



CHANGING
Maryland
for the Better

PDMP and Overdose Fatality Review

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Department of Health and Mental Hygiene

National Association of State Controlled Substances Authorities (NASCSA) Annual
Conference

October 21, 2016



Agenda

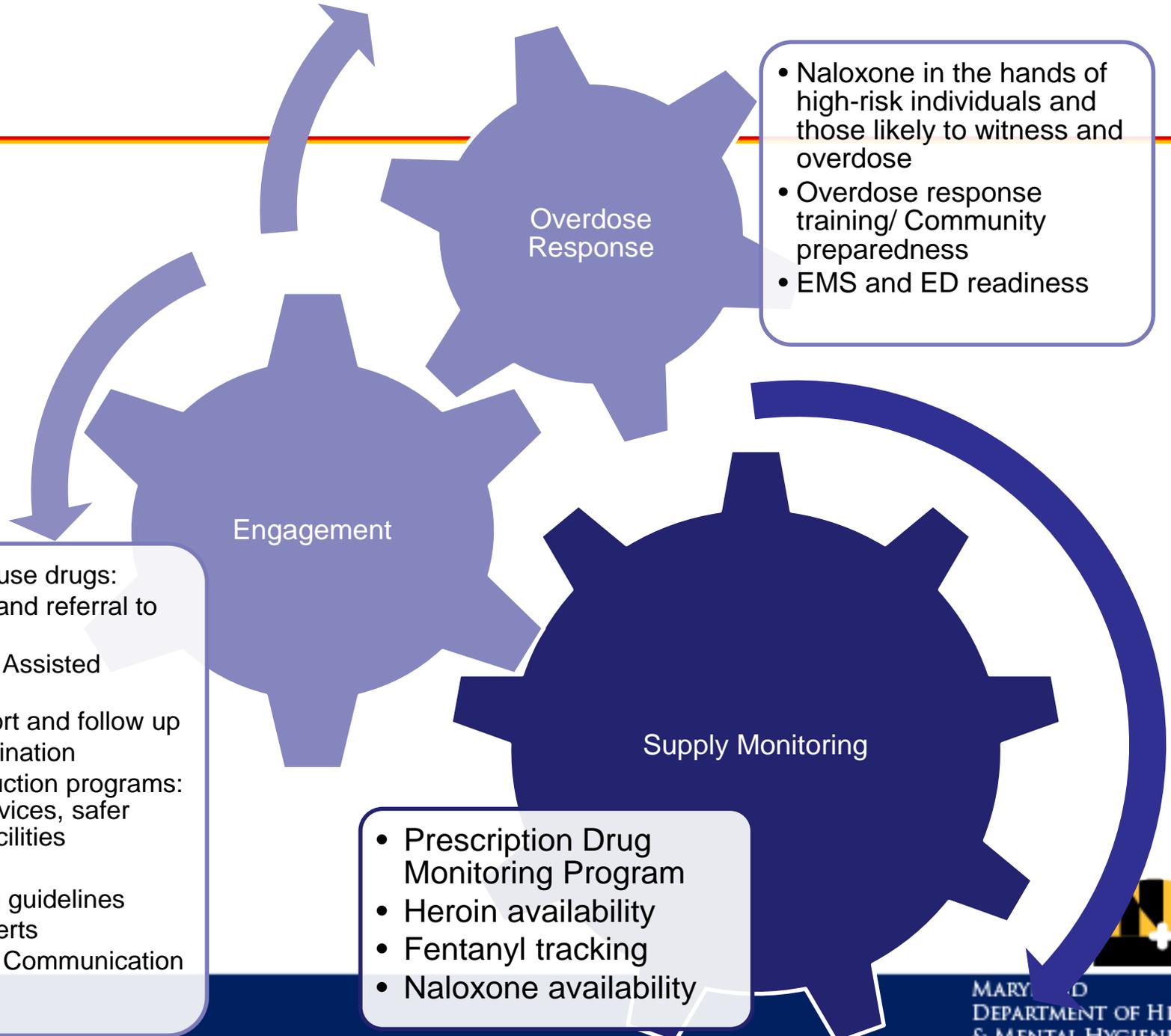
1. Maryland context
2. Overview of the fatality review legality and process
3. PDMP data
4. Public health program focus
5. Sample Case
6. Outcomes



