Here's what we know about opioid prescribing

By Chelsea Rice | July 7, 2017

The CDC's new report on opioid prescribing, using data through 2015, paints a picture of limited progress in reducing opioid prescriptions across the nation. Data from the athenahealth network shows similar patterns through 2016 — and breaks down prescribing patterns by specialty and by patient demographics, such as gender, age, and race.

In an ongoing project, athenaInsight delved into the opioid crisis, using data from athenahealth's national network to highlight prescribing patterns, policy trends, and innovative, data-driven clinical practices. Here's what we've found.

First, we looked at the current state of opioid prescribing, and drilled down into how primary care providers, who prescribe opioids at the highest rates, have changed their practices over time. The research — described in this essay and infographic — revealed a glimmer of good news: The rate at which patients nationwide are receiving opioid prescriptions has decreased 9 percent over the past two years, with even fewer patients receiving that initial prescription.

Determined to find out why, we found practices across the network, in a variety of healthcare settings and communities, that had significantly reduced their opioid prescribing rates or had changed their practices in response to the crisis.

It soon became clear that no single approach was causing the shift. Here, instead, are four major themes that emerged — guideposts for how healthcare systems can tackle a monumental crisis and make measurable change. Click on the links to read more.

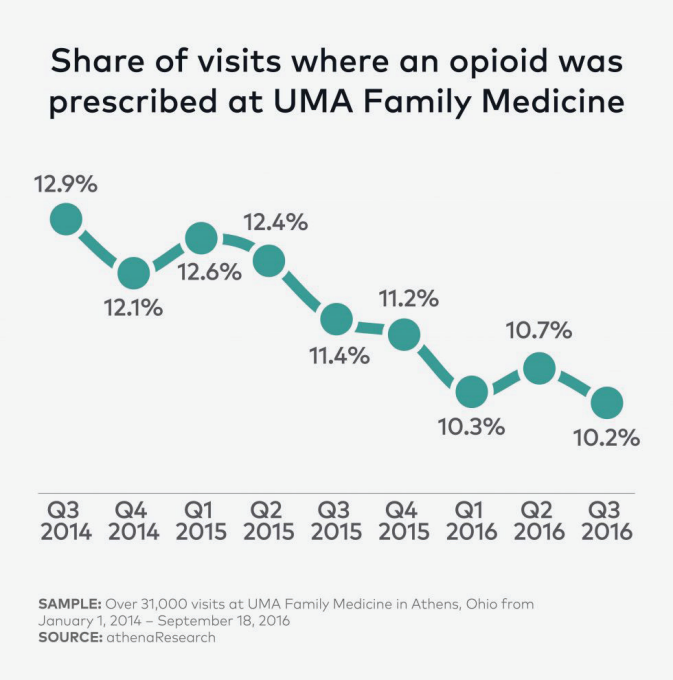
Slow down the stream of pills

Researchers have determined that a crucial element to reducing opioid misuse — and therefore, the number of opioid-related deaths — is reducing the number of pills prescribed. While there's broad disagreement over whether the government or clinicians should drive these policies, our research shows that both approaches can impact prescribing rates.

At OSS Health, an orthopedic practice and surgical center in York, Pennsylvania, a group of surgeons and staff were witnessing record-breaking opioid-related deaths in their community.

They decided to tackle the problem with a systematic and clinically informed approach — before state politics got involved. Six months in, they had cut the number of pills prescribed for the top 10 surgeries by an average of 20 percent.

At around the same time, University Medical Associates in Athens, Ohio, launched a project to decrease — and, when possible, stop — prescribing long-term opioid pain medications.



Championed by Katy Kropf, D.O., who shared her journals of the experience with us, their effort resulted in one of the steepest declines in opioid prescribing across the athenahealth network: a 19 percent reduction in 14 months.

But a policy-driven approach could work, as well. Our data showed that in Massachusetts, where recent prescription policies are some of the nation's strictest, opioid prescribing rates are falling faster than in the rest of the country.

