

**DUIP/NCIPC and NCHS collaborations that are Responsive to SUDORS OMB#0920-1128 NOA
March, 2019**

1.0 Background on Update

The Division of Unintentional Injury Prevention (DUIP), CDC is collaborating with the National Center for Health Statistics (NCHS), CDC to streamline and improve the quality and timeliness of drug overdose data collected on the death certificate as required by its NOA for the State Unintentional Drug Overdose Reporting System (SUDORS) OMB# 0920-1128. The last update on this collaborative effort was provided in August, 2018.

2.0 NOA language for SUDORS OMB#0920-1128

The following language is a quotation from the SUDORS’ OMB NOA:

“OMB clears this ICR consistent with the understanding that DUIP/NCIPC will continue to devote resources to maximizing the long-term value of CDC’s investment in working with state health departments and medical examiners/coroners to improve the timeliness of fatal opioid overdose surveillance. More specifically, DUIP/NCIPC will continue to collaborate with NCHS (who has the lead in working with states’ vital records agencies) on developing standardized, efficient, and sustainable approaches to incorporating mutually agreed upon data elements into state death certificates. Efforts during the first year will focus on broad development of ME/C standards and improving electronic interoperability of ME/C case management systems that incorporate toxicology information and findings from death scene investigations into vital statistics systems. Efforts during the second year of clearance include multi-state piloting, and the third year of clearance will focus on broad implementation into electronic death reporting.”

3.0 Current collaborations between DUP and NCHS as of March 2019

The primary purpose of the current DUIP/NCIPC collaborations with NCHS are to improve mortality reporting on the death certificate, especially reporting of drug overdose deaths. These improvements may indirectly improve SUDORS, which contains information abstracted from the death certificate. Also, one of the collaborations supporting interoperability among ME/C case management systems, state vital statistics, and state surveillance systems may directly enhance SUDORS reporting in some states.

| Description of Current DUIP and NCHS Collaboration | OMB Requirement Addressed |
|--|---|
| <p>Almost completed new ME/C guidance on certifying drug toxicity deaths: DUIP funded and NCHS convened a working group of epidemiologists, medical examiners and coroners (ME/C), vital records agency personnel, and representatives of CDC to identify methods for improving the reporting of drug overdose deaths on the death certificate.</p> <ul style="list-style-type: none"> • Deliverable: As a result of the workgroup, NCHS has drafted guidance for ME/Cs in “<i>A Reference Guide for Certification of Drug Toxicity Deaths</i>” that is under review and expected to be released sometime in the summer 2019. | Addresses OMB requirement to improve the standardization of data collected from ME/Cs. |
| <p>Complete effort to pilot an interoperable interface with popular ME/C electronic case management system: NCHS completed a DUIP-funded effort to pilot-test the feasibility, utility and scalability of creating interoperable interfaces with popular ME/C electronic case management systems (i.e., MDILog or VertiQ). The project funded the Occupational Research and</p> | Addresses OMB requirements to support development of ME/C standards and improving electronic interoperability of ME/C case management |

