

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

July 9, 2021

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- 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



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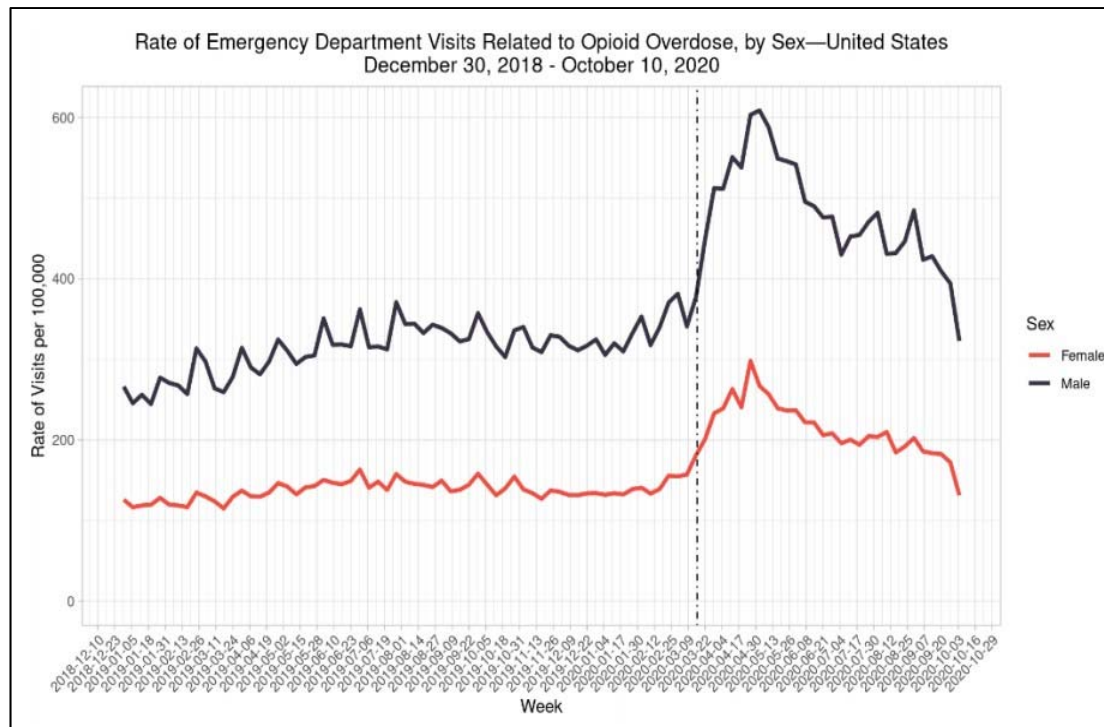
Session Objectives

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



VT Overdoses	March 2021	March 2020
Opioid-related fatalities	49	32
Nonfatal rate per 10,000 ED visits	34.5	29.5

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

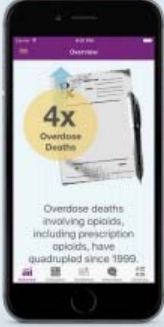
Opioid selection, dosage, duration, follow-up, and discontinuation

- 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

Download the free Opioid Guide App today!
www.cdc.gov/drugoverdose/prescribing/app.html



Available on the App Store

GET IT ON Google play

This App, including the calculator, is not intended to replace clinical judgment. Always consider the individual clinical circumstances of each patient.



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

Managing Opioids Safely and within Vermont Rules

SUMMARY FOR MEDICAL AND DENTAL PRESCRIBERS

Recommend Non-Opioid and Non-Pharmacological Treatment ✓

- Nonsteroidal anti-inflammatory drugs (NSAIDs) and/or acetaminophen
- Acupuncture
- Chiropractic
- Physical therapy
- Yoga

Only prescribe opioids if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, combine with non-opioid alternatives.

