THE HERO(IN) WE NEED:
CREATING AN INTEGRATED OPIATE SURVEILLANCE SYSTEM
OBJECTIVES

- Macomb County Overview
- Safer Opioid Prescribing Practices Contract
- Opiate Community Health Assessment
- Surveillance System Development
- Partner Recruitment & Dashboard Design
- Exercise
COUNTY PROFILE

- 864,840 population
- 12% under the poverty level
- 14% uninsured

Racial Composition of Macomb

- White: 81.99%
- Black or African American: 11.15%
- American Indian and Alaska Native: 0.44%
- Asian: 0.31%
- Native Hawaiian and Other Pacific Islander: 2.36%
- Some Other: 0.02%
- Two or More Races: 0.44%
- Hispanic or Latino
OPIOIDS’ INVOLVEMENT

2014-2017 Drug-Related Deaths by Opioid Involvement

- **Opioid Inclusion**: If toxicology included fentanyl, a fentanyl analog, heroin, methadone, hydrocodone, morphine, buprenorphine, tramadol, codeine, oxycodone, U-47700, hydromorphone, or unspecified opiate/opioid.
DEATHS BY YEAR BY DRUG

Between 2016 and 2017
- ↑ 6% total drug deaths
- ↓ 11% heroin-related deaths
- ↑ 38% fentanyl-related deaths

317 opioid deaths in 2017 alone

* Total “heroin related deaths” are deaths due to either heroin alone or heroin in combination with other drugs or alcohol.

** The “other” category are deaths due to illicit drugs (excluding heroin), prescription drugs in combination with other drugs or alcohol (excluding heroin), and other ingested, injected or inhaled substances.

*** From 2011-2013 Fentanyl Deaths were included in Prescription Medication Deaths.
HISTORY

MDHHS

Surveillance System

Community Stakeholders

MCHD

Opiate Community Health Assessment

MAPS Education
OPIOID COMMUNITY HEALTH ASSESSMENT

**Numeric**
- Death records
- Medical Examiner data
- Ambulance utilization
- Hospital admissions
- Law enforcement interactions

**Conversational**
- Surveys to physicians
- Focus groups
  - Recent Users
  - EMS
  - Friends and Family
  - Youth
In order to provide the services that people will want and use in Macomb, we first had to identify the need.

April 26th to May 31st, 2018

41 Unique Participants
- Friends and Family
- People with SUD in Recent Recovery
- Youth
- First Responders
FOCUS GROUP DESIGN

- Recruitment Method
- Session Set-up
- Question Methodology
  - Overdose Experiences
  - Perceived Community Trends
  - Naloxone/Narcan
  - How can the Health Department help?

**OPIATE FOCUS GROUP**

Do you have a loved one who is in recovery for or currently using opiates?
The Macomb County Health Department will be leading a few group conversations with people that are in recovery for opiate use. A one-hour chat that will take place over the course of one hour. The focus group will give you an opportunity to voice your ideas and opinions on the impact of opioids in Macomb County. We would like to know attitudes, behaviors, and knowledge of opioids and treatment within the county. Attendance, discussion, and notes taken will be anonymous.

A complete lunch will be provided.

**PLEASE JOIN US**

**OPIATE FOCUS GROUP**

**BY THE MACOMB COUNTY HEALTH DEPARTMENT**

**THURSDAY, MAY 17TH**
**12:30 PM TO 2:00 PM**
CARE OF SOUTHEASTERN MICHIGAN
31900 UTICA RD, FRASER, MI 48026

The Macomb County Health Department will be leading a few group conversations with people that are in recovery for opiate use. A one-hour chat that will take place over the course of one hour. The focus group will give you an opportunity to voice your ideas and opinions on the impact of opioids in Macomb County. We would like to know attitudes, behaviors, and knowledge of opioids and treatment within the county. Attendance, discussion, and notes taken will be anonymous.

A complete lunch will be provided.

