Sleep.



GY YATROS, DMD, DABDSM

CO-FOUNDER OF DSS & DS3

Dr. Gy Yatros has practiced dental sleep medicine for over twenty years and is a key opinion leading international lecturer in the area of sleep-disordered breathing and dental sleep medicine. He has offices in Bradenton, Sarasota, and Tampa, Florida devoted exclusively to the treatment of sleep disordered breathing. He is the founder of New Concept Sleep and the Co-founder and CEO of Dental Sleep Solutions and the DS3 System for Dental Sleep Medicine Implementation. He is a Diplomate of the American Board of Dental Sleep Medicine (ABDSM) and is an Affiliate Assistant Professor of the Department of Internal Medicine with the University of South Florida, College of Medicine.

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By Dr. Kevin Soliday and DynaFlex laboratories



"Who is DynaFlex?"

DynaFlex is a world-class manufacturing company that competes in five dental related markets; Orthodontic Products, Orthodontic Laboratory, Dental Sleep Medicine, Clear Aligners and Digital Office Solutions.

We have been serving the industry for over 50 years and take pride in our desire to consistently be the best in what we do. We strive to lead in innovation of new products, industry advancements in technology, as well as continue to implement improvements with our existing offerings. Our dedicated team of more than 150 employees works to provide the best quality products in the market as well as a deep commitment to our customers. When you work with DynaFlex, you will quickly realize how much we care about you, your patients and building a strong relationship with your office.

"Who is Dr. Kevin Soliday?"

I graduated from the University of Maryland Dental School in 1990 with a DDS degree.

I am a 3rd generation dentist. My grandfather received his dental license back in the early 1930's, where he practiced general dentistry in Fort Myers, Florida. My father, J. Thomas Soliday DDS, is an oral surgeon who was the speaker of the house for 11 years with the ADA. My identical twin brother, Keith Soliday DDS, is also an oral surgeon who practices in Gettysburg PA.

I purchased a practice in Hackensack, New Jersey where I practiced general dentistry for 9 years. I then moved back to Gettysburg, PA and limited my practice to oral surgery and endodontic procedures. In 2017, I opened a new practice, solely for the purpose of dental sleep medicine. I absolutely love what I do for a living now. Helping others, via dental sleep medicine, who suffer with obstructive sleep apnea, is an absolute life changer for them, especially if they had been cursed to wear the cpap as I did for 13 miserable years.

I live on a 600-acre working family farm in Gettysburg, PA. I love everything outdoors: hunting, fishing, shooting guns of all types, camping, just walking through the woods, and snow skiing.

I'm a very empathetic person. Kind hearted souls who cross my path and suffer terribly, I'm absolutely compelled to do whatever I can to ease their suffering. I donate my time every week to help people with addiction to see the true light. I offer suggestions that are simply not regurgitated information from some book, but instead offer them real life suggestions on a way to crawl out of that deep black hole that they now find themselves in.

I am also an artistic person, with carving being my most favorite discipline. We have a 2,800 square foot wood shop on our farm, where I also love to design and build furniture of heirloom quality. We actually cut down the dead and dying trees, saw into rough planks and dry them, let them dry for several years. Then we plane down the now dry rough-cut planks to the size boards that we will require for whatever wood projects that we have in mind.

"Working Together"

I've found that morning repositioners are not just indicated whenever a malocclusion begins to present itself after a patient wears a mandibular advancement device, or if the patient's advancement and opening settings are aggressive in nature. They are instead, a must for all patients undergoing sleep apnea treatment with an oral appliance.

The repositioner records the patient's exact bite or occlusion at the beginning, before you have ever rendered any treatment, giving the dentist something to bring them back to after a malocclusion, should one begin to appear. Also, it allows the dentist to estimate how far off the patient's occlusion has become, affording the dentist to better treatment plan and bring that occlusion back to its original location.

If an effective morning repositioner is not worn by the patient in the morning, minor tooth movement almost always occurs to some extent. This eventually leads to a compliance issue of the patient even wearing the oral appliance at all. Patients have told me, that over time, their oral appliance no longer fits properly when they first insert it before going to bed. It is too tight on some of their teeth and causing them discomfort and even pain.

Their sleep apnea appliance has become too tight, because by not wearing an effective morning repositioner, or even one at all, they function throughout the day with their mandible in a slightly protruded position. This obviously causes premature contacts on several teeth leading to minor tooth movement and a malocclusion. Now, at night when the patient first inserts their oral sleep apnea appliance, those teeth are forced back into their original position with a force sufficient enough to where the patient feels that pressure as discomfort or pain. This process continues all over again the next morning as their mandible was again, not reset to achieve centric occlusion before they went throughout their day.

I was not happy with the boil & bite wafer morning repositioners. I was still having an occasional malocclusion problem in some patients. I realized that those patients were not wearing them

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correctly. I discovered that the boil & bite morning respositioners I was currently using, were only active in retruding the mandible in the last mm or so of the physical shape of the repositioner itself. A very small active zone existed, requiring the patient to have to bite their teeth together with a force that was both uncomfortable and absolutely not maintainable for the time required to recompress their TMJ space and have them function throughout the day in centric occlusion.

So, I with the assistance of Kelley, a C.D.T and technical designer at DynaFlex, designed an all acrylic morning repositioner, worn on the mandible that dealt with all the boil & bite repositioner's short comings. This acrylic repositioner is mounted in centric occlusion, with the patient's occlusion opened about 1 ½ mm's. However, all of the maxillary and mandibular teeth have their original contact points recorded on the acrylic repositioner. An approximately 6mm high, lingual wing projects from the occlusal portion of the mandibular acrylic morning repositioner. The wings are fitted to the palatal side anatomy of the opposing dentition, beginning from the first bicuspids distally to the last remaining tooth.

