

Obstructive Sleep Apnea & Dental Sleep Medicine

**Restoring the Breath of Life with
Modern Science - Effective Treatments**

***Physicians and dentists find new
opportunity for practice growth through
cooperative treatment and marketing
strategies.***

Obstructive Sleep Apnea & Dental Sleep Medicine:

*Restoring the Breath of Life with
Modern Science - Effective Treatments*

Table of Contents

Part One: Introduction to Dental Sleep Medicine	4
Does Your Spouse Snore?.....	4
Consequences of Sleep Apnea:	5
The Science of Sleep Disordered Breathing	6
Treatment for Obstructive Sleep Apnea.....	8
Dental Sleep Medicine	9
Part Two: New Opportunities in Sleep Medicine	11
The Business of Sleep Referral Networks	12
Building the Referral Network.....	14
Positioning – A Battle for the Mind	15
Marketing Strategies	16
Professional Referrals – A Two Way Street Named “Reciprocity”	17
The Dental Sleep Medicine Market	19
Crunching the Numbers	19
Growing the Sleep Market “Pie”	21
Streams of New Patients.....	22
Advertising.....	23
Professional Referrals	23
Inside the Practice.....	23

AASM Practice Parameters - Sleep Physicians Need Dentists	24
Warning to Dentists	26
The “Physician Referral and Education Program (PREP) Marketing System”	27
Some Assumptions	27
Marketing is a Matter of Attractiveness and Attention	27
PREP Marketing System	28
Summary	30

PART ONE: INTRODUCTION TO DENTAL SLEEP MEDICINE

Does Your Spouse Snore?

Did you hear about the newly discovered link between snoring and bruising? The connection was made clear when one spouse admitted to the doctor that her husband's bruises were from her efforts to stop the snoring! Mystery diagnosis solved!

With 200 million (estimated 67%) snorers in the United States the odds are that everyone will have numerous opportunities to be "entertained" or annoyed by a snorer. Whether it is someone in the next tent, in the next room, or lying next to you in bed, snorers oblivious to their own plight can make life miserable for anyone trying to sleep around them.

Consider the impact of the following noises:

- Jackhammer = 85 decibels
- Lawnmower = 95 decibels
- Airplane = 118 decibels
- Loudest recorded snorer = 93 decibels (Kare Walkert of Kumla, Sweden is listed in the Guinness Book of World Records)

Snoring jokes and humor aside, snoring is no joke for those who have to put up with it. But there is a darker side associated with this annoying nocturnal sound effect.

Snoring can be very hard on marriages, causing many couple to sleep in different rooms of the house. It can have other unintended consequences such as daytime tiredness, falling asleep while driving, and impaired mental clarity.

As annoying and problematic as snoring is, it is only the tip of this noisy and deadly iceberg. Snoring is the beginning of a health-disease continuum that researchers now link with many of life's most challenging diseases, and even to death itself.

As snoring deepens or persists, its cousin Sleep Apnea can raise its ugly head. Apnea is the Greek expression for "without breath" or "want of

breath.” The numbers for this are equally staggering. With an estimated 17-20% of the population suffering from some form of sleep apnea, (from American Academy of Sleep Medicine) that means upwards of nearly 60 million Americans suffer nightly oxygen deprivation (shallow breathing or hypopnea), and episodes of no breathing - which sets in play a host of risk factors connected to many troubling medical disorders.



Modern medical research has now shown that sleep apnea has terrible health consequences, nearly all of which can lead to eventual death for the sufferer. The reduced air flow lowers oxygen saturation in the blood and can lead to learning and memory problems, irritability, depression, accidents and productivity problems at work or school. More importantly, sleep apnea is linked to such medical conditions as heart attacks and heart disease, stroke, weight gain, headaches, high blood pressure and kidney disease.

According to the National Sleep Foundation people with untreated sleep apnea have been estimated to be three times more likely to have motor vehicle accidents. It is estimated that roughly one in four truck drivers suffer sleep apnea and experience excessive daytime sleepiness.

To be sure, oxygen is king! Without it we die. But what happens when there is subtle and chronic deprivation due to persistent nightly obstruction or narrowing of the windpipe that carries precious air to the lungs and bloodstream?

Why is this minor alteration in breathing so consequential when it comes to your health?

Consequences of Sleep Apnea:

Consider the following:

- Excessive daytime sleepiness
- Increased risk of motor vehicle accidents
- Neurocognitive deficits
- Increased risk of hypertension

- Increased risk of cardiovascular disease
- Increased risk of insulin resistance and diabetes
- Increased risk of metabolic syndrome
- Decreased quality of life

Because of the constant cyclical nature of this repetitious arousal phenomenon, people who suffer from obstructive sleep apnea can't get a good nights sleep. Other than the impact that snoring has on partners, this is the most annoying part of sleep apnea. They often experience excessive daytime sleepiness and tiredness, along with neurocognitive deficits. Because people with sleep apnea are prone to fall asleep easily and at inappropriate times, they risk experiencing more motor vehicle accidents and pose a greater danger to others on the road. (It is calculated that one in four commercial truck drivers suffer from sleep apnea). Additionally, when impaired work performance from excessive tiredness is factored into the equation, it is easy to imagine the many other social and economic costs sleep apnea presents to society.

Along with the generally decreased quality of life, they also experience an increased risk of hypertension, heart disease, stroke, metabolic syndrome, insulin resistance, impotence, cognitive dysfunction, and depression. Many people with sleep apnea are obese. However not all obese people are apneic, and there are many non-obese people who experience sleep breathing disorders.

Other common findings in people with sleep apnea are enlarged tonsils, elongated palate, uvular lengthening and edema, and thick necks. Sleep apnea is more common among men and among people in the African American and Hispanic populations, according to the National Institutes of health. Others at risk include anyone with a family history of sleep apnea, people who are overweight, have high blood pressure, possess small airways in nose/throat/mouth, etc.

