

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

## July 23, 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





# Use of the Vermont Prescription Monitoring System (VPMS)

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



- Hannah Mason Hauser,
- VPMS Program Manager
- 7/23/21



The University of Vermont  
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OFFICE OF PRIMARY CARE & AHEC PROGRAM



# VPMS Session Objectives:

- Understand effective use of VPMS
- Understand how to use delegates in VPMS



# Overview

- VPMS – What is it, and how does it work?
- Requirements associated with VPMS
- Effective use of VPMS
- Tools in VPMS
- Questions

# What is the Vermont Prescription Monitoring System?

The Vermont Prescription Monitoring Program (VPMS) is a statewide electronic database of **Schedule II-IV controlled substance prescriptions dispensed** from **Vermont-licensed pharmacies**.



VPMS is a clinical tool.

# Controlled substance data collected includes information on the:



Prescribed drug



Recipient of the prescribed drug



Health care provider who wrote the prescription



Pharmacy that dispensed the prescription

## Where do the prescriptions come from?

Prescriptions are uploaded into the system from Vermont-licensed pharmacies when they are dispensed to a patient.



Prescriptions are required to be uploaded to the system within 24 hours or one business day

Prescriptions dispensed in certain situations are not included:

- Emergency Departments, for treatment of pain for 48 hours or less
- Veterinarian offices
- “Hubs” (Opioid Treatment Providers, or OTPs)



Prescriptions that are dispensed at pharmacies that are not licensed in Vermont will not be included.

## Associated Legislation

In 2006, the Vermont Legislature passed Act 205 authorizing the Vermont Department of Health to establish and operate a Prescription Drug Monitoring Program (PDMP).

[Vermont Statute - 18 V.S.A Chapter 84a](#)

[Vermont Prescription Monitoring System Rule](#)

[Rule Governing the Prescribing of Opioids for Pain](#)

## What are the requirements for prescribers?

VPMS Rule requires prescribers to register for the VPMS and to query under certain circumstances.

Broad categories for required queries include:

- First Time
- Re-evaluation
- Replacement

Prescribers can delegate querying to approved office and support staff

# Prescriber Required Querying of VPMS

These are the complete query requirements from Section 6.2 of the [VPMS Rules](#)

- Prior to prescribing a controlled substance for a patient, Vermont licensed prescribers and/or their delegates must query the VPMS system in the following circumstances:
- The first time the provider prescribes an opioid Schedule II, III, or IV controlled substance written to treat pain when such a prescription exceeds 10 pills or the equivalent;
- When starting a patient on a Schedule II, III, or IV controlled substance for nonpalliative long-term pain therapy of 90 days or more;
- Prior to writing a replacement prescription for a Schedule II, III, or IV controlled substance;
- At least annually for patients who are receiving ongoing treatment (treatment without meaningful interruption) with an opioid Schedule II, III, or IV controlled substance;

## Prescriber Required Querying of VPMS, cont.

- The first time a provider prescribes a benzodiazepine;
- When a patient requests an opioid prescription or a renewal of an existing prescription for pain from an Emergency Department or Urgent Care prescriber if the prescriber intends to write a prescription for an opioid;
- With the exception of prescriptions written from an OTP, prior to prescribing buprenorphine or a drug containing buprenorphine to a Vermont patient for the first time and at regular intervals thereafter, and:
  - At regular intervals thereafter, but no less than twice annually; and
  - No fewer than two times annually thereafter;
  - Prior to writing a replacement prescription.
- In the case of an OTP, prior to prescribing buprenorphine, methadone, or a drug containing buprenorphine to a Vermont patient for the first time, and:
  - Annually thereafter; and
  - Any other time that is clinically warranted.

# Required Pharmacist Queries

VPMS Rules also requires pharmacists to query under certain circumstances.

