



CommStat 02/23/17

Rules for CommStat



- We will be addressing serious issues; we need to be tough-minded about them
- Work collectively to develop creative, innovative solutions, do not focus on deficiencies
- Ask direct, difficult questions, but do so respectfully
- Provide candid, honest answers, do not be defensive
- If you don't know the answer, it is okay to say "I don't know" and provide a timeframe for when you can get the answer
- Celebrate successes!
- Critique ideas and debate issues, not people
- Use evidence not opinions, challenge assumptions and inferences
- Ask for and offer ideas and solutions
- Don't be afraid to fail
- Be present, no distractions – ringers off
- Department Heads and Panel are expected to participate in all meetings



Medicare Data Analysis

- **Medicare Provider Utilization and Payment Data:
Part D Prescriber**
 - Individuals prescribed drugs via Medicare Part D health care plan
 - Individuals above the age of 65
 - Individuals with permanent disabilities
 - Individuals with end-stage renal disease



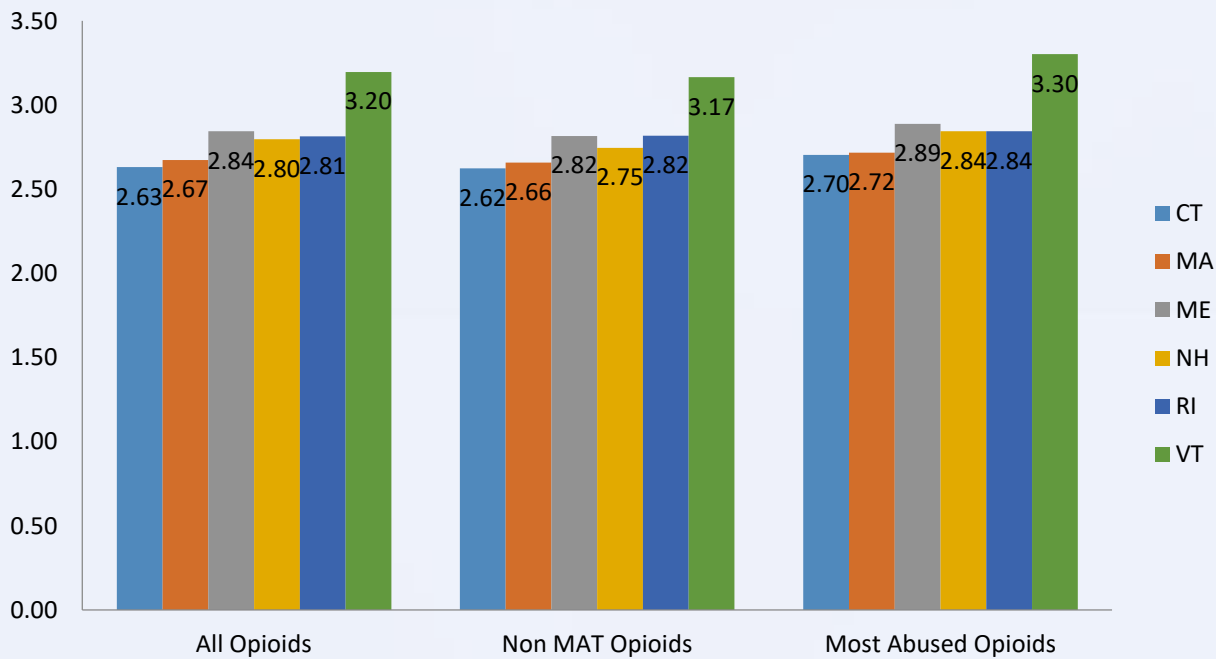
Findings: Vermont vs Rest of New England

In 2014:

Vermont an outlier compared to 5 other New England states for opioid scripts/beneficiary

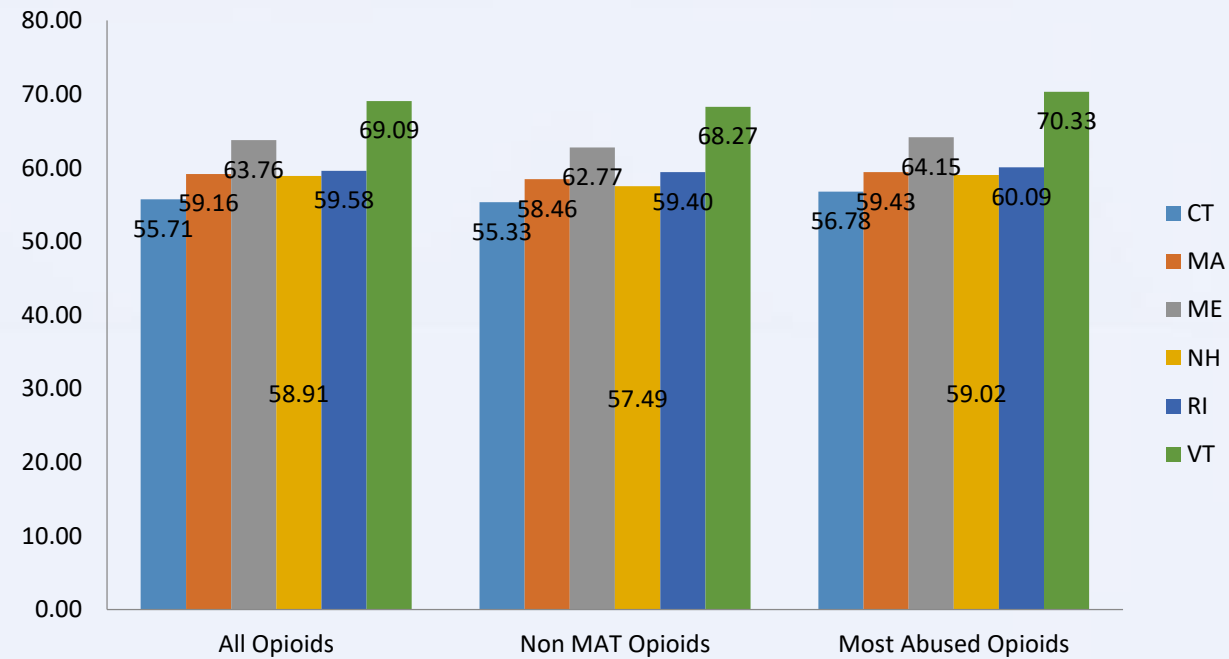
Well above average for opioid days supplied/beneficiary

