

# Inter-Professional Collaborations: Pharmacy & Dentistry Working Together

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# Pharmacist Education and Training

- Since early 2000s, all pharmacists receive Doctorate Degrees
  - Minimum of six years to become a pharmacist
  - Residencies, undergrad, etc. can extend training
- Pharmacist training is nearly exclusively focused on medication and treatments
- No formal oral health education
- Dentists/Hygienists - Inverse

# Pharmacist Perception Toward Dental Care

- A recent survey showed nearly 90% of pharmacists perceived oral health promotion as an important part of their services
- Nearly 30% of pharmacists stated they had difficulty in obtaining oral health information
  - Another recent study showed a primary barrier for pharmacists was limited interaction with dentists, along with lack of training regarding oral health

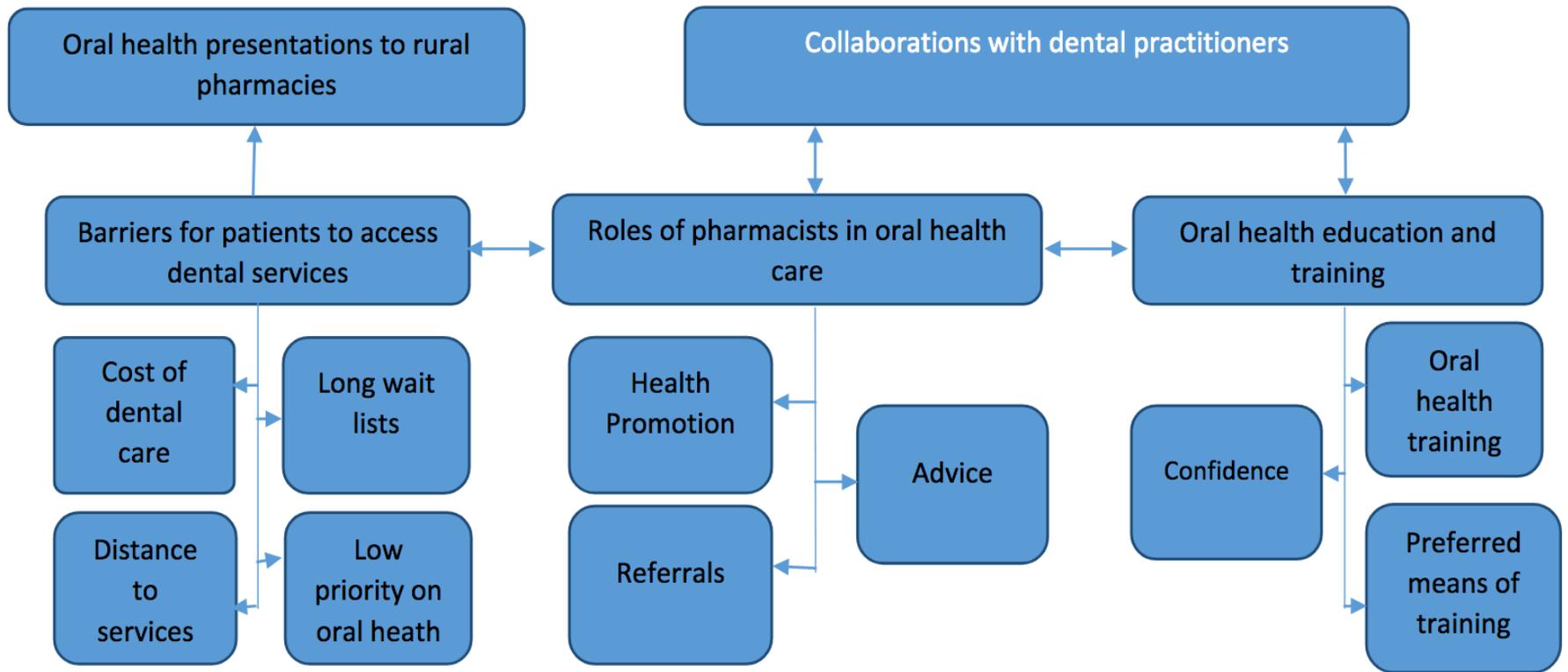
- A common theme of recently published strategies for improving oral health has been the need to involve healthcare professionals so as to influence a wider section of the population, many of whom do not routinely visit a dentist.
- Increased collaboration between the dental team and pharmacy staff can improve health outcomes

