

Primary care appointment time impacts prescribing of opioids

October 8 2019



(HealthDay)—Even within an individual physician's schedule, physician

behavior for opioid prescribing varies by the appointment timing, according to a study recently published online in *JAMA Network Open*.

Hannah T. Neprash, Ph.D., from the University of Minnesota in Minneapolis, and Michael L. Barnett, M.D., from Harvard University in Boston, used data from electronic health record systems in primary care offices in the United States to analyze primary care appointments occurring in 2017 for patients with a new painful condition.

The researchers reported that based on 678,319 primary care appointments (642,262 patients; 61.1 percent women) with 5,603 [primary care physicians](#), the likelihood that an appointment resulted in an opioid prescription increased by 33 percent as the workday progressed (from first to third appointment, 4.0 percent; 19th to 21st appointment, 5.3 percent). The likelihood of an opioid prescription further increased by 17 percent as appointments ran behind schedule (zero to nine minutes late, 4.4 percent; ≥ 60 minutes late, 5.2 percent). The same pattern was not present for a prescription of nonsteroidal anti-inflammatory drugs or referral to physical therapy.

"Appointment timing that contributes to [time pressure](#) could be adversely associated with physician decision-making and could have widespread relevance for [public health](#) and quality improvement efforts, if similar patterns exist in other clinical scenarios," the authors write.

One author reported being retained as an expert witness in lawsuits involving opioid manufacturers and distributors.

More information: [Abstract/Full Text](#)

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Citation: Primary care appointment time impacts prescribing of opioids (2019, October 8)
retrieved 4 May 2024 from

<https://medicalxpress.com/news/2019-10-primary-impacts-opioids.html>

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