Alabama Medicaid Agency

501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624

www.medicaid.alabama.gov
e-mail: almedicaid@medicaid.alabama.gov

KAY IVEY
Governor

Telecommunication for the Deaf: 1-800-253-0799
334-242-5000 1-800-362-1504

STEPHANIE MCGEE AZAR
Commissioner

February 7, 2017

Dear Dental Provider:

Late June 2017, Alabama Medicaid sent a survey to 30 Oral Surgeons providing service to teenage beneficiaries of Alabama Medicaid. The responses from 14 providers were clarifying in helping us to understand some of the issues related to opioid prescribing by Oral Surgeons in Alabama.
This correspondence is to provide you with the results of the survey.
Included are the following documents:

- The motivation for this survey is best shown in the form of a graph showing at what age opiate naïve Medicaid members (no prior Medicaid opioid prescription) received an opioid prescription in fiscal year 2017.
- The survey questions and a summary of the responses provided by the 14 Oral Surgeons who replied.
- An analysis of how prescribing changed 4-6 months after the survey when compared with prescribing 18 months prior to the survey. Information is supplied describing the following:
  - Number of recipients served
  - Average quantity of opioids dispensed
  - Average morphine milligram equivalents (MMEs) per pill
  - Average MME per script
  - Average MMEs per prescription trend lines (over 7 years) for the group whose prescribing habits remained fairly constant vs. those whose prescribing habits exhibited a reduction.
- Dr. Rush (our dental consultant) contacted via phone most of the providers who responded to the survey to further explore their responses and, for those providers who reduced their opioid prescribing, their subsequent patient experiences. His findings are attached.
- **Personal experiences from two oral surgery practices that serve Alabama Medicaid describing how they achieved a reduction in opioid prescribing and its effect on their practice.**

A few key pieces of feedback from Oral Surgeons who decreased their opioid prescribing:

- Some of these providers significantly reduced their opioid prescribing.

- In response to being asked, none of the providers reported any significant increase in call backs.
- On specific questioning, there were no reported decreases in their patient volume.

Obviously, no single dosage amount of opioids is appropriate in every situation and allowances must be made for individual patients who might need more (or less) pain control; however, multiple Oral Surgeons have clearly demonstrated that it is possible in Alabama to cut back on opioid prescribing after teeth extraction without increased patient complaints of inadequate pain control or patients seeking care elsewhere.

We appreciate your insight and suggestions. We also welcome any further feedback or strategies you might have for achieving successful pain control with the minimum necessary amount of opioids.

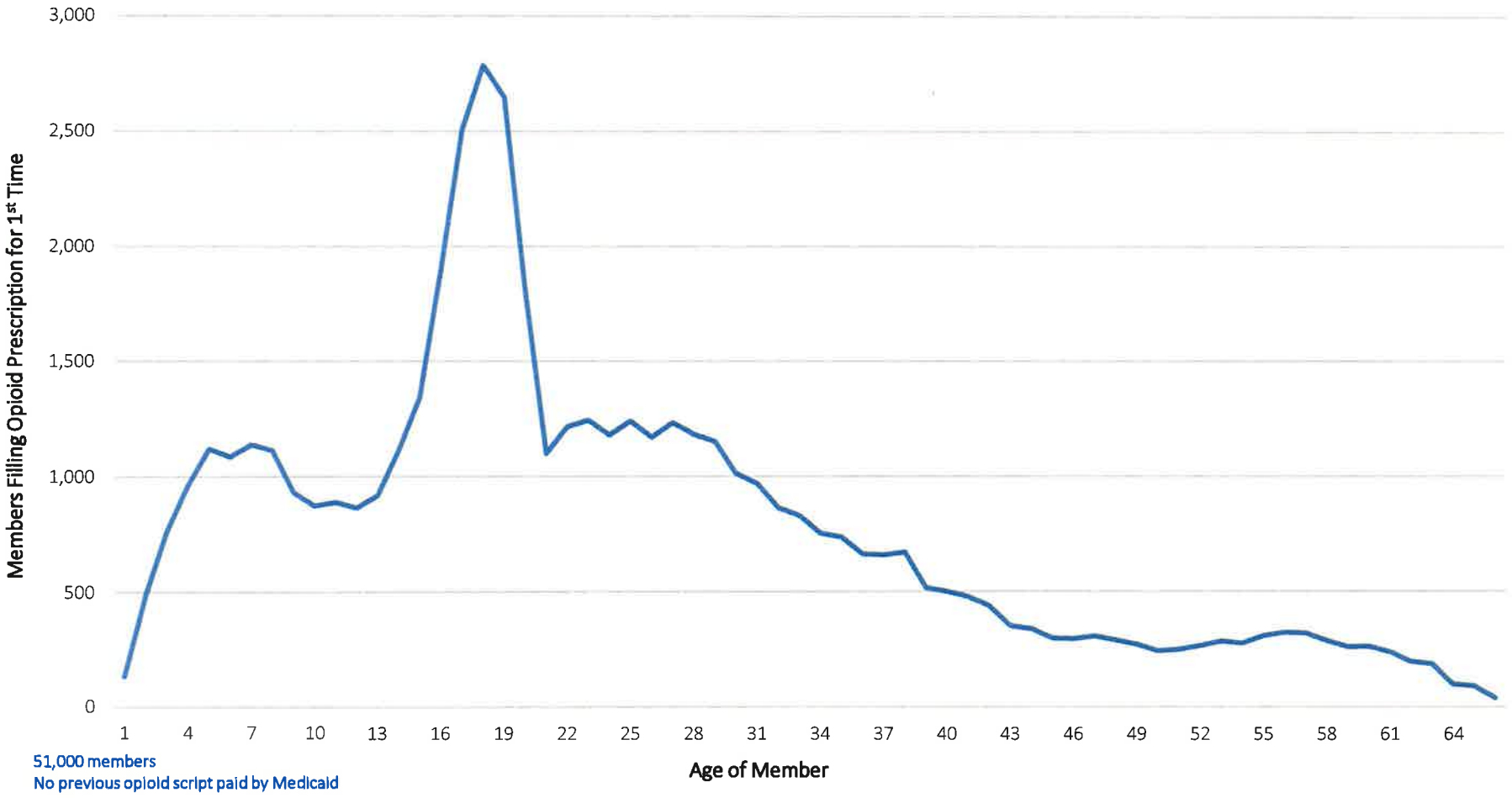
Thank you for your service to the recipients of the Alabama Medicaid program.

