State Health Coordinating Council
Responses to Questions about Dental Only Surgery Center
Summer Petitions, Public Hearing

Additional Information Requested of Village Family Dental and Triangle Implant Center

Village Family Dental and Triangle Implant Center are both submitting petitions to the State Health Coordinating Council for special need determinations in the *2016 State Medical Facilities Plan* for Dental Ambulatory Surgeries in Cumberland and Wake Counties, respectively. Members of the SHCC asked each petitioner a series of questions following their presentations at the Public Hearing in Concord on July 17, 2015. The following is a summary of the questions and answers.

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1. Why not use the unused operating room capacity in hospitals?

When the person performing the surgery is a pediatric dentist, North Carolina hospital statute GS 131E-76, adds three additional cumbersome steps. –First, the pediatric dentist must find another credentialed physician to sponsor the pediatric dentist's patient for admission. Second, because the hospital statute does not permit a pediatric dentist to admit a patient to a Hospital, or perform the H&P update related to a procedure in a hospital, then the pediatric dentist must find a physician available within 24 hours of the H&P that will sign the H&P update, and that physician must be credentialed with the hospital. Finally, a pediatrician credentialed with the hospital must perform the original H&P, so the dentist must also obtain Carolina Access approval for patients whose medical home is not part of the hospital network.

By contrast, the ambulatory surgery licensure allows the pediatric dentist to admit, perform procedures and process the H&P update.

In addition, the hospital must also be willing to invest in the dental operatory. In areas like Wake and Cumberland where there are large numbers of dental cases that require general anesthesia, and competing demands for operating room time, it has not proven workable. Pediatric dentists are not welcomed, are refused block time and have been refused permission to credential at Southeastern Ambulatory Surgery Center. Pediatric dentists across the State report scheduled pediatric cases are often bumped by emergency or larger cases. This makes scheduling in hospitals unpredictable. Patients, primarily young children, who have gone without food for hours cannot tolerate the delays.

Moreover, as demonstrated by data from the Division of Medical Assistance in Attachments to both petitions hospital cases cost Medicaid four times more than cases with the same diagnostic code that are done in ambulatory surgery centers. The primary difference appears to be in the additional charges for supporting items like pharmacy, which the hospitals can include and the surgery centers do not.

2. **Do pediatric dentists require board certification? / What Board certifies pediatric dentists?**

Pediatric dentists do not require board certification. However, many hospitals do require the Board Certification as a condition for credentials. To be called a pediatric dentist, a dentist must complete a 2 or 3 year residency of additional training post DDS degree. The Board certifying agency is the American Board of Pediatric Dentistry; www.abpd.org

3. **Does TRICARE have credentialing or conditions of participation?**

TRICARE is the medical carrier for Active Duty Military and their families. MetLife is the Dental carrier for active Duty Military and their families. Village Family Dental is credentialed and a participating provider by MetLife for the military dental program and by Delta Dental for military veterans' dental care .

4. **What is your involvement with Tricare?**

Tricare is a medical carrier. MetLife is the dental military carrier. Village Family Dental is a participating, credentialed provider, holding contracts to serve patients with MetLife. Payments are very low.

5. **Who would compete with you if the Plan were to include a demonstration project that permitted only one center each in Wake and Cumberland Counties?**

At this time, neither petitioner knows of any competitor for the CON if the 2016State Plan includes dental ambulatory surgery centers in Wake and Cumberland Counties. Both ask that the Plan include at least two ambulatory dental centers one in each of the two counties, one serving HSA IV and Central North Carolina and the other serving HSA V and Southeastern North Carolina. . The petitioners ask that the prerequisites require any applicant to match their histories of service to Medicaid patients, particularly with regard to Medicaid pediatric patients.

6. **What training are new graduating dentists receiving with regard to general anesthesia?**

A general dentist does not receive training for general anesthesia. Neither petition contemplates a general dentist performing care under general anesthesia. A pediatric dentist receives additional residency training after dental school, which includes training to provide dental care to patients under general anesthesia. However, pediatric dentists do not specifically hold a general anesthesia permit and thereby require an anesthesiologist present to provide general anesthesia. For clarification, pediatric dentists are trained in conscious sedation protocols and receive NC State Dental Board permitting. An Oral Surgeon has training to perform oral surgery under general anesthesia, IV sedation, and conscious sedation. An oral surgeon may also be a medical doctor. An oral surgeon with training in the six-year program is also certified to perform general anesthesia directly.

