

ATTACHMENT B

OPIOID EMERGENCY RESPONSE TEAM – DATA COMMITTEE

- COORDINATING:** S.C. Department of Behavioral Health and Developmental Disabilities – Office of Substance Use Services;
S.C. Emergency Management Division
- PRIMARY:** S.C. Department of Public Health; S.C. Law Enforcement Division; S.C. Department of Public Safety;
S.C. Department of Health and Human Services; Atlanta-Carolinas High Intensity Drug Trafficking Area;
S.C. Revenue and Fiscal Affairs Office; S.C. Department of Corrections
- SUPPORTING:** S.C. Department of Social Services; S.C. Department of Probation, Parole and Pardon Services; S.C. Department of Juvenile Justice; S.C. Department of Behavioral Health and Developmental Disabilities – Office of Mental Health;
S.C. Public Employees Benefit Authority; Blue Cross Blue Shield of South Carolina; S.C. Hospital Association;
S.C. Medical Association; S.C. Coroners’ Association;
Palmetto Poison Center; S.C. Office of Rural Health

I. INTRODUCTION

- A. The need for comprehensive and accurate opioid-related data is critical to both understanding prescription drug misuse and illicit drug use in South Carolina, as well as measuring the success of the goals and objectives set forth in the South Carolina Opioid Emergency Response Plan (SCOERP).
- B. Data sharing among all levels of government and the private sector is paramount to addressing the opioid epidemic.
- C. Shared data dashboards accessible to the public are a requirement of the Opioid Emergency Response Team (OERT) and SCOERP.

II. PURPOSE

- A. Collect statewide opioid data to assess the opioid epidemic through predefined data metrics at the state and county levels and provide this information to the public through online dashboards.
- B. Utilize data to inform progress in each focus area against goals and objectives to sustain or modify program delivery.
- C. Use analytics for data-driven engagement and outreach to segment populations and drive targeted messaging to reduce the opioid threat.

III. SCOPE

- A. Identify the state agency partners and current datasets pertaining to opioid use and misuse in South Carolina.
- B. Define the data metrics required to analyze the progress of the OERT in meeting the goals and objectives set forth in the SCOERP.

IV. ASSUMPTIONS

- A. Data on the total number of individuals using opioids, illicit or prescribed, does not currently exist; therefore, datasets on known treatment (payer source, insurance, Medicaid/Medicare), illicit use or possession (law enforcement interaction/discovery), vital statistics, and administrations of naloxone/reversal medication are the best available data.
- B. Data may be incomplete or only partially explain the current burden based on a variety of reasons:
 - 1. Data may be reported by “event” or by number of opioids in the system of an individual. Collection methods vary across the state from jurisdiction to jurisdiction and among state agencies. Categories for certain metrics (e.g., overdose deaths) are not mutually exclusive, as multiple drugs may be in an individual’s system at time of “event.”
 - 2. Not all officers in the state are trained on or carry Narcan (i.e., naloxone). Not all law enforcement agencies participate or provide data on seizures, lab work, etc., to a centralized database or agency. Community distribution of naloxone has increased rapidly in recent years; hence, administrations of naloxone solely by EMS are only part of the picture.
 - 3. Drug identification may not be performed by EMTs, law enforcement, or in some medical settings. In some cases, drug identification may be incorrect or misleading. Toxicology is not always performed for cause of death by coroners, especially in children, and may not be performed for all substances. Furthermore, toxicology alone cannot always distinguish between prescribed and illicit sources of certain substances.
 - 4. Medical claim (payer) data may be incomplete or not timely due to lags in the claim system. In addition, SCRIPTS data tracks controlled substances for schedules II, III, and IV but does not track other prescribed drugs or naloxone dispensed.
- C. Data that requires medical diagnosis or procedural coding (e.g., International Statistical Classification of Diseases and Related Health Problems) prior to 2016 used different medical codes and collection methods; therefore, coded data (e.g., hospitalizations) will only be used from January 1, 2016, and beyond.

