Disparities in Initial Opioid Prescribing
A Healthy Metric 2022 Brief Report for Wisconsin

Executive Summary
In Wisconsin, initial opioid prescriptions for long duration (≥7 days) decreased overall from 2019 to 2021.

- Medicare and Medicaid rates for initial opioid prescribing for long duration are higher than commercial rates, and commercial rates have decreased more than public insurance.
- In a related analysis by the WHIO, there was no significant difference in initial opioid prescribing for long duration by the geographic areas evaluated.

Initial Opioid Prescribing for Long Duration

- **46%** in 2019
- **35%** in 2021

Initial Opioid Prescribing for Long Duration by Insurance Type

- **Commercial**: 39% in 2019, 20% in 2021
- **Medicaid**: 48% in 2019, 43% in 2021
- **Medicare**: 53% in 2019, 42% in 2021

Data includes adults in the Wisconsin Health Information Organization (WHIO) database who filled an opioid prescription in 2019, 2020, or 2021. Individuals with cancer, sickle cell disease or in hospice care at any point in the year were excluded.
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Background
Millions of Americans require opioids to manage their pain for a short period of time following medical procedures. However, the use of opioids for a longer period may increase the risk for opioid dependence or unused medication that is not properly disposed of. Opioid prescribing guidelines recommend limiting the initial supply of opioids to less than 7 days to decrease the likelihood of physical dependence without added benefit. Improving the way opioids are prescribed helps patients have access to safe, effective pain medication when it is needed while reducing these risks.

Health Disparities Indicators
People who are insured by the State of Wisconsin's Medicaid program must demonstrate a lower income level than is typical of a person with commercial insurance to be eligible for this government-funded insurance. In addition, many people who have Medicare insurance are retired and living on a lower, fixed income than when they were working. Lower income level is a known root cause of inequities in health outcomes. Therefore, comparing rates by the type of insurance a person has can be used to understand health care disparities. These rates can be used to inform future policies and programs for people with lower incomes.

Taking Action

Resources for Taking Action to Reduce Disparities
- Prescribing Opioids: Resources for providers
- Opioid Crisis and Pain Management
- Improving Opioid Prescribing Policy Brief
- What Works for Health: Opioid Prescribing
- The Community Guide: Opioid Prescribing

Questions to Consider for Taking Action
- Are all providers and patients aware of the risks of prescribing opioids for more than seven days?
- Are some patients more likely to be prescribed opioids for a longer period instead of using other pain relief solutions (e.g., surgery or physical therapy)?
- Are evidence-based guidelines available for the majority of indicated uses of opioids or is more research needed?
- Are some patients doing work that puts them at a higher risk of injury or chronic pain?
  - Are workplace safety guidelines being implemented?

About the Funders

Advancing A Healthier Wisconsin Endowment (AHW): Driven by a vision for a healthier Wisconsin, the Advancing a Healthier Wisconsin Endowment reaches statewide, propelling the most promising work and ideas to build a healthier Wisconsin for generations to come.

Wisconsin Partnership Program (WPP): WPP represents a far-reaching commitment by the University of Wisconsin School of Medicine and Public Health to greatly improve the health of people in Wisconsin for years to come.