



# A New Era of Collaboration

B. Gail Demko, DMD, gears up to use her term as AADSM president to tear down barriers to oral appliance therapy.

By Franklin A. Holman



B. Gail Demko, DMD, makes sure that the impression tray fits properly prior to making the impression.

Currently, the various parties involved in the delivery of oral appliances are somewhat fractured. Dentists, physicians, insurance companies, researchers, and manufacturers of devices tend to be insulated. B. Gail Demko, DMD, president elect of the American Academy of Dental Sleep Medicine (AADSM), hopes to change that.

Demko starts her term as AADSM president in June, but she has been a leader in the dental sleep medicine profession since oral appliance therapy began emerging as a treatment option for sleep apnea patients.

Demko's interest in dental sleep medicine started when she was a hospital dentist at Boston's Beth Israel Hospital (now known as Beth Israel Deaconess Medical Center). In 1989, Beth Israel Hospital became the first certified sleep center in New England. While working at the hospital, she was approached by J. Woodrow Weiss, MD, who asked if she could treat his patients with oral appliances. At that point, Demko proceeded to walk across the street to the medical library at Harvard Medical School and read the nine articles then in the literature. "I've been doing oral devices ever since," says Demko, who now runs her own practice, Sleep Apnea Dentists of New England.

#### STRENGTHENING A BOND

Being the first dentist to limit her practice to treating sleep apnea patients, Demko had to use her wits to coordinate care between the parties involved in diagnosing and treating OSA patients. Her experience working at Beth Israel put her at an advantage in communicating with physicians. "It's my job to give physicians what they need for their patients," she says. "I do understand that the patients who come to me are not my patients per se. They are a physician's patients, and I had to learn how to communicate with physicians in language they understand, which was very easy because I spent 20 years at Beth Israel writing up medical records. I had an edge."

In her role as AADSM president, Demko plans to use that edge to stimulate dialogue between physicians and dentists. Part of her responsibilities will be to serve as an ombudsman for the AADSM to physicians. "As president, I get to do that. I get to go to medical meetings and say, 'Hey, there are a bunch of competent dentists out there who can really help you with your patients. We are practitioners who have something to offer you and your patients so that your patients will be better treated.'"

As a regular speaker at meetings like the annual



Demko uses a George Gauge to measure the initial amount of mandibular protrusion of the patient.



Demko captures a protrusive bite registration. A proper protrusive bite registration is paramount to a successful oral device.

conference for the American Academy of Otolaryngology—Head and Neck Surgery, Demko is already playing the part of ombudsman. What's more, she also recently assumed a position on the board of directors of the Massachusetts Sleep Society, giving her access to physicians within the organization. In her role, she will be presenting cases and sharing information about dental sleep medicine with members. "I will be able to serve as an example to physicians of what they are going to find in the community of dentists that we have trained," she says. "If you want someone like me in your town, you send them to us and the academy will train them."

#### WIDESPREAD COLLABORATION

On a broader scale, Demko wants to expand collaboration between the physician base of the American Academy of Sleep Medicine (AASM) and the dentist membership of the AADSM. She sees that happening already through the groundwork that has taken place on the AASM's Integrated Sleep Management Delivery Model.

The integrated delivery model that was recently proposed to CMS starts with a patient referral to a sleep specialist who decides the patient's diagnosis and treatment pathway. Following the test, and depending on the results, the sleep specialist then decides, along with the patient, the best form of treatment, whether that be CPAP, a dental appliance, surgery, or some other more conservative treatment. A substantive portion of the integrated delivery model focuses on the role of the dental sleep medicine expert. "Because oral appliances are now considered an important alternative treatment for OSA, integrated delivery model test locations will be required to maintain a partnership with a licensed dentist with experience in dental sleep medicine and the fitting of oral appliance for the treatment of OSA," the proposal states. "The continued participation of the board certified sleep physician (BCSP) in monitoring of outcomes and treatment adherence is important for patients referred for oral appliance therapy."

When the AASM and AADSM collaborated on development of the integrated delivery model, the AADSM was tasked with specifying the dental sleep medicine expert's role in treating OSA patients and clarifying how the dentist will participate in keeping the patient at the center, according to Sheri Katz, DDS, current president of the AADSM. "This is one of Gail's core principles, always keeping a focus on the patient, what is best for the patient, and

how can we make this happen.”

As the integrated delivery model proposal moves forward, Demko sees it leading to a stronger dentist/physician relationship. “It will allow more physicians the option to learn about oral device therapy, and our academy will be there to help them find supportive knowledgeable dentists,” she says.

Working together, these knowledgeable dentists and oral appliance-savvy physicians can streamline diagnosis and treatment for OSA patients by means of the patient pathway spelled out in the integrated delivery model. While CMS reviews the proposal, Demko plans to continue strengthening the relationship between the two academies. “We will stand shoulder to shoulder with the AASM to provide a quality organization without the need to repeat the errors of the past,” Demko says. This way, the AADSM, founded in 1991 and initially called the Sleep Disorders Dental Society, can benefit from the experience of the AASM, founded in 1975.

“My dealings with the AASM are the same as my initial feelings about the AADSM,” she says, “and that is that I have found a group of people that is passionate about what they do, willing to share what they know, and supportive of new ideas and methods.”

