

PMP indicators for the Washington Tracking Network

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This describes and displays indicators from the Prescription Monitoring Program (PMP) to display in the Washington Tracking Network (WTN) online data portal.

1. The prevalence of opioid use in the population. We computed the number of people, per 1,000 population, with at least one opioid prescription submitted to the Prescription Monitoring Program in a calendar quarter, excluding buprenorphine prescriptions. We computed the age and sex-adjusted prevalence, and the prevalence for each of the age groups 0–9, 10–17, 18–24, 25–34, 35–44, 45–54, 55–64, 65–74, and 75+.

If a person filled prescriptions while living in 2 different counties during a quarter, we counted them only once, and we counted them in the county where they lived when they filled their first prescription of the quarter. (We followed this practice for the other indicators also.)

2. The prevalence of chronic opioid use. We computed the age and sex-adjusted prevalence of people with at least 60 days supply of opioids prescribed in the current quarter, excluding buprenorphine prescriptions. The estimates were made as a proportion per 1,000 Washington residents per calendar quarter.
3. The prevalence of high-dose chronic opioid use at 3 levels of use. A high-dose chronic opioid user is a person who has filled prescriptions for at least 60 days supply of opioids during the quarter, and whose prescriptions provided a dose of 50 morphine milligram equivalents (MME)/day or more, or 90 MME/day or more, or 120 MME/day or more, averaged over the quarter. We compute MME/day by dividing the total MME dispensed during the quarter by the number of days in the quarter.
4. The prevalence of people with overlapping opioid and sedative prescriptions. A person has overlapping prescriptions if there is at least one day during the quarter when an opioid prescription and a sedative prescription overlap, according to the dates the prescriptions were filled and the days supply recorded in the PMP records. We exclude buprenorphine prescriptions.

A prescription is considered to overlap with another prescription if it is filled on or after the date the other prescription was filled, and on or before the date that prescription would have run out, according to the days supply on the PMP record.

This list of drugs is considered sedatives for the purpose of computing this indicator:

Alprazolam	Midazolam	Secobarbital
Chlordiazepoxide	Oxazepam	Carisoprodol
Clonazepam	Quazepam	Chloral Hydrate
Clorazepate	Temazepam	Eszopiclone
Diazepam	Triazolam	Meprobamate
Estazolam	Butabarbital	Suvorexant
Flumazenil	Butalbital	Zaleplon
Flurazepam	Mephobarbital	Zolpidem
Lorazepam	Phenobarbital	

5. The distribution of days supply for new opioid users. Among patients who are new opioid users in the current quarter, we computed the percent with an opioid prescription among these categories: 3 days supply or less, 4–7 days supply, 8–13 days supply, and 14 days supply or more. A new opioid user is a person who filled an opioid prescription in the current quarter, but did not fill an opioid prescription in the prior quarter. All authorized refills are included in the days supply, even if they were not filled. Buprenorphine prescriptions and opioid prescriptions prescribed for more than 59 days supply are excluded.

6. Age and sex-adjusted incidence rate of chronic opioid use. This is the proportion of the population who were new opioid users in the past quarter, and are chronic opioid users (with 60 or more days supply) in the present quarter. Buprenorphine prescriptions are excluded.
We tabulated county of residence at the time a person became a chronic user, even if they became a new user in a different county.
7. We plan to have an indicator that assesses the availability of buprenorphine-based opioid addiction treatment, but we have not computed it yet.

