

# Nevada Overdose Data to Action Surveillance Component Review

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Science

# Presentation Highlights

- CDC Overdose Data to Action Program Overview
- Nevada Overdose Data to Action Overview
- Funding & Goals
- Surveillance Component Strategies
  - Drug Overdose Surveillance Epidemiology (DOSE)
  - State Unintentional Drug Overdose Reporting System (SUDORS)
    - Rapid Count
  - Innovative Surveillance Strategies
    - OpenBeds
    - YRBS

# CDC OD2A

- Building on Past Programs
  - Enhanced State Opioid Overdose Surveillance
    - ESSENCE
    - SUDORS
  - Prevention for States
    - PDMP
  - Crisis Cooperative Agreement
    - Miscellaneous 'One Shot' include FAST/MOST data Collection and AB474 Data collection Tools; and Jurisdictional Vulnerability Assessment

*"To support recipients in getting high quality, complete, and timelier data on opioid prescribing and overdoses, and to use those data to inform prevention and response"*

- NCIPC OD2A NOFO

# OD2A Program Components



## Surveillance

- Morbidity
  - DOSE (ESSENCE)
- Mortality
  - SUDORS (Forensic Tox)
  - Rapid OD Death Count
- Innovation
  - Real Time Treatment Surveillance
  - YRBS Community Trend Analysis

## Prevention

- Integration of State and Local Efforts
- Linkages to Care & Health System Support
- Public Health and Public Safety Coordinator
- Empower People to Make Safer Choices

## Nevada's OD2A Program

- Project Period: September 1, 2019 – August 31, 2022
- Year 1 Budget Period- Sept 1, 2019- August 31, 2020
- Total Year 1: \$4,228,798.00

## Project Partners (Sub-recipients)

- Board of Pharmacy
- Washoe County Health District
- Washoe County Coroner Medical Examiner
- Southern Nevada Health District
- Clark County Coroner
- UNR CHS
- NyE Community Coalition
- Partnership Carson City
- PACT Coalition
- PACE Coalition
- Join Together Northern Nevada
- SEI

# Nevada OD2A Program Goals

## Decision Making

- Improved decision making, resource allocation, and informed intervention strategies, based on improved quality and dissemination of fatal and non-fatal substance abuse and opioid use data

"Active Surveillance"

## Prescribers Tools

- Enhanced Prescription Drug Monitoring Program (PDMP) that supports evidence-based prescribing, and data sharing to inform prevention and intervention strategies

Integration & NarxCare

## Linkage to Care

- Increase the number of individuals referred for substance use/ opioid use/ supportive services from a clinical or community-based setting through health systems, and community-based providers, by streamlining the referral process

OpenBeds

## Local Capacity

- Communities have increased capacity to respond to Opioid and Substance Use Disorder and are better equipped to respond to crisis, and support individuals through recovery

Substance abuse specialists, PH/PS  
Coordination

## Increased Awareness

- Increased awareness about opioid use, poly drug risk, and increased awareness about OUD stigma, treatment, and recovery

EB Prevention Programming & Public  
Messaging

# Surveillance Strategy 1

DOSE Data Reporting and Dissemination

# DOSE Reporting

- Objective: Collect and disseminate timely emergency department (ED) data on suspected all drug, all opioid, heroin, and all stimulant overdoses.
- Substance use related emergency department visits from National Syndromic Surveillance Program.
- Suspected all-drug, opioid, heroin, and stimulant-related visits
  - Defined by case definitions provided by CDC utilizing chief complaint keywords and ICD-10-CM discharge diagnosis codes.
- Reported to CDC bi-weekly and monthly.



Figure 1. There was a significant *decreasing* trend in all-drug, opioid, heroin, and stimulant ED visits from July 2019 to December 2019 (rates per 10,000 ED visits)