Now, when the patient first inserts their acrylic morning repositioner and their maxillary posterior teeth

DynaFlex®

DID YOU KNOW?

begin to make contact with the repositioner, the repositioner is immediately activated and beginning to retrude their mandible. Very little effort or force is required by the patient to keep their repositioner active the entire time required until retrusion of the mandible and centric occlusion is achieved. **Note: maxillary anterior occlusal contacts exist on the mandibualar acrylic morning repositioner as well, just no wings at this location.**

I see literally no malocclusions or patient compliance issue, now that I am using the new acrylic morning repositioner. If one were ever to exist, I could absolutely tell you, with certainty, that the patient was not wearing their acrylic morning repositioner for an adequate amount of time. Plus, it is so nice to be able to deliver my patients a morning repositioner that I am completely not embarrassed about its appearance, quality, and most importantly, its effectiveness.

DynaFlex® offers a number of high-quality superior OAT devices for patients that snore or suffer from sleep apnea. I also like that all of their devices are manufactured and shipped from the United States. For patients that snore or have mild to moderate sleep apnea, oral appliance therapy provides an alternative to the traditional Mask therapy (CPAP).



KEVIN B. SOLIDAY, DDS

Dr. Soliday, a third generation dentist, graduated from the University of Maryland Dental School in 1990 with a DDS degree. His grandfather received his dental license back in the early 1930's, where he practiced general dentistry in Fort Myers, Florida.

He purchased and successfully ran a general dentistry practice in Hackensack, NJ for 9 years before moving back to Gettysburg, PA to focus on oral surgery and endodontic procedures.

In 2017, Dr. Soliday opened a new practice, solely for the purpose of dental sleep medicine. His mission was to help others like him, who suffer with obstructive sleep apnea, via dental sleep medicine. It has been an absolute life changer for them, as well as himself.

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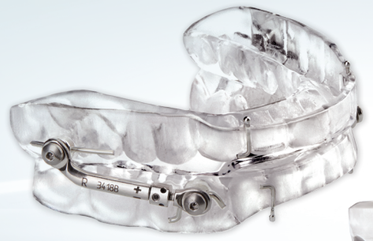

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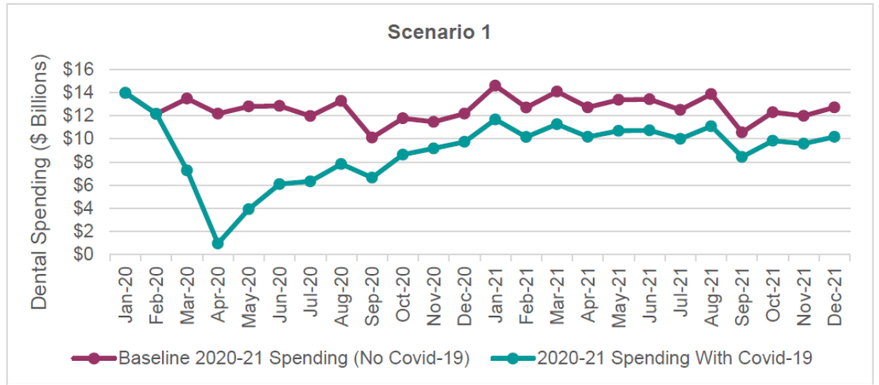
4 STRATEGIES FOR SUCCESS IN DSM DURING THE RECOVERY

Although DSM practices are outperforming general dentistry during the COVID Recovery, best practices are evolving that have outliers thriving. Identifying and sharing these behaviors will help you outperform the predicted scenarios that the ADA HPI projects.

Their new normal of 80% (70% now) does not include the impact of a COVID resurgence or the fall influenza season. Your choice is to either flow where the river takes you or put up a sail and be self-determinant. If you choose the latter, read on.

Here are four things that will help you outperform other Dental and DSM practices.



ADA HPI June 20 Update Kamyar Nasseh, Ph.D.; Marko Vujicic, Ph.D.

Market

The reality is you need to work MORE with physicians now more than ever. For every ONE sleep doctor that refers to you now, you need TWO. Meet, greet, share your patient registry, do lunch and learns, send them sleep tests and be persistent. The ProSomnus® Sleep Technologies Find a Dentist website had thousands of hits in June and a number of patient referrals. Encourage patients to "Share Their Story" online to help raise awareness and market your services.

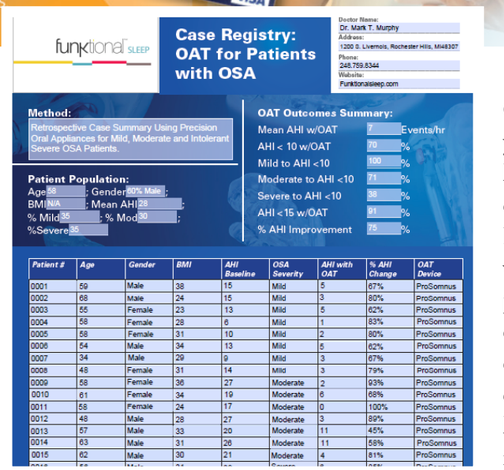


Close More

In my sleep practice, we track how many patients we receive, move forward with testing (if needed) and on into OAT. Managing this funnel and improving throughput is critical to winning the recovery. As dentists, we tend to tell patients too much. KISS is the acronym that serves us well. Patients live in the medical model for OSA, as so should we. Surveys show they want to know three things during a medical visit:

1. Do I have this?
2. Is it serious?
3. Is it treatable?

Answer those three questions well and do not overcomplicate the financial discussions (act like medicine does) and you will close more cases.