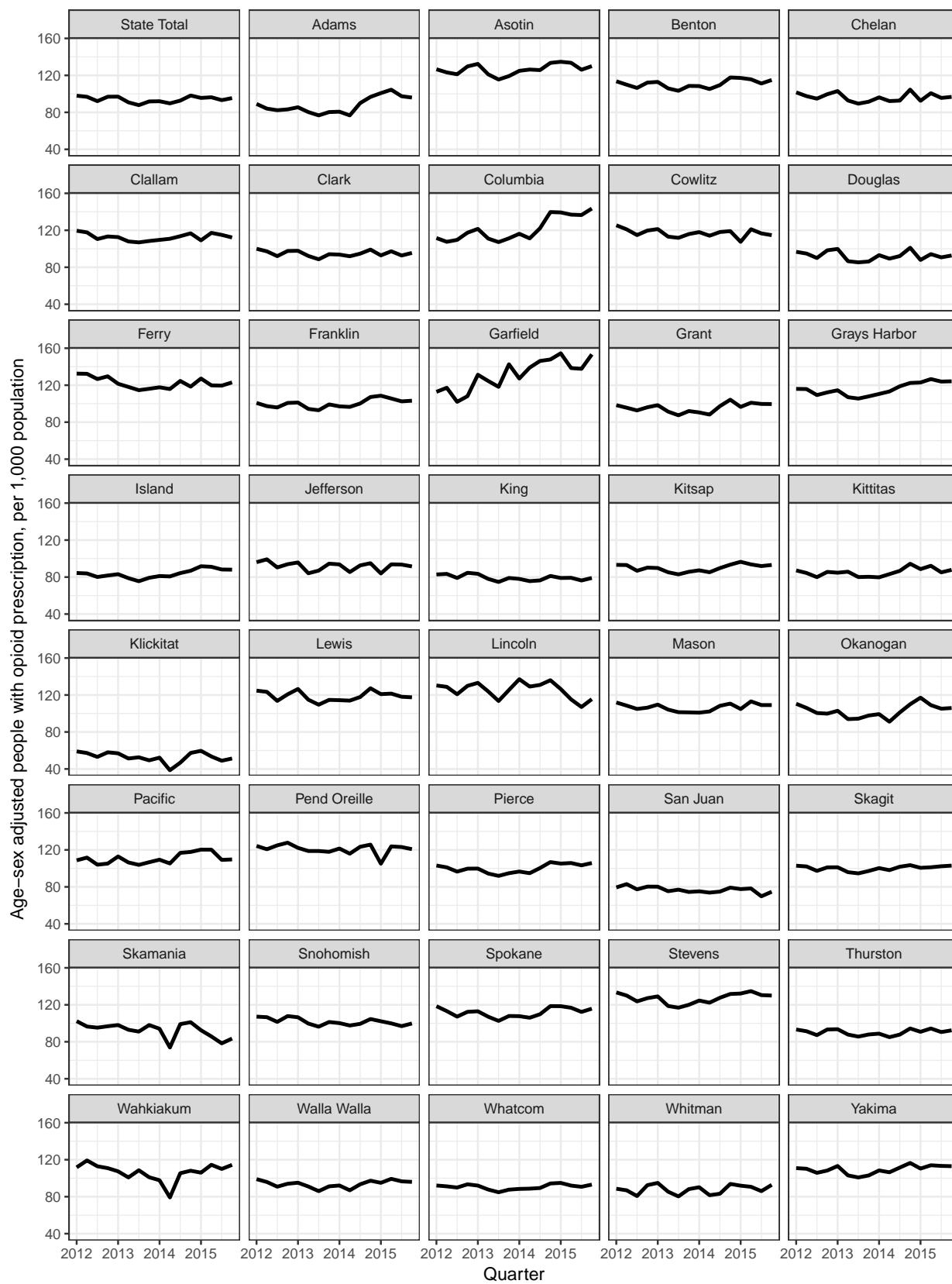


Figure 1: Age and sex adjusted prevalence of people with an opioid prescription, by county and quarter, 2012–2015, per 1,000 population.

