

Behaviorally informed intervention materials for reducing inappropriate prescribing in Medicare Part D



The Center for Program Integrity (CPI) at the Centers for Medicare & Medicaid Services (CMS) sent letters to outlier prescribers of Schedule II substances (mailed in 2014) as well as quetiapine (mailed in 2015) in Medicare Part D. Top prescribers were randomly assigned to receive either a treatment or a control letter. All treatment letters communicate how the prescribing behavior of the recipients deviates from that of their peers. Treatment letters for top prescribers of quetiapine additionally indicate that their prescribing behavior is under review.

Treatment letters in 2014 and 2015 including both peer comparisons and a notice that the recipient's prescribing behavior is under review reduced inappropriate prescribing among top prescribers of quetiapine. However, treatment letters including just peer comparisons had no detectable effect on the prescribing behavior of top prescribers of Schedule II substances.

CPI continued to send letters to outlier prescribers of opioids or outlier co-prescribers of opioids and benzodiazepines annually in 2020-2022, as directed by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. While OES did not contribute to the design of these letters, OES proposed an evaluation strategy for them.

The materials below provide the content of the different versions of the letters sent to top prescribers of Schedule II substances (page 2), quetiapine (page 3), and opioids and benzodiazepines (page 4) and describe the best practices adopted in these designs for effective communications.

The letters were designed and analyzed with four principles in mind: **make it personal**, **keep it simple**, **make it easy**, and **make it matter**. (More information on designing effective communications can be found [here](#).) The way these principles were applied to the letters is described below:

1

Make it personal

Compare how prescriber behavior compares to peers in the prescriber's own specialty and geographic location.

2

Keep it simple

Include essential information on the main page and leave the details to appendix pages.

3

Make it easy

Provide concrete steps that providers can take to reduce inappropriate prescribing.

4

Make it matter

Highlight the consequences by noting that recipients are under review and may be contacted to assess their response to the letter.

For more information on this intervention or to start a conversation, please contact oes@gsa.gov.

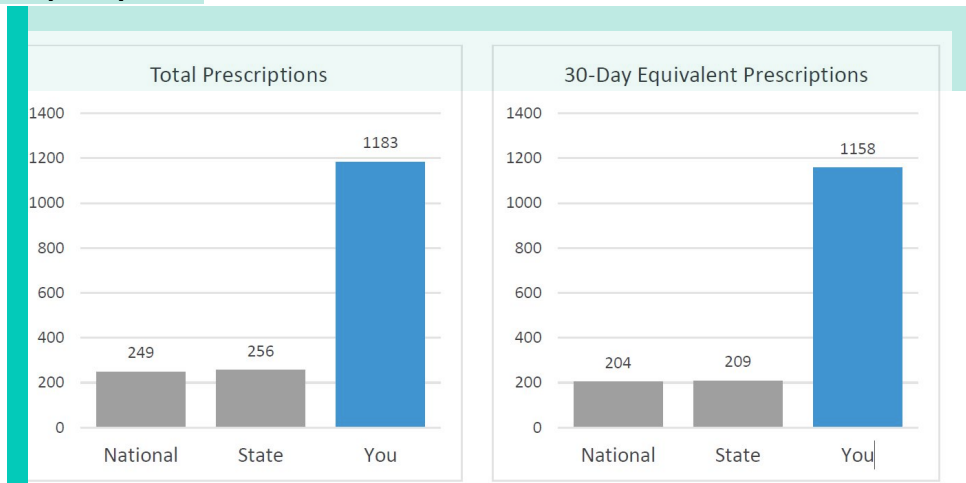
OES-Redesigned Letter: Reducing Inappropriate Prescribing of Schedule II Substances in Medicare Part D



[Mailed on CMS letterhead]

[Prescriber name and information],

Re: You prescribed XX% MORE schedule II controlled substances than your peers.



Show how provider prescribing behavior compares to their peers.

Dear [Prescriber Name],

The figures above display the total count (left) and 30-day equivalent (right) of your Schedule II prescribing, compared to the national and state averages of those within your specialty. As can be seen, you prescribed far more - XX% more - than similar specialists within your state.

We hope that you will use the information provided to see if your high prescribing level is appropriate for your patient population. Read on for more information about the methodology used to analyze your prescribing behavior, and to learn what actions to take next.

Include only essential information in the main text.

Highlight concrete steps for recipients to take.

Sincerely,

[Medicare Program Integrity Group Director]

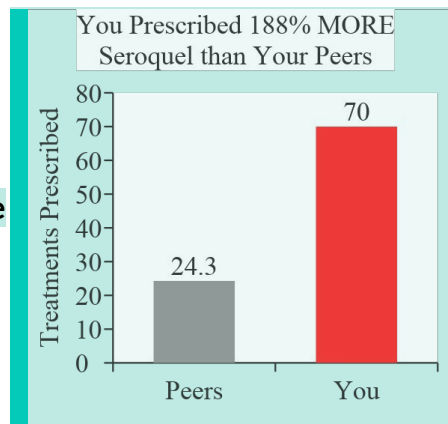
[Mailed on CMS letterhead]

[Prescriber name and information],

Re: Your Seroquel prescribing is under review by the Center for Program Integrity

The figure to the right displays your prescribing of Seroquel treatments (Seroquel, Seroquel XR, or generic quetiapine) compared to other general care practitioners in [STATE].