Overdose Fatality Review Background

- 2011-2012: State tracks significant rise in OD deaths (Rx opioid & heroin-related)
- Jan. 2013: Maryland Opioid Overdose Prevention Plan
 - Implement Prescription Drug Monitoring Program
 - Surveillance of problematic prescribing/dispensing
 - Overdose education & naloxone distribution
 - Continue access expansion for opioid replacement therapy (methadone & buprenorphine)
 - Local overdose prevention plans
 - **Pilot local overdose fatality review teams (LOFRT)**





- Naloxone in the hands of high-risk individuals and those likely to witness and overdose
- Overdose response training/ Community preparedness
- EMS and ED readiness

- People who use drugs:
 - Screening and referral to treatment
 - Medication Assisted Treatment
 - Peer support and follow up
 - Care coordination
 - Harm Reduction programs: syringe services, safer injection facilities
- Physicians:
 - Prescribing guidelines
 - Provider alerts
 - OFR Team Communication

- Prescription Drug Monitoring Program
- Heroin availability
- Fentanyl tracking
- Naloxone availability

Overdose Fatality Review Overview

- Modeled after existing mortality review programs (Child Fatality Review)
- Multi-agency/multi-disciplinary team assembled at local (county/Balt. City) level to conduct confidential reviews of overdose death cases
- Goal to prevent **future** deaths by:
 - Identifying missed opportunities for prevention and gaps in system
 - Building working relationships b/t local stakeholders on OD prevention
 - Recommending policies, programs, laws, etc. to prevent OD deaths
 - Informing local overdose prevention strategy



Overview Ctd.

- Implementation supported by 2013 DOJ Harold Rogers PDMP grant
- DHMH interagency collaboration to provide T/A & data to teams, including:
 - Death investigation records from Office of Chief Medical Examiner
 - Confirmed decedent info from death certificate
 - Coded toxicology data
 - Substance use disorder treatment records from statewide database
- Team members bring info from respective agencies about decedents to inform review
- 2014: 3 Pilot Teams → Baltimore City, Cecil County, Wicomico County
- Currently 18 teams active (out of 24 total jurisdictions)
- 300+ cases reviewed to date



OFR Legal Authority

- Pilot phase: Existing state “medical review committee” statute provided authority for local health depts. to establish teams
- OFR law effective October 2014:
 - Direction on team structure and operations (membership, goals, etc.)
 - Requires healthcare providers & gov. agencies to provide decedent records on request from team
 - Civil liability protection for team members and those that provide information
 - Confidentiality requirements
 - Establishes DHMH oversight and team reporting requirements
- *Changes to PDMP law allow for access for cases under review*



PDMP Data

Health Information
Designs Inc.

Maryland
Query Report

Patient Rx History Report

DATA DUMMY

Search Criteria: Last Name 'Data' and First Name 'Dummy' and D.O.B. = '01/01/80' and Request Period = '01/01/07/13/16' - 2 out of 2 Recipient(s) Selected.

