

# UVM Project ECHO: Dental Series

## Treatment of Oral Health-Related Pain

### September 10, 2021

Course Director: Justin Hurlburt, DMD, MA  
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 (Debora Teixeira, VDH)
  - Overview of VDH project as a community case study
  - Clarifying questions
  - Participants – then faculty panel
- Discussion
- Recommendations
- Summary
- Closing Announcements—final session of this series
  - Completion of evaluations



# CE Disclosures

The Vermont Board of Dental Examiners (BDE) designates this internet live activity 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 accredited by the ACCME to sponsor continuing medical education 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



# Dental Management of Patients with Substance Use Disorder



Presented by: Sodabeh Etminan, DMD, MPH

# Disclosures

There are no financial disclosures

# Session Objectives

**At the end of this ECHO session participants will:**

- Understand Screening methods for SUD
- Understand the harm reduction mechanisms of MAT therapy and the strategies used for it
- Understand how patient with SUD undergoing MAT therapy can be effectively treated and managed

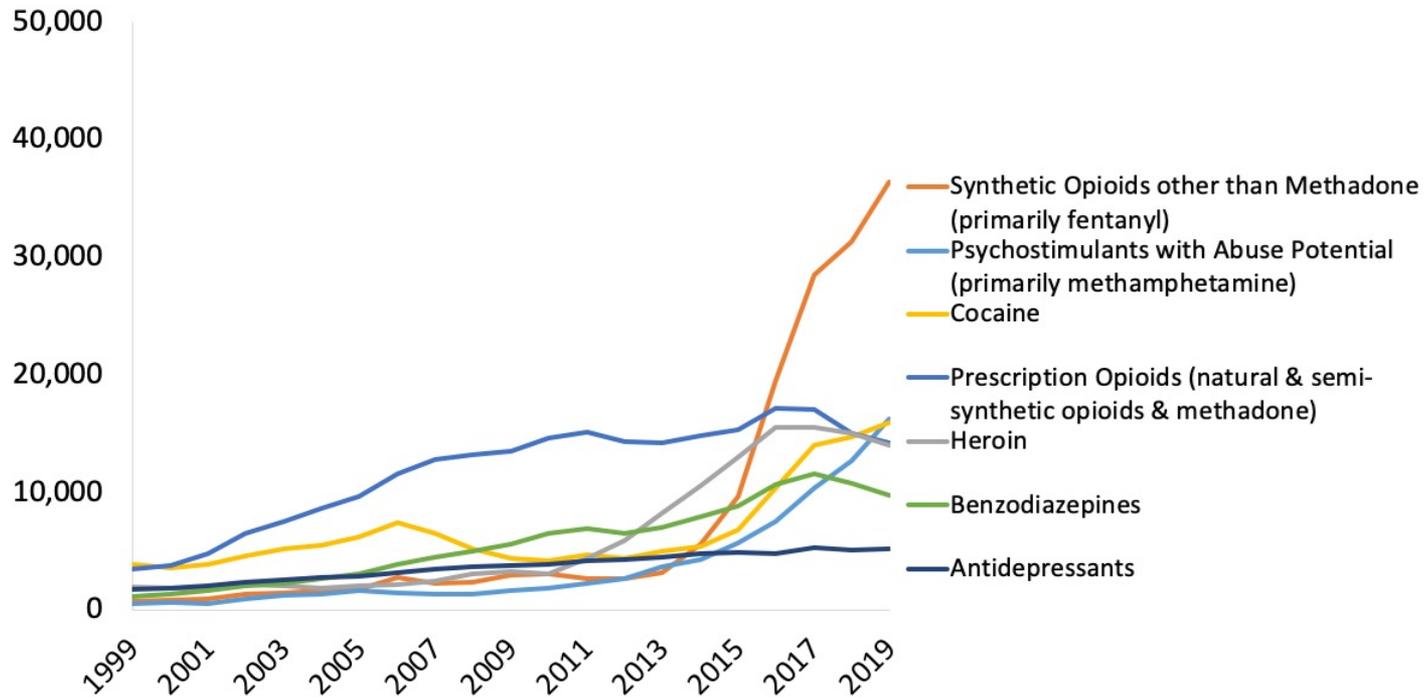


# **The Opioid Epidemic: Current Statistics**

# 221

Over 221 overdose deaths occur daily in the United States

**Figure 2. National Drug-Involved Overdose Deaths\*,  
Number Among All Ages, 1999-2019**

