

**Maternal and Child Health Bureau**

MCHB/DPSWH June 2004 Webcast.
"MCHB Poison Prevention and Control: Collaborative Opportunities for Programs Serving Children - Part I"
June 30, 2004

Health Resources and Services Administration
Maternal and Child Health Bureau

**Maternal and Child Health Bureau**

David Heppel
Maternal and Child Health Bureau



**Maternal and Child Health Bureau**

Maxine Jones
Maternal and Child Health Bureau





Maternal and Child Health Bureau

Shkeda Johnson
Maternal and Child Health Bureau





Evaluation of the Effectiveness of the Poison Control Centers Grant Program

Diane Manninen
Joanne Abed
Battelle Centers for Public Health
Research and Evaluation
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Evaluation of the PCC Grant Program

- Evaluation of the impact of the **Emergency Stabilization Program**
 - on 6 poison centers in danger of closing
 - on the ability of a state to develop a poison center where none existed before
- Evaluation of the **PCC Grant Program**—
 - Financial stabilization grants—50 awards
 - Certification grants—13 awards
 - Incentive grants—13 awards

Emergency Stabilization Program

- Goals of the Emergency Stabilization Program
 - to keep at-risk centers open
 - to help them maintain or expand services
 - to permit them to plan strategically for a more stable future

Emergency Stabilization Grants

- Alaska
- Hawaii
- Michigan
- New Mexico
- South Carolina
- Tennessee
- Washington

Emergency Stabilization Program – Findings

- Six of the seven poison centers were able to maintain 7-day, 24-hour telephone service
- Alaska was able to establish statewide poison control services where none had existed previously



PCC Grant Program

- Goals of the PCC Grant Program:
 - to improve the financial stability of PCCs
 - to increase the accessibility of PCCs to U.S. residents
 - to improve the prevention and treatment services provided by PCCs



Data Sources

- The evaluation utilized five primary data sources:
 - Grant applications
 - Progress reports/continuation applications
 - Incentive grant final reports
 - AAPCC survey data—2000, 2001, 2002
 - Site visits to 9 selected poison centers



Evaluation Outcomes

- Staffing
- Facilities and equipment
- Financial stability
- Access
- Education and outreach
- Collaboration
- Certification



Staffing Objectives

- Hire additional staff
- Raise staff salaries—to make salaries competitive with other employers
- Increase staff time
- Provide staff training—to enable staff to become certified



Hire Additional Staff – Findings

- Among centers with these objectives:
 - 57% hired a health educator
 - 54% hired additional staff for telephone coverage
 - 35% hired a medical director
 - 33% hired a managing director
- Hiring additional staff has improved work loads and allowed centers to expand existing health education efforts



Raise Staff Salaries – Findings

- Among centers with the objective, 59% were successful in raising staff salaries
- A number of centers indicated that raising salaries has helped reduce the rate of staff turnover



Increase Staff Time – Findings

- Average medical director FTEs and managing director FTEs increased between 2000 and 2002:
 - Medical director FTEs funded increased from 0.52 FTEs to 0.76 FTEs—increasing from 0.23 FTEs to 0.60 FTEs among certification grantees
 - Managing director FTEs increased from 0.97 to 1.13 in 2002—increasing from 0.90 to 1.10 among certification grantees



Increase Staff Time (cont)

- Average health educator FTEs increased between 2000 and 2002:
 - From 1.0 FTEs to 1.2 FTEs among financial stabilization grantees
 - From 0.4 FTEs to 0.9 FTEs among certification grantees
- FTEs dedicated to answering calls did not increase between 2000 and 2002



Provide Staff Training – Findings

- Grantees used grant funds to provide on-site training and to pay for staff to attend professional meetings and conferences.
- The percentage of SPIs that are certified increased from 63% of SPI FTEs in 2000 to 74% of SPI FTEs in 2002—increasing from 29% to 57% among certification grantees



Facilities and Equipment Objectives

- Upgrade computer and telecommunications equipment
 - Hardware
 - Software
 - Personnel
- Maintain or improve office space and equipment
- Update information resources



