

ACEP 62

Title: Avoidance of Opioid therapy for dental pain

Description: All acute encounters for patients aged 18 years and older with, diagnosis of dental pain, who were not prescribed Opioids or Opiates

Measurement Period: January 1, 2024, through December 31, 2024

Measure Steward: American College of Emergency Physicians (ACEP)

Measure Developer: American College of Emergency Physicians (ACEP)

Measure Scoring: Proportion

Measure Type: Process

Initial Population	All acute encounters for patients aged 18 years and older evaluated by the Eligible Professional with a diagnosis of dental pain
Denominator	Equals Initial Population
Denominator Exclusions	Patients with active cancer, palliative care, end-of-life care
Numerator	All acute encounters for patients who were not prescribed Opioids or Opiates
Numerator Exclusions	Not Applicable
Denominator Exceptions	Opiate prescribed for acute dental trauma (e.g., tooth or facial fracture, etc.)

Stratification: 1

Risk Adjustment: None

Improvement Notation: Higher score indicates better quality.

Rationale

The opioid epidemic represents a national health crisis necessitating solutions in prescribing, treatment, and harm reduction. As per NCHS, National Vital Statistics System, 130+ people die every day from opioid-related drug overdoses. Also based on 2019 National Survey on Drug Use and Health,

10.3 m people misused prescription opioids in 2018. Several studies have demonstrated the importance of ED prescribing patterns on downstream opioid use and occasionally the development of opioid use disorder. Based on 2019 National Survey on Drug Use and Health 2.0 million people had an opioid use disorder in 2018. While data suggests the volume and duration of ED opioid prescribing are nominal, several clinical scenarios have safe alternative analgesic options and evidence to suggest against most opioid prescribing given that the harms may exceed the benefits. Quality measure data from the QCDR can help evaluate improvement interventions as well as identify the magnitude of quality gaps that remain.

Clinical Recommendation Statement

"Between 2001 and 2010, emergency department (ED) visits in which opioids were administered or prescribed increased from 20.8% to 31.0%.¹ This correlated with a broader shift toward opioid-based pain management in the larger community of medicine and was not an issue unique to emergency

medicine. However, trends in ED opioid prescribing appear to have stabilized and may have peaked.⁹ In 2012, a cross-sectional study of discharged patients in 19 EDs revealed that 17% of ED visits resulted in an opioid prescription during the week studied.²

Level C recommendations. Preferentially prescribe nonopioid analgesic therapies (nonpharmacologic and pharmacologic) rather than opioids as the initial treatment of acute pain in patients discharged from the ED.

1. Mazer-Amirshahi M, Mullins PM, Rasooly I, et al. Rising opioid prescribing in adult US emergency department visits: 2001-2010. *Acad Emerg Med*. 2014;21:236-243
2. Hoppe JA, Nelson LS, Perrone J, et al. for the Prescribing Opioids Safely in the Emergency Department (POSED) Study Investigators. Opioid prescribing in a cross section of US emergency departments. *Ann Emerg Med*. 2015;66:253-259.e1.2. Hoppe JA, Nelson LS, Perrone J, et al. for the Prescribing Opioids Safely in the Emergency Department (POSED) Study Investigators. Opioid prescribing in a cross section of US emergency departments. *Ann Emerg Med*. 2015;66:253-259.e1."

Definition

Acute Encounters are defined as encounters in the Emergency Department or Urgent Care

Guidance

None

References

1. Emergency Department: Evidence from Washington Medicaid Beneficiaries. *Ann Emerg Med*. 2019 Nov;74(5):611-621. doi: 10.1016/j.annemergmed.2019.04.007. Epub 2019 Jun 20.
2. Hudgins JD, Porter JJ, Monuteaux MC, Bourgeois FT. Trends in Opioid Prescribing for Adolescents and Young Adults in Ambulatory Care Settings. *Pediatrics*. 2019 Jun;143(6).
3. Mikosz CA, Zhang K, Haegerich T, Xu L, Losby JL, Greenspan A, Baldwin G, Dowell D. Indication-Specific Opioid Prescribing for US Patients with Medicaid or Private Insurance external icon, 2017. *JAMA Network Open*. 2020;3(5):e204514. doi:10.1001/jamanetworkopen.2020.4514"

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