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Impact of Cash Prescriptions And Use Of Affiliate Provider Identifiers (IDs) On Measures of Opioid Use From Multiple Providers

BACKGROUND
The Pharmacy Quality Alliance (PQA) measure for use of opioids from multiple providers can be used as a quality measure for comparing data from different programs. Also it can be a quality improvement tool to identify substance use disorder (SUD) high risk beneficiaries for potential intervention efforts. For both purposes, underestimates can occur when only administrative claims are available and beneficiaries pay cash for opioid prescriptions. Overestimates can also occur due to counting providers in the same practice site as multiple providers when individual provider IDs are used.

OBJECTIVES
The objectives of this study were to estimate the impact of including cash paid prescriptions and using affiliate provider IDs to identify beneficiaries using multiple providers for opioids.

METHODS
A retrospective analysis was conducted using Mississippi Medicaid pharmacy administrative claims, linked with Mississippi Prescription Monitoring Program (MPMP) data for the period July 1, 2015 - June 30, 2016. MPMP data were obtained through a memorandum of agreement between Mississippi Medicaid and the Board of Pharmacy. Affiliate provider IDs were created linking prescribers in the same physical practice setting to a single ID and pharmacies in networked chains in the same zip code to a single ID. The PQA measure for use of opioids from multiple providers was calculated according to the measure specifications. Beneficiaries were identified as "provider shopping" (using 4+ prescribers and pharmacies), both with and without the inclusion of cash prescriptions and affiliate provider IDs.

RESULTS
A total of 26,796 beneficiaries were identified as having 2 or more opioid prescriptions for greater than 15 days supply. Using only administrative claims, 1,390 (5.2%) of beneficiaries were classified as provider shopping. Including cash payments added 148 (0.6%, $p < 0.001$) more beneficiaries. When using only administrative claims, affiliate provider IDs reduced the number of beneficiaries identified as provider shopping by 269 (1.0%, $p < 0.001$).

CONCLUSIONS
Inclusion of cash paid prescriptions and use of affiliate provider IDs makes a statistically significant, although very small difference when identifying opioid provider shopping. Although the impact when used as a quality measure will be minimal, the additional beneficiaries identified using cash payments should enhance quality improvement efforts since these beneficiaries are probably at higher risk than others. The use of affiliate provider IDs also will reduce the number of false positives identified for possible intervention.

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