

Indiana Violent Death Reporting System (INVDRS)

Stakeholders and Advisory Board Meeting

Katie Hokanson, Director

Jessica Skiba, Injury Prevention Epidemiologist

Division of Trauma and Injury Prevention



Indiana State
Department of Health

Worksheet

- Questions / Concerns / roadblocks



INVDRS
Indiana Violent Death
Reporting System



Indiana State
Department of Health

Outline of Meeting

- Welcome & Introductions
- Follow-up from questions at previous AB meeting
- Progress on data collection for 2015
 - Death Certificate data
 - Coroners
 - Law Enforcement Agencies
 - Drug Overdose & Poisoning data collection



Indiana State
Department of Health

Outline of Meeting

- Grant Deliverables
 - Evaluation & Performance Measurement Plan – 3/31
 - Continuation Application – 4/2
- Data & Reports
 - National
 - Indiana
- Additional discussion



Introductions

- Name
- Organization
- Role/job title within organization
- Update
 - Events
 - Projects
 - Issues

(Related to
Violence & Injury
Prevention)



Indiana State
Department of Health

Data Confidentiality

- **Question to ISDH Office of Legal Affairs:**
 - If someone requests a victim's public record (from the INVDRS), does the ISDH have to release the records from coroners and law enforcement and the data collected from those records, or is it protected?

Data Confidentiality

- **Answer from ISDH Office of Legal Affairs:**
 - IC 5-14-3-4(a) exempts confidential records from disclosure
 - IC 5-14-3-6.5 requires a public agency that receives confidential record from another agency to maintain confidentiality.
 - If the coroner's office or law enforcement agency considers a record confidential, then the ISDH must also treat it as such.



Data Confidentiality

- Indiana Code website:

<https://iga.in.gov/legislative/laws/2014/ic/>

- Select the Title:



The screenshot shows the Indiana General Assembly website for the 2015 Session. The page is titled "Indiana General Assembly 2015 Session" and features a navigation menu with options like Information, Session, Committees, Legislation, Laws, and Publications. A search bar is visible in the top right corner. Below the navigation menu, there is a section for "Indiana Code" with a dropdown menu labeled "Select a Title...". The "Current Indiana Code as of the 2014 Regular Session and Technical Session" is displayed. The main content area lists the following titles:

- TITLE 1. GENERAL PROVISIONS
- TITLE 2. GENERAL ASSEMBLY
- TITLE 3. ELECTIONS
- TITLE 4. STATE OFFICES AND ADMINISTRATION
- TITLE 5. STATE AND LOCAL ADMINISTRATION
- TITLE 6. TAXATION
- TITLE 7.1. ALCOHOL AND TOBACCO
- TITLE 8. UTILITIES AND TRANSPORTATION
- TITLE 9. MOTOR VEHICLES
- TITLE 10. PUBLIC SAFETY
- TITLE 11. CORRECTIONS
- TITLE 12. HUMAN SERVICES
- TITLE 13. ENVIRONMENT
- TITLE 14. NATURAL AND CULTURAL RESOURCES
- TITLE 15. AGRICULTURE AND ANIMALS
- TITLE 16. HEALTH
- TITLE 17. REPEALED
- TITLE 18. REPEALED
- TITLE 19. REPEALED
- TITLE 20. EDUCATION
- TITLE 21. HIGHER EDUCATION
- TITLE 22. LABOR AND SAFETY
- TITLE 23. BUSINESS AND OTHER ASSOCIATIONS
- TITLE 24. TRADE REGULATION
- TITLE 25. PROFESSIONS AND OCCUPATIONS
- TITLE 26. COMMERCIAL LAW
- TITLE 27. INSURANCE
- TITLE 28. FINANCIAL INSTITUTIONS
- TITLE 29. PROBATE
- TITLE 30. TRUSTS AND FIDUCIARIES
- TITLE 31. FAMILY LAW AND JUVENILE LAW
- TITLE 32. PROPERTY
- TITLE 33. COURTS AND COURT OFFICERS
- TITLE 34. CIVIL LAW AND PROCEDURE
- TITLE 35. CRIMINAL LAW AND PROCEDURE
- TITLE 36. LOCAL GOVERNMENT

Data Confidentiality

- Or you can search by title, article, chapter and/or section:



Search Code Bills Legislators

Title required, Article, Chapter or Section optional

T A C S Keyword

Data Element - 5.6.9

Jealousy (Lovers' Triangle)

- **AB Member Concern:** Use the of the outdated term: “Lovers’ triangle”.
- CDC understands this term is possibly outdated
 - Variable has been around since the data system was created in early 2000s
- **Result:** CDC has a revision process and this term will be up for discussion during the next revision cycle.

5.6.9 Jealousy (lovers' triangle): CME/LE_JealouslyCME/LE

Definition:

Identifies cases in which jealousy or distress over a current or former intimate partner's relationship or suspected relationship with another person led to the incident.

Response Options:

- 0 No, Not Available, Unknown
- 1 Yes

Discussion:

This variable categorizes violence that is directed against any individual that is involved in the love triangle, such as the current or former intimate partner or the romantic interest.

Do NOT apply this code to others who may have been present at the time of the incident (e.g., bystander, child) and killed, but were not part of the love triangle. Because jealousy is a type of intimate partner violence, always code "intimate partner violence-related" for these cases.

Examples to code:

- Male suspect killed his ex-wife and her new boyfriend because he was angry that she was dating. Code "Yes" for both the ex-wife and her new boyfriend.
- Male suspect killed his girlfriend and his friend because he believed they were romantically involved. Code "Yes" for both the girlfriend and his friend.

Also code: Code "Intimate partner violence related" as "Yes" because the death was related immediate or ongoing conflict or violence between current or former intimate partners.

Manner of Death: Homicides and legal interventions

Circumstance: Death during commission of a crime

- **Question:** Is there a data element that captures if the people are killed during the commission of a crime?
 - Example: Shot during a robbery
- **Answer:** Section 5.5 – Crime & Criminal Activity
 - Specifically 5.5.5

Circumstance: Death during commission of a crime

- Data elements in section 5.5 – Crime & Criminal Activity:
 - 5.5.1 – Precipitated by another crime
 - 5.5.2 – Nature of other precipitating crime
 - 5.5.3 – Nature of first other crime
 - 5.5.4 – Nature of second other crime
 - **5.5.5 – First crime in progress**
 - 5.5.6 – Stalking*
 - 5.5.8 – Prostitution*
 - 5.5.10 – Terrorist attack
 - 5.5.11 – Gang-related

*Crisis element

5.5.5 First crime in progress: CME/LE_OtherCrimeInProgress

Definition:

The precipitating crime was in progress at the time of the incident

Response Options:

- | | |
|---|----------------------------|
| 0 | No, Not Available, Unknown |
| 1 | Yes |

Discussion:

An “in-progress crime” is a serious or felony-related crime, as discussed under “Precipitated by another crime,” that is being committed or attempted at the time of the incident.

- For deaths that are precipitated by felony- criminal activity (as discussed in, “Precipitated by another crime”), this variable identifies whether the crime listed for “first other crime in progress” was in progress when the victim died.
- The Supplementary Homicide Report (SHR) system defines felony-related only in terms of in-progress felonies. Because NVDRS uses a broader definition for felony crime-related, this variable can be used to distinguish violent deaths where the precipitating felony was in progress (i.e., the SHR definition) or violent deaths that occurred after the precipitating felony crime was committed.
- Homicide examples:
 - A law enforcement officer responded to a robbery and shot the victim when he shot at the officer (*Note: the precipitating crimes are robbery and assault of the officer and both were in progress*). Precipitated by another crime should be checked for all legal interventions unless the shooting was accidental.
- Suicide example:
 - The victim assaults a store owner and is pursued by law enforcement. Once law enforcement corners him in a building, the victim commits suicide (*Note: Also, code criminal legal problem*).

Manner of Death: All manners

Homicide-Suicide and Intimate Partner Violence (IPV)

- **Question:** Homicide-suicide happens frequently in Intimate Partner Violence (IPC) cases. Is there a way to capture this in the registry?
- **Answer:**
 - Identify incident type (1.4)
 - IPV data elements
 - Case linking done by INVDRS Epidemiologist

Homicide-Suicide and Intimate Partner Violence (IPV) [continued]

- Incident Type – 1.4

1.4 Incident type: IncidentType

Definition:

Overall description of whether the incident involved a single or multiple victims and the manner of all the victim's deaths.

Response Options:

- 1 Single suicide
- 2 Death of undetermined intent
- 3 Single homicide
- 4 Multiple homicides
- 5 Homicide(s) followed by suicide(s)
- 6 Unintentional firearm death(s)
- 7 Multiple suicides
- 8 Other
- 9 Not an NVDRS case

Discussion:

If a violent incident involves two or more undetermined deaths and no other manners of death, please code as "2", or death of undetermined intent.

Note: Response Option #7: Multiple suicides is a new option added in 2013

Homicide-Suicide and Intimate Partner Violence (IPV) [continued]

- IPV data elements
 - 5.4.1 – Intimate partner violence related (Victim-related)
 - 5.4.2 – Intimate partner problem*

- 7.3 – Victim to suspect relation 1 (Suspect-related)
- 7.4 – Victim to suspect relation 2
- 7.5 – History of abuse of victim by this suspect
- 7.6 – This suspect was caregiver for the victim
- 7.7 – Suspect attempted suicide after incident
 - Indicate “fatal” or “non-fatal”
- 7.8 – Suspect is also a victim in the incident

*Crisis element

Homicide-Suicide and Intimate Partner Violence (IPV) [continued]

- Case linking by INVDRS Epidemiologist
 - 24-hour rule:
 - Timing of injuries (NOT timing of death) AND
 - Strong correlating source data
 - Potential suspects
 - Narratives explaining the linkage

Intimate Partner Violence (IPV)

- **Question:** Is there a data element that indicates whether there was an order for protection / protection or restraining order in effect at the time of the incident?
- **Answer:** Restraining Order Variables – Section 10.7
 - 10.7.1 – Restraining order ever
 - 10.7.2 – Restraining order at time of incident
 - 10.7.3 – Restraining order type
 - 10.7.4 – Restraining order issue date
 - 10.7.5 – Restraining order served
 - 10.7.6 – Persons protected by restraining order

Intimate Partner Violence (IPV)

- **Question:** Is there a data element that indicates that the victim had contact (any contact) with the court system within the 2 weeks leading up to the incident?
- **Answer:** Not quite, closest thing:
 - 5.7.8 – Civil legal problems*
 - At the time of the incident the victim was facing civil legal problems, such as divorce, custody dispute or civil lawsuit, or legal problems that were unspecified as either criminal or civil, and these problems appeared to have contributed to the death.

Intimate Partner Violence (IPV)

- **Question:** Is there a data element for cyber bullying?
- **Answer:** Not at this time.
- **Question:** Is there a data element for human trafficking?
- **Answer:** Not quite, closest thing:
 - 5.5.8 – Prostitution*
 - Includes: prostitutes, pimps, clients, other person involved in such activity (e.g., prostitution ring, sex trafficking).
 - *Crisis data element

Increasing Funeral Director Involvement in data collection

- **Question:** Could we:
 - A. Create a form that families could fill out while at the funeral home?
 - B. Create a web-based system that funeral directors could fill out information?
 - C. Create a brochure/packet of resources for families that they receive at the funeral home that has a voluntary survey that families can mail in or submit via a website?
- Thoughts from the group?