Earn Physician's Trust

90% of physicians have a follow up visit after your treatment with OAT. They WILL see your patient's device and hear about their experiences, comfort, and side effects. By using better devices, we can demonstrate our professionalism and comprehensive care over cost savings using cheaper devices. Precision, comfort, hygiene, ease of care and fewer side effects will all help earn the trust of your referring doctors. Handmade cold cured devices, hard to keep clean soft liners and uncomfortable patient experiences will not.

Get Patients Comfortable with OAT During COVID

It is safe to return to dentistry for sure, and even safer for procedures without aerosols generations like DSM. Infection control procedures, both at ProSomnus and your office, ensure patient safety. Even now, with dentists back to work with COVID risk, there has not been one single hot spot or super transmitter dental office incident.

These four behaviors will help you succeed and thrive during the recovery. Best practices for DSM always seem to figure out how to set their sails no matter which way the wind blows. That way, they outperform other ships that only ride the wind.

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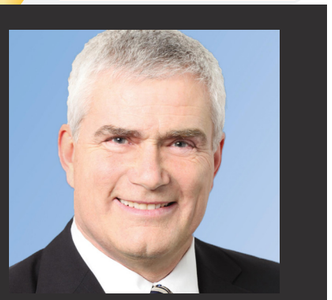

MARK T. MURPHY, DDS, D.ABDSM, FAGD

Mark T. Murphy, DDS, D.ABDSM, FAGD, is Lead Faculty for Clinical Education at ProSomnus, serves on the Guest Faculty at the University of Detroit Mercy, is a Regular Presenter on Business Development, Practice Management and Leadership at the Pankey Institute and is the Principal of Funktional Consulting. He has served on the Board of Directors of the Pankey Institute, National Association of Dental Laboratories, the Identalloy Council, the Foundation for Dental Laboratory Technology, St. Vincent DePaul's Dental Center and the Dental Advisor.

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—Dr. Kent Smith, DDS, D.ABDSM, D.ASBA



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—Dr. Brandon Hedgecock, DDS, D.ABDSM, D.ASBA



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—Dr. Srujal H. Shah, DDS, D.ABDSM

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HOLLY C. ELLIS

LAB RELATIONSHIPS ARE KEY!!

Working with our dental sleep labs is an integral part of our treatment plan with our sleep patients. During the records appointment we decide which appliance is best for our patient.

ELLIS SLEEP CENTER

Many factors go into selecting the best appliance for them including history of bruxism, size of mouth, number of teeth, if they are using Medicare benefits and sometimes patient preference. After selecting the appliance we then know what lab we will be working with.

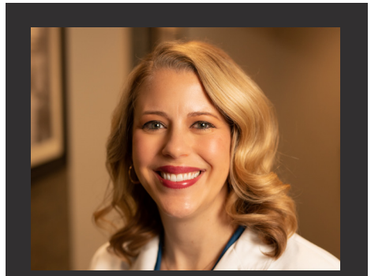
It is important to me that the labs we work with are compatible with receiving TRIOS scans. We use our TRIOS scanner for all of our sleep patient records and to be able to directly send the scans to the lab makes the process seamless. I write my sleep appliance lab prescriptions directly on the patient scan. I am able to include any and all details. I like that everything going to the lab is in one place, sent digitally, has no risk of distortion and not on a mail truck.

I have found other benefits to using a digital scanner for our sleep records. The ability to scan a George Gauge bite has been nice. The lab receives an accurate record of the desired starting position for the appliance. We also verify this position with a digital photo. This means the lab has both a scan and a photo to use and, with anything sleep or dental, most of us have come to realize that the more information the lab receives from us, the better the product we receive from them!

Many of the labs we work with will store the patient scans forever. In the event we need an additional tray or a repair of any kind made, the lab has what they need and often it can be accomplished without extra patient chair time.

During the patient records appointment I am present to review the appliance we selected and to gather the clinical data we need. I have two assistants trained in sleep and after I have gathered the clinical data, one of them will take the scans and George Gauge bite. I write the actual rx for the sleep appliance and then we schedule the patient for delivery.

Equally important as a good scan is having a good contact at your dental sleep lab. For me, I want to know exactly who to contact if I have questions or concerns regarding a case. I have found that by working with my lab contacts for a number of years, they have come through many times when I need help whether it be a difficult case or just needing to rush a case. Lab relationships are key!!



HOLLY C. ELLIS, DDS, Q.ABDSM

Dr. Ellis has been practicing dentistry in St. Louis for over 10 years and has been treating sleep apnea patients over the past 3 years. She is an Academy of Dental Sleep Medicine Qualified Dentist and is on track to receive her Diplomate status from the American Board of Sleep Medicine in 2020. She participated in a residency curriculum focused on dental sleep medicine at the Arthur Dugoni School of Dentistry at the University of Pacific and has taken many hours of additional course work to study and apply the different treatment options for sleep apnea to her patients. She resides in St. Louis with her husband and two children and enjoys traveling when not busy in her practice.

STREAMLINED LABORATORY WORKFLOW WITH DIGITAL SCANNING

Are you still using rubber base impression material or hand triturating amalgam in your office? If the answer to both is "yes", then you may want to turn the page because you are not going to like what I have to say. If the answer is "no", then embrace the change and read on!

For whatever reason, I have found dentists have a hard time with change, but in today's world change is inevitable. We had a system that worked! Why change it? The answer can best be summed up by a quote by William Pollard.

"Without change, there is no innovation, creativity or incentive for improvement. Those who initiate change will have a better opportunity to manage the change that is inevitable."

If the recent changes in the landscape of dental sleep medicine haven't made you think twice about the utilization and need for digital dentistry, nothing will. Our office does more digitally today, than we ever thought necessary or maybe even wanted. Some recent changes were a result of necessity.





But, regardless of the reasons, these new changes have allowed us to maintain profitability in the recent tough times and we are excited about efficiencies moving forward.

