

Analyzing the Texas Prescription Monitoring Program for High-Risk Opioid Use: Doctor Hopping as an Early Warning Indicator

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Opioid overdose deaths have risen sharply in the United States over the past decade, presenting a growing public health crisis. According to the CDC In 2021, over 75% of the 107,000 drug overdose deaths involved an opioid. Identifying patients at risk for opioid use disorder remains challenging. To address this gap, we are analyzing the Texas Prescription Monitoring Program (PMP) data on opioid prescriptions to track how far patients are traveling for their opioid prescriptions, focusing on those at greatest risk of opioid misuse.

Doctor hopping is defined as patients bypassing nearby opioid prescribers in favor of more distant ones. It focuses on patient travel patterns as an early warning indicator of potentially risky opioid use behavior, distinct from traditional doctor shopping metrics that rely on patients receiving prescriptions from multiple providers. Using the measure of doctor hopping, we quantified the odds of high-risk opioid use compared to traditional metrics. Preliminary findings suggest that patients who consistently travel long distances, greater than 25 kilometers, or bypass nearby prescribers to obtain opioids, have higher odds of risky opioid use compared to patients who obtain their opioid prescriptions locally.

Leveraging state PMPs, an underutilized and ubiquitous resource, presents a simple and potentially cost-effective method of identifying spatial patterns suggestive of opioid misuse. Identifying patients more likely to abuse opioids could help target interventions that can curb opioid overdoses. Amid the worsening opioid epidemic, innovative surveillance methods, like doctor hopping, are urgently needed to identify and support patients at risk.

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