

## A Message from Appriss Health:

We are excited to announce some upcoming enhancements to the Prescriber Reports product. These changes are based on end user feedback, Admin feedback, and extensive internal analysis of prescriber and specialty populations for states that utilize Prescriber Reports.

### 1. Tertiary Specialty Comparisons

As you know, there are up to three (3) “levels” for the Healthcare Specialties in AWARxE. Here is an example with the levels marked:



The initial design for Prescriber Reports used the Secondary Specialty to generate comparison groups. This worked well for the majority of prescribers, and avoided the possibility that some Tertiary Specialties have too few users to provide a meaningful comparison group. However, there were some cases in which the Secondary Specialty comparison was not effective. In the above example, (Allopactic & Osteopathic Physicians – Internal Medicine – Addiction Medicine), Internal Medicine physicians were considered a single cohort, even though the Tertiary Specialty of Addiction Medicine would likely have unique prescribing behavior. Moving forward, Prescriber Reports will use the Tertiary Specialty to group cohorts of prescribers together for comparisons in order to provide the most specific comparison of prescribing habits possible. If a Tertiary Specialty is absent, the Secondary Specialty will be used instead.

### 2. Within Specialty Cohort Floor

Whether using the Secondary or Tertiary Specialty, there were some cases in which the number of prescribers in a Within Specialty cohort was too small to provide a meaningful comparison. In order to prevent this scenario, we have implemented a minimum threshold (or “floor”) of users that must be met in order for those users to be compared as a Within Specialty cohort. Analysis of prescriber populations across all states utilizing Prescriber Reports indicated that a minimum threshold of 8 users would provide a meaningful comparison cohort, and was a low enough minimum that only 2-3% of users would be in a cohort that doesn’t meet the threshold. The 2-3% of users who have Healthcare Specialty cohorts that do not meet this minimum for their Tertiary Specialty will be compared against a cohort consisting of users with their Secondary Specialty. If the Secondary Specialty is also too small, they will be compared against users with their Primary Specialty.

### 3. Similar Prescriber Cohort Floor

Cohort size can also be an issue for the Similar Prescriber comparison, which overlays a user’s role on top of their Healthcare Specialty to create an even more specific comparison cohort. If this additional layer results in a cohort with fewer than 8 users, the Prescriber Report will omit the metrics associated with the Similar Prescriber comparisons, replacing them with asterisks.

MEMBER NUMBERS IN YOUR PEER GROUPS:		SIMILAR PRESCRIBER (SP): *		WITHIN YOUR SPECIALTY (WS): 222	
NUMBER OF PERSONS FOR WHICH YOU PRESCRIBED OPIOIDS (MONTHLY AVERAGE)			NUMBER OF PRESCRIPTIONS YOU WROTE FOR OPIOIDS (MONTHLY AVERAGE)		
133	*	7	146	*	10
You	Similar Prescriber (SP)	Within your Specialty (WS)	You	Similar Prescriber (SP)	Within your Specialty (WS)

4. Updated Documentation

We have reviewed our documentation around Prescriber Reports, and in collaboration with multiple states have developed an expanded version of the Prescriber Reports that includes more thorough explanations of the metrics and methodology of the report, explanations of the above changes, and answers to some frequently asked questions (attached).