

# AGENDA

## **PUBLIC HEALTH ADVISORY BOARD Accountability Metrics Subcommittee**

**December 19, 2019**

**2:00-3:30 pm**

Portland State Office Building, room 900

Zoom meeting link: <https://zoom.us/j/691521831>

Conference line: 669 900 6833

Meeting ID: 691 521 831

Please do not put your phone on hold – it is better to drop the call and rejoin if needed.

### Meeting Objectives

- Discuss purpose for annual public health accountability metrics reports and improvements for the 2020 report.
- Hear update on changes to some process measures for the 2020 report.

PHAB members: Muriel DeLaVergne-Brown, Eva Rippeteau, Jeanne Savage, Eli Schwarz, Teri Thalhofer, Rebecca Tiel

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2:00-2:05 pm	<b>Welcome and introductions</b> <ul style="list-style-type: none"><li>• Approve May 6 minutes</li></ul>	Sara Beaudrault, Oregon Health Authority
2:05-2:10 pm	<b>Subcommittee timeline and scope of work</b> <ul style="list-style-type: none"><li>• Review timeline and scope of work for the subcommittee to develop the 2020 accountability metrics report</li></ul>	Sara Beaudrault, Oregon Health Authority
2:10-2:40 pm	<b>Purpose and use of public health accountability metrics</b> <ul style="list-style-type: none"><li>• Review legislative requirements for public health accountability metrics</li><li>• Discuss framing for public health accountability in the annual report</li><li>• Discuss improvements for the next annual report</li></ul>	Myde Boles, Program Design and Evaluation Services
2:40-2:55	<b>Measure set updates</b> <ul style="list-style-type: none"><li>• Hear updates on changes to some process measures for the 2020 report</li></ul>	Sara Beaudrault, Oregon Health Authority

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2:55-3:05 pm

**Subcommittee business**

- Decide who will provide subcommittee update at January PHAB meeting
- Discuss schedule for recurring meetings

All

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3:05-3:10 pm

**Public comment**

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3:10 pm

**Adjourn**

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## **PUBLIC HEALTH ADVISORY BOARD**

### **DRAFT Accountability Metrics Subcommittee meeting minutes**

**May 6, 2019**

**1:00-2:00 pm**

**PHAB Subcommittee members in attendance:** Jeanne Savage, Muriel DeLaVergne-Brown

**Oregon Health Authority staff:** Sara Beaudrault, Myde Boles, Kati Moseley, Matt Laidler, Josh Van Otterloo

#### **Welcome and introductions**

Since only two PHAB members were on the call, minutes from the April 1, 2019 meeting were not approved.

OHA has not yet released the 2019 Public Health Accountability Metrics Annual Report, but Sara expects it will be released within the next few days.

#### **Prescription opioid mortality metric**

Sara reviewed a table showing which outcome and process measures will be reviewed and possibly updated for the 2019-21 biennium, based on PHAB's feedback on this year's report.

Two outcome measures will be reviewed. The oral health developmental metric was reviewed by this subcommittee last month, with a recommendation to keep the metric without changes. The other outcome metric, prescription opioid mortality, will be reviewed at today's meeting.

The other measures on the list are process measures, which describe the core roles of local public health authorities (LPHAs) to make improvements in the outcome measures. The process to update the process measures is to work through the Conference of Local Health Officials (CLHO) to get feedback and recommendations from local public health, which then come to this committee for discussion. Process measure reviews will occur over the next few months.

Matt Laidler reviewed the slides in the meeting packet on the current opioid mortality metric, including limitations related to the data source and challenges in classifying opioid poisoning deaths as prescription vs illicit (slides 12-15 in the meeting packet).

- There are challenges to classifying prescription vs. illicit drugs. There is no variable in the data that flags this, and the designation is problematic because some drugs can be both prescribed and illicitly manufactured.

- We are also experiencing changes in drug use and overdose. As an example, the U.S. is experiencing a surge in illicitly manufactured fentanyl, which until recently was exclusively a prescription drug. The categories need to adapt to these changes.
- Matt reviewed T codes, which describe contributing causes of death. T codes can be used to try zero in on what we would consider an overdose or poisoning and whether poisoning is intentional or unintentional.
- Another confounding factor is that many overdoses include many drugs, not a single drug. As an example, approximately 30-50% of heroin overdoses include another drug.
- Fentanyl and fentanyl analogs: we can sometimes identify pharmacy-manufactured vs. illicitly-manufactured fentanyl analogs in the death record, but not always. Because of this, Oregon has updated how it measures “prescription” opioid deaths to only include “other opioids” and “methadone,” and to exclude “other synthetic narcotics”. This measure is specific, but not sensitive, as it specifically leaves certain drugs out.