Utilizing EMS/Fire Department run sheets for data collection

- Incident/Onset Date/Time*
 - Complaint Reported by Dispatch
 - Number of Patients at the Scene
 - Age
 - Age Units
 - Gender
 - Race
 - Ethnicity
 - Patient's Home:
 - Country*
 - State*
 - County*
 - City*
 - Zip Code
 - Incident:
 - County*
 - Zip Code
 - Date/Time Resuscitation Discontinued*
 - Reason CPR Discontinued*
 - Emergency Department (ED) Disposition
 - Hospital Disposition
 - Incident location type
- *Gold Elements

Utilizing EMS/Fire Department run sheets for data collection

- NHTSA Injury Matrix
 - Head*
 - Face*
 - Neck*
 - Upper Extremities*
 - Spine*
 - Thorax*
 - Abdomen*
 - Lower Extremities*
- Condition Code Number
- First Name*
- Last Name*
- Middle Initial/Name*
- Primary Symptom
- Other Associated Symptoms
- Provider's Primary Impression
- Provider's Secondary Impression
- Patient's Occupation*
- Cause of Injury
- Intent of Injury*
- *Gold Elements

Planning for 2015

- Key Activities:

1. Continue to establish collaboration for INVDRS project
2. Obtain Vital Records (death certificate) data electronically & monitor data import timelines
3. Begin manual abstraction of Coroner & Law Enforcement data by end of 1st quarter

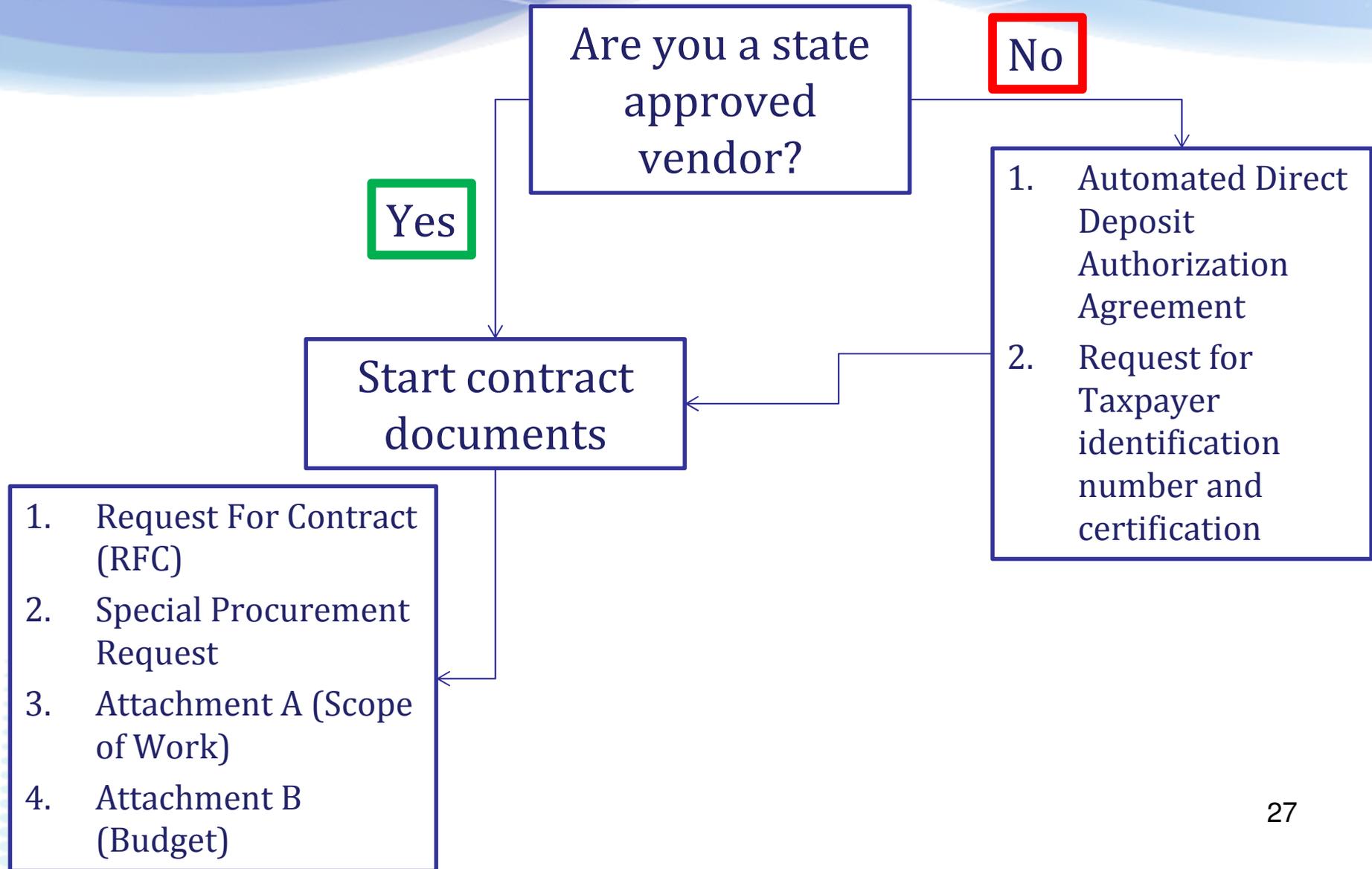


Indiana State
Department of Health

Death Certificate Data Update

- Working with Vital Records to successfully upload a test file to the web-based NVDRS system.
 - Once test file is successful, will start submitting completed death certificate data on a monthly basis.
 - *Example:* January deaths by end of February/beginning of March.

Coroner Data Update





**AUTOMATED DIRECT DEPOSIT
AUTHORIZATION AGREEMENT**

State Form 47551 (R5 / 4-14)
Approved by State Board of Accounts, 2014
Approved by Auditor of State, 2014

Indiana law (I.C. 4-13-2-14.8) requires that YOU receive PAYMENT(S) by means of electronic transfer of funds.

**This form must be accompanied by a W9.
Please print clearly and legibly in blue or black ink.
See Instructions on Reverse.**

SECTION 1: AUTHORIZATION

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

Printed Name (as shown on the account)

Federal Identification Number / Social Security Number

Address (Number and Street, and/or PO Box Number)

City, State, and ZIP Code (00000-0000)

SECTION 2: FINANCIAL INSTITUTION'S APPROVAL

Add Deposit Change Deposit (prior information: _____)

Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.

Type of Account:

Checking (Demand)

Savings

(You must either attach a non-altered, matching voided check or have your financial institution complete this section.)

The financial institution identified below agrees to accept automated deposits under the terms set forth herein:

Name of Financial Institution: _____ Telephone: (____) _____

Address: _____
Number and Street, and/or P.O. Box Number City, State, and ZIP Code (00000-0000)

_____, 20____
Date (month, day) Financial Institution's Authorized Signature / Title

ABA Transit-Routing Number Account Number

SECTION 3: ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS

(Complete this section only if you are requesting electronic notification. You may provide up to four email addresses.)

I hereby request that all future notices of EFT deposits to the bank account specified above be sent to the following email addresses:

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts established outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number													
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or													
Employer identification number													
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
------------------	----------------------------------	--------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

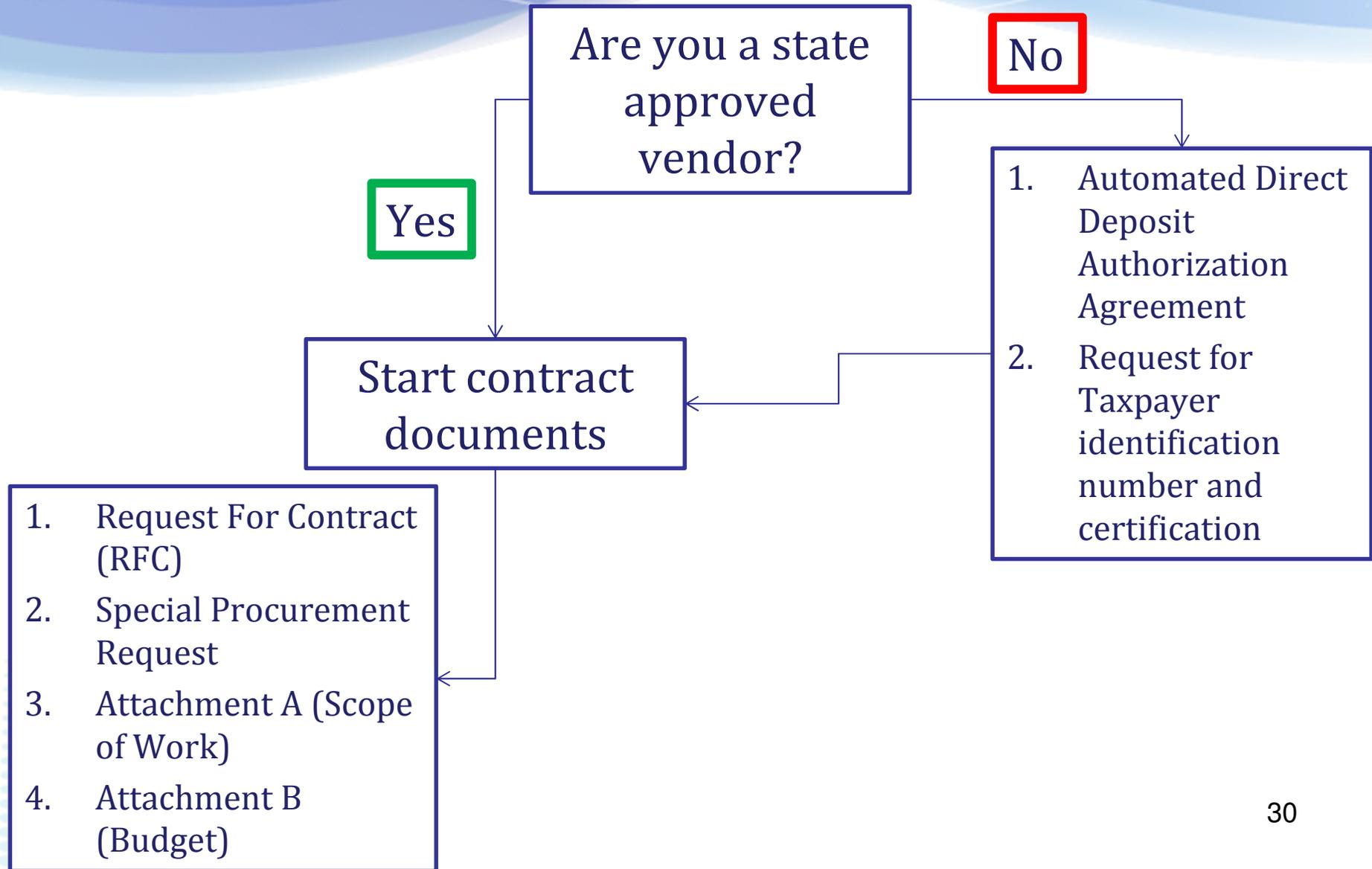
- Form 1099-C (canceled debt)

- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

Coroner Data Update



Contract Information

ISDH Division	Trauma & Injury Prevention	Division Director	Katie Hokanson
ISDH Program Area	Trauma & Injury Prevention	Assistant Commissioner	Art Logsdon
Program Contact Name	Kim Rief	Contracts Manager	Michael P. Mendyk
Program Contact Email	Krief@isdh.in.gov	Chief Financial Officer	Joseph P. Fistrovich
Program Contact Phone	(317) 234-2440	Chief of Staff	Eric Miller
Additional Approvers:			
<input type="checkbox"/> Office of Legal Affairs for HIPAA / BA Determination		<input type="checkbox"/> Office of Technology	<input type="checkbox"/> Office Public Affairs



Type of Agreement	Contract		
Description of Services:			
Purchase copy of Coroner/Medical Examiners Report from Marion County Coroners' Office for \$10 each.			
Start Date	3/1/15	End Date	12/31/15
Maximum Amount	Verify	Statutory Authority	IC16-19-3
Is there a Key Person?	Verify	Reporting Frequency	N/A
Vendor Contact Name	Verify	Signatory Name	Verify
Vendor Contact Title	Verify	Signatory Title	Verify
Vendor Contact Email		Signatory Email	Verify
Vendor Address	Verify		

For Agreements funded by Federal grants:

Grant Award Number	1 U17 CE 002598-01	Grant Title	Collecting Violent Death Information Using NVDRS
CFDA Number	93.136	Federal Funder	Centers for Disease Control and Prevention (CDC)

How does this Agreement address the following?

