

# ***Studying the Relationship Between Fragmented Healthcare and Overprescribing***

**Dr. Adam Sacarny**

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Healthcare researchers have long recognized that the quality of care that patients receive can depend on how well healthcare providers coordinate with one-another. In my ongoing research, I am studying how coordination impacts overprescribing. When care is fragmented, no physician has sole responsibility for a patient's prescriptions, which could mean that fragmented care is dangerous for patients due to its effects on prescribing. For example, research has shown that taking an opioid pain reliever alongside anti-anxiety drugs (called benzodiazepines) puts a patient at greatly increased risk of overdose and death. Yet in a fragmented system of care, a patient could easily receive an opioid from one doctor and a benzodiazepine from another, with neither physician aware of this life-threatening combination.

One part of this research is to better understand whether these dangerous prescribing scenarios are actually more likely to occur as a result of fragmentation. After all, overprescribing can happen even when only one doctor is involved. And while fragmentation of care is associated with higher costs and worse health outcomes, patients who receive fragmented care might have more chronic illnesses or other serious conditions – it's not clear if fragmentation is the fundamental cause. To get a better sense of the causal role of fragmentation, my collaborators and I are analyzing natural experiments that suddenly change the style of care that patients receive. For example, we are looking at patients who move from one part of the country to another, requiring them to establish new sources of care in areas with different styles of healthcare delivery.

Another aspect of this research involves working with health insurers and health systems to improve the quality of prescribing with randomized controlled trials. The intuition behind this work is that it can be difficult and time-consuming for physicians to access patients' medical records, leaving physicians unaware that a patient is already taking a drug that conflicts with a drug they are about to prescribe. I am working on "nudges" that push useful information to physicians by postal mail and e-mail. Some of these messages encourage physicians to check medical records before prescribing, and others provide specific information about patients and contact information about other doctors. This work focuses on situations when opioids and benzodiazepines are prescribed together, often by different physicians. After the messages are delivered to physicians, we will track prescribing in administrative databases and assess whether the interventions improved the quality of care.