Our state-by-state infographic took a comprehensive look at how different pain management regulations impact opioid prescribing rates. While states with greater regulations seem to prescribe less, there are still some outliers. (For instance: What's going on in South Carolina?)

Collaborative care saves lives

In rural Ohio, a collaborative, public health-oriented initiative — similar to what U.S. Surgeon General Vivek H. Murthy highlighted in the country's first report on addiction — is saving the opioid epidemic's most vulnerable victims: babies in withdrawal.

Neonatal abstinence syndrome (NAS) costs Ohio over $100 million each year. But an integrated clinical care program at OhioHealth O'Bleness Athens Medical Associates Obstetrics and Gynecology has reduced the rate and cost of NAS by 8.3 percent and $2 million, respectively.

In a neighboring Appalachian state, Community Care of West Virginia was struggling in a community that's arguably hardest hit by the opioid epidemic.

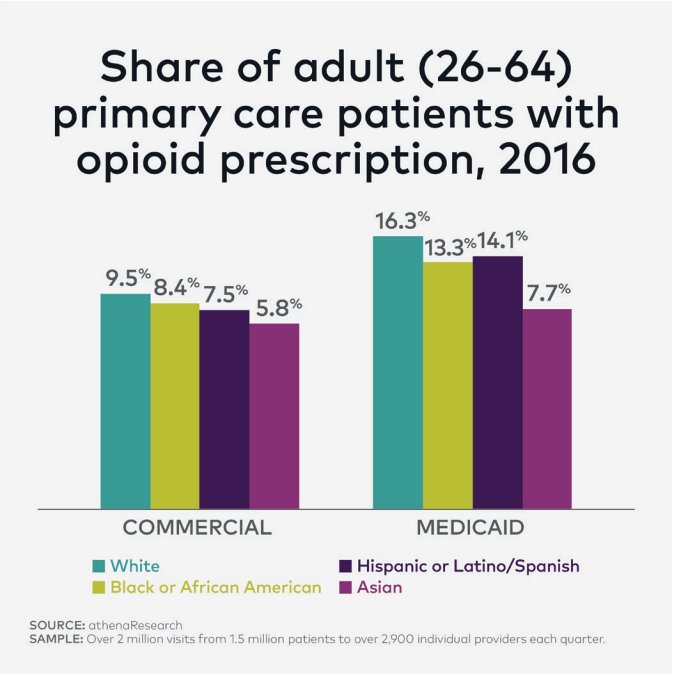
But by establishing a pain management clinic that lifted the burden from primary care, this West Virginia federally qualified health center was able not only to boost recruitment and retention, but also to refocus primary care visits around chronic care issues instead of pain management.

Educate around alternatives

There are many ways to treat acute and chronic pain — alongside opioids, or in place of them. As physicians re-evaluate their own prescribing practices, they need education about best practices in safe prescribing, alternative pain treatments, and empathetic treatment of addiction. We outlined 10 alternatives to opioids, alongside the American Medical Association's recommendations for combating opioid abuse. We also highlighted some trailblazing education initiatives designed to change how providers think about pain management, including Boston University's SCOPE of Pain program.

And after police in Liverpool, Ohio, posted a photo of a child in the backseat of the car — as two overdosed adults slumped in the front— we asked providers for their perspectives about the value of shame and the need to treat addiction with compassion.

Understand prescribing habits to change behavior



While opioid addiction knows no socioeconomic boundaries, our data revealed that physician prescribing behaviors seem to be affected by a patient's gender, ethnicity, age, and insurance category.

Opioid prescriptions are falling fastest for Medicaid patients. Minority patients — specifically Asians — are less likely than whites to receive opioid prescriptions in the first place. And women are less likely to receive opioid prescriptions than men.

We shared this data with experts in addiction and treatment and asked them to discuss the role of demographics, long-time trends, and unconscious bias.

You can explore all of our opioid coverage on athenaInsight.com, and tell us how you're tackling this public health epidemic in the comments or on Twitter @athena_Insight. We'd love to hear from you.

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