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# Expanding access to Dental Care for Patients on Suboxone®

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FAMILY MEDICINE, APRIL 2017

COLCHESTER FAMILY PRACTICE

MENTOR: ALICIA JACOBS, MD

# Problem Identification and Need

- ▶ Those using Suboxone® for medication assisted treatment for opioid dependence are at increased risk for poor oral health and medication assisted addiction treatment programs do not regularly address these concerns.
  - ▶ Lifestyle → Self rated poor oral health is prevalent among current and former opioid users likely due to a variety of factors including poor nutrition, dental hygiene, and high rates of alcohol and tobacco use<sup>2</sup>.
  - ▶ Direct effects of opioids → Suboxone® is made of up buprenorphine, a  $\mu$ -opioid receptor partial agonist and naloxone, a  $\mu$ -opioid receptor antagonist in a 4:1 ratio. Opioids are known to cause xerostomia which is associated with periodontal disease<sup>3,9</sup>.
  - ▶ Unique risks of Suboxone® → Suboxone® is administered as a sublingual film or tab which has a pH of 4.1, an acidic oral environment is associated with increased dental erosion<sup>3,8</sup>.

# Local Problem Identification

- ▶ Vermont leads the nation with the highest rate of prescriptions for buprenorphine being paid for by Medicaid<sup>11</sup>.
- ▶ Even though Medicaid provides some coverage of dental costs, lower income individuals are more likely to suffer from poor oral health<sup>1</sup>.
- ▶ Many dental offices are reluctant to accept Medicaid patients due to low reimbursement rates.
  - ▶ In Vermont, Medicaid reimburses for dental care at 54.1% of commercial dental insurance charges<sup>7</sup>.
- ▶ Anecdotal evidence from local dentists and Suboxone® prescribers demonstrates increased rates of dental caries and periodontal disease among Suboxone® users.

# Public Health Cost

- ▶ Although currently controversial, some studies have linked poor periodontal health to increased rates of systemic diseases such as respiratory diseases, chronic kidney disease, rheumatoid arthritis, cognitive impairment, obesity, metabolic syndrome and cancer<sup>4</sup>.
- ▶ Poor self-perceived oral health has a significant impact on psychological well being, quality of life and life satisfaction. This has been demonstrated among the general population and intravenous drug users<sup>5,10</sup>.
- ▶ Investing in preventative dental care may prove to be cost effective by reducing the need for expensive non-preventative dental visits<sup>6</sup>.

# Community Perspective

- ▶ **Katera Hopkins, DMD;** Program Director, Dental Residency Program, Larner College of Medicine at the University of Vermont.
  - ▶ Anecdotally, Suboxone® users tend to have poorer oral health than their age matched peers. Socioeconomic and lifestyle factors play a large role in this finding, however, Suboxone® also may also play a direct role by impacting the local oral environment.
  - ▶ Medicine and Dentistry have long been viewed as separate entities but they are intimately connected, a patient's medical home and primary care provider can be a great place to start bridging this gap by educating about the importance of oral health and providing a direct connections to the dental community.
  - ▶ Medicaid provides great dental coverage for children and pregnant women, however, those outside of these groups receive very limited benefits.
  - ▶ While local dentists in private practice may not accept Medicaid patients or accept limited numbers, dental practices such as the UVM Dental Residency Clinic, the Community Health Centers of Burlington and Vermont Dental Care accept all Medicaid patients.
- ▶ **John Chisholm, MD;** Assistant Professor, Family Medicine, Larner College of Medicine at the University of Vermont.
  - ▶ Dr. Chisholm manages many patients on Suboxone® for medication assisted treatment.
  - ▶ Anecdotally, Suboxone® users tend to have accelerated deterioration of their oral health. These patients tend to have poorer oral health than would be expected for their age. Many factors likely play a role including lifestyle and access to dental care.
  - ▶ Many Suboxone® providers are not primary care physicians and may never think about referral for oral health. As a Suboxone® provider who is also a primary care physician it would be great to be able to provide these patients with education and options for their dental needs as part of their routine health maintenance.

# Intervention and Methodology

- ▶ Patients receiving Suboxone® treatment for opioid dependence see their prescribing provider on a regular basis. This provides a unique opportunity for education about the importance of oral health and intervention. My intervention will implement an educational pamphlet beginning in UVM Family Medicine practices that aims to:
  - ▶ Remind and educate providers about the importance of screening this population for oral health concerns and promotion of preventative dental care
  - ▶ Educate patients about the importance of dental care and provide strategies for developing good oral health habits along with connecting them to local dental practices.
  - ▶ Promote oral health as an important aspect of overall well being especially in vulnerable populations.

# Results/Response

- ▶ **Medical Providers** – Providers at Colchester Family Practice that see patients on medication assisted treatment for opioid dependence responded positively. Many of these providers admit that managing patients on medication assisted treatment is time consuming and oral health is often overlooked. They would be supportive of any measure that increased patient and provider awareness of the importance of oral health and facilitated referral to a dental home.
- ▶ **Dentists** – The dentists at the UVM Dental Program are very excited. They understand that medical treatment of individuals in recovery is a difficult process and are excited to play a more active role in this process. They understand that there are barriers for many patients and expressed interest in working with individuals to address these concerns. They emphasized the importance of a dental home and encouraged referral even for patients without acute dental problems.

# Evaluation of Effectiveness and Limitations

- ▶ Effectiveness can be measured by the number of referrals received by the UVM Dental Clinic for patients on Suboxone® for medication assisted treatment.
- ▶ Effectiveness can also be measured by provider buy in by recording the number of pamphlets are distributed to patients.
- ▶ The greatest limitation is access to dental care. While not all, many patients on Suboxone® are on Medicaid which provides limited funds for dental care in adults. Furthermore, many dentists don't accept Medicaid patients or accept very few. Offices that do accept Medicaid patients often struggle to accommodate these patients in a timely fashion.

# Recommendations for Future Projects

- ▶ Creation of a universal smart phrase or template in PRISM for Suboxone® follow-up visits to include a section about oral health in an effort to remind providers to make dental referrals and check in with patients about oral health.
- ▶ The addition of a “dental screening” reminder as part of the Health Maintenance section in PRISM for every patient who is receiving Suboxone® for treatment.
- ▶ An educational session for local Medication Assisted Treatment (MAT) teams about the importance of oral health for this population and provide resources for dental referrals.

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