



DATA AND EVALUATION TASK FORCE

Governor's Commission on Alcohol and Other Drugs

Task Force Co-Chair: Steve Ahnen

Co-Chair: Jonathan Ballard

January 22nd – 1:00PM-3:00PM
Community Health Institute, 501 South Street, 2nd Floor, Bow, NH

Minutes

Attendees:

Jonathan Ballard, Helene Anzalone, Jill Burke [on phone], Alex Casale, Andrew Chalsma, Benjamin Chan, Chris Chant, Chiahui Chawla, Mark Cioffi, Kim Fallon, Djelloul Fourar-Laidi, Helen Hanks, Joe Harding, Chris Keating, Rachel Kohn, Joanne Lahaie, David Mara, Nick Mercuri [on phone], JoAnne Miles Holmes, Maureen Mustard, Allison Parent, Michelle Ricco Jonas, Jonathan Stewart, Neil Twitchell, David Wieters, Abbie Shervinskie.

I. Welcome and Introductions

II. Update Task Force purpose and objectives (J. Ballard, group discussion)

1. Reviewed purpose and objectives of previous State Epidemiological Outcomes Workgroup (SEOW).
2. D&E TF reconstituting after hiatus; re-evaluate position going forward.
3. Historically, SEOW and D&E TF (now combined) have been utilized to look at impact and prevalence of substance misuse using available data sources; opportunities for improving data collection and reporting efforts; what are the strategies/policies/programs that can be used to address issues?
4. Recently, statute was passed in NH legislature whereby Governor's Commission (GC) has to produce semi-annual reports; identify and list gaps > how to achieve? (use of data).
5. Think about wording of objectives to be more inclusive of broader causes and effects of substance misuse and behavioral health.
6. J. Burke: Focus on GC, but be mindful of SAMHSA funding expectation for SEOW component such as development of epidemiological profiles.
7. Governor has mentioned the importance of prevention.
8. NH exceeds many other states regarding prevalence of fentanyl use; do we know the pathway to addiction?
9. To what extent does existing language for objectives/purpose statement need to be modified to reflect current scope? Activities from a GC perspective can be added, but other items probably shouldn't be removed (e.g., Partnership For Success (PFS)).
10. Opportunities for D&E TF: Identify priorities/barriers, as well as how data could be improved to help answer broader questions; recommendations can then be made (e.g., possible policy/law change, confidentiality laws).
11. **ACTION: Group to think about ways in which wording of purpose and objectives can be modified/improved > bring ideas back to group for next meeting.**

III. Governor's Commission Strategic Plan, objectives and indicators (J. Stewart)

1. Governor's Commission currently finalizing strategic plan. D&E TF reviewed excerpt of SP that has not yet been approved by GC.
2. Intended to be publicly accessible, digestible document.
3. Primary objective is to reduce mortality, followed by reducing negative consequences, improving access and participation in treatment, and prevention (i.e., downstream > upstream).
4. Group reviewed graphs that will hopefully be embedded on Center for Excellence website (as well as Strategic Plan) in the form of a dashboard. Intent is to be consistent with and not redundant to the DHHS opioid dashboard in development.
5. In August, NH DHHS set target to reduce mortality by 10%-15% by 2020. Already close to target (according to Office of Medical Examiner's information from last fall). Therefore, a more ambitious target of 25% has been set in the Strategic Plan.
6. Reviewing strategic plan to ensure that objectives are reasonable.
7. Project manager/principal investigator for Enhanced State Opioid Overdose Surveillance (ESOOS) convening opioid data group to try and standardize coding to ensure consistency of opioid reporting.

