

Opioid prescribing-related claims

Insights to reduce risk

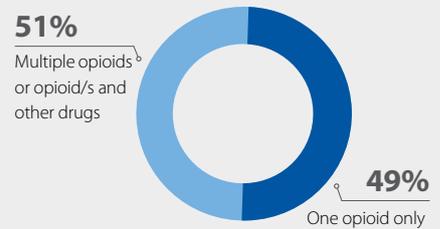
Key learnings

- Claims involving opioid prescribing practices are common. They reflect the complexity of prescribing in terms of legislative requirements, patient characteristics, efficacy of other medications and polypharmacy.
- Clinically inappropriate prescribing was the main issue raised, emphasising the care needed when treating pain in patients who don't have acute or cancer-related pain.
- Saying 'no' to prescribing opioids and deprescribing opioids resulted in fewer claims and better claims outcomes when it was clinically appropriate to do so.
- Prescribing drugs of dependence without authority was also an issue, highlighting the need for doctors to know and comply with relevant legislation.

1 in 20 claims involved opioid prescribing practices

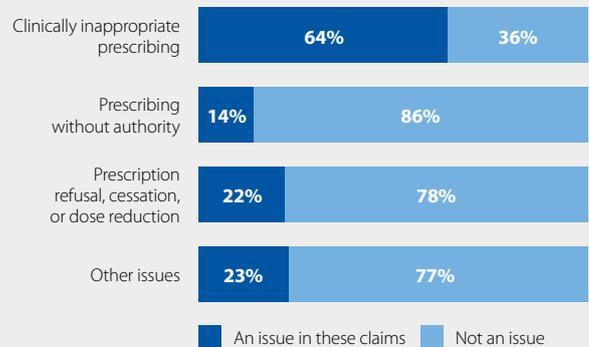
These claims are complex, often involving multiple medications

- Around half of these claims involved the prescribing of multiple opioids, or opioids and other medications (not necessarily for the same patient, as some claims related to multiple patients).
- While the mix of medications was varied, benzodiazepines were commonly reported with the opioids.



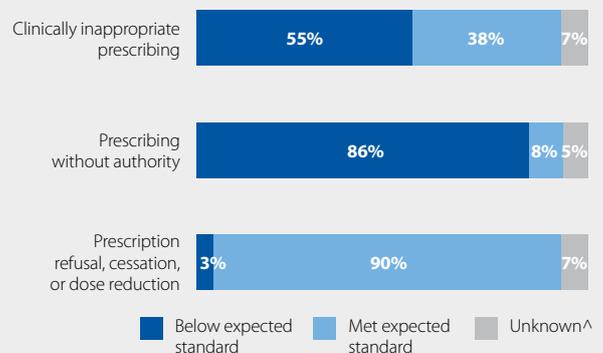
Clinically inappropriate prescribing was a common issue

- Clinically inappropriate prescribing was the main issue raised in these claims. Prescriptions were reportedly not clinically indicated, contraindicated, prescribed for too long, or at too high a dose.
- Prescribing drugs of dependence without authority was also a notable issue.
- Claims related to prescription refusal, cessation or dose reduction were also quite common.
- A variety of less common issues were also seen, including self-prescribing and prescribing without assessing the patient.



Refusing, ceasing or reducing the dose was mostly assessed as appropriate care

- Following a claim, a medico-legal evaluation is undertaken to assess whether expected standards of care were met.
- When clinically inappropriate prescribing or prescribing without authority was raised, the doctor's care was commonly assessed as being below expected standards.
- For prescription refusal, cessation or dose reduction, the doctor's care was almost always assessed as meeting expected standards.



[^]“Unknown” is used when the standard was not assessed or the final assessment report was unavailable.

See back page for information about this analysis.

About this analysis

This report is based on our analysis of the underlying themes in 9,595 claims for Avant member doctors from all specialties, including complaints to regulators, compensation claims and coronial matters finalised between July 2016 and June 2019.

Claims involving opioid prescribing practices were classified as those for which an issue with prescribing a medication containing an opioid was known to be the main or a contributing factor.

For any queries please contact us at research@avant.org.au

Member resources

For articles, factsheets, case studies and other resources on a range of topics, including prescribing, visit the Avant Learning Centre at avant.org.au/avant-learning-centre

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