

The Oral Health Care Provider's Role in Management of the MOUD Patient

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TO THE EDITOR:

I would like to thank the authors of "Integrating MOUD and Primary Care: Outcomes of a Multicenter Learning Collaborative."¹ The intent to address a growing complex epidemic in the United States is imperative to health care at-large. The learning collaborative approach is something to revere, and many public health entities would benefit from the specific program described in this manuscript. The manuscript outlined involvement from more perspectives to ensure a more diverse approach, which this reader greatly appreciated because this collaboration can be lost in program development in public health settings.

One aspect this reader feels should be part of the medication treatment for opioid use disorder (MOUD) management conversation is the role oral health care providers play. In many primary care settings such as Federally Qualified Health Centers and Community Health Centers, dental clinics are typically present in the same building. Unfortunately, these specialties act independently of one another instead of in a collaborative manner. Patients may report to the dental clinic for an acute issue having not established care with a primary care provider. Many systems do not have formal protocols in place on the ways to proactively navigate those situations. Many dental providers are left wondering what to do next when addressing acute pain issues in patients with an opioid use disorder (OUD). The manuscript noted, "In a recent national survey of primary care residency programs, only 23% dedicated more than 12 hours of curricular time to management of OUD."¹ Given that the amount of exposure to management of OUD with primary care residents is insufficient, one can imagine the limited to nonexistent exposure that most dental students and dental residents have in understanding their role in the management of this specific patient population in ambulatory settings.² Consider the dental provider at a rural clinic that does not have the organizational support for learning opportunities for MOUD management when a patient with a known OUD comes in for a surgical extraction of an abscessed tooth, but has no primary care provider. The continuing medical education

available does not consistently outline what role oral health care providers should or can play. The didactic presentations, peer-to-peer discussion, and expert-to-peer discussions are just some of the modalities from the learning collaborative discussed in the article from which oral health care providers would greatly benefit.

The Society of Teachers of Family Medicine has played an important role in the integration of oral health in family medicine.³ This reader hopes that any evolution of this learning collaborative would include oral health care providers because we would appreciate the opportunity to play a role in improved patient outcomes within a team-based approach.

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