Changes to Wisconsin's Overdose Spike Response System

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Outline

- History of spike response system
- Feedback from local health departments
- Proposed changes to the system
- Pilot project
- Lessons learned

History

- Started an alert process in 2018
- Used alert system from ESSENCE
  - Focused on opioid overdoses
  - Weekly alert at the county level
- Sent to county and tribal local health officials
- Response was for local health offices to determine what to do with alert

History - Data

- Started December 2018
- Data through May 2021
  - 268 alerts
  - 57 counties (79% of all counties in Wisconsin)
  - Counties with most alerts: Dane and Waukesha
  - Average number of alerts per month:
    - 2019 = 7 alerts
    - 2020 = 11 alerts
    - 2021 = 10 alerts

Feedback

- Weekly is too late to intervene
- Only opioids is too specific and is missing cases and missing other substances
- Counts of emergency department visits too limiting, need demographic data to target interventions and possibly other data sources
- Need assistance with response, not sure what to do with an alert
- No possibility of customizing thresholds

Proposed Changes

- Daily alert
- Use all drug, all opioid, heroin, and all stimulant definitions for separate alerts
- Incorporate ambulance run data into alert system
- Develop spike response teams to receive alerts
- Disseminate spike response materials to spike response teams

Pilot Project

- Develop new alerts using ESSENCE data and all definitions (all drug, all opioid, heroin, and all stimulants)
- Create alerts using ambulance run data through a Biospatial system (all drug and all opioid definitions)
- Pilot with 15 counties that have OD2A community grantees
- Redefine who gets alerts

Pilot Project-Daily Alerts

- Using ESSENCE
  - Total count alert
  - Percentage of total emergency room department visits alert
  - All drug, all opioid, heroin, and all stimulants
- Using Biospatial
  - Daily anomaly alert
  - Daily custom alert
  - All drug and all opioid

Pilot Project-Data

Data from 5/23/21-6/5/21

- Weekly: 7 alerts (2 from pilot counties)
- Daily
  - ESSENCE
    - 130 alerts (26 from pilot counties)
    - 94 all drug, 21 opioid, 15 heroin, 0 stimulant
  - Biospatial
    - 9 alerts (only set for pilot counties)
    - Combination of all drug and opioid definitions

Pilot Project-Response Team

- Expand alerts outside of local and tribal health departments
- Connect health departments to community agencies and coalitions
- Determine threshold levels for their county
- Receive spike response tool kits and information

Lessons Learned

- Counties want a real time alert system that incorporates multiple data sources and sends emails when spike is identified
- Need to clarify and define “response” to alert
- Every county is different, pilot counties are requesting individual meetings
- Counties vary in areas of interest:
  - Thresholds-some want to set their own
  - Response teams-some already have a working system

Lessons Learned (cont.)

- Counties with overdose fatality reviews (OFRs) need guidance on how the two programs support one another
- Counties with tribal health departments have different levels of engagement with each other
- Need to take capacity of public health into account for each county

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