



# Using Data to Combat the Opioid Overdose Crisis

# Using Data to Drive Decisions

## Why Data?

Removes values and beliefs from the information available to make decisions

Eliminates terminology gaps between public safety and public health

Removes "he said/she said" from projects

## Considerations

Collection and standardization of process

Timeliness of analysis and dissemination

Effective public health and public safety collaboration

Translation of data to information and strategy



# Using Data to Drive Decisions

## Data in the TAC Process

### Assessment

Define the problem

### Capacity

Stakeholder alignment and community activation

### Planning

Determination of what strategies will be most effective to eliminate the problem

### Implementation/Evaluation

Quality improvement

Overall success/failure of the program

### Sustainability

Obtaining grant funding (moving to next phase/temporary)

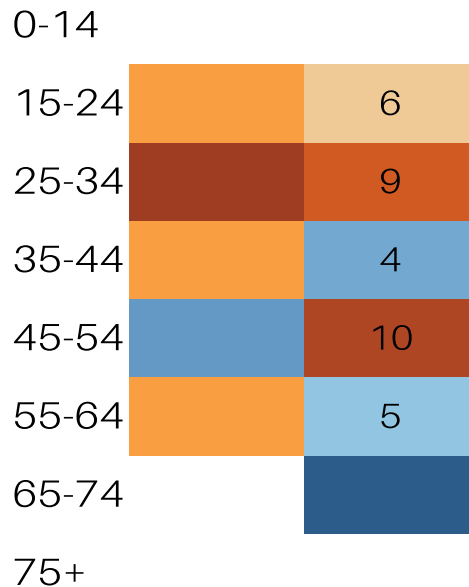
Building local, state, national support around the strategy

Facilitating third party payment strategies



# Data Examples

## Overdose Death Data



Age and Gender Distribution of Overdose Deaths in 2016

What might this information tell us?

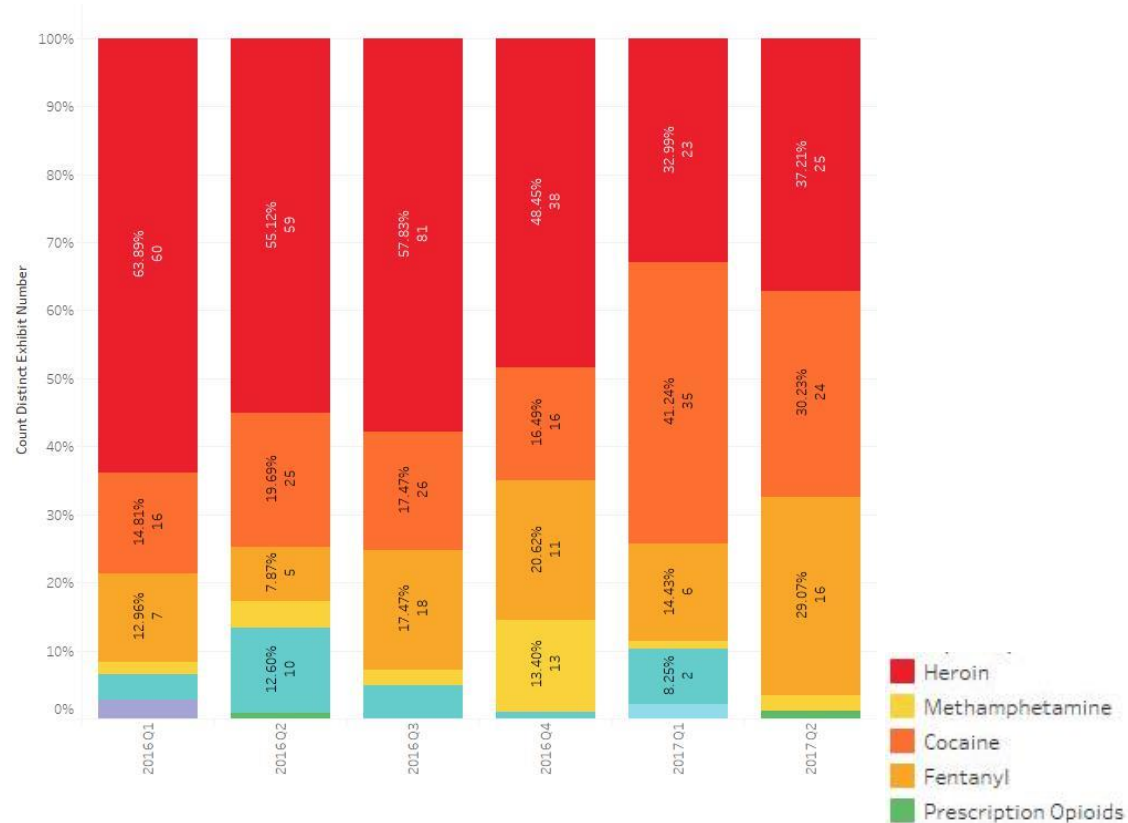
- Deaths in age groups do not match what is seen at the state level.
- Older individuals may be dying from different substances (e.g. alcohol).
- Education efforts need to be tailored to specific age groups.



