



DATA AND EVALUATION TASK FORCE

Governor's Commission on Alcohol and Other Drugs

Co-Chairs: Steve Ahnen and Jonathan Ballard

Tuesday, January 21, 2020 – 1:00PM-3:00PM
 Community Health Institute 501 South Street, Bow, NH
Meeting Minutes

**Welcome & Introductions
 (November minutes approved)**

Participants: Steve Ahnen, David Wieters, Chiahui Chawla, JoAnne Miles Holmes, Caroline Lavoie, Ken Bradley, Kiera Latham, Mark Cioffi, Djelloul Fourar-Laidi, Jonathan Stewart, Jill Burke, Joe Harding, Rachel Kohn, Alex Casale, Anna Ghosh
Phone: Amy Costello, Tom Stopka

Agenda Item	Discussion	Action Steps
CORbi (David Wieters, Chiahui Chawla)	<ul style="list-style-type: none"> • Enterprise Business Intelligence (EBI) Platform used to create CORbi • Tools utilized: Oracle, Informatica, Tableau • CORbi is expected to replace WISDOM Goals: <ul style="list-style-type: none"> • Provide a platform for all DHHS Bureaus to use for enterprise reporting and analytics. • Leverage the platform to take our data and provide information to our employees, clients, providers and citizens • Create a user friendly environment to enable both technical and non-technical people to understand and create useful information • Provide quicker answers to questions surrounding trends based on various metrics or filters. • Enhance Governance and Security Data <ul style="list-style-type: none"> • From 11 sources • Are working to address existing gaps • Includes linkage to a person and de-identified data • Goes further than other state systems to include child and family services data • Opportunity to identify and link data across systems Demo of dashboard <ul style="list-style-type: none"> • Filters allow user to choose what data to view 	

	<ul style="list-style-type: none"> • Can see trends over time, including services provided <p>Barriers</p> <ul style="list-style-type: none"> • Funding continuation • Needed skill sets to maintain • State legislative privacy laws • Anticipate a backlog of work based on requests, resulting in users giving up on use • Trying to demonstrate the dashboard so stakeholders can see the value to offer funding 	
ESOOS grant (JoAnne Miles-Holmes)	<ul style="list-style-type: none"> • Reviewed draft report of NH Enhanced State Surveillance of Opioid Morbidity and Mortality program which provides more timely and comprehensive data on nonfatal and fatal opioid overdoses. • Includes aggregate data over 3 years – 2016-2018 • Task Force offered suggestions to clarify graphs, especially color distinctions and re-check data regarding number of overdose deaths by geographic areas • Suggestion to blow out data specific to Manchester and Nashua to be able to look at in detailed view • Data shows number of people provided services to, but does not show number of people with opioid use disorder to identify if meeting the needs 	<p>JoAnne Miles-Holmes to follow up with David Swenson to verify data</p> <p>Contact JoAnne to obtain copy of the report</p>
Current priorities for improved data collection and reporting related to substance misuse / substance use disorders	<ul style="list-style-type: none"> • PDMP is working on geographic trends • CDC has not released YRBS data for the state. Once this is received it will take 1-2 months for DHHS to provide school level data • Regional Public Health Network is moving away from focus on prevention of specific substances and into downstream social determinants of health (food scarcity, housing, etc.) • Governor’s Commission report will utilize the data dashboard of indicators instead of a static report • JSI collaborated with DHHS to develop a report on cost effectiveness of substance use treatment programs. Although there were data limitations, the analysis helped to identify factors that might be related to positive treatment outcomes. • The March 6 Governor’s Commission meeting will discuss investment recommendations to utilize remaining funds. There will also be an opportunity to provide recommendations later in the year. Should consider alignment to strategic priorities of the Governor’s Commission plan. 	<p>Jonathan Stewart to find out if anything is required for Governor’s Commission report</p> <p>Review report on cost effectiveness at future task force meeting</p> <p>The Task Force would like regular report backs from the Governor Commission meetings</p>

	<ul style="list-style-type: none"> • The statewide assessment of young adults was able to collect responses from close to 3,000 young adults in NH, which will allow a proportional match for the state. The data includes quantitative and qualitative responses. 	
<p>Mitre report of prescription patterns in the NH All Payers Claims Database (Chris Teixeira)</p>	<ul style="list-style-type: none"> • Report uses all claims data set to look at opioid prescribing in NH • Extensive time was spent cleaning the data and ensuring the analysis could be replicated • Analyzed different reasons the prescriber might be the one who prescribes an opioid: the patient might have cycled through different clinicians, sought a second/third opinion and received a prescription for an opioid during this course, symptoms worsened during timeline of seeking care where needed more pain alleviation • Questioned whether there is anything different about the clinician who has multiple patients coming to them after going to others • Differences between medical specialty and patients could contribute to differences in prescribing practices • Pattern of life analysis seeks to identify adverse outcome and look back in patient's life to understand touchpoints when might have received a prescription for opioid. Currently cannot identify all the touchpoints, but aim to answer whether there are differences between those who experience an overdose and those who do not. • Key states of opioid use seeks to understand the path from opioid naïve to recovery and identify what the patient was being treated for initially • Findings show that larger number of days supply of prescription is associated with those who become addicted • Lock in program analysis looks at insurance lock ins to one pharmacy for prescriptions • The data analysis conducted by Mitre will be transitioned to DHHS for continuation • This data is similar to what is being seen through the PDMP data 	

Next meeting: March 16, 2020 1pm-3pm, Community Health Institute 501 South Street, Bow, NH