The Science of Sleep Disordered Breathing

Sleep Disordered Breathing (SDR) occurs along a continuum, stretching from snoring all the way to breath cessation, or complete apnea. Its most innocent manifestation is snoring which occurs when the tissues of the throat (soft palate, uvula, and back of the tongue) relax and vibrate against each

other during breathing. Its worst manifestation is the complete cessation of breathing with its concomitant lowering of blood oxygen levels (hypoxia).

During sleep or relaxation, the muscles of the mouth and throat relax and the size of the airway decreases. This narrowing of diameter in the airway increases the rate of airflow traveling through the throat. This creates a low pressure environment (Bernoulli's Principle) and an opportunity for the flexible soft tissue airway walls to collapse into the opening. This is similar to sucking hard on a thin flexible milkshake straw and seeing it collapse on itself. As these tissues at the base of the tongue and soft palate (oropharynx) collapse and approach each other, rapidly moving air speeding past these structures creates a vibration in the tissues heard audibly as snoring.

When the airway collapses completely, all airflow stops, creating an apnea (which means "stopped breath"). This occurs despite repeated efforts to breathe ("paradoxical breathing") where diaphragmatic and chest wall muscles continue to struggle almost violently to take a breath. Without free flowing oxygen to enrich the lungs, blood levels of oxygen decrease and carbon dioxide levels increase. These changes in blood oxygen levels and blood chemistry stimulate an arousal or partial awakening in the brain, which in turn increases motor activity to drive the muscles around the airway to open the airway so breathing can resume. The sleeping person then gasps and chokes as the airway opens and they take in a breath or two. They then quickly settle back into a more relaxed state only to see the entire cycle repeat itself again, and again, and again.



Severity of sleep apnea is rated or diagnosed by the AHI or "Apnea-Hypopnea Index". This measures the number of times each hour there is an episode of altered breathing.

There is now an escalating amount of information from the medical research that frequent nighttime arousals (which occur when the oxygen level in the blood drops and the need to breathe overpowers sleep), set in play insidious biochemical processes which produces subtle yet serious injury to the body.

It is now believed that sleep apnea is an oxidative stress disorder. The plausible biological mechanism is through a “deox/reox mechanism”. During moments of cyclical intermittent hypoxia, an enzyme is activated which creates a burst of free radicals which increases inflammatory biomarkers (cytokines such as C-reactive protein) and adhesion molecules (chemokines) which lead to endothelial dysfunction and atherosclerosis, heart disease and stroke. People with sleep apnea can have elevations in CRP levels, and treatment for SA have shown reductions in inflammatory mediators which are implicated in cardiovascular disease and endothelial dysfunction.

Treatment for Obstructive Sleep Apnea

Strictly defined, Apnea is the cessation of breathing – which by interpretation is the lack of oxygen entering the body. Hypoxia is an incremental decrease in oxygen saturation in the blood stream, meaning it carries less oxygen in the blood cells. Therefore, treatment for sleep apnea is aimed at keeping the airway open so that normal breathing occurs through the night and hypoxia can be avoided. This is commonly accomplished via a pneumatic splint (CPAP therapy), or through repositioning the mandible forward either through the use of oral appliances or through surgical methods to advance the lower jaw forward.

Other surgical methods characterized by surgically removing portions of the soft pallet (UPPP), or stiffening the soft through the use of implants or creating scar tissue, have enjoyed very mixed results and poor patient acceptance. Many other less invasive strategies are also employed such as positional therapy (sleeping on side), and weight reduction.

A relatively new strategy for supporting the airway is accomplished by pulling the lower jaw forward, much as a paramedic would do to open the airway when dealing with an unconscious person. Oral dental appliances made of plastic trays, anchor on the teeth and help hold the lower jaw in a forward position and thus keep the tongue from falling on the back of the throat when relaxed. Oral appliance therapy is currently enjoying a wide surge in popularity due in large part to the inability of many people to tolerate CPAP therapy.

Traditional pneumatic splint therapy (CPAP) has enjoyed mixed patient acceptance. While its success rate is clearly good among those who can put

up with the therapy, there are a lot of people who are CPAP intolerant, or whose condition is mild enough that an oral appliance is preferable.

Due to the effective use of oral appliance therapy for repositioning the mandible and pulling the base of the tongue forward, a landmark publication occurred in 2006 which opened the door for dentistry to become involved in sleep medicine. A position paper published by the American Academy of Sleep Medicine in 2006 has now established that oral appliances are indicated for mild to moderate obstructive sleep apnea. This is a very significant happening.

Dental Sleep Medicine

As mentioned above, oral appliances which hold the lower jaw forward, have recently gained considerable popularity. The staggering numbers of people who are non-compliant or intolerant of a CPAP device, and who face a life-time of problems without nightly therapy, now have an acceptable alternative therapy. It is generally well tolerated and quite often preferred over a CPAP device. However its use is generally limited to treating mild to moderate sleep apnea. When CPAP can be tolerated and/or there is a severe sleep apnea diagnosis or other extenuating circumstances, CPAP is preferable.

Oral Appliances thus serve a very important role in treating today's epidemic of obstructive sleep apnea. This has created a new sub-specialty in dentistry, called "Dental Sleep Medicine. The American Academy of Sleep Medicine and the American Academy of Dental Sleep Medicine have come together to develop standards and protocols for the joint effort to treat sleep apnea as it relates to the use of oral appliances.

The American Academy of Sleep Medicine has recently published its Practice Parameters regarding Oral Appliances for Obstructive Sleep Medicine. In part they read:

"Oral appliances (OAs) are indicated for use in patients with mild to moderate OSA who prefer them to continuous positive airway pressure (CPAP) therapy, or who do not respond to, are not appropriate candidates for, or who fail treatment attempts with CPAP. ...Oral appliances should be fitted by qualified dental personnel who are trained and experienced in the overall care of oral health, the temporomandibular joint, dental

occlusion and associated oral structures.” – American Academy of Sleep Medicine, Practice Parameters

The bottom line is that sleep apnea is a medical condition. The standard-of-care requires a proper diagnosis by a sleep physician through appropriate testing at a sleep lab. Should a dentist inadvisably initiate anti-snoring treatment on a snoring patient who also has sleep apnea, they have made a presumptive diagnosis which could turn out to be fatal. Modern standards-of-care and accepted practice parameters discourage dentists and physicians from unilaterally treating snoring without proper sleep analysis by a sleep physician. Likewise, people should not elect to self-treat their snoring without a proper evaluation by someone trained in such analysis.

