

REPORTING OF POISONINGS DUE TO THE USE OF PRESCRIPTION OR ILLICIT DRUGS

Frequently Asked Questions on Emergency Rules

1/2/2019 Revision Date

Why is the rule needed?

The emergency rules are promulgated to address the increase in overdoses due to prescription and illicit drug overdoses. The Michigan Department of Health and Human Services (MDHHS) will use reported data to identify drugs associated with overdose injury and death, and to guide and evaluate public health response to the opioid epidemic. This will include planning and targeting of resources and interventions to populations and geographies of high need.

How will reporting be accomplished?

This rule was developed using a similar method to rules related to injury reporting and non-medicinal chemical poisoning reporting. The rule makes it possible for MDHHS to require reporting of this information from health care providers and facilities when needed. The reporting request to providers could come in two ways:

- 1) Routine Surveillance Data Request: MDHHS is developing a system to collect information on medicinal and illicit drug poisoning events using existing information feeds. This system will utilize admission/discharge/transfer (ADT) messages from health facilities to identify events with an ICD-10 code related to poisonings and overdoses. This system will be automated, and, as far as we understand at this time, health care professionals and health facilities will not have to enter data, use a list of ICD-10 codes to select cases, or retain data files for future use.

MDHHS and the Michigan Health Information Network (MiHIN) are working together to develop the use case for this system now and will be including feedback from MHA and representation from health facilities and health

professional organizations (including Medical Examiners) and local public health partners in the requirements development.

MDHHS will not be making a request for ongoing submission of routine medicinal and illicit drug poisoning event surveillance data until the forthcoming ADT message system is established, tested, and ready to receive referrals.

- 2) Specific Event Investigation Request: In the case of a suspected outbreak of overdoses or poisoning events, this rule would be used by MDHHS or local public health to obtain information on the circumstances around those specific cases. This information would be used to aid in immediate public health response. MDHHS or local public health would contact the health care provider caring for those overdose cases, as is done currently for communicable disease investigation.

Will this new ADT system be fully automated?

The vast majority of acute medicinal and illicit drug poisoning healthcare encounters are already represented in existing ADT message data flows. To the extent that these medicinal and illicit drug poisoning events are captured by the ADT messages that healthcare providers are already submitting, additional messages will not be needed; the new system should automatically capture these existing messages. However, this new system will also include a manual 'event referral' screen. If any medicinal and illicit drug poisoning event is inadvertently missed/not captured, or if a healthcare provider is not actively sending ADT messages, healthcare providers will be able to log into this system to manually refer these events.

I don't have the specifications for the data I need to refer to MDHHS for routine surveillance. How will I know what data is needed to submit a complete referral?

MDHHS is actively assessing data quality of the ADT messages. As this assessment and validation exercise proceeds, we fully expect that our understanding of the utility of these messages will mature over time. We intend to use this experience

to inform our decision-making process and hope to have more information on ADT message specifications soon. We expect to leverage the existing use case exhibit and implementation guide to minimize any burden that would otherwise require healthcare providers to submit additional data elements in existing ADT message feeds. Minimizing the number of modifications to the current architecture is one of our primary objectives in the design and development of this system. Prior to the implementation of this new ADT message system, MDHHS will publish content specifications on what constitutes a complete referral for medicinal and illicit drug poisoning events for both automated and manually referred events.

How will healthcare providers know whether all medicinal and illicit drug poisoning events have been effectively captured and referred to MDHHS?

This new system will also support a reporting mechanism, based on individual healthcare provider site, that healthcare providers can generate. This will help to support verifying that all events that should be referred to MDHHS, have been referred.

Who is covered by this rule?

The rule requires that Health Professionals and Health Facilities provide reports when requested.

"Health facility" means any facility or agency licensed under article 17 of the public health code, MCL 333.20101 to 333.22260 that provides health care services. The rule mentions a hospital, clinical laboratory, surgical outpatient facility, health maintenance organization, nursing home, home for the aged, county medical care facility, and ambulance operation. Health Facility does not include any facility or agency that is prohibited by law under 42 CFR Part 2 from releasing records on substance abuse disorders. Hospice is specifically not listed as a health facility in this rule.

Rural health clinics are not covered under the current emergency rule. This gap will be addressed in the permanent rule.

"Health professional" means a person licensed under article 15 of the public health code, MCL 333.16101 to 333.18838, in medicine, osteopathic medicine, as a physician's assistant, or nurse practitioner.

What about responsibilities under 42 CFR Part 2?

The rule specifically states that Health Facility does not include any facility or agency that is prohibited by law under 42 CFR Part 2 from releasing records on substance abuse disorders.

Will there be a permanent rule?

The emergency rules were entered under the authority of MCL 24.248. The emergency rules are effective for 180 days. DHHS has started the permanent rule promulgation on the rules which should be completed on or before April 26, 2019. Please refer to <http://dmbinternet.state.mi.us/DMB/DTMBORR/Rules.aspx?type=dept&id=HS> for the status on the rules. If you have any further questions on the rulemaking process, please email MDHHS-AdminRules@michigan.gov for further information.

What ICD-10 codes will be used to identify a medicinal or illicit drug poisoning?

MDHHS makes use of national definitions for surveillance of poisonings. This list may change over time. Currently, we are working with a draft value set of more than 2000 ICD-10-CM codes. MDHHS will be making this value set publicly available in the future. MDHHS will share the current, draft version of this value set, upon request.

How will the data be used?

MDHHS is currently planning to share data with local health departments related to events in their jurisdictions only, as is the case with existing data reported to the Michigan Disease Surveillance System.

Statistics related to geographic, demographic and temporal variation in poisoning and overdose events will be published to state web sites and shared with partners.

The rule states that the department and local health departments may release reports or information under several conditions (see Rule 4 (6)). The main purpose of this rule is to obtain information for the department to carry out its duties under 1978 PA 368, MCL 333.1101 to 333.25211. Information will be released if necessary for public health activities designed to prevent poisonings due to use of prescription or illicit drugs and if the director of the department determines that release of information is crucial to protect the public health against an imminent threat or danger.