Using OASIS to Prioritize Community Health Outcomes

Gordon Freymann

Director, Office of Health Indicators for Planning (OHIP), Georgia Department of Public Health



Georgia Data Innovation Hub Carl Vinson Institute of Government UNIVERSITY OF GEORGIA

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ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM Tools for Public Health and Public Policy Data Analysis Accessing the Georgia Department of Public Health's Data Warehouse

https://oasis.state.ga.us

Developing Data Analytics Capabilities Conference 4.26.23

- Gordon R. Freymann, MPH
- Director, Office of Health Indicators for Planning (OHIP)
- Division of Epidemiology, Georgia Department of Public Health
- gordon.freymann@dph.ga.gov

Agenda

- Introduction
- Quick examples of 4 tools of OASIS
- Quicker Example of Prioritizing Health Outcomes with OASIS
- How was OASIS created? Experiences and steps taken to create OASIS.

OHIP purpose:

- Translate data into information for local and state health planning and assessment.
- Make that information available to anyone via OASIS
- Technical assistance for community health needs assessments
- Custom data requests (vital records, hospital discharge/ER visit data)

My background:

- Medical geography / public health epidemiology & behavioral science.
- Department of Public Health 24 years.
- Private sector healthcare setting 5 years (local community health needs assessments)
- Federal (CDC) 2 yrs APEX (Assessment Protocol for Excellence in Public Health)

Examples of OASIS (live demo time!)

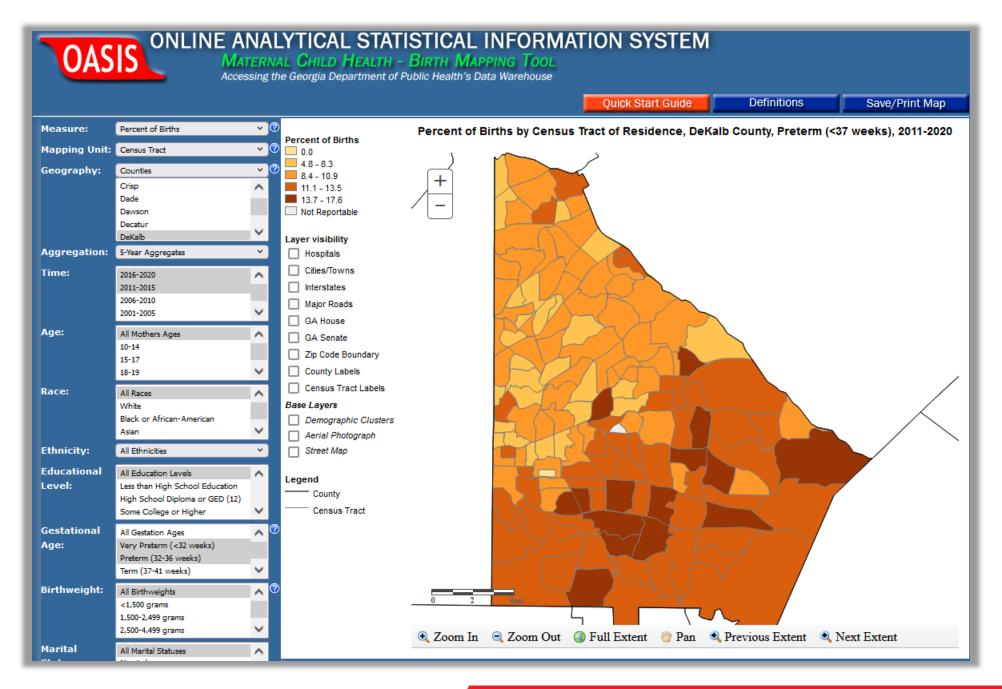
OASIS ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM EMERGENCY ROOM VISITS WEB QUERY Accessing the Georgia Department of Public Health's Data Warehouse