Opioid Scripts Per Beneficiary by State



Vermont 17% higher than other NE states

Opioid Days Supplied Per Beneficiary by State



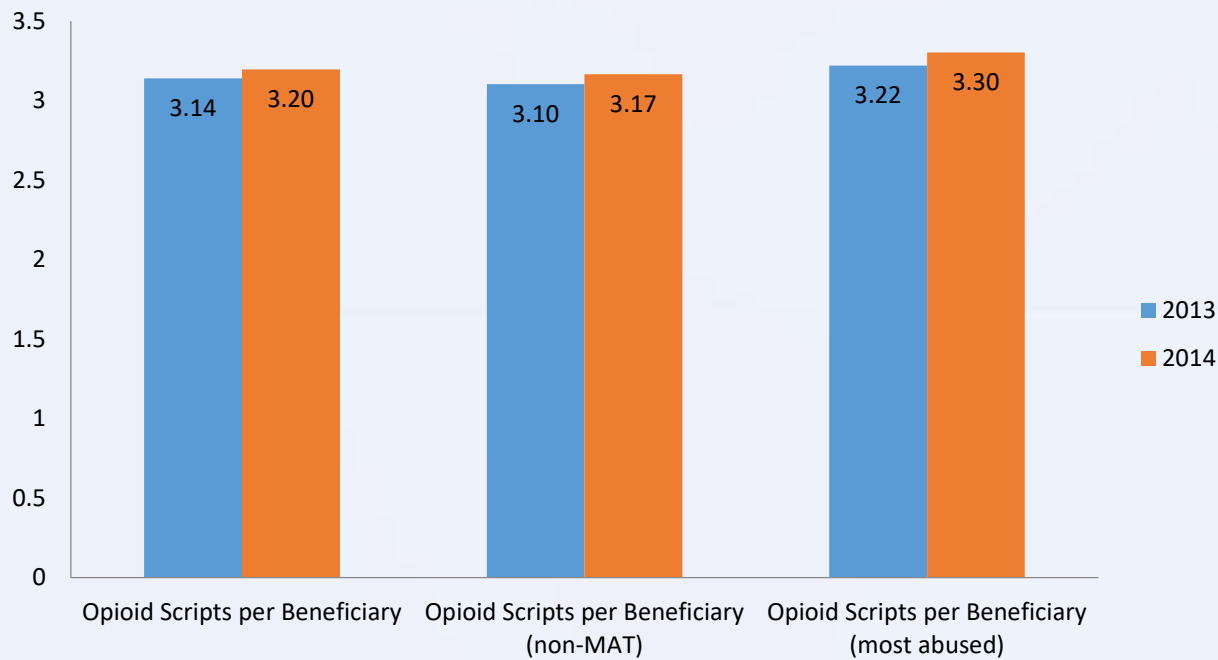
Vermont 10 days longer than other NE states

Findings: 2013 to 2014

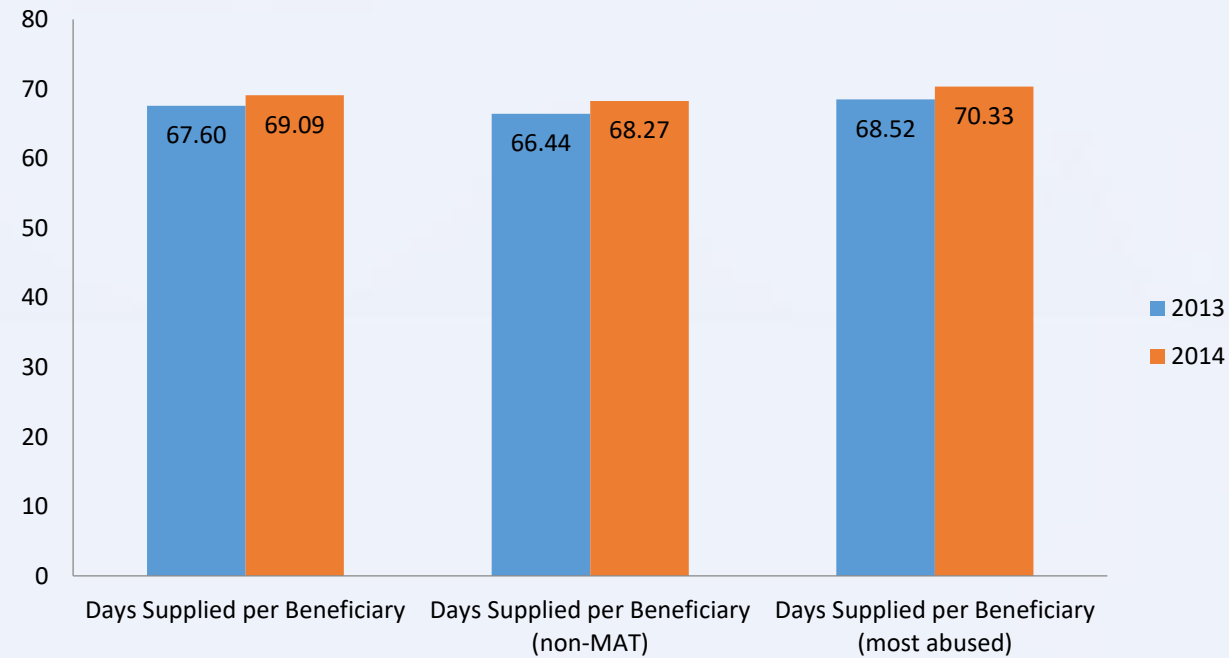


From 2013 to 2014:
Doctors increase rate of opioids prescribed and number of days supplied