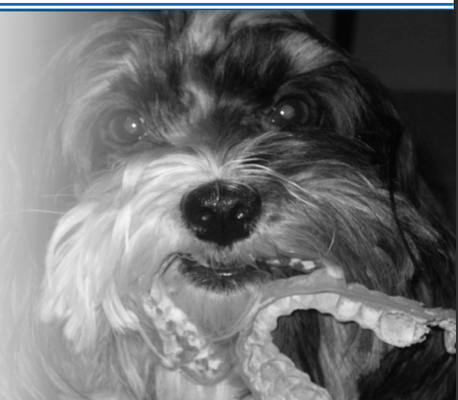
One innovation that we embraced even before the recent global crisis was the utilization of the CareStream 3600 for digital impressions. We decided a couple of years ago to invest in this new technology, and our "investment" has really paid off. "How?" you may ask. In many ways but most notably, the reduction of purchasing impression material, trays, mixing tips and bite registration material. All our patients are scanned with the CareStream 3600. We have put away those costly items and can accomplish a 100% digital workflow on most all our patients. The annual savings in our office has paid for the machine in the short time that we have owned it.

In addition, digital scanning is quicker and more consistent than traditional impressions. I can scan two arches and a bite in as little as 5-6 minutes. I am sure some offices are even faster. The need for having a patient back to redo their impressions is virtually non-existent. And, if a patient needs a new device due to their pet having a dental device as a snack, you can order a replacement without the need for the patient to come back into the office.

But the cost and efficiency savings only start there. CS Connect portal allows us to digitally send scans via the cloud to the lab of our choice. This is not only an easier workflow, it can save days of shipping time. We work with many labs and find it easy to seamlessly connect through CareStream's portal. The digital impressions allow the most precise printing of 3D models and the most accurate fit for your custom devices, which of course can save tons of time. Most of our labs even have digital order forms. Preferences can be easily saved and whoever orders the device can send the digital scans and attached orders easily and quickly. This digital lab workflow reduces shipping expense, paper waste and the time needed for writing out the same old lab form. The CS Connect portal allows supervisors to quickly verify cases have been sent for the day and even if the receiving lab has viewed them.

Digital scanning is a no-brainer in my opinion. From the efficient laboratory workflow to the cost savings, the reasons just keep piling up. The ease of verifying impressions alone is enough to substantiate the purchase decision, not to mention the "wow" factor from patients as they go through this enjoyable experience. I am still amazed by how many patients have never seen anything like it. It is time to join the digital age and manage your patients with an improved digital workflow!

> **"WITHOUT CHANGE THERE IS NO INNOVATION, CREATIVITY OR INCENTIVE FOR IMPROVEMENT"**
> – William Pollard



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JUSTIN ELIKOFER, DDS

Prior to practicing in Florida, Dr. Elikofer focused his care primarily on oral surgery services and intravenous sedation. Dr. Elikofer's practice is now limited to Dental Sleep Medicine. Dr. Elikofer also works closely with our own DS360 Tier members so that they can become more successful in Dental Sleep Medicine.

Dr. Elikofer has completed extensive training with the help of his partner Dr. Gy Yatros. Dr. Elikofer and Dr. Yatros both lecture for University of South Florida and volunteer their time training sleep physician fellows from the medical school on the potential of dental devices for their patients with sleep disordered breathing.

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SPEAKER: Gy Yatros, DMD

Dr. Gy Yatros has been practicing dental sleep medicine for over 20 years and is a well-respected international lecturer in the field. He practices in Bradenton, Sarasota and Tampa, FL, each devoted exclusively to the treatment of sleep disordered breathing and TMJ disorders. He has also been co-presenter of DSM continuums at the Pankey Institute, Dawson Academy, and 3D Congress.

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9/1/2019 to 8/31/2023 Provider ID#: 342401

GLENN BLINCOE

LAB INDUCED ..... "CAREER FLOW"!

Since this edition of DSM Insider will focus on Lab Workflow, I thought I might share my thoughts on Lab induced career flow. Do you want to know how I got involved in dental sleep medicine "overnight" these last 6 years?"

I feel like I may be preaching to the choir here as most readers of the DSM Insider have their own story of a dental sleep medicine journey but we all likely also share our gratitude that we took the path less traveled.

Like many, my journey began with a patient's inquiry. My patient was a physician who had done research on dental sleep devices. Suffering from severe OSA and happy with his CPAP results, he hated traveling with his CPAP. So, when he asked me, I told him I was aware of such devices but really did not know much about them. He said, "let's make one!" Catching me on a feisty day, I said OK (not knowing what I was getting into) I would look into it.

Twelve months and two recall visits later, I told him I am embarrassed to say I still do not have much information about DSM. I explained that the "dentistry" part of it was fairly routine, but I was getting nowhere with inquiries about the nuts and bolts of medical insurance and proper protocols.

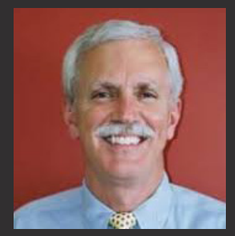
Realizing that my patient was serious, I traveled to Chicago to the AADSM annual meeting. This allowed me to reach out to a few folks gaining some insight that this "stuff" might be a little more complicated than making a "snore" device. However, I still felt that my "sleep" journey was a rowboat spinning in circles as one answer received often led to two more questions. I considered more than once abandoning the boat and swimming for shore, but I am very glad now that I didn't.

Five and a half years ago fate and a good decision changed my future. It was then that I received a flyer from DS3 for Dental Sleep Medicine A to Z in Nashville sponsored by DynaFlex Laboratory. The experience included a home sleep study and a dental device for me. The prospect of putting myself through the home sleep study and dental device fabrication appealed to me so I could tell my patients firsthand about the process.

