

Welcome to the NAS Reporting Webinar!

- The webinar will begin at 2PM CST.
- Webinar attendees will be on mute.
- Use your phone's mute function as well if you wish, but please do not use the Hold function.
- If you would like to speak or send questions and comments, please use the "Chat" feature.
- If you experience technical difficulties during the webinar, please email: tim.gill@tn.gov



Neonatal Abstinence Syndrome Reporting

Hospital Webinar
March 19, 2013



Webinar Procedures

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Objectives for Today's Webinar

- Describe NAS epidemic and broader prescription drug epidemic in TN
- Review key elements of the NAS reporting requirement and online reporting system
- Share data received to date
- Listen to feedback from birthing and reporting hospitals



Opening Remarks from Commissioner of Health

- John J. Dreyzehner, MD MPH FACOEM
 - Commissioner
 - Tennessee Department of Health



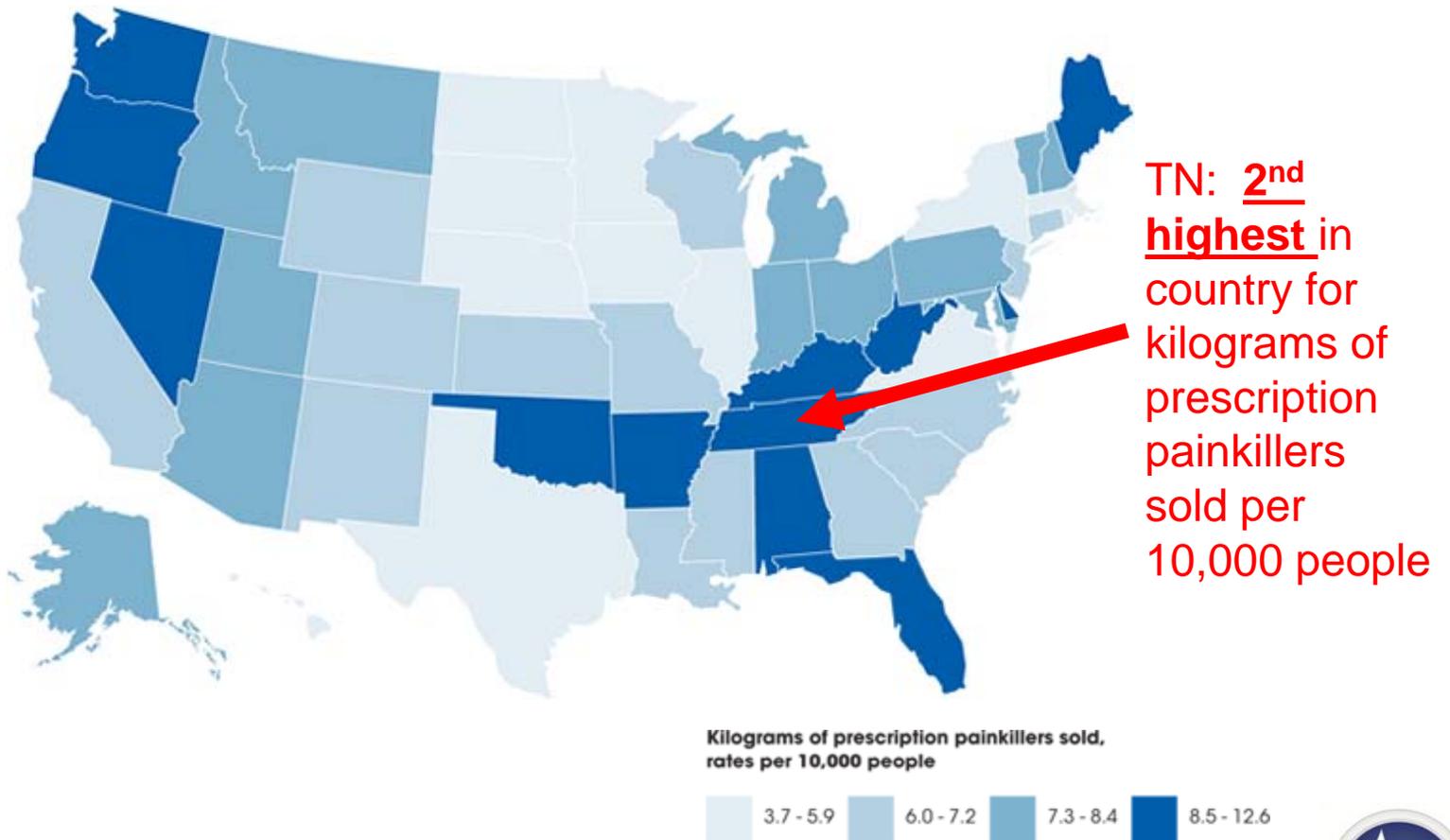
TN's Prescription Drug Problem

- In 2011, Tennessee ranked 49th highest in the country for the number of prescriptions filled per capita
 - **17.6 prescriptions filled per person**
 - National average: 12.1
- Kentucky and West Virginia tied for highest (19.3 prescriptions per person)

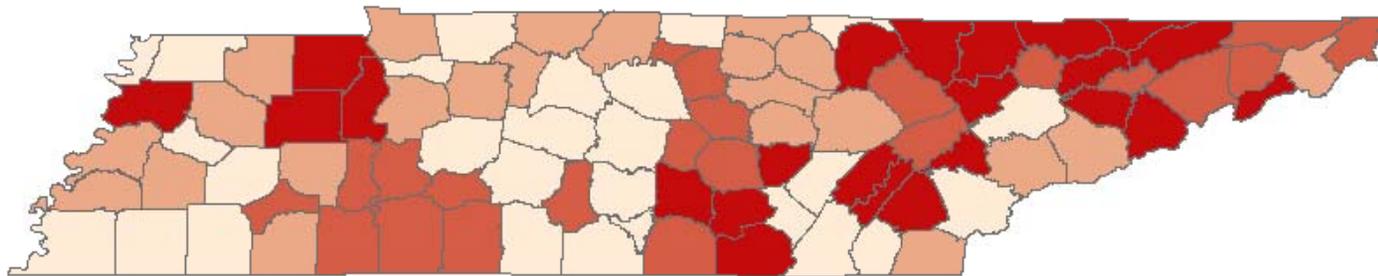


TN's Prescription Drug Problem

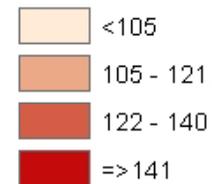
Prescription Painkillers Sold By State, 2010



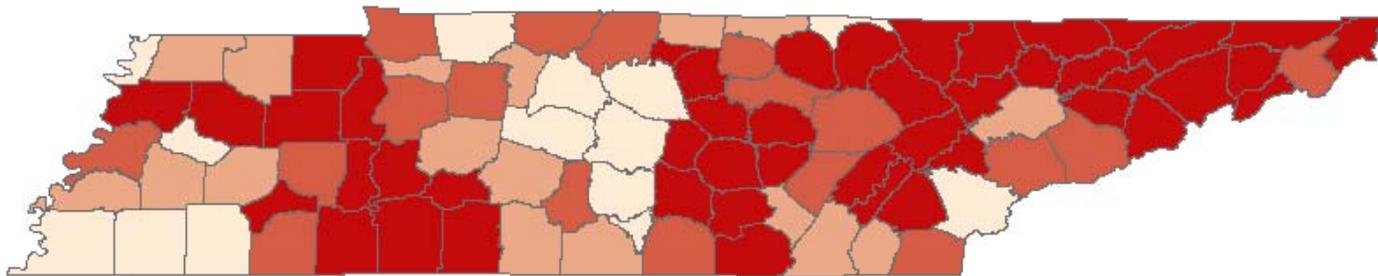
Opioid Prescription Rates by County—TN, 2007



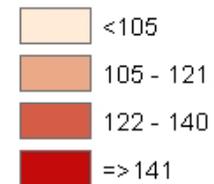
Prescription Rate per 100 Population



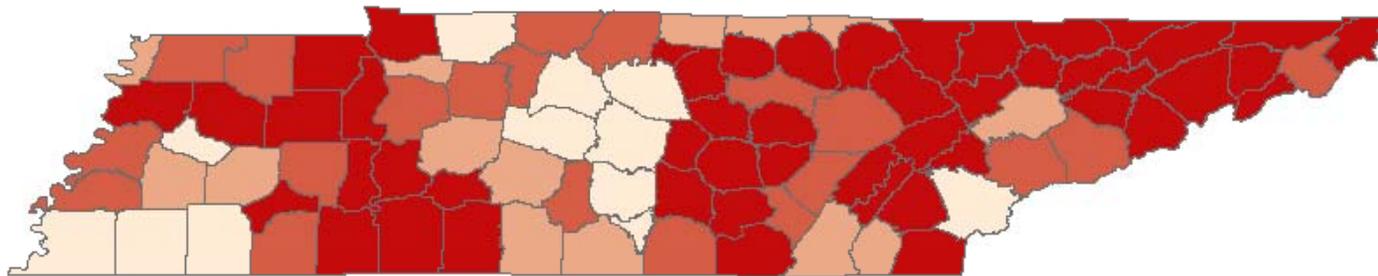
Opioid Prescription Rates by County—TN, 2008



