

Surveillance of Neonatal Abstinence Syndrome	
Description	Neonatal Abstinence Syndrome (NAS), sometimes referred to as Neonatal Withdrawal Syndrome (NWS), occurs in a newborn who was exposed to addictive illegal or prescription drugs in utero. The Michigan Department of Health and Human Services Division of Vital Records and Health Statistics links birth records and hospital discharge records (from the Michigan Health and Hospital Association) to identify infants diagnosed with NAS.
Purpose and Use	NAS Surveillance is designed to detect trends and risk factors associated with NAS in the State of Michigan.
Frequency	Annual
Contact	Chris Fussman, Manager, MCH Epidemiology Section, FussmanC@michigan.gov
Quality Issues and Limitations	<p><i>Specificity for opioid surveillance</i></p> <p>Treated neonatal abstinence syndrome (NAS) is a postnatal drug withdrawal syndrome that occurs primarily among opioid-exposed infants shortly after birth. Treated NAS is identified by the presence of the P96.1 ICD-10-CM code or the 779.5 ICD-9-CM code (prior to October 1, 2015). An increase in the incidence of treated NAS may be due to increased usage of opioids during pregnancy, improvements in the assessment and diagnosis of treated NAS, expanded use of MAT among pregnant women, or a combination of all three factors.</p> <p><i>Completeness</i></p> <p>NAS surveillance does not capture infants with NAS who are not hospitalized, such as infants with milder NAS symptoms. Infants born in out-of-hospital settings (e.g. homebirths) may be less likely to be detected. NAS surveillance won't detect infants with NAS treated at hospitals that don't report data to MIDB such as most out-of-state hospitals.</p> <p><i>Accuracy</i></p> <p>Opioid exposure during pregnancy might result from clinician-approved use of prescription opioids for pain relief; misuse or abuse of prescription opioids; illicit use (e.g., heroin); or medication-assisted treatment (MAT) of opioid use disorder. A diagnosis of NAS alone is not enough information to determine which drugs the infant was exposed to during gestation or the source/appropriateness of those drugs.</p> <p><i>Misclassification</i></p> <p>NAS may also be caused by exposure to benzodiazepines, barbiturates, and alcohol.</p> <p><i>Other</i></p> <p>The transition from ICD-9-CM to ICD-10-CM may affect trends in NAS. Prior to the transition to ICD-10-CM, NAS cases were identified by the presence of the ICD-9-CM code 779.5 and pharmacologic treatment of symptoms in the infant, however clinical care standards emphasize that nonpharmacological care should be the initial treatment option, with pharmacological treatment only if an improvement is not observed after nonpharmacological measures or if the infant develops severe withdrawal.</p> <p><i>Data Source Information</i></p>

	Michigan Resident Inpatient Files created by the Division for Vital Records and Health Statistics, Bureau of Epidemiology and Population Health, Michigan Department of Health and Human Services, using data from the Michigan Inpatient Database obtained with permission from the Michigan Health and Hospital Association Service Corporation (MHASC).
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Michigan Treatment Episode Dataset

Description	Michigan Treatment Episode Dataset is a part of the Treatment Episode Data Set (TEDS) that maintained by the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. The TEDS database includes records for substance abuse treatment admissions aged 12 or older annually, has two major components: TEDS-Admissions and TEDS-Discharges.
Purpose and Use	To monitor substance abuse treatment service provision, the Department requires Community Mental Health Service Providers (CMHSPs) and Prepaid Inpatient Health Plan (PIHPs) to provide information and data on services and consumer demographics. The Michigan TEDS was expanded to collect mental health (MH) service provision in addition to substance abuse treatment service in 2015 (FY15).
Frequency	Annual (fiscal year)
Website	https://www.dasis.samhsa.gov/webt/newmapv1.htm
Contact	Phil Chvojka, ChvojkaP@michigan.gov
Quality Issues and Limitations	<p><i>Specificity for opioid surveillance</i></p> <p>The TEDS includes heroin and other opiates abuse characteristics such as age at first use, route of use, use in past 30 days, as well as involvement of medication assisted treatment in opioid treatment programs.</p> <p><i>Completeness</i></p> <p>The TEDS includes all admissions to providers receiving public funding. The scope of facilities included in the TEDS is affected by licensure, certification, accreditation, and disbursement of public funds. TEDS does not include early intervention programs; these are considered to be prevention programs. Crisis intervention facilities such as sobering-up stations and hospital emergency departments are not included in the TEDS. About 3% of records submitted annually receive errors but are not corrected and never enter the repository. This rate varies among the 10 submitting PIHPs. All fields for the SUD records must be answered. Reporting a variable as “Not collected” is not allowed.</p> <p><i>Accuracy</i></p> <p>TEDS records rely on self-reporting. Each TEDS record must pass over 200 domain and restricted relationship edits to be accepted into the data repository. PIHPs with fields where the reporting looks suspect (under-reporting appears to be a factor) are given a data profile with the fields in questions noted and asked to verify/correct.</p> <p><i>Misclassification</i></p> <p>In the public use dataset, in order to protect confidentiality, there are no client names, street addresses, cities, or zip codes. TEDS records contain only the county of residence.</p>

Other

TEDS is an admission-based system, the unit of analysis is a treatment admission, not a client. The TEDS distinguishes between "transfer admissions" and "initial admissions." Transfer admissions include clients transferred for distinct services within an episode of treatment. Only initial admissions are included in the public use files.