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PEACE OF MIND | EXPERTISE | CHOICE | THE MEDPRO GROUP DIFFERENCE

Pain Management in the Dental Setting

Risk Management Considerations for Opioid Prescribing

Program speaker

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Ted has worked in the field of medical professional liability since 1987. Ted's professional achievements include experience as a medical malpractice defense attorney, risk management consultant, director of risk management, and director of continuing medical education for both doctor-owned and commercial professional liability insurers.

In his career, Ted has provided instruction to thousands of physicians, dentists, and hospital staffs across the United States and internationally, and he has written extensively on various professional liability-related topics.

In addition to his academic credentials, Ted has been trained in healthcare mediation and conflict resolution by the Harvard School of Public Health and in clinician–patient communication by the Institute for Healthcare Communication. His affiliations include Adjunct Professor of Medical Law at the Thomas M. Cooley Law School, advisory panel member for a physician litigation stress website, and former board member of the Tri-County Medical Control Authority.

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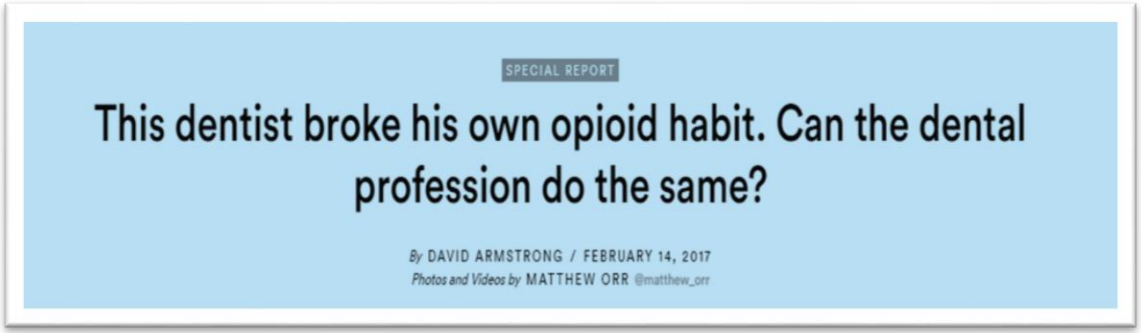
Today's faculty, as well as CE planners, content developers, reviewers, editors, and Patient Safety & Risk Solutions staff at MedPro Group, have reported that they have no relevant financial relationships with any commercial interests.

Objectives

At the conclusion of this program, participants should be able to:

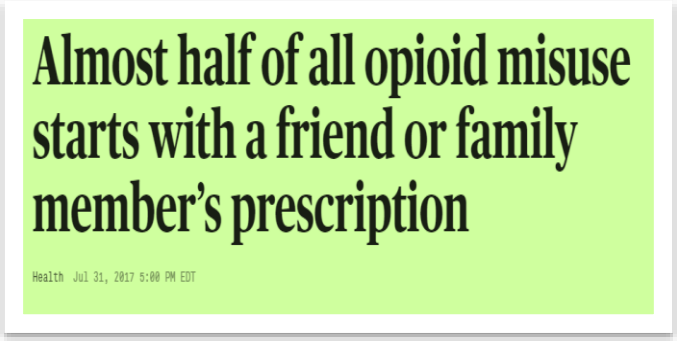
- Describe the scope of the current “opioid epidemic”
- Identify common characteristics of high-risk patients and prescribing situations
- Explain an effective approach to assessment of patients before prescribing opioids
- Discuss recommendations for prescribing opioids following dental treatment

Opioid epidemic — No boundaries

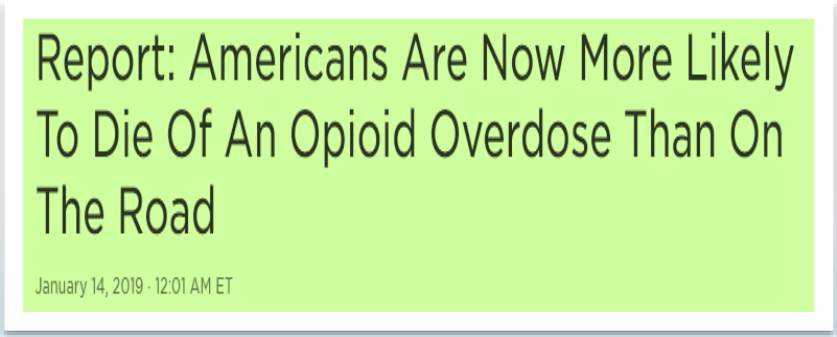

SPECIAL REPORT

This dentist broke his own opioid habit. Can the dental profession do the same?

