

High-Risk Prescribing to Medicaid Enrollees Receiving Opioids for Pain Relief



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THE ISSUE

Overprescribing is widely viewed as a major reason for the continuous rise in opioid mortality. Eliminating “high risk” prescribing could preemptively thin the ranks of individuals who could become dependent on opioids for which they have legitimate prescriptions.



STUDY FOCUS

Researchers sought to better understand the prevalence of high risk prescribing and to identify individual and county level factors associated with it. They examined Medicaid claims from California, Illinois, Massachusetts, and New York from 2007-2009—more than 800,000 individuals, focusing on enrollees ages 18–64 years who had filled two or more valid opioid prescriptions in a calendar year. The team created three measures of high-risk prescribing: high dose prescriptions (using a dose level defined as high in the literature), overlapping opioid prescriptions (where more than 25 percent of days in a treatment episode have overlapping opioid prescriptions), and overlapping opioid and benzodiazepine prescriptions for at least five days during an episode. The analysis also considered individual and county-level factors.



KEY FINDINGS

High-risk prescribing was common among Medicaid enrollees: 40% of opioid treatment episodes involved at least one measure of such prescribing, most commonly high dose prescribing. Rural counties had higher rates of high-risk prescribing, as did older individuals, whites, and individuals with major depression. Prevalence of high-risk prescribing indicators varied across states.



IMPLICATIONS FOR POLICY

Patient and provider efforts could address risky prescribing behaviors. Using and improving prescription drug monitoring programs may help to prevent individuals from “doctor shopping” to obtain a larger supply of a drug than a single physician might prescribe. Physicians could use such information to inform their own prescription decisions. Prescribing guidelines can provide another source of decision support.

Understanding the characteristics of patients and communities at increased risk for high-risk prescribing may be a first step toward targeted patient or community-focused educational efforts designed to complement prescriber focused initiatives. Focusing on individuals who fill two or more prescriptions a year may increase the efficiency of interventions.

Heins, S. E., Sorbero, M. J., Jones, C. M., Dick, A. W., & Stein, B. D. (2018). High-Risk Prescribing to Medicaid Enrollees Receiving Opioid Analgesics: Individual- and County-Level Factors. *Substance use & misuse*, 53(10), 1591–1601. doi:10.1080/10826084.2017.1416407

