

by William E. Williams, DDS

ou may be reading this magazine thinking you want to treat sleep patients but assume that's only for 'certain' dentists with unique practices. Well I'm not one of 'those' dentists. My practice is probably similar to yours. By sharing my story, I hope readers of DSP will realize they too can establish a successful dental sleep practice.



Several years ago I became interested in the role of dentists in the treatment of sleep disordered breathing (SDB). I had many friends who "joked" about snoring and how their spouses (mostly wives) would roll them over or kick them out of bed. As I learned more about the subject, I realized there was a large part of the population not getting the restful sleep they needed. What seemed like a joke at the cocktail party was potentially a serious medical problem. I decided then to learn how to treat SDB patients.

At that time my biggest concern as a dentist was finding the best training for treating SDB patients. I also worried that advancing the mandible with oral appliance therapy (OAT) might create TMJ issues. Even though I felt I had great training in TMJ therapy at the Pankey Institute, I was still a little uncomfortable with the idea. I had concerns as well from a liability perspective since I would be treating a medical problem, not a dental problem. So initially, I decided to pass on getting involved with treating SDB in my

dental practice. Then in 2010 a good friend of mine, Dr. Richard Hunt, invited me to join him for a Dental Sleep Medicine course in Dallas. I trusted Richard's judgment on the best courses and speakers for this subject. I also realized the speakers in Dallas had ties to the Pankey Institute as well. I knew it would be a great opportunity to learn. Unfortunately, when Richard wanted to take the course I was unable to go.

Another opportunity came in 2012. I heard the Pankey Institute was offering a course about dental sleep medicine (DSM). I knew the Institute would provide exactly what I needed and allay some of my concerns about venturing into the DSM field. So I decided to take the course and was fascinated by the subject. I was fortunate to have several experts in the DSM field teach the course. Afterwards, I was excited to get home and start helping my patients with their SDB problems. Little did I know it would not be the easiest path. I soon realized there were many systems to put in place before I would be ready to treat patients.

First, I needed to get my staff on board. That was the easy piece of the puzzle. My hygienist was more than willing to learn and immediately started screening our patients for snoring issues and any history of obstructive sleep apnea (OSA). We changed our health history to ask certain questions that would start a dialogue on the subject. We discovered many patients had sleep issues and had been diagnosed with OSA by a sleep physician. Both of my assistants helped organize

our sleep exam forms so we would be ready when the SDB patients came to the office. We even sent several patients home with the ApneaLink home sleep test to help educate (not diagnose) them about their sleep concerns.

Next, I decided I needed to find a medical billing partner to help me navigate the medical insurance model about which I knew nothing. This was a tremendous help for my assistant who managed the sleep patients in my practice. I also decided to have a separate charting system for sleep patients to help track their progress. The charting system included not only referrals from others, but also our own dental patients of record. I even formed a limited liability company named Greenville Dental Sleep Center, LLC to differentiate it from my dental practice, and created a unique domain name for future use.

With my staff engaged and my systems in place, I decided to meet with several sleep physicians in the area. I wanted to share my philosophy of wanting to work with them as a team and not "just make snore guards". I found many board certified sleep physicians in our area and they welcomed the opportunity to meet and listen to what I had to say. They were all glad to see a local dentist take a more comprehensive approach to treating sleep patients. They were very helpful and all were happy to hear I would not treat a sleep patient without a diagnosis from a board certified sleep physician. They also liked my plan to send letters during my OAT to keep them informed about the patient's progress. As I met with the sleep physicians I was surprised to find they represented several medical specialties. The specialties included pulmonology, cardiology, neurology, and psychiatry.

My next plan of action was to see how involved the dental schools in my state were





with DSM. The state of North Carolina has two dental schools. One of them is at the University of North Carolina in Chapel Hill and the other is at East Carolina University in Greenville where my practice is located. I have spent time at both schools discussing DSM with the faculty and administrators. While teaching at UNC as an adjunct faculty member, I was fortunate to meet Dr. Greg Essick. He was very helpful in offering advice concerning my journey into the dental sleep medicine world. Greg has been very involved in DSM on the national level and lectures to many groups on the subject throughout North Carolina.

Now that my systems are in place, 2015 is the year I plan to put more emphasis on marketing my dental sleep practice online, as well as speaking to other dental offices and civic organizations. I feel this will be a great way to let the public know the role of a dentist in treating what is really a medical concern. I look forward to that challenge and hope it will be a successful venture.

All of us starting sleep practices experience similar challenges, but if I can do it, so can you. If you make this happen, your team will be excited, and your patients and community will be healthier as a result. Take action now to begin treating sleep patients.

Sleep physicians were glad to see a dentist take a comprehensive approach



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