

Data Sub-committee Meeting Minutes 12/8/2017

Attendants:

Stefanie Baines (KPCC)
Lisa Chaney (Greenbush)
Greg Crawford (KDHE)
Lori Haskett (KDHE)
Adrienne Hearrell (KDHE)
Jamie Kim (KDHE)
Krista Machado (DCCCA)
Sally Othmer (KHA)
Fan Xiong (KBoP/KDHE)

1. Objectives

- a. Determine what data are collected from each represented agency, relevant to the opioid crisis in Kansas.
- b. Determine data that should be used, how it should be collected, reported, and disseminated, and how it can be used to inform prevention efforts.
- c. Identify additional data sources that have not been utilized.

2. Roles of attendants / data sources available

- a. Fan
 - i. PDMP (K-TRACS) data
 - ii. Hospital inpatient and ER data from KHA
 - iii. Mortality data
 - iv. PCC data
 - v. BRFSS data
 - vi. YRBS data
 - vii. Compares population across all data sources for standardized reporting of morbidity and mortality trends
- b. Stefanie
 - i. PCC collects data on all calls received
 - ii. Can breakdown data by age, county, substance, reason for exposure (misuse/abuse/type of exposure)
 - iii. Have been collecting these data since PCC was in existence
 - iv. Captures real-time data
 - v. All data is uploaded to American Association of Poison Control Centers, which is then made into an annual report
 1. PCC can pull data daily, this resource is delayed at national level
- c. Lisa
 - i. Receives state-level data from poison calls from American Association of Poison Control Centers
 - ii. Kansas Communities That Care (KCTC) Student Survey (KDADS funded)

1. <http://kctcdata.org/domain.aspx?code=10089>
 2. Can be broken down by school district and building level for local level planning
 3. Two-month window: December 1st – January 31st
 - a. Survey is administered on paper or online within school in a group setting – teacher facilitated
 - b. Act of consent is a barrier
 4. Data collected:
 - a. Self-report of use
 - b. Type of drug
 - c. Past 30 day use / annual use
 - d. Risk of harm from rx drug misuse
 - e. Where they obtained substances
 - f. “What would parents say?” “Do they know you’re taking rx drugs?”
 5. Response rate is ~45% in 2016
- iii. Young adult survey
1. 18-25 year-olds
 2. State-wide sample
 3. Integrated questions from previous survey in addition to questions regarding DUI, drunk driving, poly-drug use, proper disposal
- iv. Completed a gambling survey with behavioral health questions
1. One question on rx drug misuse
 2. Statewide sample
- v. Kansas Behavioral Health Indicator Dashboard (KBHID)
1. Treatment data
 - a. State-level data; cannot use county-level
 2. Lisa will send the link to the group
- d. Krista
- i. Data collection pilot program with KC Metro Methadone Program (KUMC, part of PFS grant)
 1. Screening data
 2. What led to abuse/misuse
 - ii. Hopeful to expand to Wichita
- e. Lori / KDHE
- i. YRBS
 1. CDC gives list of randomly selected schools
 2. KDHE approaches schools for participation
 3. Have to get certain participation rate to get weighted data
 - ii. Kansas Violent Death Reporting System
 1. 2015 homicide and suicide data – first year of data
 2. Cannot report <5 per county
 3. Police report, coroner report, and death certificate

4. Used to inform prevention efforts
- f. Jamie
- i. NAS project with Megan
 1. Analyzed NAS cases/calculated rates by peer group (Jamie will send poster to subcommittee)
 2. ICD-9 to ICD-10 transition
 - a. Cannot just use numerator – have to do inclusion and exclusion of cases
 - b. Pre-term infants treated with opioids have to be excluded
 - c. Infants transferred to other hospitals – excluded to prevent duplication
 - d. V – code – denominator
 - i. Replicated MMWR methods (Jamie will send article link)
 - e. CDC has done crosswalk for NAS cases from ICD-9 to ICD-10
 - i. PQC has been testing new SAS code
 - f. CSTE planning to generate a standardized case definition for NAS
 3. Barrier – in using hospital d/c data, can only link to
 4. No linking variable from infant to mother (and birth certificate)
 - a. Jamie will look at other states to identify potential linking variables
 5. Jamie will serve on NAS subcommittee
 - ii. PRAMS (first year)
 1. Paper and telephone survey
 2. Question regarding drug use of mothers
 3. NAS question not asked in KS
 4. April 1st, 2018, perhaps propose a question about NAS
- g. Sally
- i. KHA member hospitals collect inpatient and outpatient data and disseminate to KDHE
 1. Overall – good representation of hospitals
 - ii. Are there hospitals that may be open to collecting chart review data?
 1. Difficult process – consider time and IRB
 2. How could we make this a “good sell?”
 3. What are they doing about the transition quality improvement?
How are you coding records relevant to ICD-10?
 - iii. E-codes – KHA makes this reporting mandatory
 1. Injury coding
- h. Greg
- i. Syndromic surveillance data

1. 85% of ED visits in KS are being reported through production side of syndromic surveillance
 2. Provides ability to create a query and look at time-series
 3. CC, notes, SNOWMED codes, and ICD-10 (billing)
 - a. “Binning process” – CDC assigns syndromes
 4. No syndrome defined for opioid OD yet
 - a. No automatic binning
- i. KBI (not represented)
 - i. OD Map App pilot program
 1. Real time tracking of overdoses for first responders and LEOs
 2. Geographic spread
 3. Different levels of access to the data
 - j. Medicaid Fraud (AG not represented)
 - i. Could we get this data? May not be able to get data
 - ii. Diversion cases are nearly impossible to capture in healthcare facilities
 - iii. Drug prosecution and jail data
 - k. Opi Rescue App
 - i. Naloxone app developed in Colorado
 - ii. <https://opirescue.com/>
 - l. National Data
 - i. National Survey of Drug Use and Health
 1. Look up sampling methods of students/youth
 - ii. SAMHSA
 1. Buprenorphine waiver – cannot give identifiable K-TRACS data for prescribers
 2. Can show high access areas only
 - a. Refer to SAMHSA map for specific provider

3. Next steps

- a. There are several data sources... do we want to choose a standardized set of data sources to use to determine hot spots? What should be disseminated to the public? What data can we use in other subcommittees?
- b. Look at NYC RxStat for a reference. Fan will send technical guide.
- c. Fan would like to meet with individuals and small groups to determine specific priority areas, recommendations, goals, objectives, strategies, and actions for strategic plan around opioid overdose prevention
- d. Re-convene in larger data group after this step has been completed