LETTER OF TRANSMITTAL

PDA

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То:	Medical Facilities Planning Section, Division of Health Service Regulation 2714 Mail Service Center Raleigh, NC 27699 Kelli.fisk@dhsr.nc.gov					Date: 3/20/2015 Job Number: 128-7012-15 Attention: Kelli Fisk, Asministrative Assistsant Triange Implant Center - Comments Regarding RE: 2015 Spring Petitions			
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Remarks: Submitted to Kelli Fisk via email 03.20.15									
Copy To: Uday Reebye, MD						ΚΙ			

Comments on Petition to State Health Coordinating Council Regarding Petition for Dental Ambulatory Surgery Policy for 2016 State Medical Facilities Plan

March 20, 2015

Commente	er:	Contact:		
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On behalf of Triangle Implant Center, thank you for the opportunity to comment on the Petition to add a new policy to the 2016 State Medical Facilities Plan to provide for dental ambulatory surgery centers.

Triangle Implant Center is an oral surgery practice with offices in Durham, Wilson, Mebane and one coming in Goldsboro, North Carolina. Members of the practice include four oral surgeons, two of whom are also medical doctors, and two anesthesiologists, one of whom is a pediatric anesthesiologist. Our practice treats adults and children who come from communities stretching from the Research Triangle through Eastern North Carolina.

Like the Petitioner, Knowles, Smith and Associates, Triangle Implant Center's oral surgeons and our referring dentists, including pediatric and general dentists, have had similar experiences losing operating room time. We recently lost Saturday morning block time at Duke Regional Hospital. Waiting time to schedule pediatric cases in hospitals is six months in some of the communities we serve. We have an excellent relationship with Duke Anesthesiologists and believe the lost block time had nothing to do with Anesthesiology.

We are aware of the low facility fee payment for dental cases. In fact, private payors are very similar to Medicaid. We find that hospitals do not have dental instruments, dental operating room chairs, or staff trained for dental surgery. We too must provide both instruments and staff when we do cases in hospitals, and our instruments are often lost or broken in the sterile processing system at hospitals.

It is possible to do dental surgery in an office setting. We believe in having Anesthesiology present for oral surgery cases. We also believe that dental surgery benefits from the oversight and credentialing associated with a facility that has licensure, certification and accreditation oversight, as well as full time anesthesia coverage, a dedicated staff trained for oral surgery and dental repair under general anesthesia and that has specific accommodations for pediatric dentistry under general anesthesia. However, dental surgery does not fit well in a typical hospital or multi-specialty ambulatory surgery center operating room. It is awkward for a dentist to perform surgery or do complex repairs on an operating room table. It is better to use a dental operatory specifically designed to position the patient and the dentist for optimum performance. The expensive operating room lights needed for other surgical procedures are in the way for dental surgery. Dentists and oral surgeons use headlamps. It is

easy to understand why very few hospitals in the country have dental operating rooms. There are too few cases in most areas to justify the set-aside space; and the reimbursement is low. The Petition submitted by Knowles, Smith and Associates gives the state, oral surgeons and dentists who are willing to take the risk an opportunity to offer an alternative.

We reviewed the requested policy change, agree with the concept, and recommend a few modifications:

- A dental ambulatory surgery facility should permitted to accommodate both pediatric and adult
 patients. This will address more access barriers. We would not preclude an applicant from
 proposing a facility dedicated only to pediatric care.
- Both oral surgery and dentistry under general anesthesia should be permitted. "Dental surgery" as written in the petition should be interpreted to mean both dental cases under general anesthesia and oral surgery;
- "Pediatric outpatient surgical cases" as written in the petition should be interpreted to mean both pediatric dental cases under general anesthesia and pediatric oral surgery
- The access problem is so acute, that restriction to a Dental Health Professional Shortage Area should not be necessary. Moreover, this designation can change from year to year.
- Inclusion of a dedicated pediatric dental operating room, on the other hand, is an excellent provision. Children require specific accommodations.
- The requirement for dental care in the pediatric operating room should be reduced from 80 percent to 50 percent. Care for all pediatric dental cases that require general anesthesia is critical. With reimbursement levels low for all payers, the center should address all access barriers.

We welcome any questions that staff or committee may have and would welcome the opportunity to answer your questions.

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