



MA Prescription Monitoring Program County-Level Data Measures (2018 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 2018 – December 2018

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	216,343	23,244	1,183,917	10,043	4.6	17	1.7
Berkshire	127,457	13,597	721,226	5,950	4.7	<5	NR
Bristol	566,414	64,252	3,797,343	26,070	4.6	22	0.8
Dukes	17,364	1,444	79,873	703	4.0	0	0
Essex	791,568	65,137	3,421,322	29,910	3.8	25	0.8
Franklin	71,509	8,434	496,669	3,430	4.8	<5	NR
Hampden	473,588	52,419	3,052,235	21,893	4.6	17	0.8
Hampshire	164,339	15,174	944,580	6,073	3.7	<5	NR
Middlesex	1,614,538	91,302	4,732,048	45,356	2.8	36	0.8
Nantucket	11,237	1,009	39,406	501	4.5	0	0
Norfolk	706,950	48,773	2,690,349	23,231	3.3	18	0.8
Plymouth	520,230	46,864	2,707,239	21,381	4.1	24	1.1
Suffolk	802,474	43,165	2,537,242	20,044	2.5	22	1.1
Worcester	832,834	71,426	4,362,334	31,532	3.8	23	0.7
MA	6,916,845	546,240	30,765,783	246,117	3.6	204	0.8

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; CY18-Q3

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: Totals for all counties combined exclude a small number of prescription records that could not be assigned a county due to inaccurate zip code/city town information reported to the program.

Note 5: The total sum for the "Number of Individuals Receiving Schedule II Opioid Prescription" will be slightly different than the sum presented for the state in Figure 2 due to a small number of double counting of individuals moving from one county to another during the specified time period.

Note 6: 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 07/12/2018; Release Date: August 2018.

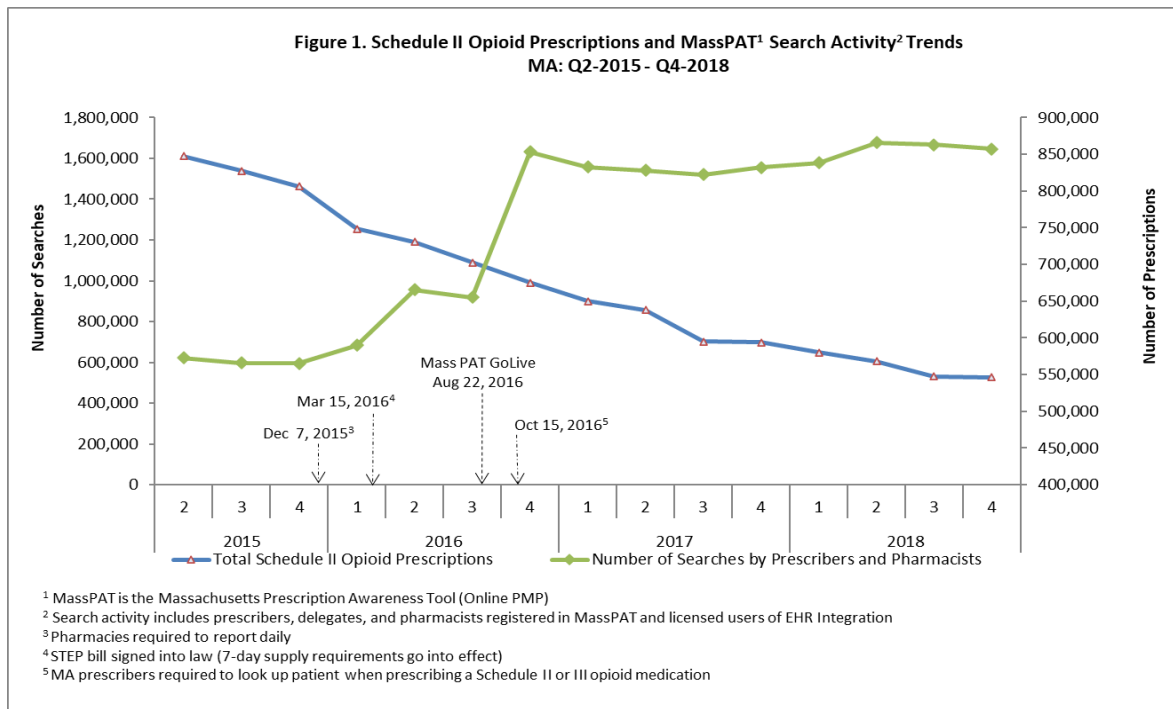
Note 7: Beginning in 3rd quarter of 2016 the Department of Veteran's Affairs (VA) facilities began submitting data to the MA PMP.

