

The Minneapolis District Dental Society Would Like to Invite You to Attend this Special Evening.

Thursday, January 18, 2018

Special Location

Campus Club—University of Minnesota

403 Coffman Memorial Union, 300 Washington Avenue SE, Minneapolis MN

5:30 P.M. REGISTRATION/NETWORKING



6:30 P.M. PROGRAM BEGINS

“Opioid Epidemic: Academic vs. Community Dental Practice”

Program Learning Objectives

- An overview of the opioid epidemic.
- The state of the opioid epidemic in Minnesota.
- Discussion of dentistry's role and prescriber behavior.
- Academic vs community dental practice perspective.
- Overview of the UM School of Dentistry pain management protocol.
- Outcome SOD clinical data on changes in institutional and individual prescribing patterns.
- Outcome OMFS private practice data on changes in prescribing patterns.



P. Angie Rake, D.D.S.



Harold Tu, D.M.D., M.D.

Course Description

Opioid analgesics are one of the most frequently prescribed drugs by dentists. Dentists prescribed about 12% of all immediate release opioid drugs in the U.S., second only to family practice at 15%. A recent report showed that dentists are the most frequent prescribers of opioids for patients between the ages of 10-19. Dentists prescribing behavior bears a responsibility in the misuse, abuse, diversion and addiction of opioids.

The dental profession has a responsibility to acknowledge its role and obligation to develop solutions to address the opioid epidemic. A shift towards evidence-based, mandated guidelines for the treatment of mild, moderate, or severe acute pain of dental origin is needed to achieve this goal. The University of Minnesota School of Dentistry established a non-opioid protocol as the first drug of choice for the management of pain of dental origin. The course will provide an overview of the protocol as well as the early results of prescriber behavior. Dr. Angie Rake will share her personal family story involving opioid addiction and the impact it has made on changing her prescriber behavior.

The discussion will be interactive and focus on changing opioid prescribing behavior in dentistry.

Dr. P. Angie Rake — She received her D.D.S. degree from the University of Minnesota School of Dentistry in 1997. She then completed an Oral and Maxillofacial Surgery Internship at the Minneapolis Veterans Affairs Medical Center. She is a graduate of the Oral and Maxillofacial Surgery training program at the University of Minnesota. She is also an adjunct professor at the University of Minnesota school of Dentistry, division of Oral and Maxillofacial Surgery.

Dr. Harold Tu — He is director of the Division of Oral and Maxillofacial Surgery at the University of Minnesota School of Dentistry. A graduate of Oregon Dental School, Tu received his medical degree from University of Nebraska and completed his oral surgery and his internship at University of Nebraska Medical Center. He has recently been involved and recognized both locally and nationally as an advocate in addressing the opioid epidemic as it relates to dentistry.

One and a half hour continuing education credits will be given.

REGISTRATION INFORMATION ON THE REVERSE SIDE

Registration Form

Register for Opioid Epidemic Course with Drs. P. Angie Rake and Harold Tu
to be held on Thursday, January 18, 2018

The Minneapolis District invites you to a special night of
professional education and insight with two dentists
regarding the opioid epidemic.

Fax, mail or phone your reservation early. Deadline for registration is Tuesday, January 16, 2018.

Please Print

Member Name: _____

Guest Name: _____

Telephone Number: (_____) _____

Email: _____

Registration Fee (Per Person) \$40.00
(Heavy Appetizers along with Cash Bar)

_____ Number of Attendees

Total Cost: _____

If you have any questions, please call the district office at 651.631.9845

MAIL TO: Minneapolis District Dental Society
2475 - 15th Street NW, Suite C, New Brighton, MN 55112-5606
FAX TO: 651.631.9846 (if paying by credit card)

Check # _____ Made Payable to the MDDS is Enclosed.

Credit Card # _____ Expiration Date _____

MasterCard

Visa

Zip Code of Billing Address for Credit Card: _____

Card Member Name: Authorized Signature: _____