These conditions of fact would strongly suggest that people should be advised to not self-treat their snoring with self-made appliances or other non professionally supervised methods, or by using “fringe” methods often seen advertised – especially if there is daytime tiredness, cognitive decline, or concern from others about stopped breathing during sleep.

These conditions of fact also require that dentists be exceptionally wary of agreeing to fabricate and deliver snoring and sleep apnea appliances without the involvement of a physician or a sleep lab. This is because they must suspect an occult or hidden sleep apnea problem until it is ruled out. To make a snoring device without proper evaluation would be to make a presumptive diagnosis that there isn't an underlying sleep apnea problem, which would and could leave many parties open to problems.

Dentists and physicians are now working together to provide an expanded array of options to help many people who suffer from snoring and sleep apnea, including the annoyed and sleepless partners who must sleep with a snorer or one who stops breathing during the night – over and over and over again!

Snoring shouldn't be dismissed as being a “cosmetic” or innocently, albeit annoying, problem. It's no joke for those who do it and for those who must suffer sleeplessly next to them. Finally there is another way out of the nightmare. For dentists, physicians and their patients – there's another life to be saved, another relationship to mend, and more good night's sleep to be achieved!

PART TWO: NEW OPPORTUNITIES IN SLEEP MEDICINE

The advent of continuous positive pressure and the use of oral appliances create new treatment strategies and practice growth opportunities for physicians and dentists, especially as they choose to work together. To be sure, the science and practice of Sleep Medicine has created new strategic opportunities between medicine and dentistry.

With the American Academy of Sleep Medicine (AASM) stipulating that oral appliances should be considered for mild to moderate obstructive sleep apnea (see Practice Parameters), and that qualified dentists should work with sleep physicians to treat obstructive sleep apnea, dentists and physicians have new treatments available to them which help patients and grow practices.

Physicians are now seeking qualified sleep dentists to help their patients who snore or who could benefit from oral appliances because of a mild-to-moderate sleep apnea diagnosis, or because they have failed at CPAP therapy. Physicians, both generalists and specialists, recognize the wonderful contribution that dentists can have in helping them with patients who snore and who could benefit from an adjunctive treatment which is gaining in popularity and acceptance. Sleep physicians are also now realizing that dentists represent a rich referral source because they are naturally positioned in health care to both screen for sleep apnea as well as being uniquely qualified to provide treatment which advances the mandible forward to open the airway.

As for dentists - they are becoming increasingly aware of the problems of snoring and sleep apnea. They are learning that because they see hundreds of patients each month and already have a vested interest in the oral environment and the patients overall health, that they are in a natural position to inquire about snoring and other sleep problems and make appropriate referrals for care.

Dentists are thus ideally situated to find people with sleep disordered breathing within their practices and from within the general population, to make appropriate referrals to physicians for diagnosis and treatment, and to provide care through fabrication of oral appliances which assist in successful management of the airway.

Wise physicians now recognize that with the advent of oral appliances and the appearance of trained sleep dentists that they have another way to help their patients. The important point for physicians to know is that by working with qualified dentists, they now have a way to treat the significant number of their patients who have been diagnosed with OSA but who remain at risk due to CPAP failure, or who have mild-to-moderate sleep apnea but are not a candidate for CPAP, or who have a snoring-only problem.

Because of these facts, astute physicians and dentists are beginning to work together to educate not only their own patients, but the public in general about sleep apnea. Public information meetings, display ads, cross-promotional referral information, direct mailings, press releases, news interviews and briefings, and support group seminars are some of the many ways that physicians and dentists can cooperatively work together within their own communities.

The Business of Sleep Referral Networks

The advent of Dental Sleep Medicine and oral appliance use represents a life-saving therapy previously unavailable to physicians. These expanded treatment methods provide physicians and dentists with additional opportunities to provide medical services and to grow their practices.

Question: What makes obstructive sleep apnea an exceptional practice building opportunity for sleep physicians and dentists?

Answer: The science of modern Sleep Medicine requires that health professionals work together!

Physicians and dentists must understand that sleep medicine and its companion dental sleep medicine are inexorably linked together. Those who appreciate this and have a care about providing the best treatment for their patients will also appreciate the value of building professional referral relationships. They will realize that without these relationships their efforts to provide an acceptable standard of care are compromised.

This is to say that physicians who don't work with dentists are withholding proper care to a large number of people who are CPAP intolerant, and dentists who presumptively treat snoring without a physician

directed analysis, may solve the snoring but leave a potentially fatal hidden apnea problem unresolved, to nobody's benefit.

The connection between health disciplines is further cemented because of the limitations of licensure and training. Simply stated, due to the complexities of the dental bite and the TM joint, physicians cannot fabricate or manage an oral appliance. Conversely, dentists cannot make a diagnosis for sleep apnea. This creates a mutual dependency that creates the opportunity for cross-promotional efforts and reciprocal referral relationships.

Given the unfortunate high rate of failure and fall-out from CPAP assisted therapy, physicians and dentists must work cooperatively together to provide their patients with what works for them and with what is medically necessary.

In addition to providing better care, referral networks can do wonders for practice growth. New patient referrals create new revenue streams commensurate to treatment for grateful patients who would continue to struggle for breath every night without our mutual involvement.

The practice of modern sleep medicine has created a mutual dependency between medical doctors and dentists. It REQUIRES physicians and dentists work together! Simply put - physicians need dentists and dentists need physicians.