Facilities and Equipment – Findings

- Among centers with the objective, most were able upgrade facilities and equipment.
- Examples of upgrades included:
 - New servers and computers
 - Software to improve access by the deaf community
 - Telecommunications equipment to improve a center's ability to route and record calls—to increase efficiency, reduce wait times, and improve quality assurance activities



Financial Stability Objectives

- Efforts to improve financial stability identified by grantees include:
 - Increase the amount of time devoted to fundraising
 - Engage in strategic planning activities



Financial Stability – Findings

- The long-term financial stability of poison centers has not improved
 - Three centers closed during the 2-year evaluation period
 - The percentage of centers in danger of closing in the next year increased from 5% in 2000 to 13% in 2002



Financial Stability (cont)

- A higher percentage of centers experienced reduced levels of funding in 2002 compared with previous years
 - Nearly one-quarter experienced a budget reduction compared with previous years
 - For two-thirds, funding remained the same while operating expenses increased
 - Reductions in state support was, in part, responsible for the budget reductions



Financial Stability (cont)

- Poison centers have increased the number of FTEs devoted to funding issues—FTEs increased from 0.37 FTEs in 2000 to 0.64 FTEs in 2002
- Few centers engaged in strategic planning in an effort to improve long-term financial stability



Access Objectives

- Provide 24-hour service
 - Provide on-site 24-hour service
 - Contract with another PCC to provide 24-hour service
- Provide services to special populations
 - Language services to non-English-speaking clients
 - TTY/TDD services for the hearing impaired



Access – Findings

- Financial stabilization grantees focused on maintaining or improving existing services—for example, increasing education and outreach services among specific underserved populations:
 - Rural populations
 - Migrant workers
 - Minority populations



Access (cont)

- Certification grantees were more likely to focus on restoring, maintaining, or establishing 24-hour service and to provide services to populations with special needs:
 - Non-English speaking populations
 - Hearing impaired individuals



Access (cont)

- Between 2000 and 2002, average total call volume increased 12.9 to 13.8 calls per 1,000 population
 - Information calls increased from 3.7 to 4.5 calls per 1,000 population
 - Human exposure cases per 1,000 population (penetrance) was unchanged during this period
- The increase in total call volume may, in part, reflect the impact of the national toll-free number



Access (cont)

- The percentage of centers with a penetrance of less than 7 decreased from 29% in 2000 to 25% in 2002
 - Among financial stabilization grantees, the percentage increased from 22% to 24%
 - Among certification grantees, the percentage decreased from 58% to 33%



Education and Outreach Objectives

- Public education activities
- Hire a health educator or to increase health educator FTEs
- Professional education activities
- Outreach to special populations
- Education and outreach planning



Education and Outreach – Findings

- Nearly 60% of all grantees who planned to hire a health educator or increase health educator FTEs accomplished this objective
- Health educator FTEs increased between 2000 and 2002
 - From 1.0 to 1.2 FTEs among financial stabilization grantees
 - From 0.4 to 0.9 FTEs among certification grantees



Education and Outreach (cont)

- Public education activities increased between 2000 and 2002
 - Average expenditures increased from \$6,891 to \$8,318 per million population
 - Public education presentations increased from an average of 27.3 to 32.1 per million population
 - The number of items distributed increased from an 66,216 to 80,980 per million population



Education and Outreach (cont)

- A number of centers focused education and outreach efforts on specific populations
 - Parents and caregivers of children under five years of age
 - School age children
 - Specific ethnic groups—most commonly Spanish-speaking Hispanic residents
 - Recent immigrants
 - Deaf community



Collaboration Objectives

- Collaboration with other poison centers
 - Development of joint education and outreach programs
 - Pooling or sharing data and information
- Collaboration with other organizations
 - State government agencies
 - Schools
 - Non-profit organizations and foundations
 - Local government agencies



Collaboration – Findings

- Examples of collaboration with other poison centers included:
 - Telephone back-up services
 - Protocols for co-management of cases
 - Backup medical director
 - Research projects
 - Public education campaigns
 - Database development and reporting
 - Continuing professional education
 - Action to secure state funding
 - Providing Spanish language services



