

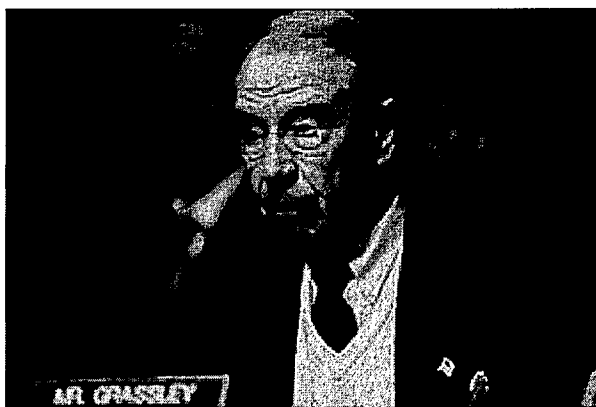
Dollars for Doctors
How Industry Money Reaches Physicians

Senate Watchdog Targets High-Prescribing Medicaid Docs

by Charles Ornstein and Tracy Weber
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An influential U.S. senator is grilling officials in nearly three-dozen states, demanding to know how they are cracking down on physicians who prescribe massive amounts of potentially dangerous prescription drugs.

Iowa Republican Charles Grassley sent letters to 34 states [1] Monday asking what steps they had taken to investigate doctors whose prescribing of antipsychotics, anti-anxiety drugs and painkillers to Medicaid patients far exceeds that of their peers.



Sen. Charles Grassley (Benjamin J. Myers/WDCPIX)

The request is a follow-up to a 2010 letter Grassley sent all states that requested statistics on top prescribers of these drugs.

“These types of drugs have addictive properties, and the potential for fraud and abuse by prescribers and patients is extremely high,” Grassley wrote in Monday’s letters. “When these drugs are prescribed to Medicaid patients, it is the American people who pay the price for over-prescription, abuse, and fraud.”

ProPublica reported in November that Florida allowed at least three physicians [2] to keep treating and prescribing drugs to the poor amid clear signs of possible misconduct. One doctor kept prescribing narcotic pain pills to Medicaid patients for more than a year after he was arrested and charged in 2010 with trafficking in them [3].

A number of the top-prescribing Medicaid doctors around the country are listed in our Dollars for Docs database [4] of payments made by 12 pharmaceutical companies to physicians for speaking and consulting Medicaid, jointly funded by the states and federal government, provides health care coverage to about 60 million low-income enrollees.

Grassley, the senior Republican on the Senate Judiciary Committee, has long argued for greater transparency in health care. The painkillers and mental health drugs Grassley is inquiring about are among the top drivers of Medicaid drug spending.

His letter to Ohio notes that the top prescriber of the anti-psychotic Abilify wrote 13,825 prescriptions in 2009 — about 54 prescriptions per weekday. Ohio paid \$6.7 million for that those prescriptions, state officials reported to Grassley.

The biggest prescriber of another anti-psychotic, Seroquel, wrote 18,890 scripts at a cost of \$5.7 million. Grassley wrote the tally would amount to nine prescriptions per hour. When Ohio submitted the data to Grassley last year, it did not identify the doctors by name or license number.

“After an extensive review of prescribing habits of the serial prescribers of pain and mental-health drugs in Ohio, I have concerns about the oversight and enforcement of Medicaid abuse in your state,” he wrote. “While I am sensitive to the concerns of misinterpretation of the data you provided, the numbers themselves are quite shocking.”

Grassley’s letter to Maine cites a physician who wrote 1,867 prescriptions for the powerful painkiller OxyContin in 2009, nearly double the second-highest prescriber. The doctor also wrote 1,723 prescriptions for another painkiller, Roxicodone, nearly three times as many as the next highest prescriber.

Calls to officials in Ohio and Maine have not been returned.

In his letters to the 34 states, Grassley asked that officials tell him by Feb. 13 what action, if any, they have taken against top prescribers, whether those doctors are still eligible to bill Medicaid, whether any of the doctors were referred to their state medical boards for investigation, and what systems have been set up to track possibly excessive prescribing, among others.

Grassley is sending letters to 12 other states that never provided him data, as requested, on their top Medicaid prescribers. Four other states will not receive follow-up letters because the senator felt their initial responses to his 2010 letter were adequate.

ProPublica reported in November that since Grassley's initial letter requesting the data in 2010, Louisiana, Arizona, Oklahoma and New York have kicked some high-prescribing physicians out of Medicaid. California has temporarily suspended or placed restrictions on 15 to 20 doctors in the past two years for prescribing disproportionately high volumes of painkillers and antipsychotics to Medicaid patients.

But Grassley said more needs to be done.

"When a doctor writes more prescriptions than seems humanly possible, it makes sense to ask questions," he said in a statement to ProPublica. The statement noted that some states never responded to his original letter in 2010.

