MA Prescription Monitoring Program County-Level Data Measures (2016 Quarter 4)

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: October 2016 – December 2016

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	214,333	25,079	1,447,290	11,477	5.4	10	0.9
Berkshire	127,828	14,433	808,390	6,460	5.1	6	0.9
Bristol	556,772	72,346	4,456,020	30,808	5.5	16	0.5
Dukes	17,299	1,670	104,292	815	4.7	< 5	NR
Essex	776,043	73,972	4,115,063	34,559	4.5	22	0.6
Franklin	70,601	9,756	596,312	4,066	5.8	5	1.2
Hampden	470,690	60,608	3,642,267	26,030	5.5	25	1.0
Hampshire	161,292	16,917	1,092,669	7,042	4.4	< 5	NR
Middlesex	1,585,139	105,074	5,774,170	53,112	3.4	47	0.9
Nantucket	10,925	1,068	45,536	505	4.6	< 5	NR
Norfolk	696,023	56,772	3,269,906	27,827	4.0	33	1.2
Plymouth	510,393	54,861	3,290,129	25,609	5.0	23	0.9
Suffolk	778,121	50,374	3,075,123	24,140	3.1	29	1.2
Worcester	818,963	85,041	5,466,276	38,382	4.7	41	1.1
MA	**6,794,422**	**627,971**	**37,183,442**	**290,832**	**4.3**	**263**	**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; CY16-Q4
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 01/05/2017; Release Date: January 2017.
Note 5: Beginning in 3rd quarter of 2016, the Department of Veterans 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, 2015, by year, county, single-year of age (0, 1, 2, .., 85 years and over), bridged race, Hispanic origin, and sex (Vintage 2015).

Opioid-related EMS Transports Massachusetts Residents: 2013-2016

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Enhancement of Opioid Overdose Surveillance

MATRIS, the Massachusetts Ambulance Trip Reporting Information System, is a statewide database for collecting emergency medical service data from licensed ambulance services. It was not specifically designed to track opioid overdose incidents. DPH is currently working with all Emergency Medical Services (EMS) providers to improve the quality and completeness of these data especially with respect to opioid overdose incidents. To more accurately identify ambulance trips that are opioid-related, several pieces of information from MATRIS are combined such as: a notation that a trip was listed as a poisoning, that there was an administration of naloxone, or that the patient admitted to drug use. In combination, this information allows DPH to more accurately count opioid overdose incidents. Data for Boston came from applying this algorithm to events identified by Boston EMS as "Narcotic Related Incidents" (NRI). Not all services have reported their 2016 Q1-Q3 data yet so the numbers cited here are underestimates. Counts will be updated on a quarterly basis.

Results

Since 2013, there has been an increasing trend in the percentage of EMS incidents that are considered opioid-related. In the first three quarters of 2016 EMS services reported an opioid-related incident in 280 of the 351 MA cities and towns (80%). Overall, there was a 37% increase in the number of opioid-related EMS transport incidents compared with the first three quarters of 2015.

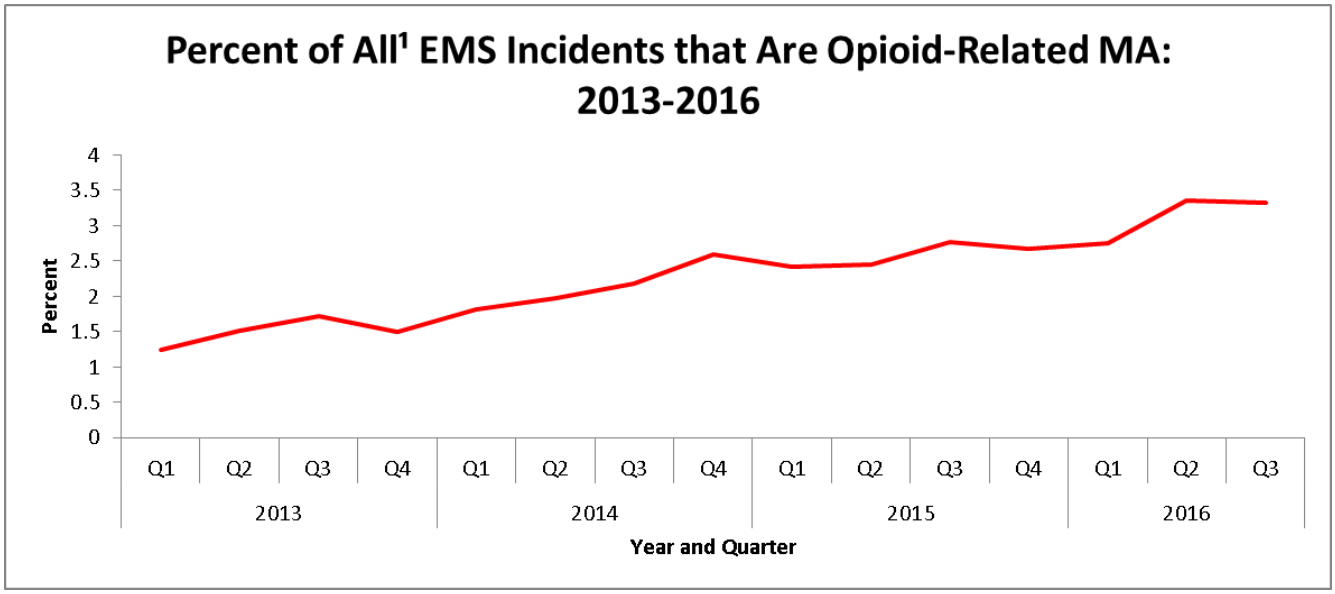
In the first three quarters of 2016, the greatest number of suspected opioid overdose incidents was among males aged 25-34 (25% of opioid-related incidents). There is an increasing trend in the quantity of Naloxone being dispensed during each opioid-related incident. On average, EMS administered Naloxone 1.4 times per opioid-related incident in the first three quarters of 2016. Almost one third of opioid-related incidents required more than one dose of Naloxone.