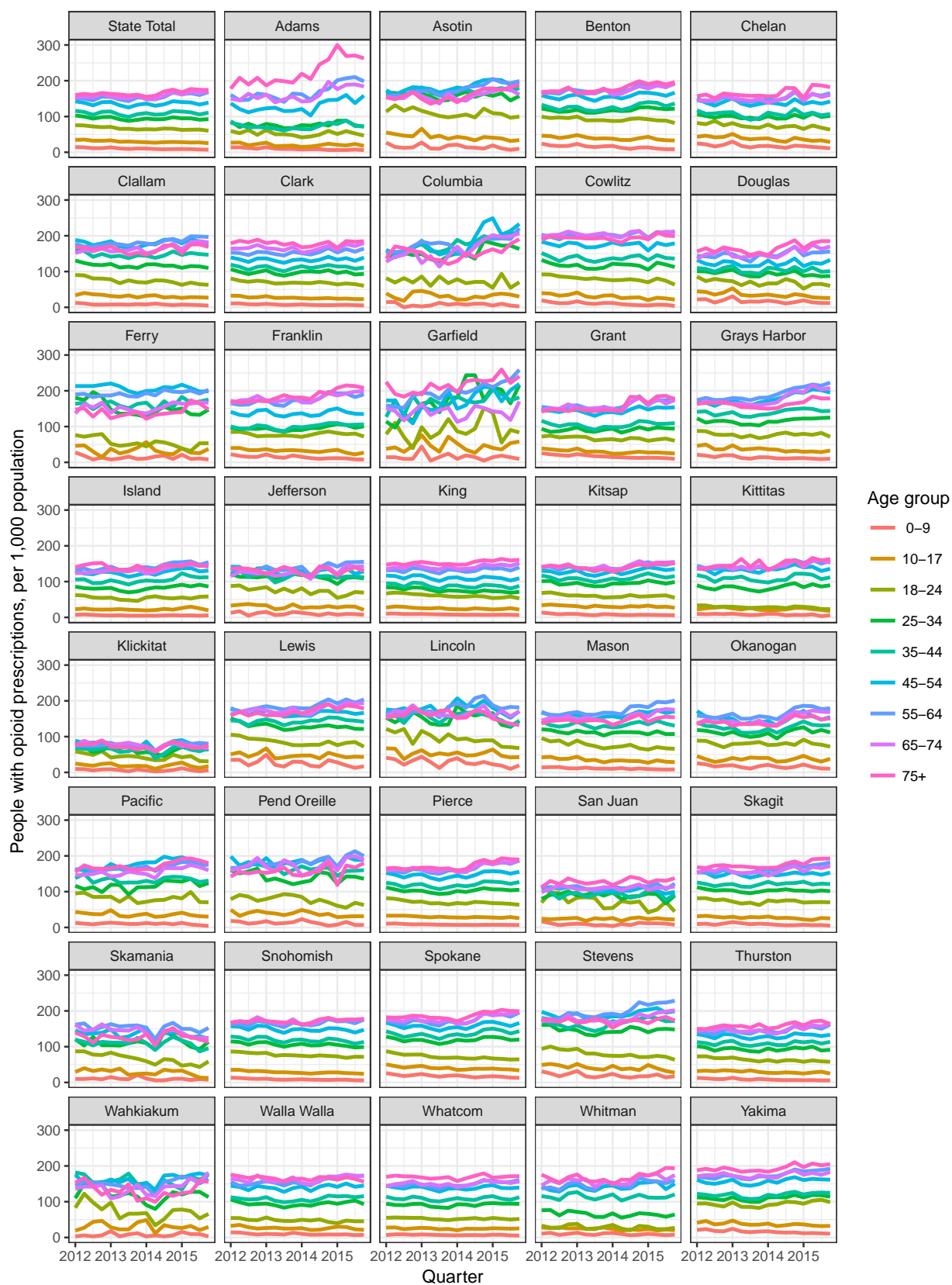


Figure 2: Metric 1: Prevalence of people with an opioid prescription, by age group, county, and quarter, 2012–2015, per 1,000 population.