By DAVID ARMSTRONG / FEBRUARY 14, 2017
Photos and Videos by MATTHEW ORR @matthew_orr


Almost half of all opioid misuse starts with a friend or family member's prescription

Health Jul 31, 2017 5:00 PM EDT


Report: Americans Are Now More Likely To Die Of An Opioid Overdose Than On The Road

January 14, 2019 · 12:01 AM ET

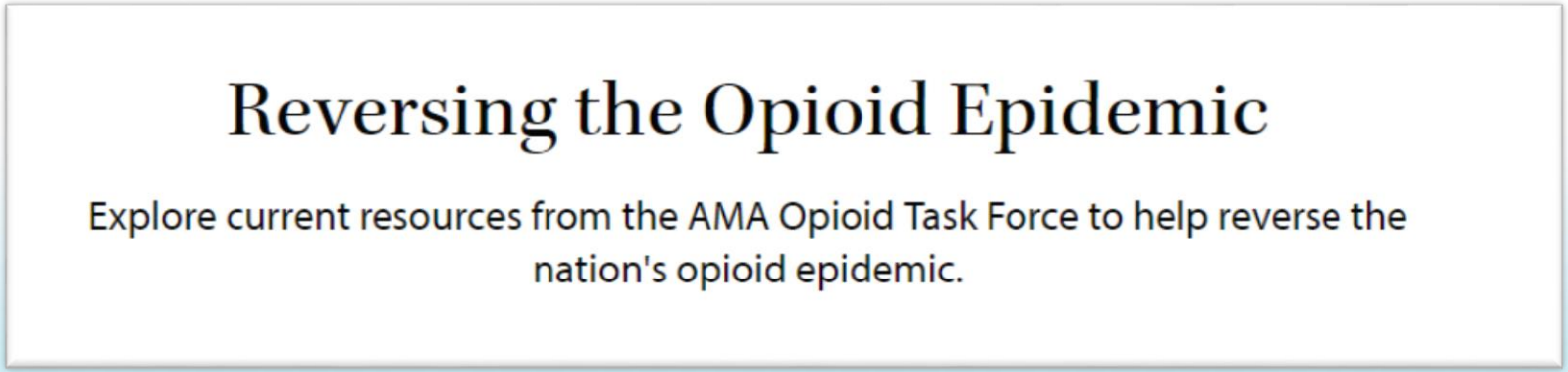

FOR IMMEDIATE RELEASE Wednesday, October 2, 2019

Dentist Sentenced for Running Prescription Opioid Fraud Scheme

NORFOLK, Va. – A Virginia Beach dentist was sentenced today to nearly eight and a half years in prison for conspiracy to distribute prescription opioids and muscle relaxant pills without a legitimate medical purpose.

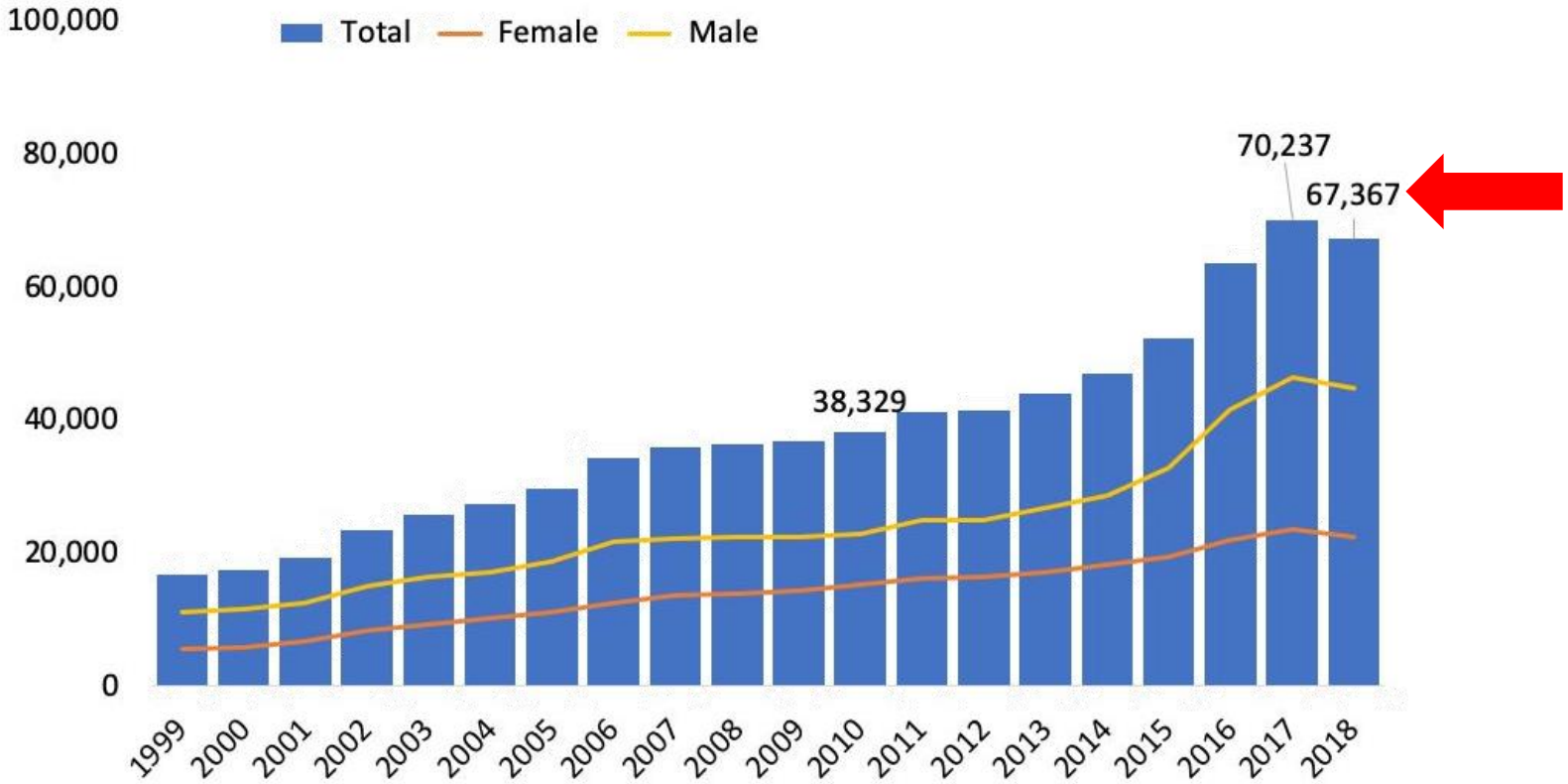
Opioid epidemic is a public health emergency

