Enhanced State Surveillance of Opioid Involved Morbidity and Mortality (CE16-1608)

Opioid Surveillance in Missouri - A New Chapter

Bureau of Health Care Analysis and Data Dissemination
Bureau of Reportable Disease Informatics
Opioid Grant Overview

• This 3-year grant supports states with a high burden of drug overdoses to quickly improve the timeliness of fatal and nonfatal opioid overdose surveillance, including overdoses related to opioid pain relievers and heroin. (CDC, 2016)
  • Strategy 1- Increase the timeliness of aggregate nonfatal opioid overdose reporting.
  • Strategy 2- Increase the timeliness of fatal opioid overdose and associated risk factor reporting.
  • Strategy 3- Disseminate surveillance findings to key stakeholders working to prevent or respond to opioid overdoses.
Age-Adjusted Rates of Drug Overdose Deaths by State, US 2014

States Awarded CDC Enhanced Opioid Surveillance Grant

Source: Bureau of Health Care Analysis and Data Dissemination, Missouri Department of Health and Senior Services
Missouri Opioid and Heroin Death Rates, 2001-2014

Source: Bureau of Vital Statistics, Missouri Department of Health and Senior Services
Missouri Heroin Deaths as a Percent of All Opioid Deaths

Source: Bureau of Vital Statistics, Missouri Department of Health and Senior Services
Demographics

- Missouri Youth (ages 18 and younger) make up roughly 24% of the state population.
- This population is slightly more male and more diverse than the at-large Missouri population.
- Youth represent less than 6% of drug overdose ER visits and less than 2% of total unintentional and undetermined drug overdose deaths in 2014.

<table>
<thead>
<tr>
<th>Geography</th>
<th>Population</th>
<th>Male</th>
<th>Female</th>
<th>Minority</th>
<th>Overdose ER Visits, 2014</th>
<th>UUDO, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>314,107,072</td>
<td>49.2%</td>
<td>50.8%</td>
<td>37.2%</td>
<td>n/a</td>
<td>41,541</td>
</tr>
<tr>
<td>Missouri</td>
<td>6,028,076</td>
<td>49.0%</td>
<td>51.0%</td>
<td>19.5%</td>
<td>55,077</td>
<td>949</td>
</tr>
<tr>
<td>Missouri Youth*</td>
<td>1,470,958</td>
<td>51.2%</td>
<td>48.8%</td>
<td>24.6%</td>
<td>3,238</td>
<td>15</td>
</tr>
</tbody>
</table>

*Missouri Youth includes all residents aged 18 and under.

Source: American Community Survey, 2010-2014 American Community Survey 5-Year Estimates
Recent Emergency Room Trends

Opioid-Related Emergency Room Discharges Attributed to Heroin

January-March 2016

Source: Bureau of Health Care Analysis and Data Dissemination, Missouri Department of Health and Senior Services
Opioid Trends

Source: Bureau of Health Care Analysis and Data Dissemination, Missouri Department of Health and Senior Services
Heroin Trends

Source: Bureau of Health Care Analysis and Data Dissemination, Missouri Department of Health and Senior Services
Impacting Missouri’s Youth

Source: Children’s Division, Missouri Department of Social Services. *In Focus*, October 2016
Strategy 1 - Nonfatal Opioid Overdose Reporting

- Increase the timeliness of aggregate nonfatal opioid overdose reporting.
- Target area is the entire state of Missouri.
- Focus will be on emergency department records.
Strategy 1- Nonfatal Opioid Overdose Reporting

• Two Data Sources
  ▫ ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics)
  ▫ Missouri Patient Abstract System (PAS) quarterly Emergency Room discharge files

• Three types of data collected
  ▫ Any drug overdose
  ▫ Any opioid overdose
  ▫ Any heroin overdose
What is ESSENCE?

- **Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)**
- Web-based automated surveillance tool
- Emergency Department chief complaints
- Installed in 2006
- Data loaded hourly; available 24/7/365
- 9,000 ED visits per day
Where do ESSENCE data come from?

- **98 Missouri hospitals**
  - 93% of all ED visits statewide (estimated)

- **12 Illinois facilities**
  - 8 hospitals
  - 4 urgent care centers

- **5 Kansas hospitals**
What data does ESSENCE have?

- **Patient Demographics**
  - Admission Date and Time
  - Hospital Name
  - Zip Code (patient)
  - Region (patient)
  - Age Group
  - Age
  - Sex
  - Race
  - Ethnicity

- **Chief Complaint**
  - Category (Rash, GI, Neuro, Fever, etc.)
  - Medical Record Number
How is ESSENCE used in opioid surveillance?