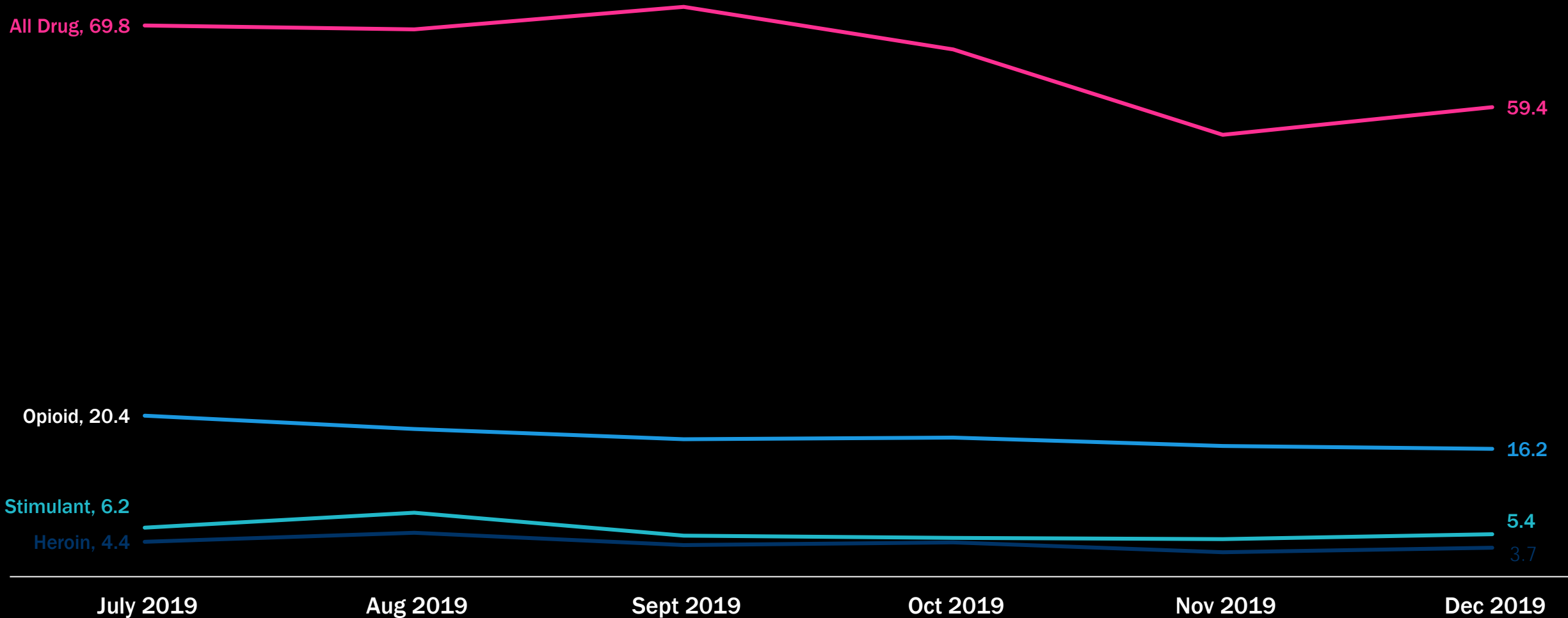


Figure 2. There was a significant *decreasing* trend in all-drug ED visits in females from July 2019 to December 2019 (rates per 10,000 ED visits)

