

CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
MEETING OF THE BOARD OF HEALTH

Thursday, January 10, 2019

Attendees: Dr. Jeff Hom, Dr. Caroline Johnson, Josh Roper, Esq., Lauren Ryder, Dr. Kendra Viner, Raynard Washington

Board Members:

Dr. Tyra Bryant-Stephens, Dr. Ana Diez-Roux, Dr. Thomas Farley, Dr. Jennifer Ibrahim, Dr. Amid Ismail, Dr. Scott McNeal, Dr. John Rich

WELCOME AND INTRODUCTIONS:

Health Commissioner and Board President Thomas A. Farley, MD, MPH called the meeting to order at 5:40 pm, welcoming the Board and guests. Dr. Farley asked for comments and questions on the minutes from the September 13, 2018 Board meeting. Dr. Amid Ismail requested an addition to the previous meeting minutes that he had motioned 'yes' to approve the recommendation to report cases other than opioid-related NAS and not to report asymptomatic, exposed neonatal cases. Dr. Farley entertained a motion to approve the minutes with this adjustment. It was moved and seconded. Motion passed.

REGULATION RELATING TO DRUG OVERDOSE DEATH REVIEW

Dr. Kendra Viner introduced a proposal for regulation related to the formation of an opioid overdose fatality review team, designed to identify and understand risk factors for overdose. This regulation proposal is a continuation of previous BOH discussions around drug overdose death review.

What is a fatality review? A method designed to identify and understand risk factors for death. It involves examination of relevant records relating to decedent by a multidisciplinary team of team of partners.

Goals for PDPH Overdose Review Team:

- Attain qualitative data on drug use and overdose specifically, which would allow PDPH to understand the contributing trends
- To identify missed opportunities for prevention that will lead to policies, programs or changes to laws that will help prevent future overdose deaths
- To empower PDPH to collect information from non-city agencies (hospitals and community-based organizations) on encounters with overdose descendants - facilitate data sharing

- Data requested would include, encounter date(s), agency locations, diagnoses, treatments, services provided, and medications dispense

Scope:

- Philadelphia has the highest overdose death rate among top 10 largest US cities
- Death from overdoses caused four times as many deaths as homicides in 2017
- Non-Hispanic males between 25-45 are most affected, however all geographic regions and demographics are affected
- Quantitative data (surveillance and survey) conducted by the Department is assessed regularly to help address the opioid crisis
- Qualitative data (focus groups, informed interviews and fatality review teams) is beginning to be analyzed
- Fatality review is designed to identify and understand risk factors for death. It involves examining decedent's records by a multidisciplinary team.

PDPH Proposal:

- To follow NYC's *RxStat* model and create Philadelphia's overdose fatality review team and name it *OD Stat*
- OD Stat would consist of a core staff group with the goal of identifying a subpopulation to review based on surveillance data
- The group would request data from relevant agencies that had contact with the subpopulation, consolidate data into a presentation for quarterly OD Stat meetings and liaison with partner agencies

Board of Health Discussion:

- **Should the department of education be included to understand the network and behaviors of individuals before they overdose as adults?**
For now, this is not a focus. The overdose rates for teens are low.
- **How to utilize conclusions from a single qualitative review?** Note intervention points. Use in conjunction with quantitative data.
- **How far back should the data collection go?** A few months to a year. Will consider recent provisions that contributed to death more directly.
- **Should PDPH consider monitoring social media for data?** Will consider publicly available data.
- **How to select cases for review?** Focus on a particular issue in two of the OD Stat meetings and use the other two meetings for a random sample.
- **Are hospitals and social providers required to provide information?** The proposal is an authorization for information not a mandate.

Josh Roper Esq. discussed the regulation detail. Definitions and details are attached document.

Next steps:

- **Regulatory process:** 1. Regulation sent back to law department for approval 2. Posted at records for 30 days. 3. If no public hearing is requested, regulation will go into effect after 30 days.
- **Programmatic:** Up and running at the end of the first quarter depending on relevant approvals.

Dr. Farley motioned to approve the recommendation. Motion seconded. **Motion passed.**

ANNOUNCEMENTS

None

Dr Farley adjourned the meeting at 6:27