- **ESSENCE queries for opioid surveillance**
  - **Overdose:** `^overdose^`, `^over dose^`, `^od^`, `^detox^`, `^withdraw^`, `^poisoing^`, `^drug abuse^`, `^substance abuse^`, `^opioid^`, `^opioid^`, `^opiate^`, `^opium^`, `^narcotic^`, `^methadone^`, `^heroin`
  - **Opioid:** `^opioid^`, `^opioid^`, `^opiate^`, `^opium^`, `^methadone^`, `^narcotic^`, `^heroin`
  - **Heroin:** `^heroin^`
How is ESSENCE used in opioid surveillance?

Daily ED visits due to opioid abuse in ESSENCE
How is ESSENCE used in opioid surveillance?

<table>
<thead>
<tr>
<th>Patient Number</th>
<th>Chief Complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>UNDERDOSING OF UNSPECIFIED NARCOTICS SEQUELA</td>
</tr>
<tr>
<td>2</td>
<td>HEADACHE AND ISSUES FROM INJECTING HEROIN</td>
</tr>
<tr>
<td>3</td>
<td>NARCOTIC OVERDOSE/ASPIRATION</td>
</tr>
<tr>
<td>4</td>
<td>DETOX OPIATES*4176215488</td>
</tr>
<tr>
<td>5</td>
<td>ABSCESS TO RIGHT AC HEROIN USE</td>
</tr>
<tr>
<td>6</td>
<td>OPIATE WITHDRAWL</td>
</tr>
<tr>
<td>7</td>
<td>POSS 6 WKS HCG NARC WITHDRAWL FATIGUE INSOMNIA</td>
</tr>
<tr>
<td>8</td>
<td>TOOK SOME NARCAN AFTER USING OPIODS</td>
</tr>
<tr>
<td>9</td>
<td>N/V ABD PAIN LEFT ARM PAIN AND EDEMA. HX OF HEROIN USE X 1 WEEK FROM URGENT CARE.</td>
</tr>
<tr>
<td>10</td>
<td>20YO MALE PRESENTING TO BHED FOR OPIATE DETOX AND SI. STATES LAST OPIATE USE WAS 2 DAYS AGO. STATES DEPRESSION FOR PAST WEEK DUE TO GETTING KICKED OUT OF MOTHERS HOME FIRED FROM JOB DUE TO DRUG USE</td>
</tr>
<tr>
<td>11</td>
<td>PT WAS FOUND IN PARKING LOT INTOXICATED. PT REPORTS HE DRANK A LOT OF ALCOHOL TODAY REPORTS LISTERINE IS HIS DRINK OF CHOICE. PT REQUESTING HEROIN ON ARRIVAL. PT REPORTS SI. BG 78 ON ARRIVAL.</td>
</tr>
<tr>
<td>12</td>
<td>PT ARRIVED VIA EMS. PT WAS SEEN AT LW TODAY FOR ETOH AND POSSIBLE HEROINE USE. RELEASED AND WENT HOME AND DRANK MORE. PT ALERT BUT NOT TALKING CURRENTLY.</td>
</tr>
</tbody>
</table>
Patient Abstract System (PAS)

- DHSS receives inpatient, emergency room, and outpatient data from approximately 132 Missouri hospitals.
- This data includes a variety of demographic information, as well as variables about the visit itself.
- Each healthcare record has 23 diagnoses fields (containing ICD codes, not literals), though rarely are all of these used.
  - **DX1**= Chief Complaint
PAS- continued

- Data is received quarterly and converted into an annual file.
- Missouri has entered into an agreement with Hospital Industry Data Institute (HIDI) to download data monthly in the early period of the grant in order to establish methodology.
PAS- continued

- Strategy 1 will use emergency room (and possibly some inpatient) data for all Missouri residents, statewide.
- While case definitions are currently evolving, DHSS has committed to look at three categories of diagnoses:
  - All Drug Overdoses
  - All Opioid Overdoses
  - All Heroin Overdoses
### Missouri Resident Opioid-Related Emergency Room Discharges by Year and Location

