



PDMP Brief – Q1 2021 – Clay County

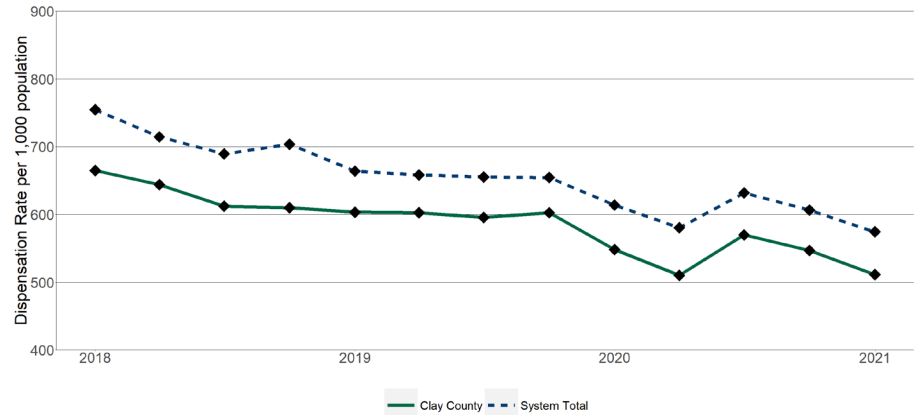
Opioid Dispensations

Clay County’s opioid dispensation rate was 511.3 per 1,000 people which is significantly lower than the total system (574.5 per 1,000 population).

Dispensations over Time

Dispensations in Clay County over time have been steady decreasing. Clay County has experienced a 6.5% decrease since Q4 2020, and a total 23.1% decrease since enrolling in the St. Louis County PDMP in Q1 2018. Figure 1 shows dispensation rates for Clay County and the total system.

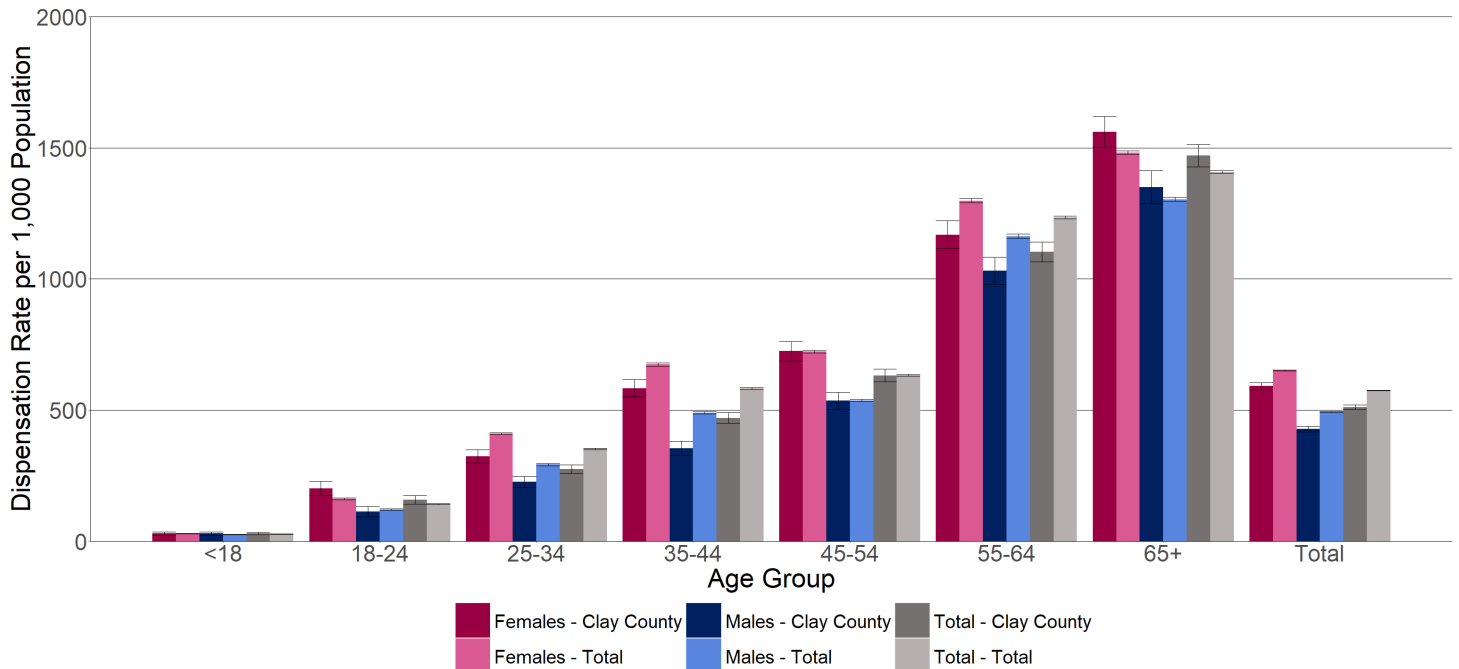
Figure 1. Opioid Dispensations in Clay County by Quarter