Scripts Per Beneficiary 2013 to 2014



Opioid Days Supplied Per Beneficiary 2013-2014



11,000 (9%) more opioid scripts in 2014

1.5 days longer supply periods in 2014

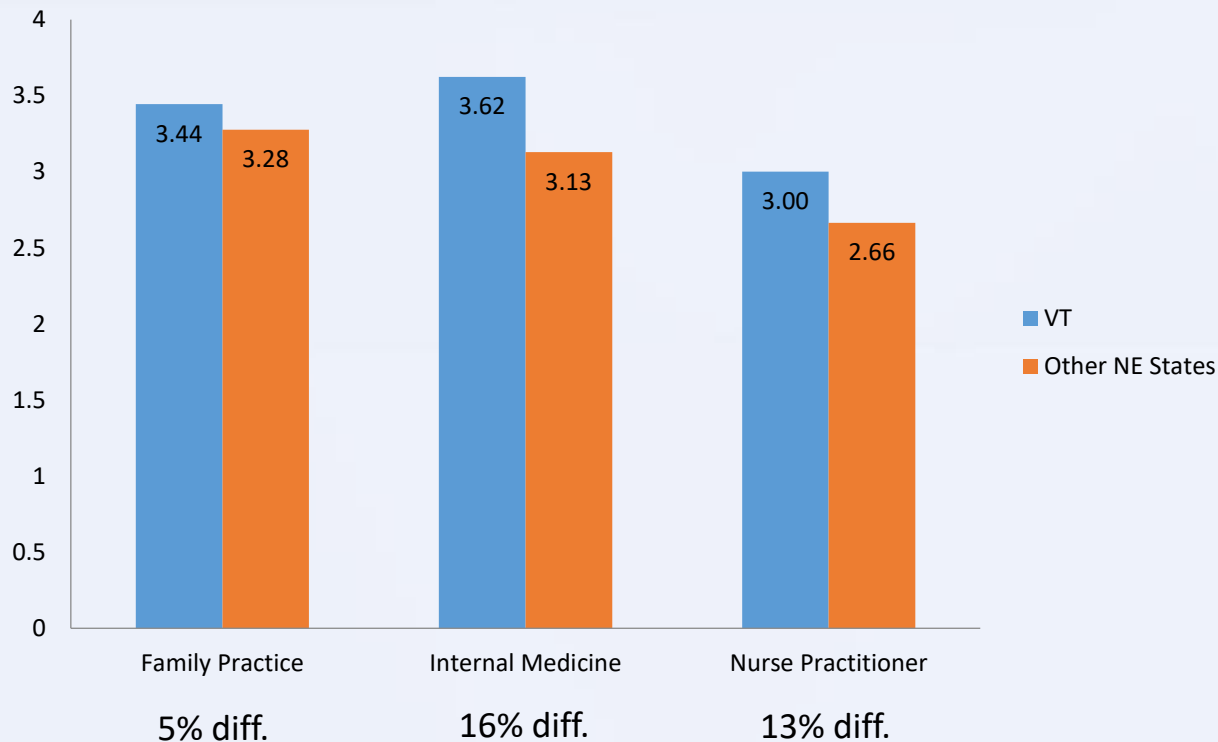


Findings: By Specialty Across States

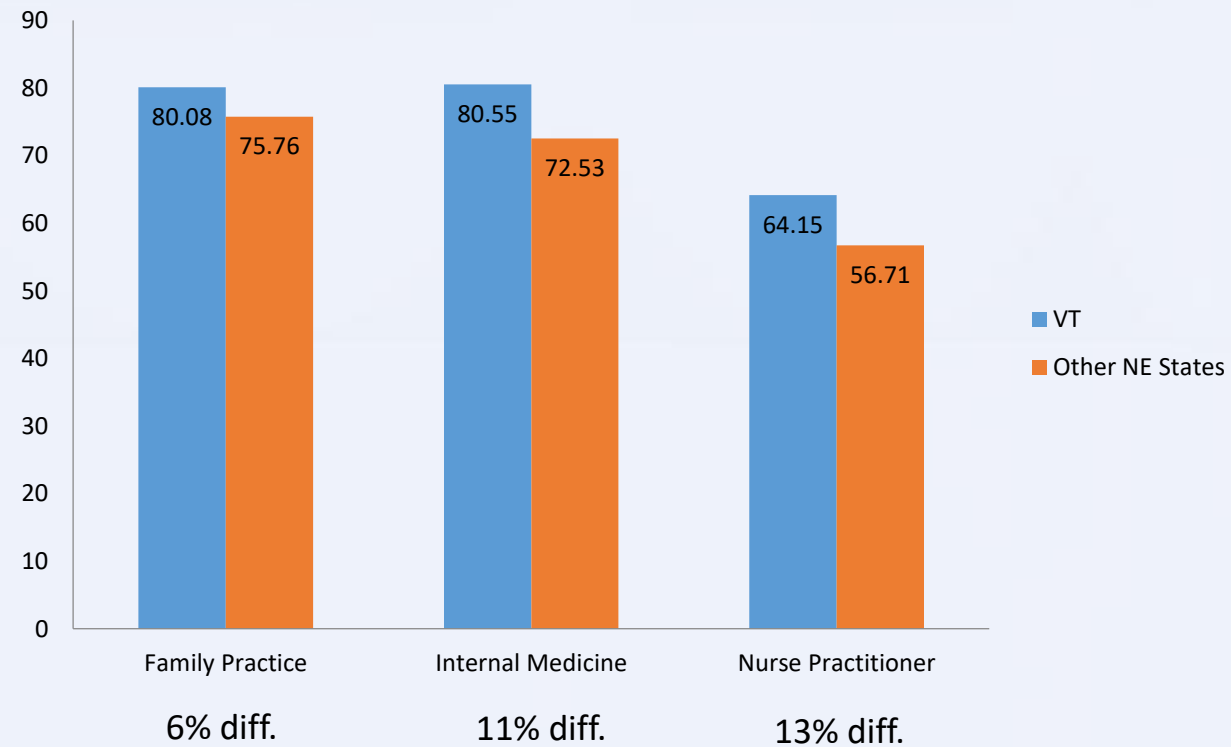
In 2014:

Vermont Doctors compared to the average for their peers within specialty across other New England states (where difference is stat. sig)

Opioid Scripts Per Beneficiary 2014 ($p < .05$; VT prescriber $n > 100$)



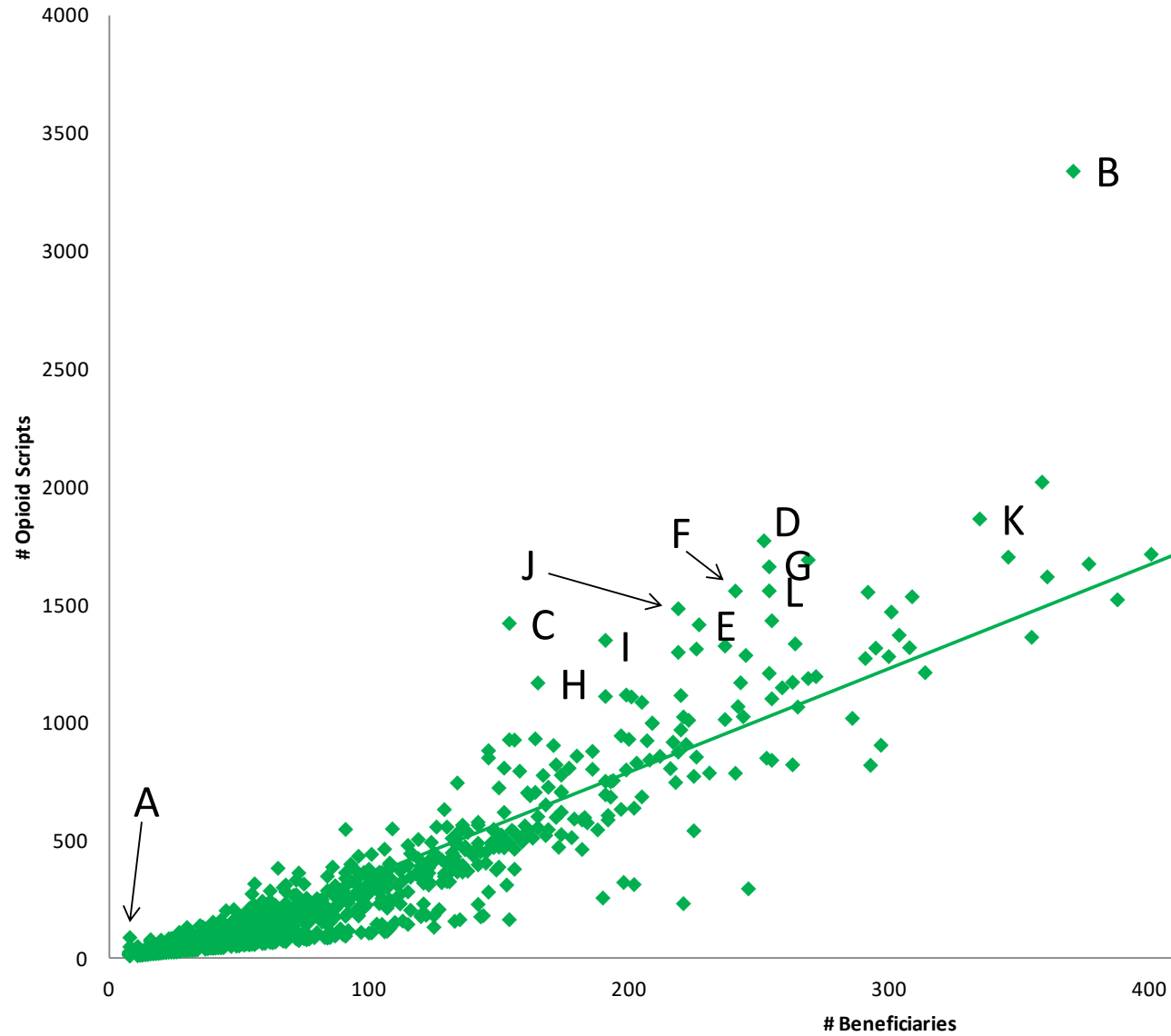
Opioid Days Supplied Per Beneficiary 2014 ($p < .05$; VT prescriber $n > 100$)



