

Highlights of the 2017 Bree/AMDG Dental Guideline on Prescribing Opioids for Pain

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Spokane, WA 4/19/2018

Seattle, WA 4/20/2018



Where does this guideline come from?

- **Dr. Robert Bree Collaborative**
- **Public & private stakeholders** (~23), appointed by the governor
 - Public healthcare purchasers for WA state
 - Private healthcare purchasers (employers, union trusts)
 - Health plans Physicians & other healthcare providers Hospitals
 - Clinician organizations Quality Improvement organizations
- **Collaborative members identify specific ways to improve health care quality, outcomes and affordability in Washington State** (i.e. patient safety)

Bree Collaborative historical activities

- ✓ Hysterectomy 1/2018
- ✓ Total knee and hip replacement bundle and warranty 10/2013
- ✓ **Dental guideline on prescribing opioids for acute pain** 9/2017
- ✓ **Opioid prescribing metrics** 7/2017
- ✓ **Opioid use disorder treatment** 11/2017
- ✓ Bariatric surgical bundle 11/2016
- ✓ Oncology care 3/2016
- ✓ Coronary artery bypass graft surgical bundle 9/2015
- ✓ **Addiction and dependence treatment** 1/2015
- ✓ End of life care 11/2014
- ✓ Potentially avoidable Hospital readmissions 7/2014
- ✓ Lumbar fusion surgical bundle and warranty 9/2014

Bree CONSENSUS BUILDING PROCESS for dental guideline

- Bree Collaborative provided opportunity and support



March 2017 summit convened
Broad invitation



Conf calls, working grp,
email, meetings,
written draft



Guideline approved by Bree
Collaborative - Sept 2017



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Dental Guideline on Prescribing Opioids for Pain Management

– September 2017

**In collaboration with broad advisory group
(diverse representation, interests & practices)**

- **Compare it to the CDC, ADA & other policies and guidelines**
- **AMDG Guidelines**
- **Be aware of externalities – your county, state and more**

Dental Guideline on Prescribing Opioids for Pain Management

– September 2017

- **Easy to use reference**
 - Set of clinical guidelines
 - Resources in the appendices

- **Helps align your opioid Rx practices with current evidence**

Non-opioid analgesics as the FIRST line of pain control for dental procedures

- 1. Non-steroidal anti-inflammatory drugs (NSAIDs) & acetaminophen where pain anticipated** – unless contraindications
 - 2. If an opioid is warranted, follow the CDC recommendation**
 - lowest effective dose... no longer than needed... *(next slide)*
- Prescribe opioids IN COMBINATION with first line therapy**
 - Avoid multiple acetaminophen preparations at same time**

CDC guidelines:

“clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed”

If warranted, prescribe opioids for pain control in combination with FIRST line non-opioids

Minor surgical procedures:

- ✓ **Adults – 3 days or less** (*rarely 7 days*)
- ✓ **Adolescents & young adults to age 24 – limit opioids to 8 - 12 tablets**

Bree
Guideline
clinical
recommendations

= good practice

**Skilled initial patient assessment -
*includes use of PMP***

**Individualized pain management
strategies**

Effective intervention

Re-assessment as necessary

**Rare instances of chronic orofacial
pain =** AMDG Interagency Guideline on Rx Opioids for Pain

Clinical Recommendations

Dental Guideline on Prescribing Opioids for Pain Management

– Bree 2017

Pre-operative

- **Skilled initial pt assessment**
- **PMP check**
- **screen past & current opioid & benzo use**

Intra-operative

- **Consider long acting bupivacaine + 1:200k epi unless contraindicated**
- *(local anesthetic cautions in elderly & pregnancy)*

Post-operative

- **Effective intervention**
- **Goal of therapy (i.e. earlier return to function)**
- **Advise pts to not take multiple acetaminophen containing preparations concomitantly**

Non-opioid analgesics as the FIRST line of pain control for dental procedures

Non-steroidal anti-inflammatory drugs (NSAIDs) & acetaminophen where pain anticipated – unless contraindications

NSAID contraindications include hypersensitivity, hx gastrointestinal bleeding, aspirin sensitivity asthma

Acetaminophen contraindications include hypersensitivity, severe liver disease

❖ **Adjust dose or duration & monitor pts with**

- 1) hepatic impairment** (i.e. acetaminophen)
- 2) renal impairment** (i.e. NSAIDs)
- 3) drug-to-drug interactions** (use drug interaction app)
- 4) > 2 to 3 alcohol-containing drinks/day** (ask, screen)

