

January 15, 2018

USPSTF Coordinator
U.S. Preventive Services Task Force
5600 Fishers Lane
Mail Stop 06E53A
Rockville, MD 20857

To Whom It May Concern:

On behalf of our 163,000 dentist members, we are pleased to comment on the U.S. Preventive Services Task Force's Draft Research Plan for Prevention of Opioid Use Disorder. We offer these comments in response to your email solicitation and online posting of December 13, 2018.

The U.S. Preventive Services Task Force was established to examine the peer-reviewed evidence for certain clinical preventive services—such as screenings, counseling and preventive medications—and grade the value of providing those services in primary care settings. In this case, you will be rating the strength of the evidence for certain interventions in (or referred from) primary care settings to prevent opioid use disorder in persons not currently using opioids.

As you can see from our enclosed comments, the ADA is generally supportive of the proposed research plan to guide development of the Evidence Report. However, we respectfully ask that you make all deliberate attempts to include dental care provided by general and pediatric dentists in your examination of clinical preventive services that can be implemented in primary care settings.

Most all dental specialties perform procedures that may result in acute postoperative pain, including general dentists, pediatric dentists and oral and maxillofacial surgeons. And opioids may sometimes be medically prescribed, depending on the nature and type of pain. Despite their multiple roles, however, it should not be lost that general and pediatric dentists are also primary care clinicians. Their primary function is to provide comprehensive oral health care beginning before age one and continue doing so throughout the patient's lifetime, with appropriate referrals as necessary.

The ADA can provide wide range of peer-reviewed articles, clinical guidelines and other resources to inform your evidence review. We have invested considerable time and resources to raise awareness about the opioid crisis and promote safe and effective pain management strategies in dentistry—with and without opioid pain relievers. Since 2012, we have even offered free continuing education to help dentists implement strategies to safely and effectively manage pain for patients who are at risk for drug overdose or addiction.

Again, the ADA generally supports the proposed research plan to guide development of the Evidence Report. We respectfully ask that you make all deliberate attempts to include dental care provided by general and pediatric dentists in your examination of clinical preventive

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services that can be implemented in primary care settings. We stand ready to provide any peer-reviewed articles, clinical guidelines and other resources to inform your work.

We commend the Task Force for choosing to rate the strength of the evidence for certain primary care interventions to prevent opioid misuse. Your final recommendation(s) will be one more tool that primary care clinicians can use to safely and effectively manage postoperative pain while minimizing the risks associated with opioid analgesics.

Thank you for providing us the opportunity to comment. If you have any questions, please contact Mr. Robert J. Burns at 202-789-5176 or burnsr@ada.org. Information is also available at ADA.org/opioids.

Sincerely,

/s/

Jeffrey M. Cole, D.D.S., M.B.A., F.A.G.D
President

/s/

Kathleen T. O'Loughlin, D.M.D., M.P.H.
Executive Director

JMC:KTO:rjb
Enclosures (2)

U.S. Preventive Services Task Force Draft Research Plan for Prevention of Opioid Use Disorder

January 15, 2018

The American Dental Association is pleased to offer the following detailed comments on the U.S. Preventive Services Task Force's Draft Research Plan for Prevention of Opioid Use Disorder.

Proposed Analytic Framework

The ADA generally supports the proposed analytic framework to guide development of the Evidence Report. However, we have concerns about the Task Force possibly overlooking a category of primary care clinicians who may be engaging multiple times a year with the population of interest.

Most all dental specialties perform procedures that may result in acute postoperative pain, including general dentists, pediatric dentists and oral and maxillofacial surgeons. And opioids may sometimes be medically prescribed, depending on the nature and type of pain. Despite their multiple roles, however, it should not be lost that general and pediatric dentists are also primary care clinicians. Their primary function is to provide comprehensive oral health care beginning before age one and continue doing so throughout the patient's lifetime, with appropriate referrals as necessary.

Depending on the data source, opioid prescriptions written by dental clinicians for adolescents and young adults range from 23.4¹ percent to 30.6² percent. Unfortunately, the data do not distinguish the prescribing rates among the dental specialties, which would also include oral and maxillofacial surgeons. For the purpose of the evidence review, however, we want to clarify that general and pediatric dentists are still primary care clinicians even though they sometimes fill multiple roles.

We respectfully urge the Task Force to expand the scope of its evidence review to include preventive interventions by general and pediatric dentists.

¹ Gupta N, Vujicic M, Blatz A. Multiple opioid prescriptions among privately insured dental patients in the United States: Evidence from claims data. *J Am Dent Assoc* 2018;149(7):619-27 e1.

² Schroeder AR, Dehghan M, Newman TB, Bentley JP, Park KT. Association of Opioid Prescriptions From Dental Clinicians for US Adolescents and Young Adults With Subsequent Opioid Use and Abuse. *JAMA Intern Med* 2018.