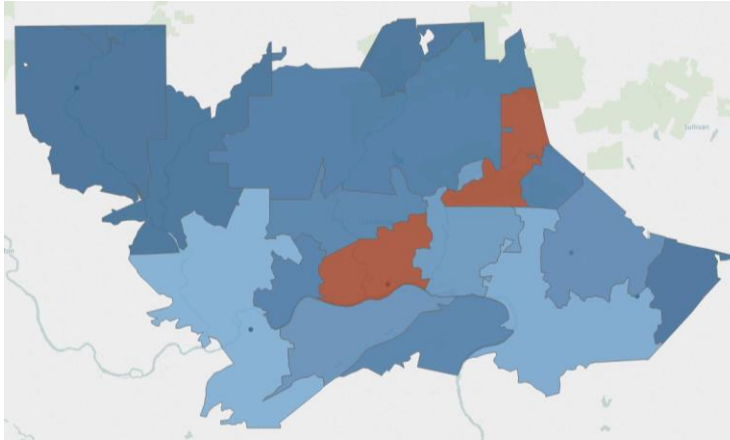
### What can be learned from this data?

- What substances are in the drug supply.
- When compared with overdose death data, can tell us if what is in the supply is being seen in deaths.
- Law enforcement can identify emerging threats and know what to look for.
- Data can also be used to understand what individual's are prioritizing.

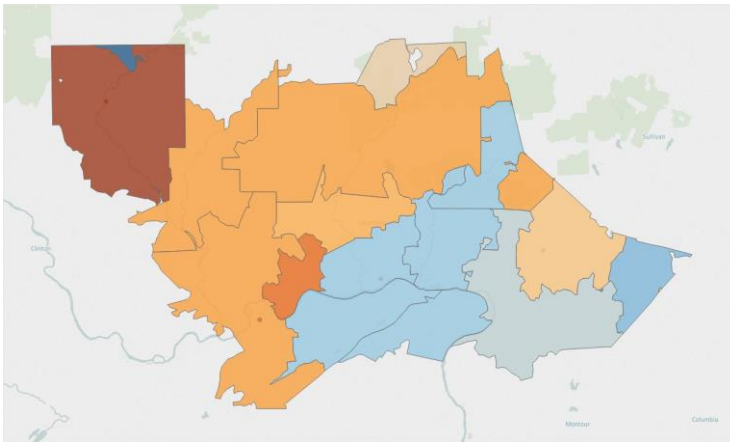
### Drugs Seized by Quarter (2016-Q2 2017)