This mutual synergy negates any competitive feelings and creates an "abundance mindset" as health professionals work together for the benefit of their mutual patients. This is why sharp physicians and dentists build referral networks and work together. They not only recognize the benefits of acquiring new streams of patients, but they build and nurture cross-referral and marketing strategies which must be in place anyway for patients to receive the highest care.

From a business perspective, physicians, dentists and those who run sleep labs understand that regardless of whether CPAP or oral appliances are chosen or preferred by the patient, that a proper analysis and sleep diagnosis is necessary (usually requiring a polysomnogram and/or professionally supervised portable monitoring device). They also understand that there will

be other extended or follow-up studies performed to titrate the therapy after it is started, again regardless of whether the therapy is CPAP or oral appliances.

The point is that regardless of the direction of the referral, every referral yields additional opportunities for fee-generating diagnostic and follow-up sleep studies, along with treatments which otherwise would not happen.

For dentists, they must know that although they can acquire patients from the general population and from among their own patient base (by promoting snoring treatments), the path to business and patient success travels through the physician's office. To proceed with snoring or sleep apnea appliances without the involvement of a physician is not only dangerous to the patient and professionally unethical, it also risks being 'black listed' (i.e. removed from the physician's "referral network").

Building the Referral Network

In this new and fairly competitive sleep medicine market, physicians and dentist jointly face the same challenges that any other health professional experiences in terms of building referral relationships. In order to grow a practice which helps the most patients, physicians interested in sleep medicine should market to and build referral relationships with other physicians and dentists, and dentists interested in dental sleep medicine should reach out and build bridges that facilitate new patient traffic from other medical and dental offices.

The referral process is a two-way street. Those medical doctors who reach out into their community and teach other physicians and dentists about sleep apnea will be rewarded with increased patient referrals and multiplied opportunities to help many patients. Dentists who gain the confidence of physicians and sleep labs and develop strong ties with them, will be preferentially favored with patient referrals for oral appliances.

The objective for either is to be primarily positioned as the recognized expert in their respective communities, and to gain a competitive advantage in the battle for the "position of the mind."

Being invited into and meriting inclusion inside a given referral network doesn't happen by chance or accident. For example, no right-thinking physician who cared about their patients well-being would refer a patient with obstructive sleep apnea to a dentist who hadn't been trained in dental sleep medicine.

So the question becomes - How does a dentist earn this coveted position such that when a physician considers recommending an oral appliance to a patient, their name is the one given to the patient? The same question could be posed about a general or sleep physician looking to preferentially receive referrals from fellow medical doctors or dentists.

Positioning - A Battle for the Mind

Earning this position requires doing something noteworthy that makes it easy for the referral to occur. It is all about differentiating oneself in the marketplace such that you are not just “one of the crowd” who is lost in a “sea of sameness”. This is about basic Marketing 101 principles blended with basic human psychology! The good news for people wanting to “stand out” is that most people stay the same and won’t understand this conversation (to wit: look in the yellow pages!). Therefore it usually doesn’t take doing much to stand out.

Winning this positioning battle of the mind requires three things:

1. Getting the attention of potential referral sources and making a good first impression
2. Carrying on a persistent on-going and informative “conversation” with the right people, and
3. Understanding how to market through the “front door” and the “back door” simultaneously.

The first step is to get noticed and to draw positive attention. Too many health professionals prefer to sit quietly and let business find them. While there is a place for proper demeanor and professional ethics, remaining blended in with the crowd won’t help build a practice and is not helpful to desperate patients needing these services.

Those professionals who choose to remain in the shadows and who wish to blend in with their colleagues, make it easy for those who will do the simple things that will get them noticed and who will become “top-of-mind” positioned in their respective communities.

This means that dentists must do something that will impress physicians with their degree of training and experience, and physicians must impress their potential referral sources with how their expertise can help their patients.

Beyond the positive attention and the good initial introduction, an ongoing conversation must be had with referral sources which keep the exchange of information active and your name in front of them. This ongoing conversation repeatedly reaches out to and “touches” the referral sources in a warm and friendly way - over and over and over again.

These marketing efforts are accomplished through both the “front and back door” of the practice. The highly polished and properly packaged formal entry through the front door announces your presence and intentions, showcases your image, and presents you as a qualified expert.

Astute physicians and dentists will utilize the “back door” of the referral source practice and use it wisely for what it offers – an essential and opportunistic portal through which patient-related and science information communications travel – all of which maintain your presence in their mind.

Because every health professional holds themselves to be a “professional”, these referral marketing methods shouldn’t be overly solicitous or in any way over-the-top. They should be carefully packaged and tastefully presented. The “Goldilocks” rule of marketing to professionals should always be followed – not too much, not too little, but just right! Ironically the more obnoxious or solicitous the communication becomes, the less effect it has.

The psychological underpinnings of this marketing effort is about solving a problem for the other person. Your knowledge and presentation of information both educates and informs, as well as creates solutions for the recipient professional. By your use of proper techniques, materials and strategies and information sharing, others will have no choice but to conclude that you are the natural, logical and preferred choice to solve their problems and to help their patients.

Marketing Strategies

Suggested strategies, among many, could include:

- Resource Manuals – providing a compilation of scientific literature
- Personalized Patient Report (PPR) giving constant ongoing patient-related communications through the “back door”
- Photocopies of relevant professional literature delivered by hand or mail
- Newsletters delivered by fax or in the mail

- Lunch-and-Learn staff meetings, and In-Service presentations
- Referral mechanisms that make it easy for a referral to take place
- Building inter-office business staff relationships

The “Drip Marketing” approach is a proven methodology for building position and presence in a marketplace. Numerous industries adapt these principles of marketing exposure to help brand and sell their position in the marketplace. Everybody experiences multiple “drips” every day in the form of media advertising, direct mail, newsletters, sales representatives and industry detailers, etc.