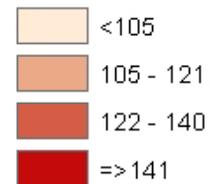
Prescription Rate per 100 Population



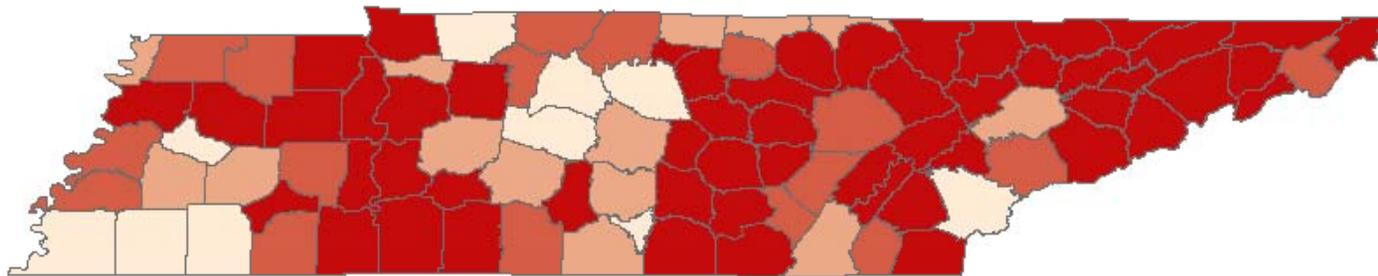
Opioid Prescription Rates by County—TN, 2009



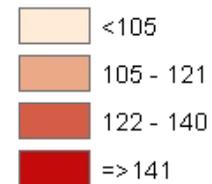
Prescription Rate per 100 Population



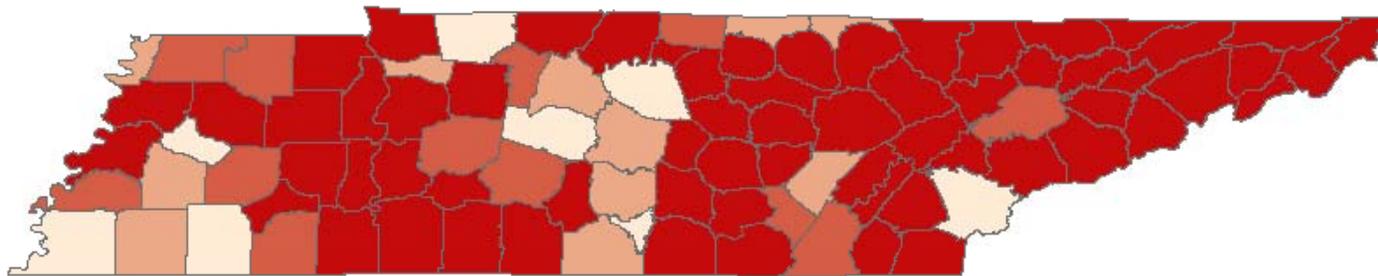
Opioid Prescription Rates by County—TN, 2010



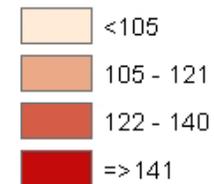
Prescription Rate per 100 Population



Opioid Prescription Rates by County—TN, 2011



Prescription Rate per 100 Population



TN's Prescription Drug Problem



51 pills
per every
Tennessean
over age 12

275.5 Million Hydrocodone Pills



22 pills
per every
Tennessean
over age 12

116.6 Million Xanax Pills



21 pills
per every
Tennessean
over age 12

113.5 Million Oxycodone Pills



TN's Prescription Drug Problem

- Increase in TN deaths due to prescription drug overdose
 - 422 in 2001
 - **1,062 in 2011**
- More than deaths from:
 - Motor vehicle accidents, homicide, or suicide
- Opioids (methadone, oxycodone, and hydrocodone) are by far the most-abused prescription drugs