Note 8: Population estimates used for years following the decennial census were developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health.

MA Prescription Monitoring Program Data

Trend Analyses for Schedule II Opioids Only

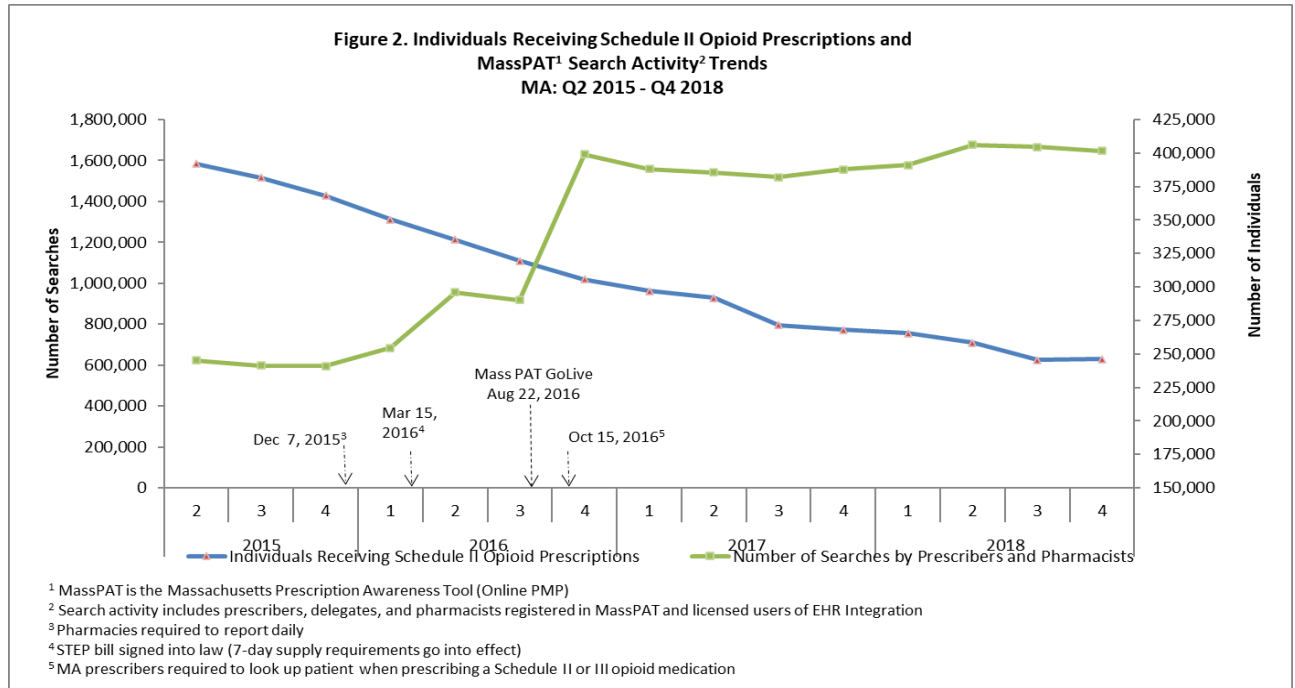
- In the 4th Quarter of 2018, there were just over 546,000 Schedule II opioid prescriptions reported to the MA PMP; this is a very small decrease from the previous quarter and a 35% decrease from the 1st Quarter of 2015 (n = 841,990 Schedule II opioid prescriptions).



