OPIOID EMERGENCY RESPONSE TEAM – DATA COMMITTEE

COORDINATING: S.C. Department of Alcohol and Other Drug Abuse Services, S.C. Emergency Management Division

PRIMARY: S.C. Department of Health and Environmental Control; S.C. Law Enforcement Division; S.C. Department of Public Safety; S.C. Department of Health and Human Services; Atlanta-Carolinas High Intensity Drug Trafficking Area (HIDTA); S.C. Revenue and Fiscal Affairs Office; S.C. Department of Corrections

SUPPORTING: S.C. Department of Social Services; S.C. Department of Probation, Parole and Pardon Services; S.C. Department of Juvenile Justice; S.C. Governor's Office; S.C. Department of Mental Health; S.C. Public Employees Benefit Authority; Blue Cross Blue Shield of South Carolina, S.C. Hospital Association; S.C. Medical Association; S.C. Coroner's Association; Palmetto Poison Center

I. INTRODUCTION

A. The need for comprehensive and accurate opioid-related data is critical to both understanding prescription drug misuse and illicit drug use in South Carolina, as well as measuring the success of the goals and objectives set forth in the South Carolina Opioid Emergency Response Plan (SCOERP).

B. Data sharing among all levels of government and the private sector is paramount to addressing the opioid epidemic.

C. A shared data dashboard accessible to the public is a requirement of the Opioid Emergency Response Team (OERT) and the SCOERP.

II. PURPOSE

A. Collect statewide opioid data to assess the opioid epidemic through pre-defined data metrics at the state and county levels and provide this information to the public through an online dashboard.

B. Utilize data to inform progress in each focus area against goals and objectives in order to sustain or modify program delivery.

C. Data-driven engagement and outreach uses analytics to segment populations and drive targeted messaging to reduce the opioid threat.

III. SCOPE

A. Identify the state agency partners and current datasets pertaining to opioid use and misuse in South Carolina.

B.   Define the data metrics required to analyze the progress of the OERT in meeting the goals and objectives set forth in the SCOERP.

IV.   ASSUMPTIONS

A.   Data on the total number of individuals using opioids, illicit or prescribed, does not currently exist; therefore, datasets on known treatment (payer source, insurance, Medicaid/Medicare), illicit use or possession (law enforcement interaction/discovery), vital statistics, and naloxone / reversal medication administrations are the best available data.

B.   Data may be incomplete or misleading based on a variety of reasons:

1.   Data may be reported by "event" or by number of opioids in the system of an individual. Collection methods vary across the state from jurisdiction to jurisdiction and among state agencies.

2.   Not all officers in the state are trained on or carry Narcan (i.e., naloxone). Not all law enforcement agencies participate or provide data on seizures, lab work, etc., to a centralized database or agency.

3.   Drug identification may not be performed by EMTs, law enforcement, or in some medical settings. In some cases, drug identification may be incorrect or misleading. Toxicology is not always performed for cause of death by coroners, especially in children.

4.   Medical claim (payer) data may be incomplete or not timely due to lags in the claim system.

C.   Data prior to 2016 used different medical codes and collection methods; therefore, data will only be used from January 1, 2016, and beyond.

V.   SITUATION

A.   The opioid problem must be addressed using a range of strategies.

B.   The only way to effectively measure the strength and execution of these strategies is to capture opioid data statewide using common methodologies, metrics, and indicators.

C.   South Carolina opioid data can be compared year to year to determine success of strategies and the SCOERP. The state data can also be compared with national figures to determine our success nationally.

D.   Data will enable the identification of potential social and medical determinants for opioid dependency that will aid in the development of better prevention systems.

E.   Predictive analytic models can use data with actual claims data to identify patients at risk for or struggling with opioid use disorder.

VI.   CONCEPT OF OPERATIONS

A.   The S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS) and the S.C. Emergency Management Division (SCEMD) are the lead agencies for the OERT Data Committee responsible for organizing, collecting, and displaying opioid-related data and metrics, to include the provision of a publically accessible online opioid data dashboard.

B.   SCEMD and DAODAS will coordinate with primary and support agencies to review and collect their opioid-related data for inclusion in the data dashboard.

C.   The OERT Data Committee will:

      1.   Share data to accurately depict the opioid crisis in South Carolina.

      2.   Attend meetings where data will be discussed and evaluated for inclusion in the opioid metrics and dashboard. Meetings will be held at least quarterly.

      3.   Provide information on data limitations and work together to address issues with data-collection consistency at the state level.