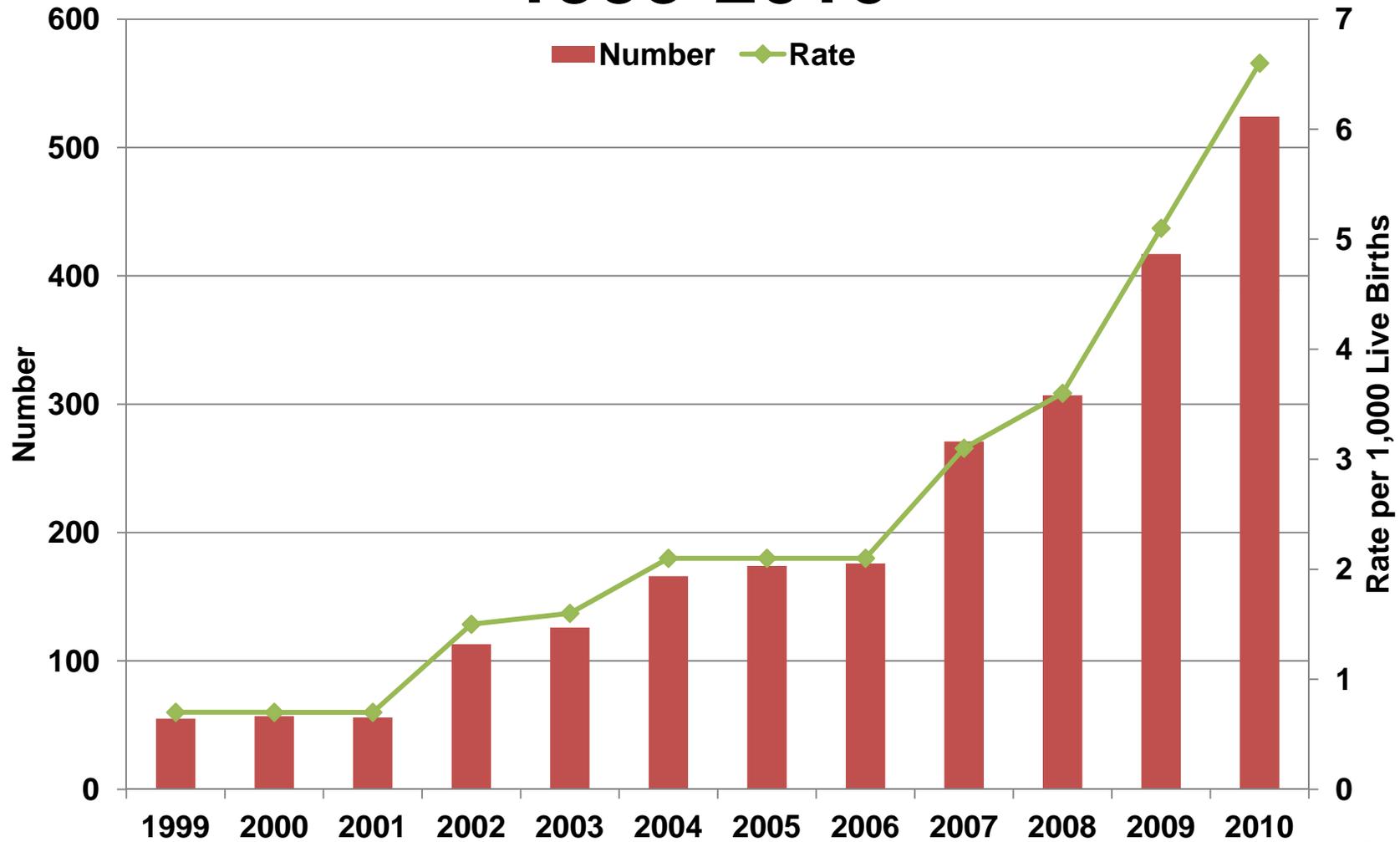


NAS Epidemiology (TN)

- Sharp increase in NAS incidence over past decade
- NAS incidence highest in East TN
- Nearly all NAS births covered by Medicaid
 - Average cost \$40,931 (compared to \$7,285 for all live births)
- Average length of stay = 22.6 days
- NAS infants over-represented in DCS custody



NAS Hospitalizations in TN: 1999-2010



Data sources: Tennessee Department of Health; Office of Health Statistics; Hospital Discharge Data System (HDDS) and Birth Statistical System. Analysis includes inpatient hospitalizations with age less than 1 and any diagnosis of drug withdrawal syndrome of newborn (ICD-9-CM 779.5). HDDS records may contain up to 18 diagnoses. Infants were included if any of these diagnosis fields were coded 779.5. Note that these are discharge-level data and not unique patient data.