"If state and federal taxpayers are being cheated because of inappropriate prescriptions," Grassley said, "the state and federal governments have to get to the bottom of it and stop it."

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1. <http://www.propublica.org/documents/item/286425-grassley-state-medicaid-letters>
 2. <http://www.propublica.org/article/florida-sanctions-top-medicaid-prescribers-but-only-after-a-shove>
 3. <http://www.columbiasheriff.com/articles/72/1/Local-Doctor-Arrested-2152010/Page1.html>
 4. <http://projects.propublica.org/docdollars>
 5. <http://www.twitter.com/charlesornstein>
 6. <http://www.twitter.com/tracyweber>

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Opioid Use a Growing Epidemic in Workers' Comp

BY SHERRI HICKEY

January 13, 2012

Opioid misuse and abuse is a huge problem in the workers' compensation field, contributing to an increase in deaths and medical costs.

Meant to be prescribed after major surgeries or major trauma, these drugs are intended for short-term use or end-of-life cancer pain. "Short-term" is meant to signify a span of a few days or weeks—not years, as the current trend indicates.

The Institute of Medicine has reported that chronic pain affects more than 116 million American adults—more than the total affected by heart disease, cancer and diabetes combined—and costs up to \$635 billion a year in medical treatment and lost productivity.

Yet drug companies continue to mass-produce opioids, and Americans are buying them. The Centers for Disease Control and Prevention (CDC) recently cited supporting statistics from the National Vital Statistics System, reporting that drug companies produced approximately 96 mg of opioids per person in 1997.

By 2007, however, they were producing 698 mg per person. This is enough for every American to take 5 mg of Vicodin every 4 hours for 3 weeks, resulting in an astonishing 627 percent increase in manufacturing. The reality is that people are dying from opioid overuse and overdose.

According to Michele Leonhart, administrator of the U.S. Drug Enforcement Administration, overdose deaths from prescription opioids increased 300 percent from 1999 to 2007.

A 2011 update to the Workers' Compensation Prescription Drug Study, reported by the National Council on Compensation Insurance (NCCI), says that drugs were 2 percent of total medical costs in 1990, and there was minimal use of opioids. By 2000, however, pharmacy increased to 10 percent of medical costs, with growing use of opioids.

By 2011, the pharmacy spend has increased to 19 percent of total medical costs—and we are seeing exploding use of opioids within workers' comp.

It is extremely common to see injured workers abusing opioids or pain relievers, and these drugs also cause a variety of side effects that end up becoming part of the workers' comp claim.

Treatment for these side effects results in more drugs being prescribed. According to our claims data, some injured workers are taking 20-30, maybe 40 or more pills a day. This can include different pain medications, laxatives and sleeping aids.

One of the major issues with opioids is the lack of regulation and oversight from workers' comp regulators. For example:

- There are no regulations that require monitoring or accountability by prescribers for their patients. While several states have initiated prescription-drug-monitoring programs (PDMPs), these programs are typically voluntary on the part of the physician.
- There is no mandatory drug monitoring or drug testing of claimants being prescribed opioids. The standard of care calls for random urine drug testing to ensure that the patient is actually taking what is prescribed and not taking anything that wasn't prescribed. This drug testing only occurs in about 10 percent of our cases.

The California Workers' Compensation Institute (CWCI) has identified that a small percentage of physicians account for the majority of the opioid prescriptions in workers' comp. It's clear we can identify who is overprescribing these drugs, but where is the action on the part of regulators to stop this abuse? Why aren't the state medical boards looking into this? Opioids are controlled substances, but what is the Drug Enforcement Agency (DEA) doing to stop the widespread diversion of these drugs?

Oversight of opioids in workers' comp also needs to include a system to monitor the injured worker. The CWCI found that the patients receiving the most opioids received them from an average of 3.3 different physicians—creating an even greater risk for abuse and misuse of these drugs.

So what do we do to address opioids in workers' comp? Partnering with a good pharmacy benefit manager (PBM) is a start. Your PBM should focus on appropriate utilization of pharmacy, not just the price paid per prescription fill. It is critical that utilization—not the cost per fill—becomes the cost driver.

Claim handlers also must consider the psycho-social factors that could lead to prescription misuse. Does the injured worker have a history of addictive behavior, such as smoking or alcohol abuse? Such individuals are at greater risk for developing an addiction to opioids.

Additional regulatory support is also needed. The states of Washington and Texas are making great strides in controlling opioid misuse. The strict controls instituted by Washington have resulted in significantly reduced opioid utilization—and more importantly, a significant reduction in deaths from opioid overdose.

According to the CDC, about 40 people die each day in the United States from prescription-drug overdoses. Most of these deaths are associated with opioids. The time for action on this issue is now.

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