Matt reviewed options for the accountability metric.

- Continue using the limited definition of “prescription opioids,” minus synthetic opioids.
- Classify drugs by ICD-10 codes. This option is less intuitive, especially for the general public.
- Use “any opioid,” which aligns with the State Population Health Indicator and does not differentiate between prescription and illicit. SPHI. This is the OHA program’s recommendation. The opioid crisis is often viewed as being about an individual drug but is actually an evolving set of drugs based on circumstances. CDC talks about the opioid crisis in terms of waves.
  - o 1<sup>st</sup> wave: prescription drug epidemic.
  - o 2<sup>nd</sup> wave: increased use of heroin when there was a decrease in availability of prescription opioids.
  - o 3<sup>rd</sup> wave: illicitly manufactured fentanyl.

It is hard to approach this crisis by focusing on individual drugs or even illicit vs. pharmaceutical.

Jeanne stated that clinicians have put significant effort into making a dent in the number of opioids on the street. By understanding where these drugs are originating (i.e. by looking at prescribing patterns), we can use the information to drive interventions. Jeanne is hesitant to move away from this breakdown. Matt stated that the OHA program can break the data down in a way that makes sense, including providing more than one measure. Sara stated that PHAB members voiced a need to look at a broader context for opioid overdose and mortality, and we also need to consider what we want to hold the public health system accountable to.

Josh Van Otterloo stated that the OHA program used to provide funding to some LPHAs for PDMP outreach but is no longer doing so. Moving forward the program will look at funding broader interventions for prevention and intervention.

Muriel stated that there are differences at the county level that need to be considered, in terms of whether drug and alcohol prevention sits in public health or somewhere else. In Crook County, drug and alcohol prevention is with public health, and they are building a strong program with local law enforcement. Some LPHAs have no money for drug and alcohol prevention, and this is an important consideration.

Josh discussed the current local public health process measure for PDMP enrollment and options for other process measures.

- The law requiring PDMP enrollment, which went into effect in mid-2018 has had a positive effect on PDMP enrollment, with around 94% of top prescribers currently enrolled.
- Limitations in process measure include: legislative mandate for enrollment; county rates unstable due to small numbers; LPHAs no longer funded to increase PDMP enrollment; only addresses legally-prescribed opioids which may not be sufficient if PHAB changes the outcome measure; measure is about enrollment but not use of system; measure does not include prescribers who are registered in a state that is not Oregon, like all VA prescribers.
- Sara reminded the group that the process measures are intended to reflect what every LPHA should be doing to make improvements in the outcome measure, and what local public health's unique role is. Is it okay if the process measures are aspirational because we do not currently have the resources to meet the process measure in every county.
- Muriel stated that LPHAs do have a role in preventing opioid deaths. Examples of public health interventions include naloxone to law enforcement; naloxone to people leaving treatment, syringe exchange.
- Jeanne agrees with focusing on harm reduction and prevention interventions. She does not agree with keeping the current process measure or switching to measuring PDMP queries.

Sara asked what additional information subcommittee members need to make a recommendation for the outcome measure. Jeanne stated that she thinks the outcome measure should include all opioids but thinks the group should discuss whether deaths per 100,000 population is the right outcome. She would like the group to discuss other options, like nonfatal overdoses.

Next steps:

1. Matt will come back to the June subcommittee meeting to talk about data sources for nonfatal overdoses.

2. Sara will solicit feedback from local public health administrators at the next CLHO meeting.
3. Muriel will look at recent NACCHO policy papers on opioids and the role of public health. She suggests hearing from administrators about what LPHAs are doing if they do not have an alcohol and drug prevention program.

### **Purpose and use of accountability metrics**

This discussion was postponed until next month.

### **Subcommittee business**

Jeanne will provide the subcommittee update on May 16.

The next Accountability Metrics Subcommittee meeting is scheduled for June 3 from 1:00-2:00.

### **Public comment**

No public comment was provided.

### **Adjournment**

The meeting was adjourned.

# Timeline and scope of work

## December 2019

Discuss purpose and use of the annual report; recommend changes to framing and layout.

## February 2020

Review changes to report framing and layout.

## April 2020

Initial review of 2020 data; discuss key findings and messages.

## Spring 2020

*SHIP indicators finalized. (informational only)*

## May 2020

Final review of 2020 report; recommend that PHAB votes to adopt.

