

Trends in Opioid Prescribing Based on Provider Specialty in U.S. Ambulatory Clinics

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Background and Research Question

- In recent years, there has been a significant increase in overall prescribing of opioid analgesics (OAs).
- Trends in opioid prescribing based on the primary specialty of the care provider are less well characterized.
- We sought to explore trends in OA prescribing by different provider specialties in U.S. ambulatory clinics. (ACs).

Methods

- A retrospective review of the National Ambulatory Medical Care Survey (NAMCS), 2006-10 was performed.
- AC visits that were potentially pain-related were identified and included in the analysis.
- Trends in AC prescribing of all OAs categorized by provider specialty were evaluated.
- The proportion of visits involving OAs was tabulated and trends analyzed using survey-weighted logistic regression.

OA Prescribing by Primary Specialty

Specialty	2006 Use (# Visits)	2010 Use (# Visits)	Percent Change	p-Value
Family Medicine	12.1% (5,514,166)	15.5% (7,057,632)	27.8%	0.069
Other Specialties	8.9% (2,306,444)	12.2% (3,868,604)	36.9%	0.190
Internal Medicine	13.5% (4,465,220)	11.2% (3,491,345)	-17.0%	0.466
Orthopedic Surgery	8.6% (1,848,931)	9.7% (3,437,466)	12.1%	0.424
Neurology	9.6% (301,843)	14.7% (689,593)	54.0%	0.424
General Surgery	7.9% (169,807)	11.8% (264,004)	49.2%	0.413

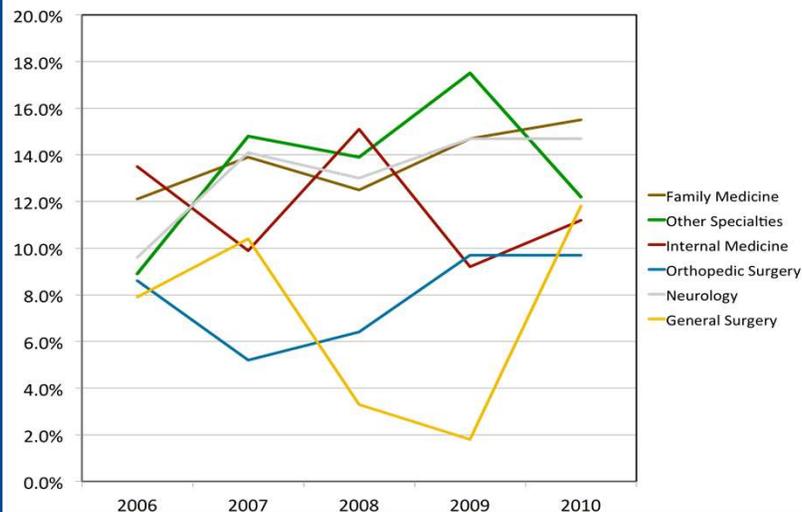
Results

- The weighted estimate of pain-related AC visits increased from 148.6 million in 2006 to 173.4 million in 2010.
- The proportion of visits where an OA was prescribed did not increase significantly (10.4% vs. 11.6%, $p=0.277$).
- Overall OA prescribing was greatest for family medicine visits.
- There was considerable variation in OA prescribing within specialties across study years, but no distinct pattern over time.

Limitations/Discussion

- Trends in overall OA prescribing did not significantly increase in ACs from 2006-10.
- These findings suggest more acute visits, such as in emergency departments and after inpatient hospitalizations may be driving OA prescribing rates in the U.S.
- Our study was limited in that there was not adequate data to evaluate all specialties and small sample sizes for some specialties may have contributed to increased variation.

Trends in OA Prescribing by Specialty and Year



Conclusions

- OA prescribing for pain-related visits in U.S. ACs did not significantly increase between 2006-10 across several provider specialties.



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