Query the Vermont Prescription Monitoring System (VPMS)* ✓

First-time Prescriptions:

- Prior to writing a first opioid prescription for greater than 10 pills (e.g. opioids, tramadol)

<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

<https://www.healthvermont.gov/alcohol-drugs/professionals/help-me-help-my-patients>

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



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Rule Governing the Prescribing of Opioids for Pain (3/1/19) found at
https://www.healthvermont.gov/sites/default/files/documents/pdf/REG_opioids-prescribing-for-pain.pdf




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





VT Rules: Prescribing Opioids for Chronic Pain


 Involves more rules and documentation than for acute prescribing

 Screening 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:

- Handout: <https://www.healthvermont.gov/sites/default/files/documents/pdf/Good-Sam-Brochure.pdf>
- Video: <https://www.youtube.com/watch?v=EHMFjo25F2U>
- VDH Website: <https://www.healthvermont.gov/emergency/injury/opioid-overdose-prevention>

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

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.

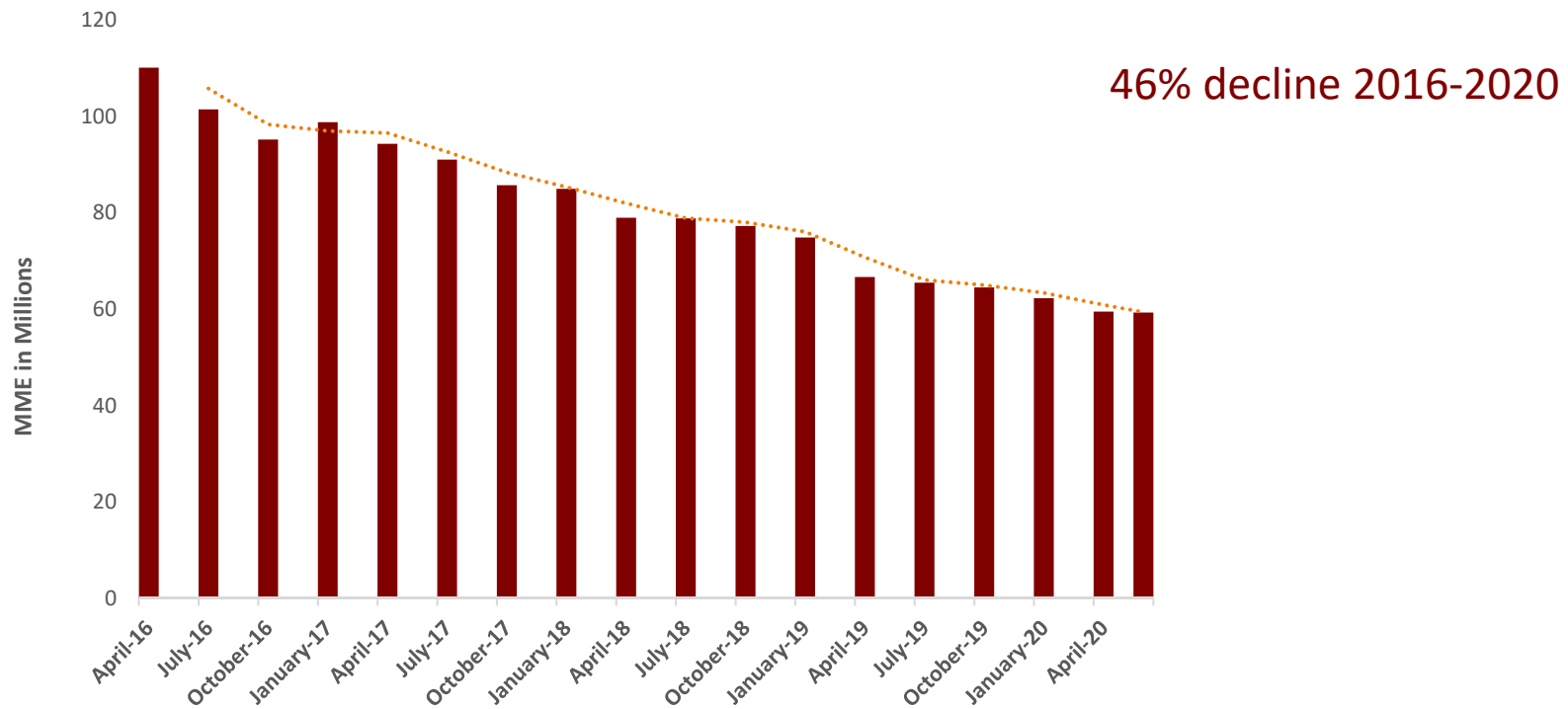
- **Mail back unused medications:** Patients may dispose of medications by mailing unused medications to VDH using a pre-paid envelope. Request a free mail-back envelope here: <https://www.healthvermont.gov/alcohol-drugs/services/prescription-drug-disposal>
- **Drop off unused medications:** Patients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