Collaboration (cont)

- Examples of collaboration with state and local organizations included:
 - Local bioterrorism / emergency preparedness projects
 - Coordination with local emergency medical personnel and local health departments
 - Public education activities
 - Education of medical students, pharmacy students and residents



Certification Objectives

- To focus efforts on solving the problems of that were preventing these centers from becoming certified
 - Staffing—inadequate medical direction and toxicology backup; inadequate managing direction; non-certified SPIs
 - Access—penetration of less than 7 human exposures per 1,000 population served
 - Education and outreach—lack of comprehensive public and professional education programs



Certification – Findings

- Two poison centers became certified
- Grantees made progress in terms of meeting AAPCC criteria regarding medical direction
 - Only one center did not have a medical director board certified or prepared in medical toxicology in 2002 compared with 7 in 2000
 - Only two centers did not have sufficient medical director time devoted to PCC activities in 2002 compared with 7 in 2000



Certification (cont)

- Certification grantees made progress in terms of providing comprehensive public and professional education programs
 - Six grantees did not have a comprehensive public education program in 2000, compared with no grantees in 2002
 - Five grantees did not have a comprehensive professional education program in 2000, compared with only one grantee in 2002



Certification (cont)

- The number of certification grantees with a penetrance of less than 7 decreased from 6 in 2000 to 4 in 2002
- No progress was made by grantees in terms of providing managing direction or toxicology backup



Incentive Grant Objectives

- Incentive grants encouraged collaboration among poison centers:
 - Enhancing data collection systems
 - Improving efficiency and quality of care
 - Implementing and evaluating education and awareness programs
 - Developing and sharing special expertise
 - Exploring new uses for technology
 - Networking centers and developing joint protocols



Incentive Grant Benefits

- Benefits derived from incentive grants:
 - Improved poison center services
 - Development of replicable programs and products
 - Economies of scale
 - Use of new technologies
 - Improved continuing education
 - Benefits of data linkage
 - Coordinating outreach efforts with existing efforts by other organizations
 - Coordination with state- and county-level bioterrorism preparedness efforts



Recommendations



Recommendations – Staffing

- Convene a task force to develop innovative staffing solutions
- Consider developing a tailored short course (perhaps through distance learning or correspondence education) to train experienced PIPs or other paramedical staff to become SPIs
- Consider the advantages of creating Assistant Director or Senior SPI positions in more centers



Recommendations – Facilities and Equipment

- Continue the incentive grants, prioritizing awards to applicants who propose to move the field forward in a significant way



Recommendations – Financial Stability

- In the long run, secure ongoing federal funding for centers through institutionalizing the current grant program or establishing set-asides in the Maternal and Child Health or Prevention Block Grant
- In the short-term, continue the financial stabilization grants, recognizing that these provide merely subsistence-level funding (as was provided by Congress in extending the grant program until 2009)



Recommendations – Financial Stability (cont)

- Provide technical support to poison centers in the area of strategic planning
- Encouraging poison centers to engage in a broadly conceived type of strategic planning, rather than one narrowly focused on planning for financial stability



Recommendations – Public Education and Outreach

- Identify additional outreach and education programs – beyond those in the incentive grants – that are potentially replicable
- Devise means to capitalize on economies of scale in outreach and education
- Identify best practices in the area of collaborating on education and outreach with other agencies serving similar populations to take advantage of existing communication networks



Recommendations – Access

- Explore whether the El Paso model for joint handling of Spanish-language calls could be shared more widely and perhaps replicated for other languages



Recommendations – Collaboration

- Encourage additional clusters of centers to create state and regional networks as was accomplished under the incentive grants
- Ensure that the joint protocols developed are shared with other centers and incorporated into the AAPCC project to develop standardized protocols for a number of common poison exposures