Professional organizations



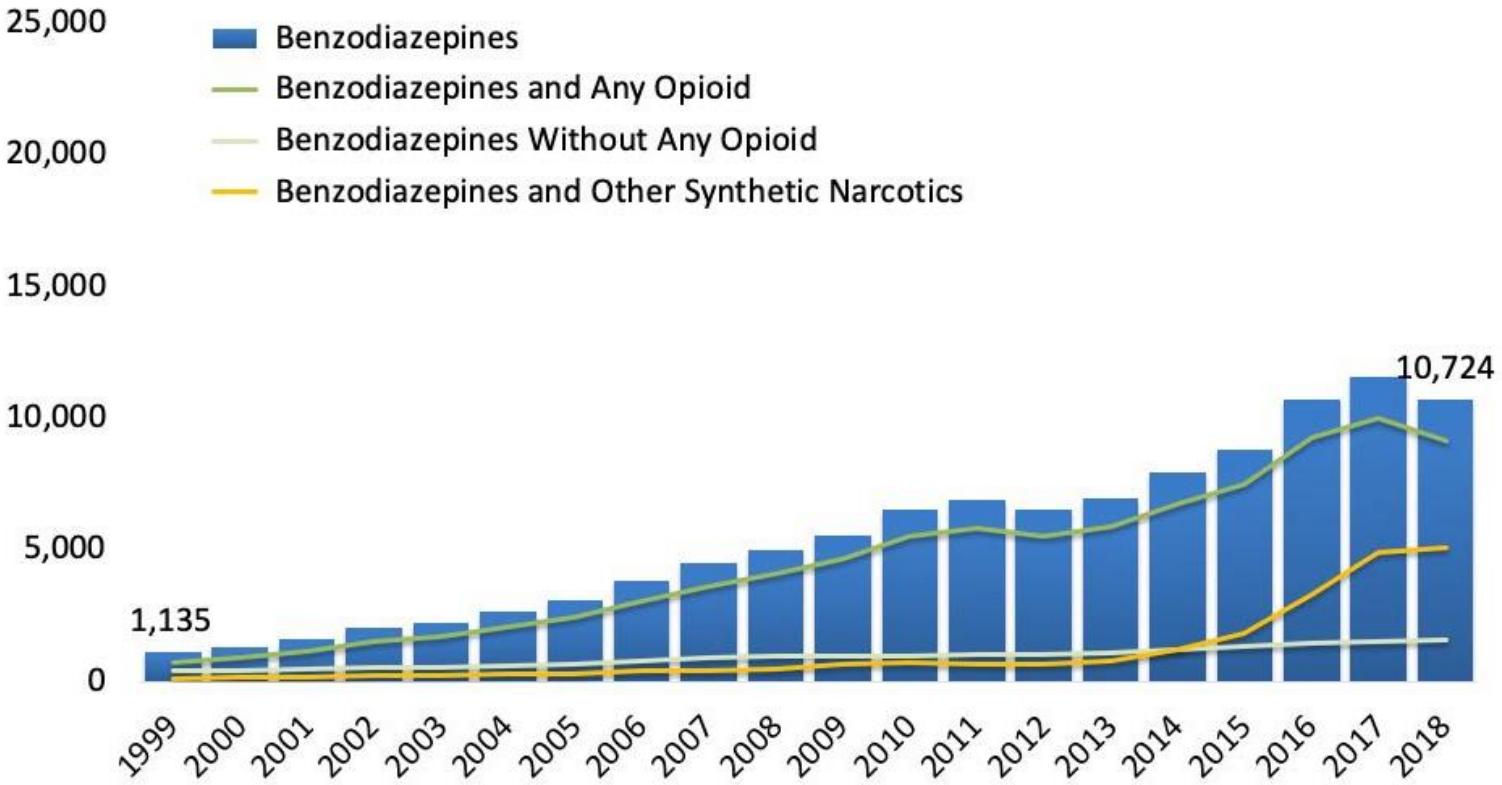
National drug overdose deaths number among all ages

Numbers of deaths from opioids



Source: Centers for Disease Control and Prevention. (2019). National drug overdose deaths number among all ages, by gender, 1999-2018. CDC WONDER online database. Retrieved from https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates

Opioid involvement in benzodiazepine overdoses



Source: Centers for Disease Control and Prevention. (2019). National drug overdose deaths involving benzodiazepines, by opioid involvement, number among all ages, 1999-2018. CDC WONDER online database. Retrieved from https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates

Who is responsible

In the past, it was reported that 20% of all prescribers are responsible for 80% of all OPR* prescriptions

Opioid prescribing rates:

- pain medicine 48.6%
- surgery 37%
- physical medicine/rehabilitation 36%
- primary care providers 50%
- **dentistry 28.9%**
- emergency medicine 28.7%

Yet . . .

