



MA Prescription Monitoring Program County-Level Data Measures (Calendar Year 2015)

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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 represent the highest potential for abuse (federal Schedules II – V, including certain narcotics, stimulants and sedatives) and are among those most sought for illicit and non-medical use. 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 cause 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. To ensure comparability with reports from previous years, the county-level measures presented in CY 2014 have excluded all HCD prescriptions rescheduled from III to II on and after October 6, 2014. Had they been included for all of CY 2014, that report would have shown an "artificial" increase of approximately 25% in the number of individuals who meet the "activity of concern" threshold while an "apples to apples" comparison shows a decrease of about 6.5% for this measure from CY 2013 to 2014.

Beginning with CY 2015 data, reports of Schedule II products will include all HCD prescriptions. The increase in "activity of concern" during CY 2015 is attributed to the rescheduling of hydrocodone combination drug products from Schedule III to II. Future trend reports summarizing opioid data after CY 2011 (when MA PMP began monitoring for Schedules III-V) will include all opioid drug products in Schedule III, allowing for "apples to apples" comparisons over time.

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	214,914	137,392	8,067,814	40,556	18.9	580	14.3
Berkshire	128,715	78,651	4,252,300	21,069	16.4	192	9.1
Bristol	554,194	374,469	22,865,727	96,777	17.5	1,174	12.1
Dukes	17,356	10,380	655,043	3,224	18.6	28	8.7
Essex	769,091	383,516	21,071,759	119,339	15.5	1,340	11.2
Franklin	70,862	48,034	2,844,907	12,345	17.4	125	10.1
Hampden	468,161	322,287	19,053,509	86,570	18.5	1,100	12.7
Hampshire	160,939	86,644	5,590,054	22,353	13.9	140	6.3
Middlesex	1,570,315	554,740	30,652,279	193,721	12.3	1,834	9.5
Nantucket	10,856	5,697	248,043	1,937	17.8	6	3.1
Norfolk	692,254	299,736	17,596,398	97,296	14.1	1,072	11.0
Plymouth	507,022	290,742	17,505,390	86,481	17.1	855	9.9
Suffolk	767,254	266,736	16,325,735	86,495	11.3	810	9.4
Worcester	813,475	446,695	28,955,230	127,374	15.7	1,273	10.0
MA	6,745,408	3,305,719	195,684,186	995,537	14.8	10,529	10.6

Note 1: Individuals with activity of concern "thresholds" for this report are based on a 12-month time period

Note 2: 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 from 4 different prescribers and filled at 4 different pharmacies.

Note 3: 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 07/08/2016

Note 4: National Center for Health Statistics. Postcensal estimates of the resident population of the United States for July 1, 2010-July 1, 2014, by year, county, single-year of age (0, 1, 2, ..., 85 years and over), bridged race, Hispanic origin, and sex (Vintage 2014).

Note 5: In the CY2013 and CY2014 reports, the MA state totals for "total schedule II opioid prescriptions," "total number of schedule II opioid solid dosage units," and "individuals receiving schedule II opioid prescriptions" include a small number of records that could not be assigned to a specific county because of errors in the address. In CY 2015, every effort was made to attribute prescription records and/or individuals to a specific county. In an effort to reduce confusion, any records that could not be assigned to a specific county were not included in the statewide totals.