

“Research Questions”

Groups 2+3

Pilot Studies

- Estimate financial savings from identification of prescribers who are found to have problematic patterns
 - Savings to Medicaid and commercial insurers
 - If you reduce doctor-shopping by X%, you save Y% in health care costs (hospital, medicines, ED visits, etc.)
 - Cost of untreated Substance Use Disorders (SUD)
 - criminal costs
 - lost tax revenues from decreased employment
 - saved costs on SUD-related OTJ injuries
 - other SUD-related health care utilization
 - Costs of treating persons with SUDs identified by PMP
- These types of justification studies should be a priority, to ensure that PMPs are still around for other research

Pilot Studies

- Establish guidelines for PMP States to use:
 - Uniform operational definitions of data elements
 - Sharing/pooling data
 - Data retention

Pilot Studies

- Questionable behaviors/patterns - prescriber
 - Verify how the patterns relate to outcomes
 - Completed Board actions compared to the PMP patterns of the physicians against whom actions were taken
 - Often this is public information, but may be difficult to access/filter – may have to read every Board decision to find relevant cases
 - Consider comparing against negative controls (i.e., pattern analysis of those investigated, but exonerated)
 - Consider comparing to random sample of prescribers who were not involved in Board actions

Pilot Studies

- Questionable behaviors/patterns - recipient
 - Verify how the patterns relate to outcomes (unintentional poisoning)
 - Death certificates and ME reports + death scene investigation reports, compared to PMP patterns of the decedents
 - This may be protected information in all states
 - Concerns about accurately identifying cause of death:
 - Polypharmacy – attribution questions
 - Incorrect attribution of cause of death
 - Change in indicators of potential doctor-shopping (reduction in number of pharmacies and prescribers utilized)
 - Could you demonstrate overall drug utilization decreases as a result of weeding out criminals, optimizing pain care, and treating SUDs?

Pilot Studies

- Using queries to identify prescribers and unique recipients of dispensed drugs
 - Are there patterns that clearly have a high probability of validly indicating questionable activity?
 - Could a matrix be constructed with PMP patterns intersecting with potential explanations for the patterns, with the cells populated with probability estimates?
 - Analyze for normative trends by:
 - Prescriber age
 - Prescriber discipline (dentistry, medicine, etc.)
 - Prescriber specialty

Pilot Studies

- Does the addition of available PMP information change an individual's prescribing behavior?
- Does that change result in a beneficial outcome, such as:
 - Better adherence?
 - Better coordination of care across practitioners?
 - Other management approaches?
 - Referral to SUD treatment?
 - Lower costs?

Pilot Studies

- Compare various outcomes between prescribers who access the PMPs and those who do not
 - may have false negatives
 - increased use after disciplinary action
- Compare pharmaceutical and medical benefit costs in the PMPs, to show that if prescribers who use PMP data actually incur less costs for third-party payors than those who do not (perhaps less ED visits, etc.)
 - Would need some stratification of recipients, to ensure similar levels of disease burden within each stratum

Timeframe and other considerations:

- What is the appropriate length of time to study a particular issue or look for particular information?
- Longitudinal analyses are needed for most of these ideas
- Natural experiment: Prescribers who did not use the PMP and then later did, to look at change in prescribing behavior during these two phases
- Guard against inappropriate interpretation of results (e.g., “firing” patients, etc.)

HELP!!!