

AGENDA

PUBLIC HEALTH ADVISORY BOARD Accountability Metrics Subcommittee

June 3, 2019

1:00-2:00 pm

Portland State Office Building, room 918

Conference line: (877) 873-8017

Access code: 767068#

Webinar link: <https://attendee.gotowebinar.com/register/5150607625475124481>

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

Meeting Objectives

- Make recommendations for prescription opioid mortality metric
- Discuss purpose and use of accountability metrics and make recommendations

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

| | | |
|--------------|---|--|
| 1:00-1:05 pm | Welcome and introductions <ul style="list-style-type: none">• Approve May 6 minutes• Subcommittee member updates | Sara Beaudrault, Oregon Health Authority |
| 1:05-1:35 pm | Prescription opioid mortality metric <ul style="list-style-type: none">• Review metrics and outcome data that are currently available through the Opioid Data Dashboard.• Make recommendation on 2019-21 outcome measure, for a PHAB vote. | Matt Laidler, Oregon Health Authority |
| 1:35-1:50 pm | Purpose and use of public health accountability metrics <ul style="list-style-type: none">• Review legislative requirements for public health accountability metrics• Discuss framing for public health accountability in the annual report• Discuss how accountability metrics have been incorporated into existing contractual requirements• Discuss improvements for the next annual report. | Sara Beaudrault, Oregon Health Authority |
| 1:50-1:55 pm | Subcommittee business <ul style="list-style-type: none">• Decide who will provide subcommittee update at June 20 PHAB meeting• Discuss subcommittee work and meeting schedule for upcoming months | All |

1:55-2:00 pm

Public comment

2:00 pm

Adjourn

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 1st wave: prescription drug epidemic.
 - o 2nd wave: increased use of heroin when there was a decrease in availability of prescription opioids.
 - o 3rd 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.

DRAFT

PHAB Accountability Metrics subcommittee

Public Health Accountability Metrics – 2019-21 measures for review

April 1, 2019

Background: On March 21, 2019 the Public Health Advisory Board adopted the 2019 Public Health Accountability Metrics Annual Report. PHAB requested that the Accountability Metrics subcommittee review the following measures before finalizing the 2019-21 measure set.

| Measure | Outcome or process measure | Notes from March 21 PHAB discussion | Next steps |
|---|----------------------------|---|--|
| Dental visits for children aged 0-5 Subcommittee recommendation: No change for 2019-21; keep as developmental measure | Outcome | Need to determine whether available data sources meet the criteria to move this from a developmental to an accountability metric. | Decision requires PHAB approval |
| Prescription opioid mortality | Outcome | Oregon met the benchmark of three deaths per 100,000 in 2017. PHAB should consider changes to this metric to reflect the broader context of illicit opioid deaths and overdoses not resulting in deaths. | Decision requires PHAB approval |
| Prescription opioid mortality: Percent of top opioid prescribers enrolled in the Prescription Drug Monitoring Program (PDMP) | Process | Since 2018, Oregon law requires all opioid prescribers to be enrolled in the PDMP. Measure no longer provides useful information. | OHA and CLHO will make recommendations to the subcommittee |
| Adult smoking prevalence: Percent of population reached by tobacco-free county properties policies | 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 and CLHO will discuss whether to make this change |
| Active transportation: LPHA participation in leadership or planning initiatives related to | Process | The measure should reflect LPHA participation in implementation, in addition to planning. | OHA and CLHO will revise measure data collection |

| | | | |
|---|---------|--|--|
| active transportation, parks and recreation or land use | | | |
| Drinking water: Percent of water system surveys completed, and Percent of priority non-compliers resolved | Process | Both measures are at close to 100%. Consider changing what is measured and reported. | OHA and CLHO will make recommendations to the subcommittee |
| Effective contraceptive use: Annual strategic plan that identifies gaps, barriers and opportunities for improving access to effective contraceptive use | Process | Need to develop a new data collection mechanism. | OHA and CLHO will revise measure data collection |

Opioid accountability metric

1. Determine whether the subcommittee has come to agreement about measuring “all opioids” rather than “prescription opioids.
2. Review opioid measures currently available through the Opioid Data Dashboard:
<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/data.aspx>.
 - Discuss which measure options meet the selection criteria on the following slide.
3. Make recommendation for 2019-21 outcome measure, based on available data and data sources.

