Correlation of opioid prescribing rates to online physician ratings: a nine-year follow-up of CMS Medicare Part D data

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Original 2018 ASRA poster

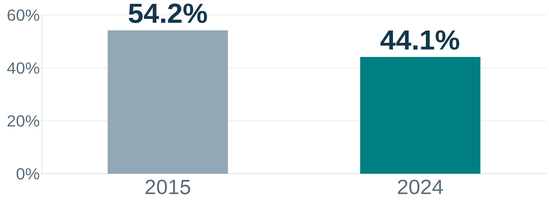


Less opioid prescribing. No measurable reputational penalty.

PRESCRIBING

−10.1 percentage points

Mean rate, paired n = 1,283; p < 0.001



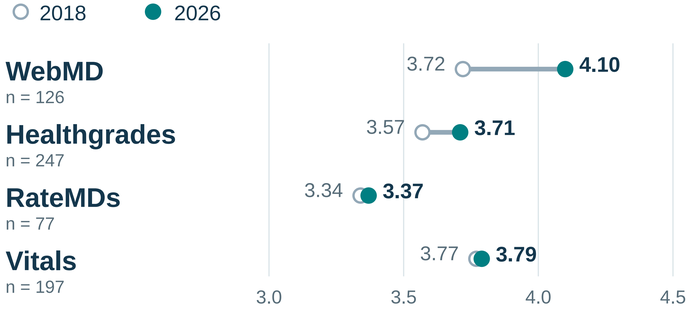
69% lowered their prescribing rate

716 to 487 median opioid claims per physician

ONLINE RATINGS

Held steady or rose

Same physicians, same site, 2018 vs 2026



	Change	p
WebMD n = 126	+0.38	0.0008
Healthgrades n = 247	+0.14	0.0005
RateMDs n = 77	+0.03	0.29
Vitals n = 197	+0.02	0.28

Mean rating (5-point scale; displayed range 3.0–4.5)

ASSOCIATIONS

No correlation between changes at follow-up

Baseline 2018 · Spearman · n = 1,829

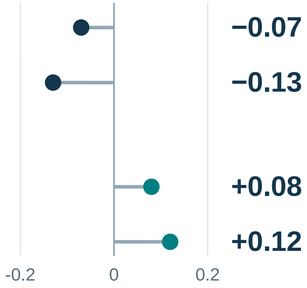
Rating vs prescribing rate −0.07
p = 0.002

Rating vs opioid claim count −0.13
p < 0.001

Follow-up 2026 · Pearson

Rating change vs prescribing change +0.08
p = 0.23; n = 210

2026 rating vs 2024 prescribing rate +0.12
p = 0.07; n = 211



The weak baseline inverse link was no longer present.

STUDY DESIGN



Fixed panel: 1,829 U.S. pain physicians from 2015 CMS Part D opioid data with valid 2017–2018 online ratings. About 25% left Part D by 2024.

Ethics: public, de-identified data. BronxCare IRB exemption.

METHODS & CONTEXT

Prescribing: 2017, 2019 and 2024 CMS files[3], joined on NPI. Rate = opioid claims as a percentage of all Part D claims.

Ratings: reproducible sample of 300 U.S. plus all 69 Michigan physicians (361 unique). Four sites re-collected in 2026.

Tests: Pearson / Spearman correlations and paired Wilcoxon signed-rank tests for prescribing and same-site ratings.

LIMITATIONS

Part D only; prescribing share, not MME dose.
Self-selected, cumulative ratings bias toward no change.
Survivor panel: ~25% left Part D; stayers had slightly higher baseline ratings (3.79 vs 3.68).

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Context: CDC guidelines[1,4] and the 2017 opioid emergency raised concern that deprescribing could harm patient satisfaction, online ratings[5], referrals and employment. The 2018 cross-sectional analysis[2] reported no correlation; re-analysis found a weak inverse link.

1. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain, United States, 2016. MMWR Recomm Rep. 2016;65(RR-1):1-49.
2. Kataria S, Kim D, Dwivedi S, Upadhyay A. Correlation of opioid prescribing rates to online physician rating: a review of CMS Medicare Part D opioid mapping data. ASRA poster; 2018.
3. Centers for Medicare and Medicaid Services. Medicare Part D Prescribers by Provider. Data years 2017, 2019 and 2024.
4. Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC clinical practice guideline for prescribing opioids for pain, United States, 2022. MMWR Recomm Rep. 2022;71(RR-3):1-95.
5. Daskivich TJ, Houman J, Fuller G, et al. Online physician ratings fail to predict actual performance on measures of quality, value, and peer review. J Am Med Inform Assoc. 2018;25(4):401-407.