      4.   Share agency opioid points of contact and web page addresses with the group for inclusion in the dashboard and other reference materials.

      5.   Exploit the expert resident in each organization to generate solutions to support and enhance the data dashboard.

D.   The OERT Data Committee may request specific information from state agencies and local jurisdictions to assist with identifying data and metrics related to opioids to strengthen existing analysis and statistics.

VII.   ROLES AND RESPONSIBILITIES

A.   S.C. Department of Alcohol and Other Drug Abuse Services

      1.   Co-Chair the OERT Data Committee.

      2.   Host the dashboard on the "Just Plain Killers" website (www.justplainkillers.com).

3. Attend OERT Data Committee meetings.

4. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.

5. Provide, as required, briefs to the OERT Principals Group.

6. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, the number of patients with opioid use disorder.

7. Share data trends that would assist focus-area groups in measuring effectiveness of program delivery as needed.

8. Maintain the OERT Data Committee Attachment.

B. S.C. Emergency Management Division

1. Co-Chair the OERT Data Committee.

2. Host meetings of the OERT Data Committee.

3. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.

4. Provide, as required, briefs to the OERT Principals Group.

5. Maintain the OERT Data Committee Attachment.

C. S.C. Department of Health and Environmental Control

1. Attend OERT Data Committee meetings.

2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.

3. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, vital statistics (deaths related to drug overdoses, opioids, prescription drug overdoses, heroin, methadone, and cocaine), SCRIPTS data (number of opioid prescriptions dispensed per 1,000 residents, number of benzodiazepines dispensed per 1,000 residents, and number of stimulants dispensed per 1,000 residents), Narcan data (number of naloxone administrations via EMS and law enforcement), and incidence of Hepatitis C cases.

4. Share data trends that would assist focus-area groups in measuring effectiveness of program delivery as needed.

D. S.C. Law Enforcement Division

1. Attend OERT Data Committee meetings.

2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.

3. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, number of traffic fatalities including an opioid, number of DUIs related to an opioid, and number of child fatalities containing an opioid.

4. Share data trends that would assist focus-area groups in measuring effectiveness of program delivery as needed.

E. S.C. Department of Public Safety

1. Attend OERT Data Committee meetings.

2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.

3. Continually assess internal data-collection efforts to determine if there are agency metrics that should be included in the data dashboard.

F. S.C. Department of Health and Human Services

1. Attend OERT Data Committee meetings.

2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.

3. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, number of patients with an opioid use disorder and number of providers dispensing naloxone.

4. Share data trends that would assist focus area groups in measuring effectiveness of program delivery as needed.

G. Atlanta-Carolinas High Intensity Drug Trafficking Area (HIDTA)

1. Attend OERT Data Committee meetings.

2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.

3. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, total quantity of reported seized opioid drugs.

H. S.C. Revenue and Fiscal Affairs Office

1. Attend OERT Data Committee meetings.

2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.

3. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, all drug overdose hospitalizations (emergency department and inpatient), opioid overdose hospitalizations (emergency department and inpatient), hospitalization for opioid use disorder (acute by payer), and rate of newborns with neonatal abstinence syndrome.

I. Palmetto Poison Center

1. Attend OERT Data Committee meetings.

2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.

3. Continually assess internal data-collection efforts to determine if there are organizational metrics that should be included in the data dashboard.

J. S.C. Department of Corrections

1. Attend OERT Data Committee meetings.

2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.

3. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, current opioid drug use of the Department of Corrections population.

K. S.C. Department of Social Services

1. Attend OERT Data Committee meetings.

2. Continually assess internal data-collection efforts to determine if there are agency metrics that should be included in the data dashboard.

L. S.C. Department of Probation, Parole and Pardon Services

   1. Attend OERT Data Committee meetings.

   2. Continually assess internal data-collection efforts to determine if there are agency metrics that should be included in the data dashboard.

M. S.C. Department of Juvenile Justice

   1. Attend OERT Data Committee meetings.

   2. Continually assess internal data-collection efforts to determine if there are agency metrics that should be included in the data dashboard.

N. S.C. Governor's Office

   1. Attend OERT Data Committee meetings.

   2. Continually assess internal data-collection efforts to determine if there are agency metrics that should be included in the data dashboard.

O. S.C. Department of Mental Health

   1. Attend OERT Data Committee meetings.

   2. Continually assess internal data-collection efforts to determine if there are agency metrics that should be included in the data dashboard.