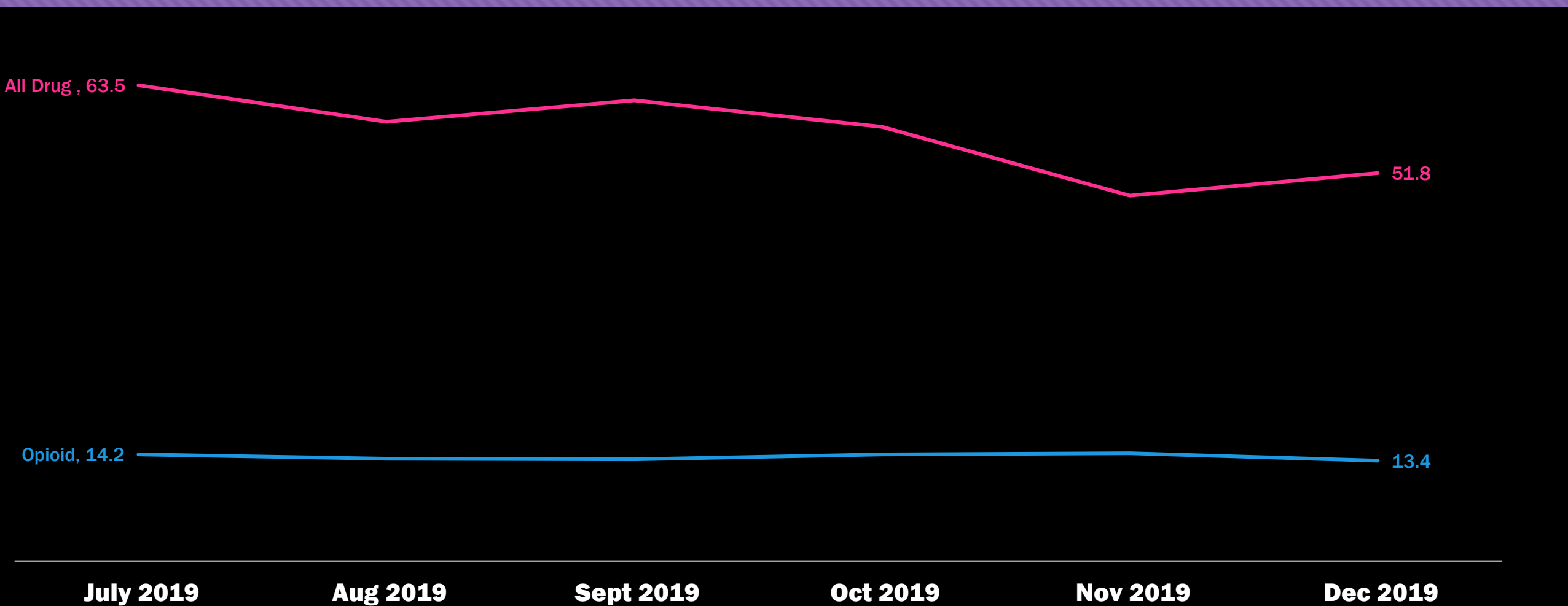


Figure 3. There was a significant *decreasing* trend in all-drug, opioid, heroin, and stimulant ED visits in males from July 2019 to December 2019 (rates per 10,000 ED visits)

