EPICENTER | Epidemiology of Opioid Prescribing in Community Health Centers

• Term: 08/01/2018 – 04/30/2023
• Grantee: Oregon Health and Science University Department of Family Medicine
• Sub-recipient: OCHIN, Inc.
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Aim 1: To describe trends of opioid prescribing overall, by strength (morphine equivalence), formulation (long vs. short acting), chronicity of use (acute vs. chronic) and co-prescribing with benzodiazepines in safety net/community health centers and compare them with national trends.

Aim 2: To assess the relationship between opioid prescribing (including strength, formulation, chronicity, and co-prescribing with benzodiazepines) and multilevel factors such as patient-level demographics (race/ethnicity, sex, % federal poverty level, etc.) and diagnoses, community-level social determinants of health and clinic-level factors (size, rurality, provider type) in safety net CHCs.

Potential Impact

Ninety-one Americans die every day from an opioid overdose. This grew from and continues to be fueled by opioid overprescribing in health settings, and especially primary care. To truly understand opioid prescribing patterns nationally, it is essential to study the populations in which problematic prescribing is disproportionately concentrated, those who are impoverished, publicly insured, have greater mental health burden, and/or live in rural areas. These populations are known to be likely to receive primary care in CHCs. If we hope to prevent opioid overdose deaths, we must understand drivers of opioid prescribing in primary care practices serving high-risk patients. To that end, this study will analyze factors associated with opioid prescribing in CHCs in order to better inform interventions and guidelines targeted toward these high-risk patients and settings.