- emergency medicine dropped 8.9%
- **dentistry dropped 5.7%**
- orthopaedic surgery dropped 13.4%

*OPR: ordering, prescribing, or referring

Sources: CDC. (2011). Policy impact: Prescription painkiller overdoses. Retrieved from www.cdc.gov/drugoverdose/pdf/PolicyImpact-PrescriptionPainkillerOD-a.pdf; Levy, B., et al. (2015). Trends in opioid analgesic-prescribing rates by specialty, U.S., 2007-2012. *American Journal of Preventive Medicine, 49*(3), 409-413; Athena Insight. (2017). Orthopedic surgeons prescribing fewer opioids. Retrieved from www.athenahealth.com/insight/orthopedic-surgeons-prescribing-fewer-opioids; CORE. (2017). Who else is prescribing opioids? Retrieved from http://core-rems.org/who-is-prescribing-opioids

Who is responsible

According to the American Dental Association:

> In 1998, dentists were the top specialty prescribers of opioid pain relievers, accounting for 15.5 percent of all opioid prescriptions in the U.S. By 2012, this number had fallen to 6.4 percent.”

Source: Somerman, M. J., & Volkow, N.D. (2018). The role of the oral health community in addressing the opioid overdose epidemic. *Journal of the American Dental Association, 149*(8), 663-665. Retrieved from https://jada.ada.org/action/showCitFormats?pii=S0002-8177%2818%2930419-7&doi=10.1016%2Fj.adaj.2018.06.010

A caution

Authors from the American Dental Association Health Policy Institute used data in several existing databases to review opioid prescription claims from 2010 to 2015 for about 1.1 million privately insured dental patients.

Findings indicate that patients who received an opioid prescription from a dentist were given a median supply to last three days.

Across all age groups over a 6-year period, opioid prescriptions increased by 17 per 1,000 dental patients.

The largest increase in opioid prescriptions was among patients aged 11 to 18; and 11-18 and 19-25 age groups received a higher median dose than all other age groups.

Source: Gupta, N., Vujicic, M., & Blatz, A. (2018). Multiple opioid prescriptions among privately insured dental patients in the United States. *Journal of the American Dental Association, 149*(7), 619-627. Retrieved from https://jada.ada.org/article/S0002-8177(18)30130-2/fulltext

A comparison

Study of prescriptions for opioids written by dentists in the United States and England

U.S. dentists prescribed opioids with significantly greater frequency (37 times greater than the portion written by English dentists)

U.S. dentists prescribed long-acting opioids while the English dentists did not

Source: Suda, K.J., Durkin, M.J., Calip, G.S., et al. (2019). Comparison of opioid prescribing by dentists in the United States and England. *JAMA Network Open*, *2*(5), e194303. Retrieved from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2734067

The American Dental Association position

The ADA supports mandatory continuing education in prescribing opioids and other controlled substances.

The ADA supports statutory limits on opioid dosage and duration of no more than seven days for the treatment of acute pain, which is consistent with the Centers for Disease Control and Prevention evidence-based guidelines.

The ADA supports dentists registering with and using Prescription Drug Monitoring Programs to promote the appropriate use of opioids and to deter misuse and abuse.

Source: American Dental Association. (2016). Statement on the use of opioids in the treatment of dental pain. Retrieved from https://www.ada.org/en/advocacy/current-policies/substance-use-disorders

Responsibility

Anyone who evaluates and treats patients is responsible for helping to address this opioid epidemic through identification and response.

