A pediatric emergency physician in a suburb of St. Louis gives parents the devastating news that their 18-year-old son has died of a heroin overdose. A life extinguished far too soon. This horrifying scenario plays out every day across the United States from the big cities to the heartland. This is the front line of the opioid epidemic—a battle the country is losing.

Public Health Emergency

The acting Centers for Disease Control and Prevention Director, Dr. Anne Schuchat, has called the opioid epidemic a public health emergency from which 33,000 Americans die a year. That’s a staggering 91 people every day—our children, brothers and sisters, and mothers and fathers. Deaths related to opioid overdose have now surpassed the rate for those caused by automobile accidents and firearms.1

In addition to the loss of life, the opioid epidemic has a massive impact on society at large. Its tentacles touch the foster care, Medicaid, social care, criminal justice systems and more, putting new demands on already strained resources. This is because opioid addiction is a multidimensional and complex phenomenon. There is no silver bullet fix. Addressing the nation’s opioid crisis demands addressing multifactorial causes and impacts, which is not easy.

Data: The First Line of Defense

The best way to do this is with comprehensive data insight into risk factors, behaviors, patterns, and profiles that inform effective intervention, education, and prevention strategies. The good news is that local governments and organizations...
across the health and human services spectrum—from public health institutions and behavior health entities to pharmacies and providers—possess relevant data.

The bad news is that the data are isolated as individual datasets across multiple organizations. Complicating things even further, policies often prohibit agencies from sharing data with each other and people are often ambivalent about sharing their personal data. Despite these barriers, accessing and assembling disparate data is critical to paint the full picture of all the factors driving the opioid problem. It will take courageous leadership to bridge historically siloed systems or datasets. Progress does not come from having data. Progress comes from how organizations use it.

Break Through to the Big Picture

Advances in data tools and analytics platforms make it possible for health and human services organizations battling opioid addiction to gather and analyze disparate datasets for that elusive holistic picture. This does not require huge financial investments and infrastructure build-outs. And it does not take years to start seeing outcomes. But it does demand a new data mindset. First, policies and regulations must allow the secure sharing of key datasets for the purpose of combatting this issue. What’s more, organizations must abandon the fruitless search for “perfect data” and focus on targeted, rapid methods to extract insights faster from both clinical data and big data that are available right now. Finally, organizations need digital platforms as the technical backbone to connect stakeholders in new ways. This allows ecosystems of groups looking at the issue through different lenses to collaborate, sharing data and coordinating whole-person intervention and prevention approaches.

The Art of the Possible

What would this look like in practice? Take the example of babies born with neonatal abstinence syndrome (NAS). These babies become addicted to opioids while in the womb. NAS is a lead indicator of women who may be addicted to opioids. NAS data can be correlated with other risk factor data including social, criminal justice and health data, along with clinician prescribing behavior.

Pulling all these together and using advanced analytics tools such as machine learning and predictive modeling, organizations can identify the nature of problems at a more granular level than ever before. Using data and analytics, it is possible to understand the story of specific clusters—or even a single individual—and predict the best possible measures to support them and target resources.

Combining and analyzing data in new ways not only traces the factors leading to addiction, it can also identify the costs of all the services an individual may require as a result. Take another look at the NAS example. Using analytics, organizations can identify areas by zip code with the largest frequency of NAS. They can build a profile of those patients that See Opioids on page 34
includes their income, employment status, use of the health care system, chronic diseases, and history of substance abuse, to name a few.

With this data insight, agencies can calculate the cost of interventions across the health and human services spectrum for a 360-degree cost analysis of the patient and the impact to their families. With this insight, agencies can align resources with specificity and prioritize addressing high-cost causal factors. This model would apply to any disease associated with IV drug use such as HIV, hepatitis C, or endocarditis.

**The Work Must Never Stop**

Once a program is in place, it is vital to measure its results. Constantly. Diligently. Continuous reporting of progress gauges the efficacy of opioid addiction programs and indicates where and how they may need to be adjusted. By using data and analytics to create new insights, this nation can come one step closer to mitigating, even preventing, the spread of this epidemic.

**Reference Note**

1. Comments made at the 2017 National Drug Rx Drug Abuse and Heroin Summit, Atlanta, GA

**Michael Petersen** is Medical Director, Innovation Lead, and North America Opioid Epidemic Solutions Lead at Accenture.

**Joseph Fiorentino** is Managing Director of Health and Human Services at Accenture.

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**METRICS continued from page 31**

6. **Website Effectiveness.** After completing an inventory of the agency’s website, it should be easy to identify the specific interests of site visitors. Is there a “comments” section prominently displayed on the website? What are the metrics of those comments?

Washington attorney Bryan G. Smith reflects that “there is a common denominator in every lawsuit I have filed against a social service agency on behalf of a foster child who was abused or neglected while in care: The agency had few or no metrics with which to measure its own success or failure and consequently had no internal accountability for those successes and failures.”

It is no easy task to come up with conclusive metrics that measure a child welfare agency’s performance, especially because, based on experience and data, child welfare systems and services are constantly being redesigned. Just as an agency’s goals and objectives alter over time, the toolbox of performance metrics to track progress toward those goals will continuously change. In any event, our job is to make sure the way child welfare systems and services are designed in theory is the way they are working in practice. Good child welfare metrics help us monitor, audit, and make tough, informed decisions, and can help us keep the agency out of legal hot water.

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**OPIOIDS continued from page 7**

Opioids continue to be a leading cause of death in the United States and are associated with their income, employment status, use of the health care system, chronic diseases, and history of substance abuse, to name a few.

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**DRUNK DRIVING continued from page 30**

Judiciary, driver licensing agencies, probation, manufacturers, and treatment (p.2).” It’s time to add state foster care programs to that list.

**Reference Notes**

9. See https://online.flippingbook.com/view/886615/4-5

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