Proposed Key Research Question 1	Do interventions to prevent opioid use disorder that are feasible for implementation in or referred from primary care improve patient health outcomes in persons not currently using opioids?
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The ADA generally supports Proposed Key Research Question 1 to guide development of the Evidence Report. However, we have concerns about the Task Force possibly overlooking a

category of primary care clinicians who may be engaging multiple times a year with the population of interest.

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We respectfully urge the Task Force to expand the scope of its evidence review to include preventive interventions by general and pediatric dentists.

¹ Gupta N, Vujicic M, Blatz A. Multiple opioid prescriptions among privately insured dental patients in the United States: Evidence from claims data. J Am Dent Assoc 2018;149(7):619-27 e1.

² Schroeder AR, Dehghan M, Newman TB, Bentley JP, Park KT. Association of Opioid Prescriptions From Dental Clinicians for US Adolescents and Young Adults With Subsequent Opioid Use and Abuse. JAMA Intern Med 2018.

Proposed Key Research Question 2	Do interventions to prevent opioid use disorder that are feasible for implementation in or referred from primary care prevent the initiation of unnecessary opioid use, reduce the amount of opioid use, or prevent prescription misuse in persons not currently using opioids?
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The ADA generally supports Proposed Key Research Question 2 to guide development of the Evidence Report. Research ought to include examination of primary prevention strategies to minimize exposure to opioid medications in vulnerable though potentially opioid naïve populations such as adolescents and young adults as well as interventions for identifying those adolescents and young adults who engage in nonmedical use of opioids, which has been reported to range from 8.9¹ percent to 11.4² percent of this aged population.

¹ Patry E, Bratberg JP, Buchanan A, et al. Rx for addiction and medication safety: An evaluation of teen education for opioid misuse prevention. Res Social Adm Pharm 2018.

² McCabe SE, Schulenberg JE, O'Malley PM, Patrick ME, Kloska DD. Non-medical use of prescription opioids during the transition to adulthood: a multi-cohort national longitudinal study. Addiction 2014;109(1):102-10.

Proposed Key Research Question 3	What are the harms of interventions to prevent opioid use disorder that are feasible for implementation in or referred from primary care in persons not currently using opioids?
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The ADA generally supports Proposed Key Research Question 3 to guide development of the Evidence Report.

We urge you to explore means of enhancing the cost-benefit of prescription drug monitoring program (PDMP) engagement. This could include using the data collected to estimate the number of patients identified as outlier users,¹ the number of clinicians identified as outlier prescribers,² ease and cost of use^{3,4} and the value of the data (e.g., accessing across jurisdictions). It may also be valuable to understand how PDMP use informs other risk mitigation activities, such as clinical guideline development⁵ and educational programming.⁶

¹ McCauley J, Hyer J, Ramakrishnan, et al. Dental opioid prescribing and multiple opioid prescriptions among dental patients Administrative data from the South Carolina prescription drug monitoring program. J Am Dent Assoc 2016;147(7):537-544.

² Paulozzi LJ, Strickler GK, Kreiner PW, et al. Controlled Substance Prescribing Patterns--Prescription Behavior Surveillance System, Eight States, 2013. MMWR Surveill Summ 2015;64(9):1-14.

³ Lin DH, Lucas E, Murimi IB, et al. Physician attitudes and experiences with Maryland's prescription drug monitoring program (PDMP). Addiction 2017;112(2):311-19.

⁴ Bachhuber MA, Saloner B, LaRochelle M, et al. Physician Time Burden Associated with Querying Prescription Drug Monitoring Programs. Pain Med 2018;19(10):1952-60.

⁵ Young LS, Crausman RS, Fulton JP. Suboptimal Opioid Prescribing: A Practice Change Project. R I Med J (2013) 2018;101(2):41-44.

⁶ Martello J, Cassidy B, Mitchell A. Evaluating Emergency Department Opioid Prescribing Behaviors After Education About Mandated Use of the Pennsylvania Prescription Drug Monitoring Program. J Addict Nurs 2018;29(3):196-202.

Proposed Contextual Question 1	What system- or practice-level interventions can help implement effective interventions to prevent opioid use disorder in primary care among persons not currently using opioids?
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The ADA generally supports Proposed Contextual Question 1 to guide development of the Evidence Report. However, we have concerns about the Task Force possibly overlooking a category of primary care clinicians who may be engaging multiple times a year with the population of interest.

Most all dental specialties perform procedures that may result in acute postoperative pain, including general dentists, pediatric dentists and oral and maxillofacial surgeons. And opioids may sometimes be medically prescribed, depending on the nature and type of pain. Despite their multiple roles, however, it should not be lost that general and pediatric dentists are also primary care clinicians. Their primary function is to provide comprehensive oral health care beginning before age one and continue doing so throughout the patient's lifetime, with appropriate referrals as necessary.

Depending on the data source, opioid prescriptions written by dental clinicians for adolescents and young adults range from 23.4¹ percent to 30.6² percent. Unfortunately, the data do not distinguish the prescribing rates among the dental specialties, which would also include oral and maxillofacial surgeons. For the purpose of the evidence review, however, we want to clarify that general and pediatric dentists are still primary care clinicians even though they sometimes fill multiple roles.