Consider cyclooxygenase-2 inhibitor (COX2, i.e. celecoxib)

COX-2 inhibitor at moderate doses are noninferior to naproxen, ibuprofen for cardiovascular risk

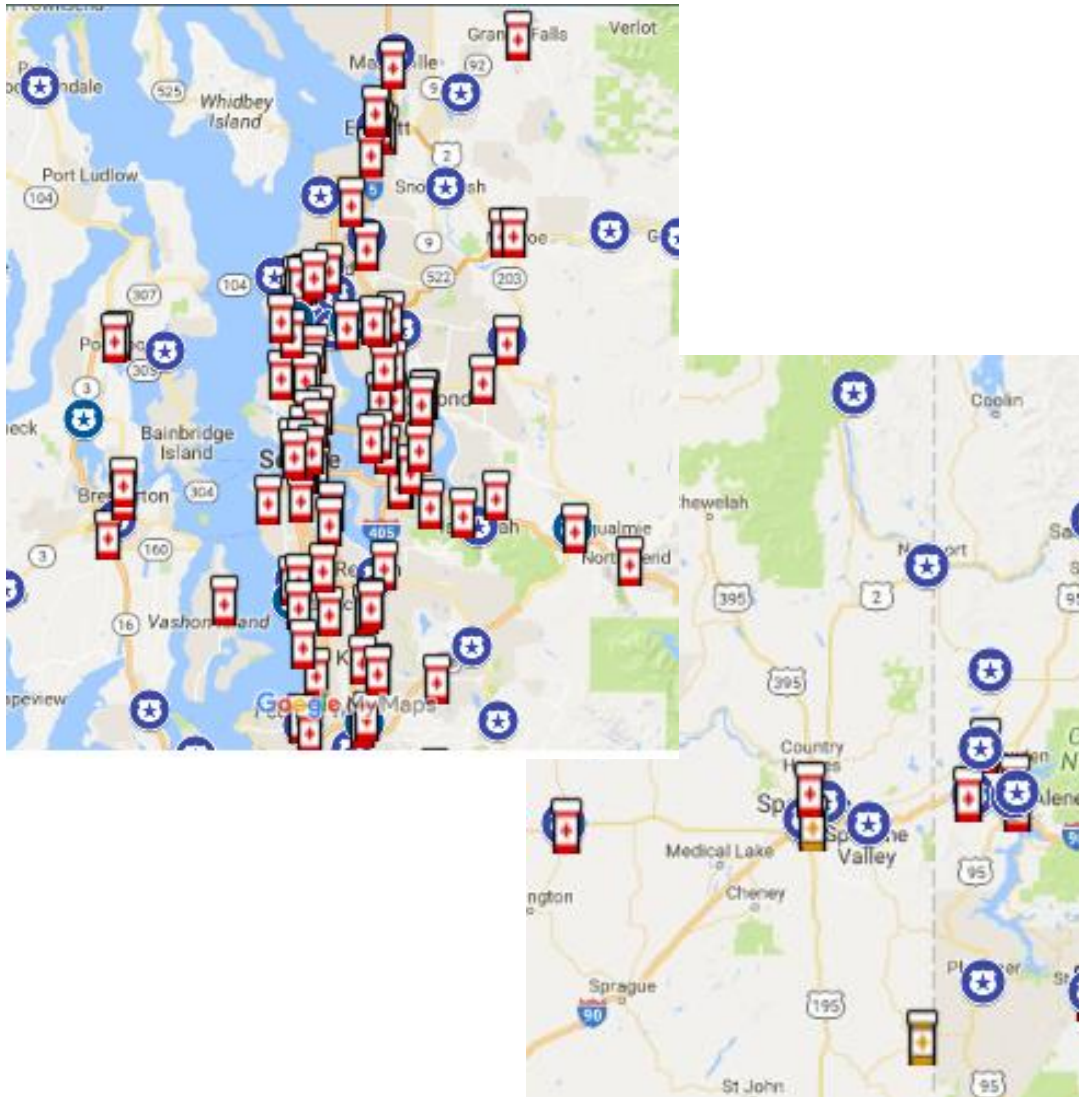
(PRECISION study), Cardiovascular Safety of Celecoxib, Naproxen, or Ibuprofen for Arthritis, NEJM 2016; 2516-2529