In Nashville, I was impressed by DS3's four pillar approach to dental sleep medicine. They seemed to have the answers that gave my "sleep" journey proper direction. Dr. Gy Yatros delivered my dorsal design dental device. Later, I visited DynaFlex in St. Louis to understand their workflow. I was ready now to quit rowing in circles.

My "guinea pig" physician patient had a positive result that allowed him to travel without his CPAP. DS3 was able to provide me a road map for my dental sleep journey PLUS- the DS3 bi-weekly online study club. This really supplemented the practical day to day "this is how you do it" aspect of dental sleep medicine for me while opening doors to other support groups like the Spencer Study Club.

Fast forward five years, I am now a Diplomate of the American Board of Dental Sleep Medicine limiting my practice to dental sleep medicine. I continue to count on DS3 for dental sleep medicine practice support and DynaFlex for lab workflow support for most of the dental devices we offer to patients. Although I enjoyed my many years of general dentistry, I have a renewed excitement for my current career path. After all, helping people breathe better, live better and live longer makes going to work worthwhile for all involved especially for me.



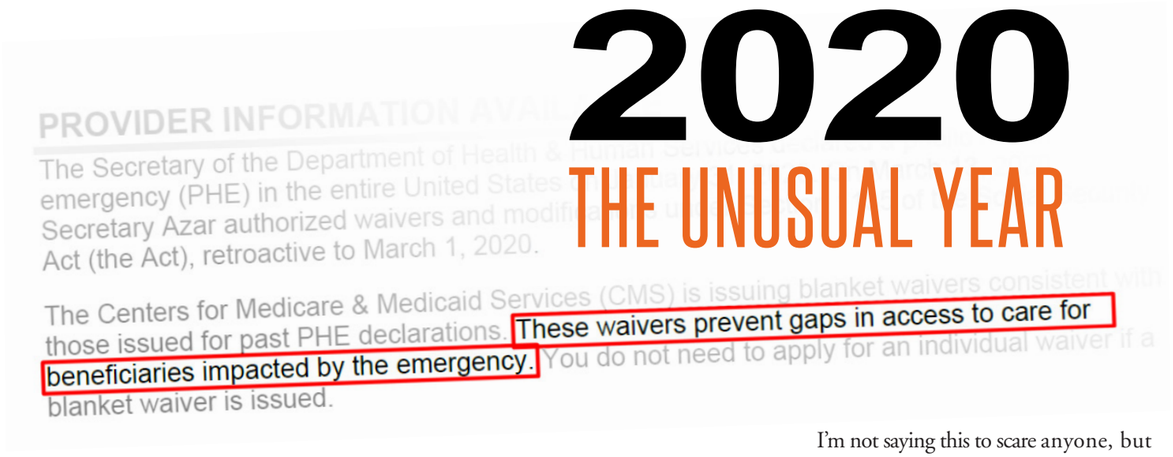
GLENN BLINCOE, DMD, DABDSM

Dr. Blincoe is an alumnus of the world renowned L.D. Pankey Institute for Advanced Education.

Dr. Blincoe is also a member of the American Academy of Dental Sleep Medicine and the Kentucky Sleep Society. He now limits his practice to fabrication of dental devices to help manage diagnosed obstructive sleep apnea and snoring issues.

LISA FISCHER-HERDT

2020
THE UNUSUAL YEAR


PROVIDER INFORMATION AVAI

The Secretary of the Department of Health & Human Services declared a public health emergency (PHE) in the entire United States to begin on January 27, 2020. Secretary Azar authorized waivers and modifications under section 1135 of the Social Security Act (the Act), retroactive to March 1, 2020.

The Centers for Medicare & Medicaid Services (CMS) is issuing blanket waivers consistent with those issued for past PHE declarations. These waivers prevent gaps in access to care for beneficiaries impacted by the emergency. You do not need to apply for an individual waiver if a blanket waiver is issued.

During this business as "un"usual or the Year of Jumanji continues, everyone is attempting to adapt. I am confident that you are getting information from every angle.

It can be overwhelming and confusing. Attempting to navigate the labyrinth of interpretation of information is challenging. I am a firm believer in going directly to the source. The recent updates to the usage of the CR (Catastrophe Related) modifier as a waiver has been a hot topic for interpretation.

Above is a passage from a MLN (Medicare Learning Network) Matters article that recently published a revision on July 30, 2020.

THESE WAIVERS PREVENT GAPS
in access to care for beneficiaries impacted by the emergency.

I have highlighted one of, if not the, most important sentences. After reviewing the document, I contacted Jurisdiction C's Provider Relations Senior Analyst to assist me with interpretation of all of the shades of gray.

Based on that conversation, I say this sentence is the most important. The CR modifier should ONLY be used when there is a gap in access to care. If a beneficiary has access to speak with a primary care or the best physician for them, then the face-to-face requirement is still intact, which means the LOMN (Letter of Medical Necessity) is also required.

I caution the usage of the CR modifier. I never say never. I believe during these uncertain times, the usage is warranted in some cases.

Keep this mind, the CR modifier is an identifier. This means that the usage of the CR modifier can flag claims. The way my brain works, that means to me that there is a good possibility that those claims could be easily identified for future auditing purposes, as well. Medicare does not have a time frame for auditing. They could make a request, for documentation that a beneficiary did not have access to care at any time.

I'm not saying this to scare anyone, but simply in hopes of providing some clarity. Here is your link to the most recent revision: MLN SE20016. Download the PDF for your reading pleasure.

I encourage you to contact your medical billing vendor, or please feel free to contact me directly via email at lisa@4pillarbilling.com.

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LISA FISCHER-HERDT, CPB

Lisa is the Director of Member Communications at Dental Sleep Solutions and 4 Pillar Billing. She has over 25 years of Medical Billing experience, serves on the Manatee Tech College Advisory Board and recently became certified as a professional biller.

