

# The Mississippi Opioid and Heroin Data Collaborative

The Mississippi Opioid and Heroin Data Collaborative has been tracking and reporting state-level opioid data since 2017. Collaborators on the report include the Mississippi State Department of Health, the Mississippi Board of Pharmacy's Prescription Monitoring Program, the Mississippi Department of Mental Health, the Mississippi Bureau of Narcotics, Mississippi Emergency Medical Services, and The University of Southern Mississippi.

## MISSISSIPPI'S JOURNEY TO CURBING THE OPIOID CRISIS: A TIMELINE OF EVENTS



## WHAT WOULD HELP THE STATE ADDRESS THE OPIOID CRISIS?

### \* **Education/Training:**

- Educate the public through community workshops
- Educate payers to approve coverage of evidence-based treatments, such as rehabilitation and treatment for at least 12 months and lifetime follow-up
- Expand training for medical doctors
- Stress benefits of opioid data dashboard use among providers
- Continue presenting data to wide range of audiences

### \* **Expanded Services:**

- Provide extended care (past 60 days) for mothers paid for by Medicaid and other insurers
- Address the persistent and growing threat of opioid use disorder (OUD) among the elderly population
- Consider implementing syringe service programs (SSPs), given evidence that they offset opioid overdoses, Hepatitis C transmission, and HIV transmission
- Implement prevention efforts aligned with surveillance data threats
- Expand service access to include Tele-MAT

### \* **Improvement of Data Quality:**

- Improve drug arrest reporting from law enforcement agencies
- Provide expanded access to the coroner's overdose database and the crime lab database for overdoses
- Increase coroners' use of the state crime lab as opposed to use of independent labs
- Improve the collection and analysis of data to pinpoint areas and populations at elevated risk for OUD and overdoses

### \* **Expanded Data Monitoring:**

- Conduct treatment, intervention, and longitudinal tracking of neonatal abstinence syndrome (NAS)
- Expand surveillance to include more detailed county-, city-, and provider-level data
- Formulate a dispenser utilization rate that determines the dispensers' consultation of the Prescription Drug Monitoring Program (PDMP) database prior to filling prescriptions
- Create a master patient index algorithm that allows for cross-referencing of data from disparate data sources

## LESSONS LEARNED

- \* **Not all who need treatment can receive it.** Many individuals with substance use disorders are unable to access treatment due to barriers such as lack of transportation, social stigma, and co-occurring mental health disorders. In addition, Mississippi currently does not have the capacity to provide treatment for all the patients in need.
- \* **Addressing one issue can lead to other challenges.** As prescription opioids are becoming harder to obtain, the proportion of heroin-related admissions to DMH-certified treatment facilities and heroin-related deaths are increasing.
- \* **Not all data sources are equal.** Some databases are so decentralized that different organizations responsible for compiling or reporting data lack a common platform. Others can be hampered by slow data reporting or incomplete records. A matrix is being created to rate the quality of databases with remedial actions to follow.
- \* **The lack of a state health information exchange (HIE) is hindering the efforts of state agencies.** The inability to share recent and complete health data among agencies has resulted in delayed or inefficient care for patients. The creation of a state HIE would enable providers to detect possible drug-seeking behavior among individuals and allow for timely interventions.

For more information or to view The Mississippi Opioid and Heroin Data Collaborative's interagency reports, please visit The Mississippi State Department of Health's website: [https://msdh.ms.gov/msdhsite/\\_static/44,0,382,740.html](https://msdh.ms.gov/msdhsite/_static/44,0,382,740.html)



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