#### LEADING BY EXAMPLE

It is Demko’s ideas and methods that have led her to be successful in dealing with insurance companies. In the early days of her practice, she spent a lot of time “pounding on insurance company doors” in order to have them change their rules to cover oral devices and to make it easier to be reimbursed. And that has paid off for everybody.

“Dentists are not used to dealing with medical insurance companies, which I think is a real challenge,” says Bruce Templeton, DMD, chief of dentistry and oral and maxillofacial surgery at the VA hospital, VA Medical Center, Minneapolis. “People who are involved, like Gail, who have been doing this full



Demko teaches a patient about airway obstruction and oral appliance function. Patient education and follow-up care are critical for successful oral appliance therapy.

time can help dental sleep medicine specialists move this forward.”

Demko is in-network with four insurance companies including Medicare. Being in-network lets physicians know that a dentist is in the same “insurance boat” that they are and it helps reduce sticker shock for patients. “If indeed medical insurance is going to cover everything the ENT does, the sleep doc does, and the CPAP provider does, then to send a patient where they have to pay out of pocket is hard for a physician to do,” Demko explains.

As AADSM president, Demko can educate members about the intricacies of being an in-network provider, helping dentists, physicians, and insurance companies work together to provide access to oral appliance therapy. At the heart of this education process is the AADSM’s dental sleep medicine facility accreditation.

“This is the basis of our accreditation program—any dentist who meets the AADSM requirements as an accredited office will also be meeting most if not all

of the Medicare/insurance standards,” Demko says. “How much better for a dentist to be prepared to be in-network with an insurance company than to have all manuals and requirements already vetted and approved? It is not a question of becoming in-network with an insurance company, but is a question of how many dental offices can meet the standards required to be in-network. The AADSM is there to help them and groom them for in-network status.”

In the realm of accreditation, Demko does more than just talk the program up; she was one of the first people to go through the accreditation process. “She’s been through it; she’s leading by example, and she’s driving this,” says Katz.

#### MEETING OF MINDS

While Demko drives accreditation, she also plans to steer oral appliance research along with current AADSM president Sheri Katz. Demko and Katz participated in a March 16-17 meeting in Darien, Ill, where world-renowned researchers gathered to discuss where

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—B. Gail Demko, DMD



research in the field of dental sleep medicine should be directed. In order to advance dental sleep medicine research, more cohesiveness is needed, says Demko. Since the market is relatively new, competing companies are all making assertions about their appliances, making it hard to decipher the claims.

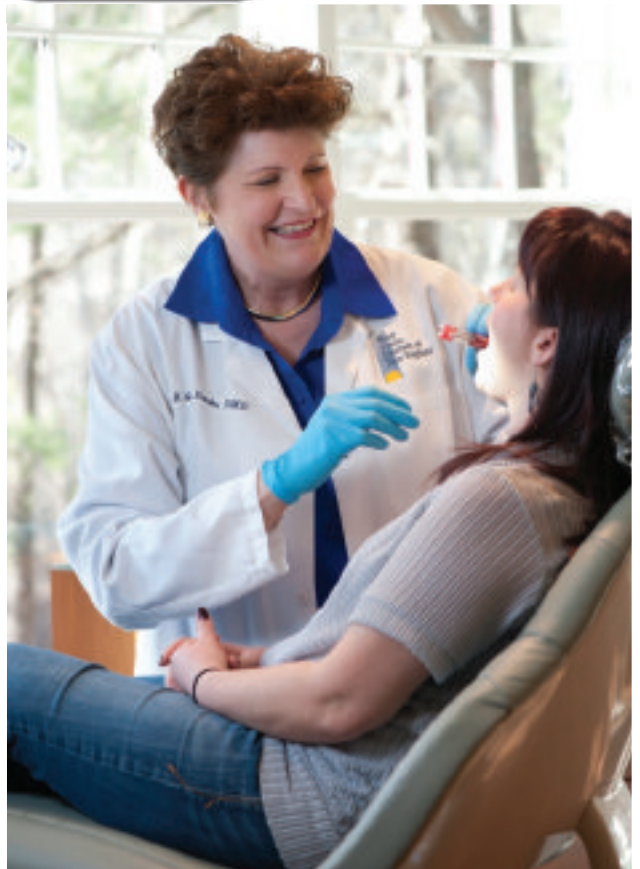
In an effort to bolster cohesiveness, Demko supports the efforts of Fernanda Almeida, PhD, member of the executive board and research chair of the AADSM, who is working on securing funding for a database where researchers from around the world could keep records of data related to the different types of appliances they prescribe. Almeida's efforts were well received by participants in the March meeting, and it is this kind of collaboration and enthusiasm for learning that Demko hopes to spread.

Templeton acknowledges that this is easier said than done.

"The biggest challenge is getting people interested to learn more so they're not just involved in fitting appliances, but rather learning about the science, learning about what is the best we can do. And this involves research, he says—research on appliances, on the effects of appliances, and on different kinds of appliances.

Demko is not one to shy away from challenges whether that is bringing researchers together, helping dentists and physicians better collaborate, fortifying relationships between academies, or initiating communication with insurers because in the end the work pays off for the patient. "And that's what I think people like Gail really want," Templeton says. "They just want the patient to be taken care of using the best evidence possible." **SR**

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Demko does an initial placement of a mandibular repositioning device.



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