Hawaii Prescription Drug Overdose: Data Driven Prevention Initiative

DDPI

Enhanced surveillance data & Strategic plan for prevention and treatment of opioid abuse

CDC Grant#: NU17CE924862
The vision for injury prevention efforts in Hawai‘i. The Department of Health, Injury Prevention and Control Section, EMS & Injury Prevention System Branch, collaborates with partners across the state to address the leading causes of injury that include: drowning prevention, fall prevention, poisoning prevention, suicide prevention, traffic safety, and violence and abuse prevention.
Our mission…

To provide statewide leadership in preventing death and disability associated with injuries in Hawaii by educating, supporting and mobilizing individuals and organizations to incorporate comprehensive injury prevention strategies in their daily activities.
The Hawaii State Department of Health, Injury Prevention and Control Section (IPCS), with strong support from the Injury Prevention Advisory Committee (IPAC), completed the Hawaii Injury Prevention Plan with funding from a Public Health Injury Surveillance and Prevention Program capacity building grant and a Core Violence and Injury Prevention Program grant, both from the Centers for Disease Control and Prevention (CDC). You can download and read the full Hawaii Injury Prevention Plan 2012-2017.
## Leading mechanisms of fatal injuries in Hawaii, by 5-year periods, 1997-2016

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<tbody>
<tr>
<td>1</td>
<td>motor vehicle (673)</td>
<td>motor vehicle (755)</td>
<td>DRUG POISONING (807)</td>
<td>falls (825)</td>
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<tr>
<td>2</td>
<td>falls (434)</td>
<td>DRUG POISONING (567)</td>
<td>falls (666)</td>
<td>DRUG POISONING (811)</td>
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<tr>
<td>3</td>
<td>suffocation (426)</td>
<td>falls (562)</td>
<td>motor vehicle (625)</td>
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<td>4</td>
<td>DRUG POISONING (398)</td>
<td>suffocation (466)</td>
<td>suffocation (572)</td>
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<td>5</td>
<td>drowning (283)</td>
<td>drowning (356)</td>
<td>drowning (366)</td>
<td>drowning (401)</td>
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<tr>
<td>6</td>
<td>firearm (240)</td>
<td>firearm (178)</td>
<td>firearm (210)</td>
<td>firearm (240)</td>
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<tr>
<td>7</td>
<td>other transport (64)</td>
<td>poisoning (48)</td>
<td>poisoning (74)</td>
<td>cut/pierce (67)</td>
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<tr>
<td>8</td>
<td>cut/pierce (63)</td>
<td>other transport (45)</td>
<td>cut/pierce (65)</td>
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<tr>
<td>9</td>
<td>poisoning (42)</td>
<td>cut/pierce (43)</td>
<td>other transport (46)</td>
<td>poisoning (74)</td>
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<tr>
<td>10</td>
<td>fires and burns (39)</td>
<td>fires and burns (30)</td>
<td>fires and burns (25)</td>
<td>fires and burns (31)</td>
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# Hawaii DDPI Plan – Timeline (9/1/2017-8/31/2019)

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<td>Qtr 1</td>
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<tr>
<td><strong>Strategy 1. Develop prescription drug and heroin abuse prevention plan</strong></td>
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<tr>
<td>Needs assessment</td>
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<tr>
<td>• Needs assessment draft – 5/3/17</td>
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<tr>
<td>• IRB approved &amp; all materials finalized – 5/31/17</td>
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<td>• Data collection, analysis and initial draft – 7/15/17</td>
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<td>• Needs assessment presented to Executive Steering Committee – 9/30/17</td>
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<td>• Finalize report – 12/31/17</td>
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<tr>
<td>Strategic plan <strong>Recommendations</strong></td>
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<td>• Physician feedback – Information gathering webinars (2) – 6/17</td>
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<td>• Planning Committee meeting draft recommendations – 7/15 &amp; 8/15/17</td>
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<td>• Executive Steering Committee on Substance Use review and support of final recommendations – 9/17 &amp; 11/17</td>
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<td>Implementation plan</td>
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<td>• Form 3-4 workgroups (based on recommendations) to develop strategies/activities, stakeholder commitment – 1/18-8/18</td>
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<td>• Implement priority recommendation[s] – 9/18-8/19</td>
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<td>• Complete plan and post on-line – 12/18</td>
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<td><strong>Evaluate project</strong> with feedback on next steps</td>
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### Hawaii DDPI Plan – Timeline (9/1/2017-8/31/2019)

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<tr>
<td><strong>Strategy 2 - Develop partnerships</strong></td>
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<tr>
<td>DDPI Data Committee (DC) convened – 4/6/17</td>
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<td>Strategic Planning Committee convened – 7/17</td>
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<td>Executive Steering Committee on Substance Use convened – 9/17?</td>
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<td>Workgroups convened – 1/18</td>
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### Strategy 3 - Enhance surveillance of prescription drug and heroin abuse and overdose

