

Caseload and Autopsy Reduction Options for OME

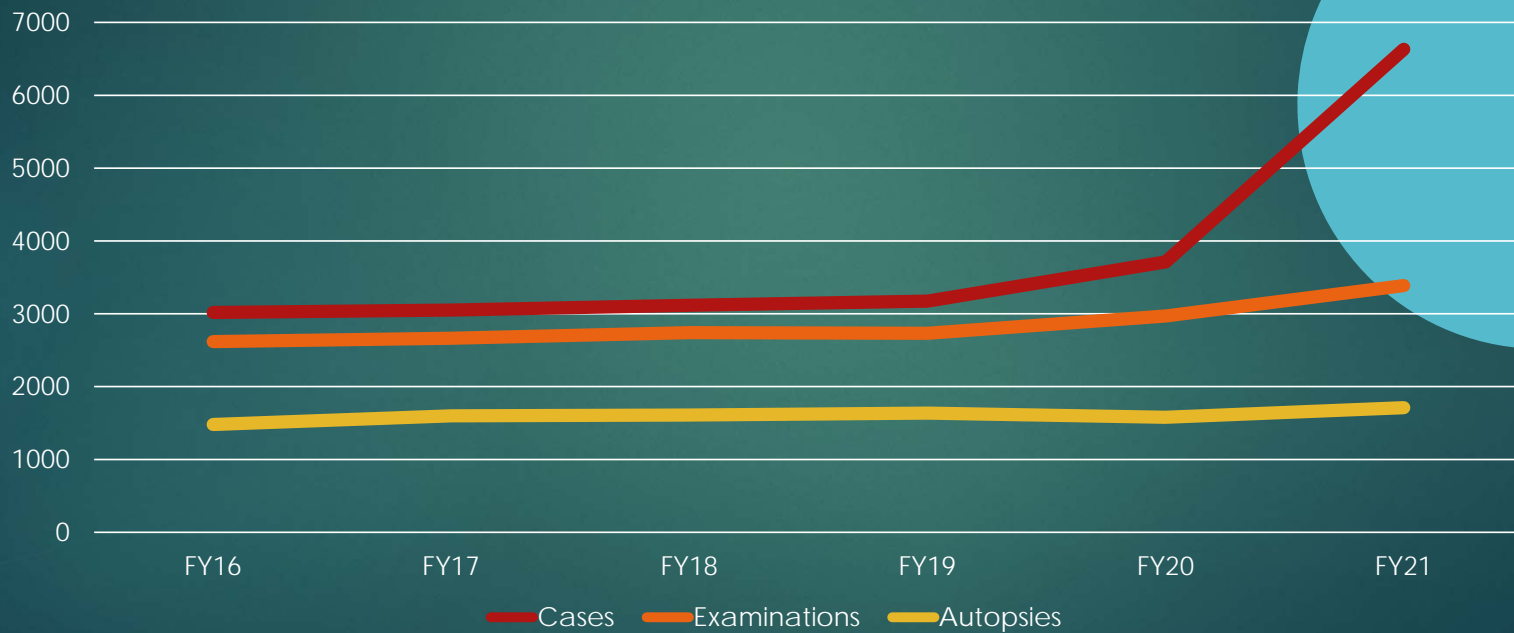
ERIK D. CHRISTENSEN, MD
CHIEF MEDICAL EXAMINER

HB 3, item 49 (2021 session)

- ▶ Report on options to:
 - ▶ Reduce its mandatory caseload
 - ▶ Reduce autopsies
- ▶ Also provide recommendations from applicable national organizations on changing the definition of unattended death

OME Caseload and Autopsies FY17 through FY21 (projected)

OME Workload FY17-21



OME Caseload

- ▶ Jurisdictional cases are defined in statute (26-4-7)
 - ▶ All deaths by violence, gunshot, suicide or accident
 - ▶ Sudden deaths
 - ▶ Unattended deaths
 - ▶ Suspicious or unusual deaths
 - ▶ Poisonings and drug overdoses
 - ▶ Threats to public health
 - ▶ Work-related deaths
 - ▶ In custody and police action related deaths
 - ▶ Sudden infant deaths



