



MA Prescription Monitoring Program County-Level Data Measures (2017 Quarter 2)

Massachusetts Department of Public Health

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The Department of Public Health's (DPH) Prescription Drug Monitoring Program (PMP) serves as a repository of data for all prescription drugs dispensed statewide, including those prescriptions that are sought after for illicit and non-medical use and thus represent the highest potential for abuse (federal Schedules II – V, including certain narcotics, stimulants and sedatives). The PMP also enables prescribers and dispensers to access a patient's prescription history and can be used as a clinical decision-making tool, allowing the provider to have a holistic view of the patient's medications.

When interpreting PMP county-level data, it is important to emphasize that increases or decreases in a single measure may not indicate an increase or decrease in prescription misuse or abuse. Put simply, use does not always equate to abuse. There are many factors that might explain an unusually high rate of prescribing in a given area. For instance, an area which contains a large number of residents in long-term care facilities may result a high rate of opioid prescribing.

These datasets inform critical discussions about opioid prescribing, provide an important baseline to better inform future policy decisions and allow the state and stakeholders to more meaningfully measure whether policy initiatives are effective.

Effective October 6, 2014, all hydrocodone combination drug (HCD) products (e.g., Vicodin) were reclassified from Schedule III to Schedule II. This reclassification during the last quarter of 2014 makes comparisons over time difficult to interpret. Beginning with CY 2015 data, reports of Schedule II products will include all HCD prescriptions.

Individuals with activity of concern "thresholds" for this report are based on a 3-month time period. MDPH also releases an annual county-level report that provides thresholds that are based on a 12-month time period. Although the numbers (or rates) generated may appear to be comparable, they represent different time periods and are NOT an apples-to-apples comparison. The results are only comparable when the thresholds (e.g., 4 different providers and 4 different pharmacies), time interval (e.g. over a three-month period), and drug products analyzed (e.g. Schedule II opioids) are the same. Meaning, the total number (or rates) of individuals who received Schedule II-V opioid prescriptions from 4 or more providers and had them filled at 4 or more pharmacies in a 3-month period cannot and should not be compared with the total number of individuals (or rates) who received Schedule II-V opioid prescriptions from 4 or more providers and had them filled at 4 or more pharmacies in a 12-month period.

MA Prescription Monitoring Program: April 2017 – June 2017

County (County classifications are by patient zip code; patient state must also = MA)	Census Population	Total Schedule II Opioid Prescriptions	Total Number of Schedule II Opioid Solid Dosage Units	Individuals Receiving Schedule II Opioid Prescription	% of Individuals Receiving Schedule II Opioid Prescription (of total population)	Individuals with Activity of Concern	Rate of Individuals with Activity of Concern (per 1,000)
Barnstable	214,276	25,374	1,432,643	11,414	5.3	19	1.7
Berkshire	126,903	14,892	810,777	6,476	5.1	<5	NR
Bristol	558,324	73,990	4,487,217	31,267	5.6	21	0.7
Dukes	17,246	1,611	92,592	817	4.7	<5	NR
Essex	779,018	75,312	4,136,184	34,760	4.5	22	0.6
Franklin	70,382	10,024	595,653	4,054	5.8	<5	NR
Hampden	468,467	62,565	3,655,319	26,649	5.7	29	1.1
Hampshire	161,816	17,446	1,093,030	7,128	4.4	<5	NR
Middlesex	1,589,774	106,900	5,757,663	53,556	3.4	45	0.8
Nantucket	11,008	1,105	43,538	541	4.9	<5	NR
Norfolk	697,181	57,327	3,253,694	27,724	4.0	31	1.1
Plymouth	513,565	55,172	3,266,634	25,454	5.0	21	0.8
Suffolk	784,230	51,803	3,118,818	24,351	3.1	27	1.1
Worcester	819,589	84,729	5,379,002	37,678	4.6	35	0.9
MA	6,811,779	638,250	37,122,764	291,869	4.3	250	0.9

Note 1: Individuals with activity of concern "thresholds" for this report are based ONLY on a 3-month time period; see notes on previous page; CY17-Q2

Note 2: Counts greater than 0 but less than 5 are not reported. Rates based on these small values also are not reported (NR).

Note 3: Rates of individuals with activity of concern are based on the population of individuals who have received one or more Schedule II opioid prescriptions during the specified time period.

Note 4: PMP data are preliminary and subject to updates. The MA PMP database is continuously updated to allow for prescription record correction data submitted by pharmacies. This data were extracted on 07/11/2017; Release Date: July 2017.

