DENTIST OPIOID PRESCRIBING REQUIREMENTS

Health Systems Quality Assurance

Washington State Department of Health
Considerations

- AMGD Guidelines
- Bree Collaborative Guidelines
- CDC Guidelines
- Department of Health HB 1427 joint task-force
- Dentistry specific needs
New Opioid Prescribing Requirements

Overview
Education and Outreach Resources

Online Resources and Toolkits: Healthcare Practitioners

• Profession Specific Overview Handouts
• Profession Specific Overview Videos
• Frequently Asked Questions

Patient Opioid Education Handouts

• Managing Acute (short-term) Pain
• Managing Surgical Pain
• Managing Chronic (long-term) Pain

www.doh.wa.gov/opioidprescribing
Rule Exclusions

The Opioid Prescribing Requirements do not apply to:

- Treatment of patients with cancer-related pain
- Provision of palliative, hospice, or other end-of-life care
- Treatment of inpatient hospital patients
- Procedural pre-medications
Continuing Education

Dentists who prescribe opioids in Washington State must complete mandatory continuing education.

- One-time requirement – three hours
- Opioid prescribing best practices and rules of the chapter
- Due after first full CE reporting cycle after January 1, 2019 (with your CE due in 2022)
Prescription Monitoring Program (PMP)

- The new opioid prescribing requirements incorporate increased mandatory use of the PMP to improve opioid prescribing best practices.
- Mandatory registration of the PMP to prescribe opioids.
PMP Registration

If you are not registered with the PMP, please use www.doh.wa.gov/pmp to register.
PMP Designee

An authorized healthcare designee is a current healthcare provider credentialed with the Washington State Department of Health.

Examples:
- Dental Hygienists
- EFDAs
- Dental Assistants
- Dental Anesthesia Assistants
Patient Notification, Secure Storage, and Disposal

Dentists must educate patients on the risks, safe storage, and proper disposal of opioids.
Alternative Treatments for Pain

Dentists should consider alternative treatments for pain rather than defaulting to the use of opioids whenever reasonable, evidence-based, clinically appropriate alternatives exist.
Acute Pain Overview

The dentist must comply with requirements by:

- Conducting and documenting a patient evaluation
- Querying the PMP and documenting concerns
- Documenting a patient treatment plan
Acute Pain Overview

- Provide patient notification on opioid risks, safe storage, and proper disposal.

- Seven-day supply for non-operative acute pain unless clinically documented in patient record
Subacute Pain Overview

- Pain lasting six to twelve weeks in duration.

- Fourteen-day opioid supply unless clinically documented in the patient record

- Document transition to chronic pain if planning to treat with opioids beyond twelve weeks
Subacute Pain: Patient Evaluation

The dentist must comply with requirements by:

- Conducting a patient evaluation and documenting the patient record
- Querying the PMP and documenting concerns
- Educating patients on the risks and benefits for continued opioid use
- Considering tapering, discontinuation, or transitioning to chronic pain treatment
Chronic Pain Overview

The new chronic pain requirements provide minor updates to the 2011 pain management requirements.
Chronic Pain (12+ weeks)

The dentist must comply with requirements by:

- Conducting and documenting a patient evaluation
- Completing a patient treatment plan
- Counseling the patient concerning the risks and benefits
- Completing a written agreement for treatment
- Periodically reviewing the treatment plan and querying the PMP
  - **High-risk:** At least quarterly
  - **Moderate-risk:** At least semiannually
  - **Low-risk:** At least annually
Change in Treatment Plan

Consider tapering, changing treatment, discontinuing treatment, or referral for substance use disorder when:

- The patient requests
- Deterioration in function or pain
- The patient demonstrates non-compliance with the written agreement
- Other treatment methods are indicated
- Evidence of misuse, abuse, diversion, or substance use disorder
- Severe patient adverse event or **overdose**
- Unauthorized dose escalation by the patient
- Dose escalation with no improvement in pain, function, or quality of life
Co-Prescribing with Certain Medications

Opioids shall not be prescribed with the following medications without:

- Documentation in patient record
- Discussion of risks
- Consultation with prescribers of other medications
- Consideration of tapering

- Benzodiazepines
- Barbiturates
- Sedatives
- Carisoprodol
- Non-benzodiazepine hypnotics (Z drugs)
Co-Prescribing

When co-prescribing opioids to a patient receiving medication-assisted treatment (MAT):

- **Do** consult the MAT prescriber or a pain specialist
- **Do not** discontinue MAT without documentation
- **Do not** deny necessary operative treatment due to MAT
Naloxone

Confirm or prescribe naloxone when:

• Opioids prescribed to a high-risk patient
  • As clinically indicated
• Refer patient to pharmacist for further counseling and evaluation
Opioid Prescribing for Special Populations

**Patients 24 Years and Under:**
Treat pain consistent with adults, but account for weight and adjust accordingly.

**Patient 65 Years and Older:**
Consider change in tolerance, metabolism, and distinctive needs that occur with age.

**Pregnant Patients:**
Weigh carefully the risks and benefits of opioid detoxification during pregnancy.
Do not discontinue MAT without oversight by the MAT prescribing practitioner.
Consultation Requirements

Consultation with a pain management specialist continues to be mandatory when prescribing more than 120 MED

The purpose is to ensure patient care, when on higher doses of opioids, is carefully supervised.
Questions?

Prescription Monitoring Program

PMP
Doh.wa.gov/prescriptionmonitoring
360-236-4806
pmp@doh.wa.gov

Department of Health

Department of Health
Doh.wa.gov/opioidprescribing

Opioidprescribing@doh.wa.gov
Resources

2018 Opioid Prescribing Requirements
www.doh.wa.gov/opioidprescribing

Department of Health resources on opioid prescribing best practices, treatment and support, data, and other related resources:
www.doh.wa.gov/opioids

To register with the Washington State Prescription Monitoring Program:
www.wapmp.org

Opioid prescribing best practices
www.cdc.gov
www.agencymeddirectors.wa.gov
http://www.breecollaborative.org/

Washington State Legislature
www.leg.wa.gov