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Assessing the Situation

The goal

Pain management

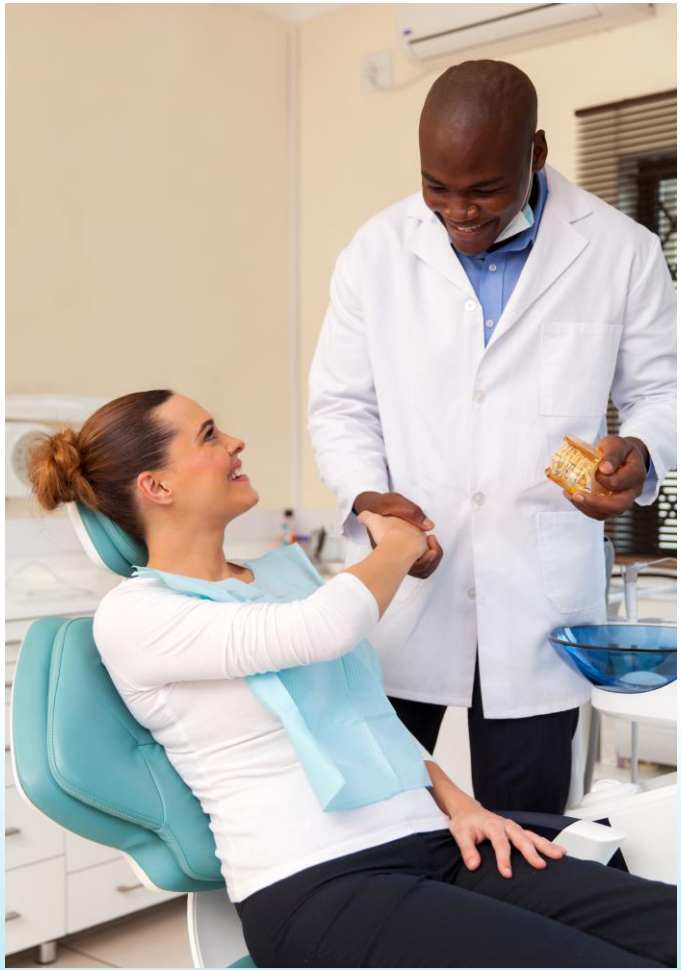
Not pain elimination

A caution

Prescription opioids as a gateway drug

Another caution

Many first-time exposures involve
11- to 18-year-olds
(wisdom tooth removal)



Source: Gupta, N., Vujicic, M., & Blatz, A. (2018). Multiple opioid prescriptions among privately insured dental patients in the United States. *Journal of the American Dental Association, 149*(7), 619-627. Retrieved from https://jada.ada.org/article/S0002-8177(18)30130-2/fulltext

Assessment

Is this procedure expected to be painful enough that pain management with opioids is appropriate?

Is this individual patient an appropriate candidate for treatment with opioids?

Is this the patient's first exposure to opioids?

Is there a family history of addiction?

Ultimately, what is the risk of undesired sequelae?

Analgesia

> The best available data suggested that the use of nonsteroidal medications, with or without acetaminophen, offered the most favorable balance between benefits and harms, optimizing efficacy while minimizing acute adverse events.

Source: Moore, P. A., Ziegler, K. M., Lipman, R. D., Aminoshariae, A., Carrasco-Labra, A., & Mariotti, A. et al. (2018). Benefits and harms associated with analgesic medications used in the management of acute dental pain. *Journal of the American Dental Association, 149*(4), 256-265.e3 Retrieved from https://jada.ada.org/article/S0002-8177(18)30117-X/fulltext

An evaluation tool

In the past year, how many times have you used the following?					
Drug Type	**Never**	**Once or Twice**	**Monthly**	**Weekly**	**Daily or Almost Daily**
Alcohol -For Men more than 5 drinks a day -For Women more than 4 drinks a day					
Tobacco products					
Prescription Drugs for Non-Medical Reasons					
Illegal drugs					

Source: National Institute on Drug Abuse. (2012). Resource guide: Screening for drug use in general medical settings. Retrieved from http://www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen

Red flags — Physical signs

Noticeable elation/euphoria	Marked sedation/ drowsiness	High blood pressure	Confusion
Constricted pupils	Slowed breathing	Intermittent nodding off or loss of consciousness	Flu-like symptoms*

*may indicate withdrawal (headache, nausea/vomiting, diarrhea, sweating, fatigue, anxiety, inability to sleep)

Red flags — Other signs

- Prescription Data Monitoring Program (multiple scripts, prescribing concerns)
- Doctor shopping
- New patients who pay with cash
- Financial problems
- Social withdrawal
- Patient needing prescription refilled (lost, stolen, etc.)

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Case Study #1

Dental procedure with sedation

Case study #1: Dental procedure with sedation

- **Patient**: Male, mid-teens
- **Chief complaint**: Need for tooth extraction
- **Overview**: Presented for a tooth extraction. His parent signed an informed consent for mild to moderate sedation. After being discharged to home, the patient began to act aggressively and was combative; he was taken to the emergency department where he suffered a seizure with a resulting altered mental state.
- **Outcome**: He was diagnosed with encephalopathy secondary to polypharmacy (related to the sedation medications) and postconcussive syndrome (sustained when he was combative and being transferred to the emergency department).

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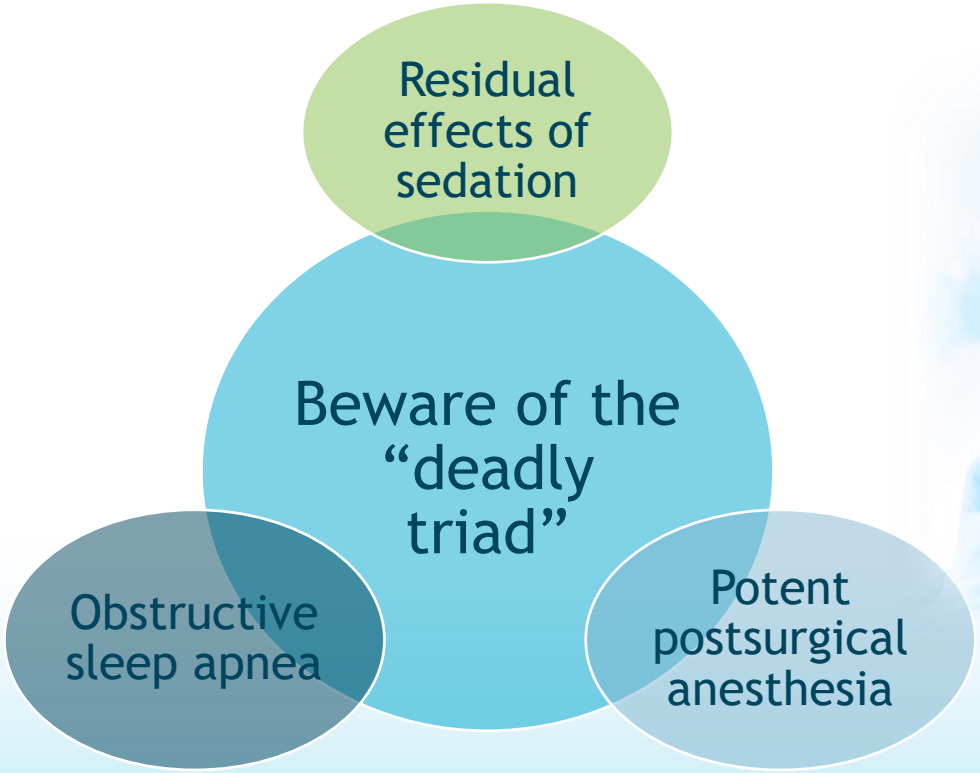
Case Study #2