FOR MORE INFORMATION CONTACT: Melissa Bouch @ (586) 469-8581

**May 22, 2018 12:30 PM TO 2:00 PM**
CARE OF SOUTHEASTERN MICHIGAN
31900 UTICA RD, FRASER, MI 48026
Overall (n = 41) | Recent User (n = 7) | EMS (n = 8) | Friends and Family (n = 20) | Youth (n = 6)
---|---|---|---|---
**Age, n (%)**
20-29 | 2 (4.9) | 2 (28.6) | 0 (0.0) | 0 (0.0)
30-39 | 5 (12.2) | 3 (42.9) | 1 (12.5) | 1 (5.0)
40-49 | 5 (12.2) | 1 (14.3) | 1 (12.5) | 3 (15.0)
50-59 | 17 (41.5) | 1 (14.3) | 6 (75.0) | 10 (50.0)
60+ | 4 (9.8) | 0 (0.0) | 0 (0.0) | 4 (20.0)
Not Reported | 8 (19.5) | 0 (0.0) | 0 (0.0) | 2 (10.0)
**Gender, n (%)**
Female | 26 (63.4) | 2 (28.6) | 2 (25.0) | 16 (80.0)
Male | 15 (36.6) | 5 (71.4) | 6 (75.0) | 4 (20.0)
**Race, n (%)**
African American | 1 (2.4) | 1 (14.3) | 0 (0.0) | 0 (0.0)
White | 31 (75.6) | 6 (85.7) | 8 (100.0) | 17 (85.0)
White, Hispanic | 1 (2.4) | 0 (0.0) | 0 (0.0) | 1 (5.0)
Not Reported | 8 (19.5) | 0 (0.0) | 0 (0.0) | 6 (100.0)
KEY RESULTS

- Perception of current situation:
  - Opioid misuse disorder is common
  - Moral failing vs. Brain disease
  - Trauma, medical prescriptions, loved ones
  - People go in and out of treatment many times
  - Fentanyl is sought after

- Suggestions for intervention:
  - Student and parent education
  - PSAs for addiction awareness and getting help
  - Prescribers use alternatives to opioids
  - Improve publicity for Narcan and other resources
“It’s not just the homeless, it’s not just them anymore; it’s surrounding us. It’s our neighbors, maybe our neighbors kids’, maybe in our own families. It’s in our workplace, our coworkers, their kids, it’s a radically different demographic of who is addicted these days.”

“My son had a tooth pulled last week and the dentist wrote 30 Narco, just for having a tooth pulled. I’m like, can you just have Motrin 800 and call it good? You know I’m not going to start giving him that. He’s 17. That’s what starts it all ‘cuz they don’t really think about it.”

“Awareness. Because the stuff on the streets right now - you’re dead. It’s not even heroin right now. More awareness. More outreach. Sometimes you gotta scare ‘em. Having somebody tell me their experience - I think it’d be helpful because it will destroy their lives.”
NEXT STEPS

- Education implementation
- Stigma reduction campaign
- Prescriber and first responder awareness
- Resource Map
- Overdose Surveillance System
ROADMAP TO SURVEILLANCE
GUIDING PRINCIPLES
Why do you want to develop an opioid surveillance system?

What do you plan to do with the data you’ve collected?
SURVEILLANCE SYSTEM

WHAT

- Integrated surveillance system
- Multiple data sources
- Passive syndromic

WHY

- Track occurrence of
  - Overdoses
  - Naloxone usage

IMPACT

- Unified, holistic view of drug use in Macomb County
- Demographics, time of incident, dosage, location
DEFINITIONS

Opioid interaction
- Overdose
- Naloxone discharge
- Possession
- Suicide attempt
- Medication complication

Infectious Disease

Injury or NCD
CASE DEFINITIONS

- Needs to be clearly stated and easily understood
- Use comparable definitions as those used elsewhere
- Contain a clear statement of the following:
  - Person
  - Place
  - Time
  - Age grouping
  - Severity or outcome
  - Optional: Injury Code

Injury category
Specificity: Cause, Anatomic Site, Severity
Encounter
DESIGN ON THREE LEVELS

- Evaluation
- Stakeholder Engagement
- Performance Functionality
FINDING THE DATA

MORTALITY
- Death Certificates
- Medical Examiner’s Office

MORBIDITY
- Treatment or Rehabilitation Centers
- Hospitalization Records
- Emergency Department Admissions
- EMS Calls

USAGE
- Prison or Jail
- Police Reports
- Anecdotal
- Transportation Office
EVALUATING DATA SOURCES

Jurisdiction

Objective

Collection methods

Transmission & storage

Usefulness

Representative

DATA

Accuracy

Totality

Simplicity

Timeliness
## FINDING THE DATA

<table>
<thead>
<tr>
<th>MORTALITY</th>
<th>MORBIDITY</th>
<th>USAGE</th>
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<td>Death Certificates</td>
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<td>Prison or Jail</td>
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<tr>
<td>Medical Examiner’s Office</td>
<td>Hospitalization Records</td>
<td>Police Reports</td>
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<td>Emergency Department Admissions</td>
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# RELATIONAL DATABASE

