SEOW Quarterly Meeting Notes

Time	Friday November 13, 2020; 1:00 – 3:00 pm
Location	Zoom Webinar
Address	-
41 Attendees	

Zoom meeting data:

- 1. Welcome and Introductions
- 2. Overview of APCDs by Sean Okamoto, UH Manoa TASI/PHIDC
 - a. Hawaii mandates APCD
 - b. Value: understand costs and expenditures, transparency, measure metrics, policy
 - c. Hawaii APCD
 - i. Guide for nature of data collection for quality assurance
 - ii. Goals: enable studies for planning and policy and increase transparency/accountability
 - d. APCDs and SUD data
 - i. Disclosures difficult due to HIPAA, changed a bit with allowing for research
 - ii. Hawaii not collected SUD yet, have some data but not federally funded
 - e. Challenges
 - i. Can't mandate data collection for self insured group
 - f. Future Work
 - i. Currently with MQD partner to grow data analytics platform and data governance
 - ii. Future CY 2021
 - 1. Integrate MMIS Module
 - 2. Data governance
 - 3. Data collection
 - iii. Future planning

- 1. Data on alternative payment models
- 2. Medicare advantage
- 3. More consistent matching
- 4. Integrate claims and other healthcare data sources

iv. Questions

- Question from Gerald Busch: Will it be possible to see how many hospital visits on each island for methamphetamine associated conditions within the last year; and whether those have a mental health diagnosis
 - a. RANJANI: It is possible, but want to think through easy way to get answer
 - b. Focused on long term plan to make data analytic plan to make answering easier
 - c. Depends on targeted population, medicaid can submit data request
 - d. Easier to get data from Laulima since not cost specific all plans and payers
 - e. DAN: Would need more specific definition of conditions
 - f. AL: NPDS has some data on this, not large numbers
- 2. Question from Connie: Will there eventually be an APCD dashboard?
 - a. Roadmapped to make things done on routine basis with centralized data and management
 - b. RANJANI: Yes
- 3. Hawaii Poison Center data by Dr. Alvin Bronstein, Hawaii DOH, EMS and Injury Prevention
 - a. Transition Kapiolani, Mr Yuck put on containers but made children more inquisitive
 - b. 55 poison centers in the US
 - c. NPDS report
 - i. Collaborate with CDC for surveillance team to promote collaboration and use data to detect and track exposures of PHS and augment CDC response

- d. Cleaners and Disinfectants
 - i. Saw bleach exposure increase in 2020 nationally and in Hawaii
 - ii. Sanitizers with methanol bump in March and July/Fall no methanol in HI
 - Most were removed after reported
- e. COVID-19 calls for information or exposure, peaked in March, smaller in July, upward trend now
- f. Poison center is barometer of things going on in the world
- g. Less calls as people look online instead
 - Calls mostly for most available things (ibuprofen, acetaminophen, bleach) and most from Honolulu county, most about children - problems more so with older people
 - 1. 17% suicides
 - 2. 62% people could stay home calling- save healthcare costs, 29% health care facilities -fills unmet need for toxicologists
 - 3. Slightly more female, mostly ingestion (then inhalation)
 - ii. Medical outcomes: 46% no effect, 30% minor effect, only 1% major effect, few die
 - 1. Less than other reporting people call for intervention
- h. Suicides 830 this year so far
 - i. Mostly Honolulu, then Big Island, Maui, Kauai
 - ii. Medications: Benzos, Acetaminophen, anti-psych, ibuprofen, ethanol
 - ethanol is releaser get inebriated and lose inhibitions to do things (take medications)
 - 2. No opioids
 - iii. Opioid exposure
 - 1. 2015 began to decrease
 - 2. Reasons: intentional decreasing, unintentional error
- i. COVID-19 calls

- i. Mirrors HI cases per day again barometer of going on in community
- i. Questions
 - i. Question from Gerald Busch: Have cases of nicotine poisoning gone up w vaping and then down w less vaping?
 - 1. Some changes, can email him the data
 - ii. Dr. Busch: Do you ever have clusters of methamphetamine poisoning ie a number of cases in the same geographic point
 - 1. Did not break up that way, but could happen, are clusters
 - iii. Nicole: Are the opioid calls broken up by type? Has there been any increases in fentanyl as seen in other places on the mainland?
 - 1. Don't think fentanyl calls have gone up, products database does identify by product and by brand or generic code
 - 2. Can send info over email
 - iv. Tammie: How is the system set up and able to give usable data?
 - 1. Dashboard began in 2016, has real time dashboard
 - 2. Products database half million in hierarchical of product codes- match by type if not by name
 - 3. Dashboard is robust because dashboard updated every hour
 - v. Connie: contact email? alvin.bronstein@doh.hawaii.gov
 - vi. Michael Walsh: Does data indicate alcohol or substance youth among youth?
 - 1. Large group 20-29, shows this
 - 2. Not all exposures called to poison center
 - vii. Dr Busch: Map of meth use
 - 1. DAN: can plot EMS calls where medics dispense naloxone, not same for meth use, maybe with revamping can do for meth
 - a. Medics often don't know what is involved
 - 2. Most exposures on dashboard on Oahu
 - viii. Vicki Taylor: Was any hand sanitizer toxicity listed as specific name type?

- 1. Have 50-60 by name
- ix. Bobby: Anything else significant or surprising?
 - 1. Increased bleach exposures, ability to track hand sanitizer was helpful to FDA (yay none in HI)
 - 2. Will be interesting to look at third peak for calls, if goes with increased COVID cases
- k. DAN: Poison center does seem to be barometer, declining trend in opioids also evident in fatalities and hospital visits- HI peaked in 2015
- 4. SEOW membership consent form: http://go.hawaii.edu/3wh
 - a. Sent out 10/14
 - b. UH Epi team updating membership list, consent for name/title/org/years in public materials websites, reports, etc to acknowledge involvement
 - c. Media consent- past conferences had names and some videos shown, so to share past recordings
- 5. Next SEOW Meeting: TBD