



Use Case: Local Health Department Access to Overdose Data

Updated 3/10/2022

Overview

Local health department interventions are an important component of the response to the opioid crisis. Individuals who experience a non-fatal overdose are at high risk of overdosing in the future. The ability for local health departments to receive non-fatal overdose information for any overdoses occurring within its jurisdiction, or for any resident of their jurisdiction regardless of where the overdose occurred will allow for life-saving interventions that can help curb the epidemic.

Local health departments are public health authorities under 45 CFR § 164.501 and will use the information to perform a public health intervention to prevent injury resulting from untreated substance use disorders. Some local health departments may provide mental health or substance use disorder treatment as a health care provider. 45 CFR § 164.512 permits "use or [disclosure of] protected health information, if the covered entity, in good faith, believes the use or disclosure: (i)(A) is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public." In this case, the local health departments and state health departments will receive the information regarding individuals who are at imminent risk of a drug overdose, having suffered "near miss" overdoses in the immediate past.

In Maryland, the Maryland Department of Health's Assistant Attorney General provided a legal opinion that the disclosure of protected health information to local health departments who will provide a public health intervention is allowable under current state and federal privacy laws. In order to enable the use case in the District and other regions, a legal opinion must be supplied to support this disclosure.

CRISP has the ability to leverage the clinical information received by hospital, emergency medical service (EMS) participants, and potentially other participant data sources to deliver this information to the local health department according to their preferred method of delivery.

Permitted Purpose Category

For public purpose as permitted or required by applicable law and consistent with the mission of the HIE to advance health and wellness of patients within the CRISP service area. (Permitted Purpose #2).

Technical Design

CRISP receives data from several participant sources, including, but not limited to, emergency medical services (EMS) and hospital Admission, Discharge, Transfer (ADT) feeds for emergency department events. These feeds can be carrying Primary and Secondary Impressions, Chief Complaints, Admit Reasons, Clinical Impressions, Admitting Diagnoses, and Discharge Diagnoses. Some fields are free-text and can contain text-based indicators of non-fatal overdose events. Any events that match the criteria will be flagged and made available through the Encounter Notification Service (ENS) in which a rule is in place that routes the event to



the local health department(s) for any patient with a home or incident address within their jurisdiction for non-fatal overdose events specifically.

Use Case Description

As the source information is received (i.e. EMS data), each of the relevant fields carrying information that indicate an overdose event will be analyzed for delivery. When identified, the home and incident addresses will be analyzed to determine which local health department(s) the incident should be routed to. ENS will then route the alert to the local health department(s) in the preferred method of delivery. Information to be displayed in the alert may include, but is not limited to: 1) source of alert (i.e. EMS service provider), 2) date of encounter, 3) patient demographics, home and incident addresses, and 4) the language of what triggered the alert (i.e. primary and secondary impressions, chief complaint, admit reason, discharge diagnosis, etc.).

Upon receipt, the local health department will quickly follow up directly with patients who have survived a recent drug overdose to offer services, such as counseling and other mental health and substance use disorder (SUD) treatment options. Local health departments that receive alerts may also contact a neighboring local health departments to ensure patients are not contacted multiple times and service offerings are coordinated.

Opt-Out Applicability


Opt-out will apply to all controlled substance-related events.

Eligible Participants

Local health department health officers and their delegates will have access to this information.

Approval

This Use Case Policy was originally approved by the Clinical Advisory Board on December 23, 2019. The updated Use Case Policy was approved March 10, 2022.

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Chairperson	Dated