

Board of Public Health Meeting

Tuesday, August 8, 2017



Call to Order

Cynthia Mercer, MD Chair

Roll Call

Robert Harshman, MD Secretary

Approval/Adoption of Minutes

Robert Harshman, MD Secretary

Commissioner's Update

J. Patrick O'Neal, MD Commissioner, DPH

Opioid Misuse, Inappropriate, Prescribing and Overdose Program

Lawrence Bryant, Ph.D., MPH, BSW, RRT Opioid Program Manager, DPH

GDPH Opioid Project

- Opioid and Prescription Drug Misuse and Overdose Project, **Data Driven Initiative**.
- A 3 year CDC funded cooperative agreement
- Project started March 2017



Project Goals

 Goal 1: To track and understand the behavior of the epidemic

 Goal 2: To work with communities and partners to develop and implement a multi-sector prevention plan

Objectives

- Objective 1: To establish a strong multi-sector Steering Committee committed to providing project oversite and input
- Objective 2: Gather data to identify Opioid hotspots throughout Georgia
- Objective 3: Develop a statewide strategic plan for responding to the Opioid and Prescription Drug Overdose epidemic

DPH, Opioid and Prescription Drug Overdose Strategic Map

Data Driven Prevention Initiative (DDI)

Georgia Opioid and Prescription Drug Overdose Strategic Map (2017 - 2019)

Achieve Targeted Improvements in Opioid and Prescription Drug Overdose

Expand and Strengthen Prevention Education Enhance Data and Surveillance to Guide Efforts in Identifying Hotspots

Strengthen and Enhance the PDMP Expand Treatment and Recovery Expand and Strengthen Control and Enforcement

Identify and
Disseminate Existing
Educational Resources
& Tools

Utilize BHDD Needs Assessment to Inform Areas at Increased Risk Conduct Ongoing Needs Assessment and Evaluation to Improve Effectiveness Evaluate
Treatment Options
and Improve
Awareness of
Resources

Enforce the Use of Evidence-Based Guidelines by Health Professionals

Develop and Implement Evidenced-Based Programs to Partners

Pursue Mandated Data Reporting by Other Agencies Advocate for Funding and Legislation to Increase PDMP Effectiveness Expand Evidence-Based Treatment Facilities Across the Continuum of Care, including Families Control Access Using Disposal Drop Boxes and Home Safes

Clarify and Strengthen the Role of Govt as an Authority on this Issue Establish Data Sharing Agreement with Area 4 Partners and Local Agencies

Evaluate Existing Data Sources Increase Access to MAT and Naloxone Improve Collaboration Between Health Care and Law Enforcement

Engage and Empower Individuals, Communities, Legislators and Policymakers in Prevention

Create an Alert System and Protocol for Potential Outbreaks Provide for Interstate and Intrastate Data Sharing Strengthen Referral and Treatment During and After Pregnancy

Work with Insurance Providers on Quantity, Price and Type

Educate and Empower Diverse Groups, including Prescribers, Pharmacist, Families Collect Specific Data Metrics from Reporting Agencies Using Centralized Database Create Guidelines and Policies to Standardize Data Source and Reporting Assess and Disseminate information on Treatment Needs/Gap

Strategic Plan Outline

- National Governors Association Recommendations
- Department of Behavioral Health and Developmental Disabilities Recommendations
- Partner Work Group Recommendations/Implementation
- Incorporating other Strategic Plans
- Continued Action

Strategic Plans Completed by December





PDMP Transition

Sheila Pierce, MPA, CLSSGB Deputy Registrar, Constituent Services, DPH

GA PDMP Transition

GA House Bill 249

July 1, 2017:

- Transition PDMP from DNA to DPH
- Dispensers required to enter prescription information for controlled substances within 24 hours

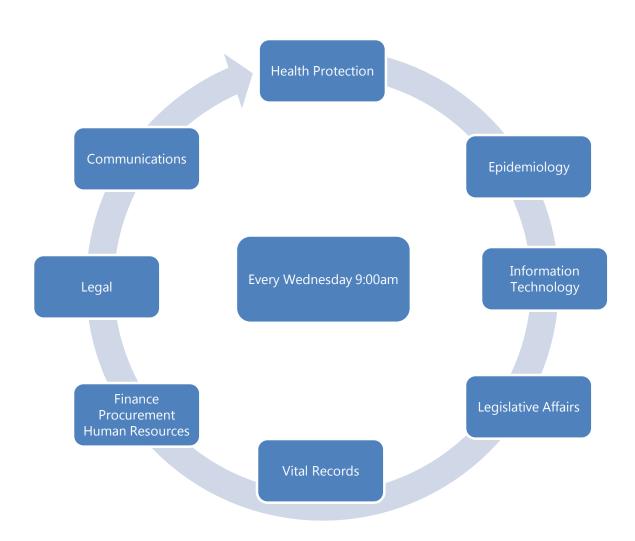
January 1, 2018:

Prescribers required to register in the PDMP unless already registered

• July 1, 2018:

Prescribers required to check PDMP before prescribing certain drugs

DPH Cross Functional Team

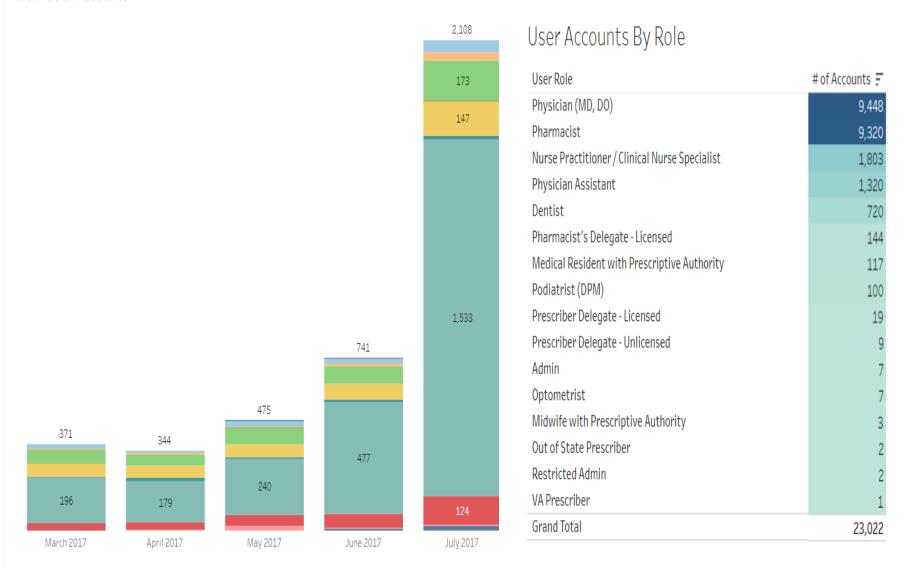


Transition Team Work



We Protect Lives.

New User Accounts



Next Steps

- EMR Integration
- Clinical Alerts
- Collaboration across shareholder groups
- Policy Decisions
 - Data sharing with other states
 - Data mining and analysis
- Statewide Comprehensive Strategy
 - From Policing to Prevention

Vital Records Update

Donna Moore, MBA, PMP, CLSSBB State Registrar & Vital Records Director, DPH

Agenda

- 3 Year Journey: August '14 August '17
- Goals, Objectives, Accomplishments
- The Future

The Vital Records Mission

- We issue birth and death certificates through the State Office and 159 local county registrars
- We are a state-wide operation with 7500+ system users and 500+ vital records personnel

Our mission is to.....

- Create, maintain, protect, and provide access to vital event records
- Ensure completeness, timeliness, accuracy, quality of the data in those records
- Share data to support programs, divisions, districts, state agencies, and federal agencies

Three Year Journey: From Issuing Certificates to a Data Clearinghouse

 Our core competencies are creating and registering records and providing data for system users and data stakeholders

From	То
Pulling a custodial copy out of a box	Issuing a certificate from an electronic record via the state's vital events system, and scanning the serial number of the security paper
Certifying a death on paper	Physician certifies electronically in the system
Vital Records	Vital Records + Low THC Registry + PDMP Registry
Paper Logs & lack of transparency	Ability for our local county registrars to reconcile their operation's daily activities, manage security paper inventory online, and track transactions

Three Year Journey: From an Operation to Operational Excellence

 We've gotten our operation stable through process improvements, resource management, and performance tracking

From	То
"They don't answer the phone at Vital Records"	93 out of 100 callers into our Call Center are answered on average in 1:30; the other 7 get their answers from the IVR; we handle 10k callers a month
Standing in line to place order, waiting in lobby for hours	Kiosk ordering & electronic queueing by type of request; 80% of our walk-in customers are served within 15 minutes ; we serve 3k-4k a month
"I submitted my request for a change to my record 8 months ago"	For the last six months, 80% of amendments have been processed within 4 weeks
Local operations needing help with the system	Over 90% of help tickets are worked and closed within 72 hours

Three Year Journey: Operational Metrics

Fy14	Measures	Target	Fy15	Fy16	Fy17
7.7	Cycle time for birth registration	5 days	7.3	5.5	6.0
50.1	Cycle time for death registration	10 days	26.1	19.9	19.5
	Key data fields populated in new records	B – 85% D – 85%		B – 86% D – 98%	B – 94% D – 98%
37	Cycle time to fulfill mail and online orders for a certificate	14 days	19	10	6

Three Year Journey: Proactive Data Sharing

 Share data to support programs, divisions, districts, state agencies, and federal agencies

From	То
One of a handful of states that consistently submitted year-end records to NCHS late	New normal is to track progress monthly and follow up with hospitals and funeral homes real-time; for the last three years, submitted at end of the first quarter on time or ahead of schedule
ICD-10 coded death data is available 6 – 8 months after year end	ICD-10 death data is updated continuously; 70% of death records have codes within 1 business day of the record filing
Individual program tracking	Integrated tracking process within the birth registration system to track bassinets & program inventory for the Safe to Sleep team

The Future: Aspirational & Strategic Goals

Goals & Objectives

100% of death records certified electronically by physicians

Fy14: 2.1% fy15: 6.7% fy16: 17.6% fy17: 27.6% fy18: 50+%

20 M records digitized and indexed electronically by 2020

Fy16: 6 M fy17: 7.2 M fy18: 12 M

Central governance and standardization through policies & procedures, quarterly training, and MOAs with 159 local registrars

FY17: 108 signed MOAs

Move to new home: Skyland – Phoenix

March 27 - April 10, 2017

Rollout of vital records system statewide

fy16: marriage module fy17 & fy18: issuance module

Be a place where people want to work

Make Georgia VR a player on the national VR scene

High grade the customer's experience







Closing Comments

Cynthia Mercer, MD
Chair

The next Board of Public Health meeting is currently scheduled on Tuesday, September 12, 2017 @ 1:00 PM.

To get added to the notification list for upcoming meetings, send an e-mail to huriyyah.lewis@dph.ga.gov