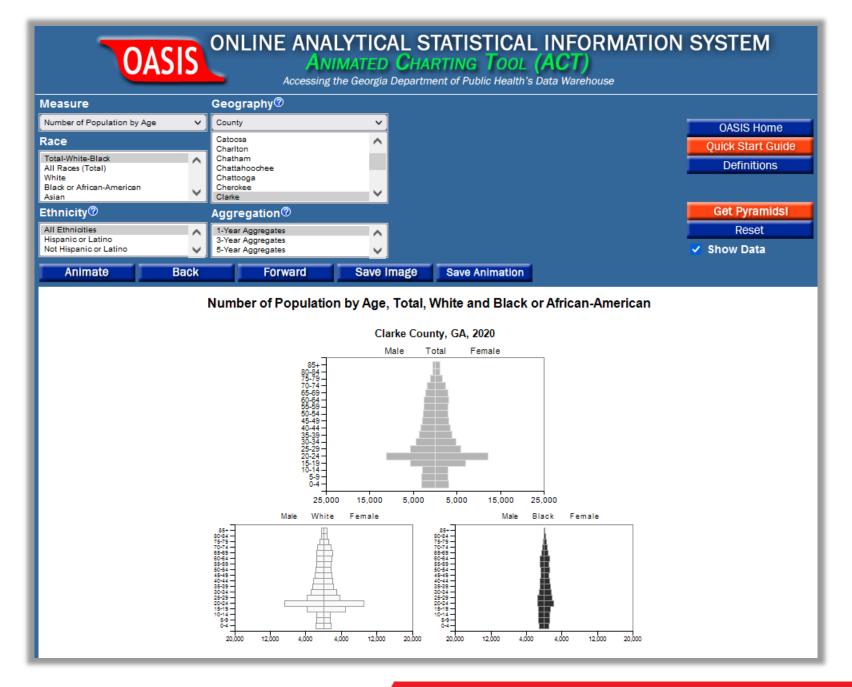
Measure Time🕜 Geography 🕜 🕜 Race **Quick Start Guide** ER Visits ^ 2020 🔨 All Races Counties ~ v 2019 ER Visit Rate White Georgia ~ Definitions 2018 Age-Adjusted ER Visit Rate Black or African-American Rural 2017 Standard ER Visit Ratio Asian Non-Rural Get Data! 2016 % of ER Visits by Cause American Indian or Alaska Native V Appling 2015 % of ER Visits within State Reset Atkinson Ethnicity 7 Deduplicated ER Visits 2014 Bacon ^ All Ethnicities 2013 Deduplicated ER Visit Rate Baker Hispanic or Latino Age-Adjusted Deduplicated ER Visit Rate 2012 V Baldwin V Not Hispanic or Latino \checkmark 2011 Age Stratify? 2010 Cause Stratify Payor Detailed Age Groups 2009 v ^ All Payors OASIS Detailed Causes \mathbf{v} 2008 All Ages ~ Medicaid External Causes 2007 v <1 year Medicare V 2006 1-4 years Any Subcategory ^ Sex ? 2005 5-9 years Motor Vehicle Crashes (MVC) 2004 10-14 years Falls All Sexes ^ 2003 15-17 years Accidental Shooting Male 2002 🗸 18-19 years Drowning \mathbf{v} Female V V

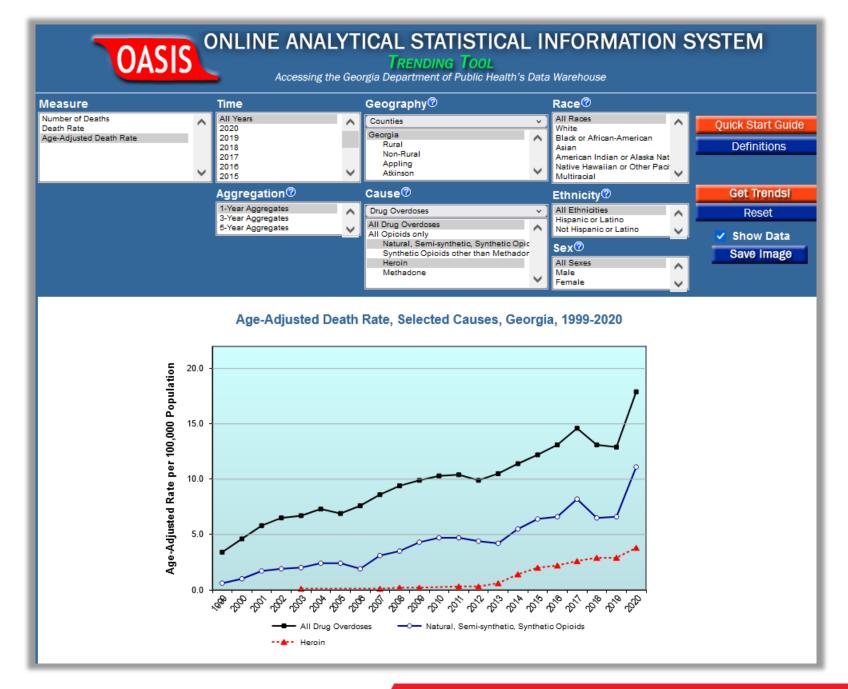
ER Visits, ER Visit Rate by Residence, Motor Vehicle Crashes (MVC)