Good To Great priorities Reducing Infant Mortality, Reducing Adult Obesity, and Reducing Adult Smoking?
In 2012 there were 42 infant injury-related deaths, 7 were due to homicides. Collecting this type of data will lead to improved care in the field and overall improvement of the quality

SF #54650

Special Procurement Request

Date: Enter date requested

To: Indiana Department of Administration
Debra Walker
dwalker@idoa.in.gov

From: Agency Name
Agency Contact Person
Agency Contact Phone & Email

Relevant Indiana Code (per 5-22-10): copy IC number and description that applies

Value of Proposed Contract or Purchase: enter amount here

Recommended Vendor: enter vendor name here

Detailed Justification that Validates Special Purchasing Method

Please identify any supplemental supporting documents.

Describe the product/services the vendor will provide (note if it is state or federally mandated), and explain why this meets the special purchasing method listed above.

PRODUCTS ONLY: Detail the research performed to determine this product is the best solution for the state.

Describe why this vendor was chosen and if the agency contacted other vendors.

Was there an initial government estimate?

Describe the negotiation proceedings that took place or how did the agency arrive at the price?

How did the agency document its discussions with the vendor?

Explain why the price is fair and reasonable under the circumstances.

PRODUCTS ONLY: Provide detailed information for not entering into a contract if the agency is requesting a one-time purchase.

ATTACHMENT A

\$4,000

Marion County Coroners' Office-(MCCO)

March 1, 2015- December 31, 2015

For the Indiana State Department of Health, Trauma and Injury Prevention Division

Scope of Work= The Indiana State Department of Health (ISDH) receives federal funding from the Centers for Disease Control and Prevention (CDC) to collect and report Violent Death Information Using the National Violent Death Reporting System (NVDRS).

The System uses the World Health Organization (WHO) definition of a violent death: "a death resulting from the intentional use of physical force or power against oneself, another person, or against a group or community".¹ The case definition includes suicides, homicides, deaths from legal intervention (a subtype of homicide where the victim is killed by law enforcement acting in the line of duty), deaths of undetermined intent, and unintentional firearm fatalities. Deaths of undetermined intent are included because this category includes deaths with some evidence of intent, but without enough to definitively classify the death as purposeful. Unintentional firearm injury deaths are included because the category is likely to include some deaths that are in fact intentional or of undetermined intent.

This is the first year of the five year federal grant. For the first year of the grant, the ISDH is piloting the Program by focusing on the six Indiana counties that had the highest violent death counts in 2010. CDC mandated that 2010 figures be used in grant funding determination.

CDC is very specific on what informational details must be collected and reported.

The County Coroner is in a unique position regarding violent deaths and is often the only person who can supply the ISDH with the compulsory information.

Indiana Law requires the County Coroner do an investigation if someone in their county dies from violence or in a suspicious, unusual or unnatural manner. (IC 36-2-14-6)

If a county coroner opens an investigation, it will result in a Coroner/Medical Examiner (CME) Report, including a toxicology Report (if appropriate). This is where the data for the NVDRS is found.

In order to get the required data for compliance with NVDRS grant requirements, we will purchase these CMS Reports from the MCCO. Purchase of the reports accounts for MCCO's time to make a copy of the reports available.

ATTACHMENT B

\$4,000

Marion County Coroners' Office

March 1, 2015- December 31, 2015

For the Indiana State Department of Health, Trauma and Injury Prevention Division

Budget= The Indiana State Department of Health (ISDH) receives federal funding from the Centers for Disease Control and Prevention (CDC) to collect and report Violent Death Information Using the National Violent Death Reporting System (NVDRS).

The total contract budget will be for having the Marion County Coroners' Office supply the ISDH, as requested, with a copy of each CME Report their office does, including toxicology reports if appropriate, at a cost of \$10 for each Report.

The Marion County Coroners' Office wouldn't normally supply the ISDH with a copy. The \$10 is for the Marion County Coroners' Office to make and supply the ISDH with a copy of the CME Report, with toxicology if appropriate and covers their staff time and supplies.

Law Enforcement Data Update

- Last “piece of the puzzle”
- Only want fully adjudicated records ensuring no legal cases pending before the courts are compromised

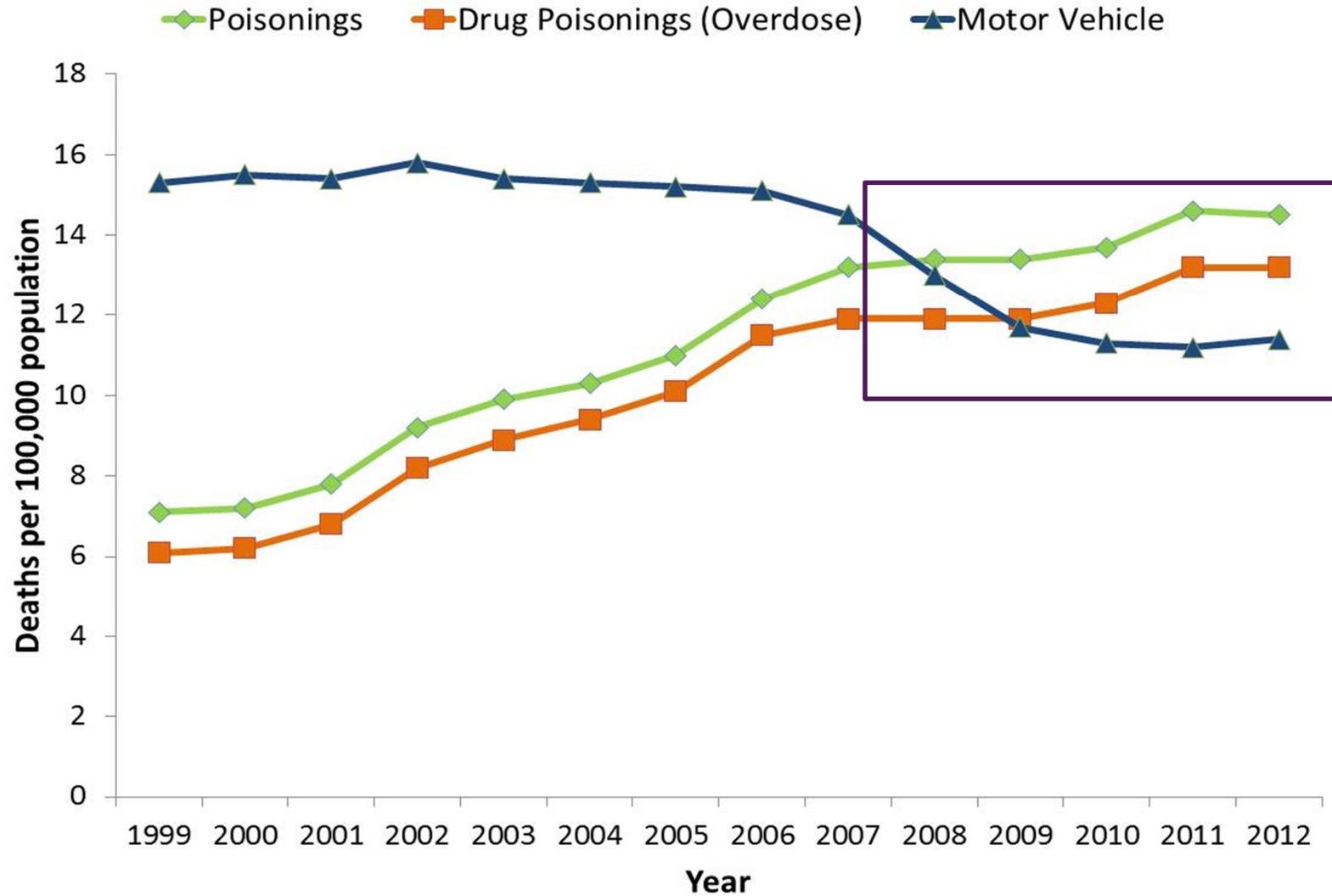


***NEW* Drug Overdose/Poisoning Module**

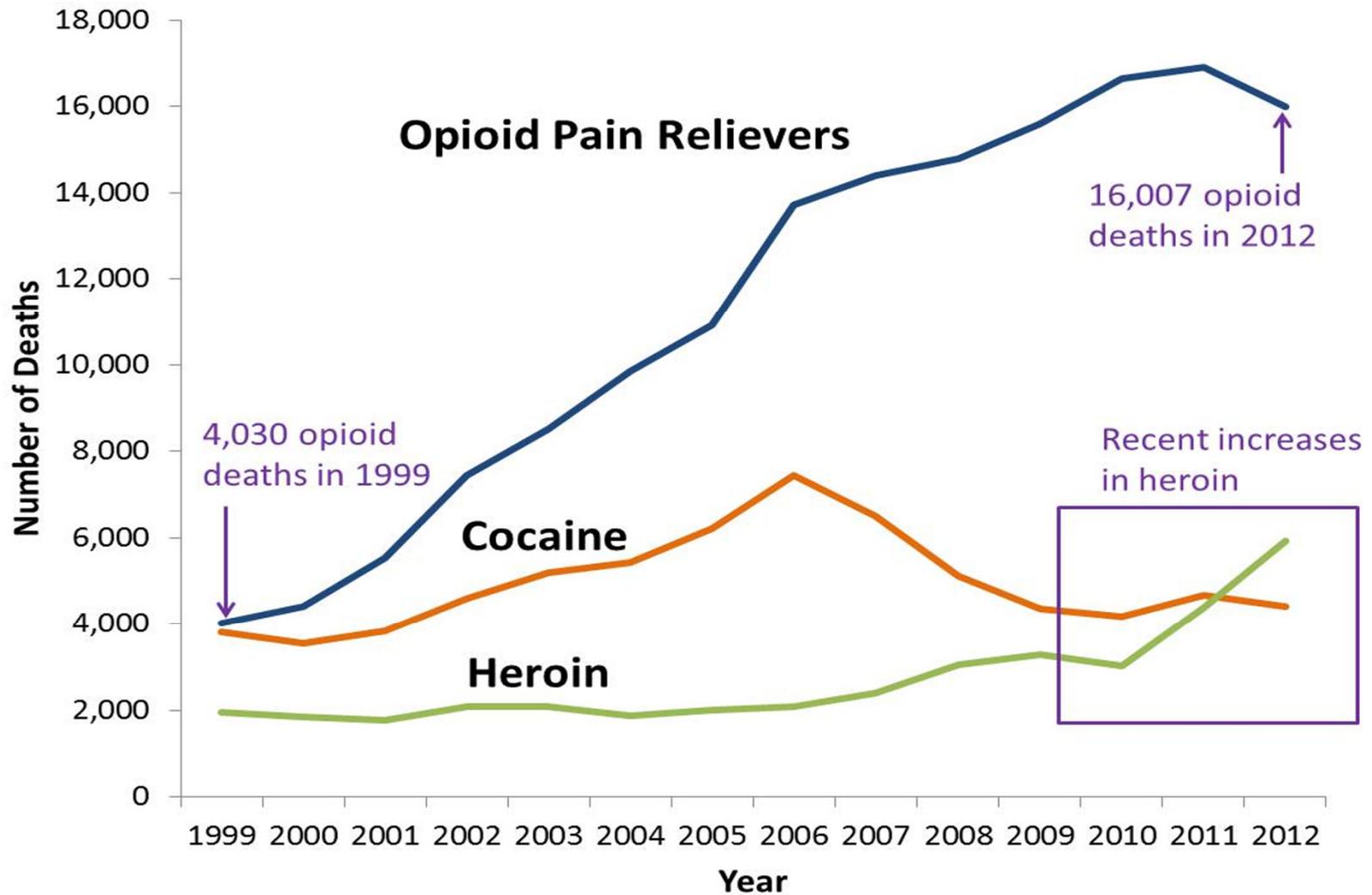
- All drug-related deaths: prescription and non-prescription
- State-Optional
- Unintentional drug poisoning category
 - Separation of violent drug-related deaths from unintentional deaths



