

**Presentation of Comments for  
Clarification of Amendment to 2021 State Medical Facilities Plan  
Regarding Dental Single Specialty Ambulatory Surgical Facility Demonstration  
Project,  
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*Presented by:*

*Jordan Olsen, DDS, MS*

*Village Family Dental*

Hello, my name is Dr. Jordan Olsen. I am a practicing pediatric dentist in Fayetteville, North Carolina. I serve patients from infancy through early adolescents as well as those with special needs through adulthood. I would like to express my support of the petition submitted by Valleygate Dental Surgery Holdings, LLC and thank the Acute Care committee for their approval and thoughtful modifications.

My patients receive routine evaluations of extraoral and intraoral structure development including the face, jaws, hard and soft tissues, and teeth. These routine evaluations also review the relationship of those structures to each other within an arch and between maxillary and mandibular arches; the transition from primary to permanent dentitions; and finally, of hard and soft tissue pathology including dental caries.

Evaluations often note the presence of enlarged tonsils and adenoids as well as the symptoms of restless sleep and snoring among our patients. There are many times when dental treatment for an extremely anxious and fearful child is unsafe with moderate conscious sedation because of prominent obstruction of tonsils and adenoids. As a result, these children, must either delay treatment until an ENT can remove the tonsils and adenoids in a hospital, potentially leading to pain or progression of dental infection; or, complete the dental treatment under general anesthesia. Unfortunately, treating the dental issue alone under general anesthesia does not

address the underlying issues created by sleep apnea, labored breathing, poor oxygenation, and restless sleep.

By utilizing a team approach of pediatric dentists, oral surgeons, and ENT specialists within the confines of a general anesthesia setting, we can remedy both significant dental disease obstructive soft tissues at the same time. Not all children suffer from both issues simultaneously. However, for those that do, it is beneficial for all involved – patients, caregivers, surgical team, and the healthcare delivery system – to address the issue at the same time. Costs will be significantly lower, total care time minimized, and far fewer resources expended. With a team approach, clinicians can discuss and make the best decisions for successful patient clinical outcomes. I urge the State Health Coordinating Council to allow the ENT to join the dentists and oral surgeons, where team care is clinically indicated, to complete patient care in a single visit to the surgery center.

Every patient is unique, and not every case will qualify, but for those who do, this approach would represent substantial value.

Thank you for your time.