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	RX#	N/R*
12/05/2013	HYDROCODON-ACETAMINOPHEN 5-500	30.00	30	01744409	ZZ1234567	12/05/2013	6547	N
12/03/2013	OXYCODONE HCL 15 MG TABLET	25.00	25	01744409	ZZ1234567	12/03/2013	6987	N
12/01/2013	CLONAZEPAM 1 MG TABLET	30.00	30	01744409	AA9876543	12/01/2013	9874	N
11/28/2013	HYDROCODON-ACETAMINOPH 7.5-325	15.00	15	01744409	MM1234567	11/28/2013	951235	N
11/23/2013	OXYCONTIN 20 MG TABLET	30.00	30	01744409	ZZ1234567	11/23/2013	32165	N
11/18/2013	OXYCODONE-ACETAMINOPHEN 10-325	30.00	30	01744409	AA9876543	11/18/2013	65230	N
11/30/2013	LORAZEPAM 0.5 MG TABLET	30.00	30	01744410	AA9876543	11/30/2013	74121	N
11/15/2013	ALPRAZOLAM 0.5 MG TABLET	10.00	10	01744410	MM1234567	11/15/2013	3574	N
11/01/2013	OXYCODONE HCL 5 MG TABLET	20.00	20	01744410	MM1234567	11/01/2013	4567	N

*N/R N=New R=Refill

Prescribers for prescriptions listed

AA9876543 TEST, DOCTOR; , 123 Orioles Street, Baltimore MD 21211
 ZZ1234567 DOCTOR, TERP; , 1235 College St, College Park MD 20742
 MM1234567 MD, TEST; , 9876 Test Drive, Sailsbury MD 21804

Pharmacies that dispensed prescriptions listed

XX9876543 The Wire Pharmacy; 6548 Wire Road, Baltimore MD 21206
 AB1234567 TEST PHARMACY; 123 Ravens Drive, Baltimore MD 21201
 ZY1234567 EXAMPLE PHARMACY; 1234 Terp Drive, College Park MD 20740

Patients that match search criteria

01744409 DATA DUMMY, DOB 01/01/80; 1234 MAIN ST, COLUMBIA MD 21044
 01744410 DATA DUMMY, DOB 01/01/80; 123 MAIN ST, COLUMBIA MD 21044

