OD2A LOCAL: Component C: Planning and Process

Program Aims

Cuyahoga County's Overdose Data to Action (OD2A LOCAL) Component C program is piloting a data collection system at The MetroHealth System (MHS), a public hospital serving the Greater Cleveland, Ohio region. The program aims to better understand the development of surveillance indicators to assess efforts to link and retain individuals with opioid use disorder (OUD) or stimulant use disorder (StUD) to evidence-based treatment and services. MHS's Office of Opioid Safety, in partnership with the Cuyahoga County Board of Health (CCBH) and the Begun Center for Violence Prevention Research & Education at Case Western Reserve University (CWRU), co-designed applicable local indicators, planned and piloted patient-level data collection and analysis from three unique entry pathways across the cascade of care.

Entry Points to Identify and Engage Individuals with OUD or StUD

Nonfatal Overdose: MetroHealth ED (required)

- Consistently receives the most opioid overdose encounters transported in Cuyahoga County
- Provides 24-hour access to substance use navigators (SUNs), Medications for Opioid Use Disorder (MOUD) and harm reduction services
- Includes individuals who have experienced a nonfatal overdose from opioids and/or stimulants
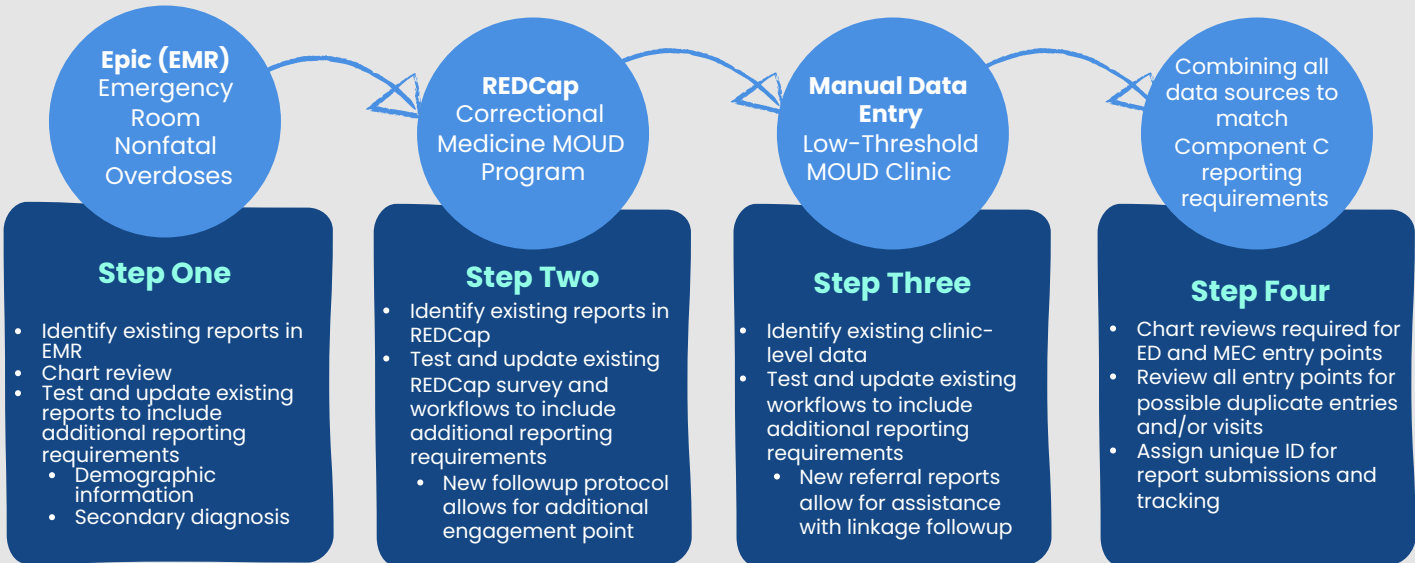
Criminal Justice: MetroHealth's MOUD program at County Corrections

- The Expanded Access to MOUD (ExAM) program screens inmates identified with OUD at intake and triages for treatment
- Provides direct patient care and advocacy during incarceration
- Includes individuals who are incarcerated then released and linked with community-based MOUD/other treatment upon release

Other Clinical Care: Walk-in Motivation and Engagement Clinic (MEC)