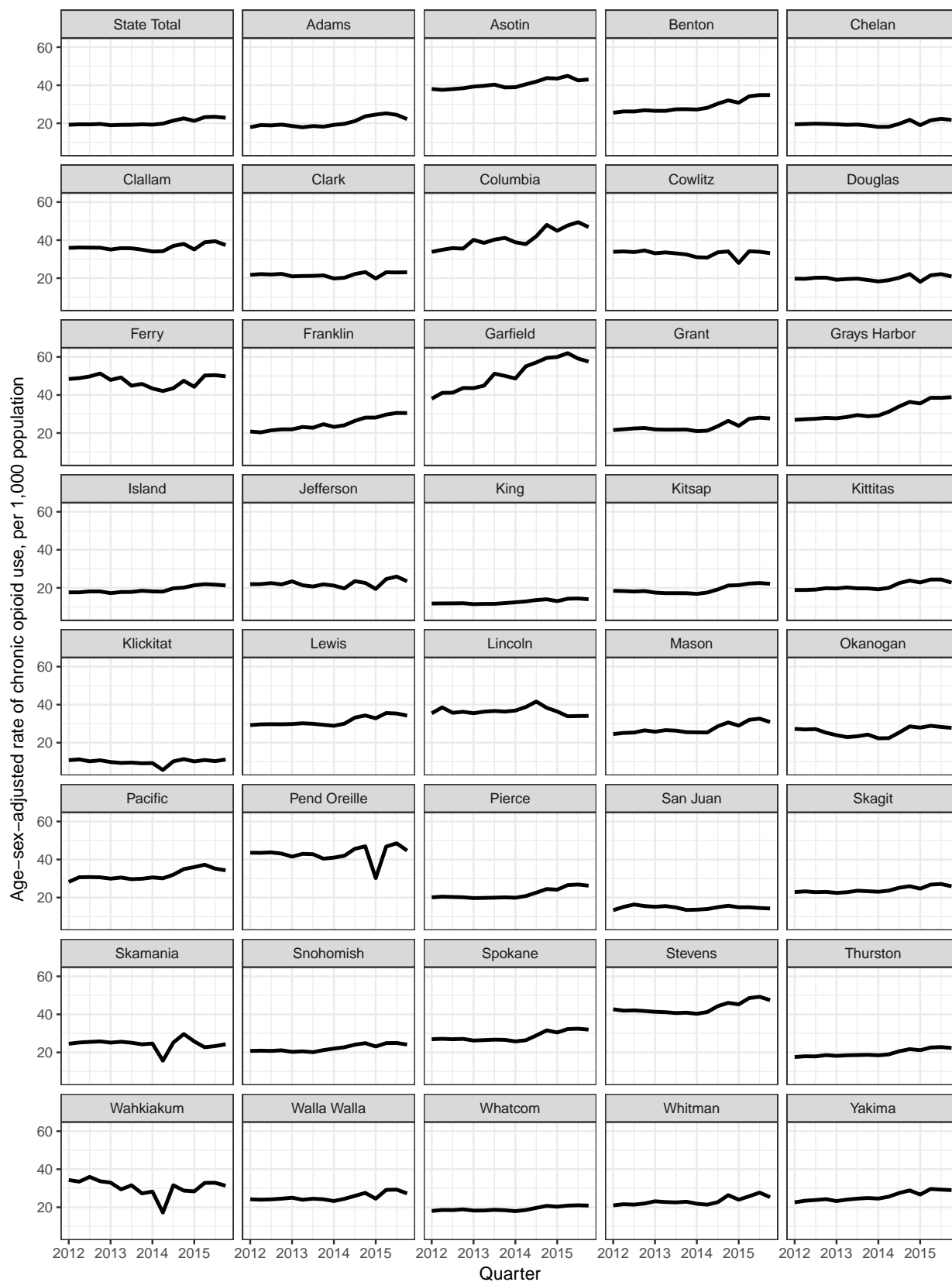


Figure 3: Metric 2: Age-sex adjusted prevalence of chronic opioid use, per 1,000 population, by county and quarter, 2012–2015.