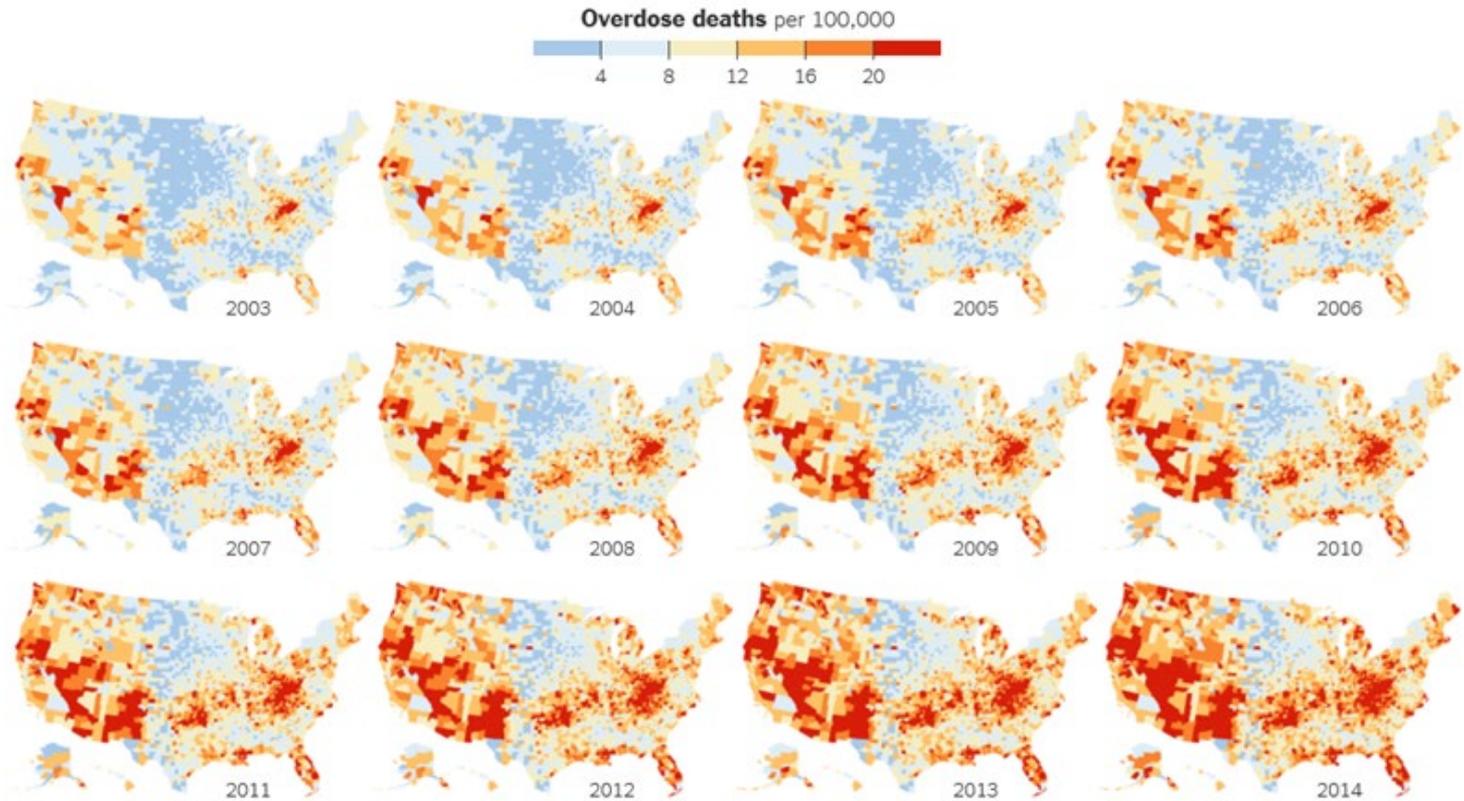


\*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

Source: CDC

# How the Epidemic of Drug Overdose Deaths Ripples Across America

By HAEYOUN PARK and MATTHEW BLOCH JAN. 19, 2016



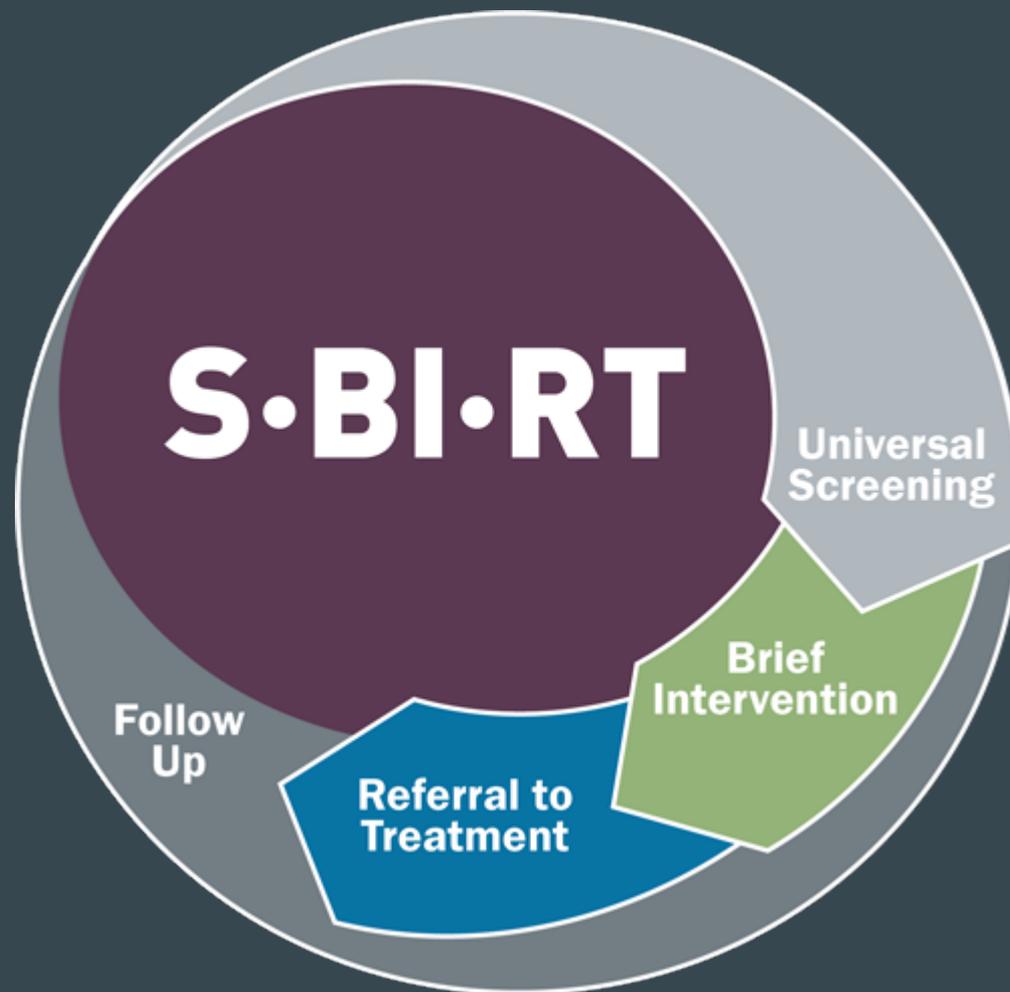
# Entry to Dental Services

- Patients with SUD arrive to dental clinics oftentimes as urgent cases. To improve outcomes, offering SBIRT/screening in the office would help connect them to further services.
- Dental appointments are considered an entry point to the health care system. The dental team needs to connect their offices/patients to the larger health care 'system' and train staff to work as part of a larger healthcare team.

