

Harvard-Educated Doctors Prescribe Far Fewer Opioids

Physicians from the lowest ranked schools hand out three times the pills

By

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Economists digging into the data behind America's opioid addiction have uncovered a key trend in prescribing practices: doctors who went to top-ranked schools are dramatically less likely to hand out the pills.

The study, by Princeton University economists Molly Schnell and Janet Currie, leads this week's economic research roundup. It's followed by a related study that suggests we may be underestimating how lethal America's opioid crisis has become. Then we take a peek around the world, where major labor inflows are fading, and end on a wonky look at how different flavors of central bank quantitative easing affect growth. Check this column each week for new and pertinent research.

Doctor education and opioids

Doctors who graduated from top schools prescribe way fewer opioids, according to this new National Bureau of Economic Research working paper. Looking at data spanning 2006 to 2014, they find that physicians trained at the lowest ranked U.S. medical schools prescribe nearly three times as many opioids per year as those educated at Harvard Medical School, which is the top-ranked program. Looking specifically at general practitioners, those trained at Harvard wrote 180 prescriptions a year, compared to 550 per year for the lowest-ranked.

Why is this happening? The authors say their results suggest that it's probably medical training: the gap exists between prescribers from different schools who work at the same hospital, for instance, arguing against patient selection. Why do we care? While prescribing is slowly leveling off, pill addiction remains a widespread problem. Stemming its spread is important to public

health and workforce readiness.

Worse than we thought

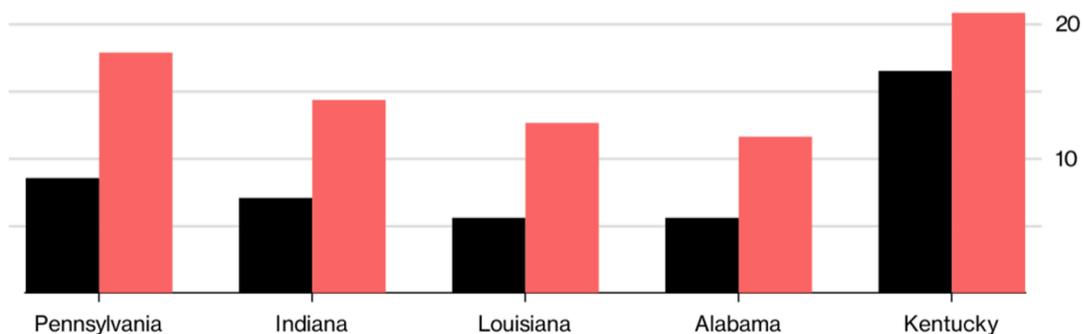
Speaking of opioids, we may be significantly underestimating how many people they're killing in the U.S. Up to a quarter of death certificates don't note the specific drug that caused an overdose, and Christopher Ruhm at the University of Virginia is trying to correct the data to account for that, in part by looking at the characteristics of the non-classified deceased and estimating the statistical chances that they were using opioid pills or heroin.

He finds that nationally, pill and heroin overdose deaths were probably 24 percent and 22 percent higher than reported rates in 2014. The rates were understated in states including Pennsylvania and Indiana and overstated in places like South Carolina and New Mexico.

Biggest Changes

These are the states where the corrected data differed the most

■ Opioid overdose (reported) ■ Opioid overdose (corrected)



Notes: 2014 state mortality rates per 100,000
American Journal of Preventative Medicine, Ruhm

Bloomberg

This piece of research isn't economic, per se, but it's getting a nod here because it has economic implications. If the epidemic is worse in reality than it looks on paper, it could be locking more people out of the labor market than we'd otherwise expect. What's more, it could be fueling discontent: other research has showed a correlation between so-called "deaths of despair" and populist voting in the last election.