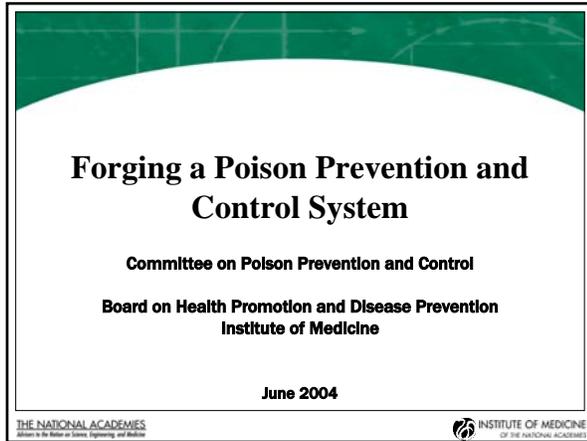
Recommendations – Collaboration (cont)

- Consider standardizing data collection software or developing standardized conversion programs among the most common packages
- Explore whether other areas exist where the development of special expertise by one center can be shared to advantage among other centers



Recommendations – Certification

- Extend the certification grants to centers that have not achieved certification by the end of the grant period (as provided by Congress in extending support for certification grantees for two additional years)





*"Alle Ding sind Gift und nichts ohne Gift;
alein die Dosis macht das ein Ding kein Gift ist"*

*"All things are poison and not without poison;
only the dose makes a thing not a poison"*

Paracelsus (1493–1541)

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COMMITTEE ROSTER

Committee Members	Expertise
Bernard Guyer (<i>Chair</i>), Johns Hopkins University, Baltimore, MD	Public Health/Maternal and Child Health
Jeffrey A. Alexander , University of Michigan, Ann Arbor	Organizational Design
Paul Blanc , University of California, San Francisco	Environmental/Occupational Medicine; Toxicology; Epidemiology
Dennis Emerson , St. Luke's Regional Medical Center, Boise, ID	Nursing; Poison Control Centers
Jerris R. Hedges , Oregon Health and Science University, Portland	Emergency Medicine
Mark Scott Kamlet , Carnegie Mellon University, Pittsburgh	Economics; Health Care Financing
Angela Mickalide , National SAFE KIDS Campaign, Washington, DC	Communication/Education
Paul Pentel , Hennepin County Medical Center, University of Minnesota, Minneapolis	Internal Medicine; Toxicology
Barry H. Rumack , University of Colorado School of Medicine and Denver Department of Health and Hospitals	Poison Control Centers; Toxicology; Pediatrics
David P. Schor , Ohio Department of Health, Columbus	Public Health
Daniel A. Spyker , Genentech, Inc., San Francisco	Data Systems and Toxicology
Andy Stergachis , University of Washington, Seattle	Pharmacy and Biological/Chemical Terrorism Response
David J. Tollner , University of Louisville, KY	Environmental/Occupational Medicine; Epidemiology
Deborah Klein Walker , Massachusetts Department of Public Health, Boston	Public Health
Mary Jane England (<i>Liaison, Board on Children, Youth and Families</i>), Regis College, Weston, MA	Mental Health; Children and Families

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CHANGE

The Institute of Medicine was asked by the Maternal and Child Health Bureau of the Health Resources and Services Administration to assist in developing a more systematic approach to understanding, stabilizing, and providing long-term support for poison prevention and control services. Within this context the Committee was asked to examine the future of poison prevention and control services in the United States. The specific tasks included in the charge are to examine:

1. The scope of services provided, including consumer telephone consultation, technical assistance, and/or hospital consultation for the care of patients with life-threatening poisonings, and education of the public and professionals;
2. The coordination of poison control centers with other public health, emergency medical, and other emergency services;
3. The strengths and weaknesses of various organizational structures for poison control centers and services, including a consideration of personnel needs;
4. Approaches to providing the financial resources for poison prevention and control services;
5. Methods for assuring consistent, high-quality services, including the certification of centers and methods of evaluation; and
6. Current and future data systems and surveillance needs.

The Committee was asked to consider these questions in light of future demographic and population trends, and in the context of the threats of biological and chemical terrorism.

