Physician Dispensing Associated With Unnecessary Prescribing Of Opioids

A new study, The Impact of Physician Dispensing on Opioid Use, from the Workers Compensation Research Institute (WCRI) found evidence that physician dispensing encouraged some physicians to unnecessarily prescribe strong opioids.

Cambridge, MA (PRWEB) December 16, 2014 -- A new study from the Workers Compensation Research Institute (WCRI) found evidence that physician dispensing encouraged some physicians to unnecessarily prescribe strong opioids. The study analyzed the prescribing behavior after Florida banned physician dispensing of strong opioids.

The authors of the study, The Impact of Physician Dispensing on Opioid Use, expected little change in the percentage of patients getting strong opioids—only a change from physician-dispensed to pharmacy-dispensed. Instead of finding an increase in pharmacy-dispensed strong opioids, the study found no material change. Rather, there was an increase in the percentage of patients receiving physician-dispensed weaker pain medications—specifically, nonsteroidal anti-inflammatory medications (e.g., ibuprofen)—from 24.1 percent to 25.8 percent, and the percentage receiving weaker (not banned) opioids increased from 9.1 percent to 10.1 percent.

The study found there was a high level of compliance with the ban by physician-dispensers. Prior to the reforms, 3.9 percent of injured workers received strong opioids dispensed by physicians during the first six months after their injuries. After the ban, only 0.5 percent of patients with new injuries received physician-dispensed strong opioids. If the pre-ban strong opioids were necessary, researchers would expect that workers who received weaker physician-dispensed pain medications after the ban would later need strong opioids (that can be dispensed only at a pharmacy). But only 2 percent of those with weaker physician-dispensed pain medications in the first six months after the ban received strong opioids at a pharmacy in the next six months.

According to the study, the policy debate in a growing number of states has been focused on the much higher prices charged by physician-dispensers than pharmacies for the same medications. The debate has recently begun to focus on whether the economic incentives attendant to physician dispensing (like any form of physician self-referral) lead to prescribing and dispensing of unnecessary medications. Over the past 10 years, 18 states have modified reimbursement rules to reduce the prices paid for physician-dispensed drugs. Until recently, few of these states also limited the use of physician dispensing. The findings of this study raise the question of whether policymakers should consider reforms that limit the use of physician dispensing of certain medications in addition to reforms aimed at limiting the prices of physician-dispensed drugs.

“When we compare pre- and post-reform prescribing practices, it appears that physician-dispensers not only reduced their dispensing of strong opioids, but also reduced prescribing of strong opioids. This raises concerns that a significant proportion of pre-reform physician-dispensed strong opioids were not necessary, which means injured workers in Florida were put at greater risk for addiction, disability or work loss, and even death,” said Richard Victor, WCRI’s executive director. “Since Florida has banned physician dispensing of strong opioids, the lessons of this study are relevant for the other states concerned about eliminating unnecessary costs in their system while protecting injured workers from unnecessary medical care.”

This study analyzed data on the medications dispensed for injured workers covered by the Florida workers’ compensation program. It included both open and closed Florida claims. The claims were divided into two
groups: pre-reform, with dates of injury from January 1, 2010, to June 30, 2010 (prior to the July 1, 2011, effective date of the ban) and post-reform, with dates of injury from July 1, 2011, to December 30, 2011 (immediately after the ban). The data included 24,567 claims with 59,564 prescriptions in the pre-reform group and 21,625 claims with 52,747 prescriptions in the post-reform group.

For more information about this study or to purchase a copy, visit http://www.wcrinet.org/result/PD_opioid_result.html.

ABOUT WCRI:

The Workers Compensation Research Institute (WCRI) is an independent, not-for-profit research organization based in Cambridge, MA. Founded in 1983, the WCRI is recognized as a leader in providing high-quality, credible, and objective information about public policy issues involving workers' compensation systems. WCRI's diverse membership includes employers; insurers; governmental entities; managed care companies; health care providers; insurance regulators; state labor organizations; and state administrative agencies in the U.S., Canada, Australia, and New Zealand. For more information, visit: http://www.wcrinet.org.
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