Broad categories for required queries include:

- New prescriptions
- Cash-paid prescriptions
- Early refills
- Multiple prescribers

Pharmacists can delegate querying to approved support staff

Complete query requirements are in Section 5.2 of the VPMS Rules

([http://www.healthvermont.gov/sites/default/files/documents/pdf/REG\\_vpms-20170701.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/REG_vpms-20170701.pdf))

## Working VPMS into your workflow



Administrative support staff can sign up for their own “delegate” account

- Accounts can be linked to multiple providers
- Each specific provider can approve or deny delegate access on their behalf
- Delegates select the provider on whose behalf they are querying, and audit trails are appropriately attributed to the selected provider



Create a protocol for when a VPMS report will be generated

- Prior to scheduled surgeries for the day
- Prior to emergency appointments



Batch requests can be run on multiple patients at once

# What does a patient report look like?

Patient Name and Information

Clinical Alert

Summary information

Prescription Detail

RxSearch > Patient Request

Menu Admin Appriss Admin Support Menu Jacob Cooper

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### Patient Report [Refine Search](#)

Report Prepared: 08/28/2018  
Date Range: 08/28/2017 - 08/28/2018

Download PDF Download CSV

predisp twopatient

**Multiple Provider Episode Alert** 08/28/2018

Please note that this person has received controlled substances prescriptions written by 7 prescribers and had them filled at 6 pharmacies during the past 3 months. This equals or exceeds the threshold of 4 prescribers and 4 pharmacies and while there may be a valid reason for this, it also may be indicative of the practice of prescriber and pharmacy shopping.

PATIENT'S COUNTS		ALERT THRESHOLDS	
Prescribers:	7	Prescribers:	4
Pharmacies:	6	Pharmacies:	4
Time Frame: 3 Months			

Summary

Summary	Opioids* (excluding buprenorphine)	Buprenorphine*	
Total Prescriptions:	7	Current Qty:	0.0
Total Prescribers:	7	Current mg/day:	0.0
Total Pharmacies:	6	30 Day Avg MME/day:	0.0

Prescriptions

Filled	ID	Written	Drug	QTY	Days	Prescriber	Rx #	Pharmacy *	Refills	Daily Dose	Pymt Type	PMP
06/29/2018	1	06/29/2018	ALPRAZOLAM 0.5 MG TABLET	120.0	30	SH POW	484664	JOHN (1119)	0		Medicare	VT
06/28/2018	1	06/28/2018	DIAZEPAM 5 MG TABLET	120.0	30	RO DOC	4886845	JOHN (1119)	0		Medicare	VT
06/27/2018	1	06/27/2018	ALPRAZOLAM 0.5 MG TABLET	120.0	30	JO CRA	5688412	12TH (1119)	0		Medicare	VT
06/27/2018	1	06/27/2018	DIAZEPAM 5 MG TABLET	120.0	30	DA PHY	8055232	LAFAY (1119)	0		Medicare	VT
06/27/2018	1	06/27/2018	TRIAZOLAM 0.125 MG TABLET	120.0	30	SA DAV	588051	BEECH (1119)	0		Medicare	VT
06/26/2018	1	06/25/2018	TEMAZEPAM 7.5 MG CAPSULE	120.0	30	LE TES	4548741	INVER (1119)	0		Medicare	VT
06/25/2018	1	06/25/2018	CLONAZEPAM 1 MG TABLET	120.0	30	JO SMI	2252442	FAIRW (1119)	0		Medicare	VT

# Integrated Tools for Clinical Care – Clinical Alerts

Patients are flagged on prescriber dashboards and on patient reports

Patients with Morphine  
Milligram Equivalency (MME)  
over 90



Prescriptions at this level of medication are associated with complications such as dependence or overdose

Overlapping  
Benzodiazepine/Opioid  
Prescriptions



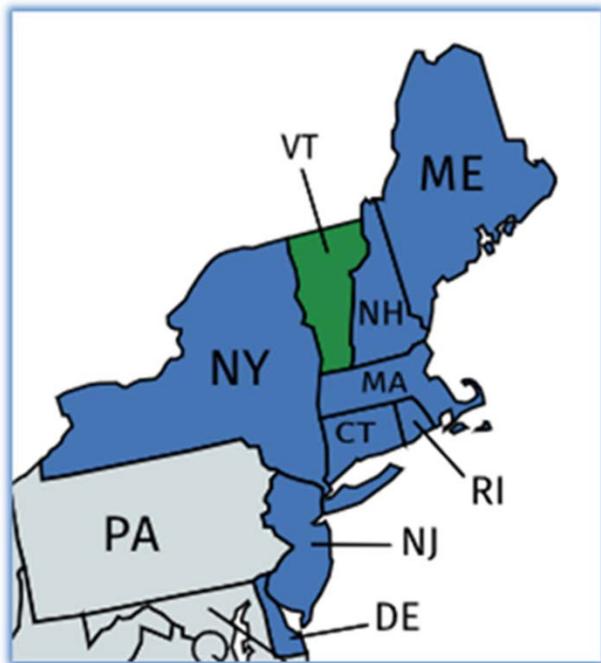
Overlap has been associated with increased risk of overdose