| Description of Current DUIP and NCHS Collaboration | OMB Requirement Addressed |
|---|---|
| <p>Assessment (ORA) which collaborated with the National Association of Medical Examiners and the International Association of Coroners & Medical Examiners.</p> <ul style="list-style-type: none"> • Lesson learned: While the pilot confirmed the utility of creating an electronic database of toxicology findings, the pilot also identified substantial barriers to establishing interoperable toxicology data and other data elements not required on the death certificate. Examples of barriers include the lack of standard data collection elements and processes across ME/C systems and the fact that vendors may be driven to develop technology to generate a profit. | <p>systems that incorporate toxicology information and findings from death scene investigations into vital statistics systems.</p> |
| <p>Ten state interoperability project: The main collaborative activity between NCHS and NCIPC is being funded through CDC’s Opioid Response Coordinating Unit (ORCU). This 16 month initiative began in fall 2019 and received \$5.9 million in funding. The initiative consists of three separate components: 1) improve investigation of drug overdose deaths by updating the National Association of Medical Examiners (NAME) position paper on death investigation best practices and developing training materials to implement recommendations, 2) enhance the capacity of vital registration jurisdictions to collect quality drug information on death certificates, and 3) improve the timeliness and quality of death certificate data as well as access to other medical examiner and/or coroner (ME/C) data by improving the information flow among ME/C agencies, state vital records offices, NCHS and state surveillance systems such as SUDORS or the National Violent Death Reporting System. In order to accomplish the second and third goal, 10 state vital registration jurisdictions (IA, IN, KS, LA, MD, MS, NV, NM, UT and DC) have joined an existing project to enhance interoperability between ME/C case management systems and state vital records office electronic death registration systems. Recipients are working to improve the timeliness and quality of mortality records transmitted to NCHS, especially for the reporting of drug-involved deaths. Specifically, states are expected to work towards transmitting at least 90% of their drug-involved deaths to NCHS within 90 days. Also, these 10 states must work towards electronically transmitting relevant mortality records to a state public health surveillance program within 2 days of receiving the cause of death codes from NCHS.</p> <ul style="list-style-type: none"> • Project update: All 10 funded states have created and submitted project plans to NCHS with details of current barriers to timely collection and transmission of drug mortality records. Also, states have proposed specific strategies to overcome identified barriers. It is too early in the implementation of these projects to report on lessons learned. • Other notes: Instead of funding NCHS and DUIP collaborative activities through the current <i>Overdose Data to Action Notice of Funding Announcement (CDC-RFA-CE19-1904)</i> mentioned in the previous August 2018 update, ORCU allocated funding to this project because the project and mechanism were more appropriate. | <p>This initiative addresses two OMB requirements: 1) broad development of ME/C standards and improving electronic interoperability of ME/C case management systems that incorporate toxicology information and findings from death scene investigations into vital statistics systems and 2) piloting interoperability efforts across multiple states.</p> |
| <p>Improve automatic coding of drug overdose deaths by NCHS: CDC’s Opioid Response Coordinating Unit (ORCU) is providing NCHS \$1.9 million of funding to modernize the cause of death coding system to auto code more deaths with ICD-10-CM codes and provide more detail on substances contributing to drug overdose deaths. Specifically, the three key components of this NCHS 16-month project are: 1) accelerating efforts to modernize the NCHS cause of death coding system to increase the percentage of records automatically coded from</p> | <p>This project will increase both NCHS and state electronic access and sharing of data on the specific drugs contributing to overdose deaths. Consequently, it addresses the OMB priority</p> |

| Description of Current DUIP and NCHS Collaboration | OMB Requirement Addressed |
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| <p>80% to over 90%, 2) accelerating the development of detailed coding for drug-involved deaths to better capture all the specific drugs involved and 3) providing short-term funding to minimize delays in manual coding of deaths by hiring additional contract staff to manually code deaths not automatically coded.</p> <ul style="list-style-type: none"> • Project update: It is too early in the implementation of these projects to report on lessons learned. | <p>of broadly implementing electronic death reporting.</p> |

4.0 Other ongoing CDC efforts to improve coordination

CDC operates the Opioid Response Coordinating Unit (ORCU) that brings together all CIO’s in CDC to ensure coordination and integration of opioid surveillance activities across CDC.

State Unintentional Drug Overdose Reporting System (SUDORS) OMB# 0920-1128

The National Center for Injury Prevention and Control (NCIPC) and National Center for Health Statistics (NCHS) Collaboration Updates

Background

The Division of Unintentional Injury Prevention (DUIP), CDC is collaborating with the National Center for Health Statistics (NCHS), CDC to streamline and improve the quality and timeliness of drug overdose data collected on the death certificate as required by its NOA for State Unintentional Drug Overdose Reporting System (SUDORS) OMB# 0920-1128. Planned collaborations have substantially expanded since our last update to OMB. Current and future collaborations with NCHS are discussed below as well as how they comply with the current NOA.