Sincerely,

Robert Moon, MD
Chief Medical Officer
Alabama Medicaid Agency

Charles D. Rush, DMD
Dental Consultant
Alabama Medicaid Agency

Why Explore This Issue
Members Filling Opioid Prescription for 1st Time By Age
Fiscal Year 2017



51,000 members
No previous opioid script paid by Medicaid

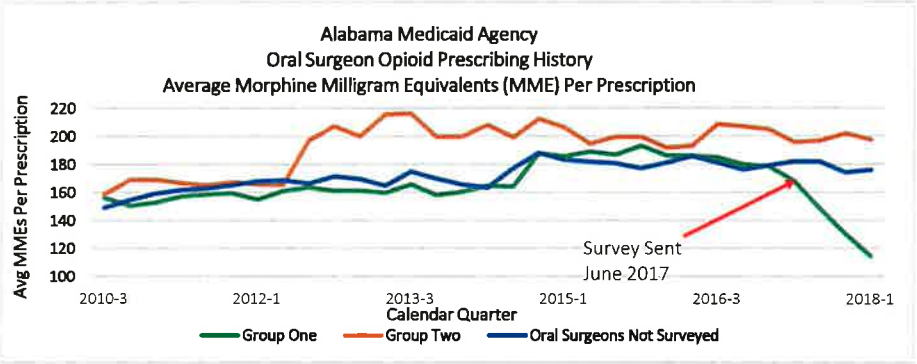
SURVEY QUESTIONS AND RESPONSES

Item No.	Question	Responses
1a	Typically, what kind of pain is being treated when you prescribe an opioid to an adolescent patient? A. Acute B. Chronic C. Both	100% Acute Pain
1b	If chronic pain is being treated, please provide the common diagnoses:	No comments
2	In light of the American Dental Association's recent statement (October 2016) on the use of opioids in the treatment of dental pain, do you currently advise patients that the combination of an NSAID with acetaminophen could be sufficient for pain management for tooth pain or postoperative pain? A. Most of the time B. Some of the time C. Very Seldom D. Never	44% Most of the time 21% Some of the time 21% No Response 14% Very Seldom
3a	Do you utilize the Prescription Drug Monitoring Program (PDMP) Database before prescribing narcotics? If so, how often? A. Yes, Use it ----- times per week; ------ per month B. No	79% utilize the PDMP 14% do not utilize the PDMP 7% No Response
3b	If no, please briefly explain why.	- Hard to use - Only if I suspect patient is seeking drugs
4	Are you familiar with the Alabama Board of Medical Examiners policy, effective March 2017, addressing opioid prescribing risk and abuse mitigation strategies (540-x-4-.09)[4] particularly paragraph (3)(b) pertaining to prescriptions in excess of 30 MMEs per day? A. Yes B. No	79% Yes 21% No
5	Which of these most influence your prescribing practices? A. Recommendations from recognized medical associations B. Peer practitioner prescribing habits C. Prior training/practice standard of care D. Patient requests	93% Prior training/practice standard of care 7% Peer Practitioner prescribing habits
6a	After completing this survey and reviewing the information enclosed, how will it affect your prescribing practices? A. I will modify my prescribing habits B. I will continue without change C. Other	50% will continue without change 29% will modify prescribing habits 21% No Response
6b	Please comment briefly on the reasoning for your response:	- I make every attempt to prescribe in the most judicious way possible - My patients don't get more than one Rx and if age less than 16, I reduce further - Will be more cognizant of prescribing
7	Do you have any suggestions with regard to policies Medicaid could implement that would, in your opinion, have a beneficial effect on opioid abuse and addiction?	- It's helpful to give providers a chart like this - Streamline the prior authorization process - Pay for long acting local anesthetic to be used instead of narcotics

