

**Presentation of Special Needs Petition for
One Operating Room in a Dental-Only Ambulatory Surgery Center,
Cumberland County,**

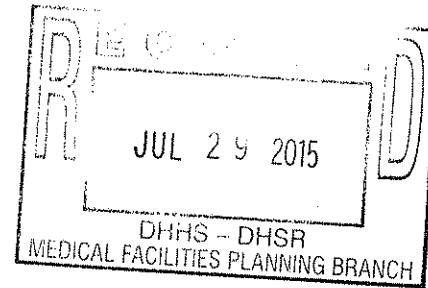
Proposed 2016 State Medical Facilities Plan

Raleigh, July 29 North Carolina

Presented by:

Anuj James, DDS Managing Partner

Village Family Dental



Good afternoon, I am Anuj James, general dentist and managing partner of Village Family Dental. We are an 11-location practice with 38 dentists, including eight pediatric dentists certified by the American Board of Pediatric Dentistry. Our offices are in Cumberland, Robeson, Hoke and Scotland Counties, among the poorest and most underserved in the state.

We are the advocates for a statewide policy change in the ambulatory surgery methodology that would provide an opportunity for dentists who serve a large number of Medicaid children to have a dedicated dental ambulatory surgery center. We still believe that is a good solution to a very real problem, but that petition was denied June 3. I am asking that you modify the 2016 State Medical Facilities Plan to include an adjusted need determination for one dental-only surgery center as part of a demonstration project in Cumberland County to serve Southeastern North Carolina. Our pediatric dental patients need this project so our practice and others like it can meet their needs.

We cannot get dependable, scheduled time in hospital operating rooms or ambulatory surgery centers. As a result, thousands of children endure unnecessary and unhealthy delays for dental surgery, even though we have dentists willing to care for them.

Village Family sees about 90 Medicaid children a day. Of those children, 17 typically need a procedure performed in the operating room setting under general anesthesia, yet we only have enough OR time to see 3. The American Academy of Pediatric Dentistry endorses general anesthesia for qualified patients. The children that require pediatric dental surgery under general anesthesia are generally children who have challenges in development, behavior, cooperation, age or physical condition. This includes

situations where:

- Extensive dental needs that cannot be safely treated in office.
- Multiple dental caries and acute stress reaction.
- Very young patients, typically under the age of 3 YR 6 Mo
- Patient does not respond adequately to oral sedation protocols.
- Protecting them from life -long psychological trauma and/or reducing medical risks
- Patient is mentally / physically handicapped and requires general anesthesia for proper management of behavior or movement.

Many of our patients have complex dental problems, the product of developmental disabilities, socioeconomic conditions, lack of dental education, and delayed care.

Last year, our pediatric dentists performed approximately 1,450 general anesthesia procedures on Medicaid patients. Many children went unserved because we could not get operating room time. Left untreated, dental caries can inhibit a child's physical, mental, social, and psychological development and can lead to significant medical problems. Today, our pediatric patients with infections that require immediate attention must wait four months to get on an operating room schedule.

We are out of options. By statute, North Carolina hospital licensure excludes dentists from admitting privileges, but ambulatory surgery licensure does not. A hospital or the pediatric dentist must find both a sponsoring physician and a pediatrician credentialed with the Hospital who will accept Carolina Access. This is cumbersome, creates quality challenges, and the pay for the procedure is low. We recently lost all hospital block time in Robeson County and two more days a month in Cumberland County. The vast majority of our cases do not require inpatient care and could be done in an ambulatory setting; however, area ambulatory surgery centers are not willing to provide us with block time.

Offers of operating room block time in hospitals that are 30 to 120 minutes away from Village Family offices, though generous, are not workable. Extended travel means more time lost from delivering care and our Medicaid patients have trouble getting to all the required appointments.

Consider transportation from the patient's perspective. A patient with infectious dental caries can be seen five times before treatment is completed:

- First pediatrician for referral;

- Then diagnosis at our office;
- A history and physical at the pediatrician credentialed with the hospital that is willing to obtain Carolina Access,
- A pre-op appointment at the hospital;
- And finally surgery;

With a dental surgery center, these five visits could be reduced to two or three.

In office conscious sedation is not feasible for all pediatric patients. In addition, most pediatric dental programs are training that general anesthesia for complex pediatric cases is the ideal approach to care.

Need in our service area is high. It has more than 170,000 Medicaid children and some of the poorest and unhealthiest counties in the state. Robeson and Scotland are large counties and rank in the ten poorest.¹ Cumberland's income is below the state average.

Medicaid facility fees for dental surgery are low: \$300 to \$580. As a result, very few surgery centers or hospitals offer block time to pediatric dentists. Village Family is willing to accept the low fees because what we save in lost time and instruments will offset the cost. Data for 2014 show that, for comparable dental cases, Medicaid paid hospitals four times as much ambulatory surgery centers.

North Carolina practice requires one operating room to have a surgery center. We could manage with one operating room and three procedure rooms to provide for efficient operations.

To assure quality, Village Family Dental is willing to pursue AAAHC accreditation. We are also willing to have open staff privileges, with credentialing standards. Village Family is the largest practice in the area, but not the only one with the problem. We are participating providers in MetLife, the dental carrier for active duty military and Delta Dental, the carrier for retired military. All dental insurances credential their participating doctors.

With no evidence of a statewide solution on the horizon, we are asking that you address our critical need and let us act as a pilot. We are willing to accept conditions that the payor mix be at minimum 60

¹ US Census 2010 and American Community Survey 5-Year estimates.

percent Medicaid, that the center see a minimum of 900 annual Medicaid patients, offer three percent of its services to charity patients, be accredited and have an open dental staff.

We have been trying to solve this problem for 15 years, and it is getting worse. You can help us now. We have received support from the North Carolina Dental Society. Either provide a statewide demonstration solution, or start with a pilot in Cumberland County with the 2016 Plan and expand out later. Thank you. I will be happy to entertain questions.

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