Drug overdoses have surpassed motor vehicle crashes as the leading cause of injury death

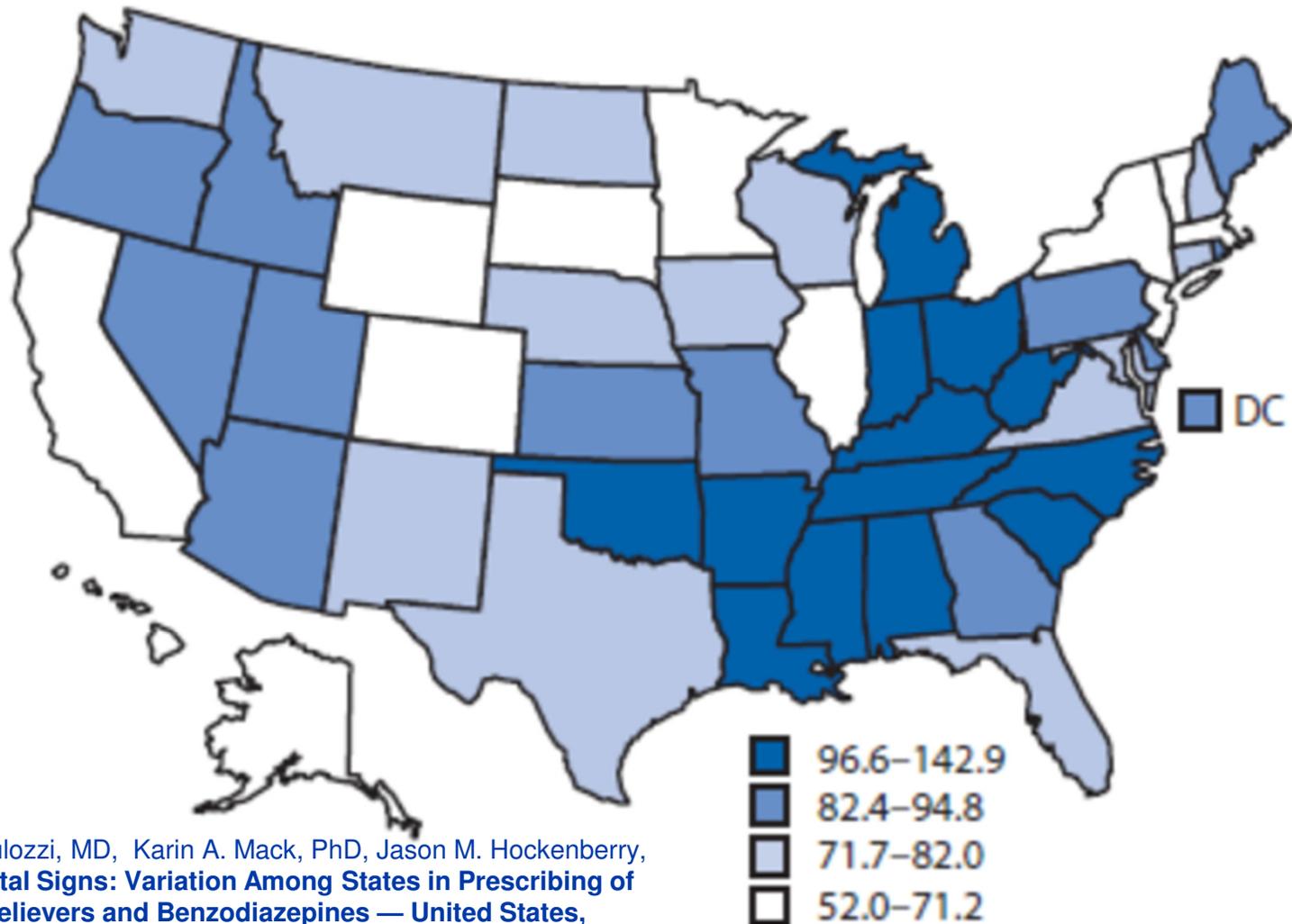


Dramatic increase in overdose deaths related to opioid pain relievers



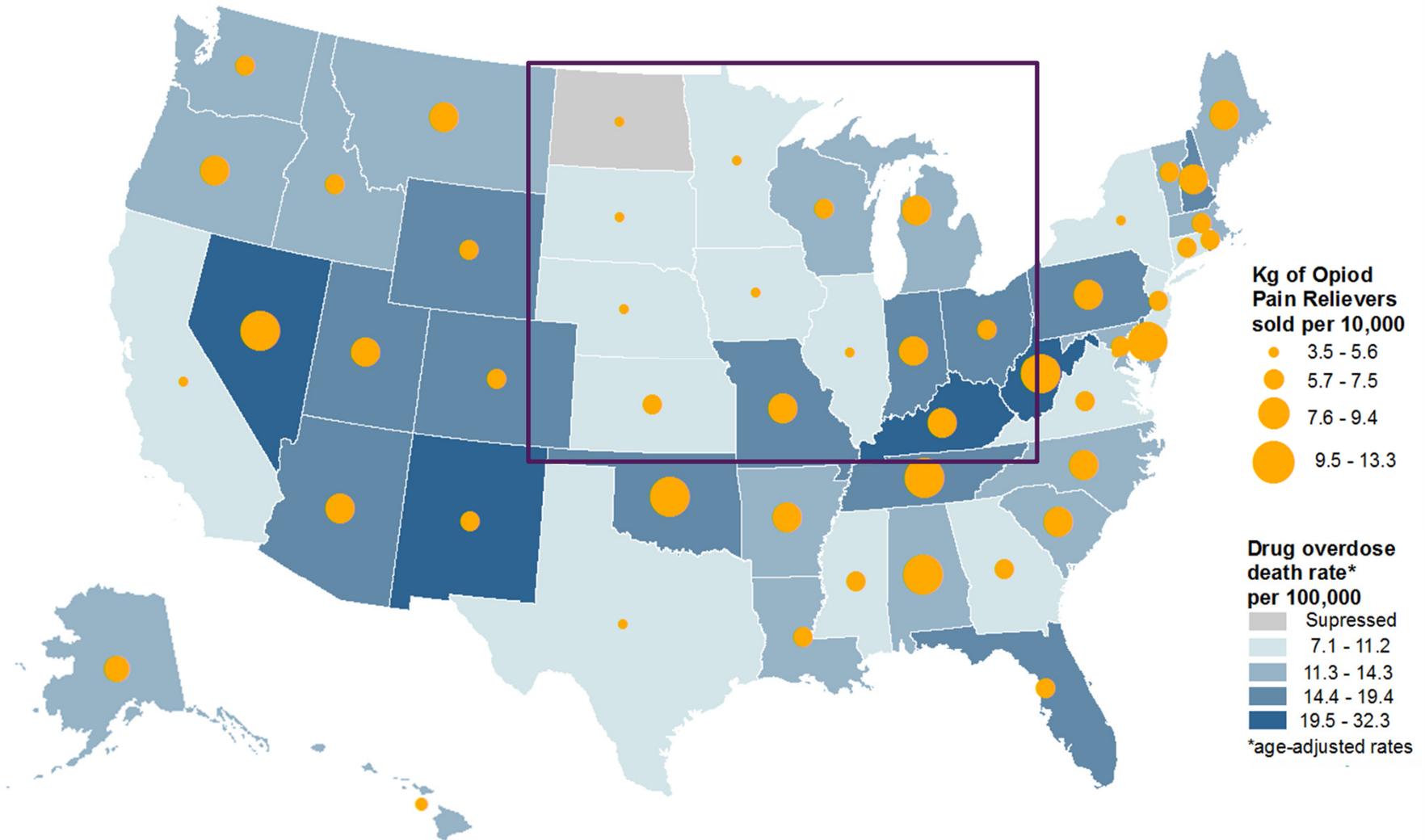
CDC, National Center for Health Statistics, National Vital Statistics System

Opioid pain relievers: Prescriptions per 100 persons



Leonard J. Paulozzi, MD, Karin A. Mack, PhD, Jason M. Hockenberry, PhD (2014). **Vital Signs: Variation Among States in Prescribing of Opioid Pain Relievers and Benzodiazepines — United States, 2012**, 63(26);563-568

States with more opioid pain reliever sales tend to have more drug overdose deaths

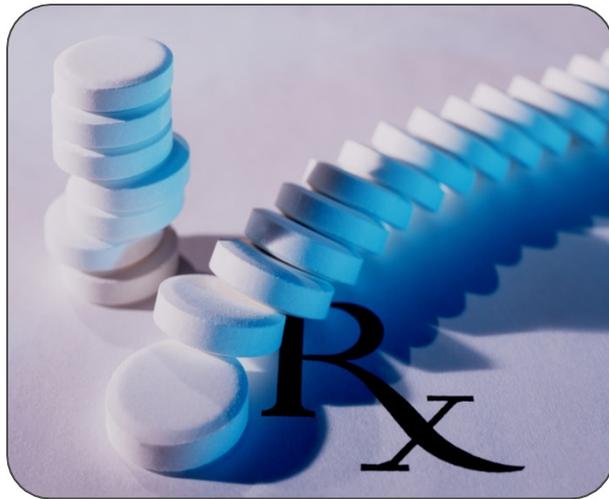


Death rate, 2011, National Vital Statistics System. Opioid pain reliever sales rate, 2013, DEA's Automation of Reports and Consolidated Orders System

Who is at risk?

Risk Factors

- Patients receiving opioids from multiple prescribers and/or pharmacies
- Patients taking high daily doses of opioids



Demographics

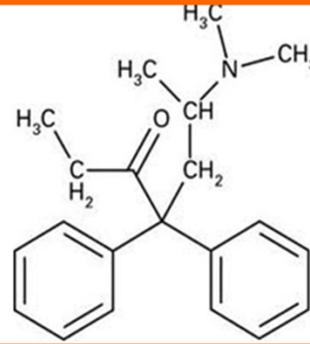
- Men
- 35-54 year olds
- Whites
- American Indians/Alaska Natives

Socioeconomics & geography

- Medicaid
- Rural

CDC Goal

Reduce abuse and overdose of opioids and other controlled prescription drugs while ensuring patients with pain are safely and effectively treated.