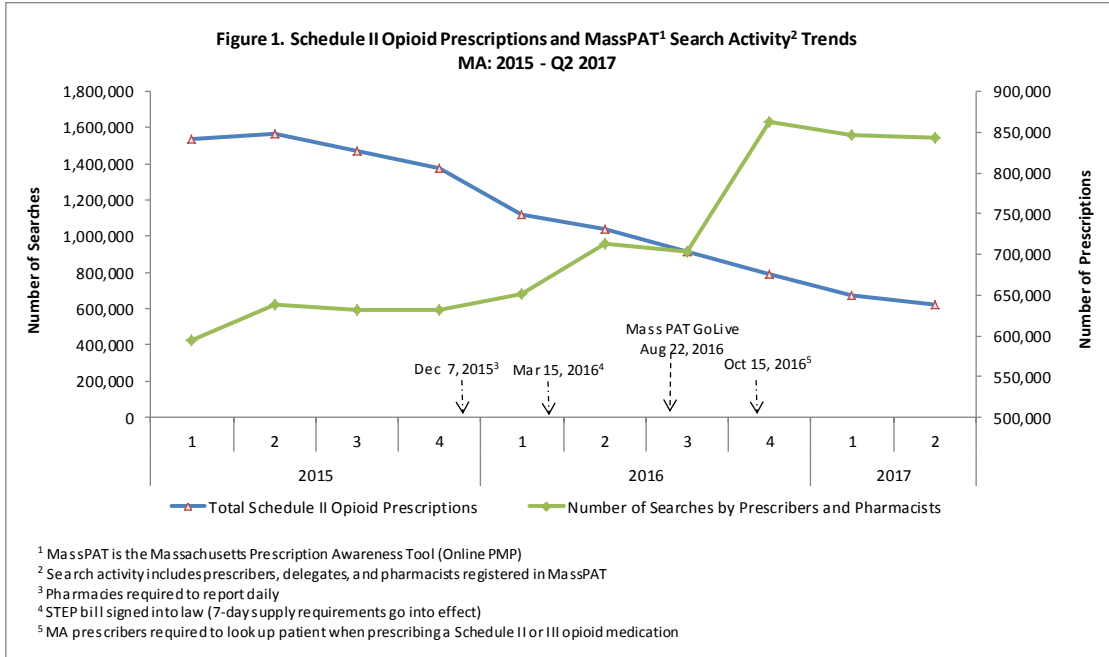
Note 5: Beginning in 3rd quarter of 2016 the Department of Veteran's Affairs (VA) facilities began submitting data to the MA PMP.

Note 6: National Center for Health Statistics. Postcensal estimates of the resident population of the United States for July 1, 2010-July 1, 2016, by year, county, single-year of age (0, 1, 2, ..., 85 years and over), bridged race, Hispanic origin, and sex (Vintage 2016).

MA Prescription Monitoring Program Data

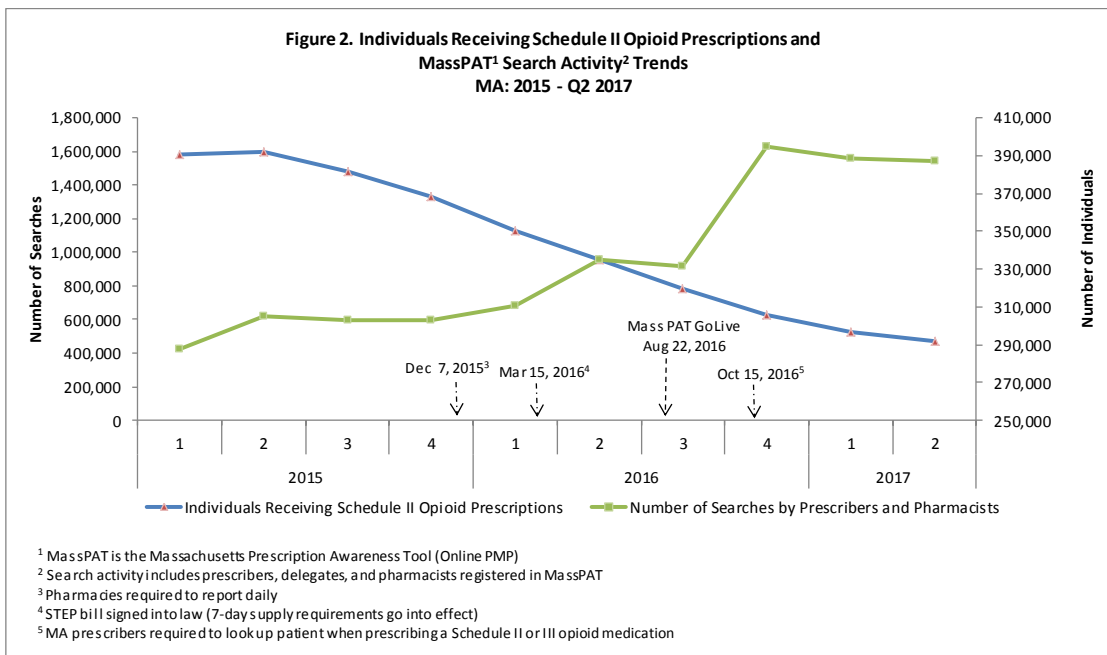
Trend Analyses for Schedule II Opioids Only