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DEFINING POISONING

There is no standard definition of poisoning that is universally accepted and applied in clinical practice, in data collection, and in public health policy settings.

Clinical Definition

Human poisoning subsumes any toxin-related injury. The injury can be systemic or organ-specific (e.g., neurological injury or hepatotoxicity). The source of the toxin can be a synthetic chemical or a naturally occurring plant, animal, or mineral substance. Thus poisoning can include the toxic effects of a classic toxin (e.g., cyanide), an overdose of a prescription medication (e.g., an antidepressant), an overdose of an over-the-counter preparation (e.g., headache tablets), or a complementary treatment (such as an herbal medicine or dietary supplement).

Classification Complexities

Disagreements over the classification of certain poisoning events leads to discrepancies in the estimates of poison-related mortality and morbidity; prominent among these disagreements are:

- Exposures that fall in and out of various classification schemes (e.g., envenomation from a rattlesnake or black widow spider might be grouped with nontoxic bites).
- Medical misadventure/adverse effects at therapeutic levels; medication responses that are not dose related but idiosyncratic, with or without allergic component.
- Delayed versus acute toxic effects.
- Illness from naturally occurring toxins derived from microorganisms (e.g., seafood-related toxins).
- Toxic effects from ethanol (e.g., rapid ingestion, withdrawal, chronic).
- Exposure to a potential toxin without a defined clinical effect (as when parents telephone a poison control center about a possible ingestion by their child).

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Defining Poisoning (continued)

The Committee's Operational Definition

To arrive at reasonable estimates of the magnitude of poisoning, the Committee adopted the definitions used by key federal health agencies and organizations that monitor poisoning in the population (see Chapter 3 for details).

- Morbidity estimates used definitions from the National Interview Health Survey, National Ambulatory Medical Care Survey, National Hospital Ambulatory Care Survey, National Hospital Discharge Survey, and National Electronic Injury Surveillance Survey.
- Exposure estimates were derived from the Toxic Exposure Surveillance System.
- Mortality estimates used the classification of the National Center for Health Statistics.

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APPROACH

Examine poison prevention and treatment in the broader context of injury control and public health.

Extend evidence gathering beyond the existing literature on poison prevention and control and on poison control centers.

Analyze existing datasets to estimate the magnitude of poisonings in the United States through assistance from NCHS and work commissioned by the committee.

Analyze survey data provided by AAPCC characterizing the activities, funding, and expenses of poison control centers.

Conduct in-depth interviews with staff from a subset of poison control centers to further describe organizational arrangements, staffing issues, quality assurance procedures, and challenges.

Visit poison control centers.

Obtain briefings from (1) stakeholders, (2) poison control center directors and public education staff, and (3) users of TESS data.

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CONCLUSIONS

Poisoning is a much larger national problem than is generally recognized. Annual estimates are

- 4 million poisoning episodes
- 300,000 hospitalizations
- 30,800 deaths
- \$12.6 billion in lifetime cost of injury

The current network of poison control centers does not constitute the complete system of poison prevention and control needed by the nation in the 21st century.

Poison control centers are the essential building blocks for the proposed Poison Prevention and Control System; however, they are not the only elements in the system.

To fulfill their pivotal role, poison control centers must be more stable financially.

Poison control centers must be better integrated into the public health system.

A critical element of the proposed system is a poison information system that integrates and makes widely available the currently fragmented data sources.

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Recommendations

Scope of Core Poison Prevention and Control Activities

1. **All poison control centers should perform a defined set of core activities supported by federal funding that is tied to the provision of these activities.** The core activities include:

- (1) manage telephone-based poison exposure and information calls;
- (2) prepare and respond to all-hazards emergency needs (especially biological or chemical terrorism or other mass exposure events);
- (3) capture, analyze, and report exposure data;
- (4) train poison control center staff, including specialists in poison information and poison information providers;
- (5) carry out continuous quality improvement; and
- (6) integrate their services into the public health system.

In addition, a subset of poison control centers should train medical toxicologists; this is considered a core activity for only a subset of poison control centers because their involvement is necessary for the certification of this specialty. A subset of poison control centers should also assist in the training of pharmacists through clinical toxicology fellowships that prepare them for poison control center management positions.