V. SITUATION

- A. The opioid problem must be addressed using a range of strategies.
- B. The only way to effectively measure the strength and execution of these strategies is to capture opioid data statewide using common methodologies, metrics, and indicators.
- C. South Carolina opioid data can be compared year to year to determine success of strategies and the SCOERP. The state data can also be compared with national figures to determine our success nationally.
- D. Data will enable the identification of potential social and medical determinants for opioid dependency that will aid in the development of better prevention systems.
- E. Predictive analytic models can use claims data to identify patients at risk for or struggling with opioid use disorder.

VI. CONCEPT OF OPERATIONS

- A. The S.C. Department of Behavioral Health and Developmental Disabilities (BHDD) Office of Substance Use Services (OSUS) is the lead agency responsible for organizing, collecting, and displaying opioid-related data and metrics, including the provision of a publicly accessible online opioid data dashboard.
- B. OSUS will serve as co-chair of the OERT Data Committee and will coordinate with primary and support agencies to review and collect their opioid-related data for inclusion in the data dashboard.
- C. The S.C. Emergency Management Division (SCEMD) serves as a co-chair along with OSUS for the OERT Data Committee to ensure the committee meets the intent of the goals set forth in the SCOERP and assists with multi-agency coordination and collaboration.
- D. The OERT Data Committee will:
 - 1. Share data to accurately depict the opioid crisis in South Carolina.
 - 2. Attend meetings where data will be discussed and evaluated for inclusion in the opioid metrics and dashboard. Meetings will be held at least quarterly.
 - 3. Provide information on data limitations and work together to address issues with data-collection consistency at the state level.
 - 4. Share agency opioid points of contact and web page addresses with the group for inclusion in the dashboard and other reference materials.

5. Exploit the expert resident in each organization to generate solutions to support and enhance the data dashboard.
- E. The OERT Data Committee may request specific information from state agencies and local jurisdictions to assist with identifying data and metrics related to opioids to strengthen existing analysis and statistics.

VII. ROLES AND RESPONSIBILITIES

- A. S.C. BHDD Office of Substance Use Services
1. Co-Chair of the OERT Data Committee.
 2. Host the dashboards on the “Just Plain Killers” website (www.justplainkillers.com/data).
 3. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.
 4. Provide briefs to the OERT Principals Group.
 5. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, the number of patients with opioid use disorder.
 6. Share data trends that would assist focus area groups in measuring effectiveness of program delivery as needed.
 7. Maintain the OERT Data Committee Attachment.
 8. Attend weekly OERT overdose conference calls organized by the S.C. Department of Public Health.
- B. S.C. Emergency Management Division
1. Co-Chair of the OERT Data Committee.
 2. Host meetings of the OERT Data Committee.
 3. Provide briefs to the OERT Principals Group.
 4. Maintain the OERT Data Committee Attachment.
- C. S.C. Department of Public Health (DPH)
1. Attend OERT Data Committee meetings.

2. Assist with data collection, publication of, and quality assurance for dashboards on the “Just Plain Killers” website (www.justplainkillers.com/data).
 3. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.
 4. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, vital statistics (deaths related to all drug overdoses, opioids, heroin, methadone, psychostimulants with abuse potential, and cocaine), SCRIPTS data (number of opioid prescriptions dispensed per 1,000 residents, number of benzodiazepines dispensed per 1,000 residents, and number of stimulants dispensed per 1,000 residents), Narcan data (number of naloxone administrations via EMS and law enforcement), and incidence of Hepatitis C cases.
 5. Organize and attend weekly OERT overdose conference calls.
 6. Host meetings of the OERT Data Committee.
 7. Share data trends that would assist focus area groups in measuring effectiveness of program delivery as needed.
- D. S.C. Law Enforcement Division
1. Attend OERT Data Committee meetings.
 2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.
 3. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, number of traffic fatalities involving an opioid, number of DUIs related to an opioid, and number of child fatalities containing an opioid.
 4. Share data trends that would assist focus area groups in measuring effectiveness of program delivery as needed.
 5. Attend weekly OERT overdose conference calls organized by DPH.
- E. S.C. Department of Public Safety
1. Attend OERT Data Committee meetings.
 2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.