7. **What is the predominant regulatory agency for dental ambulatory surgery? / What accrediting body would you use?**

CMS presently gives "deemed status" to three ambulatory accrediting bodies: Joint Commission, AAAHC and Accreditation Association for Accreditation of Ambulatory Surgical Facilities (AAAASF). Deemed status means that CMS automatically accepts accreditation from these bodies for Medicare and Medicaid certification, once the facilities have met other state requirements. We are aware of five states have dental ambulatory surgery centers, Pennsylvania, Washington California, New Mexico, and Ohio. Each state has its own approach. In planning for North Carolina, the petitioners are using The Accreditation Association for Ambulatory Health Care (AAAHC) as its benchmark regulatory agency. Both petitioners are considering AAAHC as the accrediting agency. AAAHC accreditation provides deemed status for Medicare and Medicaid Conditions of Participation.

Petitioners have identified one issue in the credentialing guidance with regard to the requirement that professionals admitting to the ambulatory surgery center have admitting privileges at hospitals. However, a North Carolina ambulatory surgery center in Greensboro that is licensed and certified resolved this problem by making formal arrangements with physicians who do have hospital admitting privileges.

North Carolina Dental staff, Mark Casey, DDS, MPH is currently participating with a national group, the Dental Quality Alliance, to define quality metrics for dentistry. The quality field for dentistry is less advanced than it is for medical care.

8. **How would you qualify/ credential dentists for the proposed dental surgery center?**

Both Village Family and Triangle Implant are working on formal credentialing programs that would work like any other Medicare/Medicaid certified ambulatory surgery center. Dentists who apply to perform procedures in the center would be required to demonstrate proficiency in the procedure.

9. **How will you determine whether patients are appropriate for care at the center?**

Complexity of case, number of appointments required, and age of patient are fundamental factors in diagnosing treatment for general anesthesia. The same criteria currently used will continue for the ambulatory center.

10. **What is your current payor mix?**

Triangle Implant Center: Currently around 40 percent Medicaid.
Village Family Dental: Currently 35-40 percent Medicaid and 30 percent military.
Both provide discount programs for persons with no coverage.
Both provide three to seven percent charity care, varying by office.

11. How will you balance the Medicaid and uninsured?

Both Village Family Dental and Triangle Implant Center balance these patient types in their current practice. Having a facility fee will help offset the subsidy for Medicaid patients. Both have active charity programs now. With better scheduling predictability, both can better absorb charity care with improved productivity.

12. Are dentists required to carry malpractice; and if so, who is the dominant player in the dental industry for liability?

Yes, dentists are required to carry malpractice coverage. Medical Mutual is one carrier. Village Family Dental recently switched to CNA

13. Do you have a site, if so, where? Are they within 30 minutes of a hospital?

Village Family Dental: Valleygate Drive, across from its largest dental practice in Fayetteville– about 5 minutes from Cape Fear Valley Medical Center.

Triangle Implant Center: Solferino North, 2209 Century Drive, Raleigh, a dental office building under development that will have multiple dental practice tenants. – about 15 minutes from Duke Raleigh, Rex and WakeMed.

14. How many procedure rooms are you requesting?

In North Carolina, only operating rooms are regulated by Certificate of Need. Hence each petitioner is requesting one operating room at each site.

Village Family Dental: wants a center dedicated to the "scope of pediatric dentistry", which includes disabled adults.

Triangle Implant Center: wants a dedicated ambulatory dental center that will offer pediatric dentistry and ambulatory oral surgery.

Both petitioners expect to build unregulated procedure rooms to operating room standards.

15. Why do you believe you are having trouble booking OR time?

Village Family Dental: The hospitals in our area serve large numbers of Medicaid and uninsured, this makes the extra arrangements required to accommodate dentists' general anesthesia cases, particularly burdensome. In addition, Medicaid's admittedly low payments for dental anesthesia make the extra burden particularly heavy for hospitals' anesthesiologists. Pediatric dental cases that are long and have low fees put a particular strain on the anesthesiologists.