“Must have” selection criteria

The following were considered “must have” criteria for accountability metrics adopted for 2017-19:

| Selection criteria | Definition |
|--|--|
| Promotes health equity | <ul style="list-style-type: none">• Measure addresses an area where health disparities exist.• Data are reportable by race/ethnicity. |
| Respectful of local priorities | <ul style="list-style-type: none">• Collectively, the set of public health accountability metrics covers a range of health priorities for state and local public health authorities.• Data are reportable at the county level. |
| Transformative potential | <ul style="list-style-type: none">• Measure aligns with core public health functions in the Public Health Modernization Manual that represent an emerging area of public health deemed important for the future. |
| Consistency with state and national quality measures, with room for innovation | <ul style="list-style-type: none">• Measure is nationally validated.• Measure aligns with CCO, hospital or early learning metrics.• Measure is a required reporting element for other public health initiatives.• National or other benchmarks exist for performance on this measure. |
| Feasibility of measurement | <ul style="list-style-type: none">• Data for measure are already collected, or a mechanism for data collection has been identified. |

Purpose and use of accountability metrics



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.

Report introduction: framing for accountability metrics

- **Public health funding for accountability metrics**
- **Purpose of the report**
- **Outcome and process measures**

Outcome: Reflect population health priorities for the public health system.

Process: Reflect the core functions of an LPHA to make improvements in each outcome measure.

Introduction

Background

Since 2013 Oregon has been working to modernize how it improves the public's health. A modern public health system operates efficiently to achieve goals and is set up to provide critical protections for every person in the state. Through focusing on prevention, public health lessens the impact of health threats on people's lives and saves money by lowering demand for costly health care interventions. A strong and effective public health system is essential for achieving Oregon's triple aim of better health, better care and lower health care costs.

Efforts to modernize the public health system have been driven by Oregon's legislature, which has passed related laws in the last three sessions. In the 2015 and 2017 sessions, the legislature enacted laws to use public health accountability metrics to track the progress of state and local public health authorities to meet population health goals, and to use these metrics to incentivize the effective and equitable provision of public health services (Oregon Revised Statute 431.115).

Public health funding for accountability metrics

The Oregon Health Authority (OHA) and local public health authorities (LPHAs) are funded to implement programs for some, but not all, public health accountability metrics. State and federal funding often provides partial funding for local programs, with the remainder provided through county general funds or other sources.

LPHAs receive funding from the Oregon Health Authority through contracts for categorical public health programs. This report includes information about whether LPHAs currently receive funding to support achievement of each local public health process measure.

In 2017 the Legislature made a \$5 million investment to modernize the governmental public health system. OHA distributed the majority of these funds to LPHAs to develop and implement regional strategies for communicable disease control.

Moving forward state and local public health authorities will continue to look for opportunities to align existing funding with public health accountability metrics, while also seeking opportunities for new funding.

Introduction

Purpose of this report

This reports increases understanding of Oregon's current status on population health priorities. This report is not a report card for Oregon's public health system or any individual public health authority.

Reporting by race and ethnicity

Where possible, data are reported by race/ethnicity. Differences in rates across racial and ethnic groups occur because of generations-long social, economic and environmental injustices that result in poor health. These injustices have a greater influence on health outcomes than biological or genetic factors or individual choices.

Public health authorities have a responsibility to address the social conditions and correct historical and contemporary injustices that undermine health. One way the public health system begins to do this is by collecting and reporting data that show where health disparities exist and the underlying causes for why certain racial and ethnic groups experience poor health.

Annual public health accountability metrics reports help to achieve the following core roles of the public health system¹:

1. Collect and maintain data that reveal inequities in the distribution of disease and the social conditions that influence health;
2. Identify population subgroups characterized by an excess burden of adverse health or socioeconomic outcomes; and
3. Make data and reports available to partners and stakeholders and other groups.

Data showing health disparities supports affected communities and public health authorities to co-create the solutions that will begin to correct historical and social injustices so that all people in Oregon can reach their full health potential.

¹ Oregon Health Authority 2017). Public Health Modernization Manual. Available at: https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf.