- A low-threshold suboxone clinic to support patients coming from the ED, correctional and harm reduction program settings
- Provides transportation as well as therapy, case management, legal and harm reduction services, as needed
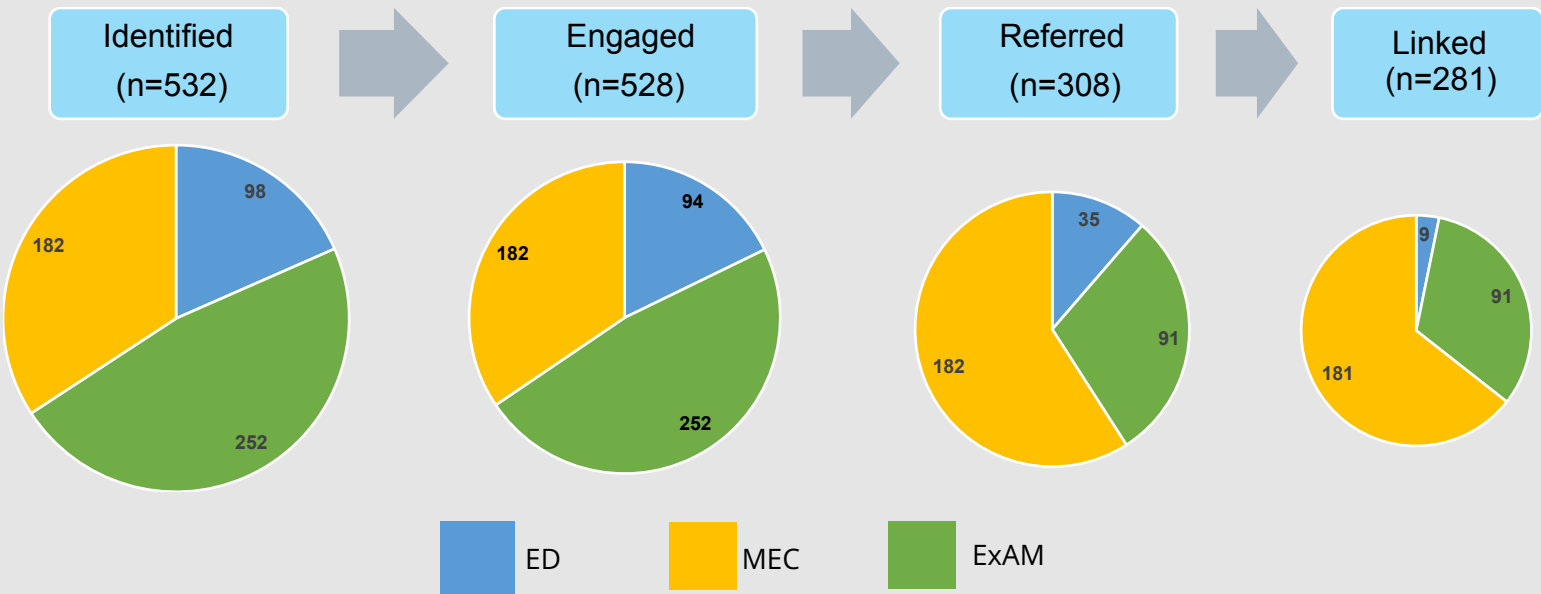- Includes individuals with opioid use disorder beginning MOUD

Planning for Data Collection Across Sites and Platforms

Epic (EMR) Emergency Room Nonfatal Overdoses

REDCap Correctional Medicine MOUD Program

Manual Data Entry Low-Threshold MOUD Clinic

Combining all data sources to match Component C reporting requirements

Step One
- Identify existing reports in EMR
- Chart review
- Test and update existing reports to include additional reporting requirements
  - Demographic information
  - Secondary diagnosis

Step Two
- Identify existing reports in REDCap
- Test and update existing REDCap survey and workflows to include additional reporting requirements
  - New followup protocol allows for additional engagement point

Step Three
- Identify existing clinic-level data
- Test and update existing workflows to include additional reporting requirements
  - New referral reports allow for assistance with linkage followup

Step Four
- Chart reviews required for ED and MEC entry points
- Review all entry points for possible duplicate entries and/or visits
- Assign unique ID for report submissions and tracking

Initial Data Collection Considerations

- Developing and testing a new system to translate and analyze clinical data to meet the needs of new CDC reporting is resource intensive.
- Electronic medical records, the primary data system for hospitals are not set up to collect data of this nature longitudinally.
- Even within one health system there can be multiple data systems, related to different programs supported by different funders and set up at different times.
- For new, longitudinal data collection approaches, dedicated time for training and testing is required for staff.

Preliminary Outcomes (September 2024-March 2025)

Identified (n=532) → Engaged (n=528) → Referred (n=308) → Linked (n=281)

Identified (n=532): ED 98, ExAM 252, MEC 182
Engaged (n=528): ED 94, ExAM 252, MEC 182
Referred (n=308): ED 35, ExAM 91, MEC 182
Linked (n=281): ED 9, ExAM 91, MEC 181

Legend: ED (blue), MEC (yellow), ExAM (green)

Note: referred and linked stages for ExAM program includes only those individuals released from jail

≥ 99% of individuals referred in the MEC and ExAM programs were linked to treatment services

Note: Data is currently being collected to determine retention rates.

CASE WESTERN RESERVE UNIVERSITY
Jack, Joseph and Morton Mandel School of Applied Social Sciences
Begun Center for Violence Prevention Research and Education

MetroHealth

CCBH CUYAHOGA COUNTY BOARD OF HEALTH