# Screening in the Dental Setting

# Substance Use Disorder Screening

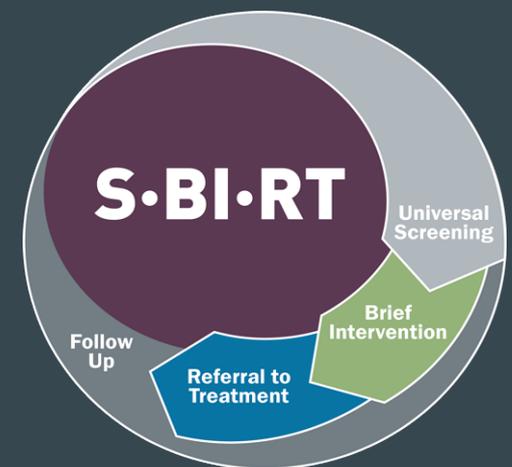
- Normalize alcohol and substance use questions by Universal Screening – include in your health history forms.
- If you are going to conduct screenings in your office, set up Referral resources in advance.
- Negative screens for substance use also warrant discussion



Source: New Hampshire SBIRT

# Screening Cont'd

- **Screening, Brief Intervention and Referral to Treatment (SBIRT) :**
- Comprehensive, integrated, public health approach for early identification and intervention
- **Screening:**
  - quickly assesses severity of substance use and identifies need for BI
- **Brief Intervention:**
  - focuses on increasing insight and awareness to substance use and motivation toward behavioral change.
- **Referral to Treatment:**
  - provides those identified as needing more extensive treatment with access to care



# Motivational Interviewing

# Motivational Interviewing (MI) Defined

- **Client-centered** model of counseling
  - focus on figuring out what clients want, NOT what clinician thinks is best
  - requires high levels of:
    - empathy,
    - reflective listening, and
    - ability in creating strong patient rapport with time constraints
- All individuals dealing with addiction are at least partially aware of negative consequences of drug use and addiction

# Motivational Interviewing cont'd

- Motivational Interviewing is a fairly simple process that can be completed in a small number of sessions. The typical steps are as follows:

**Engaging:** Talking to the client about issues, concerns, and hopes, and establishing a trusting relationship

**Focusing:** Narrowing the conversation to the topic of patterns and habits the client desires to change

**Evoking:** Eliciting client motivation for change by increasing the sense of the importance of change, confidence that change can occur, and readiness for change

**Planning:** Developing a set of practical steps the client can use to implement the desired changes



# Motivational Interviewing cont'd

- MI aims to clearly lay out the pros and cons of quitting based on what the client feels is important.
- Once clients overcome denial and come to their own conclusions about the pros and cons of drug use, their desire to change, what that change looks like, and how they want to implement that change, becomes a lot easier for that change to take place.

# Connection To Treatment

# Treatment is effective

- As with other chronic, relapsing medical conditions, treatment can manage the symptoms of substance use disorders and prevent relapse.
- Many people seek or are referred to substance use treatment only after a crisis, such as an overdose, or through involvement with the criminal justice system.
- Integrating screening into all health care settings (**including dental!**) can make it easier to identify those in need of treatment and engage them in the appropriate level of care before a crisis occurs.

