Joint Commission on Public Health
Data Assessment Advisors Committee
January 26th, 2018
1:00 – 2:00 PM
Conference Call

<table>
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<th>Attendees:</th>
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<tr>
<td>Becki Moore (Office of Management and Enterprise Services)</td>
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<td>David Kendrick (University of Oklahoma, MyHealth Access Network)</td>
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<td>Kelly VanBuskirk (Tulsa Health Department)</td>
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<td>Monica Rogers (Tulsa Health Department)</td>
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<td>Derek Pate (Oklahoma State Department of Health)</td>
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<td>Megan Holderness (Oklahoma City County Health Department)</td>
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<th>Handouts:</th>
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<td>Agenda, Minutes from 01/12/18</td>
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----- Agenda Topics -----

1. Welcome & Introductions
   - The Joint Commission met again last week in Oklahoma City. Dr. Kendrick provided an update on the progress of this committee.
   - The minutes from the last conference call on January 12th were e-mailed to the group for review. The minutes were approved as presented without corrections.

2. Progress report on Focus deliverables for 03/01/18
   - Confirm regular meeting schedule between OSDH, THD and OCCHD.
     - Ms. Moore is not aware of any other scheduled meetings between these organizations. These were set at a pre-meeting. Is there a need for more?
     - A request has been put in for a Project Manager but Ms. Moore is unaware of where it is in the process. Even though there is not yet a Project Manager, OMES is still working on issues in their absence. She stated that there has been more discussion on these phone calls and asked if we should continue them even after the mandated deadline. Dr. Kendrick stated this committee was not established to complete projects. It was just to prioritize tasks and get things moving in the desired direction.
   - Data to TCCHD for Early Childhood Program.
     - Ms. Moore asked for clarification if this is the one Ms. VanBuskirk and the Kaiser Foundation were working on (BEST program). Ms. VanBuskirk stated it was and that she had the request for those variables that would best measure and would send a copy to Ms. Holderness so that their goals would be similar. BEST had a longer list of variables in the beginning but they have been simplified to only 4 that they wish to measure at this time.
1. They are as follows:
   - Born after 37 weeks of gestation
   - Born with a healthy birthweight as defined by more than 5.5 pounds and less than 8.8 pounds
   - Fetal mortality
   - Infant mortality

   - There still seems to be some questions that still need to be answered and more in depth conversation needed. Need to understand the options of data going into MyHealth. How will it be managed? Will it be re-released? Ms. Moore will send a meeting invite in a few days.

   o Request to complete API’s and mobilize data from PHIDDO, PHOCIS, OSIIS.
     - There is still no date on when they will get a Project Manager. Ms. Holderness has a list of variables to send to them. She will also send that list to the rest of the group.
     - There has been progress regarding OSIIS. Testing has been done but they haven’t received an update from the coordinator on how it went. They still need to decide what the best route is and the best method. For the clinics, they could route through MyHealth and to State. Whatever is creating the VXU, will need to work with it. Right now, they are only feeding data to State in OSIIS. There is no timeline for when it will be able to flow in the other direction.

3. Vital Statistics Process Overview

   - Mr. Pate provided an overview of Vital Records including history and function. Any data collected is governed by State statute 63 OS 1-323 with two separate sections outlining its use. Section A refers to the subject of the record while section B refers to the public index on the web. In this instance, birth data cannot be added to the index until twenty years after the birth date and death data cannot be added until five years after death.

   - There are several vital records systems:
     - **EVVE** – This is used by government entities to verify records on their systems, our systems and to certify events. This is used by Social Security Administration, Medicaid and for citizenship.
     - **EVVE FOD**: This system is the vital records answer to queries since some information cannot be released to outside agencies. This system is just for the death record. This is mostly used for financial institutions, insurance companies and retirement firms to verify fact of death.
     - **STEVE**: This system exchanges data with Federal and State vital records.
     - **ROVER**: This is a registration system and provides front end data collection and provider enrollment. Once someone is registered, it makes an archive in the system.

   - States vary on the timeliness of their death registration. Many things can affect this including death investigations and a delay in assigning ICD-9 codes such as in opioid deaths. Oklahoma usually posts the morning after the death certificate is filed with
the State. In 2017, the time between the death and record being filed was an average of 9 days. One thing to note is the files are always changing until it is frozen/finalized. All data received would need to be treated as preliminary until then.
- Both OCCHD and THD requested if data could be sent to them more frequently. THD didn’t receive 2016 finalized data until October of 2017. Mr. Pate stated that would not be a problem and asked if they would prefer the data on a monthly or quarterly basis. Both THD and OCCHD stated monthly would be preferred. It was also reiterated that they are to treat this information as preliminary until records are frozen/finalized. Mr. Pate will take care of this request after this meeting has concluded. He will provide the 2017 and 2018 data and update monthly. Any other requests and uses for this data would have to be addressed in another conversation.

4. HealthyOK Update

| 4. HealthyOK Update | - Regarding State Agency Interoperability, nothing has changed. They are still waiting on funding decisions to be made. Testing has been done with Epic, but there is no update at this time. They plan to test for a few months for data quality. Once they feel good with it, they will go live into production with one vendor and one provider and see how it goes.

- As for IAPD funds, they do not yet have a green light on this. They need State match funds. OMES is meeting next week and will be updated. Right now, they are not spending 3.7 million dollars on things they asked for back in October. They will need to shift funds. |

5. 90/10 Funding Updates

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6. Next meeting

| 6. Next meeting | - Conference calls will be scheduled in the gap weeks between Joint Commission meetings. Dr. Kendrick will circulate the information to the group. |