Three Pillars of CDC's Prescription Drug Overdose (PDO) Prevention Work

- ❑ Improve data quality and track trends
- ❑ Strengthen state efforts by scaling up effective public health interventions
- ❑ Supply healthcare providers with resources to improve patient safety



CDC Funds “Boost” for State Prevention: 5 states in FY 2014

Advance and evaluate comprehensive state-level interventions for preventing prescription drug overdose in 3 areas:

- Enhancing and maximizing PDMPs
- Improving and evaluating public insurer mechanisms
- Evaluating state-level laws, policies, and regulations
- Scope of program
 - Target high burden states: KY, OK, TN, UT, and WV
 - Hope to expand program and substantial increase in President’s and Senate’s FY 2015 budget



Enhance and Maximize Prescription Drug Monitoring Programs (PDMP)

□ PDMPs

- 49 out of 50 states
- Funding and location vary across states

□ Intervention

- Outlier analysis (e.g., identify patients “doctor shopping” or identify inappropriate or illegal prescriber)
- Clinician review of PDMP before writing a controlled substance prescription

□ Surveillance

- Track changes in prescriptions to assess progress and new trends
- Link with morbidity and mortality data to enhance targeting

□ Guidelines and resources for effective PDMP

- Brandeis Center for Excellence:
<http://www.pdmpassist.org/content/guidelines>

Insurer Mechanisms and Policies

□ Insurer mechanisms

- Reimbursement incentives/disincentives
- Quantity limits
- Step therapies/Prior Authorization
- Claims analysis & review programs



□ Policy interventions

- Pain clinic laws
- PDMP laws
- Naloxone laws

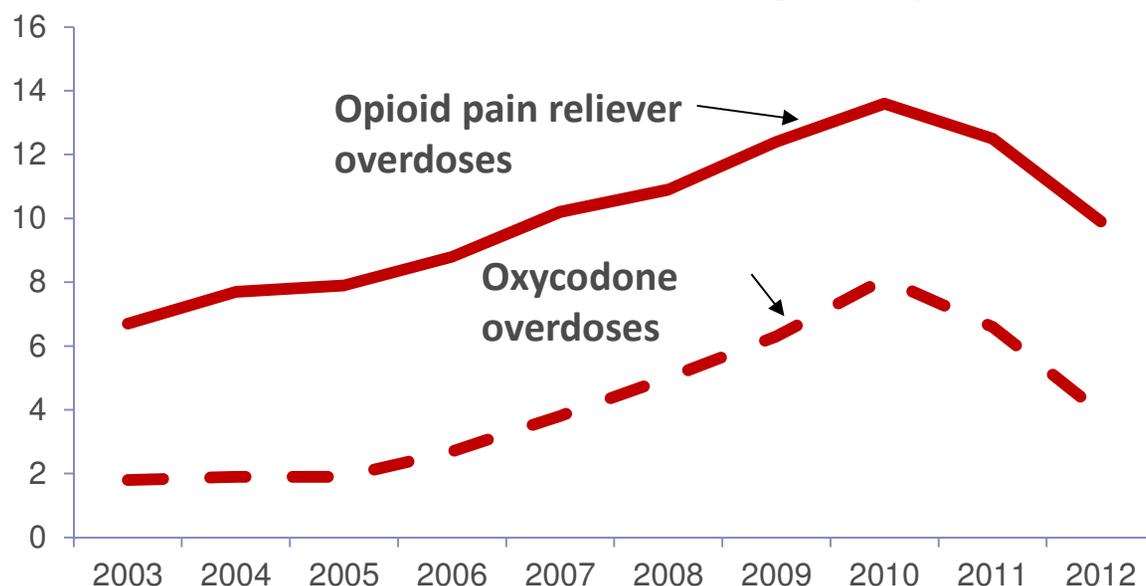


**Optional Collection of Unintentional Drug
Poisoning Death Data with the NVDRS Web
System**

Key CDC Surveillance Needs

- Use surveillance data to inform prevention response and identify promising practices in a timely manner

Florida opioid overdoses fell sharply between 2010 and 2012 after policy changes



Johnson H; Paulozzi L; Porucznik C. Mack K. Herter B. Decline in Drug Overdose Deaths After State Policy Changes —Florida, 2010–2012. MMWR. 63(26). 569-74. July 2014.

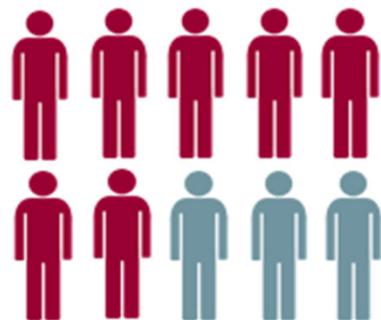
Key Surveillance Needs

- Respond to emerging issues

**The heroin increase is an offshoot
of the opioid epidemic**



3 out of 4 people
who used heroin in the
past year misused
opioids first



7 out of 10 people
who used heroin in the
past year also misused
opioids in the past year

Key Challenges with Death Certificate Data

- ❑ Identify specific drug(s) causing the death
 - Information missing on ~25% of death certificates
 - Percent missing varies by state
- ❑ Improve counting of heroin-related deaths
 - Toxicology findings of morphine only
- ❑ Timely information
- ❑ Variance in assignment of manner of death across states
 - DUIP reports deaths across manners
- ❑ Key context information tied to interventions
 - History of overdoses
 - Scene indications of drug abuse
 - Route of exposure
 - Prescription information (Doctor shopping)

Proposed Solution

- ❑ Link death certificate (DC) with coroner and medical examiner (CME) information
 - Links toxicology with descriptive information
 - Collection of key circumstance information
 - More rapid identification (NCHS word search)
- ❑ NVDRS platform
 - Collects vast majority of needed information
 - Established infrastructure to collect vital statistics and CME
 - Collaboration with DVP to get “full picture”
 - Maximize limited resources to collect data on unintentional overdoses
- ❑ Respond to a need expressed by some NVDRS states
- ❑ Use separate tab to collect drug overdose specific information

Project Plan

- ❑ Pre-pilot*
 - Modify NVDRS so it is able to collect existing variables on drug overdoses/poisonings
 - Collect general state feedback
 - Add a few key variables to unintentional drug overdose tab that NVDRS states can use
 - Secure approvals from OMB and IRB (9 to 12 month process)
- ❑ Funded pilot (< 5 states)
 - **No funding currently available**
 - Test and further develop module questions with state feedback
 - Target current NVDRS states with overdose prevention activities
- ❑ Assess feasibility and utility of scaling up
 - Any expansion most likely linked with Boost expansion

Prioritization of Web Enhancements

- ❑ Ensure users can identify unintentional drug poisonings/overdoses
 - **Most variables of interest are already collected by the NVDRS system (toxicology, details on injury location, mental health)**
- ❑ Address critical information needs
 - Look for national and state overlap
- ❑ Feasible
 - Limited resources
 - Basic questions
 - Wait for pilot to develop more extensive questions
- ❑ Does not require going to another data source
 - Limited exploration of PDMP data

Definition of Drug Poisoning

- ❑ ***A drug is any chemical compound that is chiefly used by or administered to humans or animals as an aid in the diagnosis, treatment, or prevention of disease or injury, for the relief of pain or suffering, to control or improve any physiologic or pathologic condition, or for the feeling it causes.***
 - Includes prescription drugs, over the counter drugs, and illicit drugs such as heroin and cocaine
 - Excludes alcohol, tobacco, and inhaled substances that have non-medical primary purpose such as glue.

- ❑ Focus on acute poisonings (e.g., overdoses)
 - Consistent with CDC Injury indicators and ISW7 report

ISW7 report, *Consensus recommendations for national and state poisoning surveillance*:
<http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/Injury/ISW7.pdf>

Identify Unintentional Drug Poisoning Deaths

- ❑ Add unintentional drug poisoning to *Incident Type* and *Manner of Death per Abstractor*

- ❑ Classify the poisoning
 - *Substance abuse related*: Taken to get high
 - *Adverse reaction*: Taken as prescribed
 - *Overmedication*: Patient taking more than prescribed for pain
 - *Unintentional ingestion*: Child or adult took unknowingly or incorrectly

- ❑ **Highest priority!**

Substance Abuse

Questions	Priority	Importance
History of overdose	High	Target interventions when OD occurs
In substance abuse treatment	Moderate	Targeting to get into treatment vs. improved treatment support
Scene indications of drug abuse	Moderate	-Better identify heroin and prescription opioid overdoses -Informs response
History of opioid or heroin abuse	Moderate	-Understand risk factors -Better identify heroin and prescription opioid overdoses
<i>Description of treatment (e.g., MAT or specific drug)</i>	<i>Later version</i>	<i>Needs to be assessed</i>

Prescription History / Medical

Questions	Priority	Importance
# of controlled substance prescriptions in the 30 days preceding injury	Moderate	Proxy for high dosage and inappropriate use
# of pharmacies dispensing controlled substance prescriptions to decedent in 30 days preceding injury	Moderate	Proxy for illegal behavior by decedent
# of doctors writing controlled substance prescription to the decedent in the 30 days preceding injury	Moderate	Proxy for illegal behavior by decedent
Use of prescription morphine	Moderate	Better identify heroin and prescription opioid overdoses
Treatment for acute or chronic pain	Moderate	Better understand risk factors and context

Naloxone and Route of Drug Exposure

Questions	Priority	Importance
Naloxone/narcan administered and by whom	Moderate	Important information to inform naloxone administration policies
Bystanders present at overdose	Moderate	Inform “Good Samaritan” laws and response policies
Route of exposure	Moderate	-Priority for previous drug overdose surveillance -Inform interventions such as abuse deterrent formulations

Drug Overdose/Poisoning

Drug Overdose/Poisoning

Type of drug poisoning

Substance Abuse

Previous drug overdose

Treatment for substance abuse

History of opioid/heroin abuse

Scene indications of drug abuse (Check all that apply)

None

Drug paraphernalia

Track marks on victim

Illicit drugs at scene

Presence of buprenorphine, not including BuTrans

Prescription drugs, not prescribed to decedent

Other scene indication of drug abuse (Include in Indication Other Narrative box)

Indication Other Narrative

Response to drug overdose

Naloxone/Opioid antagonist administered

Bystanders present at time of overdose

Other

Route of drug exposure (Check all that apply)

Any injection

Snorting

Ingestion/transdermal patch

Suppository

Unknown/not listed

Treated for pain at time of injury

Drug Overdose/Poisoning

Prescription Information

Use of prescription morphine

Prescription Morphine Narrative

Number of opioid prescriptions in the 30 days preceding injury

Number of pharmacies dispensing opioids to decedent in 180 days preceding injury

Number of doctors writing opioid prescriptions to the decedent in the 180 days preceding injury

INVDRS

Indiana Violent Death
Reporting System

Prescription History / Medical: Later Version

Questions	Priority	Importance
<i>Track morphine milligram equivalents of decedent</i>	<i>Later version</i>	<i>-Resource intensive -Need a tool</i>
<i>Track PDMP prescriptions including information such as specialty</i>	<i>Later version</i>	<i>-Need to consider how best to integrate with toxicology -Need to access feasibility with PDMP data -Can indicate prescription causing death in current system</i>
<i>Information on medical conditions of patient (e.g., cancer, HIV, headaches, etc.)</i>	<i>Later version</i>	<i>-Concerned about feasibility across states -Code "Contributing physical health problem"</i>

Current Project Status

- ❑ Funding is not currently available*
 - Widespread and consistent data collection requires funding
 - No guarantees funding for pilot will become available
 - Building case and infrastructure to conduct pilot

- ❑ No requirement for states to collect data: Any collection of data is voluntary

- ❑ States are free to use pre-pilot items

- ❑ Cannot use current NVDRS funding for data collection or data entry

Prescription Drug Overdose Prevention for States

- Competition is limited to State Health Departments
 - Must do 51% of the work
 - Cannot act as a “pass through”
- Required Strategies:
 1. Enhance and maximize a state Prescription Drug Monitoring Program (PDMP)
 - Indiana - INSPECT
 2. Implement community or insurer/health system interventions aimed at preventing prescription drug overdose & abuse

Prescription Drug Overdose Prevention for States

- Optional Strategies:
 1. Conduct policy evaluations.
 2. Develop and implement Rapid Response Projects.
- Other key aspects of the FOA:
 - Funded states will track heroin morbidity and mortality as an outcome of their work and have opportunities to evaluate policies with implications for preventing both prescription drug and heroin overdoses

Limited Technical Assistance from CDC Prescription Drug Overdose Team

- ❑ Limited due to resources
 - Brief description of the definition of new data elements and targeted deaths
 - Collaborate with DVP to harmonize PDMP drug classifications used at CDC with NVDRS toxicology module
- ❑ No resources for ongoing technical assistance to states on coding or analysis
- ❑ If some states choose to enter data, we would like to get feedback in Spring, 2015 and revisit possible collaborative projects or technical assistance at that time

