Impact of a Pilot Outreach Program upon Provider Awareness and Prescribing of a Concerning Opioid Combination Regimen

Briana Santaniello
*Magellan Rx Management*

*Et al.*

Let us know how access to this document benefits you.
Follow this and additional works at: [https://escholarship.umassmed.edu/commed_pubs](https://escholarship.umassmed.edu/commed_pubs)

Part of the Health Economics Commons, Health Law and Policy Commons, Health Policy Commons, Health Services Administration Commons, Health Services Research Commons, Pharmaceutical Preparations Commons, Pharmacy Administration, Policy and Regulation Commons, Substance Abuse and Addiction Commons, and the Therapeutics Commons

Repository Citation

This material is brought to you by eScholarship@UMassChan. It has been accepted for inclusion in Commonwealth Medicine Publications by an authorized administrator of eScholarship@UMassChan. For more information, please contact Lisa.Palmer@umassmed.edu.
**RESULTS**

**Figure 1:** Study Population (Members)

**Figure 2:** Prescriber Types (%)

**Figure 3:** Prescriber Awareness of Entire Regimen*

**Figure 4:** Regimen Changes 180 Days Post-Intervention

**TABLE:**

<table>
<thead>
<tr>
<th>Prescriber Type</th>
<th>26%</th>
<th>77%</th>
<th>1.6%</th>
<th>1.6%</th>
</tr>
</thead>
</table>

**TABLE:**

| Prescriber Awareness of Entire Regimen* | 26% | 77% | 1.6% | 1.6% |

**TABLE:**

| Regimen Changes 180 Days Post-Intervention | 51% | 44% |

**DISCUSSION**

- A total of 44% of members had "positive changes" to their regimen 180 days post-intervention. There were 51% of members with no change or an increase in regimen complexity (i.e., dose increase or addition of another medication), which included 33% of members overall with no changes. 180 days post-intervention.

- Upon outreach, the most common reasons prescribers indicated they would not make changes to the combination regimen were stability on the regimen (38%) and lack of control over the prescribing of other medications (24%).

- Sole prescribers were generally receptive to considering changes to the regimen after TPO, as 87% of these prescribers made "positive changes" to their regimen 180 days post-intervention.

- While OD/DRH outcomes were not significantly reduced in the post-intervention period compared to the pre-intervention period, a TPO program may represent a value for managed care organizations by increasing prescriber awareness of medication regimens, which may represent a health risk for members. Outreach programs may also benefit from TPO occurring earlier in the course of a member receiving a concerning combination of medications to limit the amount of members that are "stabilized" on such a regimen.

**LIMITATIONS**

- The sample size was relatively small which may limit the generalizability of the results.

- Pharmacy claims are not necessarily indicative of the way medications are utilized. Members may have been excluded from the study if the cost of drug payments were made as investigations did not have access to the prescription monitoring program; therefore, the true sample size for this Medicaid population may be underestimated.

- Not all prescribers were successfully contacted, often due to inaccurate workplace listings or contact numbers.

- SU/D diagnoses were derived from billed medical claims which are occasionally prone to coding errors. This could have resulted in overestimation of SU/D diagnoses in this population.

**CONCLUSIONS**

- The TPO program alerted 26% of prescribers contacted that the member was on the targeted medication combination.

- Although over 40% of members who had at least one prescriber contacted had a regimen change, there was no change in OD/DRH outcomes.

- Further study in a larger sample size is warranted to assess the impact of improving awareness of the concerning combination of opioids, BZDs, gabapentin, and stimulants upon OD/DRH outcomes, including the use of additional interventions.

**REFERENCES**


- The authors have no financial disclosures.