<table>
<thead>
<tr>
<th>Year</th>
<th>Geography</th>
<th>Discharges</th>
<th>Population</th>
<th>Rate</th>
<th>95% Lower Confidence Limit</th>
<th>95% Upper Confidence Limit</th>
<th>Significantly Different*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>Missouri</td>
<td>6,999</td>
<td>5,988,927</td>
<td>1.169</td>
<td>1.142</td>
<td>1.196</td>
<td>L</td>
</tr>
<tr>
<td>2011</td>
<td>Missouri</td>
<td>7,778</td>
<td>6,010,544</td>
<td>1.294</td>
<td>1.266</td>
<td>1.323</td>
<td>L</td>
</tr>
<tr>
<td>2012</td>
<td>Missouri</td>
<td>7,960</td>
<td>6,025,281</td>
<td>1.321</td>
<td>1.292</td>
<td>1.350</td>
<td>L</td>
</tr>
<tr>
<td>2013</td>
<td>Missouri</td>
<td>8,064</td>
<td>6,044,917</td>
<td>1.334</td>
<td>1.305</td>
<td>1.363</td>
<td>N/S</td>
</tr>
<tr>
<td>2014</td>
<td>Missouri</td>
<td>8,393</td>
<td>6,063,589</td>
<td>1.384</td>
<td>1.355</td>
<td>1.414</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>Bates County</td>
<td>28</td>
<td>16,584</td>
<td>1.688</td>
<td>1.166</td>
<td>2.445</td>
<td>N/S</td>
</tr>
<tr>
<td>2014</td>
<td>Jackson County</td>
<td>538</td>
<td>683,191</td>
<td>0.776</td>
<td>0.713</td>
<td>0.845</td>
<td>L</td>
</tr>
</tbody>
</table>

*Comparison value for the significance column was the 2014 Missouri rate. Rates are per 1,000 residents.

L= significantly lower,  N/S= no significant difference,  H= significantly higher

Source: Bureau of Health Care Analysis and Data Dissemination, Missouri Department of Health and Senior Services
PAS- continued

Missouri Heroin versus Other Opioid Diagnoses- ER Setting

Source: Bureau of Health Care Analysis and Data Dissemination, Missouri Department of Health and Senior Services
Linking ESSENCE and PAS

- DHSS will attempt matching on ESSENCE and PAS records.
  - Common variables such as medical record number, patient name, date of visit, age, sex, race, and ethnicity, among others, may be used to link the two files.
- This will potentially allow several things, including:
  - Identify cases of opioid-related emergency room visits that may not have been captured by the other system.
  - Refine opioid-related case definitions to be used in both systems.
  - Establish methodologies for future linkages of these systems for conditions and situations beyond this particular grant.
## Linking ESSENCE and PAS

### First Quarter 2016 PAS and ESSENCE Emergency Room Visits

<table>
<thead>
<tr>
<th></th>
<th>ESSENCE</th>
<th>PAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Overdose-related Visits</td>
<td>3,902</td>
<td>22,586*</td>
</tr>
<tr>
<td>All Opioid Overdose/Abuse Visits</td>
<td>287</td>
<td>2,367</td>
</tr>
<tr>
<td>All Heroin Overdose/Abuse Visits</td>
<td>157</td>
<td>512</td>
</tr>
</tbody>
</table>

*Analysts are working to develop a comprehensive list of ICD-10-CM codes associated with all drug overdoses. Collaboration with CDC and other grantees will help establish appropriate codes.

Source: Bureau of Health Care Analysis and Data Dissemination and Bureau of Reportable Disease Informatics, Missouri Department of Health and Senior Services
Strategy 2- Fatal Opioid Overdose Reporting

- Increase the timeliness of fatal opioid overdose and associated risk factor reporting.
- Target area will be a subset of Missouri counties.
- DHSS will partner with medical examiner and coroner offices across the state to integrate Missouri Death Certificates with Medical Examiner/Coroner (ME/C) reports in cases of suspected opioid overdoses.

  • **Time Period: July 1, 2016 through December 31, 2018**
## Reporting Timetable

<table>
<thead>
<tr>
<th>Date of Opioid-Involved Overdose Death</th>
<th>Data Entry on All Opioid-Involved Overdose Deaths Initiated</th>
<th>Data Entry on All Opioid-Involved Overdose Deaths Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2016 to December 31, 2016</td>
<td>June 30, 2017</td>
<td>August 31, 2017</td>
</tr>
<tr>
<td>January 1, 2017 to June 30, 2017</td>
<td>December 31, 2017</td>
<td>February 28, 2018</td>
</tr>
<tr>
<td>July 1, 2017 to December 31, 2017</td>
<td>June 30, 2018</td>
<td>August 31, 2018</td>
</tr>
</tbody>
</table>
Target Area

• Per grant requirements, DHSS reached out to ME/C offices with high frequencies of overdose deaths.