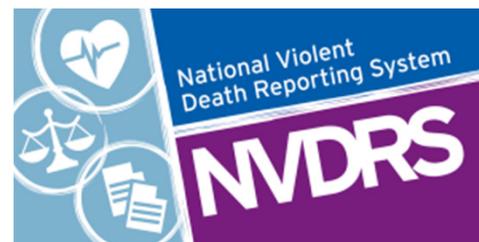
NVDRS Grant Deliverables

- Evaluation & Performance Measurement Plan
 - March 31st
- Continuation Application
 - April 2nd



2012 NVDRS Data Now Available

- Web-based Injury Statistics Query and Reporting System (WISQARS) NVDRS module has 2012 violent death data from 16 states
 - <http://www.cdc.gov/injury/wisqars/nvdrs.html>
- WISQARS also updated with 2013 injury fatality data





Injury Prevention & Control: Data & Statistics (WISQARS™)

- Injury Center
- Saving Lives and Protecting People from Injuries and Violence +
- About the Injury Center +
- Data and Statistics (WISQARS) -
- Overview +
- Fatal Injury Data
- Nonfatal Injury Data
- Violent Deaths (NVDRS)**
- Funded Programs, Activities and Research +
- Press Room +
- Social Media
- Publications

[CDC](#) > [Injury Center](#) > [Data and Statistics \(WISQARS\)](#)

National Violent Death Reporting System

Recommend Tweet Share

Reports

- [Violent Deaths 2003-2012](#)

Note: Violent death data are currently provided for 16 NVDRS states and, therefore, are **not nationally representative**. [Help us improve WISQARS by taking this short survey!](#)

Help and Practice Questions

- [Help](#)
- [Practice Questions](#)

Get Email Updates

To receive email updates about this page, enter your

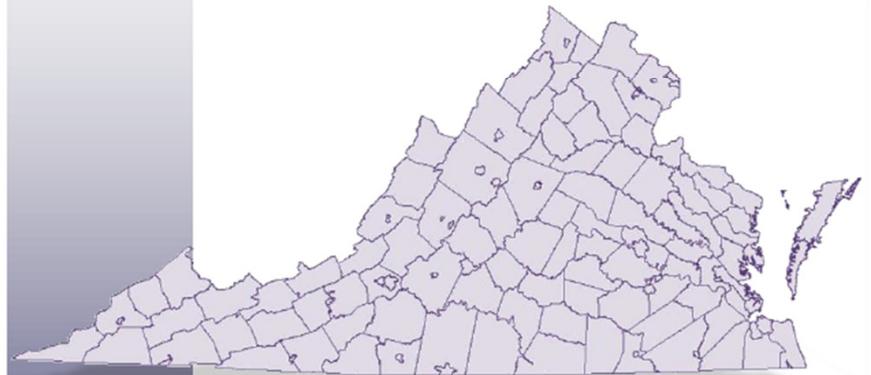
<http://www.cdc.gov/injury/wisqars/nvdrs.html>

Virginia Violent Death Reporting System: Women and Suicide in Virginia

Characteristics of women's suicide
in Virginia between 2003 & 2012

Released by Office of the Chief
Medical Examiner in the Virginia
Department of Health

Women and Suicide in Virginia



VDH VIRGINIA
DEPARTMENT
OF HEALTH
Protecting You and Your Environment



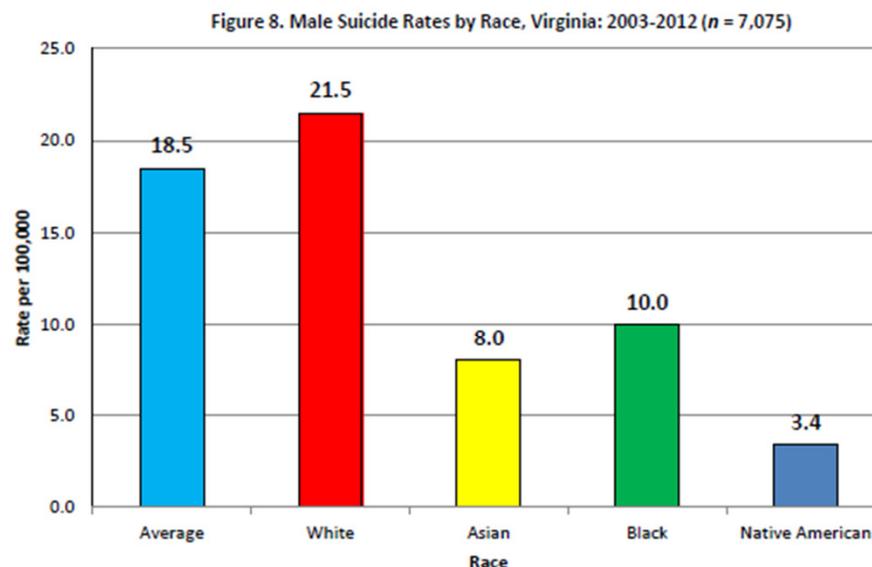
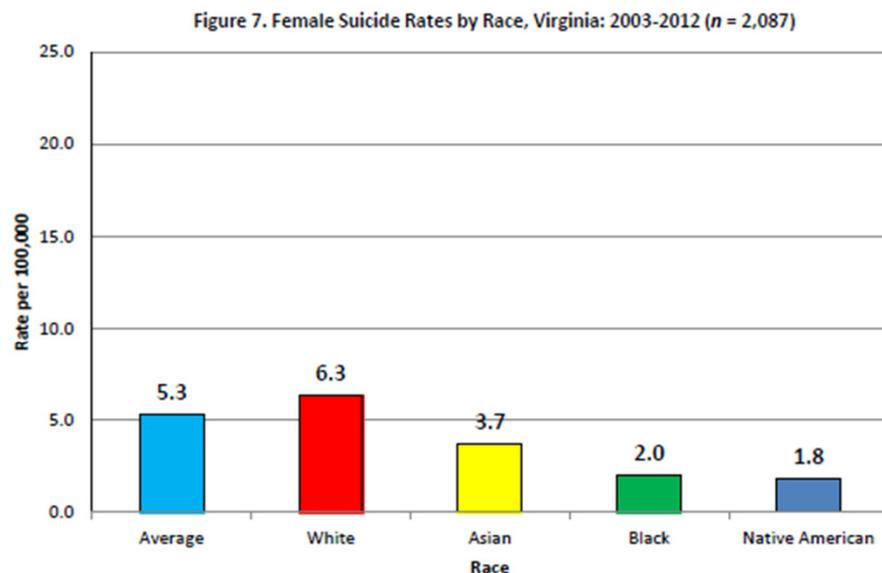
A report from the Virginia Violent Death Reporting System

Commonwealth of Virginia
Virginia Department of Health
Office of the Chief Medical Examiner

69
February, 2015

Figure 7. Female Suicide Rates by Race, Virginia: 2003-2012 (n = 2,087)

Figure 8. Male Suicide Rates by Race, Virginia: 2003-2012 (n = 7,075)

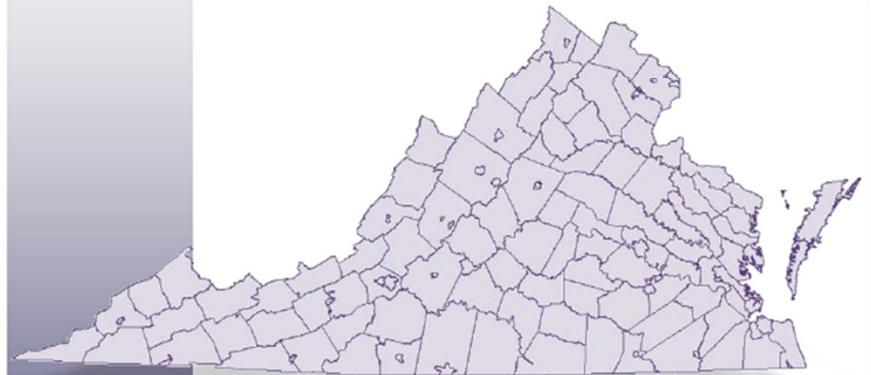


Virginia Violent Death Reporting System: Women and Suicide in Virginia

Key findings:

- Greatest suicide at-risk:
 - white and middle aged women
 - population with substance abuse and mental health problems who are likely to be receiving mental health treatment at the time of their suicide

Women and Suicide in Virginia



VDH VIRGINIA
DEPARTMENT
OF HEALTH
Protecting You and Your Environment



A report from the Virginia Violent Death Reporting System

Commonwealth of Virginia
Virginia Department of Health
Office of the Chief Medical Examiner

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February, 2015

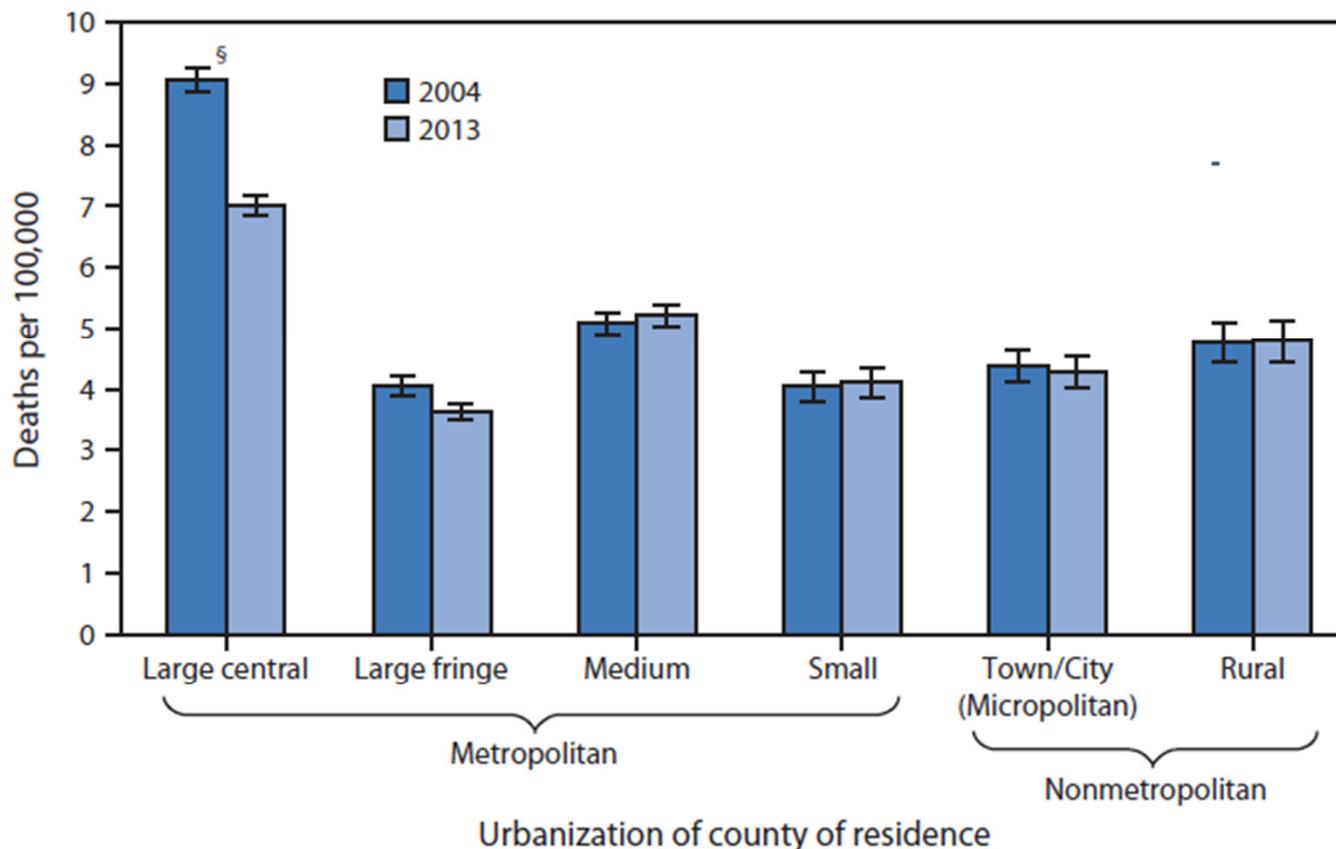
Virginia Violent Death Reporting System: Women and Suicide in Virginia

- Women suicide decedents use poisons to end their lives in high proportions
 - Often with drugs that were prescribed to address their mental health and medical concerns
 - Suggestion to monitoring potentially lethal medications through Prescription Monitoring Program
- Data suggest needs related to health and mental health for women that move beyond medication to address underlying challenges that arise over the life course

The report is available at:

<http://www.vdh.virginia.gov/medExam/documents/pdf/Women%20and%20Suicide.pdf>

Age-Adjusted Homicide Rates, by Urbanization of County of Residence, US, 2004 and 2013



* Age-adjusted rates per 100,000, based on the 2000 U.S. standard population. Deaths from homicide are coded

*U01–*U02, X85–Y09, and Y87.1 in the *International Classification of Diseases, 10th Revision*.