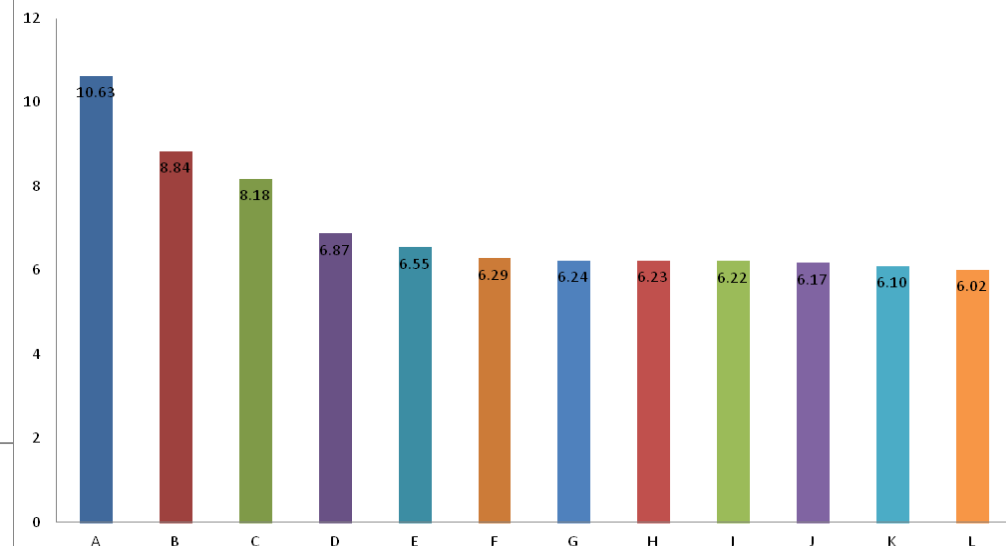


Findings: Prescriber Outliers

VT MD Opioid Scripts Filled per Beneficiary 2013 & 2014



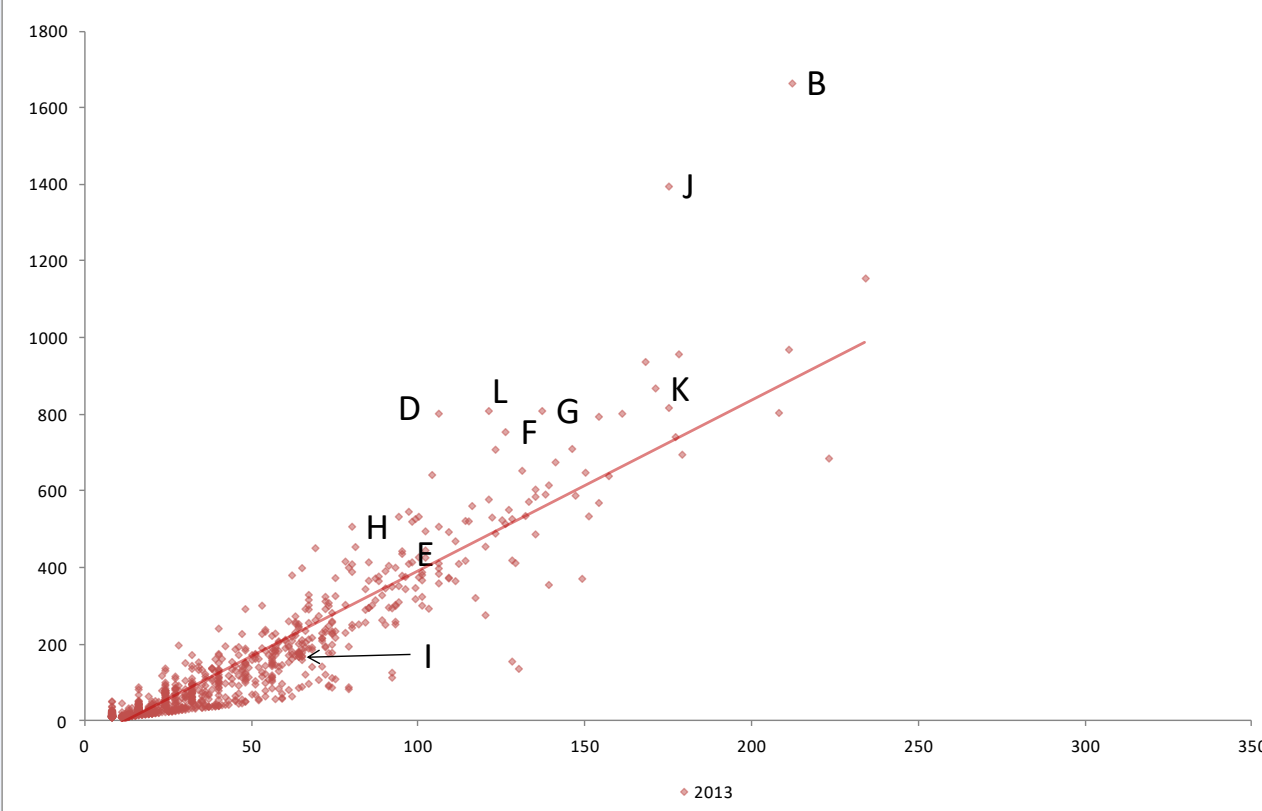
Opioid Scripts Per Beneficiary by Doctor (Z-Score > 3)