# Treatment cont'd

- For people with mild substance use disorders, counseling services provided through primary care or other outpatient settings with an intensity of one or two counseling sessions per week may be sufficient while residential treatment may be necessary for people with a severe substance use disorder.
- Residential treatment was designed to provide a highly controlled environment with a high density of daily services. Ideally, people who receive treatment in residential settings can participate in step-down services following the residential stay.
- Step-down services may include intensive outpatient or other outpatient counseling and recovery support services (RSS) to promote and encourage patients to independently manage their condition.
- *Medications* are also **available to help treat people addicted to alcohol or opioids.**

# Taking a Harm Reduction Approach

**Words are important. If you want to care for something, you call it a “flower;” if you want to kill something, you call it a “weed.”**

**-Don Coyhis**

# Language matters... Train staff on appropriate language!

Scenario 1:

“There’s an addict in Room 3.  
32 yo female admitted at 12  
pm. HR and BP elevated at...”

Scenario 2:

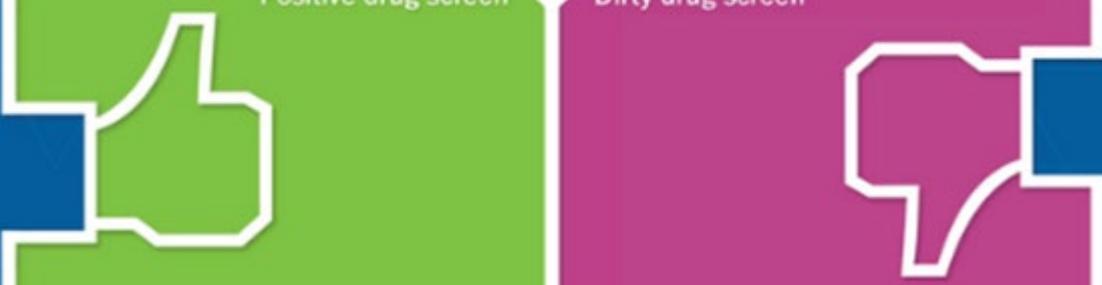
“There’s a patient with opioid  
use disorder in Room 3. 32 yo  
female admitted at 12 pm. HR  
and BP elevated at...”

# Language matters

Randomized controlled trial with medical professionals

- One group given vignette with phrases such as “substance abuser”, other group with “substance use disorder”
- Providers who received the “substance abuser” vignette recommended more punitive treatments

SAY THIS	NOT THAT
Person with a substance use disorder	Addict, junkie, druggie
Person living in recovery	Ex-addict
Person living with an addiction	Battling/suffering from an addiction
Person arrested for drug violation	Drug offender
Chooses not to at this point	Non-compliant/bombed out
Medication is a treatment tool	Medication is a crutch
Had a setback	Relapsed
Maintained recovery	Stayed clean
Positive drug screen	Dirty drug screen



Sources: Kelly, J. F., & Westerhoff, C. M., 2010; Addiction Policy Forum, 2019

# Consider the following when working with patients with SUDs

- The patient may be in withdrawal and therefore very uncomfortable
- Patients have often had negative interactions with the healthcare system due to stigma
- Patients often face criminalization and discrimination by the legal system and housing system
- Patients may be experiencing:
  - Housing insecurity
  - Food insecurity
  - Lack of insurance
  - Transportation barriers
- These barriers make it challenging for patients to keep specific appointment times
- Addressing social determinants of health is essential and improves care!

