Washington State PMP Data Mapping Project

2014 Category 3 Grant

Harold Rogers Category 3 Grantee Meeting
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Washington State

BACKGROUND: OPIOID ISSUES AND PLANNING
WA Department of Health Role

- Collect, analyze, and share data (surveillance)
- Promote Pain Management Rules
- Participate in revision of Agency Medical Directors’ Group Opioid Dosing Guidelines
- Manage the Prescription Monitoring Program
- Lead Interagency Workgroup (known as Unintentional Poisonings Workgroup)
Interagency Workgroup History

- Focused on preventing and reducing unintentional opioid misuse, abuse & overdose
  - Began in 2008 with focus on prescription opioids
  - Broadened in 2014 to include illicit opioids
- Includes diverse group of stakeholders
  - E.g., reps from medical commissions, Worker’s Comp, Medicaid, health plans, physicians, Poison Control, law enforcement, Attorney General, UW, behavioral health division
Interagency Workgroup Initial Goals

- Increase provider and public education
- Identify methods to reduce diversion through emergency departments
- Increase surveillance
- Support evaluation of practice guidelines for providers treating chronic, non-cancer pain patients with opioids
- Support the Prescription Monitoring Program
Interagency Workgroup Expanded Goals

- Collaborate with local entities to share local data on opioid use and work with them on prevention planning
- Develop plan to address increase in heroin overdose
  - Includes partnering with needle exchanges and promotion of SAMHSA’s Overdose Prevention Toolkit.
- Provide education on preventing, recognizing, and responding to opioid overdoses (including through take-home naloxone)
  - Audiences: healthcare providers, first responders, insurers, regular opioid users (Rx or heroin) and their social networks
Washington State Category 3 Award

PMP DATA MAPPING PROJECT
Project Plan

1. Integrate PMP data with other datasets, select indicators, and construct composite indices across multiple sources.

2. Create a web-based GIS mapping tool for data visualization.

3. Produce TA manual on using mapping tool to inform planning.

4. Stakeholders use maps to identify local target areas and develop strategies.
## Potential Indices Examples

<table>
<thead>
<tr>
<th>Sample Index</th>
<th>Identifies communities with…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication-Assisted Treatment Service Desert</td>
<td>High treatment need + Low treatment availability</td>
</tr>
<tr>
<td>PDMP Usage Desert</td>
<td>High Rx/prescriber/pharm overlap + Low prescriber PDMP usage</td>
</tr>
<tr>
<td>Overdose Prevention Area</td>
<td>High dosage/combo drugs + Low prevention activity (e.g., naloxone access, prescriber ed)</td>
</tr>
</tbody>
</table>
Mapping Tool Model

Similar to USDA’s “food desert” map tool

➢ Used by state and local groups to identify target areas and allocate resources
Planned Map Tool Features

- **Interactive**
  - User can select specific indicators as well as composite indices

- **Dynamic**
  - User can zoom in or out, pan the map view, and search by geographic identifier

- **Community-Level**
  - Geographic unit (e.g., census tract, zip code, county) will depend on indicators prioritized
Interagency Workgroup Role

- Information Supply subcommittee prioritizes map indices and features
- Project team solicits feedback from Unintentional Poisonings Workgroup (UPW) and county stakeholders
- Information Supply committee provides ongoing feedback to project team on draft maps
- UPW and stakeholder groups use maps for state and local planning
Project Implementation Partners

Washington Dept. of Health PMP Program
- Oversight, Epi analysis

Acumentra Health
- Project management

University of Washington
- Analysis guidance

Looking Glass Analytics
- Mapping tool development
Contact

Chris Baumgartner, PMP Director
chris.baumgartner@doh.wa.gov

Gillian Leichtling, Mapping Project Manager
gleichling@acumentra.org