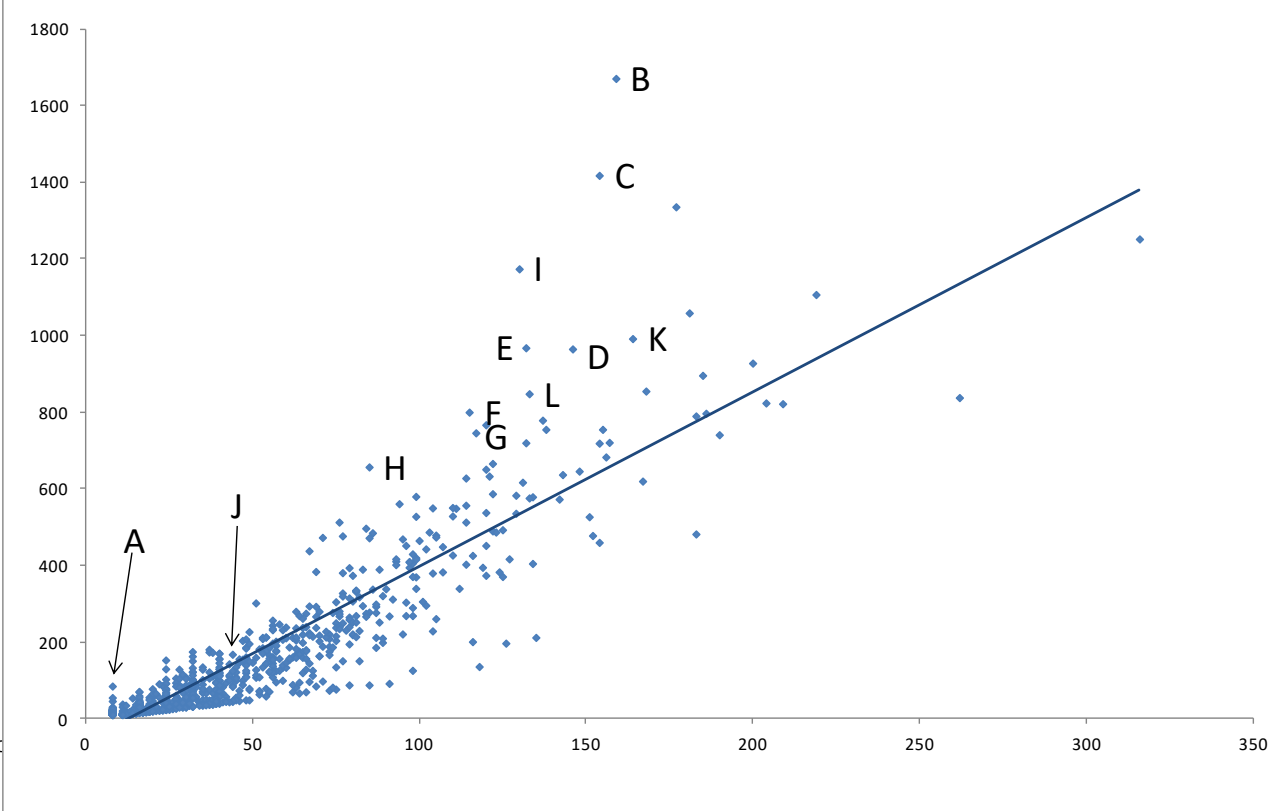
Findings: Prescriber Outliers



VT MD Opioid Scripts Filled per Beneficiary 2013



VT MD Opioid Scripts Filled per Beneficiary 2014



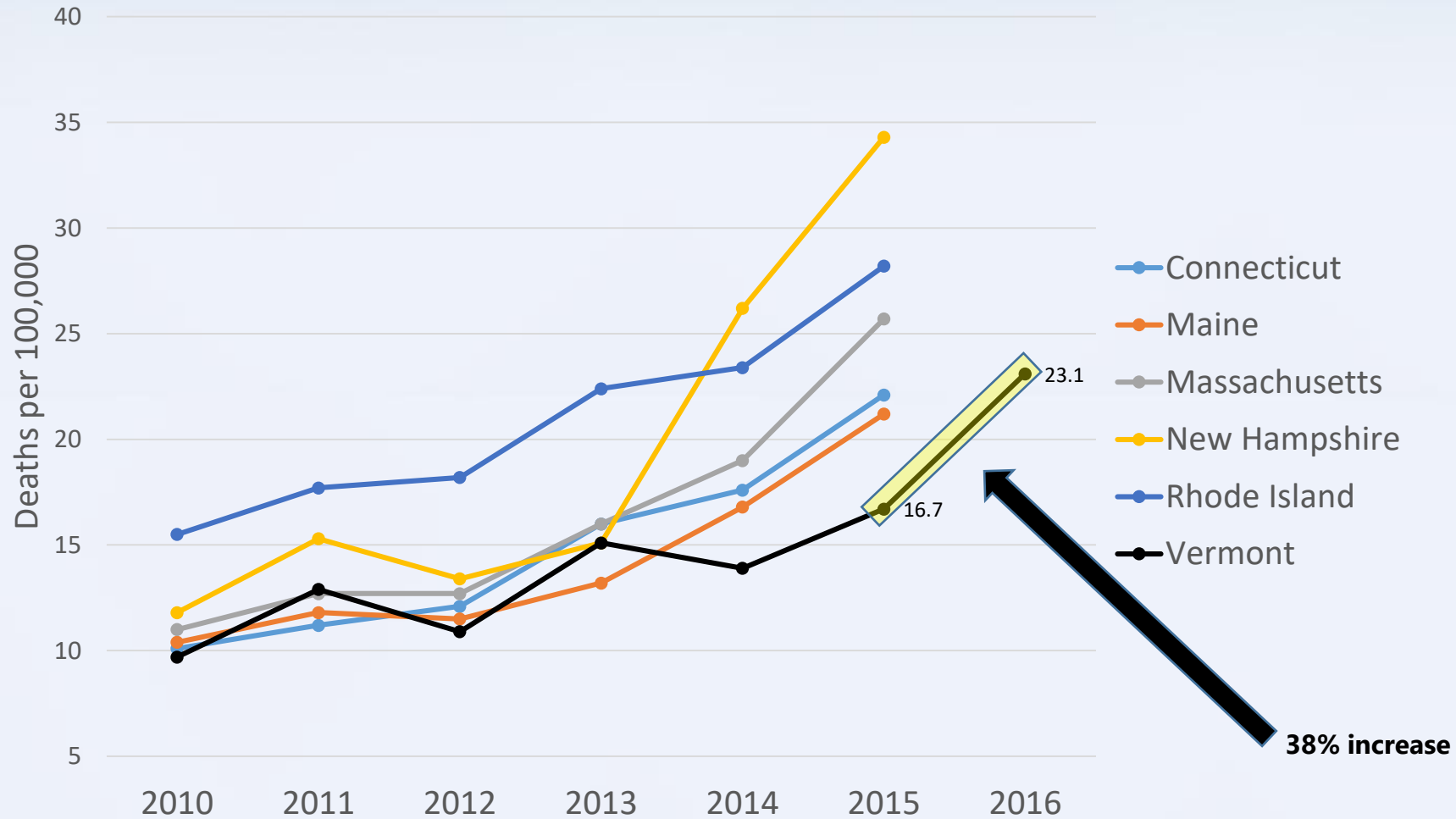
Limitations/Implications



- Medicare Part D covers 14% of insured Vermonters
 - May not be able to generalize findings to entire population of Vermonters receiving prescription drugs
 - But could be indicative of wider practices
 - Offers glimpse into population that might be at risk for opioid addiction
 - Highlights the importance of further transparency in public health
- Data only available through 2014
 - Demonstrates the need for more timely public health data releases
- Why we should push for more inclusive, timely public health prescription data:
 - Generate public discourse about opioid prescribing practices
 - Give doctors the opportunity to compare their practices to those of their peers
 - Allow for monitoring of progress in prescribing practices

