Utah Public Opioid Dashboard (UPOD) Indicator Data Definitions								
Indicator Title	Data Source	Definition	Numerator	Denominator	Additional Detail	Limitations of indicator	Limitations of data resources	
Number of oploid deaths that occurred in Utah by oploid drug category and year	the Medical	Deaths with any opioid listed in the immediate cause of death text field	Individuals who die in Utah who have an opioid listed in the immediate cause of death text field. Opioids are broken out into three mutually exclusive categories: Opioid Rx Only which includes deaths that have a prescription opioid listed in the immediate cause of death text field and does not have heroin included. Heroin Only which includes deaths that have heroin listed in the immediate cause of death text field and does not have a prescription opioid included. Both Opioid Rx and Heroin Only which includes deaths that have a prescription opioid and heroin listed in the immediate cause of death text field.	N/A	Heroin only includes deaths that	preliminary.  -Drug overdose deaths involving prescription opioid pain relievers and heroin represent only a small proportion of the overall burden of drug misuse, abuse, dependence, and overdose, and the adverse health outcomes associated	-The accuracy of indicators based on codes found in vital statistics data is limited by the completeness and quality of reporting and coding.  -The percentage of death certificates with information regarding the specific drug(s) involved in drug overdose deaths varies substantially by state and local jurisdiction and may vary over time. The substances tested for, the circumstances under which the tests are performed, and how information is reported on death certificates may also vary. Drug overdose deaths that lack information about the specific drugs may have involved opioid pain relievers. Estimates of fatal drug overdoses involving opioid pain relievers may be underestimated from lack of drug specificity. Additionally, deaths involving heroin might be misclassified as morphine (a natural opioid), as morphine is a metabolite of heroin.	
Rate of opioid-related emergency department visits per 10,000 population by year		Emergency department visits caused by non-fatal acute poisonings due to the effects of all opioids, including heroin, regardless of intent (e.g., accidental, suicide/intentional self-harm, assault or undetermined). This indicator excludes emergency department visits related to late effects, adverse effects, underdosing, and chronic poisonings due to the effects of drugs (e.g., damage to organs from long-term drug use).	Emergency Department visits involving any opioid overdose Any Mention of Diagnosis ICD-10CM codes: T40.0X, T40.1X, T40.2X, T40.3X, T40.4X, T40.60, T40.96 AND 6th character: [1,2,3,4], AND a 7th character of A or missing.  Filters 1) Emergency Departmentvisits involving any opioid overdose excluding heroin Any Mention of Diagnosis ICD-10CM codes: T40.0X, T40.2X, T40.3X, T40.4X, T40.60, T40.69 AND 6th character: 1-4, AND a 7th character of A or missing. AND EXCLUDES: cases with any mention of diagnosis T40.1X AND 6th character: [1,2,3,4] AND a 7th character of A or missing.  2) Emergency Department visits involving heroin overdose with or without other opioids Any Mention of Diagnosis ICD-10CM code: T40.1X AND 6th character: [1,2,3,4], AND a Tth character of A or missing  Description of ICD-10 CM codes T40.0X: Poisoning by opium T40.1X: Poisoning by other opioids T40.3X: Poisoning by other opioids T40.3X: Poisoning by unspecified narcotics T40.60: Poisoning by unspecified narcotics Description of 6th Character 1: Accidental (unintentional) 2: Intentional self-harm 3: Assault 4: Undetermined intent	Midyear population for the calendar year under surveillance		-Injuries that result in emergency department visits represent only a portion of the overall burden of drug overdoses.  -Indicators in ICD-9-CM (2015) are not comparable to ICD-10-CM (2016) therefore annual rates prior to 2016 are not included.  -Using an "any mention" approach may reduce the specificity of the indicators. The sensitivity and specificity of these indicators may vary by year, hospital location, and drug type.	-ICD-9-CM poisoning codes do not differentiate between initial	
Rate of opioid prescriptions dispensed per 1,000 population by year		Opioid analgesic controlled substance prescriptions dispensed. This indicator includes select dispensed prescription opioids as entered into the state prescription drug monitoring program (PDMP) system; the most recent CDC MME file was be used to identify select opioids in PDMP data.  Dispensed prescription data for controlled substances can be reported or corrected after the date the drug was dispensed, therefore, the historic prescription data is subject to subsequent updating.	Schedule II, III, and IV opioid analgesic prescriptions dispensed to state residents within the state of Utah.	Midyear population for the calendar year under surveillance		-Prescription numbers represent only one measure of prescription opioids in a stateDuration of prescriptions are not captured by the measureThe indicator does not capture whether the dispensed medications were taken as prescribed or taken by prescribed patientThe indicator does not capture opioids used outside of medical careThe indicator does not capture prescriptions of state residents when they are filled in other states.	The accuracy of indicators based on the Prescription Drug Monitoring Program (PDMP) data is limited by the completeness and quality of the data. Numbers of prescriptions captured by a PDMP will vary based on the schedule of controlled substances (schedules II-V) required to be reported to the PDMP.  -Types of pharmacies required to enter into the PDMP (Veterans Affairs, Indian Health Service, mail-order, online/Internet, resident prescriptions dispensed at out-of-state pharmacies) will also affect the number of prescriptions captured.  -Rescheduling and upscheduling of specific drugs (e.g., tramadol, hydrocodone) will affect trends over time.	
