

Here's a Cheap Way to Fight Drug Misuse: Send Doctors a Sharp Letter

Two studies find that nudges can lead to more scrupulous prescribing.

By **Margot Sanger-Katz**

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Seroquel tablets. AstraZeneca, via Associated Press

The letters doctors received from the county medical examiner included a shocking fact: A patient you once prescribed an opioid medication has died in the last year from a drug overdose.

Faced with this statistic and others on annual county prescription drug deaths from the medical examiner, doctors reduced their prescribing of opioids by just under 10 percent, compared with doctors who didn't get a letter.

Another letter warned primary care doctors that the federal government had flagged them for prescribing too many antipsychotic medications to patients who could be harmed by the drugs. Among those doctors, prescriptions fell by more than 15 percent over two years.

Both letters represented a new experiment in how to use low-cost, behavioral cues to shift medical practices. Instead of offering new training, or taking away insurance coverage, or doing one of the many expensive, complicated things that might change medical practice, researchers have been exploring the power of subtler nudges.

They don't always work. Previous efforts to influence overprescribing of opioids, and an earlier study from one of the researchers on antipsychotic medications, failed to make much difference. Many other attempts at behavioral nudges for patients have come up short. But the two recent studies suggest that, when the message is attention-grabbing, the solution can be uncomplicated: Something as cheap as a letter can shift the way medicine is practiced.

"If you rewind the clock a month before these papers came out, there was no example of a really simple, easily scalable intervention that could move prescribing by a significant magnitude," said Adam Sacarny, an assistant professor of health policy at Columbia and a co-author of the antipsychotic prescribing paper, which appeared in JAMA Psychiatry last month. "We now have two papers that show that simple letters really can change prescribing."

These two successful letters share a few characteristics. For one, they were pretty aggressive. Both came from government sources, and both suggested a level of government surveillance for overprescribing.

Letter studies with weaker results had tended merely to inform doctors that their practice patterns were out of sync with standard practice.

Both also spoke to the possibility of harms to patients. An overdose death is a terrible outcome doctors would like to prevent. But the letter on antipsychotics also cited strong evidence that giving such drugs to the wrong patients could cause a number of negative health consequences.

Of course, not every inappropriate medical practice has the same high stakes. Several researchers mentioned the overuse of M.R.I.s for lower back pain as the sort of thing that would be nice to change with a nudge. But no one dies of an M.R.I. overdose.

There are also risks that the strategy's success could become its undoing. Kevin Volpp, the director of the center for health incentives and behavioral economics at the University of Pennsylvania, remembers how the first few pop-up alerts in electronic medical records helped

guide doctors toward best practices. But as they proliferated, they became easier to ignore. He wondered if sternly worded letters might also have diminishing returns if they became more popular. “Once you have 30 reminders flying at you from every direction, they may not be so effective anymore,” he said.

It’s also unclear if the letters helped doctors avoid prescribing drugs to patients who could be harmed — or just reduced prescribing altogether. Both studies found bigger effects on prescriptions written for the doctors’ new patients. And the antipsychotic paper found that doctors wrote fewer prescriptions both for the target group — patients who would not benefit from the drugs — and those who, in line with their diagnoses, would have benefited. This suggests that a scary letter can be a blunt tool.

And, of course, even the perfect letter is not going to be enough to change medical practice on its own. “The world needs bigger changes than what you saw in the studies,” said Peter Ubel, a professor of business, public policy and medicine at Duke, who has studied behavioral approaches to medical care. “But what a nice start.”

Researchers said that nudges are exciting when they work because they are cheap. They are also easier to test than many other strategies. Both of the successful nudge letters were examined using randomized controlled experiments, the kind of study that is common in evaluating drug effectiveness, but rarely used to study health care delivery. The ease of testing tiny changes to a letter’s particulars means that researchers may be able to further refine their nudges over time.

“If you want to stop something from happening, you have to build up rocks by the river, along the edge, to dam it up,” said Jason Doctor, a co-author on the opioids prescribing paper, which was published in the journal *Science* last month. The doctors in his study cut back on a standard measure of overall opioid prescribing by 9.7 percent — not a huge decrease. But if such nudges were added to new medical guidelines and other tools, they could be part of a broader solution to the problem of overprescribing, he said.

Margot Sanger-Katz is a domestic correspondent and writes about health care for *The Upshot*. She was previously a reporter at *National Journal* and *The Concord Monitor* and an editor at *Legal Affairs* and the *Yale Alumni Magazine*. [@sangerkatz](#) • [Facebook](#)

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