Alabama Medicaid Agency
Oral Surgeon Opioid Prescribing Metrics - Survey Group
By Quarter Through February 2, 2018 Payments

SURVEY SENT ↓ SURVEY SENT ↓

Provider	Recipient Id Distinct Count					Average Quantity Dispensed					Average MME Per Pill					Average MME Per Script					Change from 2015-4 to 2017-4		
	2015-4	2017-2	2017-3	2017-4	2018-1	2015-4	2017-2	2017-3	2017-4	2018-1	2015-4	2017-2	2017-3	2017-4	2018-1	2015-4	2017-2	2017-3	2017-4	2018-1	Avg Quantity Dispensed	Avg MME Per Pill	Avg MME Per Script
GROUP ONE - 12 Providers																							
Provider 1	36	28	27	41	11	22.4	22.5	22.2	16.1	16.0	7.4	7.0	7.3	7.1	6.6	167	157	163	113	106	-28%	-4%	-32%
Provider 2	30	29	27	34	7	18.9	16.3	16.0	15.7	16.0	7.5	7.3	7.1	7.2	7.1	142	118	114	113	113	-17%	-4%	-20%
Provider 3	28	31	29	36	5	24.5	22.9	20.0	19.8	20.0	7.4	7.1	5.3	5.0	5.0	182	164	106	99	100	-19%	-32%	-45%
Provider 4	30	31	20	31	10	24.1	19.8	18.9	18.2	17.8	6.8	6.2	5.0	5.0	5.2	163	122	95	91	93	-24%	-26%	-44%
Provider 5	86	79	114	103	26	19.2	18.1	14.5	14.9	14.6	7.5	7.4	7.3	6.8	5.0	144	134	107	101	73	-22%	-9%	-30%
Provider 6	105	120	126	107	43	19.3	19.2	15.1	15.3	14.5	7.6	7.5	7.4	6.7	5.0	146	143	112	103	73	-21%	-12%	-29%
Provider 7	25	37	28	26	6	22.9	15.6	12.8	13.0	13.3	7.3	7.3	7.2	7.4	7.5	169	114	92	96	100	-43%	1%	-43%
Provider 8	43	52	51	53	20	19.4	18.8	19.4	18.4	18.8	9.7	9.6	9.5	9.3	9.1	189	180	184	171	171	-5%	-4%	-10%
Provider 9	31	29	34	39	19	28.0	18.5	17.2	10.9	12.5	7.6	7.1	7.3	7.3	6.7	211	132	126	79	84	-61%	-4%	-63%
Provider 10	56	55	43	33	16	19.7	19.1	18.1	17.1	15.6	10.0	9.8	9.3	9.4	9.1	197	188	167	161	142	-13%	-6%	-19%
Provider 11	83	66	108	114	22	29.3	24.0	22.0	19.4	19.9	7.5	7.5	7.5	7.5	7.4	219	180	164	145	147	-34%	0%	-34%
Provider 12	105	81	78	78	17	38.2	36.0	35.9	30.9	29.4	7.9	8.0	8.0	7.6	7.5	300	289	286	235	220	-19%	-4%	-22%
	655	**637**	**679**	**693**	**201**	**24.7**	**21.6**	**19.5**	**18.0**	**17.0**	**7.8**	**7.8**	**7.6**	**7.2**	**6.7**	**193**	**168**	**149**	**130**	**114**	**-27%**	**-8%**	**-33%**
GROUP TWO - 16 Providers																							
Provider 13	134	72	81	58	21	21.0	21.0	21.0	21.0	21.0	9.9	9.8	9.9	9.8	9.8	208	206	208	207	205	0%	-1%	0%
Provider 14	30	28	32	39	6	28.8	28.5	28.8	29.5	28.3	7.5	7.1	7.2	7.5	7.2	217	202	208	220	204	2%	0%	1%
Provider 15	60	36	30	28	13	20.0	20.0	20.0	20.5	20.0	7.5	7.4	7.3	7.4	7.5	150	149	147	152	150	3%	-1%	1%
Provider 16	37	21	35	34	8	29.1	30.0	27.5	28.9	28.1	8.2	7.5	7.4	7.4	7.3	239	225	203	212	206	-1%	-10%	-11%
Provider 17	82	62	70	79	22	18.9	21.2	21.3	22.0	21.1	7.2	7.4	7.4	7.4	7.5	136	156	159	163	158	16%	3%	20%
Provider 18	50	33	39	38	11	28.7	27.8	29.0	28.5	26.7	7.4	7.1	7.3	7.1	6.7	211	198	211	202	179	-1%	-4%	-4%
Provider 19	26	21	13	18	4	27.6	29.1	27.9	29.5	28.0	8.5	7.8	9.1	10.9	9.1	234	228	254	321	255	7%	28%	37%