➤ **Educate patient & family**
risk / benefit



- 1) **Appropriate use & duration**
- 2) Possible **adverse effects**, incl sensation of drug craving
- 3) Share info on **drug disposal** (next slide)
- 4) **Avoid combining opioids with CNS depressants** - benzodiazepines, sedative-hypnotics, anxiolytics

WA state "Take back your meds" program



Community-based take back programs / DEA-approved

Unwanted meds in the home harm others

✓ Safe disposal

✓ Select areas

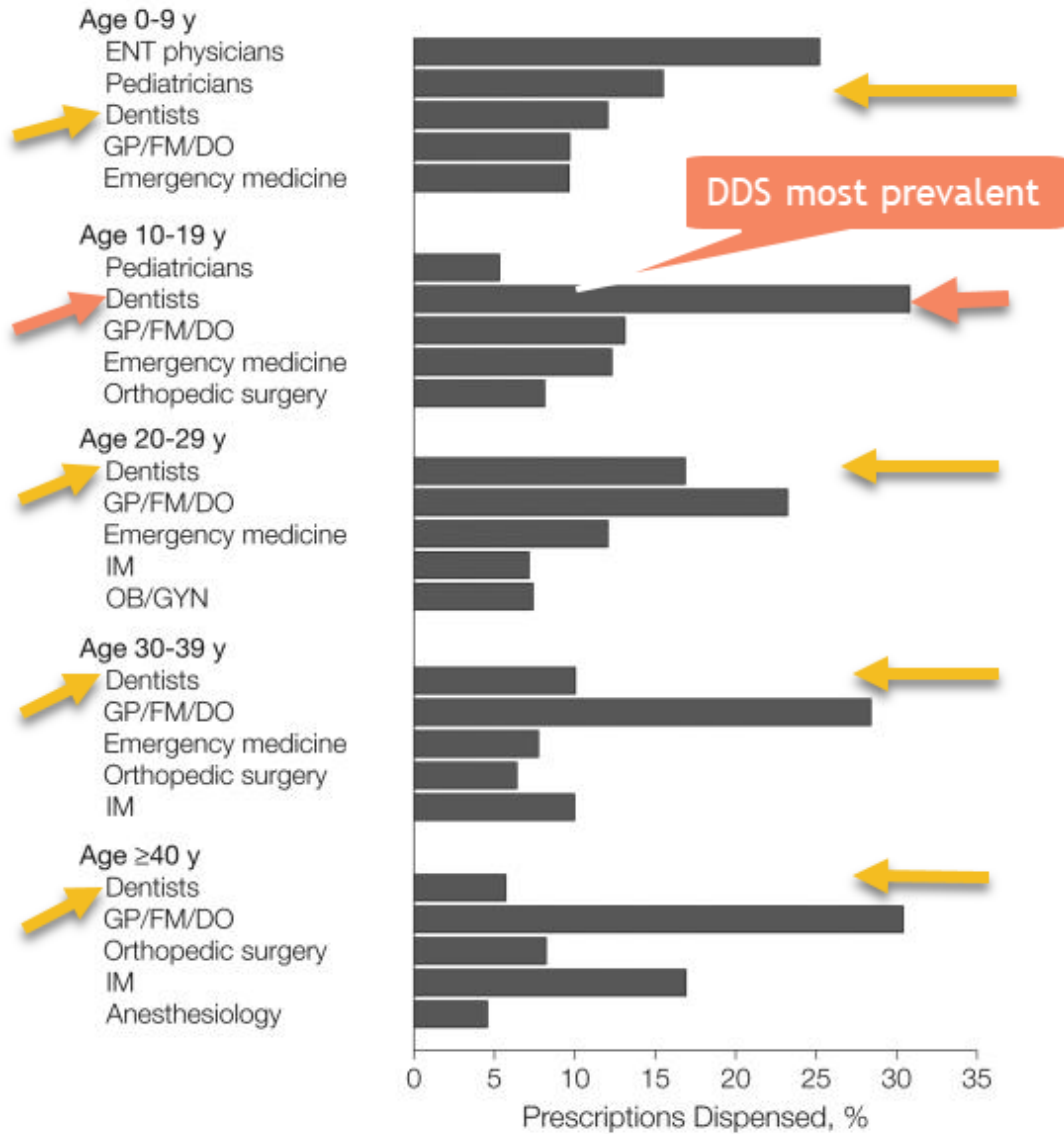
- Not all accept controlled rx
- Pharmacies & police stations