Vermont-specific prescribing data

Local prescribing trends

Opioid MME dispensed in VT, per VPMS



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 Roensch, MD

Bruce Beynnon, PhD

Thomas P. Ahern, PhD MPH

Peter Holoch, MD

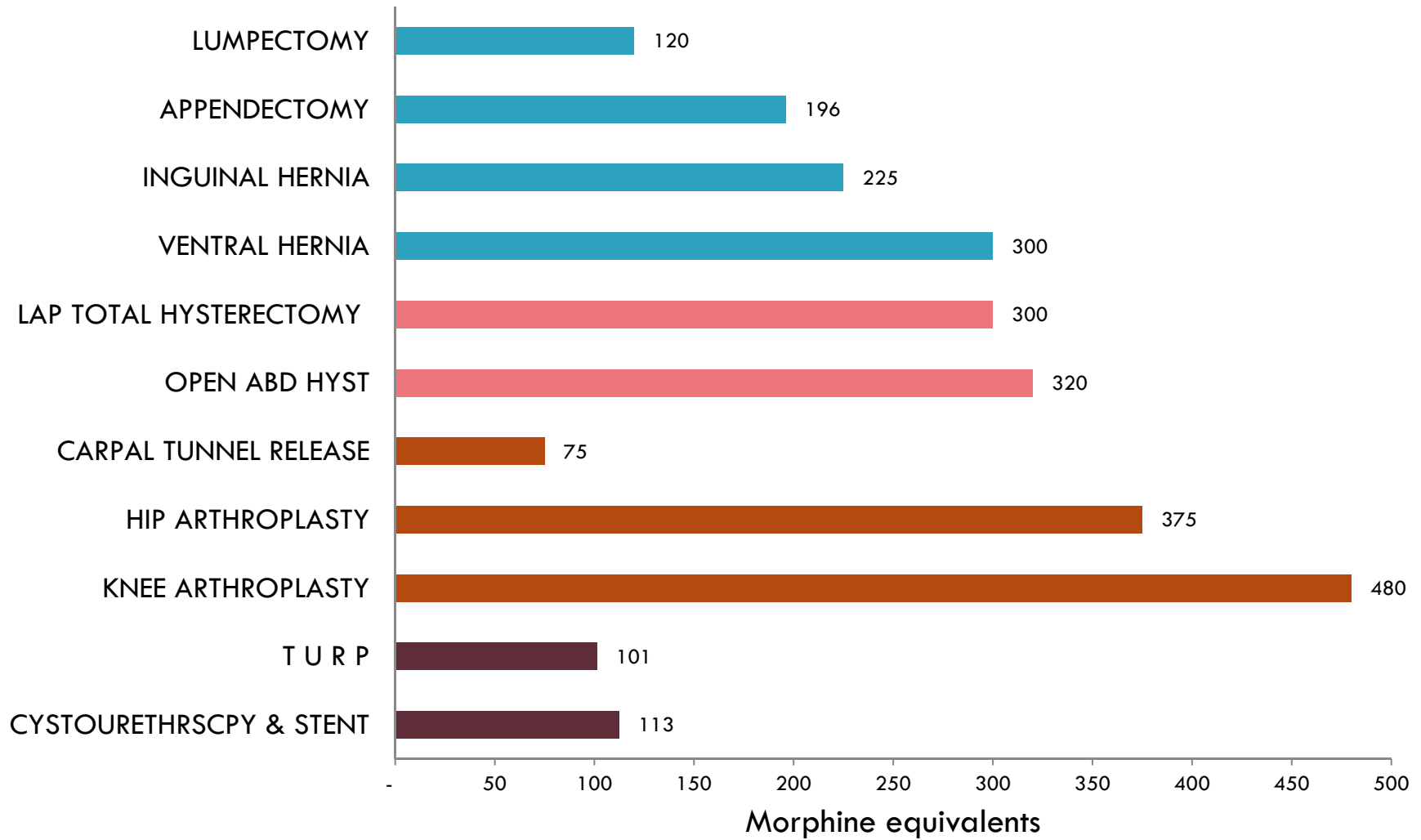