Used between health professionals, these techniques work well in helping initiate and maintain professional referral relationships. They work particularly well because few, if any other health professionals are utilizing these strategies to stand out and win the battle for positioning in the minds of potential referral sources.

Again, it is all about answering the two questions: “What differentiates you from the rest of the crowd?” And “How do you go about packaging that distinction and presenting it to your target audience?” An answer to one question without utilizing the power of the other is a fruitless exercise in blurry indistinctions and uninspiring boredom.

Consider the opportunities these questions present:

- How many physicians include a dentist in their referral network?
- How many dentists have a physician they automatically work with?
- Do health professionals who truly care about their patients, refer patients to “just any dentist” or “just any physician”? Would they feel this way about the attention required to their own choice in a doctor or dentist?
- Why aren’t doctors and dentists more aware of what it takes to create a “referral presence” in the marketplace?

Professional Referrals – A Two Way Street Named “Reciprocity”

The sad reality is that few physicians have a preferred dentist to whom they trust and refer patients for problems dealing with periodontal disease (the oral-systemic connection), sleep apnea, TMJ-headaches, or even just general dental concerns.

Likewise, few dentists regularly refer patients to physicians, who snore, or who have periodontal disease (a chronic low-grade infection which elevates risk of cardiovascular disease), or who even state they don't have a general physician. As such, both sides are missing out on the chance to develop a strong strategic advantage in their own community.

Because so many health professionals are ignorant as to what it takes to position themselves in their community creates an excellent opportunity for those who are aware of how to do it! All of the above questions speak to The Law of Reciprocity! It's a sophisticated way of saying "I'll scratch your back and you scratch mine!" Reciprocity creates attention, draws out your expertise, develops a psychological indebtedness, and rewards specific behaviors beneficial to both doctor and patient.

As previously stated, let's repeat an important referral building precaution. It can't be over-emphasized that there is more to building referral networks than marketing by itself or in being expert in our health discipline in isolation of good communication.

No right-thinking professional would refer a patient to someone they did not believe was the right resource to solve the problem. For example, no physician would refer a patient to a dentist for an oral appliance if they weren't convinced that the dentist was capable of performing the service and managing the complications. Knowing the science and how to perform it is essential as a basic starting point. Performing below the standard-of-care is a certain way to poison potential referral relationships regardless of which way they run or how well the marketing is performed.

Having said this and more to the main point, even the best quality care will not grow a practice as fast as combining this same best care with excellent marketing strategies that presents it well to referral sources. That is why just learning the science and technology is not enough. Sitting quietly in the corner with your expertise is not doing a service to the many people who would otherwise find your expertise helpful, if they could only find you!

Viewed in this light, as a health professional who possess the ability to improve quality of life and even save lives, you have a duty to do everything you can to stand a few inches taller in the crowd. The opportunities for practice growth and the additional revenues generated are simply the reward for so doing.

This is the essence of the MDReferrals networking concept.

The Dental Sleep Medicine Market

Why should physicians and dentists care about or even get excited about the dental sleep medicine market – i.e. the opportunities to work together and cross-refer patients?

Despite the similarities to a F-14 fighter pilot's mask and hose, CPAP works remarkably well – at least for those who can tolerate it. When used as recommended, it is 99% effective in restoring normal breathing during sleep. But therein precisely, lays the rub. It must be used to be effective!

It does not lend itself to portability, so “road-warriors” such as travelers and business executives don't find CPAP very appealing. For everyone else, there is the ever present “user friendly” issues. Despite its incredible effectiveness at providing a pneumatic splint to the airway, CPAP suffers an incredibly high failure rate. Some estimate compliance to be in the 30 or 40% range, with 50% being a very generous estimate. This means that approximately 50 -70 out of every hundred sleep apnea patients who try CPAP, fail with this therapy and are left without any treatment.

With the annual incidence of new sleep apnea estimated at between 3-5% of a given population per year, and with upwards of 50-70% CPAP failure rate, that leaves a majority of sleep sufferers without an effective method of treatment for their deadly sleep apnea condition. Since oral appliance therapy is now a proven alternative or adjunctive treatment approach, it effectively puts this very large population group at the doorsteps of qualified dentists and physicians, begging for help. Indeed, every medical and dental practice is filled with hundreds of people who snore and/or fit the diagnosis for obstructive sleep apnea, many of whom who have already been diagnosed but can't tolerate the therapy.

Crunching the Numbers

To understand this opportunity for service better, dust off your calculator and consider the implications of these numbers. To use a 5% number for calculations (and some experts are stating that this number is woefully low due to unsophisticated diagnostic and epidemiologic factoring), for every 100,000 in population there are 5,000 new cases of sleep apnea every year.

Looking backwards in time, if one accepts the incidence and prevalence numbers now being published, and if one assumes that these “new case” numbers have been steady over time, this would equate to at least

approximately fifty thousand (50,000) new sleep disordered breathing cases over the previous ten years, per 100K population.

Obviously not all of these would have been diagnosed or treated. But if we conservatively guestimate that only 10 to 15 percent were diagnosed and treated, this alone would equal 5-10,000 people who have already been diagnosed and have been offered the only treatment available – CPAP! Calculating the CPAP failure rate from these numbers yields 4,000-8,000 people who have already failed CPAP and are without any assistance for their sleep disordered breathing problem. They are already diagnosed and they remain at-risk and without treatment. Again to emphasize- these are people who already know they have obstructive sleep apnea and don't have a solution that works.

Regardless of how you crunch the numbers, adding the existing back load of CPAP failures to the number of new diagnoses who are, can or should be entering the treatment arena each year, creates an enormous opportunity for oral appliances, sleep studies, and CPAP treatments. It is why these sub-specialty are presently expanding, if not exploding, so rapidly.

Because oral appliances for sleep apnea are relatively new, and because Dental Sleep Medicine is still in its infancy, there are enormous numbers of CPAP intolerant people in every community who are suddenly candidates for oral appliance – and more sleep studies!