Geography	2018		2019		2020		Selected Years Total	
	ER Visits	ER Visit Rate	ER Visits	ER Visit Rate	ER Visits	ER Visit Rate	ER Visits	ER Visit Rate
Georgia	115,909	1,101.9	120,396	1,133.9	88,625	827.5	324,930	1,020.3
Appling	177	956.4	225	1,223.8	194	1,058.7	596	1,079.4
Atkinson	125	1,506.6	94	1,151.3	85	1,012.7	304	1,223.1
Bacon	90	804.6	93	833.0	116	1,051.1	299	895.6
Baker	32	1,034.9	47	1,547.1	48	1,615.6	127	1,395.5
Baldwin	715	1,595.2	656	1,461.3	593	1,314.9	1,964	1,456.8
County Summary	1,139	1,325.9	1,115	1,301.9	1,036	1,207.1	3,290	1,278.3

Save Data







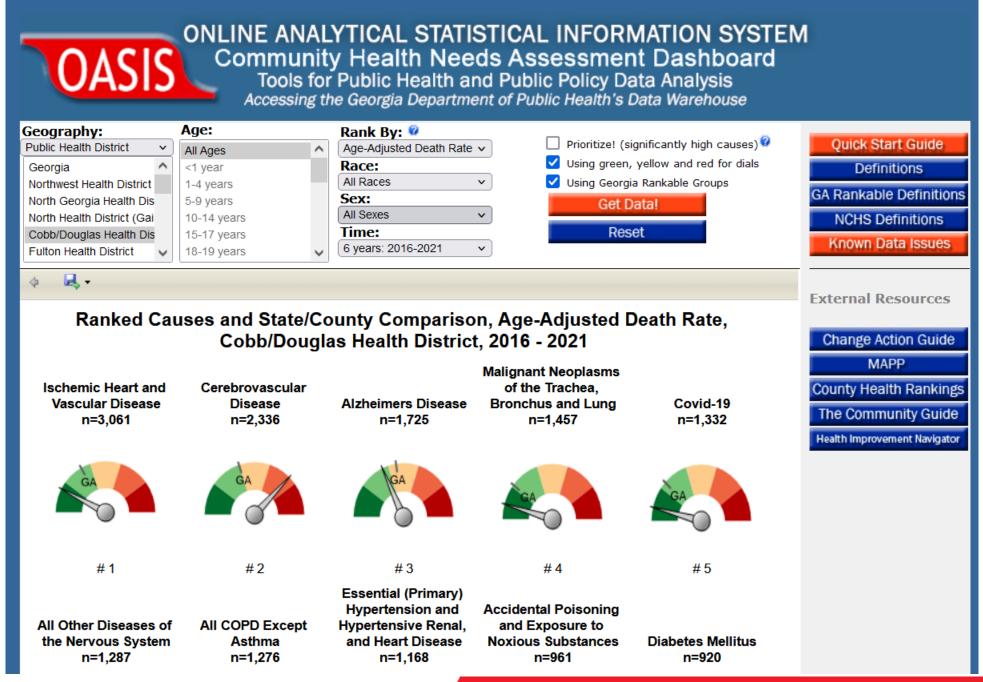
OASIS & Prioritizing Health Outcomes

Using OASIS to Prioritize Community Health Outcomes

...what criteria should be used to determine if a cause of mortality warrants particular attention? Would a local rate 10% higher than the state indicate something of concern?

- Standard Mortality Ratios (SMR's)
- Years of Potential Life Lost (YPLL)

