

## Outreach Beyond Primary Care: Educating Dentists on Opioid Safety in Utah

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#### **Disclosure Statement**

I do not have any relevant financial/non-financial relationships to disclose

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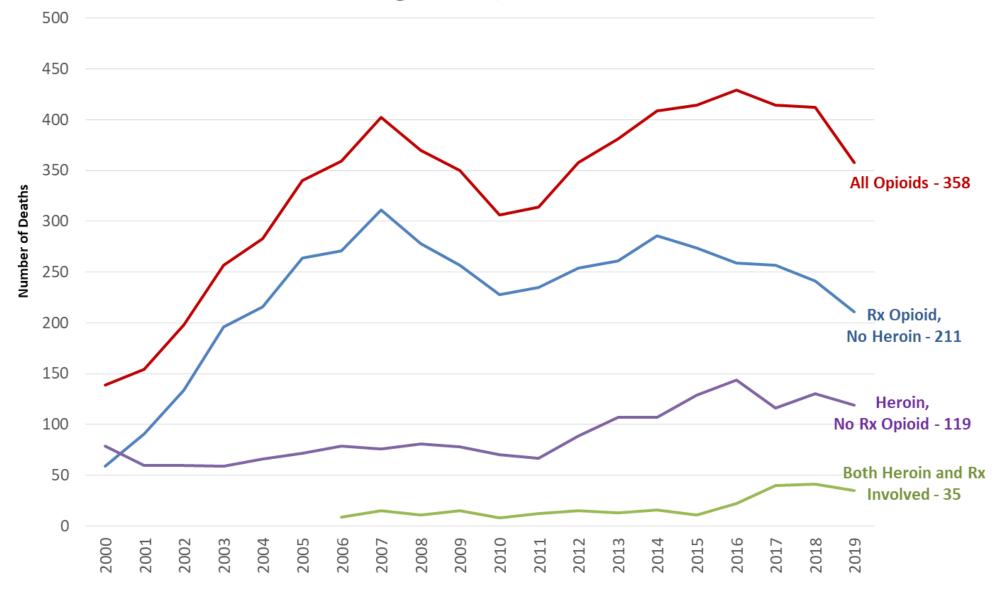
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Number of accidental and undetermined drug deaths by drug type, All ages, Utah, 2000-2019\*



#### **Training Curriculum – Best Practices for Safe Prescribing**

- "Hybrid" Academic Detailing model whole team education
- Access PDMP prior to prescribing, access data on prescribing
- Reduce # opioid pills prescribed for acute conditions (when appropriate)
- Increase use of Naloxone Overdose Reversal Kits
- **Recognize** abuse/addiction/dependence and **intervene**
- Ensure all patients that are prescribed controlled substances are **safe**

#### Timeline

**Sept. 2018 – April 2019**: Developed program based on adapted model of academic detailing specific to Utah prescribers.

May 2019 – Aug. 2019: Phase 1 trainings for medical and dental providers, focused on Carbon County and individual/independent practices along the Wasatch front.

**Feb. 2020 – Sept. 2020:** Phase 2 trainings for medical and dental providers, expanded to large clinical groups



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# Results



#### **Phase 1 Participant Demographics**

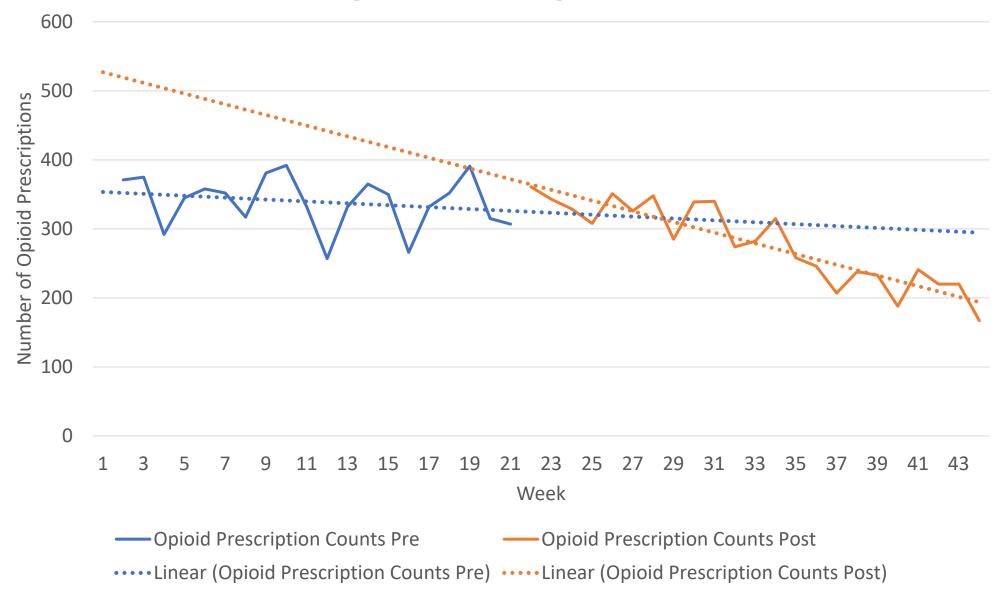
Prescriber Demographics (n=46)						
	n	%				
Gender						
Male	35	76.10%				
Female	9	19.60%				
No Answer	2	4.30%				
Race						
Non-White	7	15.22%				
White	39	84.78%				
Specialty						
Dental	28	60.89%				
Medical	18	39.11%				
Average Years Licensed	14.8 years					

