

Opioid Prescription Reduction

Level of Implementation

- Practice

Target Populations

- Dentists
- Dental Specialists

Improvement Goal

- Original Goal of $\geq 20\%$ Reduction in Opioid Doses per 100 Patient Encounters

Essential Partners

- KP Pharmacy
- PDA Dentists

Key Measures

- Number of Opioid Doses per 100 Patient Encounters

Measurement Data Source

- KP Pharmacy
- PDA Dental
- KP Drug Information

More Information

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Improving Oral Health Through Measurement

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The DQA Quality Innovators Spotlight (QIS) compiles quality improvement stories from around the nation to share knowledge and spread successful changes regardless of whether DQA was involved in the project. Inclusion in the QIS in no way implies DQA's endorsement of a program.

DQA Quality Innovators Spotlight: The Inside Story

How did this project start?

Two Kaiser Permanente Pharmacists informed the PDA Dental Pharmacy & Therapeutics Committee in late 2015 of their efforts to reduce the use and the number of prescriptions for opioid pain-relieving medications. They noted that the Dental team had become a significant contributor to the increase in prescriptions of these controlled substances. The Dental Quality Assurance/Improvement Committee decided to take a proactive approach to improve the understanding of alternative medications available that are both efficacious and of much lower abuse/addiction potential to achieve a change in prescribing behavior.

What were the key strategies to achieve the improvement goal?

Through collaborative effort between the Pharmacists and the Dental team, a Continuing Education (CE) presentation specifically targeted toward dental pain was developed.

The strategies employed for such a CE course were:

- ❖ to highlight the increasing concern over opioid addiction and abuse nationally,
- ❖ to explain how Dental providers have unknowingly become contributors to this growing epidemic through their prescribing practices,
- ❖ to explain how some individuals are highly prone to addiction and abuse after only one to several doses,
- ❖ to offer alternatives to opioid pain medications as appropriate, with a distinct emphasis on combination prescribing of acetaminophen and ibuprofen,
- ❖ and to reconfirm that dental pain is generally of short duration so when opioids are indicated, only a two day supply is prescribed

The CE Course was presented on March 7, 2016 and was attended, or viewed by WebEx, by approximately 70% of PDA Dentists.

What improvements were achieved?

- ❖ Baseline data evaluation 6 months prior to the study revealed that 10.85 doses were prescribed per 100 patient encounters prior to the CE. There was variation based upon practice type with a low of 0.14 doses for Pediatric Dentists to a high of 30.32 doses for Oral Surgeons.
- ❖ To account for staff turnover during the study, baseline included for the number of doses of opioids prescribed per 100 patient encounters. This corrected for any variance in providers and for any increase or decrease in the number of encounters to normalize the data.
- ❖ Exclusion Criteria- Non-PDA Dentists
- ❖ Following the CE Course, data evaluated for 6 months found a total reduction to 7.91 doses of opioids per 100 patient encounters or a 27.1% reduction. All provider groups showed a reduction in prescribing habits ranging from marginal (Periodontists) to moderate (Endodontists) to significant (General Dentists and Oral Surgeons).

What were the main challenges that needed to be overcome?

The biggest challenge to overcome was the Dentists' perceptions that they were not really a significant contributor to the opioid crisis that is gripping the nation. Secondly, the Dentists feared they might start "under-medicating" their patients if they prescribe less and this would lead to two potential issues:

- ❖ patients experiencing unwarranted pain due to under-prescribing,
- ❖ patient dissatisfaction with their Dental care and the Dentist in particular

What was the overall impact of the program?

The Dentists were pleasantly surprised to find that their patients were not calling them repeatedly for refills of their opioid medications as originally feared. Nor did they see any distinguishable drop in patient satisfaction scores during this time. While the causal relationship in the decrease in the incidence of dependence as a result of this intervention is undetermined, intuitively it would seem that it did. There was perceived cost savings through decreased prescription being written- a reduction in the total amount of opioid prescriptions written means lesser demand for Pharmacy Technician time as well as Pharmacist time for the organization.

OPINION: How can we spread this change?

The PDA Opioid Prescription Reduction project illustrates how a dental practice can achieve improvement in contributing towards managing an epidemic of national proportion through the development of a CE course for its providers. CE courses can be very effective mechanism in which information and knowledge can be shared. Such projects can be easily adopted by other practices.

The opinions expressed in this section are those of the DQA's Implementation and Evaluation Committee based on their individual expertise and experiences.