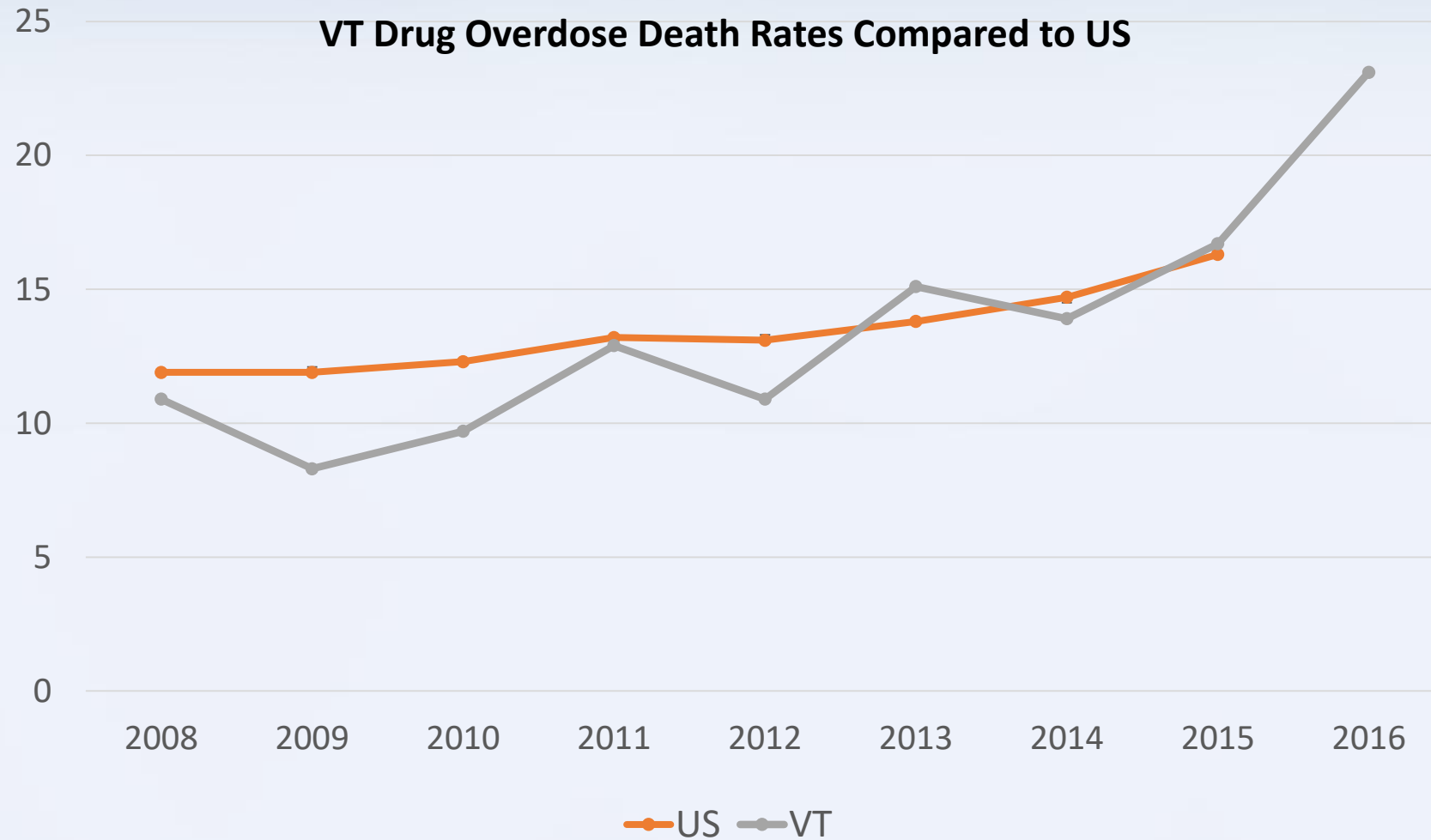


New England Drug Overdose Deaths (from VDH)





New England Drug Overdose Deaths (from VDH)



Quarterly Update for 2016 – PRELIMINARY DATA

This data brief is updated quarterly. Death data are mostly complete within ten weeks of death. Therefore, expect updates ten to twelve weeks after the end of each quarter.

2016 Drug-Related Fatalities Update – PRELIMINARY*										
Quarter	Total number by gender		Total number of drug-related fatalities by manner			Total number of accidental and undetermined manner drug-related fatalities involving an opioid				
	Male	Female	Accident	Suicide	Undetermined	Total**	<i>Rx opioid no fentanyl</i>	Heroin	Fentanyl	
I: Jan-Mar	20	16	27	3	6	24	13	9	9	
II: Apr-Jun	27	6	27	5	1	23	10	11	7	
III: Jul-Sept	27	11	32	5	1	30	9	15	17	
IV: Oct-Dec										

*NOTE: Next update will be available in April 2017. **NOTE: Prescription opioid, fentanyl and heroin deaths are not mutually exclusive.

Conclusion

According to data from the Vermont Department of Health Vital Statistics System, overall drug-related fatalities in Vermont have not changed greatly over the past few years. Starting in 2013, **heroin- and fentanyl-related fatalities have risen sharply.**

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Updated: 1/5/17

Numbers may vary slightly due to changes in analysis methodologies.

Ranking Potential Overdose Deaths: the DCO “Likelihood Scale”

Not all potential overdose deaths are created equal. Certain factors, including the presence of narcotics at the scene, the decedent’s overdose history, and/or “quick toxicology” results performed by the OCME’s office combine to make some deaths more likely to be overdose deaths than others.

In conjunction with the OCME, DCO developed the following “Likelihood Scale” to rank the probability that pre-screened deaths may eventually be confirmed as overdoses. We expect that deaths ranked “1” are more likely to be overdoses than those ranked “2” or “3.” Deaths ranked “4” do not have enough information to rule in or out, and so are included as a catch-all category.

OCME typically releases final death certificates 30 to 60 days after the date of death. As this information is released, we will be able to assess the accuracy of each of our rankings. This will help us to refine our process and create more accurate predictions going forward.

Actual tool
used by
deputies

Name	
Date of Call	
Date of Birth	
Town of Death	
Town of Residence	
Gender	
1	Decedent known to have been using drugs immediately prior to death; or, Decedent found with evidence of active drug use (i.e. needle in arm)
2A	Decedent found with illicit drugs or paraphernalia (glassines; syringes, pipes, or straws with residue) in immediate vicinity.
2B	Decedent found with prescription opiates or alprazolam in immediate vicinity
3	Decedent has prior history of substance abuse/overdose; or, Hospital toxicology or OCME quick toxicology positive for narcotics; <i>and neither 1 nor 2A applies</i>
4	Decedent found in suspicious circumstances (i.e. unconscious in public area; young person) with no signs of trauma or suicide, and no explanatory medical history (i.e. long term illness)