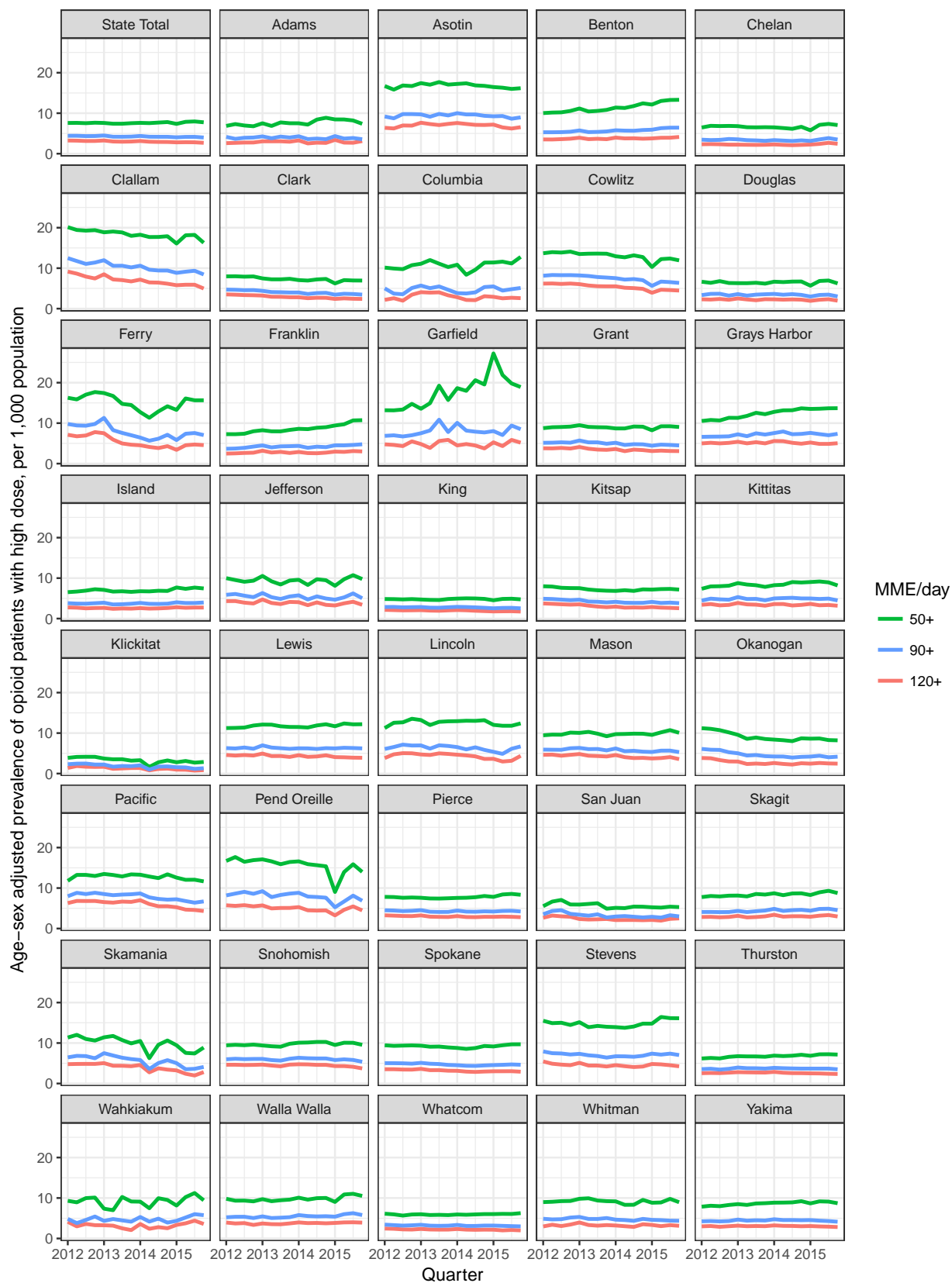


Figure 4: Metric 3: Age-sex adjusted prevalence of high-dose chronic opioid use of at least 50 MME/day, 90 MME/day, or 120 MME/day, per 1,000 population, by county and quarter, 2012–2015.