Triangle Implant Center: Not all oral surgeons can get hospital credentials because not all training programs include hospital –based training. We are in a high growth area, with counties like Wake adding 100,000 people every five years. Hospitals have limited operating room time and competing priorities. Ambulatory surgery centers do not want the low Medicaid fees. Even

though the hospital can add charges that an ambulatory surgery center cannot, payment for Medicaid dental cases is still very low compared to other cases; and Medicaid is the dominant payor for dental surgery cases. Anesthesia Medicaid pay is extremely low. For detail on Medicaid payment see data tables from the Division of Medical Assistance, provided as attachments to the petitions. Triangle has been fortunate to have access to Duke Anesthesiologists, who have the support of the non-profit health system behind them. However, it can only subsidize its own Medicaid patients, not those of other practices.

16. What defines a "tragic outcome"?

Unfortunately, death. As with any medical or dental procedure, a tragic outcome is death. Most of the negative outcomes that have occurred in the dental in office setting have occurred as a result of conscious sedation being performed when patient should have been referred and treated under general anesthesia. This highlights the need for a more fluid access to general anesthesia services.

17. What is the difference between an oral surgeon and a dentist?

The oral surgeon may also be a medical doctor. There are two different training programs, four and six years post DDS. The six-year program includes MD status. Thus some oral surgeons can admit to hospitals. A dentist has a DDS degree only. A pediatric dentist has additional 2 to 3 year residency for training specific to providing care to patients in an operating room setting with the aid of an anesthesiologist. The Pediatric Dentist may have Board certification from the American Board of Pediatric Dentistry.

18. Why is one OR sufficient?

North Carolina allows facilities to build procedure rooms to operating room standards. This is a key assumption of the petitions. Both centers can be efficient with one operating room if it is supplemented by procedure rooms. Turn-around time between dental surgery cases is significantly shorter than most medical surgical cases because the layouts are designed for quick turnover, instruments are smaller and dental operatory design involves minimum waste.

With only dental and oral surgery procedures occurring in the rooms, variation will be minimized, staff will know the instruments and layout . Dental general anesthesia cases are typically long, lasting 45 minutes to two hours. This also minimizes turnover activity. Finally, having control of dedicated surgical facilities allows dentists to more efficiently manage staff and schedules. There are fewer protocols, fewer instruments to learn, more consistent handoffs and check lists.

19. Would you accept a restriction of the OR being dental only?

Both petitioners are in favor of this restriction, with an understanding that some dental surgery involves related reconstruction.

20. Do you expect that creating this center will increase the number of oral surgeons that drop privileges from local hospitals?

Because a surgery center cannot handle all cases, pediatric dentists will still need hospital privileges for complex cases. If the state has two centers, pediatric dentists and oral surgeons in those areas will likely request fewer hospital operating room slots. However, they will likely still maintain hospital credentials.

21. Would you accept a condition that required your staff to take call at the local hospital?

Both anticipate a need for transfer arrangements with local hospitals. Both would arrange for oral surgeon call at the local hospital, if requested. In some cases, the hospital may not want another oral surgeon on its staff. Some Triangle Implant oral surgeons take call. Not all dentists can be credentialed at a hospital. This restriction stems from limitations on the setting for their residency training. Not all residencies include hospital training. Pediatric dentists' call is more complex because the pediatric dentist cannot admit. Nonetheless, pediatric dentists at both petitioner offices have hospital privileges. One can have privileges without taking call. Village Family Dental has privileges at five hospitals. Triangle Implant oral surgeons have privileges at Duke Regional Hospital. Triangle Implant Center expects that oral surgeons with privileges at the proposed dental ambulatory center would have privileges at Raleigh hospitals.

22. If a hospital offered a "dental only" OR on-site, would that alleviate the problem?

No. It would alleviate the problem in some areas. It would not address the issue of ability to admit into the hospital, which the hospital act and the physician statute restrict. In addition, the resistance to low reimbursement related to Medicaid by facilities and anesthesiologists would remain.

23. Why are you willing to open privileges to dentists outside your practice?

Triangle Implant: Dentists from smaller practices who do not want to maintain proficiency in administration of general anesthesia have asked use the TIC offices where general anesthesia is currently available from Duke Anesthesiologists.

Village Family Dental has been asked by smaller practices to help them find a solution. As the largest practice in the area, VFD is in a better position to take the risk.