Consider these possibilities:

- Imagine if you could get a message of hope to these multitudes of thousands of people in your community who have already been diagnosed and who are CPAP intolerant, or who are just non-compliant with CPAP due to various reasons!
- Imagine how many sleep lab beds would be filled doing sleep studies titrating oral appliances!
- Imagine how many oral appliances could be fabricated for desperate people waiting for a solution!
- Imagine how many general physicians and sleep physicians would be anxious to work with a dentist trained in sleep appliances and oral devices! They get another opportunity to work with their patients again, to do another sleep study, and to refer patients to dental sleep medicine specialists.

These facts underscore the reason why a dentist would want to become trained in the area of dental sleep medicine. In working with the current standards-of-care physicians must preferentially work with dentists who meet the equally high standards of training and excellence. This means they are looking for and are anxious to build quality working relationships with dentists who will fabricate and manage oral appliances.

It also underscores the reasons why physicians would want to work with dentists and other referring physicians. There are now more alternative and adjunctive treatments available to the tens of thousands of patients in the surrounding community who remain at risk for heart disease, stroke, high blood pressure, daytime sleepiness and cognitive decline, and death by accidents.

Growing the Sleep Market “Pie”

A bit of marketing philosophy predicts that when the tide rises, all boats in the harbor rise with it. It also stipulates that if you are in front of the wave, you will go farther and faster than those who miss the wave.

This obvious fact as a generalization dramatizes what happens when the level of public discourse increases, and what happens when someone uses the power of the market to their advantage.

While the temptation may exist to be competitive in nature and to be scarcity minded, the truth is that the abundance mindset is far more powerful. While some might work hard to carve out their piece of the pie (not that it isn't important to have a piece), others recognize the value in growing the size of the pie and ultimately getting a bigger piece.

The best way to compete in a crowded harbor to stand out. Remember that it's human nature to take pride in who you choose for your healthcare. Would you ever personally choose on purpose an unqualified doctor or surgeon or dentist? Never!

Your patients are no different. Before they come to you, they want to know that you are the best choice for them. They have no way to know why you would be their best choice unless you do something to “put it out there” that you are! The same could be said in your efforts to work with potential referral sources. How are they going to sing your praises or “float your boat” if your “tide” is flat?

Using this imagery, the point to be made is that the best way to compete (if you want to call it that) with other providers is to rise above them. While you can't control whether their boat has holes in it or not, you can patch your own boat and make it the finest boat afloat, and work to take advantage of the rising tide and to successfully ride the wave it produces.

Where we often fail in our professional marketing is in failing to communicate how exceptional we are! At the risk of this sounding arrogant, it is seldom if ever overt, over-the-top, or in-your-face. It is simply accomplished with the subtle effects of communicating expertise, image, and in presenting carefully packaged information. These strategies are particularly powerful in today's "information age" with its "opt-in" mentality information rich resources.

The fact that few others are doing it helps you differentiate yourself in today's crowded harbor. Those professionals who work together to support each other and to "grow the pie" together in a synergistic way, will find increased opportunities unobtainable without the mutual synergy.

Working together to raise the public awareness is always a good thing. There are plenty of snorers to go around, and a lot of tired people to fix!

Again, the MDReferrals strategy is to differentiate your practice and to make it stand out in a growing marketplace. This is more than imagery and slick presentation alone. Just answer the question – "why and how do you choose a health professional for yourself?" It likely came about because you knew enough about them to feel comfortable selecting them. And this happened through some form of communication and information. The professionals who best control and execute this information, its delivery, these perceptions, and how they present themselves - have the biggest piece of pie!

Streams of New Patients

Dentists and physicians who work together and are quick to read the market potential will recognize the value in directing a double barrel marketing program. One avenue leads directly to the public, and the other path is directed at building professional referral relationships with complimentary health professionals.

Advertising

A direct frontal advertising approach to the public about the problem of snoring can create a new reason for people to find your office. Snoring is an oft joked about, disrupting and annoying behavior of “other people!” While not all snorers have sleep apnea, most people with sleep apnea suffer with snoring. This makes the topic of snoring a good marketing avenue to pursue in uncovering and treating sleep apnea.

Likewise, public marketing directed toward CPAP sufferers who already understand what’s at stake, will invite many into your office where further treatment options can be presented, and which necessitate further sleep studies.

Professional Referrals

It is always desirable to develop close working relationships with existing sleep physicians and sleep labs in the community. Delivering public presentations in hotel meeting rooms or other community halls, or making presentations to service organizations such as the Rotary club, or to sleep apnea support groups, or to hospital staff in an in-service training – all can help you position your practice as the “go-to” practice for sleep apnea, dental sleep medicine, and snoring treatments. Physicians and dentists should be thrilled to support each other in these out-bound marketing activities since they will each be the beneficiary of the patient/business traffic generated through these joint efforts. A rising tide raises all boats.

Inside the Practice

“Does your spouse snore?”

Whose spouse doesn’t snore?

Looking inside your existing practice can also yield new opportunities. Asking every existing or new dental patient “Does Your Spouse Snore?” can yield interesting information and open up doors to practice productivity most dentists have yet to envision. These door openings give way to the more serious conversations about a medical condition that does more than keep the bed-partner awake or fleeing to another room in the house.

Building a close relationship with sleep physicians, pulmonologists, bariatric physicians, endocrinologists, cardiologists, other dentists, and sleep lab technicians among others, can yield valuable patient referrals from high-quality referral sources. Imagine patients showing in your dental office and

saying “My doctor told me to come see you.” This is the ultimate “authority” source and carries incredible value in getting patients that are pre-qualified and “pre-sold” on what you have to offer.

As a side note – remember that these patients referred under “doctor’s orders” bring with them a mouth full of teeth, cosmetics, periodontal disease, bite problems, TMJ, crooked smiles, and the need for health services that only dentists can provide. Oral appliances only work if there are teeth or implants in place to support the appliance. These teeth come with the patient and must be repaired, maintained, replaced, and kept healthy for the oral appliance to be effective in its effort to open the airway and provide restful sleep and higher quality of life.