† Counties were classified into urbanization levels based on a classification scheme that considers metropolitan/nonmetropolitan status, population, and other factors.

§ 95% confidence interval.

Source: National Vital Statistics System. Available at <http://wonder.cdc.gov>.

Reported by: Deborah D. Ingram, PhD, ddingram@cdc.gov, 301-458-4733; Li-Hui Chen, PhD.

Can We Rely on Suicide Mortality data?

- Editorial by Diego De Leo, Australian Institute for Suicide Research and Prevention
- Suicide possibly remains one of the most under-reported causes of death worldwide

Can We Rely on Suicide Mortality data?

- Potential situations that hinder death reporting/ registered as caused by suicide:
 - Stigma avoidance.
 - Legal, religious, and political pressures.
 - Life-sustaining medication not assumed.
 - Self-starvation.
 - Voluntary euthanasia/assisted suicide.
 - Particular suicide methods (e.g., motor vehicle accident, opiate overdose).
 - Dubious circumstances of the act (e.g., falls, drowning).
- Missing person.
- Financial conditions (gains from life insurance).
- Social position of the deceased.
- Changes in coding (e.g., from ICD-9 to ICD-10).
- Lack of standardized certification procedures.

Can We Rely on Suicide Mortality data?

- Identifying gaps, priorities, and practical solutions within and across different domains through the widest possible consultation
- Adoption of standardized definitions
- Link death databanks with databanks related to other environments of public health interest
 - e.g., health records, schools, corrective services, drug and alcohol services, etc.

New Ohio VDRS Report

- 609 homicides among Ohio residents in 2012.
- Overall homicide rate in 2012 was 5.5 per 100,000 persons
- Men were more likely than women to be victims of homicides

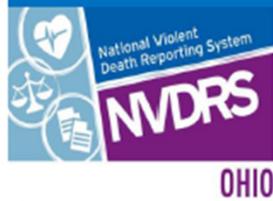
The report is available at:
<http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/injury%20prevention/Homicides%20in%20Ohio.ashx>

Injury Data Highlight: Homicides in Ohio, 2012

Get the facts....

There were 609 homicides among Ohio residents in 2012. Men were more likely than women to be victims of homicides. (Figure 1)

The overall homicide rate in 2012 was 5.5 per 100,000 persons. Homicide rates for black, non-Hispanic males were six times higher than homicide rates for black, non-Hispanic females and 13 times higher than rates for white, non-Hispanic males. (Figure 2)



This injury data highlight presents data on homicides in Ohio in 2012. The data were obtained from the Ohio Violent Death Reporting System (OH-VDRS), a surveillance system focused on capturing data on the characteristics and circumstances associated with violent deaths in Ohio.

Figure 1. Homicides by Sex and Age, Ohio, 2012¹

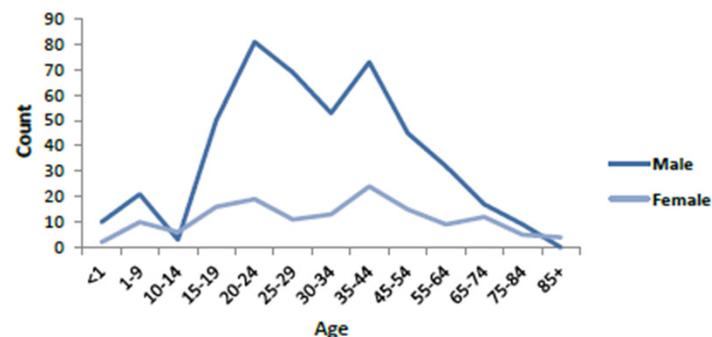
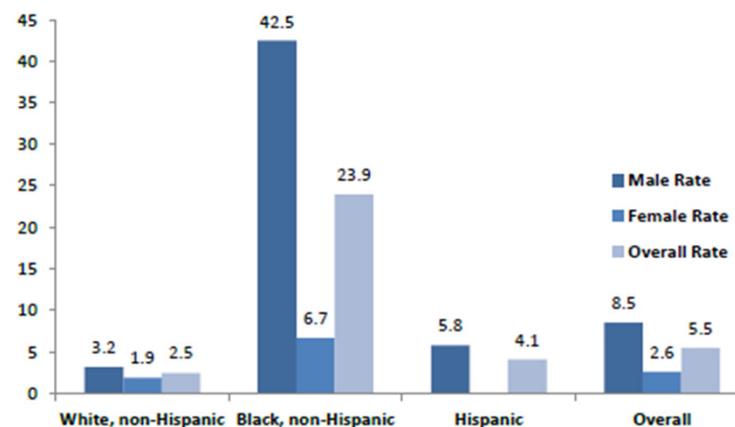
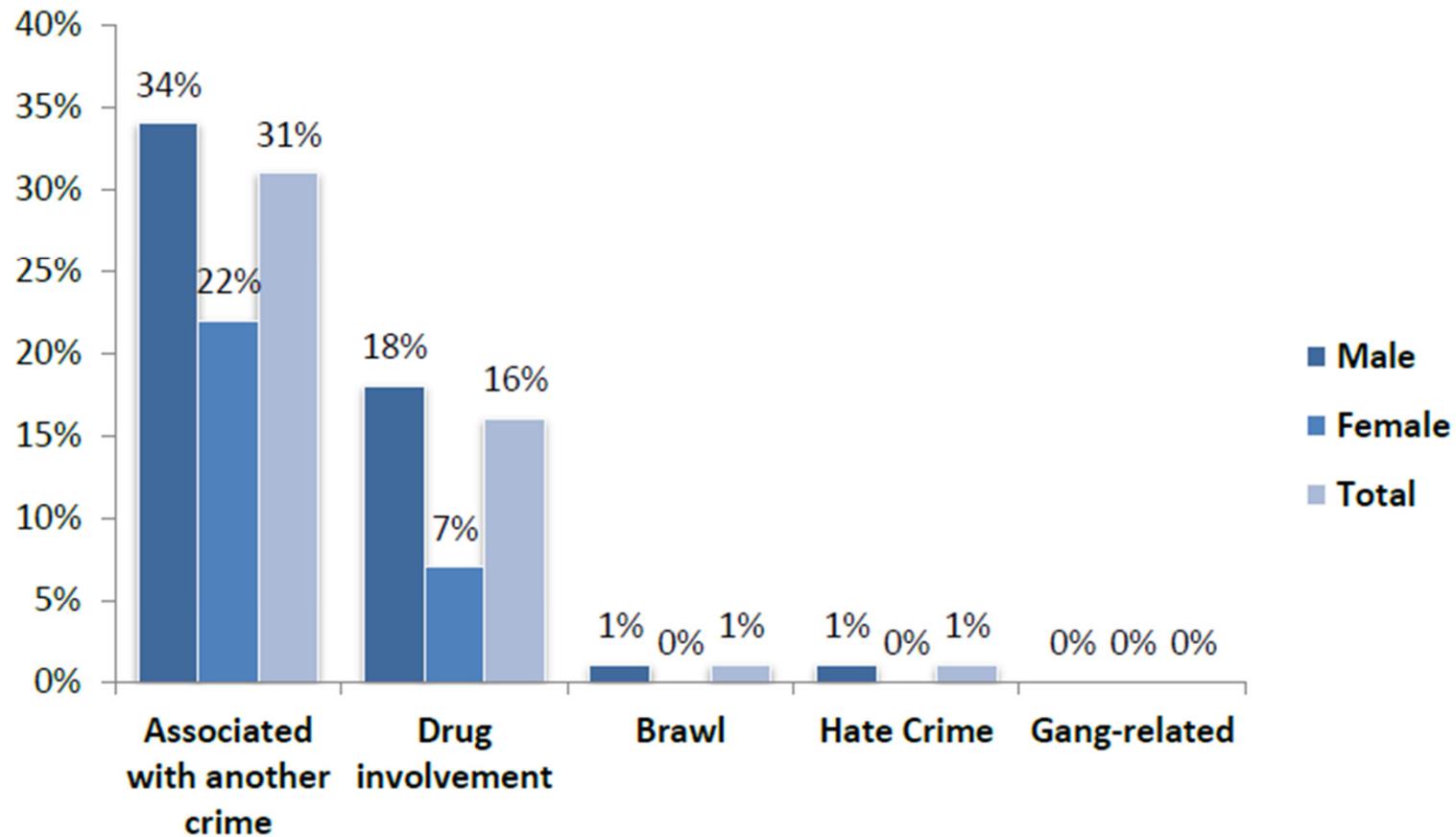


Figure 2. Homicide Rates by Race/Ethnicity, Ohio, 2012¹

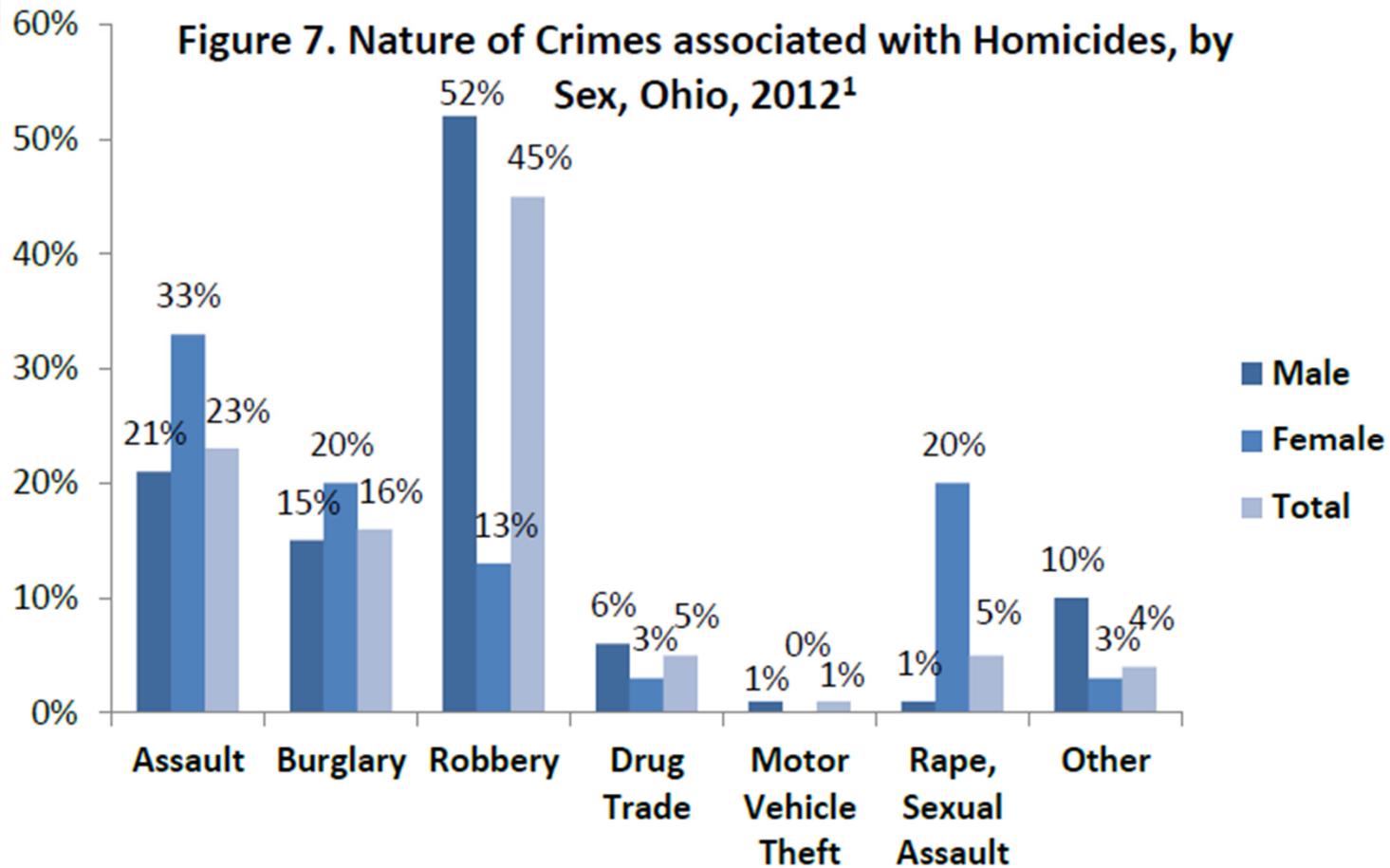


New Ohio VDRS 2012 Homicide Report

Figure 6. Crime-related Circumstances Associated with Homicides, by Sex, Ohio, 2012¹