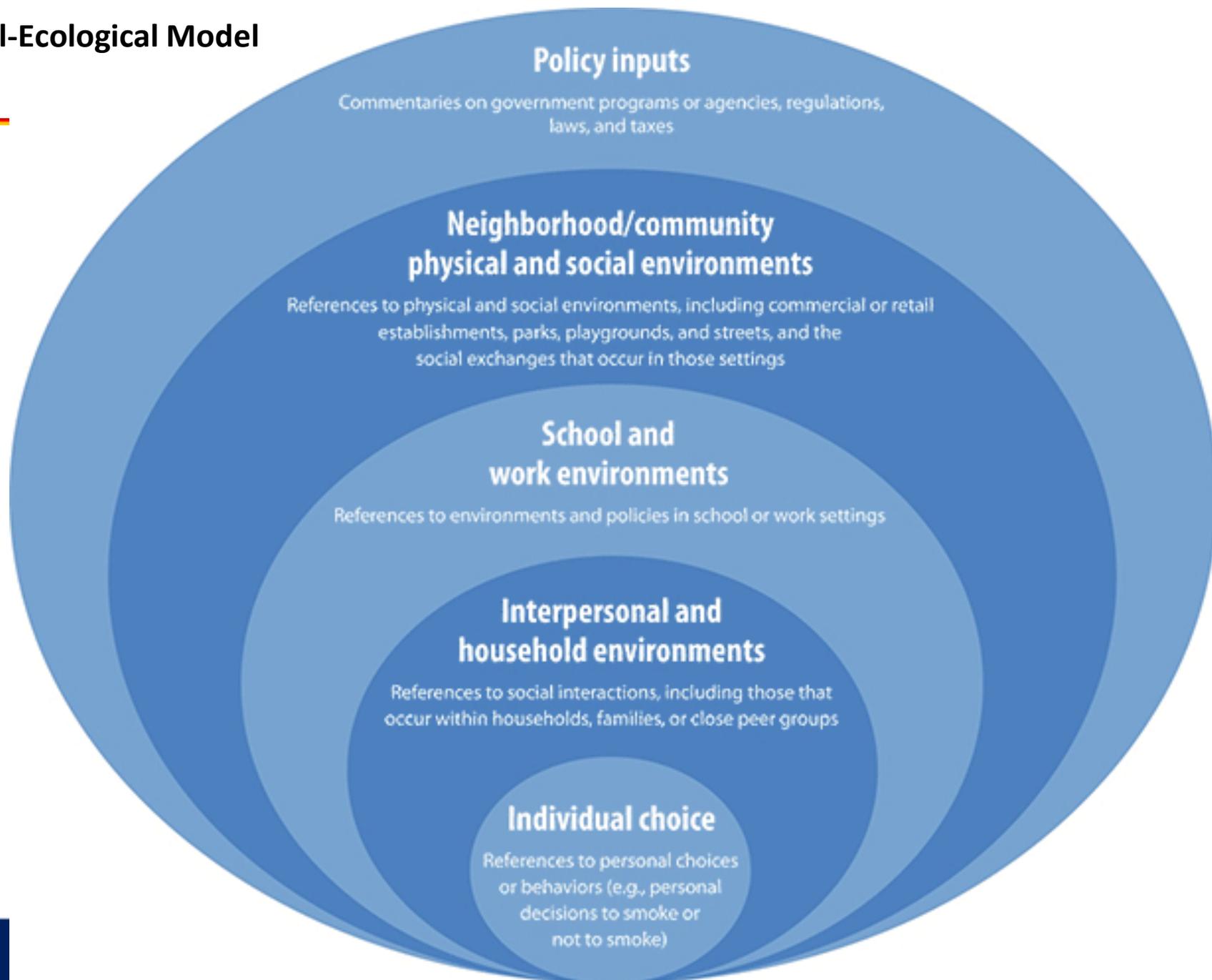


Team Members

- Emergency Medical Services
- Law enforcement (sheriff's office, police dept., etc.)
- Detention Center
- Court System (including drug court)
- Mental Health Treatment
- Social Services
- Community Supervision (parole and probation)
- State's Attorney's Office
- Harm Reduction Programs
- Local Pharmacy/ PDMP
- Drug Treatment (Public and Private)
- Hospital
- Board of Education
- Dept. Juvenile Services



Social-Ecological Model



Coalition Impact

- Establishment of ‘safe space’
 - Allows for theory testing
 - Encourages increased community participation
 - Provides quicker, real-time feedback on effectiveness of changes
 - Encourages cross-specialty collaboration
- Facilitates a person-centered approach across multiple systems
- Relationship to other coalitions (Opioid Misuse Prevention Program coalition, Local Drug and Alcohol Abuse Council, and local strategic planning efforts)
 - OMPP offers the potential to create new programs, systems, and opportunities based on the information gathered by LOFRT case reviews
 - Strong focus on prevention and systemic improvement
 - Allows and encourages LOFRT group members to see more “tangible” outcomes for their efforts and be involved from the start



Sample Case: Mr. Leighman

- OCME Data:
 - 48 AA Male
 - DOD: 10/1/2015
 - COD: Heroin Intoxication
 - Autopsy? Yes
 - Other substances in toxicology screen: Benzoyl, Cocaine, Codeine, Freemorphine, Morphine
 - Manner of death: undetermined
 - Location of residence: Somerset County
 - Location of incident: Wicomico County