When “oxygen is king” and oral appliances are the preferred or even the only way the airway can be kept open during sleep, patients must make profound commitments to oral health and stability, even to the extent of placing implants to help support an appliance.

AASM Practice Parameters - Sleep Physicians Need Dentists

Today’s dentists are taking on a larger role in working with physicians over a widening number of medical problems that relate intimately with the mouth, teeth and oral/facial structures. Obstructive sleep apnea gives dentists yet one more opportunity to interact with physicians, and to establish a new source of new patients. The thousands of sleep physicians in the American Academy of Sleep Medicine (AASM) are actively looking for dentists with whom they can work and cross-refer sleep impaired patients.

Because their medical license doesn’t allow them to provide treatments that affect the bite, teeth or jaw joint and related muscles, sleep physicians need dentists who are familiar with sleep apnea and who are skilled in fabricating and managing oral sleep medicine appliances. Sleep physicians are becoming increasingly aware of the use and utility of oral appliances and they know it requires a specific kind of training to be able to practice dental sleep medicine. They effectively “black list” those dentists who uni-laterally make sleep diagnosis or a presumptive diagnosis when they proceed with therapy without a physician’s involvement. [Note: This may, and will probably change as home or portable monitoring finally comes of age. How this eventually settles out will be a function of the input from the AASM, AADSM, manufacturers of sleep diagnostic technologies, and the realized

need to diagnose and treat a much higher number of people suffering from sleep apnea.]

The AASM published in SLEEP, the official sleep related professional journal, practice parameters or revised guidelines which state the accepted usefulness for oral appliances in treating snoring and obstructive sleep apnea. (These are available for viewing by clicking on the link at www.MDReferrals.net/practiceparameters .

In part they read:

“Oral appliances (OAs) are indicated for use in patients with mild to moderate OSA who prefer them to continuous positive airway pressure (CPAP) therapy, or who do not respond to, are not appropriate candidates for, or who fail treatment attempts with CPAP. ...Oral appliances should be fitted by qualified dental personnel who are trained and experienced in the overall care of oral health, the temporomandibular joint, dental occlusion and associated oral structures.” – American Academy of Sleep Medicine, Practice Parameters

Notice the specific statement regarding the treating dentist’s qualifications. To elaborate, quoting section 3.2.1 of the Practice Parameters, it reads:

“Oral appliances should be fitted by qualified dental personnel who are trained and experienced in the overall care of oral health, the temporomandibular joint, dental occlusion and associated oral structures. Dental management of patients with OAs should be overseen by practitioners who have undertaken serious training in sleep medicine and/or sleep related breathing disorders with focused emphasis on the proper protocol for diagnosis, treatment, and follow up.”

Note that the professional academy representing sleep physicians is telling their members and setting forth the standard that 1)- oral appliances are indicated for mild to moderate sleep apnea, and 2)- that they must only work with dentists who have had “serious training”.

This is “music to the ears” of an enterprising dentist. By law the physician is doing all the “heavy lifting”. They do the diagnosis, the sleep studies, and the patient management. The dentist takes a few alginate impressions, grinds on some plastic and sends the patient on their way. Obviously, this is gross over-simplification and misses the point of good care and professional duty. But it’s said to make a point - to the dentist!

The point is that just as physicians need dentists to have an effective way of treating the 70% intolerant and non-compliant CPAP patients, dentists also need physicians because dentists cannot diagnose or treat the several dozen other sleep disorders that can exist or co-exist along with obstructive sleep apnea! It also means that those dentists who are qualified will have preference in receiving the referrals from physicians as they obtain them from fellow physicians, the self-referred public at-large, and from other dentists.

Warning to Dentists

At the risk of being redundant, dentists must be cautious to not succumb to prescribing and fabricating appliances for snoring (Upper Airway Resistance Syndrome) without including a physician in the process in some manner. Sleep apnea is a medical problem.

Many people who snore have sleep apnea, and resolving the obnoxious snoring to the patients satisfaction can leave an occult sleep apnea in place, undiagnosed and still a threat to life and property.

Bottom line – a dentist would not want to have made a snoring appliance for a patient with occult and undiagnosed apnea, and then to find out that this patient died in a traffic accident due to tiredness, or developed heart disease, or died of a stroke (or had any number of other problems develop). Simply put and very understated - this would not be a good day for the dentist!

Rather than trying to capture the business now with a snoring appliance procedure, it is much better for the patient and ultimately for the dental practice, to refer these patients for proper reevaluation at a sleep clinic, and then enjoy the additional work that can come from building these mutually satisfying professional referral relationships.

The “Physician Referral and Education Program (PREP) Marketing System”

The American Academy of Sleep Medicine (AASM for physicians) and the American Academy of Dental Sleep Medicine (AADSM for dentists) are fully cooperating and working together to set the standards of care for the specialty of sleep medicine and the use of oral appliances as they are used to treat snoring and obstructive sleep apnea.

Some Assumptions

We will presume that all dentists and physicians reading this report understand enough about Obstructive Sleep Apnea and Dental Sleep Medicine so as to be considered competent in the science and practice of oral appliances. These competencies are defined by these organizations and in their joint publications and announcements, as is represented in the official Practice Parameters for Oral Appliances referenced above. Dentists reading this report will further understand that they cannot render sleep apnea diagnoses, and that when they build appliances they are performing prescriptive services at the behest of sleep physicians who render the diagnosis and generally manage or titrate the therapy.

[Note: This may, and will probably change as home or portable monitoring finally comes of age. How this eventually settles out will be a function of the input from the AASM, AADSM, manufacturers of sleep diagnostic technologies, and the realized need to diagnose and treat a much higher number of people suffering from sleep apnea.]

These assumptions, facts and realities should not be considered restrictive or punitive. They are permissive and liberating! They are in fact what create the marvelous opportunities for marketing and cross-professional support and networking for both dentists and physicians.