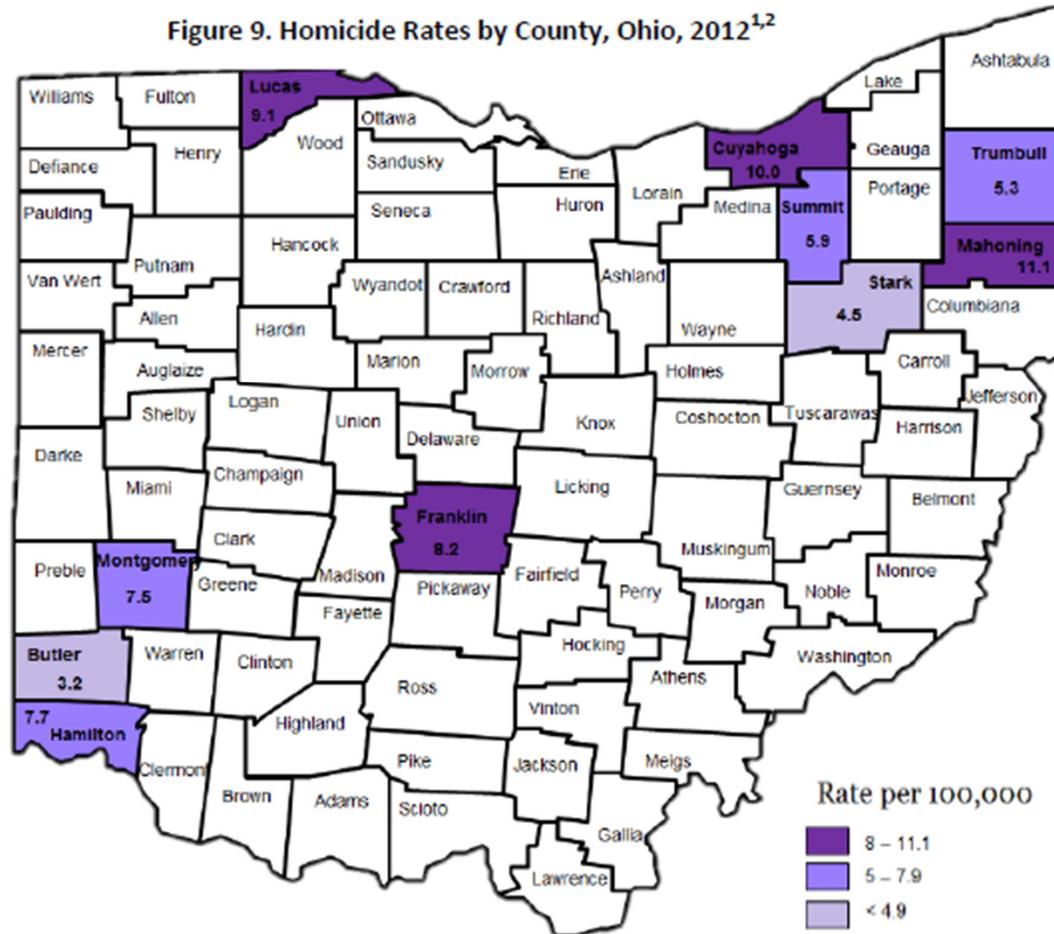
New Ohio VDRS 2012 Homicide Report



New Ohio VDRS 2012 Homicide Report

Injury Data Highlight: Homicides in Ohio, 2012

Figure 9. Homicide Rates by County, Ohio, 2012^{1,2}



Trauma Registry & INVDRS

- Injury Intentionality = Assault, Self-inflicted, undetermined OR other

AND

- ED Disposition = Died/Expired

OR

- Hospital Disposition = Expired



Indiana State⁸¹
Department of Health

Trauma Registry & INVDRS

- 2012:
 - 160 cases
- 2013:
 - 191 cases
- 2014 (YTD):
 - 160 cases
- 2015 (YTD):
 - 2 cases



Reporting Child Violent Deaths

- INVDRS uses and expands use of Child Fatality Review data



Indiana Violent Death Reporting System Reporting Child Violent Death

The Indiana Violent Death Reporting System will capture 100% of violent death incidents among children in Indiana beginning January 1, 2015 by utilizing and enhancing the work done through Child Fatality Review (CFR).

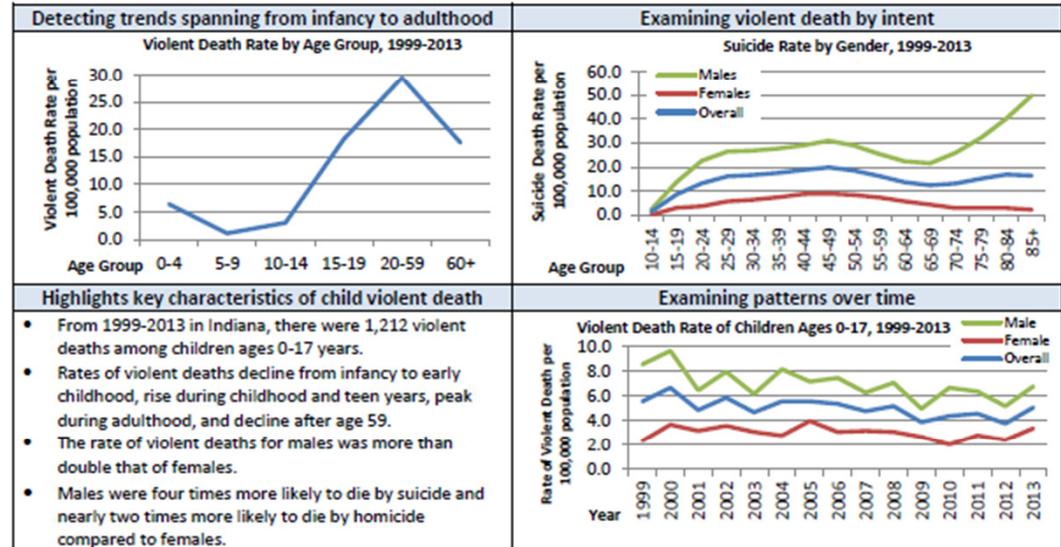
Overview: INVDRS

- Collect comprehensive, objective, and accurate population-based information on victims, suspects, weapons, and circumstances related to homicides, suicides, unintentional firearm injury deaths, legal intervention deaths, deaths of undetermined intent, and deaths due to terrorism.
- Combine data from multiple sources, including death certificates, coroner records, law enforcement reports, to increase scientific understanding of violent injury to be translated into prevention strategies for state, local and national efforts
- Contribute de-identified data to the National Violent Death Reporting System (NVDRS) funded by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

Overlap: INVDRS and Child Fatality Review

INVDRS	INVDRS & CFR	CFR
<ul style="list-style-type: none"> • Focuses on state-based data collection and dissemination • Captures death certificate data from 100% of Indiana counties • Contributes data to NVDRS in conjunction with 31 other states 	<ul style="list-style-type: none"> • Use confidential reporting system to collect data for analysis • Examine extensive background and circumstance information on victims, suspects, relationships, weapons, and life events related to the incident to identify examining associated risk factors and warning signs to prevent future death • Shared common data providers, users, and stakeholders for increased utility and completeness 	<ul style="list-style-type: none"> • Focuses on local community and statewide action • Local teams are mandatory in all counties • Contributes data to National CDR Case Reporting System on a team by team basis

Data: Violent Deaths in Indiana



INVDRS Advisory Board:

The success of the implementation and utilization of INVDRS relies upon its partners and Advisory Board (AB) members. The AB will:

- Focus on the technical aspects of developing and implementing the reporting system
- Provide access to data (if applicable) and help develop solutions to identified barriers
- Advise on the publication of useful and actionable reports and fact sheets

For more information about INVDRS, please contact the Principal Investigator, Katie Hokanson, at KHokanson@isdh.in.gov
For more information about Child Fatality Review, please contact Program Coordinator Gretchen Martin, at GMartin1@isdh.in.gov

Report template based on Wisconsin Violent Death Reporting System: Reporting Child Violent Death



2013 counts

County of Residence:	Violent Death Counts:	Rank in State:
Marion County*	313	1
Lake County*	146	2
Allen County*	90	3
St. Joseph County*	50	4
Johnson County	41	5
Vigo County	40	6
Vanderburgh County*	39	7
Madison County*	35	8
Indiana Total:	1,526	

* Indicates Pilot County for INVDRS in 2015



Indiana State
Department of Health





ADVISORY BOARD: MEMBERS



Role of an Advisory Board Member

- Serve on the INVDRS AB
- Provide access to data (if applicable)
- Help develop solutions to any identified barriers
- Utilize the VDRS data
 - Informative tool
- Connect the ISDH to *your* partners
- Be Spokesperson for NVDRS/INVDRS



Indiana State
Department of Health

Call to Action

- Send interested parties to ISDH Division of Trauma and Injury Prevention

- indianatrauma@isdh.in.gov

- INVDRS Epidemiologist

Rachel Kenny

317-233-8197

rkenny@isdh.in.gov



Indiana State
Department of Health



2015 MEETING DATES



Indiana State
Department of Health

2015 Advisory Board Meeting Dates

- June 23rd
- September 29th
- December 15th
 - 1-3pm EDT
 - ISDH, Rice Auditorium



Contact Information

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Indiana State
Department of Health

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Indiana State
Department of Health

Discussion: Centralized Law Enforcement Data in Indiana

- Which law enforcement agencies utilize:
 - National Incident-Based Reporting System (NIBRS)?
 - Pros/Cons of NIBRS?
 - Uniform Crime Report (UCR)?
 - Pros/Cons of UCR?



Discussion: Centralized Law Enforcement Data in Indiana

- **Question:** How many states are NIBRS states that participate in NVDRS?
- **Answer:** 3 (out of 32) [as of October 2014]
- Centralized Law Enforcement data: 2 states
- Electronic Law Enforcement data: 1 YES, 4 “Some”
- Supplemental Homicide Report (SHR): 4 states



Discussion: Centralized Coroner / Medical Examiner Data

- BOTH Coroners & Medical Examiners – 6 states
- Coroners – 3 states
- Centralized Medical Examiner – 3 states
- Medical Examiners – 10 states

- Electronic C/ME
 - Yes – 1
 - Some – 6
 - Both – 6
 - Electronic access – 2
 - No – 7