Introduction

Framework for public health accountability metrics

The Public Health Advisory Board (PHAB) adopted measures to track progress toward achieving population health goals through a modern public health system. The collection of health outcome and local public health process measures, defined below, are collectively referred to as public health accountability metrics. Measures are shown in Table 1.

Health outcome measures reflect population health priorities for the public health system. Making improvements on the health outcome measures will require long-term focus and must include other sectors.

Local public health process measures reflect the core functions of a local public health authority to make improvements in each health outcome measure. Local public health process measures capture the work that each local public health authority must do in order to move the needle on the health outcome measures.

Developmental metrics reflect population health priorities but for which comprehensive public health strategies are yet to be determined. These health outcome measures will be tracked and reported but will not be incentivized.

Measures in this report are reported under foundational program areas of a modern public health system:



Communicable Disease Control



Prevention and Health Promotion







Environmental Health




Access to Clinical Preventive Services

Table 1. Public Health Accountability and Developmental Metrics

PART 1: ACCOUNTABILITY METRICS

| Health Outcome Measure | Local Public Health Process Measures | | |
|---|---|--|--|
|  Communicable Disease Control | | | |
| Percent of two-year olds who received recommended vaccines | Percent of Vaccines for Children clinics that participate in the Assessment, Feedback, Incentives and eXchange (AFIX) program | | |
| Gonorrhea incidence rate per 100,000 population | Percent of gonorrhea cases that had at least one contact that received treatment | Percent of gonorrhea case reports with complete priority fields | |
|  Prevention and Health Promotion | | | |
| Percent of adults who smoke cigarettes | Percent of population reached by tobacco-free county properties policies | Percent of population reached by tobacco retail licensure policies | |
| Prescription opioid mortality rate per 100,000 population | Percent of top opioid prescribers enrolled in the Prescription Drug Monitoring Program (PDMP) Database | | |
|  Environmental Health | | | |
| Percent of commuters who walk, bike, or use public transportation to get to work | Local public health authority participation in leadership or planning initiatives related to active transportation, parks and recreation, or land use | | |
| Percent of community water systems meeting health-based standards | Percent of water systems surveys completed | Percent of water quality alert responses | Percent of priority non-compliers resolved |
|  Access to Clinical Preventive Services | | | |
| Percent of women at risk of unintended pregnancy who use effective methods of contraception | Annual strategic plan that identifies gaps, barriers and opportunities for improving access to effective contraceptive use | | |

PART 2: DEVELOPMENTAL METRICS

| Health Outcome Measure | Local Public Health Process Measure | | |
|---|-------------------------------------|--|--|
|  Access to Clinical Preventive Services | | | |
| Percent of children age 0-5 with any dental visit | Not applicable | | |

Introduction

Sources for population health data

The public health system uses data from different sources to track health outcomes, including vital statistics, reportable disease monitoring, and surveys, among others. The variety of data sources, methods used to report data, and time periods for reporting present challenges to making comparisons across accountability metrics.

Each accountability metric should be looked at individually, and comparisons between metrics should not be made to understand differences in population health outcomes of interest.

Technical details about health outcome and process measures

This report provides the first annual update to the Baseline Report, March 2018. The baseline year for data is 2016 unless otherwise specified. Benchmarks are presented for each measure. For most measures, the higher or larger the data, the more desirable relative to meeting or exceeding the benchmark. Measures where lower or smaller data points relative to the benchmark are desirable, are indicated with “lower is better” on the chart. Arrows on local public health process measures pages indicate where there was a lack of improvement from baseline year to the following year. Race categories of African American, American Indian & Alaska Native, Asian, Pacific Islander, and White do not include individuals of Hispanic ethnicity. Data for individuals of Hispanic ethnicity are presented separately. Data sources, data collection methods, measure specification, and additional technical information are described in detail in the Technical Appendix.

Accountability metrics in Program Elements

- In 2018, Program Elements updated to reference related accountability metrics.
 - Makes connection between required work and desired outcomes.
 - Funding is not tied to improved metrics.
- [Link to Program Elements](#)

Subcommittee business

- Decide who will give subcommittee update at June 20 PHAB meeting.
 - If subcommittee has made a recommendation for the opioid metric, PHAB will take a formal vote on this and the oral health metric.
- Discuss upcoming subcommittee work and meeting schedule.

Public comment

Adjourn