NAS—Reportable Disease

- Previous estimates of NAS incidence came from:
 - Hospital discharge data (all payers but ~18 month lag)
 - Medicaid claims data (only ~9 month lag but only includes Medicaid)
- Need more real-time estimation of incidence in order to drive policy and program efforts



NAS—Reportable Disease

- NAS added to state's Reportable Diseases & Events list as of January 1, 2013
- Reporting hospitals/providers submit electronic report (SurveyMonkey)



NAS—Reportable Disease

- Reporting Elements
 - Case Information
 - Birth hospital, Reporting hospital, Gender, DOB, Maternal county of residence, last 4 digits of MR #
 - Diagnostic Information
 - Screening/confirmatory test(s) used, presence of clinical signs
 - Source of Maternal Exposure
 - Maternal substance if known



Poll Question

- Have you (or has someone at your hospital) submitted a report of NAS using the Tennessee Department of Health online system?

NAS Identification

- NAS is a clinical diagnosis
- NAS diagnosis based on:
 - History of exposure
 - Evidence of exposure:
 - Maternal drug screen
 - Infant urine, meconium, hair, or umbilical samples
 - Clinical signs of withdrawal (symptom rating scale)



Poll Question

- In your hospital, who submits the report of an NAS case through the Tennessee Department of Health's online system?

Neonatal Abstinence Syndrome Surveillance Summary

For the Week of March 11-March 17, 2013

(Week 11)¹

Reporting Summary (Year-to-date)

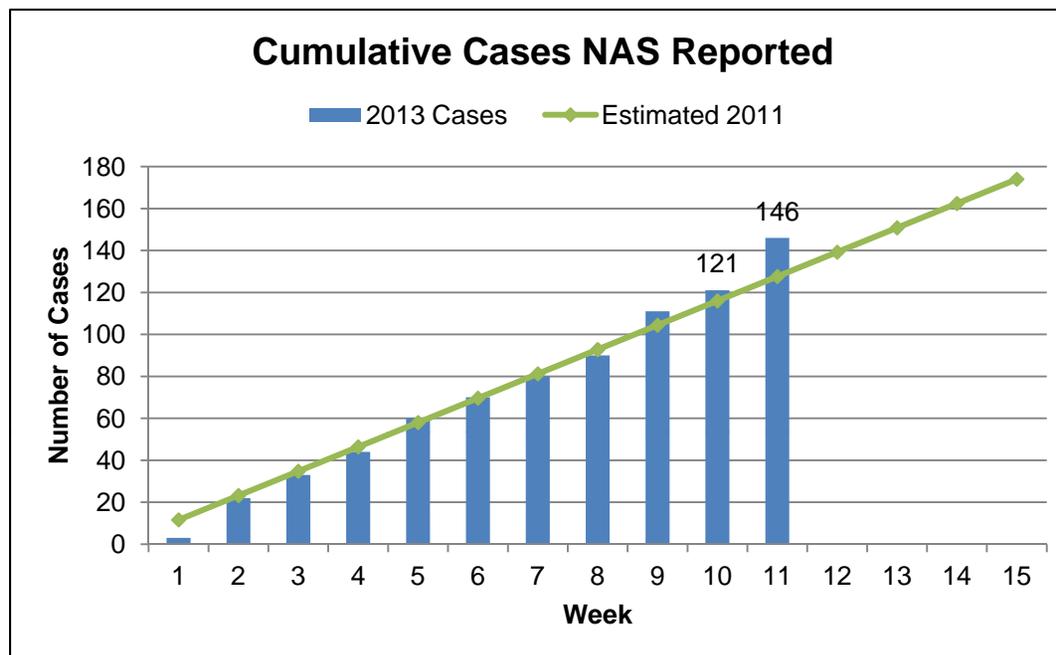
Cases Reported: **146**

Male: 80

Female: 66

Unique Hospitals Reporting: **28**

Maternal County of Residence (By Health Department Region)	# Cases	% Cases
Davidson	9	6.2%
East	34	23.3%
Hamilton	0	0%
Jackson/Madison	0	0%
Knox	18	12.3%
Mid-Cumberland	7	4.8%
North East	20	13.7%
Shelby	3	2.1%
South Central	9	6.1%
South East	1	0.7%
Sullivan	23	15.8%
Upper Cumberland	18	12.3%
West	4	2.7%
Total	146	100%



