UVM Project ECHO: Dental Series
Treatment of Oral Health-Related Pain

July 9, 2021

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ECHO Director: Elizabeth Cote

Series Faculty: Charles D. MacLean, MD
Amanda Kennedy, PharmD, BCPS
Hannah Hauser, MSW
Jeffrey Crandall, DDS
Natalia Chalmers, DDS, MHSc, PhD
Raymond Dionne, DDS, PhD
Sue Etminan, DMD, MPH
Thomas Connolly, DMD
• RECORDING OF SESSION TO BEGIN
Agenda

• Introductions
• Objectives
• Didactic Presentation (15-20 min)
• Case presentation
  • Clarifying questions
  • Participants – then faculty panel
• Discussion
• Recommendations
• Summary
• Closing Announcements
  • Submission of new cases
  • Completion of evaluations
CE Disclosures

The Vermont Office of Professional Regulation Board of Dental Examiners (BDE) designates this internet live activity (course ID CA-41774) for a maximum of 1.0 Continuing Education (CE) Credit. Participants should claim only the credit commensurate with the extent of their participation in the activity.

Interest Disclosures:

• As an organization sponsoring continuing education (CE) activities, UVM is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.
Series Objectives

At the end of this ECHO series participants will:

• Understand the best practice approach to prescribing opioids for pain

• Be able to implement a workflow for the use of the Vermont Prescription Monitoring System (VPMS), including the use of delegates

• Understand the evaluation and management of patients with substance use disorder

• Identify and understand common causes of chronic orofacial pain and their connection to dentistry

• Understand effective non-opioid options for the management of pain in dental practice
Managing Opioids Safely and within Vermont Opioid Prescribing Rules

Amanda G. Kennedy, PharmD, BCPS
Charles D. MacLean, MD

The speakers have no conflicts to disclose
Session Objectives

By the end of this activity, the learners should be able to:

• Understand the best practice approach to prescribing opioids for pain

• Understand the Vermont rules for prescribing opioids
Opioid overdoses, including prescription and illicit opioids, have increased during the pandemic.
Best Practices in Opioid Prescribing: 
*CDC Guideline for Prescribing Opioids for Chronic Pain*

**Determining when to initiate or continue opioids for chronic pain**

- Consider non-drug and non-opioid options first
- Establish treatment goals for pain and function
- Discuss risks and benefits of therapy with patients

**Opioid selection, dosage, duration, follow-up, and discontinuation**

- Prescribe immediate-release opioids when initiating opioids
- Start low and go slow
- Prescribe no more than needed for acute pain (often 3 days or less)
- Follow-up and re-evaluate risk of harm. Taper and discontinue opioids.

**Assessing risk and addressing harms of opioid use**

- Evaluate risk factors for opioid-related harm (e.g. history of overdose, benzo use)
- Check the PDMP (in VT, this is the Vermont Prescription Monitoring System)
- Use urine drug screening
- Avoid co-prescribing opioids and benzodiazepines
- Arrange for treatment for opioid use disorder

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https://www.cdc.gov/opioids/providers/prescribing/guideline.html
Vermont Rules for Opioid Prescribing

- Two primary rules
  - Vermont Prescription Monitoring System Rule (VPMS); 2017
  - Rule Governing the Prescribing of Opioids for Pain; 2019
    - Universal Precautions
    - Prescribing Opioids for Acute Pain
    - Prescribing Opioids for Chronic Pain
    - Co-Prescription of Naloxone

http://www.med.uvm.edu/ahec/healthcare-professional-resources (look under Opioids)
VT Rules: Universal Precautions

- Consider non-opioid and non-drug therapies
- Query VPMS: https://vermont.pmpaware.net/login
- Discuss the risks of opioids with the patient
  - Side effects, risks of dependence and overdose, alternative treatments, tapering, and safe storage and disposal
- Provide the patient with an education sheet
- Obtain a signed informed consent document

Resource

Look under Opioid Education Resources for the education sheet and sample consent

Rule Governing the Prescribing of Opioids for Pain (3/1/19) found at
VT Rules: Prescribing Opioids for Acute Pain

- Morphine milligram equivalents (MME) per day helps to standardize prescribing across opioids
- Use the CDC app if you need help calculating MME

**PEDIATRICS**

Consider discussing the benefits and risks of prescribing an opioid to a pediatric patient with a colleague or specialist. Use extreme caution. Calculate dose for patient’s age and body weight. Consider the indication, pain severity, and alternative therapies. **Limit prescriptions to 3 days or less with an average MME of 24 or less.** Do not write additional prescriptions without evaluating the patient.