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- Bi-Weekly follow up for tracking and notification
- Status updates
- Personal support from a credentialing specialist

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Medical Billing for Dental Practices

HOW WE HELP YOU:

DME Application
This application is required by Medicare to be recognized to deliver the appliance and receive payment

-Completion of DME application
-List of documents required to be sent with application
-Bi- Weekly follow up with a status update
-Step by step assistance during the process

EFT Application
Electronic Funds Transfer application is required by Medicare to receive payment

-Completion of EFT application
-List of documents required to be sent with application

*Must be done with DME application, required by Medicare

Prescribing Application
This application allows a provider to write prescriptions to Medicare patients

-We complete this application as a courtesy with the DME and EFT application

Part B Application
This application is required by Medicare if a provider would like to bill for other services

-Completion of Part B application
-List of documents required to be sent with application
-Bi- Weekly follow up with a status update
-Step by step assistance during the process

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"We collected less than $5,000 during the first half of the year for sleep cases, but since we started using Four Pillar Billing over the past couple months, we've collected approximately $30,000."

-F. Jay Ohmes, Dardenne Prairie, MO

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MEMBER SPOTLIGHT

DR. STUART RICH, DDS
KIRSTIN RICH



Two phenomenal Dental Sleep gurus, practicing in the lovely state of Washington.

Both Dr. Rich and Kirstin dedicate their time helping patients in their community who are suffering from obstructive sleep apnea. Dr. Rich is an experienced dentist who has received extensive training in the treatment of patients with obstructive sleep apnea. A general dentist for over 30 years, he developed an interest in the dentist's role in treating sleep apnea, and began his training in 2014. Since then, he has taken hundreds of hours of continuing education, and is a Diplomate of the American Board of Dental Sleep Medicine, as well as the American Board of Craniofacial Dental Sleep Medicine and the Academy of Clinical Sleep Disorders Disciplines. In 2016, he sold his general dental practice to focus exclusively on Dental Sleep Medicine and TMJ therapy.

Kirstin is very passionate about sleep – both in educating others on ways to get restorative sleep, as well as making sure she gets enough herself! She enjoys building relationships with each person who comes into contact with their office as well as the medical office teams she interacts with daily. Kirstin has put her business degree to good use over the years, working alongside her husband for over 33 years and counting! She and Dr. Rich both love the supportive environment and attitude of the DS3 team. The annual meeting in Florida is a non-negotiable on their calendar.

Kirstin and Dr. Rich want to share that Dental Sleep Medicine can be one of the most rewarding fields, while at the same time, being one of the most frustrating! Dentists and teams who are used to the straightforward diagnostics and treatment outcomes of dentistry will need to get used to a different model. There will be occasions where your consultation, device selection and treatment protocol execution is near perfection… and the patient simply doesn't achieve the results you were hoping for. If you are an excellent diagnostician and clinician, and used to consistently predictable dental treatment outcomes, this aspect of DSM can be discouraging at first. Don't let it be! You will experience far more successes than failures.

For Kirstin, dealing with nuances of medical insurance, Medicare participation and interacting with medical offices can seem daunting. To be a successful Sleep Ambassador, you must be ready to be a constant student. Always remember the impact you may have on a patient's life by helping them obtain this critically important care. You may literally help save a life! Their patient Lawrence feels that way. He was struggling badly with his sleep and was quite depressed. They delivered his Mandibular Advancement Device but he had to move away about a month later. Dr. Rich followed up with him on the phone. Shortly thereafter, a greeting card showed up at the office from Lawrence. The note inside was very simple. "Kirstin and Dr. Rich, you saved me, and I will forever be grateful." It's patients like Lawrence that keep this small team motivated each day.

SLEEP SOLUTIONS NORTHWEST
CPAP Alternatives • Snoring • TMJ Pain

RICHARD DRAKE, DDS

Dental Lab Workflow GOING DIGITAL



"Are we there yet?" Said by back seat travelers and heard by vacationing parents for decades now. I remember one summer road trip, the wood paneled station wagon loaded to the hilt and I had the privilege of riding on Grandpa's lap, no seat belt and oh yeah, he was driving!

Ahhhhh…..the good ole' days. I found myself thinking that thought the other day, back when I was much busier and before the pandemic.

As we dentists continue to plow through the new office uniform and protocols, surely the A/C bill will be slightly higher this summer. I've not done a crown prep in years, and my hat goes off to you all who are still practicing general dentistry. Sleep only for me, and before you even ask, I will, as usual in absolute full transparency, share that we are doing less than 50% today what we were doing in January of 2020.

Being less busy has meant more staff time to work on all of those things that you know you'd like to change but don't ever seem to have the time. Well, now we have the time.

One of those at the top of our list has been the Dental Device Lab log. For as long as I can remember, we had an Excel spreadsheet keeping track of all of our cases. Not anymore! Just a few months ago, we ditched the spreadsheet! Thanks to the help of my stellar assistants and the dental device labs going digital, we now have a way to keep track of it all without our spreadsheet.

1. **Screen with our CareStream 3600 (love that machine!)**
2. **Take physical bite, then record digitally with CareStream**
3. **Fill out digital lab slip**
4. **CareStream info goes on lab slip (how we connect lab Rx to scan)**
5. **We keep the physical bite and check when case comes back**
6. **Can check status of cases anytime through web portals**

Note: NOT all labs are fully digital at this time! Some say they are; this means you download their digital lab slip, fill it out, then scan it and get it back to the lab. Not exactly the same nor what I would call a true digital work flow.

We're not quite there yet for all labs, but we're getting close, and my preference is to use labs that facilitate the digital work flow….hoping that the lack of business I'm not sending to the others will get them to hurry along! Good luck, and stay safe and healthy.