Source of Maternal Substance (if known) ²	# Cases*	% Cases
Supervised replacement therapy	58	39.7%
Supervised pain therapy	36	24.7%
Therapy for psychiatric or neurological condition	8	5.5%
Prescription substance obtained WITHOUT a prescription	52	35.6%
Non-prescription substance	41	28.1%
No known exposure but clinical signs consistent with NAS	4	2.7%
No response	5	3.4%

1. Summary reports are archived weekly at: http://health.tn.gov/MCH/NAS/NAS_Summary_Archive.shtml

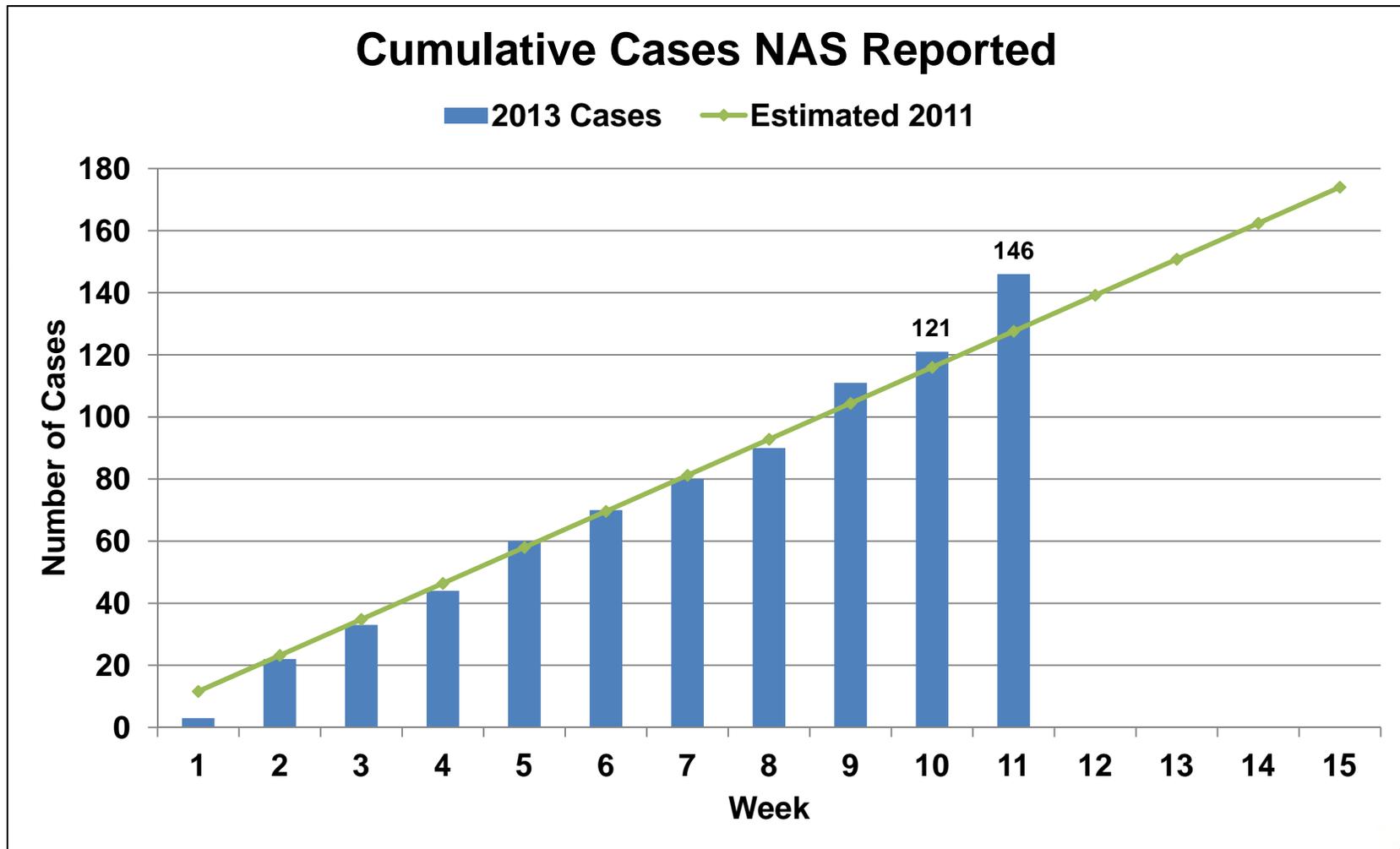
2. Multiple maternal substances may be reported; therefore the total number of cases in this table may not match the total number of cases reported.

