

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:

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Valleygate Dental Surgery Center Holdings, LLC

Hello, my name is Dr. Virginia Jones. I am the Chief Executive Officer of Valleygate Holdings, a company providing management services to three Single Specialty Dental Ambulatory Surgical Centers approved as part of the Demonstration Project included in the 2016 State Medical Facilities Plan. I also speak on behalf of the owners of those licensed ambulatory surgical centers, who are dentists from practices in Cumberland, Hoke, Scotland, Robeson, Mecklenburg, Gaston, Guilford, Forsythe and other counties across the state. We have provided a petition to clarify one demonstration project condition. Condition #3 says that the centers can provide only dental and oral surgical cases requiring sedation. We would like clarification because about ten percent of our dental and oral surgery cases require participation of another specialist to complete the surgery - an ENT.

Valleygate facilities have been open for over two years and have served more than 5,000 patients – enough for us to see patterns that affect approximately 10 percent of our patients, mostly children with complex dental decay or deformities, primarily Medicaid, and of lower socio-economic status. Their condition goes beyond the dental procedures to nearby tissues, and their dental surgery requires the skills of ENT surgeons. In an abundance of caution, we have interpreted Condition #3 literally and are not permitting those surgeons to work in the Valleygate centers.

We believe that the SHCC could interpret the intent as focused on the reason for the surgery, and permit medical surgeons to assist dental and oral surgeons in the Centers' cases. The proposed interpretation would not increase the number of operating rooms or procedure rooms in these facilities. Nor would it change the nature of the cases. The cases are still dental and/or oral surgery cases. We do them now. Currently, following surgery at our center, we refer the patient to the ENT, who schedules a subsequent case in a hospital or surgical center to complete the additional procedure necessary.

With the requested interpretation, some cases would take a little more time, but not enough to require additional facility capacity. Most importantly, the interpretation would not change the nature of the dental surgery centers. All cases would still be dental or oral surgery cases because the patients' underlying dental issues are the primary reason for scheduling this procedure.

With the proposed interpretation, patients could get complete care in one sitting. This is more efficient. For the patient, it will minimize the cost of procedures, the risks associated with sedation, the number of trips to a surgery setting and mostly important, reduction in anesthesia, which improves patient safety regardless of age. That said, cases at the dental surgery centers are primarily pediatric, and limiting anesthesia exposure to these patients is an especially important safety concern.

One appointment is more cost-efficient. Patients will receive only one facility bill (which includes anesthesia), translating to less out-of-pocket costs. This also translates to lower cost burden to the State, since the vast majority of these cases are government insurance recipients. Currently, comparing 2016 to 2019, we have saved over \$993,000 in NC Medicaid in Fayetteville alone, while seeing 331 more patients. This method would create even greater savings, and allow the health system to use far fewer resources. Outcome quality will improve. Without this interpretation, patients will continue to wait several weeks for the medical specialists to schedule the second surgery. By completing care in one visit, patients and their caregivers will spend less time away from home, work, or school and, will ultimately experience less disruption to their lives. One appointment means only one travel arrangement, one registration, one surgical pre-screen, and one, significantly shorter, recovery period. With dental care in particular, the risk of patients failing to complete care increases when care requires more than one trip to a surgery setting. Most of these patients have limited resources, which can be the reason for deferring completion. With an incomplete surgery, patient quality of life diminishes and can affect the patients' health long term.

We want to take this opportunity to say THANK YOU. Thank you to the SHCC and to the State of North Carolina, and the DHSR team members that made the dental demonstration project a reality. We are very pleased with the dental ambulatory surgery demonstration. Our patient satisfaction scores are 100 percent positive. All three centers have AAAHC accreditation and CMS certification. The centers are busy –already serving the required 1,800 annual cases and more; Medicaid has evidence that the demonstration is saving money. Patients are getting the care they need and continuity of care desired. We are averaging in excess of 80% medicaid children. We have

and will continue to learn from the demonstration. In the spirit of progress, we ask the Agency to support the petition so that Condition #3 for Dental Single Specialty Ambulatory Surgical Facility Demonstration Projects includes dental / oral procedures that require participation of ENT during the dental case.

Thank you for your time and consideration. I will be happy to answer any questions.