We respectfully urge the Task Force to expand the scope of its evidence review to include preventive interventions by general and pediatric dentists.

¹ Gupta N, Vujicic M, Blatz A. Multiple opioid prescriptions among privately insured dental patients in the United States: Evidence from claims data. J Am Dent Assoc 2018;149(7):619-27 e1.

² Schroeder AR, Dehghan M, Newman TB, Bentley JP, Park KT. Association of Opioid Prescriptions From Dental Clinicians for US Adolescents and Young Adults With Subsequent Opioid Use and Abuse. JAMA Intern Med 2018.

Proposed Contextual Question 2	What is the state of the evidence on interventions to prevent prescription misuse, opioid use disorder, or both in persons currently being prescribed opioids for pain management?
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The ADA generally supports Proposed Contextual Question 2 to guide development of the Evidence Report. However, we have concerns about the missed opportunity to consider interventions designed to reduce unwarranted prescription of opioids by dental clinicians.

Depending on the data source, opioid prescriptions written by dental clinicians for adolescents and young adults range from 23.4¹ percent to 30.6² percent. Unfortunately, the data do not distinguish the prescribing rates among the dental specialties, which would also include oral and maxillofacial surgeons. For the purpose of the evidence review, however, we want to clarify that general and pediatric dentists are still primary care clinicians even though they sometimes fill multiple roles.

We respectfully urge the Task Force to expand the scope of its evidence review to include preventive interventions by general and pediatric dentists.

¹ Gupta N, Vujicic M, Blatz A. Multiple opioid prescriptions among privately insured dental patients in the United States: Evidence from claims data. J Am Dent Assoc 2018;149(7):619-27 e1.

² Schroeder AR, Dehghan M, Newman TB, Bentley JP, Park KT. Association of Opioid Prescriptions From Dental Clinicians for US Adolescents and Young Adults With Subsequent Opioid Use and Abuse. JAMA Intern Med 2018.

Proposed Research Approach

The ADA generally supports Proposed Research Approach to guide development of the Evidence Report. However, we have concerns about the Task Force possibly overlooking a category of primary care clinicians who may be engaging multiple times a year with the population of interest.

Most all dental specialties perform procedures that may result in acute postoperative pain, including general dentists, pediatric dentists and oral and maxillofacial surgeons. And opioids may sometimes be medically prescribed, depending on the nature and type of pain. Despite their multiple roles, however, it should not be lost that general and pediatric dentists are also primary care clinicians. Their primary function is to provide comprehensive oral health care beginning before age one and continue doing so throughout the patient's lifetime, with appropriate referrals as necessary.

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We respectfully urge the Task Force to expand the scope of its evidence review to include preventive interventions by general and pediatric dentists, particularly when it comes to referrals for dental surgical procedures.

¹ Gupta N, Vujicic M, Blatz A. Multiple opioid prescriptions among privately insured dental patients in the United States: Evidence from claims data. *J Am Dent Assoc* 2018;149(7):619-27 e1.

² Schroeder AR, Dehghan M, Newman TB, Bentley JP, Park KT. Association of Opioid Prescriptions From Dental Clinicians for US Adolescents and Young Adults With Subsequent Opioid Use and Abuse. *JAMA Intern Med* 2018.

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Suggested Reading

- Lutfiyya M, Gross A, Schvaneveldt N, et al. A scoping review exploring the opioid prescribing practices of US dental professionals. *J Am Dent Assoc.* 2018;149(12):1011-1023.
- McCauley J, Leite R, Gordan V, et al. Opioid prescribing and risk mitigation implementation in the management of acute pain: Results from the National Dental Practice-Based Research Network. *J Am Dent Assoc.* 2018;149(5):353-362.
- Moore P, Ziegler K, Lipman R, et al. Benefits and Harms Associated with Analgesic Medications Used in the Management of Acute Dental Pain: An Overview of Systematic Reviews. *J Am Dent Assoc.* 2018;149(4): 256-265.e3.
- Gupta N, Vujicic M, Blatz A. Opioid Prescribing Practices From 2010 Through 2015 Among Dentists in the United States: What Do Claims Data Tell Us? *J Am Dent Assoc.* 2018;149(4): 237-245.e6.
- McCauley J, Hyer J, Ramakrishnan V, et al. Dental opioid prescribing and multiple opioid prescriptions among dental patients: Administrative data from the South Carolina prescription drug monitoring program. *J Am Dent Assoc.* 2016;147(7):537-544.
- Moore P, Hersh E. Combining ibuprofen and acetaminophen for acute pain management after third-molar extractions. *J Am Dent Assoc.* 2013;144(8):898-908.
- McNeely J, Wright S, Matthews A, et al. Substance-use screening and interventions in dental practices: Survey of practice-based research network dentists regarding current practices, policies and barriers. *J Am Dent Assoc.* 2013;144(6):627-638.
- Denisco R, Kenna G, O'Neil M, et al. Prevention of prescription opioid abuse: The role of the dentist. *J Am Dent Assoc.* 2011;142(7):800-810.