

Colorado Consortium for Prescription Drug Abuse Prevention

Data & Research Work Group Meeting Minutes

December 13, 2018 – SOP Room 3001 & by GoToMeeting

Present:

Barbara Gabella, MSPH, Co-Chair
Alia Al-Tayyib, PhD, Co-Chair
Allison Rosenthal, CDPHE
Maria Butler, CDPHE
Gaye Croft, Telligen
Jackie Blackman-Forshay, Boulder County Public Health
Qing Li, Epidemiologist
Rachel Linger, Rocky Vista University
Rob Valuck, Consortium
Gina Olberding, Consortium
Whit Oyler, Consortium
Susanna Cooper, Consortium
Jen Place, Consortium
Tyler Payne, Consortium
Jessica Eaddy, Consortium
Jamie Feld, Consortium
Rosemarie MacDowell, Consortium

Absent:

Alice Casey, Pickens Technical College; Jodi Duke, UC Denver; Jan Kief, MD, Colorado Medical Society; Kristen Dixon, University of Colorado School of Medicine; Joe Frank, MD, University of Colorado School of Medicine; Judith Miller, PhD, Addiction Recovery Treatment Provider; Charles Smith, SAMHSA Region 8; Jade Woodard, Illuminate Colorado; Sara E. Swan, BMS; Ron Gowins, Counselor; Adrienne Jones, CDHS Office of Behavioral Health; Katy Brown, PharmD, Telligen; Ken Davis, Northwest Colorado Health; Jeremiah Lindemann, ESRI; Kirk Bol, CDPHE; Carol Runyan, Colorado School of Public Health; Talia Pindyck, MD, Colorado School of Public Health; Craig McCarty, MD; Alexis Ritvo, MD; Erin Ferries, PhD, MPH, Humana; Ingrid Binswanger, MD, Kaiser Permanente; John Battisti, PhD, Indivior, Inc.; Tom Denberg, MD, Pinnacle; Felice Seigneur, CDPHE; Kendall Sauer, Office of Behavioral Health; Eddy Costa, CIVHC; Dawn Nannini, Team Wellness & Prevention; Katie Gelman, OMNI; J.K. Costello, MD, Steadman Group; Andrea Duran; Hanie Kim, University of Denver Sturm College of Law; Kiley Floren, Health District of Northern Larimer County; Maura Proser, Tri-County Health; Christina Nichols, CDPHE; Tom Jenkins, Western Colorado Health Network; Kelly Kast, Jefferson County Center for Public Health; Lily Sussman, Boulder County; Linda Hughes, Exit the Highway; Terri Schreiber, Consultant; Lindsey Kato, Health Management Associates; Roland Flores, MD; Lina Brou, UC Denver; Michael Davidson, Consortium; Jose Tomas Prieto, Denver Health; Dean McEwen, Denver Public Health; Helen Harris, El Paso County Public Health; Stephanie Russell, OBH; Michael Boyson, Telligen; Adrian Pascual, COS Vista; Heidi McNeely, Childrens Hospital; Marion Rorke, Denver Environmental Health; Katie Olson, CDPHE; Kate Watkins, Jefferson County Public Health

Co-Chair Barbara Gabella called the meeting to order at 1:05 p.m.

Approval of Minutes:

A motion was made to approve the September 2018 work group meeting minutes. Motion passed.

Presentation – Reporting Unspecified Acute Drug Poisonings in Colorado (Allison Rosenthal)

The project involved a review of toxicology records, which included interviews with coroners. A two-page summary of the report will be issued in January. Allison also gave this presentation to the Colorado Coroner’s Association.

Presentation highlights:

- Drug reporting is impacted in some overdose cases because the drugs involved are not known.
- A recent study of unspecified poisonings across the country showed Pennsylvania having the highest number (51%). In Colorado, 19% of poisonings are unspecified.
- Some jurisdictions (usually smaller locations) have all of their poisonings classified.
- The unspecified number has declined in the past five years.
- In the past five years, opioid poisonings increased by 38% and unspecified drugs declined by 42%.
- The project reviewed how coroners improved their reporting over a five-year period and also identified reporting barriers.
- 306 cases of unspecified drug poisonings were reviewed on a county level.
- 95% of deaths included in the review included toxicology screening or quantitative documentation.
- Six of the seven counties submitting data were from urban areas.
- A high number of cases listed multiple drugs as the cause of death.
- Of the 158 deaths with toxicology levels reported, 38% included benzodiazepines, 39% antidepressants, 38% alcohol, 25% amphetamines, 85% any opioid (heroin, Fentanyl, prescription opioids). The most common were opioids, which were also mentioned with other substances.
- Of 135 deaths involving opioids, 65% included benzodiazepines, 34% included alcohol, 7% included both benzodiazepines and a muscle relaxant.
- Deaths involving mixed drug intoxication may have impacted reporting of specific substances.

Allison reviewed the barriers involved in accurate reporting and the CDPHE funding that has been and will be allocated to support coroner response to Colorado’s opioid crisis.

Questions/Comments:

A question was raised regarding the validity of unspecified acute drug poisonings if toxicology screens are not being performed. The death scene is investigated for evidence of an underlying cause of death. The reporting often makes it difficult to identify specific drugs, and it's often difficult to determine if the cause of death was intentional or unintentional. A discussion was held regarding material mortality reviews.

Consortium Update:

The Consortium is entering into a data use agreement with CIVHC (Center for Improving Value in Healthcare) to conduct an analysis related to pain and the conditions that typically cause chronic pain. The two general areas will be analyzed: what pain treatment looks like and the treatment modalities being used. The analysis will also look at how often pharmacological treatments are prescribed, including opioids. Information obtained will be included on a dashboard in order to track trends over time. Treatment Work Group members might be interested in the data collected. It was suggested that a sub-group of Data & Research Work Group members could work on this project. Rob Valuck mentioned that he has a PhD student available to work on claims data.

A discussion was held about the availability of open source data related to opioids. Barbara mentioned a recent data analytic challenge asking for questions related to opioids (locations where opioid use disorder treatment is needed and the location of the closest provider). Most of the current information available comes from drug crime data. Barbara also spoke with the Association of Poison Control Centers regarding syndromic surveillance used to identify public health crises. Alerts are then communicated to local public health agencies and hospitals for response. The State of Indiana is using the national CDC syndromic surveillance platform. Jen Place mentioned that Steve Holloway has a presentation based on census data that includes individuals requiring treatment and their access to providers. She will forward a copy of the presentation to Barbara and Alia. Qing Li also mentioned the use of EHR data available at UC Denver.

Adjournment/Next Meeting:

The meeting adjourned at 2:03 p.m. The next meeting will be held on Thursday, January 10, 2019, from 1-2 p.m. in SSPPS Room 3001 and by GoToMeeting.