Total Days  
Dispensed per  
Zip Code



Median Days  
Supply  
Dispensed per  
Zip Code

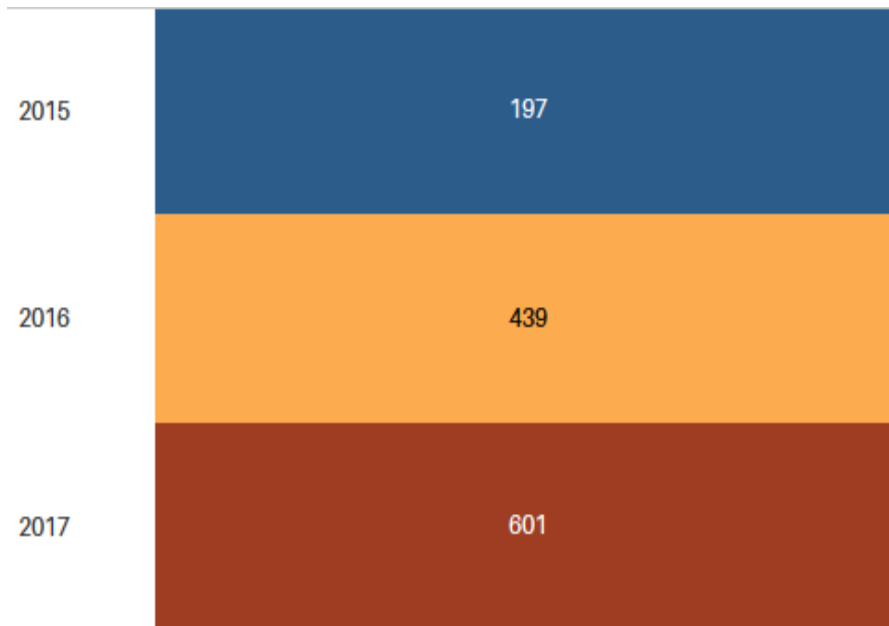


### How do we use this information?

- Targeted education for prescribers, dispensers, and residents in areas of high dispensing.
- Increase number of prescription drug drop off boxes for residents.
- Increase access to naloxone in areas of high dispensing.
- Target drug take-back events in these areas.



Overdose Related Call by Year



### What might this tell us?

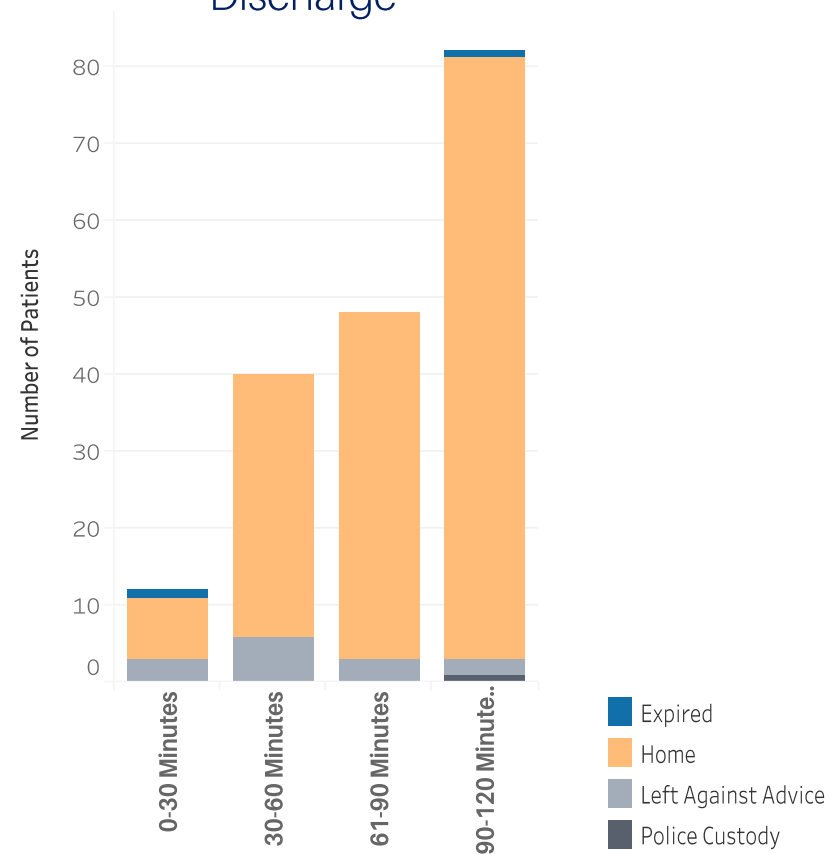
- More individuals are calling 911.
- Overdoses are more often being reported.
- There are factors that have contributed to the increase in overdose calls.