3. Continually assess internal data-collection efforts to determine if there are agency metrics that should be included in the data dashboards.
- F. S.C. Department of Health and Human Services
1. Attend OERT Data Committee meetings.
 2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.
 3. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, number of patients with opioid use disorder and number of providers dispensing naloxone.
 4. Share data trends that would assist focus area groups in measuring effectiveness of program delivery as needed.
- G. Atlanta-Carolinas High Intensity Drug Trafficking Area Program
1. Attend OERT Data Committee meetings.
 2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.
 3. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, total quantity of reported seized opioid drugs.
- H. S.C. Revenue and Fiscal Affairs Office
1. Attend OERT Data Committee meetings.
 2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.
 3. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, all drug overdose hospitalizations (emergency department and inpatient), opioid overdose hospitalizations (emergency department and inpatient), and rate of newborns with Neonatal Abstinence Syndrome.
- I. Palmetto Poison Center
1. Attend OERT Data Committee meetings.
 2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.

3. Continually assess internal data collection efforts to determine if there are organizational metrics that should be included in the data dashboard.
- J. S.C. Department of Corrections (SCDC)
1. Attend OERT Data Committee meetings.
 2. Collaborate and coordinate with state agencies to refine and enhance data-collection efforts.
 3. Provide agency data on opioids to the committee on an at least annual basis. Data will include, at a minimum, current opioid drug use of the SCDC population.
- K. S.C. Department of Social Services
1. Attend OERT Data Committee meetings.
 2. Continually assess internal data-collection efforts to determine if there are agency metrics that should be included in the data dashboard.
- L. S.C. Department of Probation, Parole and Pardon Services
1. Attend OERT Data Committee meetings.
 2. Continually assess internal data-collection efforts to determine if there are agency metrics that should be included in the data dashboard.
- M. S.C. Department of Juvenile Justice
1. Attend OERT Data Committee meetings.
 2. Continually assess internal data-collection efforts to determine if there are agency metrics that should be included in the data dashboard.
- N. S.C. BHDD Office of Mental Health
1. Attend OERT Data Committee meetings.
 2. Continually assess internal data-collection efforts to determine if there are agency metrics that should be included in the data dashboards.
- O. S.C. Coroners' Association
1. Provide insights into data that may assist other focus areas in measuring program delivery progress.

P. S.C. Hospital Association

1. Participate in OERT Data Committee meetings to assess what information will assist in measuring objective effectiveness to support goals in Focus Area 1 (Communicate and Educate).
2. Provide insights into data that may assist other focus areas in measuring program delivery progress.

Q. S.C. Public Employee Benefit Authority

1. Share insights on insurance trends that would assist the focus area groups.
2. Provide recommendations on data that support better analysis of actions in program delivery.

R. Blue Cross Blue Shield of South Carolina

1. Share insights on industry trends that would assist the focus area groups.
2. Provide recommendations on data that support better analysis of actions in program delivery.

VIII. PLAN MAINTENANCE

This plan is maintained by OSUS and SCEMD with assistance from primary and supporting agencies in accordance with the maintenance, evaluation, and review schedule outlined in the SCOERP.

SCOERP Data Metrics
(Data displayed on justplainkillers.com/data)

Opioid-Related Data	Source
Mortality	S.C. Department of Public Health
Prescription	S.C. Department of Public Health
EMS	S.C. Department of Public Health
Hospital	S.C. Revenue and Fiscal Affairs Office
Child	S.C. Revenue and Fiscal Affairs Office
State-funded treatment	S.C. BHDD Office of Substance Use Services
Medicaid	S.C. Department of Health and Human Services
Criminal justice	S.C. Department of Corrections
Infectious disease (HIV and Hep C)	S.C. Department of Public Health