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Recommendations

Scope of Core Poison Prevention and Control Activities (continued)

2. **Poison control centers should collaborate with state and local health departments to develop, disseminate, and evaluate public and professional education activities.**

Poison control centers alone cannot fulfill the need for public and professional education related to poisoning prevention and treatment and all-hazards response. Public health agencies already have the authorities, networks, and administrative mechanisms to carry out broad educational efforts, as they do for the prevention of other injuries and for other public health campaigns.

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Recommendations

Coordination of Poison Control Centers With Other Public Health Entities

3. **The U.S. Department of Health and Human Services (DHHS) and the states should establish a Poison Prevention and Control System that integrates poison control centers with public health agencies, establishes performance measures, and holds all parties accountable for protecting the public.**

At the federal level, the Secretary of Health and Human Services should designate the lead agency for this purpose; at the state level, the governor of each state should formally designate the appropriate lead (e.g., injury prevention directors from the public health entity).

- a. The Secretary of DHHS should assure integration of the existing regional network of poison control centers with the public health system.
- b. The Secretary of DHHS should create a single national repository of legislation, model prevention and education programs, website designs, and best practices material. Technical assistance should be provided for website design, content, navigation, and maintenance, maximizing the individual centers' identity and contributions. Materials should be evaluated for quality and impact on intended audiences. For maximum effectiveness, their content should reflect the range of cultures and languages in the United States.
- c. The governor should assure that relevant all-hazards emergency preparedness and response activities are integrated with the Poison Prevention and Control System.

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Recommendations

Coordination of Poison Control Centers With Other Public Health Entities (continued)

4. **The Centers for Disease Control and Prevention (CDC), working with HRSA and the states, should continue to build an effective infrastructure for all-hazards emergency preparedness, including bioterrorism and chemical terrorism.**

A specific activity of this effort is to evaluate, through an objective structured review, the use of the Toxic Exposure Surveillance System as a source of case detection to all-hazards surveillance.

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Recommendations

Strengths and Weaknesses of Poison Control Center Organizational Structures

5. **HRSA should commission a systematic management review focusing on organizational determinants of cost, quality, and staffing of poison control centers as the foundation for the future funding of this program.** This analysis should include the following elements:

- a. The development of new indicators of quality and impact of poison control center services.
- b. The implications of different organizational structures and funding accountabilities on service quality and impact.
- c. The role of center size and governance in poison control center service quality and impact.
- d. The impact of regional differences on poison control center operational cost.
- e. How staffing patterns, recruitment, and retention of poison control center staff affect cost, quality, and impact of poison control centers.
- f. An economic evaluation of poison control centers to determine whether economies of scale exist among them.

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Recommendations

Financial Support for the Poison Prevention and Control System: Poison Control Centers and State and Local Infrastructures

6. Congress should amend the current Poison Control Center Enhancement and Awareness Act to provide sufficient funding to support the proposed Poison Prevention and Control System with its national network of regional poison control centers.

Support for the core activities at the *current* level of service is estimated to require more than \$100 million annually.

Extension of services to include the growing all-hazards emergency needs (especially biological or chemical terrorism) and enhancements to current surveillance and data collection activities will require additional support and should be supplemented as appropriate to such mandates.

The funding could be channeled either through a direct federal grant or a federal-state matching process.

Performance measures for poison control center services must be specified and monitored by the funding agencies involved.

Separate funding will be required to support activities performed at the federal and state levels.

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Recommendations

Financial Support for the Poison Prevention and Control System: Poison Control Centers and State and Local Infrastructures (continued)

7. Congress should amend existing public health legislation to fund a state and local infrastructure to support an integrated Poison Prevention and Control System.

The Committee at this time is not able to provide a precise estimate of the required level of support for such a federal and state program.

The Committee recommends that the Secretary of Health and Human Services should develop a budget proposal to support the costs of training, research, data archiving and reporting, quality assurance, and public education (including state-level coordination of prevention education and the creation of a central repository of best model programs).