JOIN ME AT THE NADSM SYMPOSIUM!
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RICHARD DRAKE, DDS

Dr. Richard Drake has been exclusively treating snoring and apnea for 20 years. He Co-founded Dental Sleep Solutions and DS3 and has a state of the art sleep practice in San Antonio, TX.



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- Screening materials to help identify patients with OSA
- NightOwl© Home Sleep Apnea Testing (HSAT) devices for the dental office. Can be used for both diagnosis and titration of dental devices.
- DocViaWeb™ telemedicine platform with access to:
  - Sleep physicians in all 50 states
  - Home Sleep Apnea test results from VirtuOx
  - Sleep physicians' prescriptions for dental devices
  - Dashboard to monitor all patients' testing
- Many more additional added benefits



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MICHAEL J. LANDRY, DDS

OUT WITH THE OLD IN WITH THE NEW

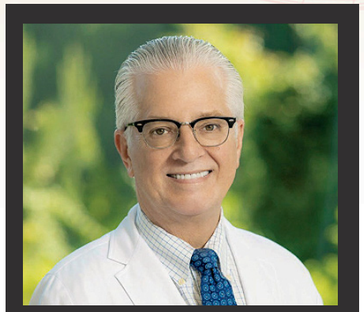
I graduated from dental school in 1981, and there is nothing, not a single thing, I do the way I was taught in dental school. No, it's not because I forgot. It is because things got so much better. First, silicone replaced rubber base, and later both were eclipsed by PVS. Amalgam was replaced by composite. New anesthetics enable us to infiltrate on the buccal of the mandible, instead having to give an IA block.

Digital has changed the way we work with the lab and even within our own office. Soon alginate will be a thing of the past. There will not be a need for stone in the dental office. The digital scanning for making impressions will be the standard. They are dimensionally stable forever. But what do you do with them once you have them? That's your next step, the 3D printer. I can have an assistant do a digital scan and have a high quality accurate model within an hour. In fact I can have 4 or more done at the same time, in that same hour.

Okay, models, big deal! What else can I do with this $7,000 machine. What about night guards/splints? A night guard/splint can be fabricated without any physical models. Software is available with which a dental assistant, with some training, can digitally design and print them, or you can pay a designer $10-20 to design it for you. The cost of the resin to print a night guard/splint is a couple of dollars. So now you can save $100 on every one you prescribe. In a single year, you can pay for the printer with that alone.

What about appliances to treat OSA? Currently, software for the dental office to design OAT is still in the prototype stage, but that will soon change(I currently wear a dorsal that I designed and printed myself). Imagine being able to deliver OAT tomorrow. We currently do that with night guards/splints. Our standard is 4 hours without really trying. This is something that we never thought possible unless a lab tech dedicated all of his/her attention to the process. Digital processes can do that.

Yes, the future is now. Next day delivery will become the new normal. Digital wax ups are already here. Keep the excitement up by doing a mock up tomorrow from the digital wax up you spent 30 minutes on and printed. Clear aligner therapy can also be a DIY, as well as surgical guides. Get on board, don't be left in the dark ages!



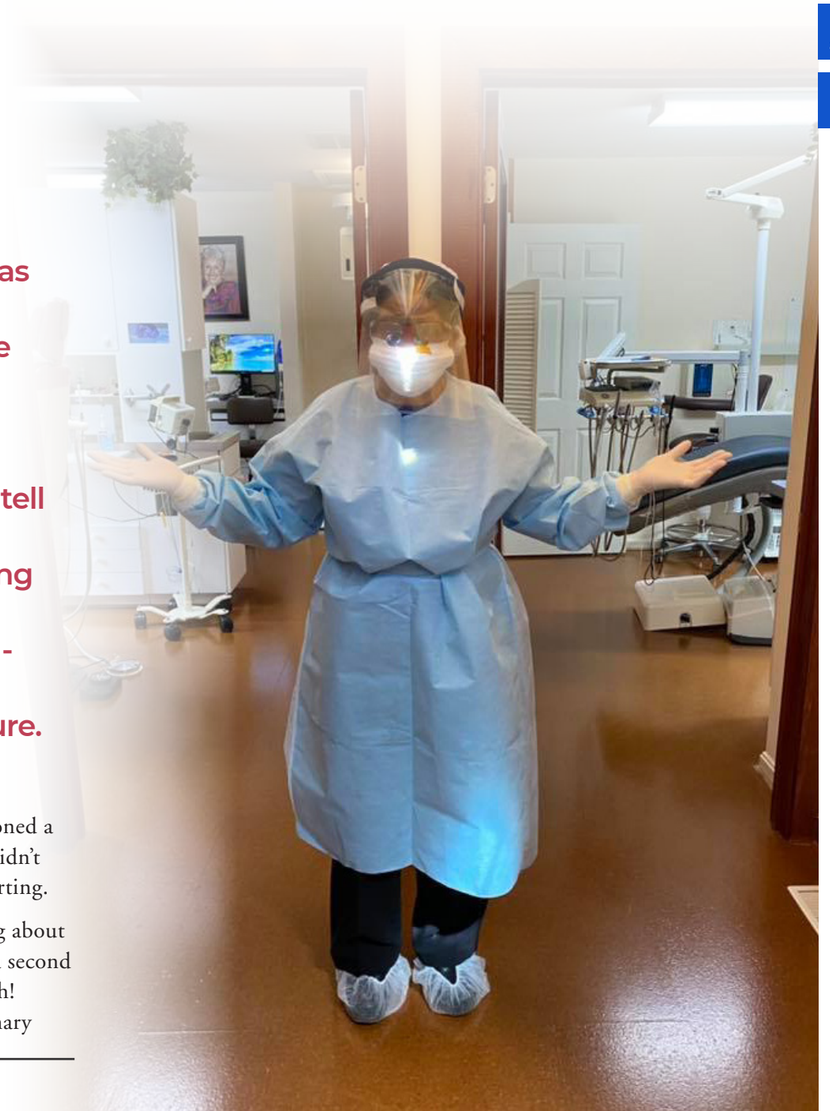
MICHAEL J. LANDRY, DDS, ABAD

Dr. Michael J. Landry attended Lamar University and The University of Texas Health Science Center Dental School San Antonio. After graduating in 1981, he set up a General Dentist practice in Harris County, where he continues to grow, gives back to the community and serves others. He takes an holistic approach in achieving optimal health with his patients.

