

The Multidisciplinary Collaborative Patient Journey: From Referral to Treatment and Follow Up

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The Sleep Connection: Why is the Patient-Physician-Dentist Collaboration Critically Important? Simply put, patients need to have these professional teams working together to provide the best obstructive sleep apnea (OSA) care and treatment. The patient experience (PX) is another very important consideration, according to the Agency of Healthcare Quality and Research, PX includes the following:

“Patient experience encompasses the range of interactions that patients have with the health care system, including their care from health plans, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities. As an integral component of health care quality, patient experience includes several aspects of health care delivery that patients value highly when they seek and receive care, such as getting timely appointments, easy access to information, and good communication with health care providers.”¹

Therefore, it is easy to see how the patient experience is vital to how a patient feels and reacts with regards to their care. There are also data to support that facilities with high PX, do better financially.²

The field of sleep health provides a variety of therapeutic resources for patients diagnosed with OSA. Oral appliance therapy (OAT) provides a highly relevant option for many. However, in light of the dental expertise required, this treatment necessitates a multidisciplinary approach to care. Since adherence to treatment varies greatly and is critical for obtaining optimal outcomes, patients also must have a say in their care with shared decision making. Another concept, perfectly aligned with the collaborative patient journey is “Care that Fits”, in other words the right care for them at the right time.³ This requires all parties to work collaboratively to achieve a workable solution with a favorable Patient Experience.

Considered first line therapy, positive airway pressure (PAP) is an extremely effective treatment, but the literature documents poor patient acceptance and adherence.⁴⁻⁷ Oral appliance therapy (OAT), which is provided by a dentist is not quite as effective as PAP in eliminating sleep apnea, but patient outcomes are similar due to higher patient acceptance and sustained long term adherence.⁸ In 2015, the American Academy of Sleep Medicine (AASM) in conjunction with the American Academy of Dental Sleep Medicine (AADSM) provided a joint clinical practice guideline which position OAT for managing all severities of sleep apnea if the patient cannot tolerate PAP, or a patient simply prefers OAT to PAP.⁹ Approximately 50% of patients prescribed PAP, stop PAP therapy at 6 months and continue to drop off leaving approximately 17% adherence at 5 years.⁴⁻⁵⁻⁶⁻⁷⁻⁸ Accordingly, in addition to those who just prefer OAT, the Patient-Physician-Dentist collaboration is critically important for providing non-adherent patients an effective treatment option that they can tolerate and adhere to. When one considers the treatment/therapeutic burden of OSA/CPAP, OAT is a very viable alternative.¹⁰

Finding a Qualified Dentist

Locating a sleep dental provider is becoming a bit easier than before. More and more dental practitioners are entering the field. Identifying dentists that are adequately educated and trained

serves the patient well. Similar to other professional board certifications, the American Board of Dental Sleep Medicine, a widely respected organization, provides an exam to assess competency, the numbers of qualified sleep dentists are increasing in an ongoing manner. Working collaboratively with a physician, a well-trained and qualified dentist is ideally positioned to provide screening, management, and follow-up. According to America's health rankings¹¹, 66.7% of adults see a dentist annually which provides an excellent opportunity for the dental provider to make assessments particularly in an environment where primary care visits are declining¹², ideally positioning a well-trained dentist as an effective collaborator in the screening and management of a variety of sleep related issues including nocturnal bruxism, snoring and OSA.

One way to locate either a Qualified Dentist or a D. ABDSM, is to visit AADSM.org and click on the "Find an AADSM Dentist" button.

Alignment and Collaboration

In the future, data will be aligned across providers to better manage care, provide ready access to patient information, and facilitate information access to the patient when they need it. However, there are still many continuing issues that need be addressed with data alignment and information transfer.¹³ In diabetes, a collaborative relationship between the dental provider and treating physician is starting to be used increasingly more due to the shortage of primary care physicians.¹⁴⁻¹⁵ Similarly, with the prevalence of OSA in the United States being around 29.4 million with only 5.9 million diagnosed, the unmet treatment cost to the healthcare system is staggering¹⁶ and for this reason, collaboration is needed.

Summary

In summary, the patient is ultimately in charge of their healthcare and must be given appropriate options for treatment in a shared decision-making process. A collaborative environment between a sleep physician, and a sleep dentist, that also includes patient preference helps to ensure both optimum care and high adherence, all which encourage best outcomes for the patient.

The flow chart below proposes a three-way patient journey and communication between the patient, sleep treating physician and the sleep dentist.¹⁷

ABOUT PANTHERA DENTAL

Panthera Dental designs, manufactures and markets dental prosthetic, implantology and sleep breathing disorder solutions using an innovative CAD/CAM process and superior quality materials. Both a pioneer and a leader in the field of custom-made dental solutions, its proprietary technology allows it to offer next-generation products to the widest range of patients possible. Panthera Dental is headquartered in Quebec City, Canada, with subsidiaries in the USA, France and Germany, and associates worldwide

Panthera Dental website: www.pantheradental.com

Panthera Dental's sleep division website: www.pantherasleep.com

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Traditional patient journey

Patient Journey Begins at Primary Care Provider (PCP)

- Addresses sleep concerns with PCP
- Referral to Sleep Specialist

Patient Journey Begins at Dentist (DDS/DMD)

- DDS Screens patient, refers to physician, usually PCP which then refers to Sleep Specialist

Visit with Sleep Specialist

- Assessment and Sleep Study

Patient and Sleep Specialist Review Results

- Discuss and select Treatment Options, Sleep Specialist provides appropriate referral and Rx
- Dental sleep referral to Qualifying Dentist / Rx for OAT

DDS Intake

- Referral thank you letter to MD, include recommendations and estimated time for Tx initiation ~2 weeks

Titration initiated or revised (if titration goals not met) per DDS Standard Procedures

DDS sends referring MD OAT Therapy Progress report:

Usually occurs following optimal titration using subjective patient reporting.*
Optimal titration is enhanced with the addition of objective evaluation.**

Patient Returns for F/Up appointment with Sleep Specialist

- Sleep Apnea Test Conducted

- Sleep Specialist F/Up appt with patient, closes loop, provides sleep study information to DDS

Achieve titration goals?

No***

Yes

DDS Ongoing assessment of subjective reports of sleepiness, snoring and overall, well being

- At recall visits, have the patient bring their device and assess for any issues, continuing use etc....
- Send update to Sleep Specialist

* Studies have shown good correlation between objective and subjective measures ¹⁸

** Titration based on both Symptoms and Objective evaluation results in better resolution than either method alone ¹⁹

*** If titration goals are not achieved, consider further appliance adjustment and or adjunctive therapies eg. Sleep Position, Weight Loss, Combo Therapy, Myofunctional Therapy etc.

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