

ITINERANT PRACTICE OF DENTISTRY IN TEXAS

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on behalf of the
Texas Society of Oral and Maxillofacial Surgeons

I would like to thank the Texas Sunset Commission for the opportunity to testify today on the health and safety of dental patients in Texas as a member of the Texas Society of Oral and Maxillofacial Surgeons.

An itinerant dentist is defined as a licensed practitioner who travels from office to office to perform patient care at a dental practice or practice facility in which they have no financial ownership in the practice. The itinerant practice model has exploded all across the country and in Texas over the last five years. The traditional model of patient referral that was in place for decades is no longer the norm in dentistry. There are many reasons for the growth of the itinerant model but the primary reasons are the lack of busyness among general dentists and the rapid growth of corporate dentistry.

The majority of itinerant dental procedures performed in Texas involve the use of parenteral anesthesia delivered by Level 3 or Level 4 anesthesia permit holders. It is the belief of the Texas Society of Oral and Maxillofacial Surgeons that itinerant dentistry, especially when it involves anesthesia, is inherently less safe and puts Texas dental patients at greater risk for undesirable outcomes from surgery and anesthesia. The TSOMS strongly discourages the practice of itinerant surgery among our members for these reasons. Currently in the itinerant model where IV sedation is being delivered for dental procedures no office anesthesia evaluation is required to insure that office has the appropriate monitors, emergency equipment and trained personnel to handle an airway or anesthetic emergency if it arises. Dental office based anesthesia is delivered in a team model in most cases (except in the case of Dental Anesthesiologists) and almost all general dentist's offices do not provide emergency anesthesia training to their dental assistants. The lack of appropriate and required monitors for the delivery of parenteral anesthesia is a significant safety concern in many of these offices where itinerant dentistry is delivered. The state of Iowa, which has an excellent safety record when it comes to dental anesthesia, limits itinerancy by requiring fixed monitors (can't be moved from office to office) and an office anesthesia evaluation for every office that an itinerant dentist provides services and anesthesia for. Contrast this with the great state of Texas where we know of one itinerant provider in the DFW Metroplex that provides itinerant dental services and parenteral anesthesia in over 75 general dentist offices. Not one of these offices has had an office anesthesia evaluation and very few have dental assistants that are trained in the management of airway and anesthesia emergencies. Consistency and redundancy are two major components of safety in anesthesia and the itinerant model inherently fails to provide either of these.

Another area of this delivery model that impacts the health and safety of Texas dental patients is the lack of appropriate postoperative care. Many of these

itinerant providers leave the responsibility of postoperative care in the hands of practitioners who are not similarly qualified to recognize, treat and manage all surgical complications. We are aware of several cases across the state where patients experienced severe postoperative complications and ended up in a hospital emergency room and had to have their complications managed by the Oral and Maxillofacial Surgeon on call. In most cases the itinerant dentist did not have hospital privileges to admit the patient and manage their postoperative complication. This is basically patient abandonment. Similarly, DSO's (corporate dentistry clinics) in some cases will fly a practitioner from one area of the state to a small town in another area to provide same day surgical services and then fly out at the end of the day. In many cases the postoperative care is left to unqualified dentists with less than desirable results in some cases. Often these patients with complications end up in the offices of the local Oral and Maxillofacial Surgeon. This scenario is definitely unethical and should also be illegal.

The Texas Society of Oral and Maxillofacial Surgeons strongly encourages the Sunset Commission to enact legislation that will improve the health and safety of Texas dental patients by requiring office anesthesia evaluations for every office that an itinerant dentist delivers office based anesthesia in and requiring that a written plan for postoperative care be given to patients that identifies the practitioner who will be responsible for their postoperative care and that practitioner is similarly qualified to recognize, treat and manage all surgical complications. By definition this would require admitting hospital privileges.

Thank you for allowing me to present my testimony today.

Respectfully submitted,

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