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

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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
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**
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
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

WA state “Take back your meds” program

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, Cotto 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)

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

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


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


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
“Secure Access Washington”

AUTHENTICATION

RE-AUTHENTICATION

ONE MONTH HIATUS

!!! CALL WA PMP at 360-236-4806

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 56 seconds.

CHANGE CONTINUE

Remember: SAW is separate from WA PMP
“SAW” =

“Secure Access Washington” = your entry door

= also used for online DDS license renewal

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
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.
Washington POMP 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 accept the above conditions

You must accept the above conditions before you can continue.
Washington Prescription Monitoring Program

Recipient Query

Multiple Recipient Query
Prescriber History Query
Prescriber DEA Query

- Last Name:
- First Name:
- Search Method: Fastest. Last name equals, first name begin
- Date of Birth: mm/dd/yyyy
  - Within: Exact Match
- Gender: All
- County: Select County
- ZIP Code:

- Dispensed Start Date: 04/16/2017
  mm/dd/yyyy
- Dispensed End Date: 04/16/2018
  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.
✔ 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
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”

- Resources & background
  - final 1427 Conceptual Rules draft version 7.1.pdf

- Next step: DQAC (Dental Quality Assurance Commission)
Behavior change is not easy

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 2016