Number of newborns with neonatal abstinence syndrome by year		Neonatal withdrawal symptoms from maternal use of drugs of addiction, and/or newborns affected by maternal use of drugs of addiction.	Any Mention of Diagnosis ICD-10CM codes: P96.1, P04.14*, P04.17*, P04.1A*, P04.40, P4.41, P04.42, P04.49  Pescription of Codes P96.1: Neonatal withdrawal symptoms from maternal use of drugs of addiction P04.14 Newborn affected by maternal use of opiates P04.17 Newborn affected by maternal use of sedative hypnotics P04.10 Newborn affected by maternal use of anxiolytics P04.40 Newborn affected by maternal use of UNSPECIFED DRUGS OF ADDICTION P04.41 Newborn affected by maternal use of UNSPECIFED DRUGS OF ADDICTION P04.49: Newborn affected by maternal use of HALLUCINOGENS P04.49: Newborn (suspected to be) affected by maternal use of other drugs of addiction  *These ICD-10-CM codes were new in October 2018 (FFY 2019) to designate in utero exposure.	Hospital births		-Indicators in ICD-9-CM (2015) are not comparable to ICD-10-CM (2016) therefore annual rates prior to 2016 are not included.	-The accuracy of indicators based on emergency department billing data is limited by the completeness and quality of reporting and coding.  -Currently, there appears to be substantial variation in the diagnosis NAS across medical institutions and providers. These inconsistencie will affect the number of NAS captured and the trend over time.	

Number of naioxone doses distributed by year		Total number of naioxone doses being distributed under the Utah Statewide Standing Order and Opioid Overdose Outreach Provider Program in a given year.	N/A	-This indicator is limited to what is reported to the Utah Department of Health through the Utah Department of Health Witah Department of Health's Reporting System.  -Not all Utah pharmacies participate in Utah's Statewide Standing Order through the Executive Director of Utah Department of Health and may dispense naloxone through a collaborative practice agreement of through a standing order with another physician.	-Not all Opioid Overdose Outreach Providers collect data and/or report data to the Utah Department of Health, as a result, there are limitations and gaps in assessing the extent to which naloxone is being dissemianted in communities.			
involving opioids per 100,000 population	by acute poisonings that involve any opioid as a contributing cause of death that are unintentional or undetermined. Opioids include both	Deaths with any of the following ICD-10 codes as the <b>underlying</b> cause of death: X40-X41: Accidental poisonings by drugs Y10-Y14: Pup poisoning of undetermined intent With any of the following ICD-10 <b>undtiple</b> cause-of-death ICD-10 codes: T400. Opium T40.3. Methadone T40.1: Heroin T40.4: Synthetic opioids, other than methadone T40.2: Natural and semisynthetic opioids T40.6: Other and unspecified narcotics	Midyear population for the calendar year under surveillance	-Drug overdose deaths represent only a small proportion of the overall burden of drug misuse, abuse, dependence, and overdose -This indicator does not distinguish between opioids used for the treatment of pain and opioids used for the treatment of substance use disorder.	-Death investigations may require weeks or months to complete;			
Data Notes:								
ICD-10 is the 10th revision of the Intern	(D-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO). It is primarly used for death classifications.							

The ICD-10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification) is a system used by physicians and other healthcare providers to classify and code all diagnoses, symptoms and procedures recorded in conjunction with hospital care in the United States. It provides a level of detail that is necessary for diagnostic specificity and morbidity classification in the U.S.