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

1. 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
      1. 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
   i. 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% healthcare 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
      1. 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
Mirrors HI cases per day - again barometer of going on in community

Questions

i. Question from Gerald Busch: Have cases of nicotine poisoning gone up with vaping and then down with 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