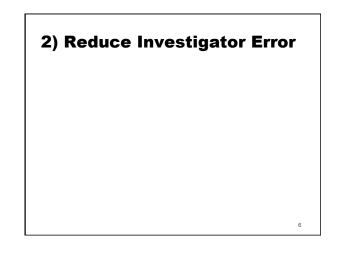


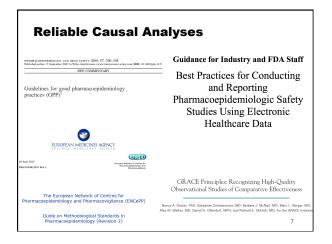
Opioid prescribing by multiple providers in Medicare: retrospective observational study of insurance claims

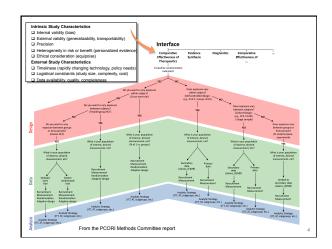
To study adverse outcomes associated with prescribing of opioids by multiple providers, we estimated a beneficiary level logistic regression of the association between multiple provider prescribing and any admission related to opioid use in 2010. Admissions were identified from the linked Medicare provider

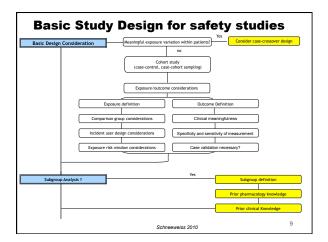
Multiple provider prescribing was positively associated with annual rates of admission to hospital related to opioid use in both unadjusted and adjusted analyses (table 4]). Among 314

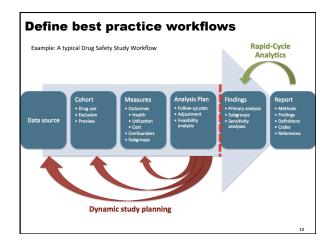
obtained from the 2010 US census. We included all beneficiaries who resided in the US, were continuously enrolled in Medicare during 2010, filled at least one prescription for an opioid that

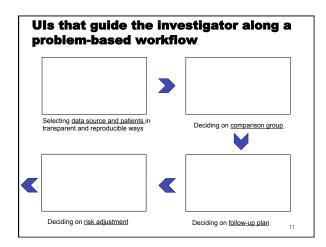


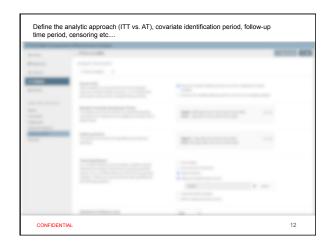


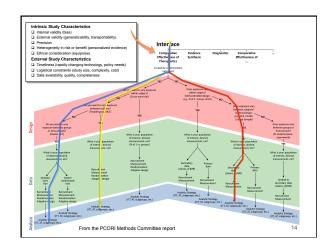


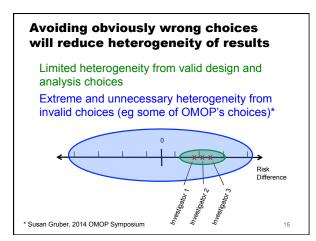


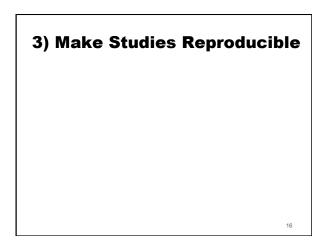






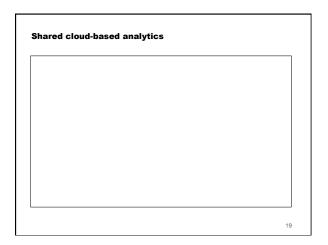


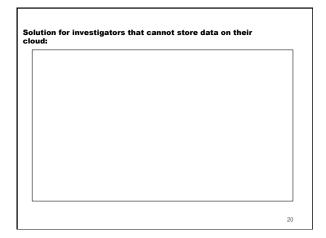


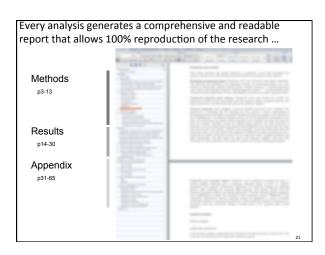


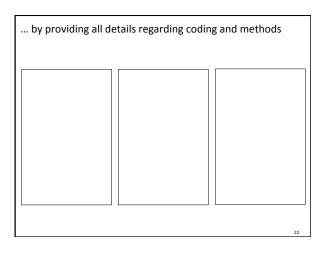
literature: articles from the American Journal o and the Journal of the American Medical Associ between January 2005 and May 2005		v	
	ation published	a	
Serveen bundary 2005 and may 2005	No. of papers	_	
Total papers collected	90		
Observational studies	69		
Cross-sectional	20		
Case-control	20		
Cohort	29		
Source of outcome data			
Original study	31		
Ongoing study	29		
Government	8		
Other	1		
Statistical analysis implementation			
Not reported	21		
By hand	0	•	
Use of software package	48		
Method of processing measured data			
Not reported	43		
By hand	1	•	
Use of software package	13		Peng et al. 2006
Outcome data reported to be available	0	ו	
Exposure data reported to be available	1	L	
Code for statistical analysis available	0	ſ	
Code for processing measured data available	0	J	

	ng results from the National Morbidity, r Pollution Study reproducible*	
Research component	What we have done	
Data	The entire NMMAPS† database is available to the public via the iHAPSS† website and the NMMAPS data package for R; the data are available under a "full access" class of license.	Can we do this with healthcare databases
Methods	A full compendium written in L ^A T _E X and R is available for download.	We should do this already!
Documentation	We have outlined our data-processing pipeline on the iHAPSS website, and papers/ technical reports are available for download.	We should do this already!
Distribution	We use the World Wide Web to disseminate our data and software.	Can we do this with healthcare databases









Good News

- Reliability of database research can be improved through structured approaches
- Reproducibility can be achieved if
 - We completely and precisely record all choices made during design and analysis
 - We share analytic code (R, SAS, etc.)
 - We share data
- Sharing the analytic environment gets around the inability to freely share most healthcare databases

23