OME Caseload

- ▶ List of jurisdictional cases is similar to that in other states
- ▶ No deaths under OME jurisdiction that should not be
- ▶ No deaths not under OME jurisdiction that should be (fixed 2012)
- ▶ Jurisdictional case list in line with national standards




OME Caseload Reductions



- ▶ Only room for movement is in unattended deaths
 - ▶ Definition changed by HB 380 in 2021 session
 - ▶ Moved from “not seen within 30 days” to “not seen within 365 days”
 - ▶ Bill also added language to clarify responsibility for signing
 - ▶ Attended also includes prescribing and refills
 - ▶ Provisions for follow-up with OME in difficult circumstances
 - ▶ Difficult to gather data (as metrics not captured)
 - ▶ Undertaking a detailed review of 2020 data to see what difference this might be expected to make
 - ▶ No question there will be impact; magnitude is the unanswered question


Potential Autopsy Reduction



- ▶ Two possible modalities to employ
 - ▶ Use of rapid toxicology screening
 - ▶ Postmortem computed tomography (PMCT) scanning
 - ▶ Both could be used as triage tools in deciding autopsy necessity
 - ▶ Neither would eliminate need for jurisdiction or examination
 - ▶ Might eliminate need for internal examination
- 


OME Caseload Reductions



- ▶ Expected savings from changing from 30 days to 365 days would come from:
 - ▶ Decreased transportation costs
 - ▶ Decreased investigative costs
 - ▶ Decreased examination costs
 - ▶ Decreased toxicology costs
- 

OME Caseload Reductions



- ▶ Unattended deaths are only possible reduction in jurisdictional case type
 - ▶ No other current jurisdictional deaths can be eliminated
- 

OME Autopsies

- ▶ Reduction in number of autopsies would also reduce workload and improve timely completion of reports
- ▶ Increases in caseload have forced triage of more autopsies to partial examinations and external examinations
 - ▶ FY17-FY21
 - ▶ Decrease in full autopsies from 60.1% to 50.5% of examinations
 - ▶ Increase in limited autopsies or external exams from 39.9 to 49.5%
- ▶ Partial examinations provide partial answers
- ▶ Ideal is full autopsy on all cases

National recommendations

- ▶ Scientific Working Group for Medicolegal Death Investigation
 - ▶ 1 autopsy per 1,000 population “can provide optimal benefit for all users”
 - ▶ This translates to 3,300 autopsies in Utah annually
 - ▶ FY20, OME performed 2,969 examinations
 - ▶ 1,582 full autopsies
 - ▶ 410 partial autopsies
 - ▶ 977 external examinations
 - ▶ Full autopsies performed in only 53% of total examinations

Rapid Toxicology Testing



- ▶ Allow conversion of some current autopsies to external examinations in right context
- ▶ Costs
 - ▶ \$40,000 to \$50,000 for analyzer (one-time)
 - ▶ Test kits run in neighborhood of \$15-20 per test
 - ▶ Total anticipated annual use of 300-400 patients (\$4,500 to \$8,000 annually)
 - ▶ Would also require 0.5 FTE autopsy assistant/lab technician to maintain and operate analyzer
 - ▶ About \$40,000 total on-going costs

Postmortem CT Scanner



- ▶ Would also allow some current autopsies to be handled as external examinations
- ▶ Study at UNM showed decreased in autopsies with increasing caseload over 5 year period
- ▶ One-time costs of about \$1.2M, including scanner and support equipment
- ▶ On-going costs would be about \$300K, including maintenance contract, CT technologist, imaging software license
- ▶ Does not include construction costs to retrofit current facility or include replacement costs for scanner with LE of about 10 years

Questions?