All Suspected Opioid Related Incidents: 2016 (Quarter 1)

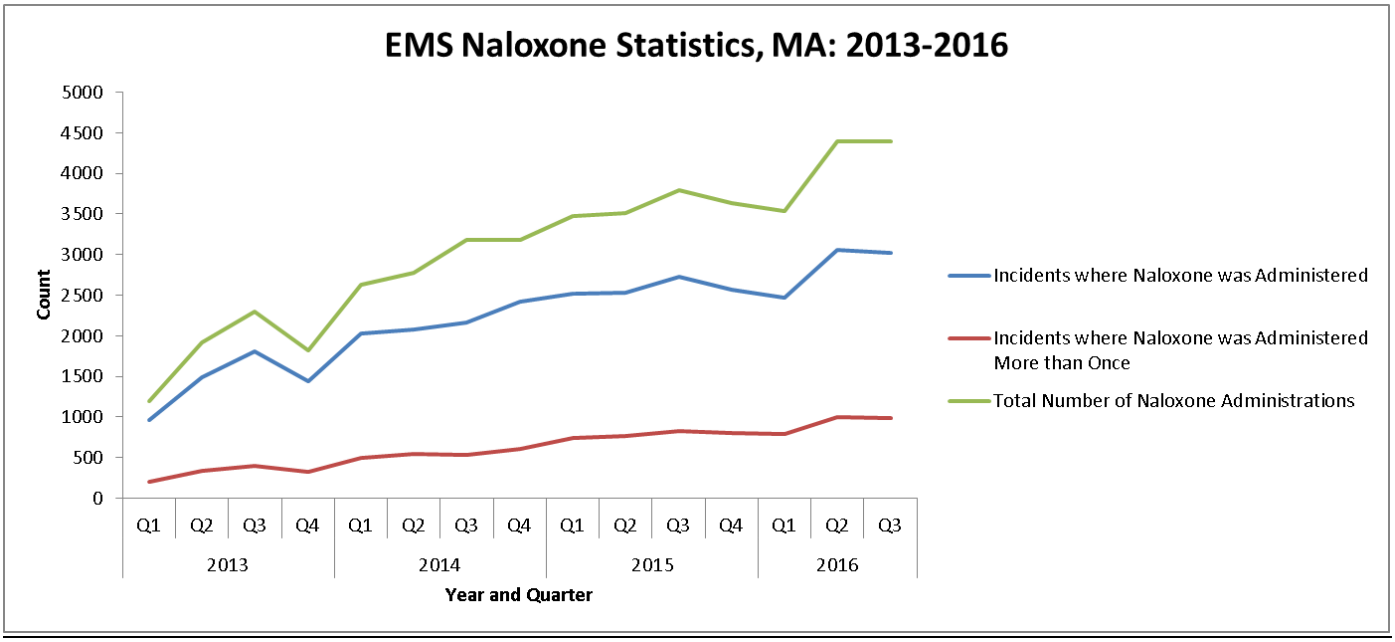
	11-14	15-24	25-34	35-44	45-54	55-64	65+	Total
Male	<7	384	1268	767	488	315	136	3359
Female	<7	235	560	313	239	156	107	1614
Total	**<7**	**619**	**1828**	**1080**	**727**	**471**	**243**	**4973**

All Suspected Opioid Related Incidents: 2016 (Quarter 2)								
	11-14	**15-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65+**	**Total**
Male	<7	438	1603	904	724	401	178	4250
Female	<7	244	730	424	302	178	141	2024
Total	**7**	**682**	**2333**	**1328**	**1026**	**579**	**319**	**6274**

All Suspected Opioid Related Incidents: 2016 (Quarter 3)								
	11-14	**15-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65+**	**Total**
Male	1	499	1553	948	610	389	186	4187
Female	0	278	838	441	295	189	118	2159
Total	**1**	**777**	**2391**	**1389**	**905**	**578**	**304**	**6346**



1. Includes all incidents where the patient was 11 years old or older.



Technical Notes

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