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 CY-2018 Q4 were extracted on 1/17/2019.
- Some discrepancies were identified in search counts reported by data vendor. Reports prior to Q2 CY23 were inflated due to overrepresenting the number of Gateway (i.e., Integration) searches. Archived PMP reports going back to Q3 CY 2018 (beginning of Gateway or Integrated searches) are now updated to reflect the accurate counts. (Dated: March 2024)

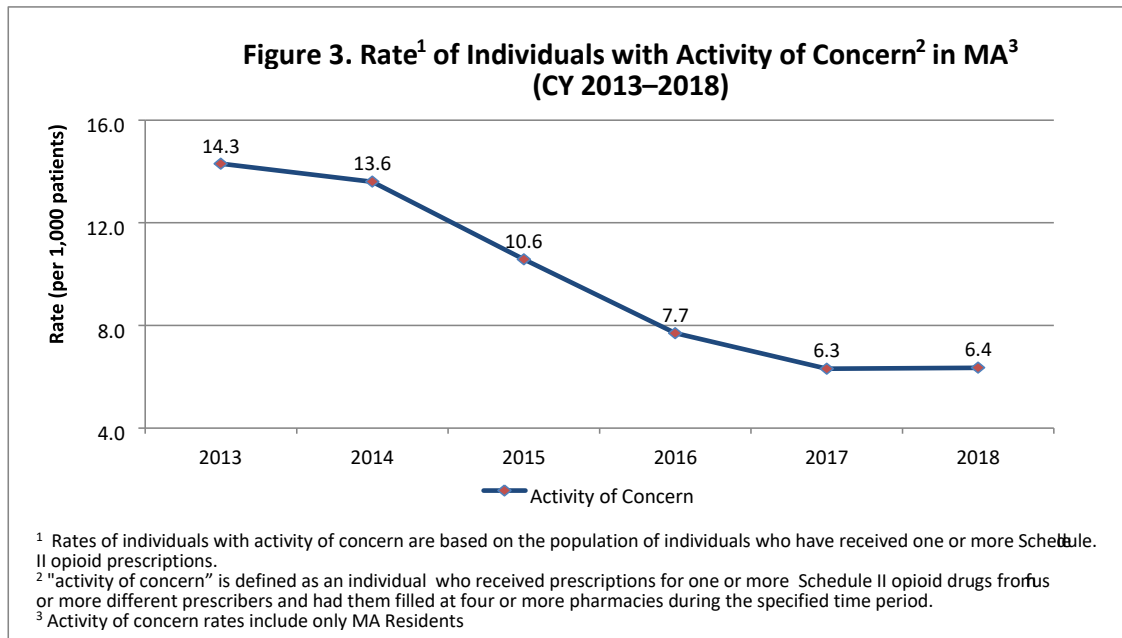
- Just over 246,000 individuals in MA received prescriptions for Schedule II opioids in the 4th Quarter of 2018; this is a small increase (of approximately 500 individuals) from the previous quarter and a 37% decrease from the 1st Quarter of 2015 (n = 390,532).



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- The rate of individuals with activity of concern (also referred to as multiple provider episodes) decreased from 14.3 to 6.4 per 1,000 individuals between CY 2013 and CY 2018, a 56% reduction in activity of concern. Between CY 2017 and CY 2018 the rates of individuals with activity of concern increased slightly from 6.3 to 6.4 per 1,000 patients; this may reflect greater stability in the rate moving forward.
- Potential contributors to the lack of continued decline of this rate may include an increase in multi-practitioner care teams, the continuing rise in specialty pharmacy that results in the use of multiple pharmacies by an individual to acquire medications, and law enforcement access to PMP data required a probable cause warrant as of 8/9/2018 (Ch. 208 of the Acts of 2018).



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Source

- Prescription Drug Monitoring Program, Bureau of Health Professions Licensure, MDPH