NAS—Reportable Disease

- Through Week 11 (March 11-17, 2013)
 - **146 cases**
 - 80 male, 66 female
 - 28 unique reporting hospitals



NAS—Reportable Disease



NAS—Reportable Disease

Maternal County of Residence (By HD Region)	# Cases	% Cases
Davidson	9	6.2%
East	34	23.3%
Hamilton	0	0%
Jackson/Madison	0	0%
Knox	18	12.3%
Mid-Cumberland	7	4.8%
North East	20	13.7%
Shelby	3	2.1%
South Central	9	6.1%
South East	1	0.7%
Sullivan	23	15.8%
Upper Cumberland	18	12.3%
West	4	2.7%
Total	146	100%

65% of cases in East and Northeast TN

23% of cases in Middle TN and Plateau



NAS—Reportable Disease

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**Multiple maternal substances may be reported; therefore the total number of cases in this table may not match the total number of cases reported.*



NAS—Reportable Disease

- Important caveat:
 - *Reporting is for surveillance purposes only.*
 - *Does not constitute a referral to any agency other than the Tennessee Department of Health.*
 - *Does not replace requirement to report suspected abuse/neglect.*



Poll Question

- If you have reported a case of NAS to the Tennessee Department of Health online system, how easy was it to submit the report?

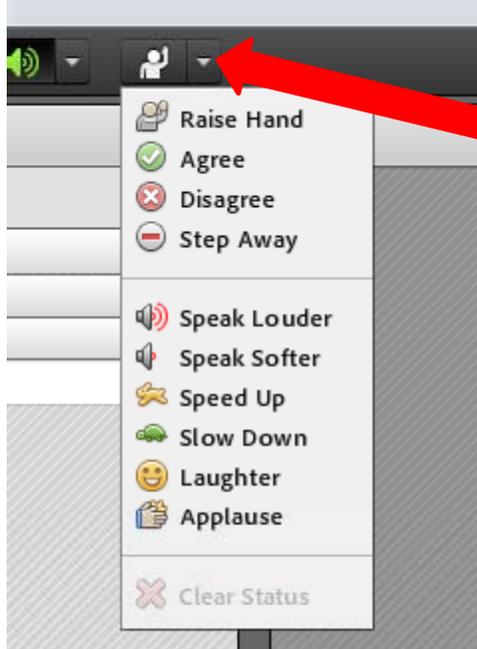
NAS Reporting: Issues to Date

- Drug exposed infant vs. infant with NAS
 - Requirement only to report infant with withdrawal symptoms
 - **Excluded** if answer “No” to “Clinical Signs Consistent with NAS”
- Concern re: TDH reporting info to DCS
 - Surveillance to TDH ≠ DCS Report
- Few reports to date from Hamilton or Southeast Region
 - 2011: Hamilton-13 cases, SERO-11 cases



NAS Reporting: Feedback from Hospitals

- We want to hear from you!
- What is working well? Not working well?
- How can we help this work better for you?



To submit a question:

Click on the icon of the person with raised hand. Select “Raise Hand” on the drop-down menu. Your phone line will be unmuted so that you can ask a question.

Or you can:

Type a question into the “Chat” window.



Next Steps

- Each hospital: Please email one primary contact (name and e-mail address) to Wanda Benson at wanda.benson@tn.gov
- Contact list will be used to distribute:
 - Important announcements about NAS reporting
 - Notifications about changes in reporting system
 - Answers to frequently asked questions



Conclusion

- Thank you again for your NAS reporting efforts!
- For questions or assistance, please contact:
 - Michael D. Warren, MD MPH FAAP
 - Director, Division of Family Health and Wellness
 - 615-741-0310
 - Michael.d.warren@tn.gov

