



TOPIC

Reducing Doctor Shopping Via Insurance Reimbursement Lock-In Programs

PROBLEM

Some individuals engage in “doctor shopping” to obtain large quantities of prescription opioids to use or sell. One large U.S. study found that a small proportion (0.7%) of individuals prescribed opioids were apparently doctor shoppers, averaging 10 prescribers and 32 prescriptions. This practice poses grave risks to participants, including legal penalties, addiction, and overdose.

SOLUTIONS



Even when doctor shoppers are not detected by prescribers, they can be identified by the insurers who pay for prescriptions. Insurers can respond by restricting (“locking in”) reimbursement to a single prescriber or pharmacy for some period of time.



Reimbursement lock-in authority was recently granted to the Medicare program and has been employed in most state Medicaid programs. It could also be attempted by private insurers.



However, reimbursement lock-in can be surmounted if the individual has another reimbursement option, like cash or a second insurer.

CONCLUSION

Reimbursement lock-in programs are a simple and cost-effective method of intervening with individuals who obtain very large quantities of opioids from multiple prescribers or pharmacies.

Collaboration across insurers may increase the effectiveness of lock-in programs so that individuals can’t evade them by switching payors. This way, high-risk individuals (e.g., those who have overdosed) are more easily detected.



KEY POLICY EVIDENCE

State-level evaluations generally find that being placed in a reimbursement lock-in reduces Medicaid enrollees' number of opioid prescriptions, prescribers, and pharmacies.

Some evaluations have reported that lock-in programs reduce emergency room visits.

A study conducted in Washington State, whose comprehensive approach to combating the opioid epidemic included reimbursement lock-ins, showed that prescription opioid overdose death rates in Washington declined by 27% from 2008 to 2012, and overdose hospitalization rates declined for the first time in 2012.

Studies in Connecticut, Iowa, and North Carolina estimated that lock-in programs reduced statewide prescription costs by a few million dollars per year.

A 2008 study estimated that Iowa's lock-in program saved the state \$2 million annually.

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[My patients]...”were asking for more and more medications at higher and higher doses. They were wanting early refills, and then it really wasn't until the prescription drug monitoring program was made available in the state of California where I could go online and see the other prescriptions that my patients were getting from other doctors when I suddenly realized what a huge problem it was — not just for patients taking opioid painkillers — but also for my own patients.

For example, I had a patient I was seeing for many years, he was a lawyer and I prescribed him Ambien, 10 milligrams every bedtime. Ambien is a sleep aid. And that went on for years, and, incidentally, I decided to check the prescription drug monitoring program and what I found out was that he was seeing at least 10 other doctors who were also prescribing Ambien, 10 milligrams daily. He had an Ambien addiction, and I never knew until I checked that database.”

Anna Lembke, M.D., in a 2016 interview on NPR's Fresh Air

