Panel 5
Challenges and Opportunities: State and Local Levels

Death Certification by Funeral Directors, Coroners, Medical Examiners

Challenges and Opportunities: State and Local Levels

- What are challenges & barriers you encounter in using, accessing, or producing vital records and statistics?
- What kinds of solutions do you believe would be helpful?
- What needs to happen?
- What would be some possible consequences if current challenges are not addressed?

Challenges and Opportunities: State and Local Levels

Challenges & Barriers

Death certification is an imperfect system.

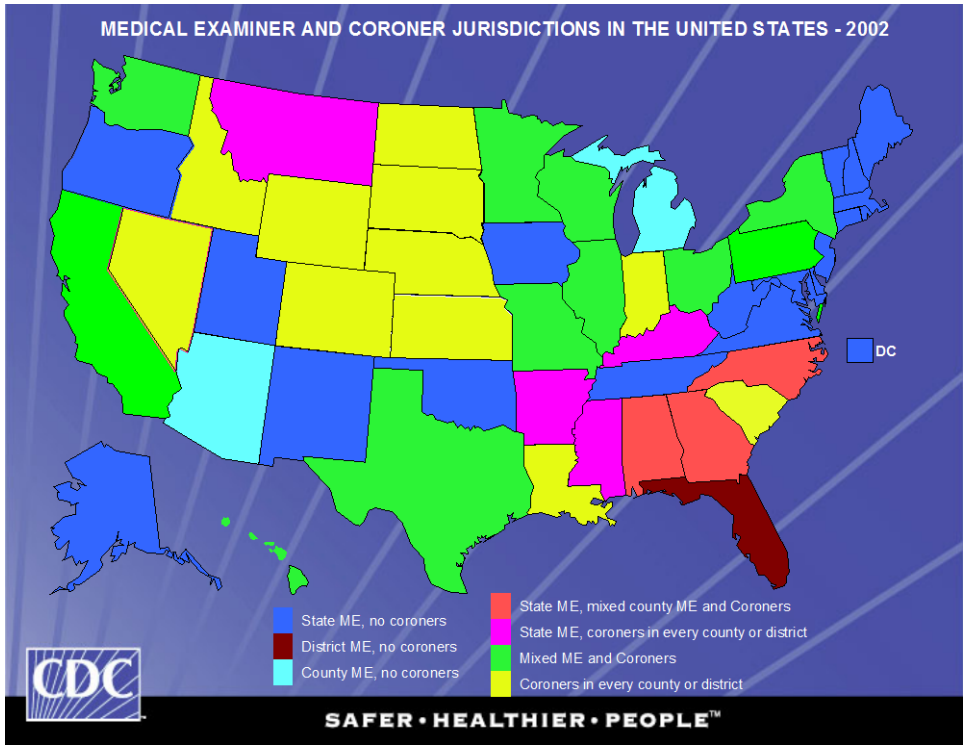
1. Lack of training in physician/providers other than pathologists/ forensic pathologist (80% of death certificates).
2. Lack of medical and certification training or qualifications in many offices. Cause of death determination is best viewed as medical practice.
3. Accreditation for offices voluntary.

Challenges with accurate and valid certification.

Challenges and Opportunities: State and Local Levels

Challenges & Barriers

1. Divergent Medicolegal Death Investigation across country.



2017 meeting, National Committee on Vital and Health Statistics

Challenges and Opportunities: State and Local Levels

Challenges & Barriers

Divergent systems for death certification across country.

- Few systems integrated with medicolegal death investigation system; requires duplication of work for medical examiners, coroners, and funeral directors.
- States individualized (e.g. some fields locked / hidden in some states).
- Many states do not get clarification of “pending” certificates.
- Some states charge families or demand all old DCs if DC changed, including “pending” update
- Lack of guidance for what data needed for public health
- Some states difficult/impossible for anyone to change or assume DC once filed
- Variability in systems if physician not in-state, ease transfer to other physician

Challenges and Opportunities: State and Local Levels

Challenges & Barriers

LOSS OF AVAILABLE DATA TO PUBLIC HEALTH.

- Good MDI system compiles abundant data useful to public health
- No means to transmit these data to public health

Challenges and Opportunities: State and Local Levels

Potential solutions

Federal agencies obtain data from vital registrars offices for free.

Vital registrars obtain data from MDI offices for free.

Challenges and Opportunities: State and Local Levels

Potential solutions

Public health should move beyond eDC that is a glorified paper DC

- Will require planning for compatibility across nation
  1. Define terms and fields for uniformity and easy transfer among systems (MDI and PH)
  2. Avoid duplicate fields
  3. Standards for transfer and interoperability (data fields should be similar, as MDI agencies and funeral directors already collecting data required to certify deaths)

Challenges and Opportunities: State and Local Levels

Potential solutions

Two or three tiered death information and certification

- Fact of death – minimal information for family, legal, estate purposes
- Expanded death certificate – not available to most, similar to a fetal DC. Would allow for more detailed information and minimize vague or generalized statements on DC
- Focused in depth DC: For selected classes of death, likely those with autopsy and investigation. More fields, reviewed and set contemporaneously by experts so more detailed information is obtained on some classes of deaths, i.e. sudden deaths in infancy/childhood; drug related deaths; violence related; suicides / potential suicides, etc. ONLY for public health / research / quality improvement. Protected as peer review material. Likely linked to med records in life. Can be QA for different health systems. Treated as outcome measure.

Challenges and Opportunities: State and Local Levels

Consequences of no change

Business as usual

Delay in compiling data ➡ Delay in Public Health response
Loss of Data

Public Health must fight two battles – disease itself and people's beliefs about what is or is not disease and what should or should not be done. Had opioid data been quickly available AND believed 15 years ago then we would be much farther along in our responses to end this epidemic.