Marketing is a Matter of Attractiveness and Attention

Making yourself more attractive to the marketplace is how to increase the value you bring to the marketplace. While the science provides the authority and the mandate for providing treatment, the key to success from a business perspective and from the point of view of helping more suffering people gain access to care, is in the marketing. Differentiating yourself and building value in the market requires gaining attention and maintaining it through relationship building.

Networking is about building bridges, the objective of which is to provide a path between healthcare providers. It is about building professional referral relationships. Those health professionals who “get” this point will be smiled upon favorably by their marketplace. They will become the beneficiaries of rich referral networking that preferentially rewards them above all others inside their own communities. They will have successfully differentiated themselves and enjoy a strategic advantage.

- The all important strategic if not tactical questions thus become:
- Who will that person in your community be?
- Who will have the “go-to” practice for dental sleep medicine?
- Who will physicians and sleep labs turn to for help?
- Why would one practice refer to another?

The answer to these questions is what the PREP Marketing System and the marketing philosophy of MDReferrals is all about.

Putting “feathers in your hat” and being noticed in the crowd requires a physician or dentist to distinguish themselves in both the clinical aspect and in the marketing perception aspect. When attention is given to this equation in the proper way, attention will be given **from** the market in a differentiated way.

There is no other way to become the “preferred solution” in your community! It requires becoming attractive, getting attention, and then keeping attention.

PREP Marketing System

The Physicians Referral and Education Program (PREP) Marketing System available from MDReferrals is the ideal system for reaching out and building these relationships with health professionals who practice sleep medicine and dental sleep medicine. This marketing system is designed to create a “wow” response which will get you noticed and which will continually “drip” on your audience and keep you in their mind.

It is as equally ideal for physicians who are looking to engender strong referral connection with fellow physicians or with dentists, as it is for dentists looking to court the favor of physicians or other dentists. Repetitious drip marketing using regular communication with other doctors regarding

patients of record, as well as regularly timed newsletters helps you to get recognized, be remembered and become preferred.

A good place to start with building this aspect of a practice is with your own patients. If the statistics for sleep apnea are to be believed then many of our existing patients suffer from sleep disordered breathing. Few things could be more beneficial to their health and quality of life than to direct them toward proper treatment.

Identifying at-risk dental patients and referring them to a sleep specialist is a valuable service and one the patient will thank you for forever! Utilizing the PREP – Personalized Patient Reports will increase interactions with fellow doctors and will demonstrate your thoroughness and concern for your patients.

To stand out above the crowd it is important to package and present yourself along with your expertise in a way to get noticed. If done right these efforts and materials will build trust and invite confidence. Your calling card should evoke a “wow” and be something that is distinctive and memorable. Because everyone else uses them, business cards and tri-fold brochures used alone will not make you look different.

The Physicians Resource Manual is a 3-ring binder used as a “calling card” to both get attention and to communicate competency. This manual, entitled “*The Physicians Guide to Dental Sleep Medicine*” is a resource manual that will draw attention, build trust, and open doors. It contains extensive bibliographies of the science of sleep medicine, along with hundreds of abstracts from the literature photocopied for review.

Physicians and dentists should make it easy for referring professionals to refer a patient. But it should go even farther than that. Elevating yourself “above the crowd” means that your referral cards offer a complete information packet to the patient. They might even offer a free consultation. These strategies employed at MDReferrals, elevates you above the crowd.

In short, MDReferrals provides customized materials that will make you distinct and which will differentiate you and your practice. They will demonstrate your expertise and create a face and image to your marketing efforts that is both presentable and effective at gaining and keeping needed attention.

SUMMARY

Dental sleep medicine is a new arena for healthcare in dentistry. It represents a new market and practice growth opportunity for both dentists and physicians, especially as they choose to work together.

One of the fastest growing segments in medicine is sleep medicine, and sleep physicians are recognizing that a qualified sleep dentist is a necessary team member. Likewise, dentists are recognizing that they not only must work with physicians (in reference to diagnosis and appliance titration) but that their dental sleep medicine practices will do better when they do.

Becoming invited into and included within professional referral networks is an “earned” position. It requires that you “package” yourself right, present the “sizzle”, build trust, and are willing to refer reciprocally. No one makes it into another’s coveted network without somehow deserving the honor.

Dentists should visit and tour a sleep lab and meet with the sleep technician to learn more about what they do. These efforts are both educational as well as relationship building. Consider this question: What would you want sleep technicians saying to their patients who are complaining about their CPAP appliance? When there is a CPAP failure at a sleep lab in your community, wouldn’t it be good if the sleep technician mentioned your name? It won’t happen if they don’t know you or have not been given any reason to prefer you! Likewise, physicians should hope that when a dental patient tells their dentist that they snore, that their name is the first one mentioned and that the dentist has referral materials handy with which to facilitate the referral.

These are all positioning strategies. Dentists should work to position themselves as the preferred sleep dentist in their area. Physicians should work to educate dentists on the varied aspects of sleep medicine. Physicians and dentists should meet with each other doing in-service trainings or lunch-and-learns, sharing their respective strengths and contributions. They can also each speak to local constituent medical and dental society groups.

For dentists: If you are interested in this fast growing discipline and in significantly helping restore health and quality of life to your existing and new patients, consider getting involved in dental sleep medicine. But do it right! Get trained. Consult with the AADSM web site and learn what it takes to practice dental sleep medicine. Then use a marketing system that can

support your efforts to easily build relationships with fellow health professionals and enjoy the referrals and the practice growth.

For physicians: If you are interested in acquiring new sleep apnea referrals from dentists and from other physicians, consider strongly the merits of taping into practice growth strategies that address the unmet market represented by dentist referrals, CPAP failures, and oral appliance treatments.

The Physician Referral and Education Program (PREP) Marketing System is uniquely created to provide the strategically and professionally designed materials you will need to capture professional referrals and build professional referral networks.

To learn more, go to www.MDReferrals.net.