Provider 20	30	22	36	32	4	26.3	18.9	19.6	20.0	20.0	7.7	7.0	7.0	7.0	7.5	202	133	136	141	150	-24%	-9%	-30%
Provider 21	80	53	71	52	20	18.6	18.9	19.3	18.6	18.4	7.4	7.4	7.4	7.3	7.1	138	140	142	135	130	0%	-1%	-2%
Provider 22	75	45	59	27	18	20.0	19.6	19.2	18.3	19.4	7.5	7.5	7.5	7.5	7.5	150	146	144	137	146	-9%	0%	-9%
Provider 23	219	153	212	195	75	20.4	20.8	20.7	20.6	20.4	7.7	7.7	7.5	7.8	7.8	158	161	155	160	158	1%	1%	1%
Provider 24	37	29	20	20	7	19.9	19.8	20.0	20.0	20.0	9.5	9.4	9.2	9.9	10.7	188	186	183	199	214	1%	4%	6%
Provider 25	160	113	135	128	50	28.8	27.4	28.1	28.4	27.7	14.1	13.4	13.6	13.4	13.2	405	369	384	382	365	-1%	-5%	-6%
Provider 26	55	51	38	43	15	19.8	20.0	20.3	19.5	20.7	7.5	7.3	7.5	7.4	7.9	149	146	151	145	163	-2%	-1%	-3%
Provider 27	63	30	36	22	6	21.6	25.0	21.5	21.7	22.9	7.5	7.7	7.4	7.7	7.5	162	193	159	166	171	0%	3%	2%
Provider 28	105	113	100	91	40	19.1	21.5	21.6	21.1	22.0	7.3	7.4	7.4	7.3	7.3	140	159	159	155	161	10%	0%	11%
	1,229	**879**	**1,003**	**900**	**317**	**22.3**	**22.6**	**22.6**	**22.9**	**22.4**	**8.9**	**8.7**	**8.7**	**8.8**	**8.8**	**200**	**196**	**196**	**202**	**197**	**3%**	**-1%**	**1%**
	1,884	**1,516**	**1,680**	**1,592**	**518**	**23.1**	**22.2**	**21.3**	**20.8**	**20.3**	**8.5**	**8.3**	**8.3**	**8.2**	**8.1**	**197**	**184**	**177**	**171**	**165**	**-10%**	**-4%**	**-13%**



GROUP One Percent of Total Recipients				
2015-4	2017-1	2017-3	2017-4	2018-1
35%	44%	40%	44%	39%

DR. RUSH: PHONE CONVERSATION FOLLOW-UP ON OPIOID QUESTIONARE

On October 13, 2017, the following 5 questions were presented to the providers that responded to the dental opioid survey and their responses follow:

Why did you decide to change your opioid prescribing habits?

- The number one response was being provided with information on the opioid amounts they had been prescribing.
- One provider said that information shared with him on activities in decreasing opioid prescribing to younger children in another state made an impact.
- The fact that patients just didn't need the number of opioids prescribed was important to another.

Has decreasing opioid amounts had any effect on your practice?

- The effect on the practice was almost unanimous for no changes except for one provider who said it had increased the number of patients seen. They said that the parents seem to appreciate the information on opioids and his decrease in the amounts prescribed.

Have you had any increase in call backs?

- None of the providers had any increase in call backs.

**Do you use the PDMP?*

- The use of the PDMP varied from consistent use to occasional use when drug abuse was suspected. The reason for not using the PDMP was the difficulty in using it.

