

Prescription Pain Medication Program  
Steering Committee  
September 16, 2008  
9:00-11:00  
Rm 401, Cannon Health Building

**Present:**

Bob Rolfs  
Brenna Long  
Brian Sauer  
Terri Rose  
Kim Bateman  
Erin Johnson  
Craig PoVey  
Steven Steed  
Alan College  
Iona Thraen  
Teresa Garrett

**Agenda:**

- 1) Discussion on dentists
- 2) Medicaid Transformation Grant

**Discussion on Dentists:**

Steven Steed: Dentist in private and group practice. State dental director for past 8 years.

Do dentists prescribe long acting opiates? Rarely (maybe for broken jaws or serious surgeries). Dilemma is when patients come back again and again for acute problems. Rare to prescribe more than 10 pills at a time.

Trends: most often prescribed drug is hydrocodone/Lortab—they seem to usually work and we don't have the patients coming back. Oral surgeons may use Oxycodone more often. Don't use NSAIDS as often as we maybe should—could educate dentists on prescribing those rather than Lortabs.

Many patients go from dentists to dentists and may be going to doctors for drugs as well. Health histories ask for these kinds of questions, but we may consider our impact smaller than it is. Most dentists have a group of patients that they know and deal with, but there are people who come in off the streets with emergencies.

Drug seekers: a problem—most dentists have been confronted. I've been called by pharmacists asking if I prescribed 90 Percocet. Area for more training: how to identify drug seekers.

Educate: how to identify drug seekers. What alternatives are there to pain meds.

Kim: would a tool that helps identify drug seekers/addicted individuals be useful to dentists? (it is designed for treatment of chronic pain, but it may work for them)  
Long-acting narcotics are where we see most of the deaths. Some orthopedic surgeons prescribe long-acting for acute pain so that the patient doesn't have to take multiple pills each day. Maybe we can profile oral surgeons and see if they do this. If so, we can educate.

Do dentists prescribe methadone (since it is less expensive)? (don't know)

Contract/pain agreement is frequently broken by a visit to a dentist.

Dentists do have access to the DOPL database, but they do not frequently use it.

Prescribing opioids to adolescents has been said to hardwire their brains. Alan has a recent research articles that shows this (published Sept 11, 2008). Craig says this is possible—although dosing may be part of the issue.

\*Have Glen Hanson come and talk to us about addiction patterns and what the research says.

Teresa: are there other care providers (podiatry, for example) that are out of the loop from the case management of a pain patient.

Bob: we need to look empirically to see who is dispensing what (are dentists prescribing long-acting opioids?).

Iona: could the DOPL database have a function that flags patients when they have a case manager and would tell other providers (dentist/podiatrist) to refer to the case management.

Bob: I foresee a lot of push back to that. Maybe it would be possible to mark in the database that a person is under a contract, that way it wouldn't exclude the other provider from prescribing.

Brian: a pdf copy of the signed agreement could be uploaded so that the provider could see the actual contract that the patient is under.

### **Medicaid Transformation Grant—Brenna Long and Brian Sauer**

Kim: as we are out in the field teaching, it would be nice to have more profiling information before we go. Medicaid has a database of all the prescriptions that could be linked to those prescribers to see who is using primarily methadone, what dose are they starting their patients on, etc. We could compare the profile at beginning and end. So, this is a very useful source of data that we could collaborate with.

Brian: We are identifying specific patterns of care that may be problematic. Pharmacists review the basic letter (with 1 year history that shows patterns, missed visits, etc) and

then it is sent to the providers. In the past the DRC sends for the top 300 number of prescriptions. We are moving from cost based to quality of care.

Bob: law will not allow us to profile providers in the CSDB. Maybe DOPL is allowed to do this. DOPL looks for law enforcement—not prevention.

Brian: We identify patients that may be in trouble and then send that info to the provider.

Kim: We'd like to give the providers their specific information about where they start patients (dose) for methadone and how many patients they have that have dangerous combinations (benzos and pain meds).

Brian: all those things are feasible, but we don't have a unique patient identifier so there would be some error. We use a probabilistic link.

Bob: we don't know if the CSDB would be useful for this (still in the process of getting the data in CSDB clean)—if it is, we could propose this to DOPL and see if we can get permission.

Kim: if we knew areas (geographical) or individuals of concern, we could target our education to those areas.

Brian: we would like to use the CSDB to evaluate the linkage for the Medicaid database and vice versa. We are starting next month looking at pain medications.

Kim: most important thing we'd like to look at: 1) initial dose of methadone...and speed of titration 2) combination of opioids with sedating drugs

Alan: docs are being bombarded with reports and letters and emails—it is important that we make ours helpful/have real value. Otherwise, I am getting desensitized.

Brian: we are going to have leaflets that can go in the patient's case file so that docs can see it right when they are with the patient, not just 2 months before the patient comes in.

Brian: 4 branches: control group. Letter only. Letter plus educational visit. Letter plus educational visit/MTM—medication therapy management.

See presentation at [www.health.utah.gov/prescription/...](http://www.health.utah.gov/prescription/)

Urine analysis will be included as a recommendation in the guidelines.

For the tool in the guidelines, we can have the criteria to include all CLIA waived urine tests that are under \$10 and test for specific opiates and street drugs.