• The counties shown in orange represent just over 75% of 2014 unintentional and undetermined drug overdoses (UUDO) statewide.

Source: Bureau of Health Care Analysis and Data Dissemination, Missouri Department of Health and Senior Services
# Target Area Demographics

<table>
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<tr>
<th>Geography</th>
<th>Population</th>
<th>Male</th>
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<td>19.5%</td>
<td>55,077</td>
<td>949</td>
</tr>
<tr>
<td>Target Area</td>
<td>4,108,400</td>
<td>48.6%</td>
<td>51.4%</td>
<td>24.1%</td>
<td>37,724</td>
<td>746</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau; American Community Survey, 2010-2014 American Community Survey 5-Year Estimates

Source: Bureau of Health Care Analysis and Data Dissemination, Missouri Department of Health and Senior Services
Strategy 2- continued

- Data will be abstracted by analysts at DHSS and entered into the overdose module of the web-based National Violent Death Registry System (NVDRS).

- Medical Examiners and Coroners
  - More than 20 offices have committed to providing complete ME/C report (including toxicology results) to DHSS.
  - ME/C offices will be compensated $30 for every complete report provided to DHSS.
  - All local ME/C offices are encouraged to participate and reach out to DHSS with any questions or concerns.
Opioid Overdose Case Definition

- Drug poisoning deaths where the ME/C report indicates that an opioid contributed to death.

- ICD-10 underlying cause-of-death codes on the death certificate are X40–44 (unintentional) or Y10–Y14 (undetermined intent) AND any of the ICD-10 codes T40.0, T40.1, T40.2, T40.3, T40.4, or T40.6 are indicated in the multiple cause-of-death codes.
Data Analysis

• Once data has been abstracted, DHSS staff will run a variety of statistical analyses, including:
  • Time-space trend analyses
  • Risk factor analyses

Initial list of Demographic/Risk Factors to analyze:

• Sex
• Age
• Race
• Ethnicity
• Educational attainment

• Occupational industry
• History of opiate/other drug abuse
• History of mental illness
Demographic Differences in Missouri Heroin Deaths, 2001-2014

Source: Bureau of Vital Statistics, Missouri Department of Health and Senior Services

Percent change values compare the 2008-2014 rates to the 2001-2007 rates.
Age Differences in Missouri Opioid Deaths, 2001-2014

Source: Bureau of Vital Statistics, Missouri Department of Health and Senior Services
Non-Heroin Opiate Death Rates (per 100,000), 2008-2014

Source: Bureau of Vital Statistics, Missouri Department of Health and Senior Services
Heroin Death Rates (per 100,000), 2008-2014
Missouri and St. Louis Area Zip Codes

Source: Bureau of Vital Statistics, Missouri Department of Health and Senior Services
Impacting Missouri’s Youth

Frequency of Parental Drug Use as a Reason for CD Custody

Source: Children’s Division, Missouri Department of Social Services, In Focus, October 2016

Percentage of children in CD custody with parent drug use as a reason for entry as of 7-31-16.
Strategy 3- Data Dissemination

- Disseminate opioid surveillance findings to key stakeholders working to prevent or respond to opioid overdoses.
- Data dissemination unit housed within BHCADD will continually revise dissemination strategies based on stakeholder feedback.
- Activities include:
  - New opioid overdose website
  - Annual report
  - Development of Fact Sheets for areas with high rates/increases
  - Presentations to local stakeholders
  - Respond to data requests
Focus Articles

Community Data Profiles and MICAS

![Emergency Room Visit Profile - for Missouri Residents](image)