## STORE

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<td>2</td>
<td>Chicago</td>
<td>Central</td>
</tr>
<tr>
<td>3</td>
<td>Atlanta</td>
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<td>4</td>
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<td>West</td>
</tr>
<tr>
<td>5</td>
<td>San Francisco</td>
<td>West</td>
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## PRODUCT

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<td>MKF Studios</td>
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<tr>
<td>2</td>
<td>Toy Story</td>
<td>Wolf</td>
</tr>
<tr>
<td>3</td>
<td>Sense &amp; Sensibility</td>
<td>Parabuster</td>
</tr>
<tr>
<td>4</td>
<td>Holiday of the Year</td>
<td>Wolf</td>
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<tr>
<td>5</td>
<td>Pulp Fiction</td>
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## SALES_FACT

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<td>3</td>
<td>7</td>
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<td>2</td>
<td>4.77</td>
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<td>2.93</td>
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<td>5</td>
<td>3</td>
<td>11.93</td>
<td>4.59</td>
<td>7.37</td>
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</table>
ONE KEY TO UNLOCK THEM ALL

- It uniquely identifies the observation
  - May be one variable or many

- Want to find a key that identifies a person as they move throughout different data sources
  - Created a surrogate key

SK = DOB + LNAME + ZIPCODE + EMS#
- Ensuring deduplication
- Algorithms to link individuals
- Ensure your data is informing action
  - Stakeholder summaries
  - Set analytical frequency
- It's not necessary to be all-encompassing
BUILDING PARTNERSHIPS

- Use of local coalitions
  - Foster a data committee
  - Take inventory of existing data
  - Identify gaps and plan recruitment

- Utilize champions
  - Public spokespersons
  - Link groups together

- Ensure leadership commitment

Who would contribute to success of system?
- Who has access to data sources you need?
- What is the quality of their data?
- What other support do you need?
- Whose objectives overlap with yours?
- Can you share or link data?
- What expertise do you need?
- Are there existing systems?
IMPACT DEMONSTRATION

Targeted public health education

Smarter law enforcement

Better allocation of medical resources

Identification of overdose hotspots

Prevention ➔ Treatment

Action ➔ Action
Follow national standards for sharing of PHI

45 CFR 164.512(b) -- the HIPAA Privacy Rule
- Allows for covered entities to disclose PHI without authorization to local health departments
- Conduct public health surveillance with respect to opiate overdoses, naloxone deployment, and drug-related deaths

Data will be transmitted via Cleo Unify & Trust
- Securely exchange information both inside + outside company firewalls
- Each institution gets unique login and folder
SAFEGUARDING THE SYSTEM

- Schedule for backing up data and files
- Secure environment for records
- Written requests for emergency maintenance
- Document all maintenance
- Limit access
- Data encryption
- HIPAA Protection
- Protocols
ANALYTICAL PLANS

- Aim for multiple levels
  - Events
  - Risk factors

- Do you want a spatial component?
  - Need for masking
  - Interactive or static

- Ensure benefit to stakeholders

Models

Spatial

Counts, rates, proportions
REPORTING YOUR FINDINGS

Recipients
- Stakeholders
- Decision-makers
- Law enforcement
- School officials
- Hospital and ED
- Health clinics
- Treatment centers or halfway houses
- Academics
- Grassroots organizations or nonprofits

Message
- Data
- Explanation of importance
- Education
- Sample interpretations
- Dynamic or interactive
- Recommendations for intervention
- Current actions of the organization

Delivery
- Newsletters
- Public Safety Announcements
- Press Releases
- Social media blasts
- Annual reports
- Newspapers
- Websites
- Presentations
OPIATE SURVEILLANCE
Health Department

OPIATE DASHBOARD

- 2016 Opioid Deaths
- 2016 Opioid ED Visits
- 2016 Naloxone Deployments
- 2016 Opioid Prescriptions

NEWSROOM
Proin ut placerat sapien
Aenean accumsan magna gravida, suscipit nulla sagittis, ullamcorper nulla. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia Curae; Fusce pellentesque elit blandit, rhoncus metus nec, consectetur tellus.