## June 2020

Report published; OHA submits funding report to Legislative Fiscal Office

# Purpose and use of accountability metrics

- Legislative requirements
- Framing
- Report improvements

# Legislative requirements for accountability metrics (ORS 431)

- ORS 431.115: OHA shall use accountability metrics to encourage the effective and equitable provision of public health services by LPHAs.
- ORS 431.123: PHAB shall establish accountability metrics for the purpose of evaluating the progress of OHA and LPHAs in achieving statewide public health goals.
- ORS 431.123: PHAB shall make recommendations to OHPB on the use of accountability metrics to encourage the effective and equitable provision of public health services by LPHAs.
- ORS 431.139: OHA shall submit to Legislative Fiscal Office a report on... the progress of LPHAs in meeting accountability metrics.
- ORS 431.380: OHA shall adopt by rule incentives and a process for identifying, updating and applying accountability metrics.

# Framing for public health accountability

- Public health system metrics
  - Value and contributions of public health system
  - Identify need
- Accountability and modernization funding
  - Communicable disease control
- Report organization
  - Modernization foundational programs
  - Health equity
  - Outcome and process measures
- How report being used and by whom

# Proposed report improvements

- Key report elements
  - Outcome measures, by race/ethnicity, by county (map)
  - Local public health process measures, by county
- Brief report format (less text, more white space)
  - Exec summary
  - Introductory key points
  - Metrics pages: title, context, data
- Online access to technical document for narrative, notes, data tables

**PHAB Accountability Metrics Subcommittee**

**Changes to local public health process measures for 2019-21**

**Background:** In March 2019, The Public Health Advisory Board requested review of the following measures for 2019-21. Changes will be reflected in the 2020 Public Health Accountability Metrics Annual Report. The 2019 report is available at:

[https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/PHAB%20Accountability%20Report%202019\\_FINAL\\_May%202019.pdf](https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/PHAB%20Accountability%20Report%202019_FINAL_May%202019.pdf).

Measure	Outcome or process measure	PHAB request for review	Decisions and recommendations
<b>Dental visits for children aged 0-5</b>	Outcome	Need to determine whether available data sources meet the criteria to move this from a developmental to an accountability metric.	<b>PHAB voted to keep this as a developmental measure for 2019-21.</b>
<b>Prescription opioid mortality</b>	Outcome	PHAB should consider changes to this metric to reflect the broader context of illicit opioid deaths and overdoses not resulting in deaths.	<b>PHAB voted to change this measure to “All opioid mortality”.</b>
<b>Prescription opioid mortality: Percent of top opioid prescribers enrolled in PDMP</b>	Process	Since 2018, Oregon law requires all opioid prescribers to be enrolled in the PDMP. Measure no longer provides useful information.	OHA and CLHO recommendation: remove process measure for 2020 report; work through CLHO committee in 2020 to identify a new process measure.
<b>Adult smoking prevalence: Percent of population reached by tobacco-free county properties policies</b>	Process	LPHAs met the benchmark for comprehensive (all properties) or partial (some properties) tobacco-free county properties. Consider changing what is reported to differentiate comprehensive and partial policies.	OHA proposal: change measure to include four categories in order to reflect partial policies.  CLHO is not supportive of this process measure, with or without this change.

Measure	Outcome or process measure	PHAB request for review	Decisions and recommendations
<b>Active transportation: LPHA participation in leadership or planning initiatives related to active transportation, parks and recreation or land use</b>	Process	The measure should reflect LPHA participation in implementation, in addition to planning.	CLHO recommendations: <ul style="list-style-type: none"> <li>- Include questions on survey to capture implementation activities.</li> <li>- Modify some planning initiative types to focus on active transportation.</li> </ul>
<b>Drinking water: Percent of water system surveys completed, and Percent of priority non-compliers resolved</b>	Process	Measures are at close to 100%. Consider changing what is measured and reported.	OHA and CLHO recommendation: Keep measures for 2020 report; work with CLHO in 2020 to identify new process measure.
<b>Effective contraceptive use: Annual strategic plan that identifies gaps, barriers and opportunities for improving access to effective contraceptive use</b>	Process	Expand data collection mechanism to capture strategic plans not reported to OHA Reproductive Health Program through annual reporting.	OHA and CLHO recommendation: Keep data collection as is; LPHAs that have a strategic plan can submit it to RH Program for inclusion.

# Subcommittee business

- Decide who will give subcommittee update at January 16 PHAB meeting.
- Discuss recurring meeting schedule.

# Public comment

# Adjourn