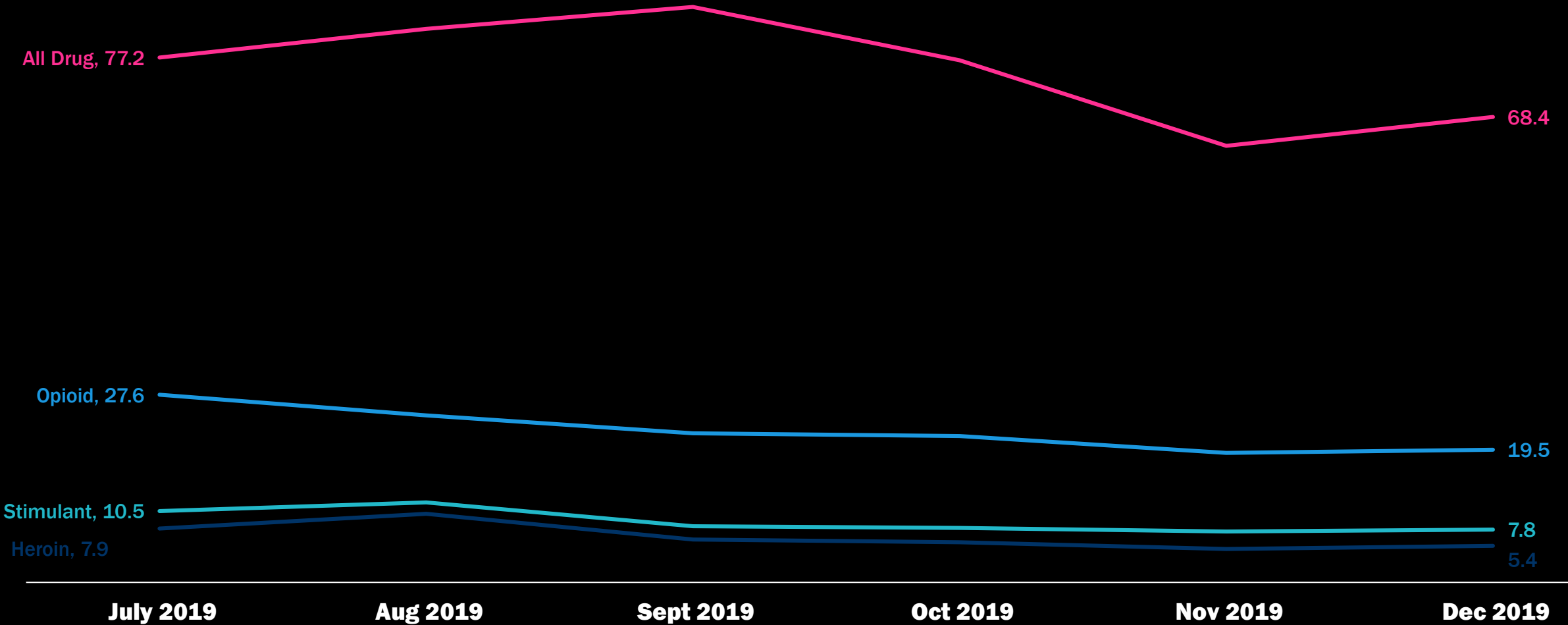
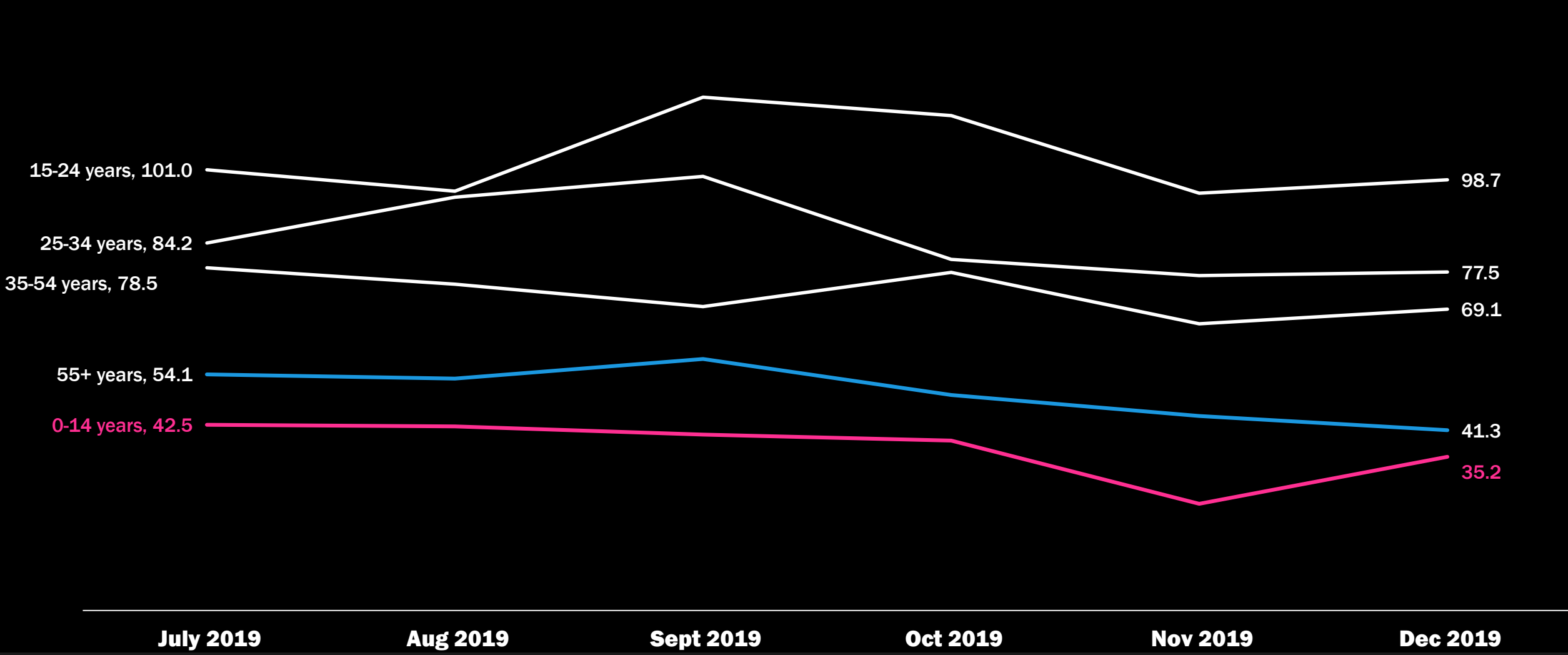


Figure 4. There was a significant *decreasing* trend in all-drug ED visits in the 0-14 and 55+ age groups from July 2019 to December 2019 (rates per 10,000 ED visits)



# Surveillance Strategy 2

SUDORS Data Reporting and Dissemination

# SUDORS Reporting

- Objective: Collect and disseminate descriptions of drug overdose death circumstances using death certificates and ME/C data
- Abstractors from Washoe County C/ME and Southern Nevada Health District review deaths for the counties in their jurisdictions and abstract them into NVDRS.
- Captures detailed info on toxicology, death scene investigations, route of administration, and other risk factors that may be associated with a fatal overdose.
- Reported to CDC every 6 months

# SUDORS Rapid Opioid Overdose Detection

- Objective: To more rapidly detect opioid overdose outbreaks or sharp increases in opioid overdose deaths.
- Collaborating with the Clark County Office of the Coroner/Medical Examiner to collect preliminary data on suspected opioid overdoses
- Data collection begins May 1, 2020.