# Outdated and Harmful Substance Use Philosophies



Treatment rooted in punitive interventions

Substance Use = Moral Failing



Moralization of individuals with substance use disorders (SUD) has led to:

Biases that contribute to deficient interventions

Judgmental language and stigma

Poor recovery outcomes



Criminalization of drugs exacerbates punitive treatment of individuals with addiction

Incarceration is the primary consequence rather than treatment of SUD



Philosophies, moralization, and criminalization lead to:

An “all or nothing” approach to treatment, and corresponding punitive policies and practices

Source: Frank & Nagel, 2017

# What is harm reduction?

In SUD treatment, the harm reduction approach:

- Avoids exacerbating the harm caused by the misuse of substances
- Identifies SUD as a chronic disease and treats clients with this disease with dignity
- Maximizes the evidence-based intervention options including MAR
- **The ultimate goal of harm reduction isn't abstinence it's simply decreasing harm**
- **Focuses on optimal wellbeing and prioritizes achievable short-term goals**

# Harm Reduction

- Reducing potential harms of substance use
  - Death
  - Overdose
  - HIV / hepatitis C transmission
  - Bacterial infections associated with intravenous drug use
- Meets people where they are at and is based on their goals
- For all people using substances, not just those who are working towards sobriety / recovery

# Examples of Harm Reduction

- Naloxone to prevent overdose death
- Fentanyl testing strips to prevent overdose death
- Syringe exchange to prevent infection transmission
- Safe consumption spaces to prevent infection transmission and overdose death
- Opioid replacement medications for opioid use disorder (MAR) (methadone, naltrexone, and buprenorphine) to prevent overdose death
- Trauma informed, person centered, and recovery-oriented care

Source: Substance Abuse and Mental Health Services Administration. SAMHSA Opioid Overdose Prevention Toolkit. HHS Publication No. (SMA) 18-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

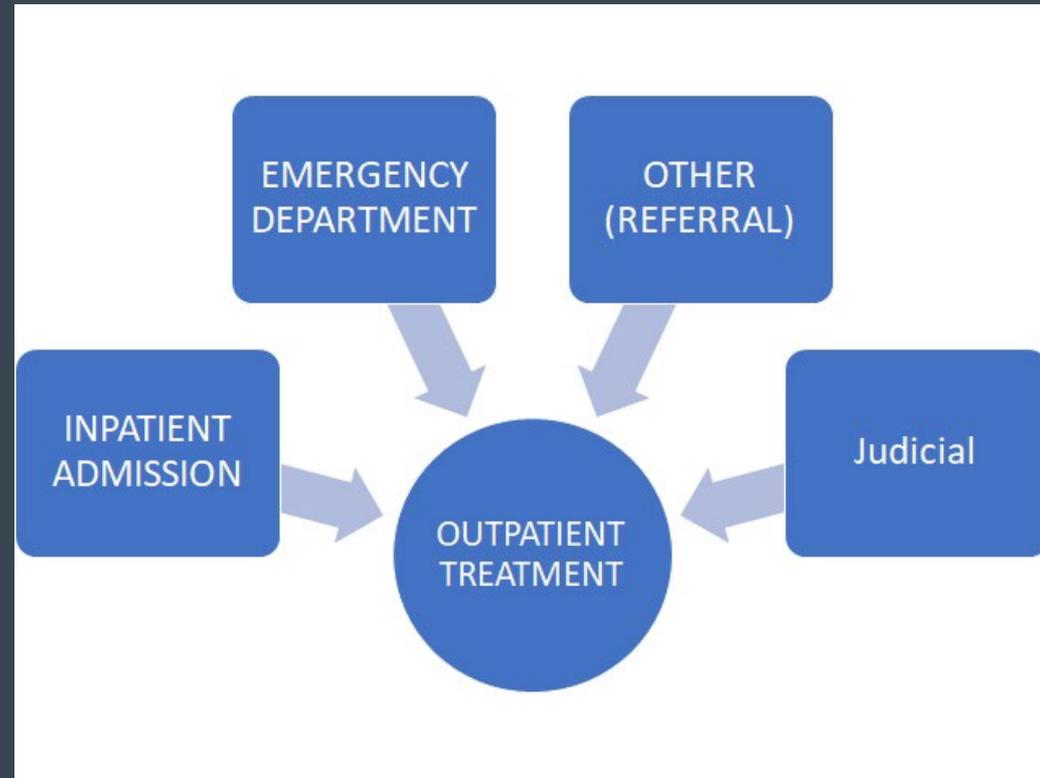
# Where to initiate treatment? Everywhere!