Jesse S. Moore, MD

S. Elizabeth Ames, MD

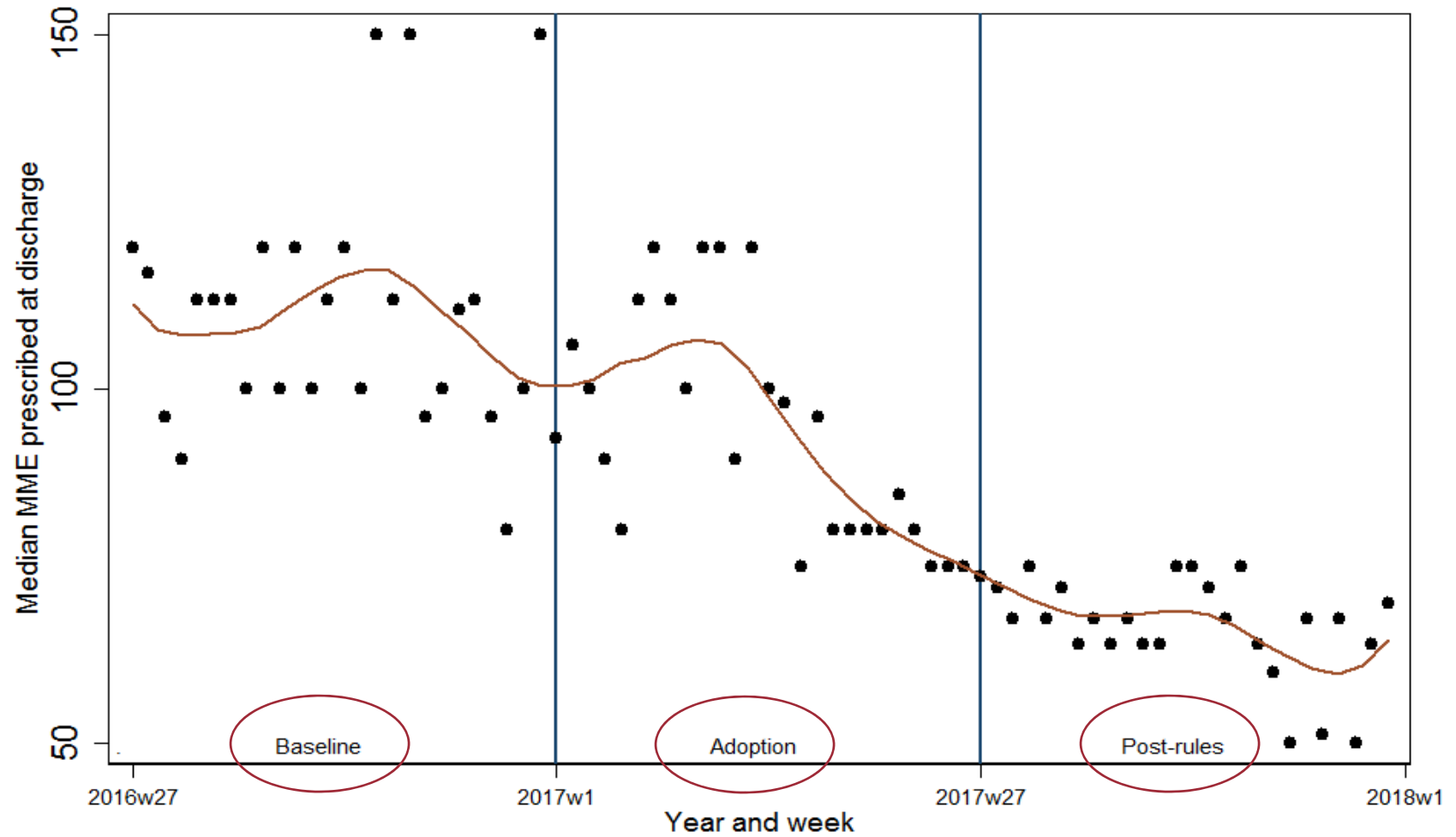
Charles D. MacLean, MD



MME for common surgeries



Post operative trend thru 2017



Prescriptions at discharge after selected surgical procedures before and after organizational and policy changes