<table>
<thead>
<tr>
<th>ADULTS</th>
<th>Average DAILY</th>
<th>TOTAL Rx Quantities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MINOR PAIN</strong> (e.g. molar removal, undiagnosed dental pain)</td>
<td>No opioids</td>
<td>No opioids</td>
</tr>
<tr>
<td><strong>MODERATE PAIN</strong> (e.g. Non-compounded bone fractures, soft tissue surgery)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrocodone 5mg</td>
<td>MME: 24 / 0-4 tablets</td>
<td>0-5 days / 0-20 tablets</td>
</tr>
<tr>
<td>Oxycodone 5mg</td>
<td>MME: 24 / 0-3 tablets</td>
<td>0-5 days / 0-15 tablets</td>
</tr>
<tr>
<td><strong>SEVERE PAIN</strong> (e.g. compound fractures, maxillofacial surgery)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrocodone 5mg</td>
<td>MME: 32 / 0-6 tablets</td>
<td>0-5 days / 0-30 tablets</td>
</tr>
<tr>
<td>Oxycodone 5mg</td>
<td>MME: 32 / 0-4 tablets</td>
<td>0-5 days / 0-20 tablets</td>
</tr>
</tbody>
</table>

| Involves more rules and documentation than for acute prescribing |
| Screened and evaluation for risks and benefits using validated tools |
| Documenting what has been tried previously |
| Annual, signed Treatment Agreement (in addition to informed consent) |
| Re-evaluate the patient at least every 90 days |
| Refer to substance use treatment, if indicated |
VT Rules: Co-prescription of Naloxone

Co-prescribing required for patients on 90+ MME or on concurrent benzodiazepines

Reassure patients that naloxone is prescribed for *risky medications, not risky patients*

**How to use naloxone:**
- Video: [https://www.youtube.com/watch?v=EHMFjo25F2U](https://www.youtube.com/watch?v=EHMFjo25F2U)

**Naloxone at VT Pharmacies:** Pharmacists may sell naloxone to any person who wants it, without a prescription, per the Standing Order for Distribution of Naloxone Prescription for Overdose Prevention.

**Naloxone Distribution Sites:** Check the VDH website as sites may change over time. *Advise patients to call ahead.* Recommend patients have their pharmacy update their medication profile to reflect receipt of naloxone.
Safe Prescription Disposal

- **Mail back unused medications:** Patients may dispose of medications by mailing unused medications to VDH using a pre-paid envelope. Request a free mail-back envelope here: [https://www.healthvermont.gov/alcohol-drugs/services/prescription-drug-disposal](https://www.healthvermont.gov/alcohol-drugs/services/prescription-drug-disposal)

- **Drop off unused medications:** Patients may drop off unused medications at participating pharmacies and police stations. Please check the VDH website as sites change over time. *Advise patients to call ahead.*

- **Explain to patients the importance of proper medication disposal.**

- **Throwing medications away in the trash is a danger to children and pets.**

- **Flushing medications is a danger to our waterways and wildlife.**
Vermont-specific prescribing data
Local prescribing trends

Opioid MME dispensed in VT, per VPMS

46% decline 2016-2020
Post-operative prescribing

What is the contribution of post-operative prescriptions to the opioid supply?

Mayo H. Fujii, MD MS
Ashley C. Hodges
Ruby L. Russell
Kristin Roensh, MD
Bruce Beynnon, PhD
Thomas P. Ahern, PhD MPH

Peter Holoch, MD
Jesse S. Moore, MD
S. Elizabeth Ames, MD
Charles D. MacLean, MD
MME for common surgeries

- Lumpectomy: 120
- Appendectomy: 196
- Inguinal Hernia: 225
- Ventral Hernia: 300
- Lap Total Hysterectomy: 300
- Open ABD Hyst: 320
- Carpal Tunnel Release: 75
- Hip Arthroplasty: 375
- Knee Arthroplasty: 480
- TURP: 101
- Cystourethroscope & Stent: 113

Morphine equivalents
Post operative trend thru 2017
## Prescriptions at discharge after selected surgical procedures before and after organizational and policy changes

<table>
<thead>
<tr>
<th>Specialty, procedure</th>
<th>Baseline period (Jul-Dec 2016)</th>
<th>Post-rule period (Jul-Dec 2017)</th>
<th>Difference in median MME [95% CI]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of procedures</td>
<td>Proportion with any opioid</td>
<td>MME (^a) prescribed median (Q1-Q3)(^b)</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>5,981</td>
<td>71%</td>
<td>113 (0-240)</td>
</tr>
<tr>
<td><strong>General Surgery</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendectomy (laparoscopic)</td>
<td>1,420</td>
<td>73%</td>
<td>80 (0-160)</td>
</tr>
<tr>
<td>Cholecystectomy (laparoscopic)</td>
<td>155</td>
<td>94%</td>
<td>120 (80-160)</td>
</tr>
<tr>
<td>Colectomy, partial (lap or open)</td>
<td>69</td>
<td>77%</td>
<td>160 (75-240)</td>
</tr>
<tr>
<td>Hernia (inguinal, ventral, incisional)</td>
<td>177</td>
<td>90%</td>
<td>96 (64-160)</td>
</tr>
<tr>
<td>Mastectomy, partial</td>
<td>102</td>
<td>73%</td>
<td>48 (0-80)</td>
</tr>
<tr>
<td><strong>Gynecology</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hysterectomy (laparoscopy)</td>
<td>827</td>
<td>62</td>
<td>75 (0-200)</td>
</tr>
<tr>
<td>Hysterectomy (open)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laparoscopy</td>
<td>25</td>
<td>88%</td>
<td>113 (75-120)</td>
</tr>
<tr>
<td>Urethral sling procedure</td>
<td>47</td>
<td>70%</td>
<td>60 (0-113)</td>
</tr>
<tr>
<td><strong>Orthopedic Surgery</strong></td>
<td>2,464</td>
<td>78%</td>
<td>225 (75-450)</td>
</tr>
<tr>
<td>Carpal tunnel release</td>
<td>152</td>
<td>39%</td>
<td>0 (0-100)</td>
</tr>
<tr>
<td>Hip arthroplasty</td>
<td>146</td>
<td>88%</td>
<td>523 (300-700)</td>
</tr>
<tr>
<td>Knee arthroplasty</td>
<td>146</td>
<td>77%</td>
<td>523 (300-700)</td>
</tr>
<tr>
<td>Knee arthroscopy</td>
<td>98</td>
<td>97%</td>
<td>155 (96-225)</td>
</tr>
<tr>
<td>Lumbar arthrodesis</td>
<td>40</td>
<td>77%</td>
<td>513 (388-880)</td>
</tr>
<tr>
<td>Rotator cuff repair (arthroscopic)</td>
<td>42</td>
<td>100%</td>
<td>533 (450-600)</td>
</tr>
<tr>
<td>Trigger finger release</td>
<td>33</td>
<td>27%</td>
<td>0 (0-100)</td>
</tr>
</tbody>
</table>
### Annual opioid prescribing by DENTAL discipline