# Surveillance Strategy 3

Innovative Surveillance Initiatives



# YRBS Trend Analysis

- *Working together with UNR to do 3-year trend analysis of substance use indicators (2015-2019).*
- *Will overlay these trends with opioid morbidity and mortality trends.*
  - *Emergency department visits*
  - *Mortality data (SUDORS)*
  - *PDMP*
- *With other Nevada datasets*
  - *Nevada Report Card*
  - *Juvenile Justice*
- *Although cannot draw direct comparisons between the trends in YRBS and other data sources, this project aims to show the trends of adolescent risk factors and opioid morbidity and mortality data over time.*

# Treatment Availability Surveillance- Through OpenBeds

- *OpenBeds* electronic behavioral health referral system
  - *Acute Care Hospitals*
  - *In Patient Psyc*
  - *SAPTA Funded Treatment Providers*
  - *Rural Clinics*
- *Monitoring of statewide inpatient and outpatient treatment availability.*
  - *Substance*
  - *ASAM Leve of Care Needed*
  - *Payers*



Search Criteria

Primary Service

Service Av

Submit Request

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→ Add to Patient\*

→ Amethy

→ Amethy

→ Aspire I

→ Brentw

→ Bridges

→ Bridges

→ Centers Center

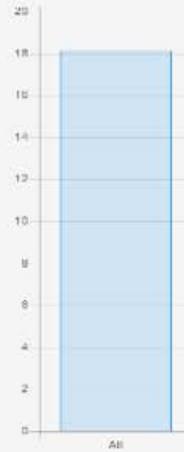
Adolescent Female Beds

Total Beds

Note: Data calculated based on original

Total CS RST

Beds Available f



REFERRAL TIME

Organizations And Service

Organizations

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TABLE CAN BE FILTERED BY CLICKING THE

### Referral Requests Demographic Data at Attribute Level

Network: [Redacted]

Period: September 25, 2018 - November 4, 2019

Total number of Requests

21768

#### Voluntary/Non-Voluntary

Voluntary	12545
Non-voluntary	9223

#### Consent

Yes	5073
No	15890
Not Available	805

#### Patient Identifier

Yes	20973
No	795

#### Gender and Age

Adult Male	12710
Adult Female	8084
Youth Male	430
Youth Female	412
Children 12 and Under	98
Not identified	54

#### Medical/Psychiatric Conditions

Complex Medical Conditions	742
Intellectual Development Disability	284
Active Psychosis	1559
Not identified	19223

#### Substances

Heroin	2421.9
Alcohol	3750.3
Cocaine	1432.4
PCP	164.3
Hallucinogens	118.1
Inhalants	99.3
Cannabis	1432.2
Methamphetamine	199.7
Benzodiazepines	267.3
Tobacco	137.7
Dextromethorphan	59
Stimulants	113.4
Other opioids	1291.4
Not identified	10281

#### Specialty Populations

Adults	5634.5
Youth	150.5
Homeless	703.2
Pregnant Specialty	38.3
Veterans/Active Military	71
Gender Specific	26
Geriatric	611.7
Criminal Justice	1591
LGBTQ	62.3
Children	58.5
Not identified	12819

#### Payment Method

Medicaid-Highmark	7198.4
Self Pay	900.3
Sliding fee scale	208.8
Medicare	2756.1
Private health insurance	2141.7
Federal military insurance	220
No Insurance	4892.7
Medicaid-AmeriHealth	3450.1

Note: Fractions/decimals are due to spreading of some attribute values over the entire set in corresponding category since that attribute may be appearing along with several others in a given referral

Steve1a Carroll

Search

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18-2019

5-2019

5-2019

1-2019

7-2019

2-2019

2-2019

3-2019

# Treatment Availability Surveillance- Through OpenBeds

- *Network Launch threshold: 70%*
- *Target Time Frame: Late May*



Questions?

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