

What data is available on the Louisiana Opioid Data Surveillance System (LODSS)?

LODSS features a variety of measures related to four main topics including drug deaths, emergency department visits, hospital admissions, and prescription drug rates.

Where does the data come from?

Data is acquired from a number of partners within the Louisiana Department of Health (LDH) and other external entities.

- Death data is sourced from the Louisiana Electronic Event Registration System (LEERS) in the Bureau of Vital Records and Statistics in LDH's Office of Public Health.
- Emergency department data is procured from the Louisiana Hospital Association.
- Data regarding hospital admissions is sourced from the Louisiana Hospital Inpatient Discharge Data (LAHIDD) by the Bureau of Health Informatics in LDH's Office of Public Health.
- Prescription drug data is acquired from the Louisiana Board of Pharmacy's Louisiana Prescription Monitoring Program.

What is the difference between a drug poisoning death and a drug-involved death?

A drug poisoning death is defined as the presence of a formal listing of drug poisoning as the primary cause of death on an individual's death certificate. This means a coroner certified that drug poisoning directly caused the death of the individual.

A drug-involved death is defined as the presence of a formal listing of drug poisoning anywhere in the death certificate record. This means that drugs were present in the body and/or contributed to but did not directly cause the death of the individual.

What is the difference between hospital admissions and emergency department (ED) visits?

Acute care hospitals are required to report their inpatient discharge data to LDH through LAHIDD. These admission numbers show the number of times a person was admitted to the hospital for a drug-related event. The ED numbers show the number of times a person came to an Emergency Department for a drug-related event.

Are hospital admissions and emergency department visits based on the address of the hospital or the patient?

Hospital data, both admissions and emergency department visits, are based on the address of the patient to provide a better understanding of the effects of the opioid epidemic in each parish. Further, not every parish has its own hospital. If hospital data were based on the address of the hospital, the data would show that some parishes have much higher concentrations of overdoses while others would have no overdoses at all.

Why is Emergency Department data not as current as other datasets?

ED data is not captured by the Department, and is procured yearly from the Louisiana Hospital Association.

Can I get newer data?

LODSS is updated quarterly with data on hospital admissions, deaths, and prescriptions. Emergency department data is updated annually.

What is the difference between death by residence and death by location?

Deaths by residence counts the number of deaths based on the deceased's residence on his or her death certificate. Death by location is the number of deaths in a given parish or region, regardless of where the deceased resided. Non-Louisiana residents who had a fatal overdose in Louisiana are excluded from the death by residence count but are included in the death by location count.

Why is data suppressed?

Suppression is a statistical practice that is used to protect patient confidentiality and potentially identifying information by withholding or excluding small numbers within a specific demographic or geography. On LODSS, counts between 1 and 4 are suppressed. Rates calculated from counts between 1 and 4 are suppressed as well. Suppressed values will appear with cross-hatching. This is a standard procedure used to comply with the federal Health Insurance Portability and Accountability Act's Privacy Rule.

What is the difference between neonatal opioid withdrawal syndrome (NOWS) and substance exposed infants (SEIs)?

NOWS is a condition that results when a baby undergoes withdrawal from opioids it was exposed to in the womb before birth. This usually occurs when a woman takes opioids while pregnant. SEIs are infants who experienced prenatal exposure to a narcotic or drug of addiction.

Why are the numbers LODSS reports for deaths in my parish different from what the parish reports?

Death data on LODSS comes from the Louisiana Electronic Event Reporting System (LEERS) in the Bureau of Vital Records and Statistics. Death counts from LODSS may not match counts reported by coroners because this system uses the CDC's standard definition of an opioid death, which means that an opioid must be listed in the death record.

Often times, deaths occur from more than one drug and the death is listed as a mixed drug or multidrug death. If a drug is not specified in the record on LEERS, the Bureau of Vital Records and Statistics will not be able to determine these deaths as opioid deaths. Parish coroners have access to toxicology results, and may be able to better determine which multidrug deaths included an opioid.

Since LEERS does not include toxicology results, there may be a discrepancy between the parish numbers and the numbers reported in LODSS. LDH is currently working with coroners in each parish to understand these discrepancies.

Can I use this data for a research project?

In order to use data for research, one should apply to the [LDH Institutional Review Board](#), which can be reached at dhh.irb@la.gov

Is the data in LODSS likely to overestimate or underestimate the scope of the epidemic in Louisiana?

Due to differences in reporting and underreporting of death data, hospital admissions, and emergency department visits, the numbers presented in LODSS are likely less than the true values for the state and parishes. However, the overall trends are an accurate representation of the scope of the epidemic in Louisiana.

Why is the prescription information different from other sources such as the CDC?

Other prescription numbers tend to be modeled off of samples of national pharmacy data. For example, the CDC's prescription information comes from the IQVIA Transactional Data Warehouse (TDW). IQVIA TDW is based on a nation-wide sample of almost 50,000 non-hospital pharmacies, and does not include hospital, or mail order pharmacy data.

Additionally, when CDC publishes prescription numbers, they do not typically include cough and cold formulations containing opioids.

LODSS utilizes data from Louisiana's Prescription Monitoring Program (PMP) instead, which are direct counts of opioid prescriptions dispensed in the state of Louisiana. The PMP data includes hospital prescriptions as well as non-hospital, or retail, prescriptions, and the LODSS opioid prescription measure includes cold and cough formulations that contain opioids.

How do I download data?

After selecting the desired measures and clicking "Display Results," a map of Louisiana will appear on the left side of the page and a line graph will appear on the right side. Above the line graph, select the paper icon labeled "CSV" to download an Excel file of the results.

How often will LODSS be updated?

Some data sets, such as emergency department data, are updated annually. Prescription drug, death, and hospital admission data will be updated quarterly. Quarterly updates may also include enhancing the system and adding new topics and measures.

Who built this site and how were they selected?

[GCR, Inc.](#), a public sector software firm, built the homepage, the query, and all the custom data visualizations on the site. GCR was selected through the state's IT Strategic Sourcing process.

How is this site funded?

Development, maintenance, and support for LODSS are 100% federally funded through the Center of Disease Control and Prevention's Data-Drive Prevention Initiative grant.

Where can I get more information about LODSS or more data related to opioids?

For more information, please contact cphi1@la.gov.