Medical procedure using opioids for postoperative pain

Case study #2: Medical procedure using opioids for postoperative pain

- **Patient**: 69-year-old male undergoing bilateral tonsillectomy
- **Chief complaint**: Swollen tonsils, possible cancer
- **Overview**: The patient underwent a bilateral tonsillectomy, which was unremarkable. He was discharged home with prescriptions for Oxycontin, 20 mg, extended release and Oxycodone 5 mg, 1-2 tablets for breakthrough pain. The patient was instructed verbally at the time of discharge to not cut, break, or crush the Oxycontin because of the danger of overdose. This instruction was reiterated to the patient in his written discharge instructions and in the pharmacy information sheets he received with the prescriptions. The following afternoon, the patient cut the Oxycontin in half and took both halves 20 minutes apart in addition to the Oxycodone. He was found unresponsive in bed that evening and could not be resuscitated. Postmortem toxicology showed a significant overdose of opiates in addition to alcohol.
- **Outcome**: Death caused by respiratory depression resulting from the cumulative effects of the opioids and alcohol.

A caution


Residual effects of sedation
Beware of the "deadly triad"
Obstructive sleep apnea
Potent postsurgical anesthesia

Obstructive sleep apnea

Issues

- The majority of people with obstructive sleep apnea symptoms have not been diagnosed or treated.
- Patients with obstructive sleep apnea (diagnosed or undiagnosed) may have a higher sensitivity to sedation, opioids, and anesthetic agents.

Risk strategies

- Conduct preoperative assessment using a screening tool (for example, STOP Bang questionnaire).
- Follow patient monitoring procedures.
- Document all in the patient's health record.

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Case Study #3

Dental procedure with sedation

Case study #3: Dental procedure with sedation

- **Patient**: 14-year-old female with a history of obstructive sleep apnea
- **Chief complaint**: Extraction of 4 wisdom teeth
- **Overview**: The molars were significantly impacted and the patient was dental phobic, which necessitated the use of moderate sedation. The extractions performed in the dental office were uneventful. The patient was discharged to the care of her mother with a prescription for Oxycodone for postoperative pain. Upon returning home, the patient was in pain, so she took the Oxycodone as prescribed and laid down in her room. Some time later, her mother discovered her to be unresponsive. She could not be resuscitated.
- **Outcome**: The patient expired from the cumulative effects of the residual sedation, the Oxycodone, and her obstructive sleep apnea.