<table>
<thead>
<tr>
<th>Emergency Room Visit Indicators</th>
<th>Data Years</th>
<th>Number of Events</th>
<th>Rate</th>
<th>Significantly Different</th>
<th>Ranking Quintile</th>
<th>Trend Lines</th>
<th>Comparison Bar Graphs</th>
<th>Download Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Diseases/Conditions</td>
<td>2013</td>
<td>2,231,408</td>
<td>378.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection</td>
<td>2013</td>
<td>51,123</td>
<td>9.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viral Infections</td>
<td>2013</td>
<td>30,147</td>
<td>5.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neoplasms (Cancer and Other Growth)</td>
<td>2013</td>
<td>2,723</td>
<td>0.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional/Metabolic/Immunity</td>
<td>2013</td>
<td>29,645</td>
<td>4.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluid and Electrolyte Disorders [Dehydration]</td>
<td>2013</td>
<td>11,638</td>
<td>1.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>2013</td>
<td>12,103</td>
<td>1.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood and Blood-Forming</td>
<td>2013</td>
<td>5,791</td>
<td>1.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Anemia</td>
<td>2013</td>
<td>4,315</td>
<td>0.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Mental Disorders</td>
<td>2013</td>
<td>81,405</td>
<td>13.9</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Alcohol- and Substance-Related Mental Disorders</td>
<td>2013</td>
<td>24,410</td>
<td>4.2</td>
<td></td>
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<tr>
<td>Anxiety-Related Disorders</td>
<td>2013</td>
<td>20,739</td>
<td>3.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brain/Spinal Cord/Eyes/Ears</td>
<td>2013</td>
<td>202,536</td>
<td>35.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache/Migraine</td>
<td>2013</td>
<td>59,600</td>
<td>10.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Infections</td>
<td>2013</td>
<td>16,313</td>
<td>2.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Otitis Media and Related Conditions</td>
<td>2013</td>
<td>38,773</td>
<td>7.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MICA Newsletters

MICA User Group Newsletter  September 2015 Issue #13

In 2013, cancer remained the second leading cause of Missouri resident deaths, behind only heart disease. Heart disease and cancer have long been the two leading causes of death, both in Missouri and nationally, by a wide margin. The Death MICA allows users to analyze cancer mortality statistics to obtain a good deal of information, including demographics of cancer decedents, recent trends in cancer mortality rates, and the leading types of cancer deaths in Missouri. (Data related to cancer incidence are available through the Cancer Registry MICA, which will be covered in a later issue of this newsletter.)

Cancer is a general name used to describe a large and complex group of diseases that share some common characteristics. Cancer begins “when cells in a part of the body start to grow out of control. They continue to grow and form new, abnormal cells.” Cancer cells are unique because they have the ability to expand into other tissue. Rapid growth of abnormal cells and the ability to expand to other parts of the body are two common traits found in all forms of cancer. Statewide, 12,902 residents died from cancer in 2013. In fact, just over 22.3 percent of all deaths in the state were attributed to this disease. The Death MICA can be used to compare cancer with other leading causes of death in Missouri.

Cancer and other leading causes of death can also be easily tracked over time using the Death MICA, which provides mortality statistics going back to 1990. Since 1990, the clear trend has been declining death rates. This is true for cancer and heart disease as well as all causes overall (the sum of all Missouri resident deaths, regardless of the specific cause). For instance, from 1990 to 2013 the heart disease mortality rate declined a massive 41 percent. While declines in cancer death rates have not been as dramatic, the 18.3 percent cancer mortality decline is larger than the all causes decrease of 14.9 percent. The trend line on the left shows that the cancer mortality rate decline has been steady. The 2013 rate is statistically significantly lower than the rates in all years from 1990 through 2009.

Her presentation, titled “Behind Missouri’s Health Data Trainings: The Making of Health Data Rock Stars” is available at https://cote.confex.com/cote/2015/webprogram/Session2950.html.

Behind Missouri’s Health Data Trainings: The Making of Health Data Rock Stars

2015 CSTE Annual Conference
Monday, June 15, 2015
2:30PM
Sheraton Hotel Back Bay A

Andy presented a poster on “Rural and Urban Health Disparities in Missouri.” The poster highlighted the key findings of the 2012-2013 Health in Rural Missouri Biennial Report but incorporated more recent data. The poster abstract is available at https://cote.confex.com/cote/2015/webprogram/Session3222.html.
Committed Partners for Surveillance and Dissemination

- At least 20 local ME/C offices
- DHSS, Bureau of Community Health and Wellness and the Injury Prevention Program
- DHSS, Bureaus of Reportable Disease Informatics and Communicable Disease Control and Prevention
- DHSS, Bureau of Vital Statistics
- DHSS, NVDRS Grant Principal Investigator
- DHSS, Office of Minority Health
- DHSS, Office of Primary Care and Rural Health
- DHSS, Office on Women’s Health
- Hospital Industry Data Institute (HIDI), The Data Company of the Missouri Hospital Association
- Midwest HIDTA
- Missouri Department of Mental Health, Division of Behavioral Health
- Missouri State Registrar
- National Council on Alcoholism and Drug Abuse- St. Louis Area
- Regional Heroin and Opiates Steering Committee
Contact Information

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  - Andrew.Hunter@health.mo.gov

- Whitney Coffey, Interim Project Manager  
  - (573)751-6285  
  - Whitney.Coffey@health.mo.gov