  **ADPH has launched a new PDMP software since the survey was distributed.*

Do you have any suggestions on how to get providers to address the opioid issue?

- Education was the number one way to influence providers on opioids. Educating the patient was also recommended as an important part.
- Prescribing the appropriate Rx for the problem was another's recommendation.
- Monitor providers' prescribing habits and follow-up on the ones that are outside the norm.
- One provider had a very practical recommendation. Try reducing the amount by 15% for one month and see how it affects your practice.

Additional notes/comments:

It was recommended that additional information be collected on pain management patients. One provider had patients sign a pain contract.

More than one provider decreased their opioids by combining the use of ibuprofen. Some recommended the patient replace the opioids with the ibuprofen while others used a combination of ibuprofen with lower doses of opioids.

From: Lisa Miller <drlisa@lisamillerofs.com>
Sent: Wednesday, January 24, 2018 1:28 PM
To: Rush, Danny
Subject: reduced opioids

Hello Dr. Rush,

I appreciate your call last week. I wanted to put together for you some articles that I have used to adjust prescribing practices along with surgical technique in my office. I have attached them to this email (noted below). I also wanted to outline for you some of the changes we have implemented in our practice.

1. Education - This was the starting point for my office. My clinical staff and I have done webinars associated with the opioid epidemic. I felt it was imperative that my clinical staff participate so they would understand the huge problem that exists and we would all be on the same page philosophically. I discuss post-operative pain control in all of my surgical consultations. I discuss with patients what medications I will be prescribing and for what purpose. I also discuss with them my anticipated post-operative course. I talk about pain and that it is a normal response from our body after any injury, not just surgery. Many times pain is to help protect us from further injury. I also stress that my goal is for the patient to be as comfortable as possible, but that does not necessarily mean pain free. With any surgery, there is post-operative discomfort. I use the analogy that if you fall off your bike, you would not expect to be pain free the next day. Most of the time you are stiff, have soreness and even pain. Narcotics are not used to treat the discomfort and would not be expected.
2. I prescribe NSAID's (unless contraindicated) for all surgery procedures with the opioid. I have reduced the amount of opioid prescribed.
3. PRF (platelet -rich fibrin) - see attached articles. I place PRF around bone grafts including socket preservation, implants and in third molars sites. I have had a significant reduction in post-operative visits and have drastically reduced the amount of opioid I prescribe because of the PRF. Even with reduced amounts of opioid tablets prescribed, we have had less post-operative calls and visits.

If you need any other information, please let me know. As I told you Friday, you can distribute this to all dentists and hopefully it can help someone in their practice. It is not necessary to attribute the information to me. It is my pleasure to assist. Have a great day!

Lisa Miller DMD, MD
Lisa Miller Oral Facial Surgery
1 Inverness Center Parkway, Suite 200
Birmingham, AL 35242
205-789-5075
fax 205-451-4106
http://www.lisamillerofs.com
Oral Surgery Faculty
Foundry Dental Clinic AEGD Program

LINKS TO ARTICLES:

http://www.joms.org/article/S0278-2391(17)30611-0/pdf

https://jamanetwork.com/journals/jama/article-abstract/2661581?redirect=true

https://www.hindawi.com/journals/ijd/2013/875380/

Donald L. Ingalls, DMD
Richard A. Kean, DDS, MD
J. Jason Parker, DMD, MD, FACS
Matthew W. Johnson, DMD

7200 Halcyon Summit Drive
Montgomery, Alabama 36117
Off: 334-277-3492
Fax: 334-277-9432

Oral and Maxillofacial Surgery Associates

January 24, 2018

Danny Rush, DMD
Alabama Medicaid

Re: Opioid Prescriptions

Dr. Rush:

During the meeting on October 11, 2017, data was presented on the opioid utilization for the state of Alabama. As a result of that meeting, Oral & Maxillofacial Surgery Associates (OMSA) made several important guideline changes in an effort to reduce the dispensation of opioid prescriptions.

Implemented changes:

1. Each doctor educated his surgical team on the utilization of opioids and the national epidemic.
2. Patients post-operatively are encouraged to take over-the-counter Tylenol and/or Ibuprofen as the primary pain relieving agent or in many cases they are prescribed 600-800 mg of Ibuprofen.
3. A prescription for a narcotic (typically for 20 tablets or less) are given with instructions to use solely for "break-through" pain.

There were concerns from our surgical teams that we would be flooded with patient calls for refills; while we have received some calls for refills, it has been minimal.

Please let me if you have any other questions or need additional information regarding our changes. We are here to serve.

Respectfully,

Mark Platt, RN
Chief Executive Officer