Patients with OUD are frequently hospitalized with complications of OUD, but rarely is treatment for OUD initiated during these hospitalizations, many leave AMA due to untreated OUD

Patients present to the ER on average 6-9 times prior to an overdose death

Treatment initiation and retention significantly impacts morbidity and mortality

The dental office may be their most recent access point to care

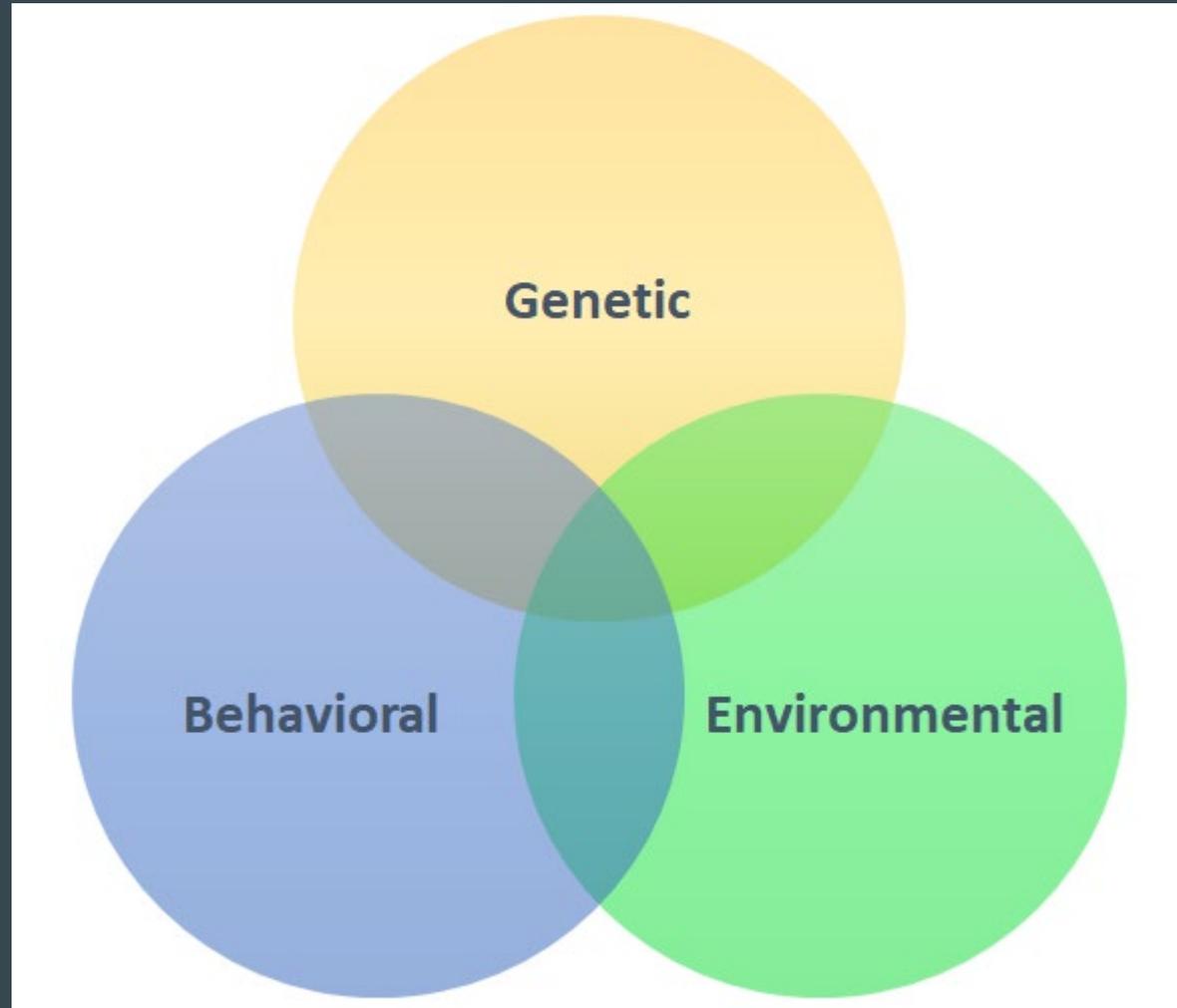


# **Substance Use Disorders and Opioid Use Disorder: Definition & Treatment**

## The 3 C's of Substance Use Disorders

- 1) Loss of Control
- 2) Continued use in spite of negative Consequences
- 3) Cravings or Compulsions

## Substance Use Disorders are Chronic Diseases



Source: Elizabeth Salisbury-  
Afshar

# Addressing Myths About Medications

In a study on medication sharing, Of the 700 participants, 160 (22.9%) reported loaning their prescription medications to someone else.

**TABLE 2— Prescription Medications Shared by Study Participants: United States, 2006**

Prescription Medication	Had Loaned or Borrowed, %
Allergy medications (e.g., Allegra, Claritin)	25.3
Pain medications (e.g., Darvoset, oxycontin)	21.9
Antibiotics (e.g., amoxicillin, doxycycline, Bactrim/Septra)	20.6
Mood medications (e.g., Paxil, Zoloft, Valium, Ritalin)	7.1
Acne medication (e.g., Accutane)	6.4
Birth control pills	5.3
Other	2.0
None	53.1

*Note.* Participants were asked, "Which, if any, of the following prescription medications have you loaned or borrowed?"

Goldsworthy RC, Schwartz NC, Mayhorn CB. Beyond abuse and exposure: framing the impact of prescription-medication sharing. *American Journal of Public Health.* 2008 Jun;98(6):1115-21.

# Addressing myths about medications

- Methadone does not weaken bones or teeth, likely it is more related to the combination of factors such as dental care/access and those who experience trauma, homelessness, and other co-morbidities are at higher risk.