### What decisions may this data inform?

- Patients may be in the ED long enough to speak to someone about drug and alcohol treatment.
- An on-call warm hand-off may be effective in this hospital.
- Patients that leave AMA or leave after a short period of time present a missed opportunity for engagement.
- Would an embedded warm hand-off be a potential solution for reaching that population?

### Time Between Admission and Discharge

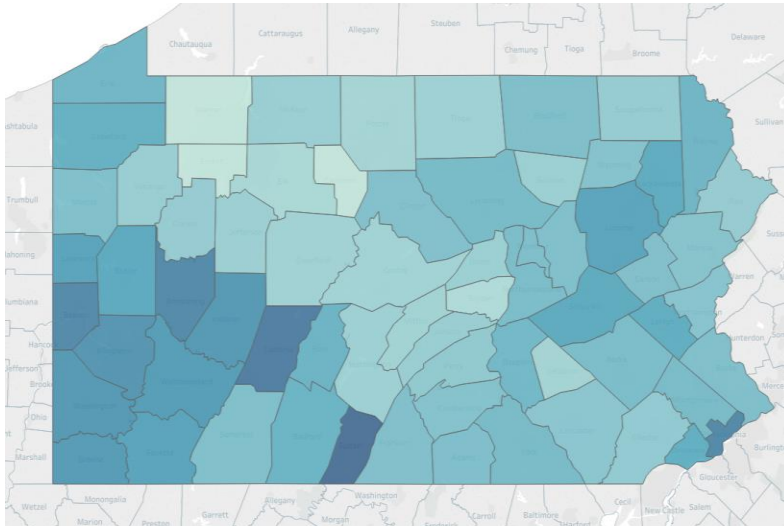




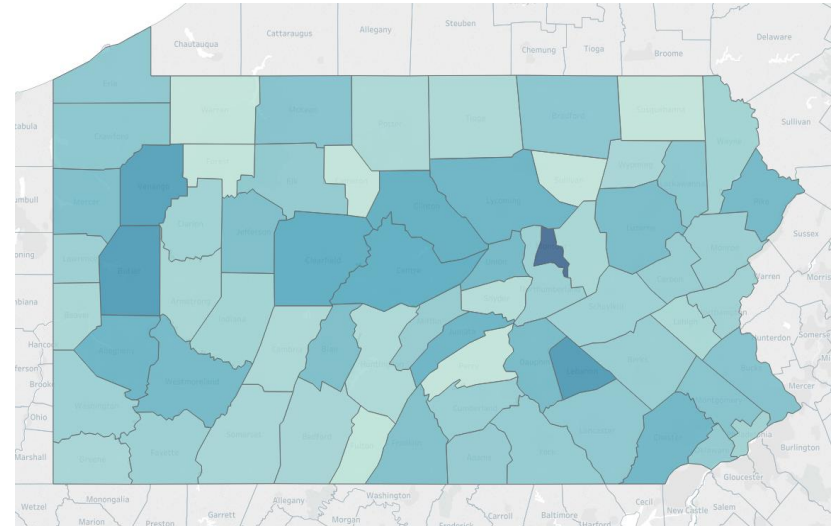
# Data Examples

## Medication Assisted Treatment (MAT) Provider Data

### Overdose Death Rate



### MAT Coverage



### What does this tell us?

Number of MAT providers does not correlate with population

Counties with high overdose rates do not have sufficient MAT coverage

Efforts to increase access to MAT should be targeted in counties with high death rates and low MAT coverage