**HHIC**
- Contract Executed – by 5/17
- Acquire, link lab toxicology data to HHIC – 6/17
- Acquire and analyze hospital and ED data – ongoing
- Acquire and link data from HHIC and HPC – 6/17

**Poisoning Autopsy data review**
- Review records (2012-2015) and link to updated death certificate data – 5/17 & ongoing

**HPC Study**
- Provide poison data for linkage and evaluation – 5/17 & ongoing

### Strategy 4 - Enhance access and application of PDMP data

**PDMP Data Linkage**
- Contract executed – by 5/17
- Link, analyze data - death certificates, autopsy record with PDMP data base

**PDMP Indicators**
- Acquire, apply SAS program to generate PDMP
- Disseminate data on PDMP indicators

### Strategy 5 - Enhance county access and application of data

**Analyze data by state and four counties – 12/17**

**Develop and disseminate state and county level profiles – 9/18**
Strategy 1.
Develop prescription drug and heroin abuse prevention plan

Needs assessment draft – 5/3/17
• IRB approved & all materials finalized – 5/31/17
• Data collection, analysis and initial draft – 7/15/17
• Needs assessment presented to Executive Steering Committee – 9/30/17
• Finalize report – 12/31/17
Strategic Plan **Recommendations**

- Physician feedback – Information gathering webinars (2) – 6/17
- Planning Committee meeting draft recommendations- 7/15 & 8/15/17
- Executive Steering Committee on Substance Use review and support of final recommendations – 9/17 & 11/17
Implementation Plan

• Form 3-4 workgroups (based on recommendations) to develop strategies/activities, stakeholder commitment -1/18- 8/18

• Implement priority recommendations –9/18- 8/19

• Complete plan and post on-line – 12/18

Evaluate project with feedback on next steps
Strategy 2 - Develop partnerships

• DDPI Data Committee (DC) convened – 4/6/17
• Launch with Governor David Ige – convene joint Executive Steering Committee on Substance Use & Strategic Planning Committee – July 2017
• Workgroups convene – January 2018
Strategy 3 - 
Enhance surveillance of prescription drug and heroin abuse and overdose

HHIC
• Contract Executed – by 5/17
• Acquire, link lab toxicology data to HHIC – 6/17
• Acquire and analyze hospital and ED data – ongoing
• Acquire and link data from HHIC and HPC – 6/17

Poisoning Autopsy data review
• Review records (2012-2015) and link to updated death certificate data – 5/17 & ongoing

HPC Study
• Provide poison data for linkage and evaluation – 5/17 & ongoing
Deaths (FARS/ME): toxicology

Trauma Registry: alcohol/drug screens

Hospital admissions: dx codes

Emergency department visits: dx codes

Ambulance-attended injuries/EMS reports: medic observations: AOTB, patient admission, paraphenalia

“Injury Pyramid”: available data on alcohol/drug use
Data linkage: HHIC and Hawaii Poison Center records

HPC data

Deterministic linkage, (name, dob), by HHIC

Hawaii Health Information Corporation:
billing data for all hospital records in the state (ex. TAMC)

HPC patients

• disposition
• length of stay
• medical charges

other patients
Strategy 4 –
Enhance access and application of PDMP data

PDMP Data Linkage
• Contract executed – May 2017
• Link, analyze data - death certificates, autopsy record with PDMP data base

PDMP Indicators
• Acquire, apply SAS program to generate PDMP
• Disseminate data on PDMP indicators
Registering for Hawaii’s PDMP

State of Hawaii, Department of Health
EMS & Injury Prevention System Branch

PREVENTING PRESCRIPTION DRUG OVERDOSE IN HAWAI’I

What is the Hawai’i Prescription Monitoring Program?
The Hawai’i Prescription Monitoring Program (PMP) is an online system that allows medical providers — both prescribers and pharmacists — to monitor patients’ prescriptions for Schedule II-IV controlled substances, to help prevent prescription drug misuse, and improve quality of care.

While PMPs alone are not enough to reduce overdose rates or deaths, they are among the most promising clinical tools available to address prescription drug abuse (DHHS 2013). They have been shown to improve clinical decision-making, reduce doctor shopping and diversion of controlled substances, and help curb the prescription drug abuse epidemic (PDMP CQE 2014).

Who Can Use the PMP?
Licensed prescribers and pharmacists can Register Here to gain access to this free online system.

Why Should Prescribers Use the PMP?
- Improve patients’ quality of care, particularly when patients are being treated by more than one provider.
Strategy 5 – *Enhance county access and application of data*

- Analyze data by state and four counties December 2017
- Develop and disseminate state and county level profiles September 2018
Injury Prevention: A Safe Hawaii from the Mountains to the Sea

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