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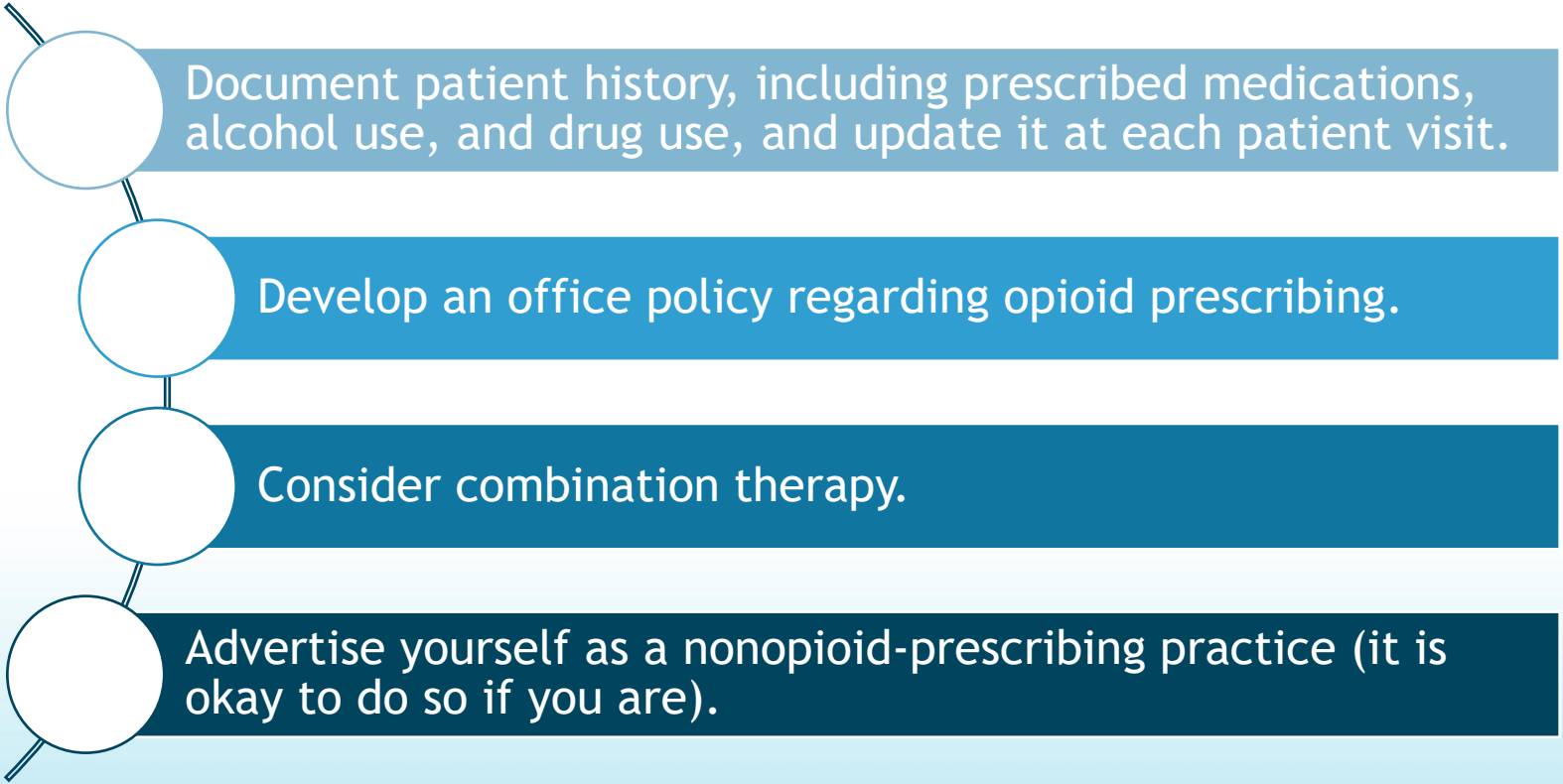
Additional Risk Strategies

Additional risk strategies



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Prescription Security

Unused opioids

- Across six studies:
  - Between two-thirds (67%) and nine-tenths (92%) of patients reported unused opioids.
  - Among opioids obtained by surgical patients, 42% to 71% of all tablets went unused.
  - A majority of patients stopped or used no opioids due to adequate pain control, while 16% to 29% of patients reported opioid-induced side effects.
- In two studies examining storage safety:
  - 73% to 77% of patients reported that their prescription opioids were not stored in locked containers.
  - All studies reported low rates of anticipated or actual disposal, while no study reported Food and Drug Administration-recommended disposal methods in more than 9% of patients.

Source: Bicket, M. C., Long, J. J., Pronovost, P. J., Alexander, G. C., & Wu, C. L. (2017). Prescription opioid analgesics commonly unused after surgery: A systematic review. *JAMA Surgery, 152*(11), 1066–1071. Retrieved from https://doi.org/10.1001/jamasurg.2017.0831

Concerns about prescription security

It is not uncommon for family members or visitors to steal opioids from a medicine cabinet or other unsecured location.

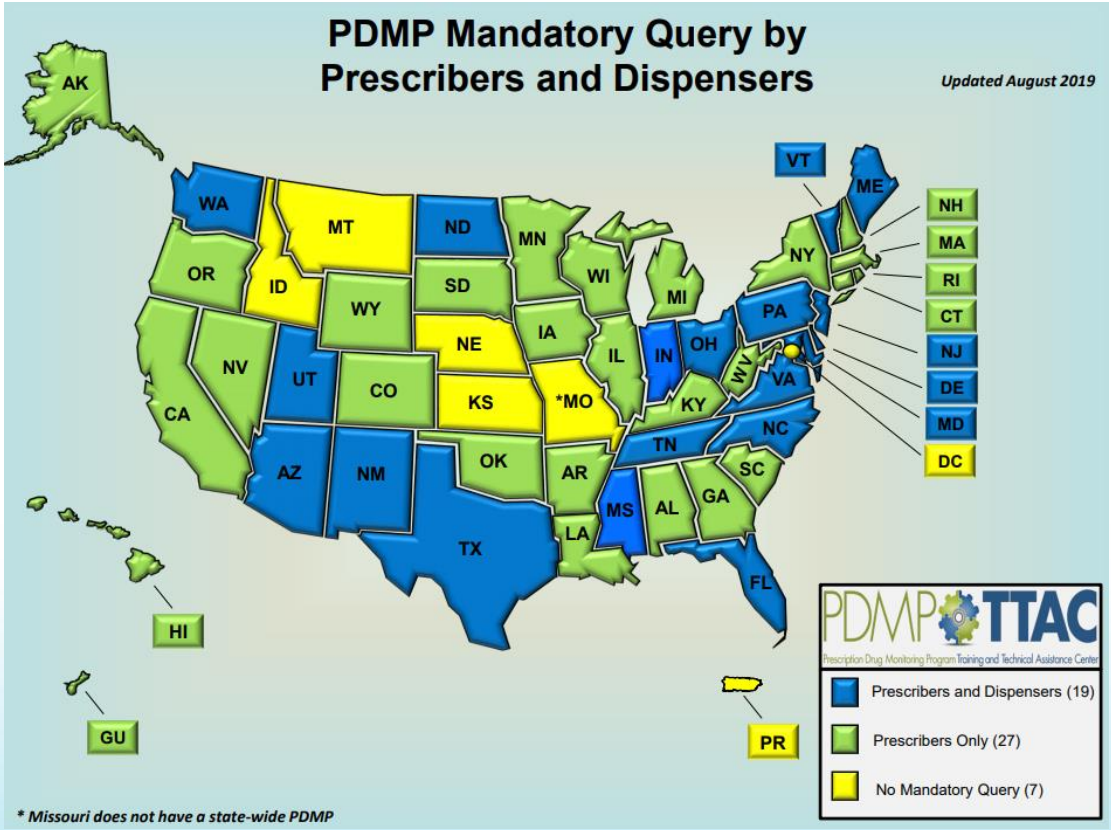
It is not uncommon for staff to steal prescription pads or access the practice's electronic prescribing system to prescribe opioids for themselves or someone else.

