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Evaluating A State Opioid Prescribing Limit and Electronic Medical Record Alert

Abstract

Because long-term opioid use has been linked to the length and strength of an initial prescription, 33 states, Medicare, and some private insurers have set limits on the duration of new opioid prescriptions. In May 2017, New Jersey implemented a statewide 5-day limit on new opioid prescriptions and Penn Medicine implemented an Electronic Medical Record (EMR) alert to notify prescribers when a prescription exceeded the limit and provide compliant prescription orders. This study compared outcomes in Penn Medicine outpatient practices in New Jersey with its practices in Pennsylvania not subject to the law. Outcomes included total opioid dose and number of tablets per prescription as well as rates of prescription refills, health care visits, and telephone calls within 30 days to account for potential unintended consequences.

Keywords

opioid, prescribing, EMR, EHR, electronic health record, prescription

Disciplines

Health Policy | Health Services Administration | Health Services Research | Other Public Health | Pharmacy Administration, Policy and Regulation | Pharmacy and Pharmaceutical Sciences | Public Affairs, Public Policy and Public Administration | Public Health

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EVALUATING A STATE OPIOID PRESCRIBING LIMIT AND ELECTRONIC MEDICAL RECORD ALERT

ResearchSNAPSHOT

Because long-term opioid use has been linked to the length and strength of an initial prescription, 33 states, Medicare, and some private insurers have set limits on the duration of new opioid prescriptions. In May 2017, New Jersey implemented a statewide 5-day limit on new opioid prescriptions and Penn Medicine implemented an Electronic Medical Record (EMR) alert to notify prescribers when a prescription exceeded the limit and provide compliant prescription orders. This study compared outcomes in Penn Medicine outpatient practices in New Jersey with its practices in Pennsylvania not subject to the law. Outcomes included total opioid dose and number of tablets per prescription as well as rates of prescription refills, health care visits, and telephone calls within 30 days to account for potential unintended consequences.

Study compared opioid prescribing in Penn Medicine outpatient practices in NJ and PA



10 Outpatient Sites in New Jersey

- 5-day limit law applies to outpatient settings
- EMR alert implemented

42 Outpatient Sites in Pennsylvania

- PA prescribing law does not apply to outpatient settings
- No EMR alert

Differences assessed one year before and 10 months after policy implementation

NJ practices saw greater decreases than PA in opioid per prescription after law and alert implemented



22%

greater decline in opioid dose per new prescription in NJ relative to PA

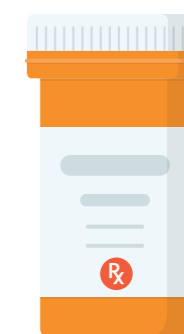
Decrease of **10.4**



tablets more per average opioid prescription in NJ compared to PA

No significant increases in the rate of opioid refill in the first 30 days in NJ relative to PA

No change in the percentage refilled



No differences in changes to 30-day health care utilization between PA and NJ



No differences in hospital admissions, ED visits, office visits, or telephone calls

State prescribing limits coupled with an EMR alert were effective in decreasing opioid prescribing in outpatient clinics without significant short-term unintended consequences. If applied more widely, these interventions have the potential to decrease unnecessary opioid exposure for acute pain across the United States.