Proin cursus diam at tortor facilisis blandit
Mauris egestas mi massa, id venenatis fells hendrerit dapibus. Morbi eros du, venenatis a nulla dapibus, volutpat cursus enim.

Proin ut placerat sapien
Aenean accumsan magna gravida, suscipit nulla sagittis, ullamcorper nulla. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia Curae; Fusce pellentesque elit blandit, rhoncus metus nec, consectetur tellus.

Proin cursus diam at tortor facilisis blandit
Mauris egestas mi massa, id venenatis fells hendrerit dapibus. Morbi eros du, venenatis a nulla dapibus, volutpat cursus enim.
**OPIATE SURVEILLANCE**

**Health Department**

**COUNTY**

- **380** Drug-related deaths, 2017
- **317** Opioid-related deaths, 2017
- **TBD** Overdose ED Visits, 2017
- **488** Naloxone Encounters, 2017

**Medical Examiner Drug-Related Cases**

- **Heroin-related**
- **Prescription medication**
- **Fentanyl-related**
- **Total**

*Data provided from Macomb County Medical Examiner's Office on local deaths that are opioid related within the boundaries of Macomb County (not limited to the jurisdiction of the Medical Examiner).*
DASHBOARD COMPONENTS

- Introduction
- Risk factors
- Data definitions
- Partners
- Actions or programs related to the data
- Resources

May be beneficial to provide sample interpretations
EXERCISE
TWO SCENARIOS

You help submit zoonotic surveillance data to the CDC each week from your county. You get aggregated bimonthly area reports from the CDC bimonthly, but decide to create your own report.

1. What three tables do you want a week?

2. You find 6 rabid raccoons in one neighborhood. The info will be reported in the monthly newsletter. Is this sufficient?

You decide to evaluate the National Youth Risk Behavior Survey on the section that looks at obesity and physical activity.

Evaluate it on:
- Usefulness
- Simplicity
- Flexibility
- Quality
- Acceptability
- Representativeness
POSSIBLE ANSWERS

**TABLE CREATION**

- Number of reported cases this week, disease by county
- Number of reported cases, disease by week
  - Overlay with prior years’ patterns
- Number of reported cases for past 4 weeks, disease by year

- Probably not. Lots of people don’t read newsletters, and not everyone gets them. You might need to call the local agency, healthcare providers, or veterinarians.

**TABLE CREATION**

- Usefulness
  - Used to create awareness
  - Downloadable data
- Simplicity
  - Labor-intensive data collection
  - No participant follow-up needed
- Flexibility
- Quality
  - Good questions on physical activity
- Acceptability
  - Could use more outreach to schools
- Representativeness
  - Both public and private schools

Usefulness: HIGH
Simplicity: MEDIUM
Flexibility: MEDIUM
Quality: HIGH
Acceptability: MEDIUM
Representativeness: HIGH
There's an accident on 696. Three cars have collided, and a fourth has flipped. You have received data from three sources:

- Police incident report
- EMS record
- Hospital health record

How would each source’s mission influence or impact the information they collect?

<table>
<thead>
<tr>
<th>Source</th>
<th>Objective</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td>How did this happen?</td>
<td>Circumstances surrounding the crash</td>
</tr>
<tr>
<td>EMS</td>
<td>How do I keep them alive?</td>
<td>Initial diagnosis and immediate stopgap measures</td>
</tr>
<tr>
<td>Hospital</td>
<td>How do I treat this person?</td>
<td>Final diagnosis, treatment options and actions</td>
</tr>
</tbody>
</table>
THANK YOU
<table>
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<th></th>
<th>Overall (n = 1230)</th>
<th>2005 (n = 78)</th>
<th>2006 (n = 87)</th>
<th>2007 (n = 108)</th>
<th>2008 (n = 106)</th>
<th>2009 (n = 107)</th>
<th>2010 (n = 109)</th>
<th>2011 (n = 97)</th>
<th>2012 (n = 132)</th>
<th>2013 (n = 147)</th>
<th>2014 (n = 167)</th>
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<tr>
<td>Male</td>
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<td>74 (68.5)</td>
<td>80 (75.5)</td>
<td>79 (73.8)</td>
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<td>69 (71.1)</td>
<td>100 (75.8)</td>
<td>111 (75.5)</td>
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<td>86 (93.5)</td>
<td>82 (94.3)</td>
<td>107 (99.1)</td>
<td>101 (95.3)</td>
<td>102 (95.3)</td>
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