- MAR/MOUD is effective independent of counseling



## Setbacks while on MAR

Setbacks are not signs of failure (on your part or the patients)

- The same way that patients with diabetes may have periods when their sugars are poorly controlled, or when they gain more weight, they still have knowledge and skills obtained during periods of better control

Most patients' will already feel ashamed and may not disclose a lapse, even if they have a positive drug screen

Emphasize you are there to support them and help them meet their health goals

Be positive and hopeful- remind them of the progress they've made

# MAR is not just for OUD

- Evidence-based MAR for the following conditions:
  - Tobacco Use Disorder
  - Alcohol Use Disorder
  - Benzodiazepine Use Disorder

# **Managing Patients: Pain and Expectations**

# Managing Expectations

- Many patients have been conditioned to believe opiates provide stronger pain relief. As clinicians, we need to stay on top of current literature and practice Evidence-Based Care.
  - Ibuprofen and long-acting local will manage most cases.

Just one incident can trigger a downward spiral for patients with a hx of or a predisposition to substance use.

# Thank you! Questions?

Sue Etminan, [setmin1@uic.edu](mailto:setmin1@uic.edu)

# 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



# Case Presentation

## VDH and the Howard Center



# Questions and Concerns/Discussion



The University of Vermont  
LARNER COLLEGE OF MEDICINE  
OFFICE OF PRIMARY CARE & AHEC PROGRAM



# Conclusion

- Slides are posted at [www.vtahec.org](http://www.vtahec.org)
- Volunteers to present cases (this is key to the Project ECHO model)
  - Please submit cases to [Justin.Hurlburt@uvmhealth.org](mailto: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](mailto:Justin.Hurlburt@uvmhealth.org)
  - [Elizabeth.Cote@uvm.edu](mailto:Elizabeth.Cote@uvm.edu)