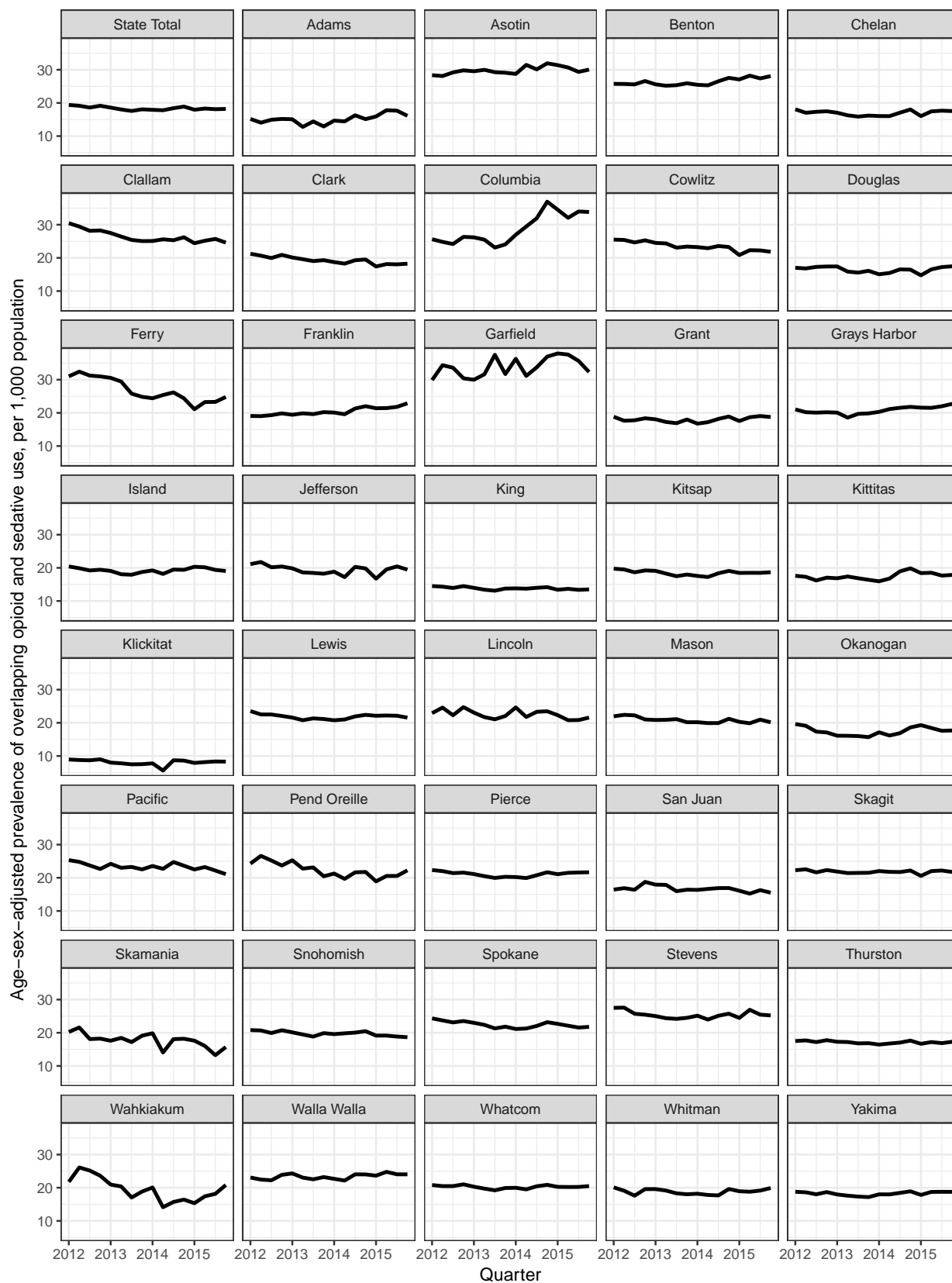


Figure 5: Metric 4: Age-sex adjusted prevalence of overlapping opioid and sedative use, per 1,000 population, by county and quarter, 2012–2015.