Are you prescribing opioids and not aware of it?

Risk considerations for prescription security

- Provide patients with written instructions when they are prescribed opioids.
- Advise patients to adequately secure any opioids in their possession.
- Include recommendations for the safe disposal of unused opioids with patient instructions.
- Self-query the Prescription Drug Monitoring Program monthly to verify that your prescribing history is accurate.

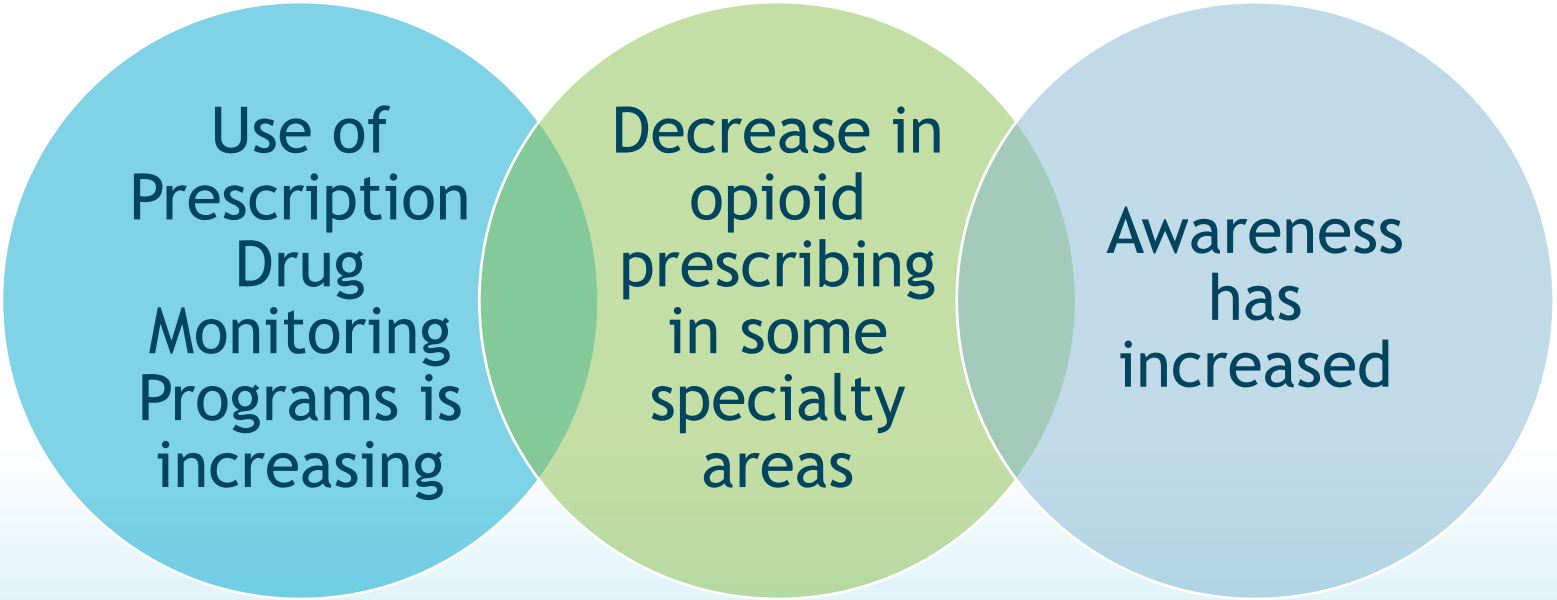
Prescription Drug Monitoring Program



Source: Prescription Drug Monitoring Program Training and Technical Assistance Center. (2020, January 20). Prescription Drug Monitoring Program. Retrieved from http://www.pdmpassist.org/pdf/Mandatory_Query_20190827.pdf

Conclusion

Progress is being made . . .



. . . but we have a long way to go.

Resources

- Checklist: Obstructive Sleep Apnea Screening (MedPro Group)
- Checklist: Pain Management (MedPro Group)
- How to Safely Dispose of Drugs (Department of Health and Human Services)
- The Opioid Crisis (American Dental Association)
- Preparing for Medical Emergencies in the Dental Practice (MedPro Group)
- Risk Management Review: Patient Withholds Medical History Information, Resulting in Anesthesia Related Death (MedPro Group)
- Strategies for Managing Acute Dental Pain (Decisions in Dentistry)

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