<http://www.takebackyourmeds.org/>



**A taste of
the evidence**

&
where
it
takes
us



Evidence –
DENTISTS PLAY
A ROLE

percentage prescriptions
dispensed in 2009 by
US outpatient pharmacies
by age & specialty

Volkov ND, McLellan, Cottto JH, Karithanom M, Weiss SR; JAMA 2011; 305:1299-301

**Dentists write only 8%
of the 202 million opioid prescriptions in the US**

– per estimate by National Institute of Drug Abuse (2011)

JAMA, April 2011, Vol. 305:13, pp. 1299-1301

**Dentist opioid prescribing decreased by 5.7%
between 2007 and 2012**

- study by Levi, American Journal of Preventive Medicine (2015)

Am J Prev Med, September 2015, Vol. 49:3, pp 409-413)

UNUSED OPIOID ANALGESICS ARE FREQUENT FOLLOWING DENTAL OUTPATIENT SURGERY

50+ % ???

Volkov ND, McLellan, Cottto JH, Karithanom M, Weiss SR; JAMA 2011; 305:1299-301

Dental Rx leftovers are a common source for individuals who abuse prescription opioids - often obtained from family & friends

Am J Prev Med, September 2015, Vol. 49:3, pp 409-413)

High schoolers who receive an opioid Rx are 33% increase chance to misuse opioids between ages 18 & 23

Miech R, Johnston L, O'Malley PM, Keyes KM, Heard K. Prescription opioids in adolescence and future opioid misuse. *Pediatrics* 2015;ped. 2015-1364.

Data shows an upsurge in heroin-related deaths among 18-25 year olds.

Rudd RA. Increases in Drug and Opioid-Involved Overdose Deaths—United States, 2010–2015, *Morbidity and Mortality Weekly Report* 2016; 65

Compton WM, Jones CM, Baldwin GT. Relationship between nonmedical prescription-opioid use and heroin use. *New England Journal of Medicine* 2016;374:154-63.

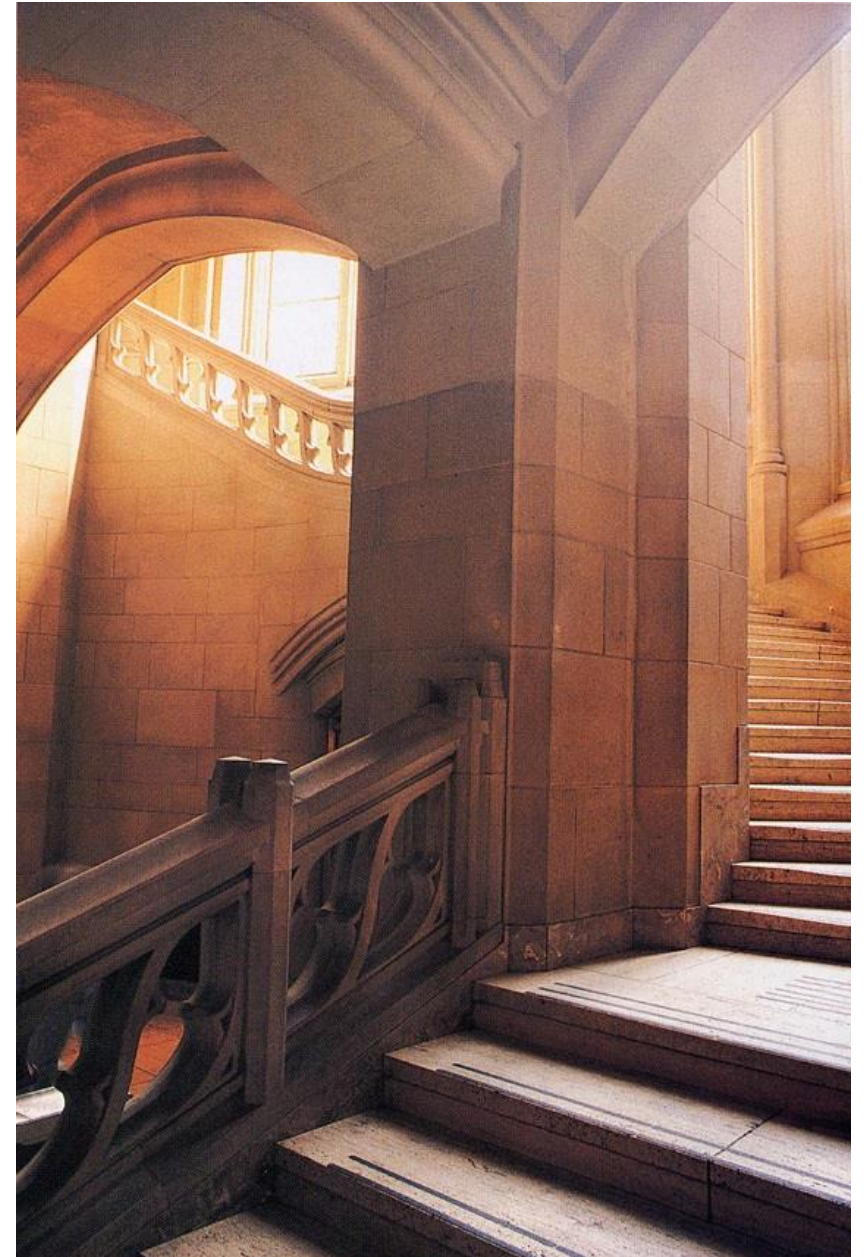
WA State Prescription Monitoring Program