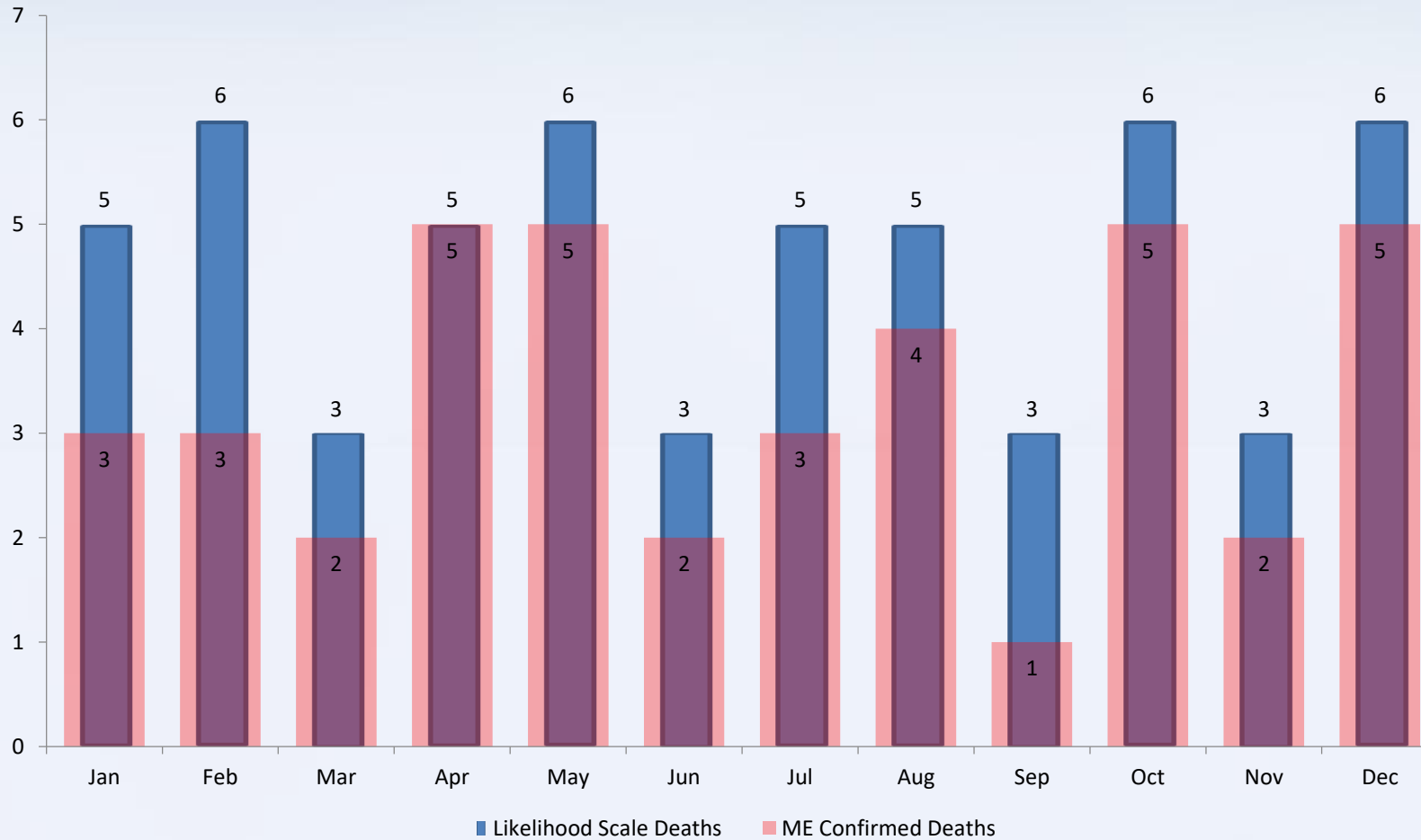
The likelihood ranking may be revised as additional information comes to light. For example, a known heroin user who dies at home without any drugs on scene would be ranked as a “3.” However, if the NYPD 61 notes that the roommate flushed two baggies of heroin before law enforcement arrived, the ranking would be revised to a “2.”

Similarly, an unattended body in a park with no trauma or explanatory history would be ranked a “4.” However, if the NYPD investigation reveals that the decedent was using narcotics at another location earlier that day, the ranking would be revised to a “1.”