OCME Activity Comments

Stewart Leighman, black, male, DOB 7/29/1967, lives in a wooded area in a small tent near Salisbury, Wicomico County, Maryland. On 10-1-15 at 0830 hrs. He met his girl friend in Salisbury, Md. and they walked to the local hospital where she visited with her mother and apparently borrowed some money from her, thirty dollars of which she gave to Mr. Leighman. The two parted ways at 1200 pm and Mr. Leighman said he would see her back at the tent. The girlfriend did not return to the tent because of the heavy rain, instead, she called Robert Lewis, Mr. Leighman's cousin, to check on him. Mr. Lewis went to the tent at 1845 hrs. And discovered Mr. Leighman lying on his back in the tent with just his shorts on, he was unresponsive and Mr. Lewis could not awaken him. Mr. Lewis called 911 and he says he started CPR. Arriving EMS found him in asystole and transported him to the ED. He was given life saving treatment to no avail. He was determined dead at 1942 hrs. Mr. Leighman has a history of Diabetes and stomach problems. He has a history of Cocaine use and Heroin use. The family requested a funeral home and they were called and agreed to respond. OCME was notified of this case and autopsy was ordered by the F.I.



Investigation Questions

- Were other investigations conducted besides the Office of the Chief Medical Examiner (Law Enforcement, Drug Task Force)?
- What were the key findings of the investigation(s)?
- Does the team feel the investigation was adequate?
 - Is the investigation complete?
 - What more do we need to know?
- Does the team have suggestions to improve the investigative system?



Sample Case : Mr. Leighman

- EMS: day of death only
- Hospital: Yes (multiple ER visits for stomach pain)
- Social Services: Yes (food stamps and MA)
- Sherriff's Office: Yes
- State's Attorney's Office: Yes
- Court System: Yes (3 open cases, all drug related)
- Community supervision: Yes
- Drug Treatment: Yes
- Pain Management: Yes
- Pharmacy records: PDMP



Team Discussion: Mr. Leighman

- Mr. Leighman had open cases in different bordering counties on the Eastern Shore of MD
- Spent the better part of the past 25 years incarcerated
- Lived in 3 different counties, homeless at the time of death, did not have a good system of care
- No known referrals for Diabetes case management
- No cell phone made it difficult to provide follow up care
- Consistent interactions with providers for pain management



Service Delivery Questions

- Were there any services that the deceased was accessing or agencies he or she was involved with at the time of death?
- Were services provided to family members? If so, what can we learn about the person's life through the agency's interaction with the family members?
- Did the deceased transition between service providers or experience an extended gap of service? Were adequate referrals made, and was there sufficient communication among providers?
- Were there missed opportunities to provide services?
- Could the individual have been better engaged in services?
- Does the team have suggestions to improve service delivery systems?



Conclusions: Mr. Leighman

Risk factors:

- transience/homelessness
- history of addiction
- co-occurring chronic illness
- older adult
- possible long period of abstinence
- pain management

System-level implications:

- need for improved coordination of healthcare services for transient population
- overdose prevention and substance use disorder treatment access for incarcerated individuals
- community naloxone trainings targeting homeless population
- pain management co-prescription for naloxone



Notable LOFRT Findings

Decedent risk factors:

- Mental health treatment history (28%)
- Pain management (16%)
- Suicide attempts/ideation (10%)
- DUI/DWI (9%)
- Parole/probation at the time of death (8%)
- Intimate partner violence (as victim or perpetrator) (7%)
- Occurrence of trauma just before death (loss of a loved one, struggles with child custody, etc.)
- Older drug users with many co-occurring chronic health issues (20% of cases are older adults, 30% with untreated somatic health issues)