Take the next step

Use your tools

ADA recommends use of PMP to promote appropriate use of controlled substances for legitimate medical purposes, while deterring misuse, abuse and diversion of these drugs.

Bree Guideline for



Check the WA State Prescription Monitoring Program database

The screenshot shows the login interface for SecureAccess Washington. At the top left is the logo with 'SAW' in large letters and 'SecureAccess WASHINGTON' below it. On the top right, there are three green navigation buttons: 'News', 'Video', and 'Help'. The main content area has a dark blue background. The heading 'Log in to SecureAccess Washington' is centered. Below it are two white input fields: 'User ID:' and 'Password:'. An orange 'LOGIN' button is positioned below the password field. To the right of the login fields are four icons with question marks: a person icon for 'Retrieve User ID', a padlock icon for 'Reset Password', a person with a checkmark for 'Activate Account', and an envelope icon for 'Missing Email?'. At the bottom right, a white box with an orange border contains the text 'Get cyber security news and alerts by following our Security Operations Center' with a Twitter icon. At the bottom left, there is a link 'Do not have an account? [Create one](#)'. The footer contains copyright information: '© Copyright 2015 Consolidated Technology Services All Rights Reserved' and a 'Privacy Notice' link.

SAW SecureAccess
WASHINGTON

News Video Help

Log in to SecureAccess Washington

User ID:

Password:

LOGIN

Retrieve User ID Reset Password Activate Account Missing Email?

Get **cyber security news and alerts** by following our Security Operations Center

Do not have an account? [Create one](#)

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[Privacy Notice](#)

AUTHENTICATION / RE-AUTHENTICATION

“Secure Access
Washington”

AUTHENTICATION

RE-AUTHENTICATION

ONE MONTH HIATUS

!!! CALL WA PMP at

360-236-4806



SecureAccess
WASHINGTON

Authentication Complete

This is your opportunity to update your email, phone numbers and questions in Adaptive Authentication. If you would like to make changes to your information, press the "Change" button. Otherwise, press the "Continue" button to access your service.

If no selection is made, this page will automatically redirect you to your service in 55 seconds.

CHANGE

CONTINUE

Remember: SAW is separate from WA PMP

“SAW” =

“Secure
Access
Washington”

= your entry door

= also used for
online DDS license
renewal

Welcome, rolfsea [Logout](#)

[My Secure Services](#) [Account Management](#) [Help](#)

[My Services](#) [+ Add a New Service](#) [Contact Us](#)

Please note: SAW is a shared portal serving multiple state agencies. To get help with a service provided through SAW, please contact the sponsoring agency directly. Click the "Contact Us" button to view a list of agency contact information.

Service	Agency	Description	Status	Action
DOH HSQA Online Services	Department of Health	Production version of the eLicense Online module.	Active	Remove
PMP - Provider	Department of Health	Prescription Monitoring Program - Provider Site	Active	Remove

Remember: SAW is separate from WA PMP

“SAW” registration first

“WA PMP” registration second

- 1. Write down the information, address you provide when signing up**
- 2. Write down your answers to the security questions !**



= you may be asked for this information months later

***** Problems – CALL WA PMP SUPPORT 360-236-4806**



SecureAccess
WASHINGTON

Authentication Complete

This is your opportunity to update your email, phone numbers and questions in Adaptive Authentication. If you would like to make changes to your information, press the "Change" button. Otherwise, press the "Continue" button to access your service.

