

Martha Frisone  
Assistant Chief Certificate of Need  
Certificate of Need and Planning Section DHSR  
2704 Mail Service Center  
Raleigh, North Carolina 27699-2704



RE: Certificate of Need Applications for Dental Surgery Centers

Dear Ms. Frisone,

Having reviewed the dental surgery center certificate of need applications presented by Surgical Care Dental Professionals (SCDP) and Valleygate Dental Surgery Centers (Valleygate), I wish to advise you of my concerns and those of many of my dental colleagues. I have read the applications, comments on applications, responses to the comments and the investor prospectus that SCDP shared in meetings with the dental community.

I am a Board Certified Oral Surgeon and am involved with Wake Smiles, the only nonprofit dental clinic in Wake County that serves the low-income and uninsured adults of Wake County. I also participate in Mission of Mercy, an outreach portable free clinic that provides dental care for the indigent population of North Carolina. You could say, along with many of my dental colleagues, that I am on the front line of the efforts to meet the dental needs of those with limited access to care due to geographic or economic reasons. Additionally, I have concentrated most of my studies and obtained a Masters of Public Health in the area of dental access for the indigent and underserved communities. Let me clearly state here that SCDP's approach to implementing a dental ambulatory care center does almost nothing to address or improve the aforementioned situations.

Another concern I have pertains to the overall lack support and comradery of the dental community. I have been approached my numerous dental professionals and specialists that have reservations about SCDP's agenda and implementation outlines. One interesting outlier is that there are no oral and maxillofacial surgeons that have shown support for this project, save those who are financially tied to the initiator of this project, the owner of the real estates of the sites, and the co-owners of the management company. There are over twenty Oral and Maxillofacial Surgeons in the Wake County and surrounding areas alone that have voiced their opinions against SCDP or have refused to show support. The only ones that have shown support are current employees of the Oral and Maxillofacial Surgeon initiator, the real estate owner, and the management company owners. Oral and Maxillofacial Surgeons are experts in performing procedures in conjunction with anesthesia and have the best interest of the public at heart when it comes to implementing a project like this. I believe a successful and safe dental ambulatory center should have the full backing of Oral and Maxillofacial Surgeons in the community.

I am in support of an Ambulatory Care Center that is run, managed, and owned by the providers that will be performing most of the procedures in the facility. This is consistent with other surgery centers such as orthopedic ambulatory surgery centers. I am against an ambulatory care center that has the greatest concentration of shares owned by a non-pediatric dental provider. I am also against the ambulatory care center being managed by non-dental professionals, as proposed by SCDP. The management company that dictates the operations of the facility should have no financial or marital ties to the owners; this creates a clear conflict of interest.

When I looked at the basis for forecasting patients, I saw that Valleygate used an epidemiology foundation supported by estimates from practicing pediatric dentists and oral and maxillofacial surgeons in the community. In contrast, SCDP used a broad survey of interested investors. My concern is that the financial investors picked arbitrary numbers for possible candidates in this facility without an understanding or regard for the true need a patient might have for an ambulatory surgery center. Also Valleygate estimated procedure times. SCDP did not. Overall, I believe there will be greater utilization of an ambulatory dental care facility by pediatric patients by a significant margin when compared to adult patients.

The investment prospectus from SCDP includes director shares that the company will give to individuals in return for providing certain services. The largest amount of these (about 18 percent) goes to Dr. Reebye. These "free shares" have value that the SCDP applications do not disclose, but they are a capital cost to the project. Similarly, the enticements in this class of shares to provide support are not disclosed. A large percentage of free shares are allocated to the credentialing board, medical director, and other committees. My overall concern is that there might be a conflict of interest between the governing and credentialing board of the ambulatory care center and its profits. Motivation for some of these players might come from their wallet first.

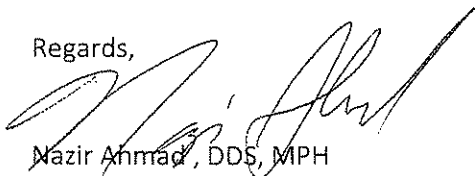
North Carolina dentists and oral surgeons have repeatedly resisted national trends to bring corporate dentistry to the state. Some see this as self-serving. However, those persons miss the point that corporate owners have no ethical standards boards overseeing their performance. Although both applicants propose accreditation by third-party bodies, only the Valleygate application shows any evidence of having consulted any generally accepted accreditation standards rather than arbitrarily creating their own. I think this is very important to showing credibility to the North Carolina public.

The proposals are complex. Both could provide great value to systematically guide the state towards better access to care solutions for pediatric patients, developmentally disabled persons of all ages and some complex adult patients. On the other hand, it could be also be a vessel used to drive up costs for services that are currently available in the offices of dentists and oral maxillofacial surgeons. The bottom line is that the needs reported need to be further studied and validated by more than mere guessing (non-standardized and non-validated) surveys.

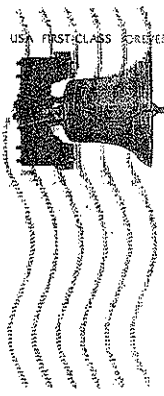
My proposal is for the decision makers to table (delay) the award of the certificate of need for an ambulatory care center until further investigation is completed and validated research is presented, ideally by an independent panel. I would encourage further investigation of the internal structures of both of the proposed projects for their merits and shortcomings, the financial arrangements, the data presented, and targeted population for care. Ultimately, this decision affects the future of our patients and indeed the credibility and of our entire profession. We cannot afford to get this wrong for the people of the great state of North Carolina.

I hope you will consider my comments and thank you for your time and attention.

Regards,

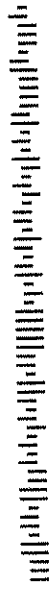


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Re: Charlotte.