Several years ago, through advanced education and successfully treating patients, I decided to dedicate the future of my practice to Dental Sleep Medicine. I am qualified through The American Academy of Dental Sleep Medicine to fabricate appliances that are FDA approved to treat snoring and obstructive sleep apnea.

COVID-19:

Acknowledge, Assess, Accept and Adapt



In January 2020 my life was as normal as it had been for the last fifty...something years (You didn't think I'd actually tell my age)! A constant balancing act between usual suspects - work, worship, love and leisure.

Around February, my assistant mentioned a strange new disease and how there didn't seem to be much clear information or reporting.

I would listen, acknowledge and keep going about my day without any worries, not giving it a second thought. Boy, was that the wrong approach! Pandemic wasn't even a word in my dictionary when it hit us like a ton of bricks in March. With swift shut down orders from our Governor, my busy, hectic run-around life came to a screeching halt. Suddenly, all those conversations with my assistant became very meaningful. Three months of shut-down provided us time to reflect, re-evaluate, and re-engineer our office to safely re-open. Giving credit where credit is due - having taken all the news reports seriously, my team had been preparing our office by ordering a small cache of all essentials including disinfectants and PPE. I too acted quickly and established a Telemedicine platform, to continue caring for patients. And here we are today (◀ See picture) - **A new norm in dentistry**.

It is easy to say "I Quit!" but more gratifying to say "I accept this challenge" and succeed in doing so. The Sleep Better Maryland team is here to serve our community in the safest possible manner - Saving lives, one smile at a time!

Above are Top 5 things we knew about COVID- 19 in February versus what we know now.

So, after having been bombarded with all the information about COVID-19 from professionals, non-professionals, educated and not so educated, magazines, media, family & friends, all I can say is the risk of infection is not going anywhere. We should all be utilizing common sense, and follow simple precautions of hand washing, wearing masks and social distancing until we have a successful vaccine.

Cheers to a healthy and safe life!

RASHMI K. PARMAR

What we THOUGHT in February 2020	VS	What we now KNOW in July 2020
COVID-19 causes pneumonia and should be treated with ventilators	1	COVID-19 causes blood clots and should be treated with Aspirin-Heparin
No drugs/medications have worked	2	Favipiravir and Remdesivir can both prevent hypoxia
Virus directly kills patients	3	The body's immune response to the virus causes a Cytokine storm which can kill both the virus but also the patient themselves - steroids are being used to control the reaction and only target the virus
People with no symptoms could pass away from sudden low oxygen saturation	4	These asymptomatic deaths were "Happy Hypoxics" – People should monitor their oxygen levels to stay at or above 92-93%
Laying in a supine position did not help individuals who had low oxygen saturation	5	Laying in a prone position helps these "Happy Hypoxics" control their oxygen levels



RASHMI K. PARMAR DMD, D-ABDSM

Dr. Rashmi Parmar received her D.M.D. degree from the University of Pennsylvania School of Dental Medicine. She completed her comprehensive General Practice Residency at the Carolinas Medical Center in Charlotte, NC.

In addition to being a graduate of The Las Vegas Institute of Advanced Dental Studies, she is also a Diplomate of the American Board of Dental Sleep Medicine.

Since 1992, she has been in private practice in Clarksville, MD with an emphasis on Sleep and TMD. She is a Clinical Evaluator for new dental products and has lectured both, locally and internationally.

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Dental Sleep Medicine

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OUT OF BREATH

A DOCUMENTARY ABOUT THE SLEEP APNEA CRISIS
FROM ACCLAIMED FILMMAKER GEORGE T. NIERENBERG



1 billion people worldwide suffer from sleep apnea.
Untreated, it leads to strokes, diabetes, heart failure and death.
80% of cases go undiagnosed – ***We intend to change that.***

"I thought that my life was over."
Anonymous 23-year-old woman, Chicago, IL

"30% of the time I was not breathing, I was dying."
– James Galleon, Houston, TX

THE FILM | **OUT OF BREATH** takes an intimate and emotionally engaging look into how this stealthy disease not only threatens sufferers' health but also disrupts their marriages, families, and careers. This will not be a conventional documentary. Given the restrictions posed by the pandemic, Nierenberg has created a fresh new approach to filmmaking, in which, with his directorial guidance, the people in the film are capturing their own stories with their cell phones in an authentic, raw, and intimate way.

OUT OF BREATH will help viewers identify with those who suffer from sleep apnea and begin to understand its impact on their own lives, and will motivate them to spread the word to friends and loved ones.

But while filming has commenced, our fundraising efforts continue.

JOIN US | By supporting **OUT OF BREATH** and joining our efforts, you will be helping to raise public awareness of this health crisis in the widest possible way.

We are producing a new promotional video (delivery projected in the Fall/Winter) that will be available for use in your practice.

- As thanks for your 100% tax-deductible contribution of $2,500, you will receive a branded video.
- Thank-yous for larger-tier contributions towards the full production can be discussed with the filmmaker directly: **george@gtncreative.com**

All contributions big and small are welcome, are 100% tax-deductible, and can be made at **sleepapneafilm.com/donate**

For more information on the film, visit **sleepapneafilm.com**

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