Specialty, procedure	Baseline period (Jul-Dec 2016)			Post-rule period (Jul-Dec 2017)			Difference in median MME [95% CI] ^c
	Number of procedures	Proportion with any opioid	MME ^a prescribed median (Q1-Q3) ^b	Number of procedures	Proportion with any opioid	MME ^a prescribed median (Q1-Q3) ^b	
Overall	5,981	71%	113 (0-240)	5,872	64%	68 (0-150)	-45 [-50, -40]
General Surgery^d	1,420	73%	80 (0-160)	1,413	71%	64 (0-80)	-16 [-24, -8]
Appendectomy (laparoscopic)	108	94%	106 (80-155)	67	78%	64 (30-72)	-36 [-55, -17]
Cholecystectomy (laparoscopic)	155	94%	120 (80-160)	134	85%	64 (45-80)	-56 [-73, -39]
Colectomy, partial (lap or open)	69	77%	160 (75-240)	82	68%	80 (80-150)	-80 [-123, -37]
Hernia (inguinal, ventral, incisional)	177	90%	96 (64-160)	235	95%	64 (48-80)	-32 [-44, -20]
Mastectomy, partial	102	73%	48 (0-80)	86	65%	40 (0-72)	-8 [-21, 6]
Gynecology	827	62	75 (0-200)	785	60	60 (0-80)	-15 [-29, -1]
Hysterectomy (laparoscopy)	114	92%	225 (160-263)	132	91%	75 (75-80)	-150 [-164, -136]
Hysterectomy (open)	28	96%	260 (225-320)	37	89%	80 (75-150)	-200 [-241, -159]
Laparoscopy	25	88%	113 (75-120)	28	96%	75 (38-75)	-38 [-61, -14]
Urethral sling procedure	47	70%	60 (0-113)	35	86%	37.5 (32-75)	-23 [-49, 4]
Orthopedic Surgery	2,464	78%	225 (75-450)	2,441	75%	113 (50-300)	-112 [-133, -92]
Carpal tunnel release	152	39%	0 (0-100)	170	43%	0 (0-50)	0 [-20, 20]
Hip arthroplasty	144	88%	594 (450-775)	154	84%	375 (238-520)	-225 [-290, -160]
Knee arthroplasty	146	77%	523 (300-700)	119	91%	500 (280-650)	-20 [-93, 53]
Knee arthroscopy	98	97%	155 (96-225)	136	91%	67.5 (64-80)	-83 [-109, -56]
Lumbar arthrodesis	40	77%	513 (388-880)	40	90%	450 (250-735)	-75 [-300, 150]
Rotator cuff repair (arthroscopic)	42	100%	533 (450-600)	33	100%	268 (225-400)	-272 [-357, -188]
Trigger finger release	33	27%	0 (0-100)	38	29%	0 (0-25)	0 [-12, 12]

Annual opioid prescribing by DENTAL discipline

Prescribing metric	General Dental	Oral surgery
Number of Rx, median	21	490

Source: VPMS (2014) and UVM Medical Center (2011-2012)

Annual opioid prescribing by discipline

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

Source: VPMS (2014) and UVM Medical Center (2011-2012)

Questions regarding the presentation



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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?

↔ SESSIONS ARE ON FRIDAYS FROM 12:30PM TO 1:30PM ↔		
DATES	SESSION	DIDACTIC TOPICS (in addition to case review)
July 9	TeleECHO Session 1	Managing Opioids Safely and within Vermont Opioid Prescribing Rules (Charles D. MacLean, MD and Amanda Kennedy, PharmD, BCPS)
July 23	TeleECHO Session 2	Overview of the Vermont Prescription Monitoring System (VPMS) for the Dental Team (Hannah Hauser, MSW)
July 30	TeleECHO Session 3	Treatment Modalities for Patients with Chronic Orofacial Pain (Jeffrey Crandall, DDS)
August 13	TeleECHO Session 4	Fundamentals of FDA Regulations of Oral Health Products and U.S. Trends for Opioid and Antibiotic Prescribing in Dentistry (Natalla Chalmers, DDS, MHSc, PhD)
August 27	TeleECHO Session 5	Pain Control to Prevent the Need for Opioid Prescriptions (Raymond Dionne, DDS, PhD)
September 10	TeleECHO Session 6	Dental Management of Patients with Substance Use Disorder (Sue Etminan, DMD, MPH)



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