Multiple Provider Episodes



Obtaining prescriptions from multiple providers and pharmacies has been associated with a higher potential for misuse or dependence

## Integrated Tools for Clinical Care – Interstate Queries



Prescriptions that are filled at pharmacies that are not licensed in Vermont **are not** included in VPMS

- If a patient in Vermont picks up a prescription at one of these pharmacies, that information will not be available

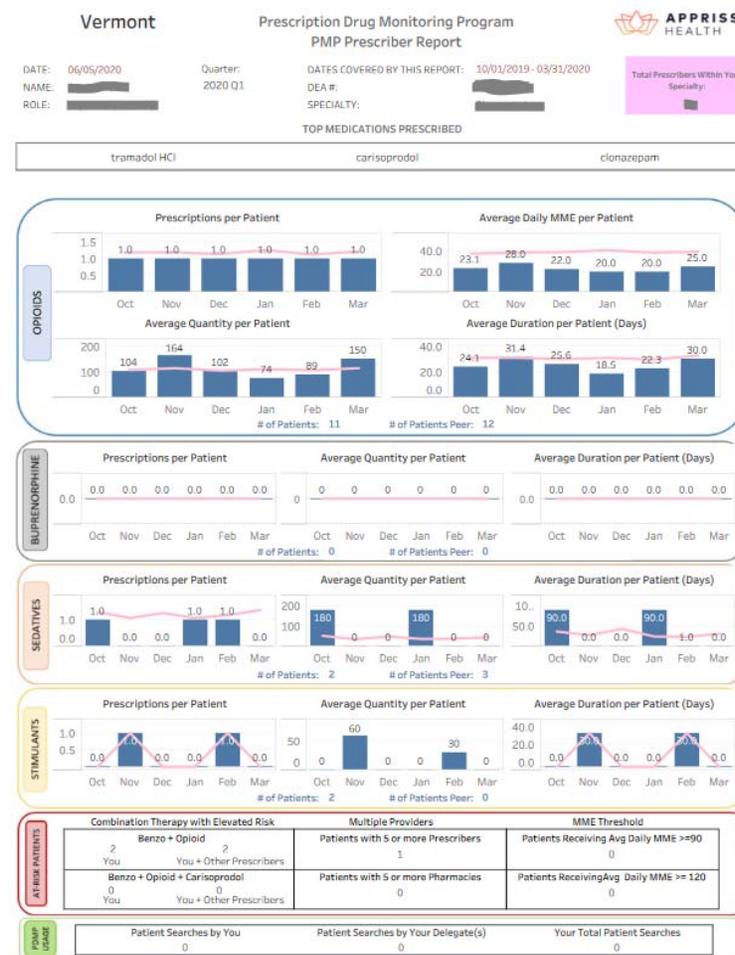
Certain providers have “guest privileges” to query CT, DE, MA, ME, NH, NJ, NY, RI

# Prescriber Insight Reports

Prescriber Insight Reports are emailed on a quarterly basis to the registered email

Reports are for the providers' own use and measuring of prescribing trends

Review can sometimes catch items of which to be aware – let us know if something looks out of place!



## Remember...

- VPMS is a tool to help provide you with more information to help guide your clinical decision-making
- Tools are integrated into the system to help provide you with clinical support in prescribing
- Even if you don't prescribe often, there may be times when you are required to query the VPMS



**Thank you!**

**Let's stay in touch.**

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**Social:** [@healthvermont](https://twitter.com/healthvermont)

# 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 Format

Case presentation from a participant (a *real-world case, from the field*)

Then

Clarifying questions about the case from group to case presenter

Then

Ideas, suggestions, recommendations from participants

Then

Ideas, suggestions, recommendations from ECHO faculty team

Then

Additional discussion, if any (All)

Then

Summary of case discussion (course director: Justin Hurlburt DMD, MA)



# Schedule

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

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



# 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)