<table>
<thead>
<tr>
<th>Prescribing metric</th>
<th>General Dental</th>
<th>Oral surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Rx, median</td>
<td>21</td>
<td>490</td>
</tr>
</tbody>
</table>

Source: VPMS (2014) and UVM Medical Center (2011-2012)
## Annual opioid prescribing by discipline

<table>
<thead>
<tr>
<th>Prescribing metric</th>
<th>General Dental</th>
<th>Oral surgery</th>
<th>Primary care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Rx, median</td>
<td>21</td>
<td>490</td>
<td>~321</td>
</tr>
<tr>
<td>Daily MME per Rx, median</td>
<td>34</td>
<td>44</td>
<td>27</td>
</tr>
<tr>
<td>Annual MME, median</td>
<td>1863</td>
<td>75,186</td>
<td>71,539</td>
</tr>
<tr>
<td>Estimated workforce in Vermont</td>
<td>~300</td>
<td>16</td>
<td>~500</td>
</tr>
<tr>
<td>Societal annual MME, estimated</td>
<td>500 K</td>
<td>1.2 M</td>
<td>35.8 M</td>
</tr>
</tbody>
</table>

Source: VPMS (2014) and UVM Medical Center (2011-2012)
Questions regarding the presentation
Cases/HIPAA

- Names
- Address
- DOB
- Phone/Fax #
- Email address
- Social Security #
- Medical Record #

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.
• RECORDING TO BE STOPPED FOR CASE PRESENTATION
Questions and Concerns/Discussion

-Prior to each session, if you have specific questions for our faculty expert, please let us know and we will pass along ahead of time.

-For July 23, any specific questions regarding VPMS?

<table>
<thead>
<tr>
<th>DATES</th>
<th>SESSION</th>
<th>DIDACTIC TOPICS (in addition to case review)</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 9</td>
<td>TeleECHO Session 1</td>
<td>Managing Opioids Safely and within Vermont Opioid Prescribing Rules (Charles D. MacLean, MD and Amanda Kennedy, PharmD, BCPS)</td>
</tr>
<tr>
<td>July 23</td>
<td>TeleECHO Session 2</td>
<td>Overview of the Vermont Prescription Monitoring System (VPMS) for the Dental Team (Hannah Hauser, MSW)</td>
</tr>
<tr>
<td>July 30</td>
<td>TeleECHO Session 3</td>
<td>Treatment Modalities for Patients with Chronic Orofacial Pain (Jeffrey Crandall, DDS)</td>
</tr>
<tr>
<td>August 13</td>
<td>TeleECHO Session 4</td>
<td>Fundamentals of FDA Regulations of Oral Health Products and U.S. Trends for Opioid and Antibiotic Prescribing in Dentistry (Natalla Chalmers, DDS, MHSc, PhD)</td>
</tr>
<tr>
<td>August 27</td>
<td>TeleECHO Session 5</td>
<td>Pain Control to Prevent the Need for Opioid Prescriptions (Raymond Dionne, DDS, PhD)</td>
</tr>
<tr>
<td>September 10</td>
<td>TeleECHO Session 6</td>
<td>Dental Management of Patients with Substance Use Disorder (Sue Etninan, DMD, MPH)</td>
</tr>
</tbody>
</table>
Conclusion

- Slides are posted at www.vtahec.org
- Volunteers to present cases (this is key to the Project ECHO model)
  - Please submit cases to Justin.Hurlburt@uvmhealth.org
- Please complete evaluation survey after each session
- Once your completed evaluation is submitted, CE information will be emailed to you.
- Please contact us with any questions, concerns, or suggestions
  - Justin.Hurlburt@uvmhealth.org
  - Elizabeth.Cote@uvm.edu