# Pharmacist Access

- Walk in pharmacies - no appointment needed
- High-Risk Medicaid Recipients
  - PCP 4x per year
  - Specialists, Behavioral Health, etc. 9x per year
  - Pharmacy 35x per year
- Average Patient
  - PCP 1-2x per year
  - Pharmacy 12x per year+

# Other Statistics

- Polled 5 Small Town Kansas Pharmacists
  - They estimated about half of their weekend after hour calls were related to dental pain issues



# Opioids: Statistics

- Dentists are the third most frequent prescriber of opioids
- A recent study showed:
  - Opioid prescribing rates by dentists are five times greater when pharmacy services are not integrated with dental practices
  - Dentists are 81% less likely to prescribe opioids when pharmacy is fully integrated

# Opioids

- Possibilities
  - Prescription Monitoring Programs
    - Kansas: K-TRACS
  - Chronic Opioid Use – Opioids already available to patient
  - Pharmacist awareness of substance use disorder history
  - Pharmacist awareness of other chronic health conditions
  - Other prescribers prescribing opioids for dental pain and not treating root cause

# ADA Statement on Use of Opioids in the Treatment of Dental Pain (2016)

- When considering prescribing opioids, dentists should conduct a medical and dental history to determine current medications, potential drug interactions and history of substance abuse.
- Dentists should follow and continually review [Centers for Disease Control](#) and state licensing board recommendations for safe opioid prescribing.
- Dentists should register with and utilize [prescription drug monitoring programs](#) (PDMP) to promote the appropriate use of controlled substances for legitimate medical purposes, while deterring the misuse, abuse and diversion of these substances.
- Dentists should have a discussion with patients regarding their responsibilities for preventing misuse, abuse, storage and disposal of prescription opioids.
- Dentists should consider treatment options that utilize best practices to prevent exacerbation of or relapse of opioid misuse.
- Dentists should consider nonsteroidal anti-inflammatory analgesics as the first-line therapy for acute pain management.
- Dentists should recognize multimodal pain strategies for management for acute postoperative pain as a means for sparing the need for opioid analgesics.
- Dentists should consider coordination with other treating doctors, including pain specialists when prescribing opioids for management of chronic orofacial pain.
- Dentists who are practicing in good faith and who use professional judgment regarding the prescription of opioids for the treatment of pain should not be held responsible for the willful and deceptive behavior of patients who successfully obtain opioids for non-dental purposes.
- Dental students, residents and practicing dentists are encouraged to seek continuing education in addictive disease and pain management as related to opioid prescribing.

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# Antibiotic Stewardship

- Antibiotics are critical in dental care
- Complexities
  - Patient Allergies
    - Allergy Records
    - Multiple allergies and record of what happened
    - Alternative treatment recommendations
  - Complex medication regimens with potential interactions
  - Pediatric Dosing

# Miscellaneous Opportunities

- Pediatric Sedation Dosing Assistance
- Pre-Med Collaboration
- Pharmacists may be able to help address oral health disparities by educating patients and referring patients to appropriate care
- Medication Reconciliation and drug related problems

# Table Discussion Questions

- 1) What barriers do you see that could be impacted by a greater collaboration between pharmacists/pharmacies, behavioral health providers, primary care providers, hospitals/ERs, and dental clinics?
- 2) What impact do you think collaboration with a pharmacist/pharmacy could have on the Opioid Epidemic and Antibiotic Resistance in my community?
- 3) How can you increase collaboration and communication between your local pharmacies/pharmacists and your practice or with you?

# Challenge

- Get to know the pharmacists in your community to increase collaboration
- Introduce yourself to them and let them know you'd like to be a resource for them and see how they might be willing to do the same for you