NOA language for OMB#0920-1128

OMB clears on this ICR consistent with the understanding that DUIP/NCIPC will continue to devote resources to maximizing the long-term value of CDC's investment in working with State health departments and medical examiners/coroners to improve the timeliness of fatal opioid overdose surveillance. More specifically, DUIP/NCIPC will continue to collaborate with NCHS (who has the lead in working with States vital records agencies) on developing a standardized, efficient, and sustainable approaches to incorporating mutually agreed upon data elements into State death certificates. Efforts during the first year will focus on broad development of ME/C standards and improving electronic interoperability of ME/C case management systems that incorporate toxicology information and findings from death scene investigations into vital statistics systems. Efforts during the 2nd years of clearance include multi-state piloting, and the 3rd year of clearance will focus on broad implementation into electronic death reporting.

Current collaborations between DUIP and NCHS

- DUIP funded and NCHS convened a working group of epidemiologists, medical examiners and coroners (ME/C), vital records agency personnel, and representatives of CDC to identify methods for improving the reporting of drug overdose deaths on the death certificate. As a result of the workgroup, NCHS is currently working revising guidance for ME/Cs in *"A Reference Guide for Certification of Drug Toxicity Deaths"*.
 - *Addresses OMB requirement to improve the standardization of data collected from ME/Cs.*
- DUIP is funding and working with NCHS to pilot-test the feasibility, utility and scalability of creating interoperable interfaces with popular ME/C electronic case management systems (i.e., MDILog or VertiQ). The project funds Occupational Research and Assessment (ORA) which is collaborating with the National Association of Medical Examiners and the International Association of Coroners & Medical Examiners on the project. The pilot is nearing completion and has identified substantial barriers to interoperability and collecting data elements not required on the death certificate that will inform ongoing work.
 - *Addresses OMB requirements to work broad development of ME/C standards and improving electronic interoperability of ME/C case management systems that incorporate toxicology information and findings from death scene investigations into vital statistics systems.*

Future collaborations between DUIP and NCHS

- NCHS will receive \$5.9 million to enhance the capacity of ME/Cs and state vital records offices to report high quality and timely drug overdose data on death certificates. The funding will be used to:
 - Update the National Association of Medical Examiners (NAME) position paper on the practice of death investigation and developing training materials to implement recommendations within jurisdictions;
 - Fund up to 15 states to add capacity to expand work on drug overdose data timeliness and quality; and
 - Improve the flow of information to state vital records offices and NCHS by funding 3 additional states to participate in a project to enhance interoperability of ME/C case management systems and state vital records office electronic death registration systems.
 - Projects will focus on data elements already collected on the death certificate due to legal and operational challenges.
 - *Addresses two OMB requirements*
 - *Broad development of ME/C standards and improving electronic interoperability of ME/C case management systems that incorporate toxicology information and findings from death scene investigations into vital statistics systems.*
 - *Efforts during the 2nd years of clearance include multi-state piloting.*
- NCHS will receive \$1.9 million dollars to modernize the cause of death coding system to auto code more records and provide more detailed on substances contributing to drug overdose deaths. Specifically, NCHS will:
 - Accelerate efforts to modernize the NCHS cause of death coding system to increase the percentage of records automatically coded from 80% to over 90%.
 - Accelerate development of detailed coding for drug-involved deaths to better capture all the specific drugs involved.
 - Provide short term funding for additional contract manual coding capacity to minimize delays in manual coding of deaths.
 - *Addresses three OMB requirements*
 - *Broad development of ME/C standards and improving electronic interoperability of ME/C case management systems that incorporate toxicology information and findings from death scene investigations into vital statistics systems.*
 - *Efforts during the 2nd years of clearance include multi-state piloting.*
 - *Efforts during 3rd year of clearance will focus on broad implementation into electronic death reporting.*
- DUIP will work with NCHS to fund additional work on interoperability of ME/C case management systems at the state level as part of its current *Data to Action NOFO*. Discussions on whether the funding will be a supplement to the *Data to Action NOFO* or allocated through other mechanisms are ongoing and we will keep OMB updated.
 - *Addresses two OMB requirements*
 - *Broad development of ME/C standards and improving electronic interoperability of ME/C case management systems that incorporate toxicology information and findings from death scene investigations into vital statistics systems.*
 - *Efforts during the 2nd years of clearance include multi-state piloting.*
- CDC convened the Opioid Response Coordinating Unit (ORCU) that brought together all CIO's in CDC to ensure coordination and integration of opioid surveillance activities across CDC.