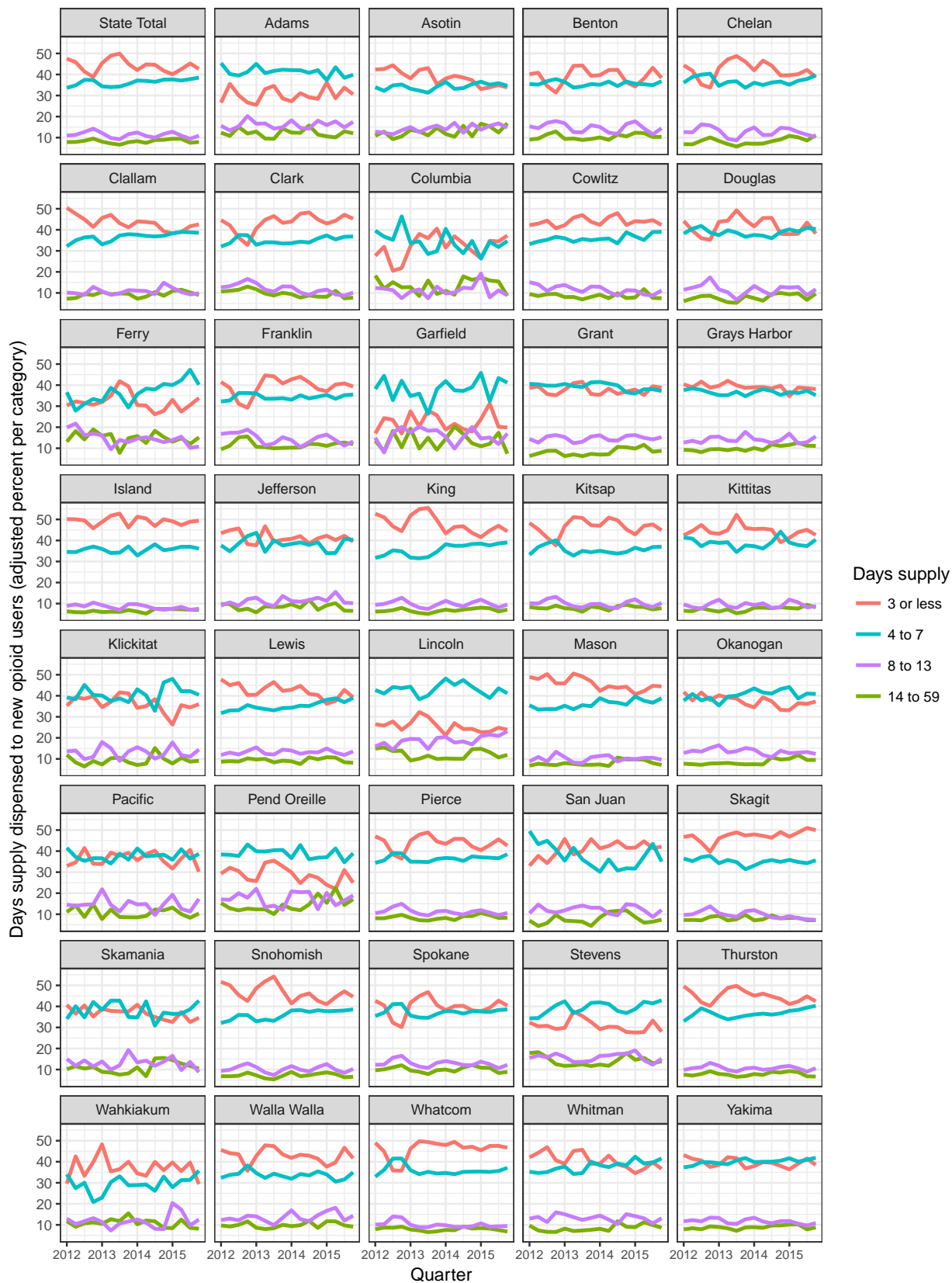


Figure 6: Metric 5: Percent of new opioid patients who were dispensed 3 days supply of opioids or less, 4–7 days supply, 8–13 days supply, or 14–59 days supply, by county and quarter, 2012–2015.