#### **Phase 2 Study Participants**

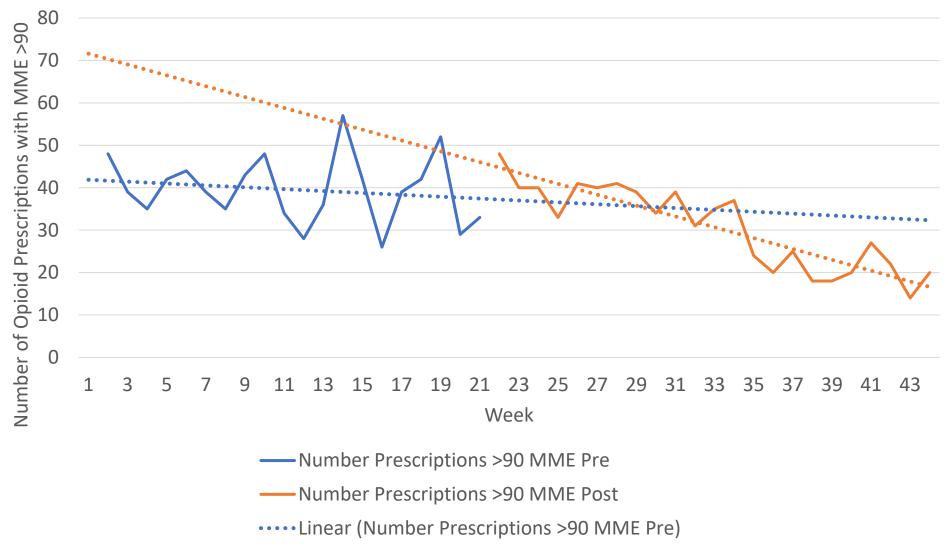
Prescribing Dentists (DDS), n = 54 Prescribing Doctors (MD, DO), n = 55 Prescribing Other staff (NP, PA), n = 15

Demographics	Providers who completed a follow up survey (n=87)
Mean years of age (SD)	46.6 (11.2)
Mean practice years (SD)	12.6 (9.9)
% Male	64.3%
% Hispanic	4.9%
% White	81.6%