Dispensations by Age & Gender

Opioid dispensation rates increase as patient age increases. **Females received higher rates of opioid prescriptions than males** across most age groups as displayed in Figure 2. Across genders captured, Clay County residents aged 65+ received the highest rates of opioids compared to all other age groups – **about 1.5 opioid prescriptions per Clay County resident aged 65+**.

Figure 2. Opioid Dispensations per 1,000 by Age and Gender

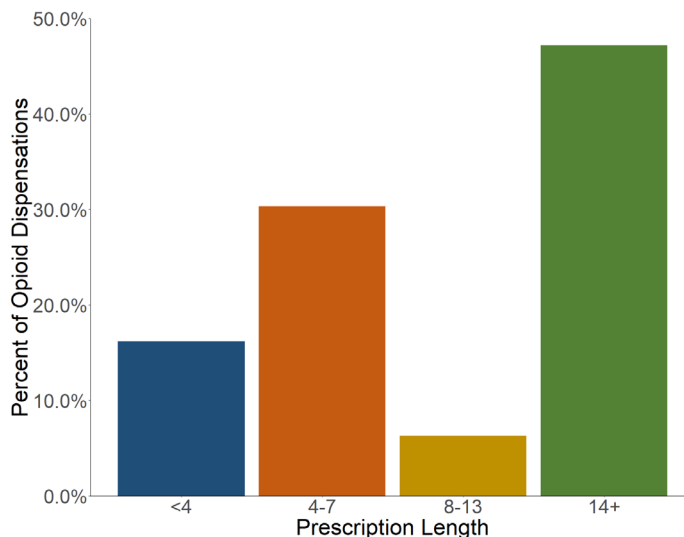




Dispensations by Prescription Length

The average day supply for opioid dispensations for residents in Clay County was 15.8 days, 8.5% less than the total system average of 17.2 days. Providers should limit the duration of prescribed opioids to 3 days or less for acute pain (including most post-surgical pain). Limiting initial prescriptions to 3 days reduces the patient’s risk for dependence or misuse (by the patient or others) if medication is leftover. If a patient needs more than 3 days of opioids, limit to 7 days and re-assess the patient’s condition at that time. As shown in Figure 3, **47.2% of dispensations for Clay County residents were for 14 days or more.**

Figure 3. Opioid Dispensations by Prescription Length



Clinical Alerts

Clinical alerts were introduced in September 2020 as tools for healthcare providers to identify patients potentially at risk for overdose or substance use disorders and prompt a supportive conversation between the patient and provider. The clinical alerts available in the PDMP are multiple provider episodes, overlapping opioid and benzodiazepine prescriptions, and daily opioid dosage (MME).

Provided below are the rates of dispensations that fall within the categories of dispensations with greater than or equal to daily 90 MME and dispensations resulting in the overlap of an opioid dispensation and a benzodiazepine dispensation, also referred to as co-prescribing. More information about the specific rates is below. Rates of multiple provider episodes are provided on an annual basis due to the threshold of that alert spanning over 6 months.

Daily 90 MME Rates

Prescribing the lowest effective dose of opioids can be an effective strategy to reduce the risk of overdose or development of opioid use disorder. **Clay County’s rate of dispensations greater than or equal to daily 90 MME was 33.2 per 1,000 population, 14.0% lower than the total system’s rate.**

Co-prescribing Rates

Patients on opioids who receive an additional prescription for a benzodiazepine are at increased risk of overdose. The PDMP can be used to review a patient’s prescription history and determine if the patient is receiving prescriptions from other providers that potentially put them at risk for overdose or substance use disorders if combined with an additional central nervous system (CNS) depressant. One provider writing both an opioid and benzodiazepine prescription puts the patient at the same risk as one provider writing an opioid prescription and a second provider writing a benzodiazepine prescription. **Clay County’s rate of co-prescribing opioids and benzodiazepines was 90.4 per 1,000 population, which is significantly lower than the total system co-prescribing rate of 117.5 per 1,000 population.**