Overdose Deaths in Chittenden County



Monthly Drug Overdose Deaths in Chittenden County*

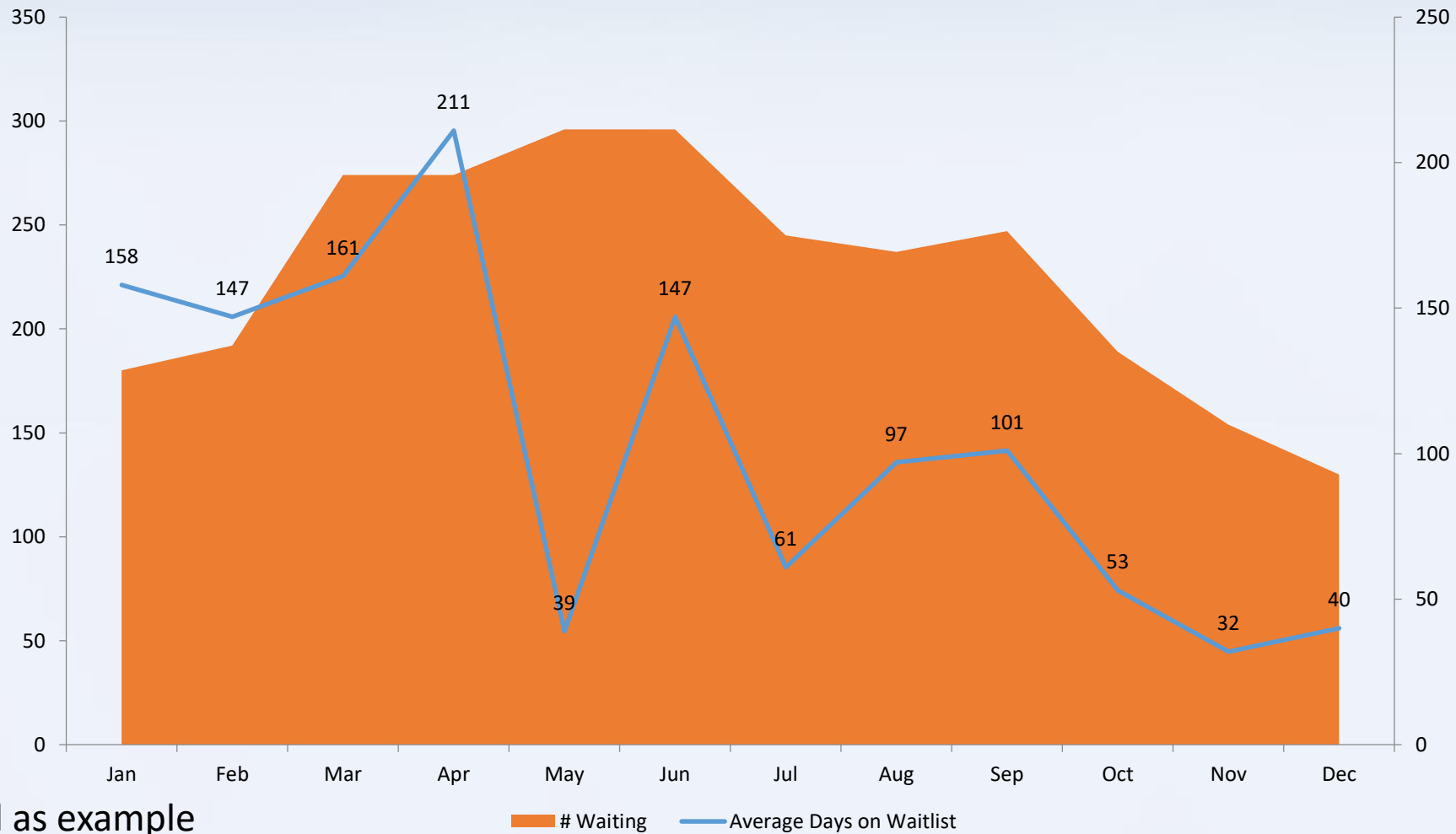


*Artificial data used as example



CC Hub Waitlist and Wait Days

Chittenden County Hub # Awaiting Treatment & Average Wait Days*

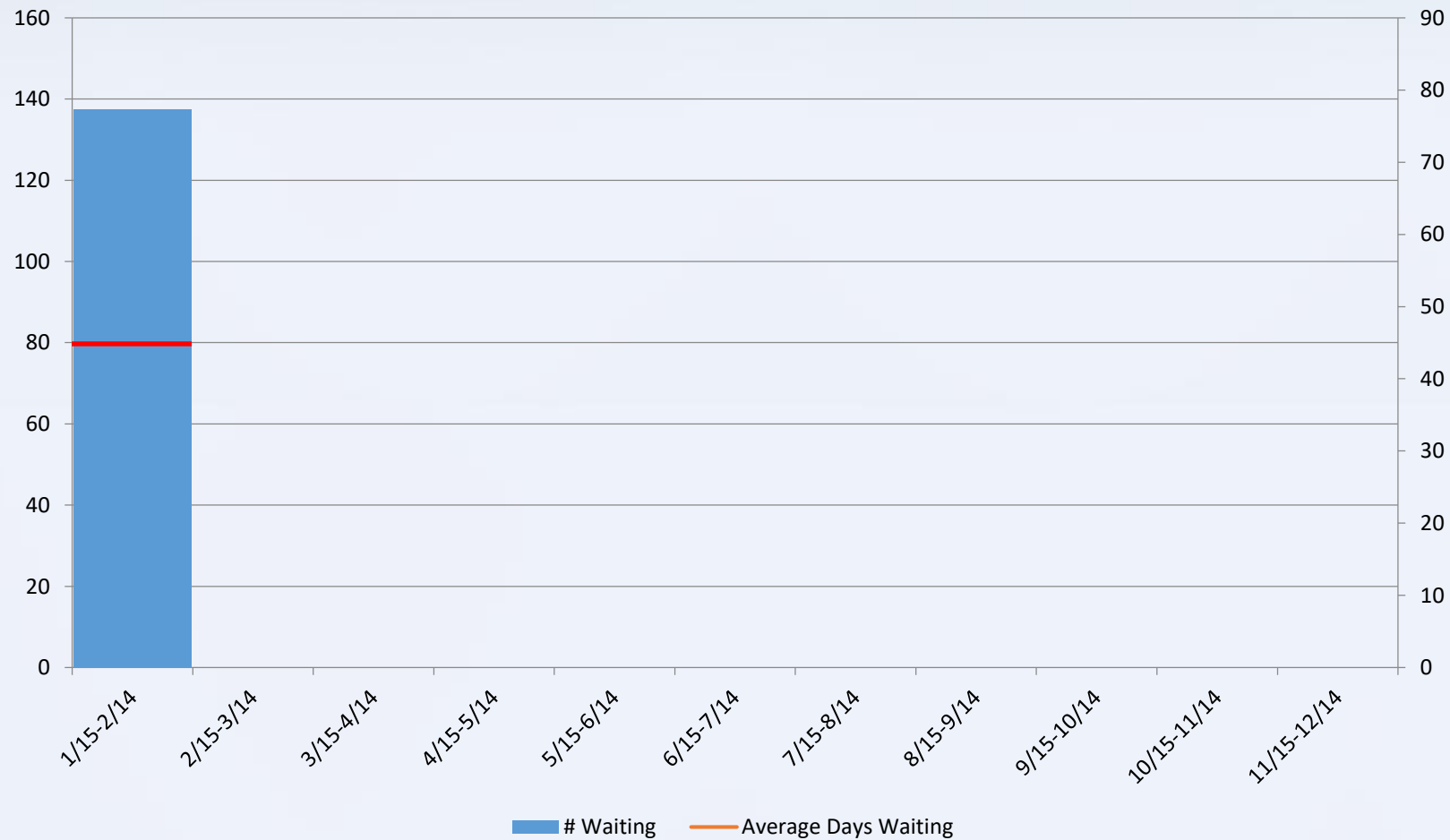


*Artificial data used as example

CC Hub Waitlist and Wait Days



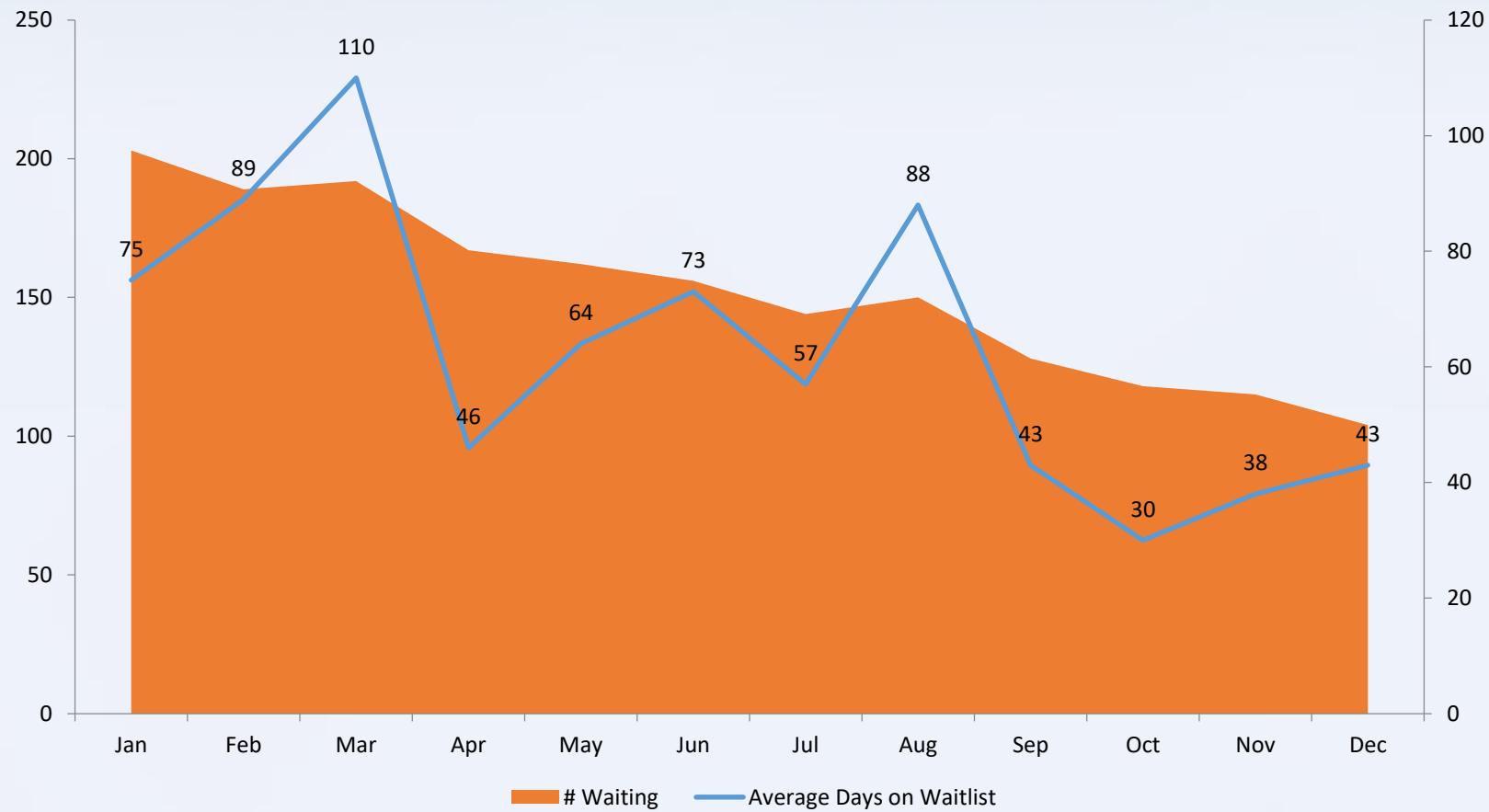
Chittenden Hub Active Waitlist # and Avg Wait Days





CC Spokes Waitlist and Wait Days

Chittenden County Spokes # Awaiting Treatment & Average Wait Days*



*Artificial data used as example

The relentless marketing of pain pills.
Crews from one small Mexican town
selling heroin like pizza. The collision has
led to America's greatest drug scourge.

The True Tale of America's Opiate Epidemic

DREAM LAND



SAM QUINONES