- In the 2nd Quarter of 2017 there were approximately 638,000 Schedule II opioid prescriptions reported to the MA PMP, a nearly 28% decline from the 1st Quarter of 2015 (n = 841,990 Schedule II opioid prescriptions).



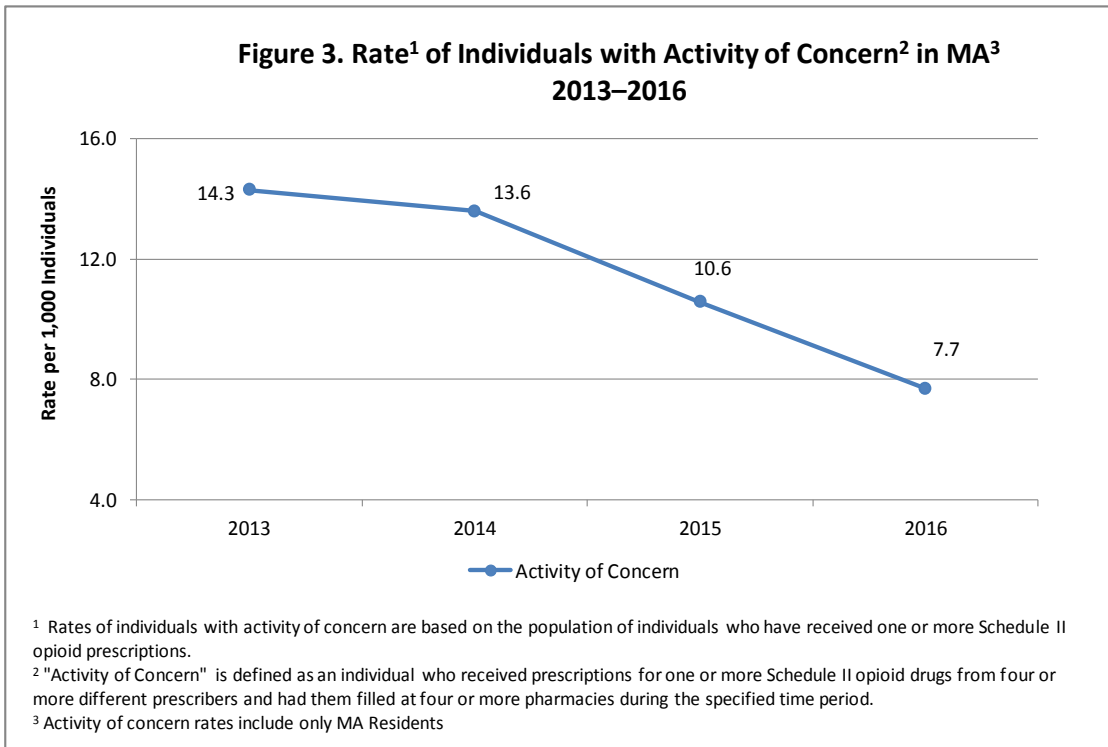
Note: PMP data are subject to updates. The MA PMP database is continuously updated to allow for prescription record correction data submitted by pharmacies. The data for the quarterly trends were extracted on 7/11/2017.

- Approximately 292,000 individuals in MA received prescriptions for Schedule II opioids in the 2nd Quarter of 2017, a nearly 29% decrease from the 1st Quarter of 2015 (n = 390,532).



Note: PMP data are subject to updates. The MA PMP database is continuously updated to allow for prescription record correction data submitted by pharmacies. The data for the quarterly trends were extracted on 7/11/2017.

- The rate of individuals with activity of concern (also referred to as multiple provider episodes) decreased from 14.3 to 7.7 per 1,000 individuals between CY 2013 and CY 2016, a 46% reduction in activity of concern.



Note: PMP data are subject to updates. The MA PMP database is continuously updated to allow for prescription record correction data submitted by pharmacies. The data for the 2013-2016 annual trends were extracted on 5/2/2017.