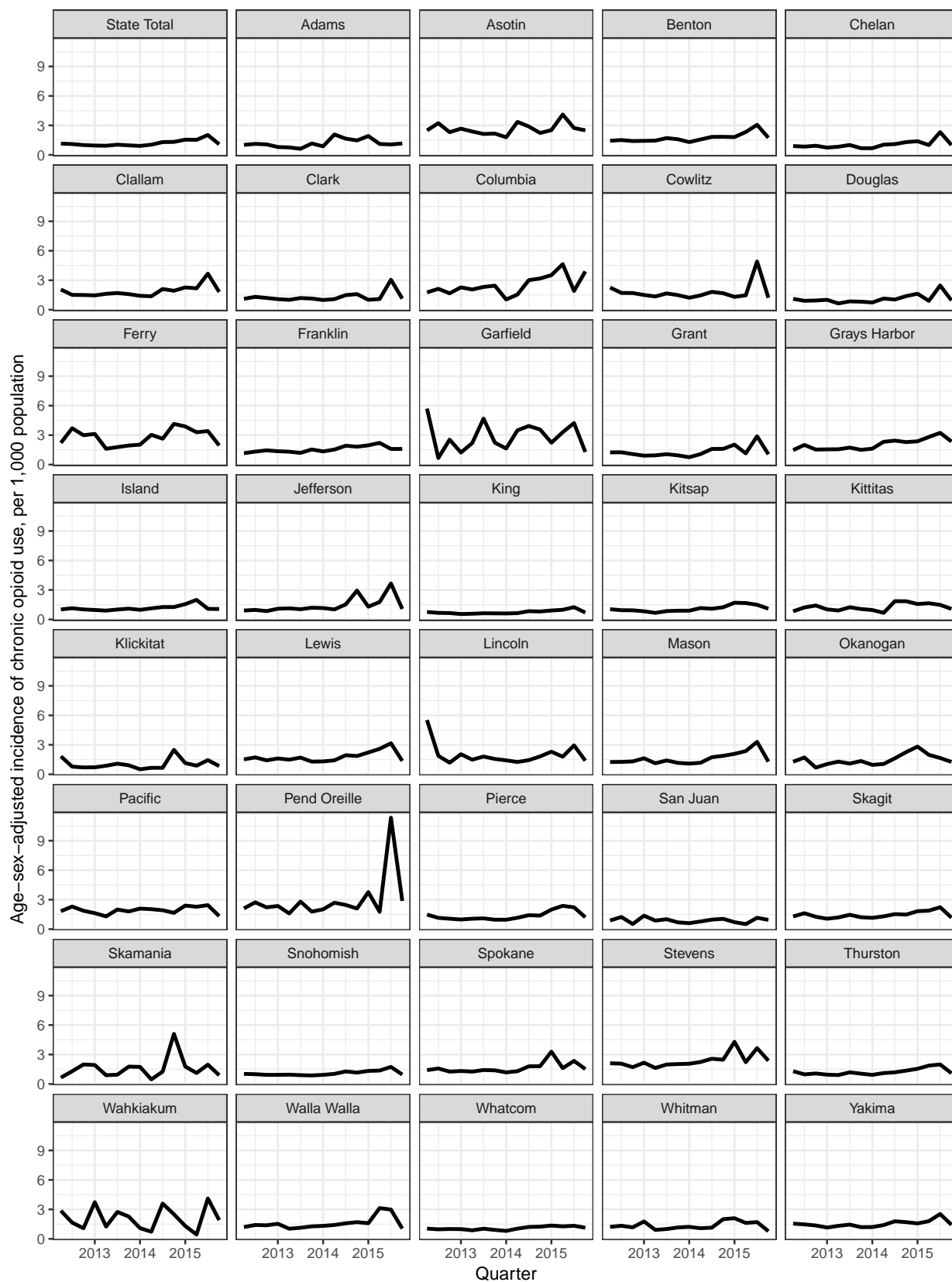


Figure 7: Metric 6: Age-sex-adjusted incidence of chronic opioid use, per 1,000 population, by county and quarter, 2012 (quarter 2)–2015.