



Authors' Response to "The Oral Health Care Provider's Role in Management of the MOUD Patient"

Christine Hancock, MD, MSa; Ashley Johnson, MPHb; Mandy Sladky, RN, MSN, CARNc; LuAnn Lawton Chen, MD, MHAd; Stephanie Shushan, MHAd; Michael L. Parchman, MD, MPHe

AUTHOR AFFILIATIONS:

- ^a Sea Mar Community Health Centers, Bellingham, WA
- ^b Department of Family Medicine, University of Washington, Seattle, WA
- ^c Public Health-Seattle & King County, Seattle, WA
- ^d Community Health Plan of Washington, Seattle, WA
- ^e Kaiser Permanente Washington Health Research Institute, Seattle, WA

HOW TO CITE: Hancock C, Johnson A, Sladky M, Chen LAL, Shushan S, Parchman ML. Authors' Response to "The Oral Health Care Provider's Role in Management of the MOUD Patient". Fam Med. 2024;56(1):66-67.

doi: 10.22454/FamMed.2023.962286

PUBLISHED: 27 October 2023

KEYWORDS: oral health care, quality improvement, substance use disorder

© Society of Teachers of Family Medicine

TO THE EDITOR:

We were thrilled to hear of the interest of Angel Ogbeide, DDS,¹ who responded to our recent article on MOUD,² in building collaborations between medical and dental providers and developing skills and knowledge around MOUD in the oral health setting. We also have observed the challenges she describes and welcome the opportunity to better work and learn together. We concur with the author that there are no comprehensive training programs or educational resources on MOUD for oral health providers. Developing such resources would be of great benefit to both dentists and patients as treatment for OUD expands.

Independently, we already have initiated a few steps in this direction. In May, we developed a one-time joint case conference between OUD and dental providers to discuss the associations between buprenorphine and dental disease, and considered ways that we could better educate and monitor oral health in OUD patients in both settings.^{3–5} This resulted in an excellent discussion about how we can best collaborate, including through patient education, referrals, and provider education, to improve oral health care for patients with OUD.

In addition, in the third and most recent iteration of our learning collaborative, we expanded participation to include many different types of OUD providers, including correctional facilities, opioid treatment programs, pharmacies, and tribal health providers. We were able to learn from each of our partners and better understand how our work is interrelated and how we can support one another. These discussions resulted in the identification of opportunities and strategies to close care gaps for patients who transition between these settings. A logical extension of this expansion would be to develop interprofessional education opportunities, including for oral health providers and their teams.

Again, thank you for highlighting this critical area of need and opportunity; we hope that we are able to help answer the call to action for oral health integration in this sphere.

REFERENCES

- 1. Ogbeide A. The oral health care provider's role in management of the MOUD patient. *Fam Med.* 2023;55(9):640.
- 2. Hancock C, Johnson A, Sladky M, Chen LL, Shushan S, Parchman ML. Integrating MOUD and primary care: outcomes of a multicenter learning collaborative. *Fam Med.* 2023;55(7):452-459.
- 3. Etminan M, Rezaeianzadeh R, Kezouh A, Aminzadeh K. Association between sublingual buprenorphine-naloxone exposure and dental disease. *JAMA*. 2022;328(22):271.

- 4. Zokaie T. Buprenorphine and oral health. *The National Council.* 2023. https:
 - //www.thenationalcouncil.org/wp-content/uploads/2022/08/ CARE-QUEST-ORAL-HEALTH-INTEGRATION_v1_Final.pdf.
- 5. Brothers TD, Lewer D, Bonn M. Sublingual buprenorphine-naloxone exposure and dental disease. *JAMA*. 2023;329(14):224-225.