



January 2020

SNAPSHOT

Opioid prescribing patterns and prescriber discipline in Tennessee

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A 2018 state law required the Comptroller’s Office to complete a study about the opioid prescribing patterns of the state’s doctors, nurses, dentists, and other licensed practitioners. The law directed the Comptroller’s Office to determine the number of prescribers whose prescribing patterns are found to be “significantly statistically abnormal,” and to investigate what disciplinary responses, if any, were taken by the licensing boards in response.

Key Points

The Comptroller’s Office of Research and Education Accountability (OREA) identified 62 prescribers for further investigation based on their 2017 prescribing patterns.¹ Forty-nine of the 62 prescribers (79 percent) have not been disciplined by their licensing board since the start of 2017 and are not currently under investigation by the Department of Health. **Eight of the 62 prescribers identified by OREA received some level of discipline** since the start of 2017, and the department is developing cases against the remaining five prescribers.

Exhibit 1: Number and percent of identified prescribers who have not received discipline since 2017, have received discipline since 2017, or are currently the subject of a case being developed by the department

	Advanced Practice RNs	Medical Doctors	Osteopathic Physicians	Physician Assistants	Dentists	Total
Have not received discipline since 2017 and are not the subject of a current case ^o	6 (66%)	17 (77%)	2 (100%)	3 (60%)	21 (87%)	49 (79%)
Have received discipline since 2017	2 (22%)	3 (14%)	0 (0%)	0 (0%)	3 (13%)	8 (13%)
Are the subject of a current case	1 (11%)	2 (9%)	0 (0%)	2 (40%)	0 (0%)	5 (8%)

Notes: ^o Discipline given before 2017 was not included because this analysis studied the prescribing patterns of practitioners in 2017. Any discipline given prior to 2017 was not based on 2017 prescriptions. Six prescribers received discipline before 2017 and are included in the top line of the exhibit.

Before an investigation can be launched or discipline can be given, a query must be opened about the prescriber. Queries are opened by the department after receiving a complaint or when the department identifies a prescribing pattern that is potentially inappropriate, such as through the high-risk prescriber list. For half (31 of the 62) of prescribers identified by OREA, no query had been opened about their prescribing. This suggests that **an area of potential improvement for the Department of Health is the monitoring of specific types of prescribing patterns**, such as monitoring prescribers with a high number of patients on concurrent opioid and benzodiazepine prescriptions.

Consultants play a significant role in determining the ultimate course of the Department of Health’s investigations into prescribers. Consultants decide whether the department will begin an investigation and, after an investigation, whether discipline will be sought against a prescriber and the level of discipline that will be pursued. Of the 62 prescribers identified by OREA, queries opened by the department were closed for 16 prescribers based on a consultant’s opinion, while six prescribers reached a settlement with the department based on the disciplinary recommendations of a consultant.

The Department of Health did not consider the disciplinary actions taken by the boards to be too lenient in any of the cases investigated by OREA. In addition, there were no cases investigated by OREA for which the department sought discipline against a prescriber and the board did not take disciplinary action.

From opening a query to receiving a ruling from a board, **the disciplinary process can take years to complete.** For example, four of the five prescribers whose cases are currently being developed by the department have been under investigation for at least two years and have not yet been brought before the relevant board.

To learn more about this study and the accompanying policy options, see the full report at: <http://www.comptroller.tn.gov/OREA/>.

¹ Identification by OREA for further investigation alone does not indicate inappropriate prescribing. The CSMD data can be used as a tool to find potentially inappropriate prescribing, but a fuller range of information is necessary to determine if an identified prescribing pattern is inappropriate.