#### Number of Opioid Prescriptions with MME >50 Among Participating Providers

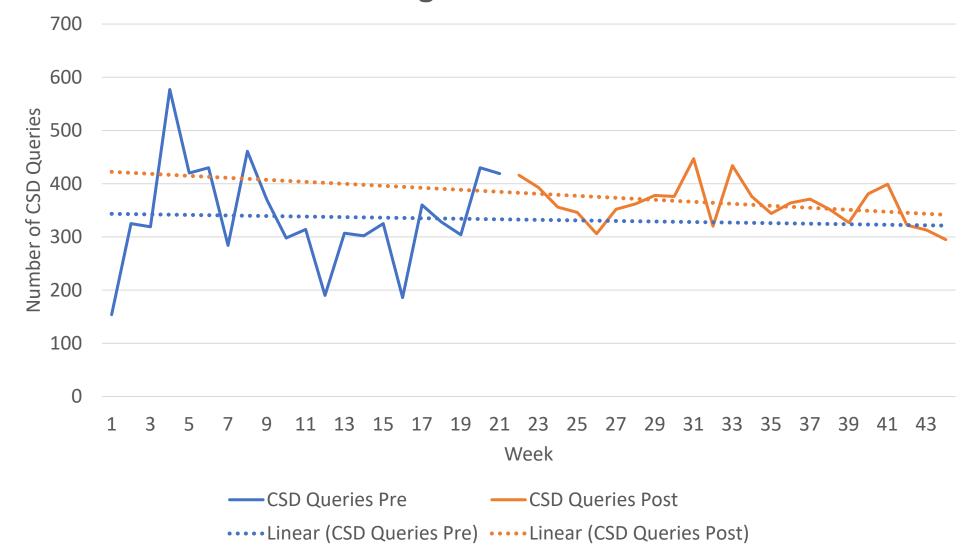


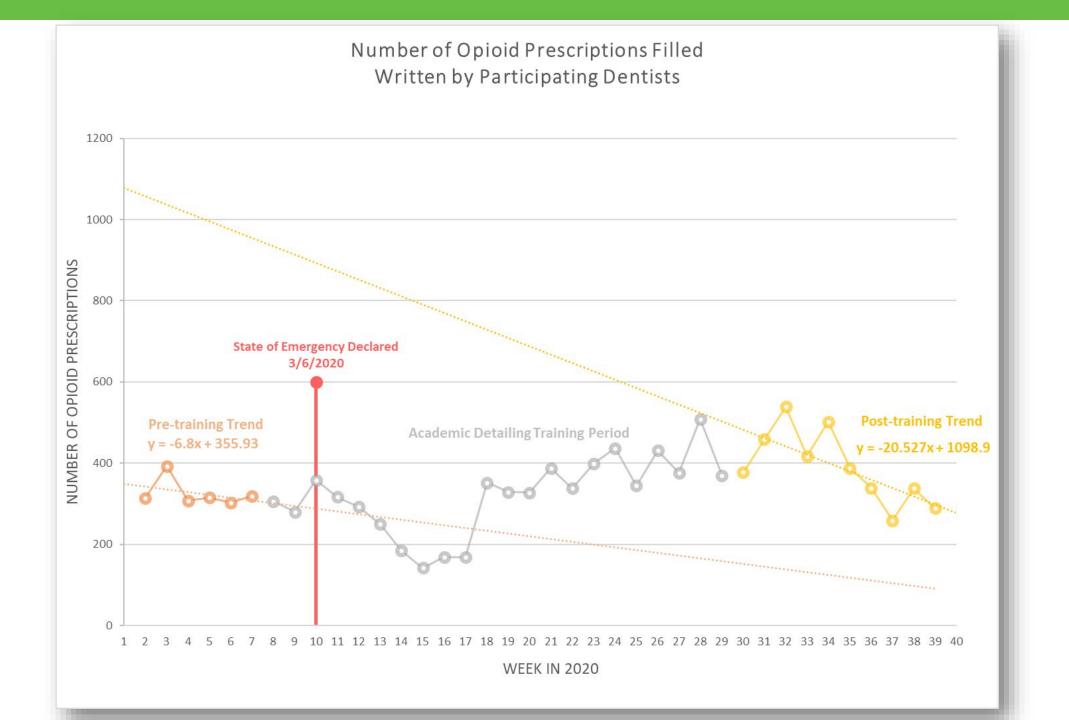
#### Number of Opioid Prescriptions with MME >90 Among Participating Providers



•••••• Linear (Number Prescriptions >90 MME Post)

#### Number of CSD Queries By Participating Providers and their Delegates/Proxies





#### **Provider Self-report Results Summary (Phase 1)**

- •9.1 % increase in self-reported co-prescribing of naloxone
- 20% increase in providers indicating they have an office process in place to check the CSD when prescribing opioids

Areas also positively impacted (large effect size):

- Provider's confidence using the CSD to monitor opioid prescriptions
- Provider knowledge regarding where to refer patients for help with prescription opioid misuse

#### **Provider Self-report Results Summary (Phase 2)**

#### **Greatest improvements post training and sustained at 60 days**

- Access to screening tools to assess prescription opioid misuse
- Knowledge regarding how to identify patients who misuse prescription opioids
- Knowledge regarding where to refer patients for help for prescription opioid misuse

#### **Medium effects**

- More confident using the CSD to monitor opioid prescriptions and this sustained at 60 days
- Have a specific office process in place to check the CSD
- Ratings for the convenience of using the CSD

#### **Looking Ahead**

• Shifting focus to surgical academic detailing

- Managing Opioid Use Disorder in the Emergency Department and other settings
- Medications for Opioid Use Disorder Project Extension for Community Healthcare Outcomes (ECHO)

 Safe Opioid Stewardship for Long Term and Post Acute Care Settings

### **Thank You!**

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