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CHANGE

CONTINUE

Washington Prescription Monitoring Program



[Recipient Query](#)

[Multiple Recipient Query](#)

[Prescriber History Query](#)

[Prescriber DEA Query](#)

Washington PDMP Certification Statement for Provider/Pharmacist

I agree that by accessing this system, I affirm that I am

Currently licensed to prescribe or dispense legend drugs or controlled substances; or

Currently licensed as a health care practitioner AND I am currently authorized to access this system by a prescriber or dispenser who meets the requirements in paragraph (1).

I understand that my use of this system is permitted only in connection with one or more of the following:

Providing medical or pharmaceutical care for my patients.

Providing my patient his or her own prescription monitoring information contained in the system, so long as I am sure of the patient's identity; or

Providing follow-up and care coordination following a controlled substance overdose event as, or under the direction of, a local health officer (as defined in RCW 70.05.010) of a local health jurisdiction; or

Providing assistance in determining which medications are being used by an identified patient who is under the care of a prescriber or dispenser. This must be done under an agreement between the testing lab and a prescriber or dispenser.

I understand that any other access or disclosure of PMP data is a violation of Washington law and may result in civil sanctions or disciplinary action. I further understand that I will treat the information in the system as any other health care information and will protect the information in my possession in accordance with federal and state laws governing health care information.

I understand that I am responsible for all use of my user name and password, and any use of the system by a provider I have authorized. I will never share my password with anyone, including co-workers. If any authentication or password is lost or compromised, or if a provider who I have authorized to access the system no longer needs that access, I agree to notify the Department of Health immediately.

I understand that the PMP will conduct auditing activities to monitor for unusual or potentially unauthorized use of the system.

I accept the above conditions

You must accept the above conditions before you can continue.



Washington Prescription Monitoring Program



Home **Query** Report Queue User Management System Help Resources


Log Out


Recipient Query

Multiple Recipient Query



Prescriber History Query

Prescriber DEA Query

 *Last Name:

 *First Name:

Search Method:


 *Date of Birth: 


Within:

Gender:

County:

ZIP Code:

*Dispensed Start Date: 
mm/dd/yyyy

*Dispensed End Date: 
mm/dd/yyyy

*Required Field

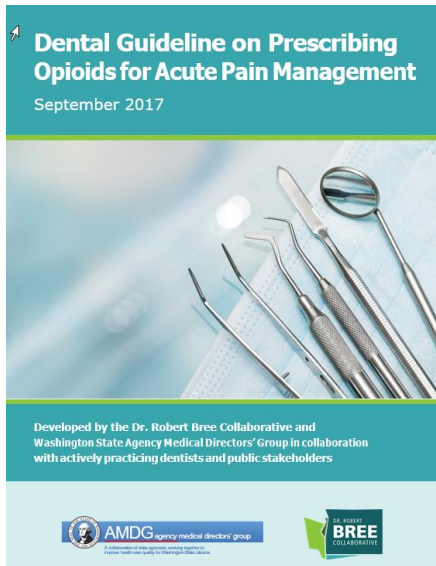
All required fields must be filled in.

However, for the best search results, fill in as many fields as possible.

Next

Clear

✓ *As necessary,* recommends revising your office-prescribing practice to be consistent with this guideline



✓ Educate office staff & patients about the risks & benefits of opioids

✓ Individualize pain management strategies for each patient

✓ Avoid “just in case” prescribing

ESHB 1427

(Engrossed Substitute House Bill 1427)

Intended to

- 1. implement safe prescribing rules**
- 2. Expand access & use of the Prescription Monitoring Program (PMP)**
- 3. Improve access to medication assisted treatment (MAT)**

ESHB 1427 passed WA State legislature requiring several boards & commissions (i.e. **DQAC**) to adopt rules by 1/2019 that establish requirements for prescribing opioid drugs

“ESHB 1427 Implementation”

(do a web search)

- Resources & background

❖ **final 1427 Conceptual Rules draft version**
7.1.pdf

- **Next step: DQAC** (Dental Quality Assurance Commission)

Dental Guideline on Prescribing Opioids for Pain Management 2017

✓ **Behavior change is not easy**

- use your entire clinic(s)

✓ **Several resources**

- **Interagency Guideline on Prescribing Opioids for Pain - AMDG 2015**
- **ADA Practical Guidelines for Safe Prescribing...**
- **CDC Guideline for Prescribing Opioids for Chronic Pain 2106**