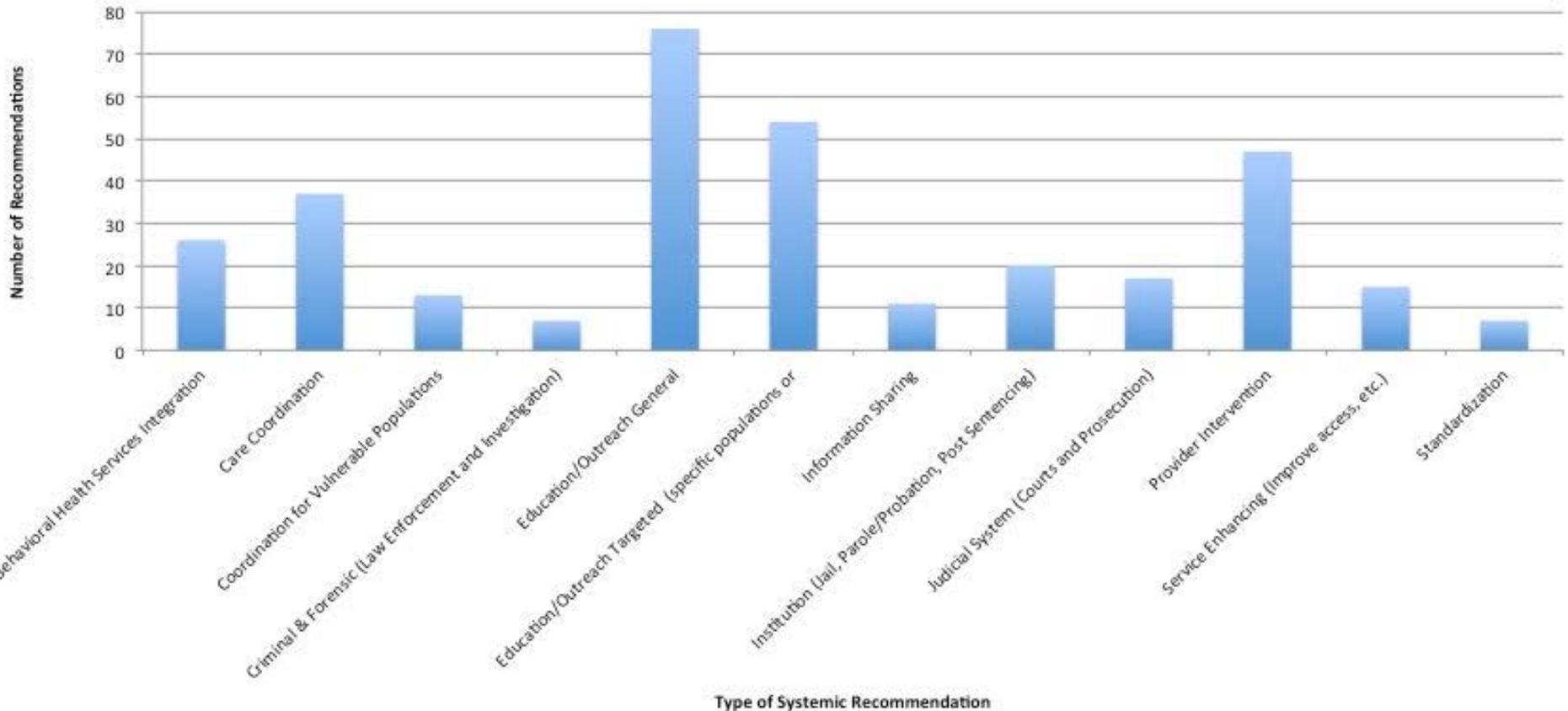
Incident factors:

- Deaths at home, often w/ family/housemates at home too
- Hotels and motels
- Recent release from jail
- Alcohol along w/ opioids in COD



Team Recommendations - 2015

Number of Systemic Recommendations by Category



Statewide Impacts/Outcomes to Date

Local:

- Training organization staff to use naloxone (Tx providers, LE, etc.)
- Increased attention to care coordination and referrals b/t service providers
- Changes to intake questionnaires to include questions about overdose history
- Promoting addiction education and assessment at all levels of the organization
- More direct outreach to families on overdose prevention and wraparound services by those that serve people at risk of overdose

State:

- System to monitor SUD provider reporting of patient OD deaths
- Research project investigating suicide overdose deaths
- Application to Harold Rogers 2016 to support team project to identify and provide services to decedents' family



TIME TO
REMEMBER.
TIME TO ACT.

31 AUGUST

—
INTERNATIONAL
OVERDOSE
AWARENESS DAY

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MARYLAND
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& MENTAL HYGIENE