This amount is in addition to the \$100 million needed to support poison control core services.

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Recommendations

Assure High-Quality Poison Control Center Services

8. A fully external, independent body should be responsible for certification of poison control centers and specialists in poison information. This body should be separate from the professional organizations representing them.

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Recommendations

National Data System and Surveillance Needs

A Uniform Definition of Poisoning

9. **The Secretary of Health and Human Services should instruct key agencies to convene an expert panel to develop a definition of poisoning that can be used in surveillance activities (including the Toxic Exposure Surveillance System) and ongoing data collection studies.** Furthermore:

- a. The Secretary should ask the World Health Organization to review and reform the International Classification of Diseases codes for poisoning, thereby addressing the discrepancies and complexities identified in the current classification.
- b. The Secretary should require agencies that sponsor existing surveillance and data collection instruments to use a common definition of poisoning that allows comparability across data collection efforts.
- c. The National Center for Health Statistics (NCHS) should review the methodology of its existing surveys to maximize the value of their survey data for poison prevention and control.
- d. Other agencies collecting health-related data at the federal level outside NCHS, and at the state level, should enhance their surveys or surveillance data systems to better gather and interpret data related to poisoning injury and risk factors.

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Recommendations

National Data System and Surveillance Needs (continued)

Privacy Barriers to Data Collection

10. **DHHS should undertake a targeted education effort to improve health provider awareness of poisoning data collection as it relates to the Health Insurance Portability and Accountability Act (HIPAA) and state privacy regulations to mitigate their unintended chilling effect on poison control center consultation, including follow-up.**

DHHS should review and resolve the negative impact of HIPAA and state privacy regulations on poison center functions, including toxicology consultations and outcomes evaluation.

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Recommendations

National Data System and Surveillance Needs (continued)

Availability of TESS Data

11. **The Director of the Centers for Disease Control and Prevention should ensure that exposure surveillance data generated by the poison control centers and currently reported in the Toxic Exposure Surveillance System are available to all appropriate local, state, and federal public health units and to the poison control centers on a "real time" basis at no additional cost to these users.**

These data should also be publicly accessible with oversight mechanisms and privacy guarantees and at a cost consistent with other major public use systems such as those currently managed by the National Center for Health Statistics.

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Recommendations
National Data System and Surveillance Needs (continued)

Research Needs

12. Federally funded research should be provided for: (1) studies on the epidemiology of poisoning; (2) the prevention and treatment of poisoning and drug overdose; (3) health services access and delivery; (4) strategies to improve regulations and facilitate researchers' input into regulatory procedures; and (5) the cost efficiency of the new Poison Prevention and Control System on population-based outcomes for general and specific poisonings.

a. CDC should take the lead in marshalling the relevant data pertaining to the epidemiology of poisoning. It should produce a comprehensive report estimating the national incidence of poisoning morbidity and mortality, exploiting its existing data sources. Within the centers, the National Center for Injury Prevention and Control (NCIPC) could lead this effort, coordinating data needs with NCHS. Data sources should include TESS, the National Health Interview Survey, the National Electronic Injury Surveillance System, the Drug Abuse Warning Network, MedWatch, and others.

b. The Agency for Healthcare Research and Quality (AHRQ) and CDC should be directed to undertake a rigorous economic analysis of the overall direct and indirect health care costs of poisoning and drug overdose.

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Recommendations
Research Needs (continued)

c. The Secretary of Health and Human Services should encourage funding by appropriate agencies, such as CDC and the Consumer Product Safety Commission, to ensure the needed flow of information on prevention problems and strategies to regulators from toxicology researchers in poison control centers and to encourage the study and development of new regulatory strategies and initiatives to reduce poisonings.

d. Researchers should be funded through grants from appropriate institutes such as the National Institutes of Health, the National Library of Medicine, AHRQ, and CDC/NCIPC, to study prevention and treatment of poisonings and drug overdose, health service access and delivery, and the cost efficiency and clinical impact of the Poison Prevention and Control System.

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Question and Answer

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