IV. The Doorway initiative, data collection activities (thedoornway.nh.gov) (J. Burke, group discussion)

1. Initiative by Governor Sununu (from State Opioid Response grant).
2. Envisioned by Governor as integrated system with memorable telephone number (211) for one central "doorway" to access addiction treatment services.
3. Model includes central "hubs" (hospitals) and networked "spokes" (community resources), resulting in an integrated system of care.
4. All hubs providing screening, crisis stabilization, care planning, facilitator referral to "spokes", continuous recovery monitoring, and GPRA (Government Performance and Results Act (1993)/ Government Performance and Results Modernization Act (2010)) data collection (client measurement outcomes; baseline, 3-months, 6-months, discharge).
5. Will find out about economics, housing, ACES, other complicating medical diagnoses, behavioral health, emerging drug trends.
6. So far through Doorway > 50% opioid use disorder, other 50% alcohol-related misuse seeking treatment. People also asking about prevention.
7. Question re GPRA: Concern about multiple GPRA's from other direct/indirect SAMHSA-funded programs > Hub responsible for GPRA > unique patient ID to hopefully reduce duplication. Still potential complications. **Could this be raised with SAMHSA?** GPRA shared with consent between agencies? What if individual starts with community facility first before Doorway?
8. Pathways to addiction not touched upon in GPRA; more of a point-in-time/past 30-day measurement.
9. Bureau for Drug and Alcohol Services (BDAS) has listing for all SAMHSA-funded grantees > will know which require GPRA > GPRA sharing/Data Sharing Agreements?

10. What about non-insured? When is this identified/tracked? Hub is “insurance-blind” > information collected at spoke > entered on BDAS WITS system. Still in development > hopefully Medicaid eligibility/pre-determination process at hub-level.
11. Individuals don’t want to go through arduous enrollment process > more should be done to enroll.
12. Where higher level of care is needed, recommend going through hub, rather than opt for direct referral (for data collection purposes).

V. Opioid Overprescribing Advisory Council / Mitre project overview (D. Mara, group discussion)

1. MITRE is a federally funded research and development center (FFRDC). Public-interest projects -- typically, military, national security engineering, aviation, data systems, cyber security projects, etc.
2. Existing issue in NH around tying all the data together.
3. Gov. Sununu signed an executive order forming the New Hampshire Opioid Overprescribing and Misuse Project Advisory Council (OOMPAC). Teaming up with MITRE, the initiative will work to address problems with opioid prescriptions and misuse patterns.
4. Predictive analysis/modelling/algorithms > prescribing patterns > geographic areas.
5. Could later be used for other drugs.
6. Hope to change laws to allow access to multiple data sources which can then be entered into system > still keep data de-identified.
7. OOMPAC has broad, representative membership.
8. Currently using all-payers database > go back 10 years.
9. Some overdose data public before going to ME (via police reports, prisons). However, there would be no validation/diagnosis from ME.
- 10. Barriers for data collection/exchange should be considered for next D&E TF meeting.**

VI. Overview of NH DHHS opioid dashboard/data analytics initiative (D. Wieters/A. Chalsma, group discussion)

1. Governor asked DHHS to develop an integrated data analytics platform.
2. DHHS currently has external-facing WISDOM.
3. Multiple datasets into larger dashboard/data analytics platform (Tableau server) to be utilized by other departments.
4. People only having access to data they’re supposed to have access to.
5. Phase 1 (seven available datasets) and Phase 2 (additional datasets; may require law changes/data-sharing agreements).
6. How are trends changing, and why? Use data for trend analysis to answer this question.
7. “The ethics of data analytics”.
8. Dashboard to be delivered by August 31st, 2019 (Phase 1).
9. External and internal systems. External > de-identified, aggregated data. Internal > multiple agencies, but individual access to respective data.
10. D&E TF will be key stakeholder in this process.

11. Currently at procurement stage; tight timeline.
12. MITRE project more predictive by comparison; this project broader in scope.
13. "Opioid" by name, but other data will be incorporated.
14. Plan is to migrate WISDOM onto this system.

VII. Future Task Force meetings and agenda topics (J. Ballard, group discussion)

1. Other discussion point > various indicators used in past iterations of report to legislature (multi-colored table in meeting packet).
2. Current data being collected > what would be good to summarize and aggregate in future reporting?
3. Next report from the Governor's Commission due March 1st.
4. **Ask D&E members to think about these areas where they have some ownership > do they have something better > make suggestions for improving utility of information reported.**
5. Striving for some consistency between semi-annual reports (ability to show trends).
6. Future agenda topics > PDMP annual report almost complete; systemic or legal barriers to data collection/exchange
7. **Do other data stewards have other federal grants coming in (opioid/substance-related) for data projects to present to D&E TF?**

2019 Meeting Schedule:

Third Monday of Every Other Month from 1:00 PM – 3:00 PM

Community Health Institute, 501 South Street, 2nd Floor, Bow, NH

Tuesday (due to Holiday) – January 22, 2019

Monday, March 18, 2019

Monday, May 20, 2019

Monday, July 15, 2019

Monday, September 16, 2019

Monday, November 18, 2019

*Public Members – Please contact chair to confirm a meeting prior to attending meeting.