P. S.C. Coroner's Association

   1. Provide insights on data that may assist other focus areas in measuring program-delivery progress.

Q. S.C. Hospital Association / S.C. Medical Association

   1. Participate in OERT Data Committee meetings to assess what information will assist in measuring objective effectiveness to support goals in Focus Area 1 (Communicate and Educate).

   2. Provide insights on data that may assist other focus areas in measuring program-delivery progress.

R. S.C. Public Employee Benefit Authority

   1. Share insights on insurance trends that would assist the focus-area groups.

   2. Provide recommendations on data that support better analysis of actions in program delivery.

S.   Blue Cross Blue Shield of South Carolina

2.   Share insights on industry trends that would assist the focus-area groups.

3.   Provide recommendations on data that support better analysis of actions in program delivery.

VIII. PLAN MAINTENANCE

This plan is maintained by DAODAS and SCEMD with assistance from primary and supporting agencies in accordance with the maintenance, evaluation, and review schedule outlined in the SCOERP.

SCOERP Data Metrics

Metric	Timeframe	Database	Limitations	Data Steward	Definitions	Display
Mortality						
Deaths related to Total drug overdose	2016	Vital Statistics	Metrics on rows 4 through 8 are not mutually exclusive	DHEC	Number of deaths that occurred in the state	Age-adjusted rate per 100,000 population
Deaths related to Total Opioid	2016	Vital Statistics		DHEC	Number of deaths that occurred in the state	Age-adjusted rate per 100,000 population
Deaths related to Prescription drug overdose	2016	Vital Statistics	Includes opioid and non-opioid prescription drugs; also includes methadone	DHEC	Number of deaths that occurred in the state	Age-adjusted rate per 100,000 population
Deaths related to Heroin	2016	Vital Statistics		DHEC	Number of deaths that occurred in the state	Age-adjusted rate per 100,000 population
Deaths related to Methadone	2016	Vital Statistics	Included in Prescription drugs	DHEC	Number of deaths that occurred in the state	Age-adjusted rate per 100,000 population
Deaths related to Cocaine	2016	Vital Statistics		DHEC	Number of deaths that occurred in the state	Age-adjusted rate per 100,000 population
Hospital						
Opioid overdose hospitalizations - ED/IP	2016	UB-04 SC Hospital Database	RFA recommends combining IP/ED at the county level due to small inpatient numbers for smaller counties.	RFA	Rate per 10,000 population	Rate
All drug overdose hospitalizations - ED/IP	2016	UB-04 SC Hospital Database	RFA recommends combining IP/ED at the county level due to small inpatient numbers for smaller counties.	RFA	Rate per 10,000 population	Rate
State Funded Treatment						
Number of patients with an Opioid Use Disorder	2016	State Funded Treatment Clinical Record	Based on location of 301 agencies and not county of residence.	DAODAS	Number of patients with a primary or secondary diagnosis of Opioid Use Disorder	Count
Driving						
Number of DUI related to an opioid	2016	SLED DUI Data		DPS/SLED		Count
Children						
Rate of newborns with NAS	2016	UB-04 SC Hospital Database		RFA	Rate per 1,000 newborns w/ NAS	Rate
Medicaid						
Number of patients with an Opioid Use Disorder	2016		Based on mediacid claims data	DHHS		Count
SCRIPTS						
Number of opioid prescriptions dispensed per 1,000 residents	2016	SCRIPTS		DHEC	Rate per 1,000 population	Rate
Number of benzodiazepines dispensed per 1,000 residents	2016	SCRIPTS		DHEC	Rate per 1,000 population	Rate
Number of stimulants dispensed per 1,000 residents	2016	SCRIPTS		DHEC	Rate per 1,000 population	Rate
Narcan / Law Enforcement						
Number of Naloxone administrations via EMS	2016	EMS	By EMS agencies per incident county.	DHEC		Count
Number of Naloxone administrations via Law Enforcement	2016			DHEC		Count
Seized Drugs						
Total quantity of reported seized opioid drugs	2016	EPIC and AC-HIDTA	EPIC Disclaimer: Information that has been reported to EPIC by contributing agencies may not reflect the total seizures nationwide. EPIC does not guarantee the timeliness, completeness or accuracy of the information reported.	AC-HIDTA		Rate
Criminal Justice						
Current opioid drug use	2016	SCDC - Information Management Systems	Offender Self Reported Information	DOC	Incarcerated Offender Population	Count
Infectious Disease						
Incidence of Hep C cases	2016			DHEC		Count