As can be seen, **you prescribed far more treatments – 188% more – than similar prescribers within your state.** In turn, you have been flagged as a markedly unusual prescriber, subject to review by the Center for Program Integrity.



We recognize that some flagged practitioners have appropriate reasons for this pattern. However, we have seen that other practitioners may drift into prescribing patterns that would be considered medically unjustified or abusive. Abusive prescribing can lead to extensive audits and even revocation of Medicare billing privileges.

We hope that you will use this information to see if your high prescribing level is consistent with the latest standards of care. To assist in your monitoring efforts, CMS will periodically send you letters with our most recent information about your Seroquel prescribing. **We may contact you at a later date to ask what steps, if any, you have taken in response to our communications.**

Read on for more information about the methodology used to analyze your prescribing behavior and **to learn what actions to take next.**

Sincerely,

[Medicare Program Integrity Group Director]

Highlight that the provider's behavior is under review.

Show how a provider's prescribing behavior compares to their peers.

Include only essential information in the main text.

Highlight concrete steps for recipients to take.

CMS-Designed Letter: Reducing Inappropriate Co-prescribing Behaviors



[Mailed on CMS letterhead]

[Prescriber name and information],

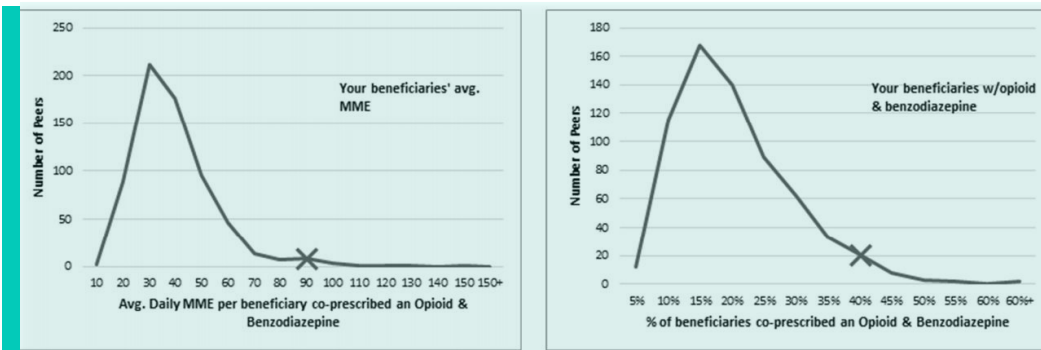
Re: Your co-prescribing trends for benzodiazepines and opioid medications

As a part of Section 6065 of the SUPPORT Act and our data-driven efforts to address the nation's opioid crisis, we're writing to make you aware of how your concurrent prescribing of benzodiazepines and opioid medications compares with other prescribers.

Data show that you prescribed a benzodiazepine along with an opioid for at least 30 consecutive days to five or more Medicare patients in the last 12 months. Based on 12 months of 2018-19 Medicare Part D claims data, both the percentage of patients prescribed benzodiazepines and opioids concurrently and the average morphine milligram equivalent (MME) prescribed to those patients identifies you as an outlier prescriber: you're in the highest 10th percentile of prescribers who prescribed a benzodiazepine along with an opioid for at least 30 consecutive days to five or more Medicare patients in the last 12 months in your specialty and state. The methodology used to analyze your prescribing patterns is available at go.cms.gov/prescribing-opioids. The charts below show how your dosage and prescription history compare to your peers.

The charts below show how your dosage and prescription history compare to your peers.

Show how a provider's prescribing behavior compares to their peers.



CMS-Designed Letter: Reducing Inappropriate Co-prescribing Behaviors



CMS understands that your practice and your patients may reflect unique circumstances that result in prescribing patterns that vary from the norm, yet are still clinically appropriate. We respect prescriber judgement in how best to give evidence-based care to each of your patients. We remind prescribers that people who take benzodiazepines and opioids together are at higher risk for adverse events and overdose.

We know the safety of your patients is paramount in your practice. As a collaborative partner, we strive to give you meaningful and informative data, and we hope you'll use this data along with current guidelines to provide the best possible care to prevent and relieve pain and maximize function in your patients with pain.

What to do next

We encourage you to stay current on the latest standards in evidence-based pain care, including the use of multi-modal and multi-disciplinary approaches. We also urge prescribers to review recommendations for prescribing naloxone, when appropriate, to patients at high risk of adverse events, overdose, opioid misuse or dependence.

Relevant online resources are available at [go.cms.gov/prescribing-opioids](https://www.cms.gov/prescribing-opioids), and include:

- CDC Guideline for Prescribing Opioids for Chronic Pain in Primary Care Settings
- HHS Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics
- FDA “Boxed Warning” for Opioid and Benzodiazepine Co-prescribing
- HHS Pain Management Task Force Best Practices Report

Thank you for the good care you give your Medicare patients. If you'd like to give feedback, email [REDACTED] or call [REDACTED]