These principles/techniques can apply to any subject area



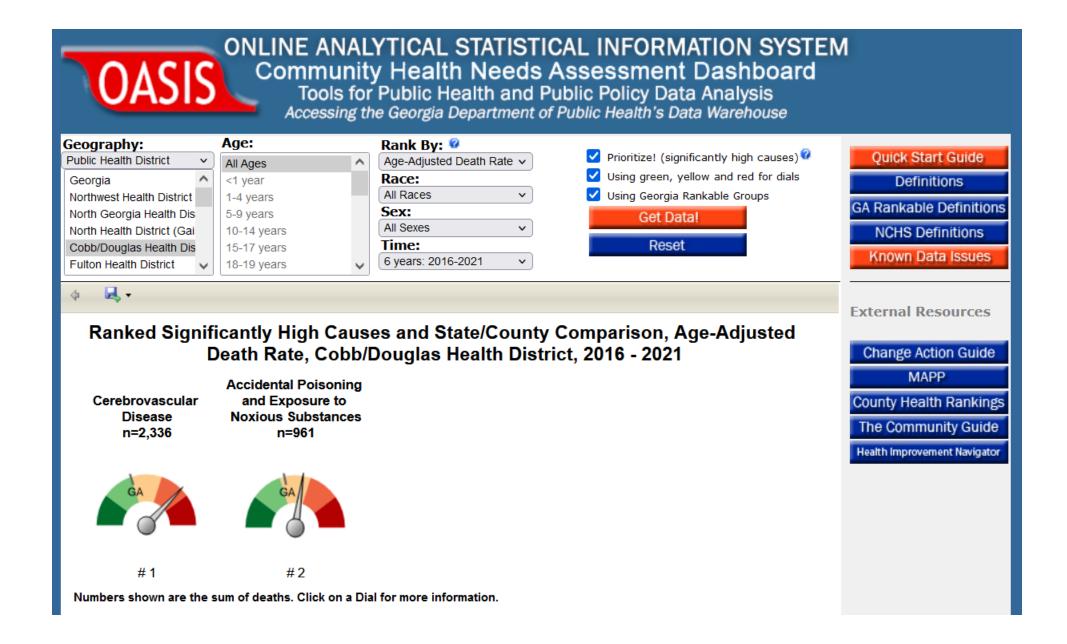
GEORGIA DEPARTMENT OF PUBLIC HEALTH

Top Causes of Overall Mortality

Of the top 15, the top 5 were:

- Heart Disease
- Stroke
- Alzheimer's
- Lung Cancer
- Covid

...Introducing the Standard Mortality Ratio...



Only TWO occurring Significantly more than they should:

- Stroke
- Drug Overdoses

= Useful information, but to what degree do these contribute to "premature" mortality?

...introducing YPLL: Years of Potential Life Lost...

Leading Causes of **Premature** Death dashboard

'Premature Death' measured by **Years of Potential Life Lost (YPLL)** which sums years of life lost **before age 75**. A death at age 65 therefore would be 10 YPLL.

Compared with leading causes of death, YPLL directs focus on causes that occur at younger ages. In doing so, **YPLL highlights causes that are more likely to be attributable to preventable causes and therefore subject to prevention and intervention**.

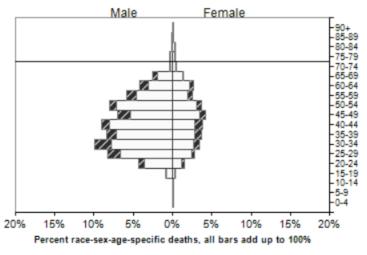
ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM LEADING CAUSES OF PREMATURE DEATH Accessing the Georgia Department of Public Health's Data Warehouse



Mortality Pyramids of the Top 10 Causes of Years of Potential Life Lost (YPLL), Cobb/Douglas Health District, GA, 2016 - 2021

1) Accidental Poisoning and Exposure to Noxious Substances

ICD-10 Codes: (X40-X49)



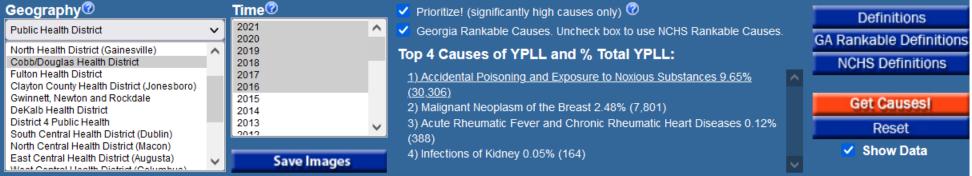
White ZZ Black

Top 5 causes of **Premature** Mortality (before age 75)

- Drug Overdoses
- Suicide
- Heart Disease
- Motor Vehicle Crashes
- Infant Mortality

... are any of *these* occurring more than they should?

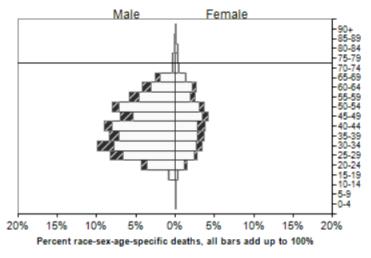
OASIS OASIS ONLINE ANALYTICAL STATISTICAL INFORMATION SYSTEM LEADING CAUSES OF PREMATURE DEATH Accessing the Georgia Department of Public Health's Data Warehouse



Mortality Pyramids of the Top 4 Causes¹ of Years of Potential Life Lost (YPLL), Cobb/Douglas Health District, GA 2016 - 2021

1) Accidental Poisoning and Exposure to Noxious Substances

ICD-10 Codes: (X40-X49)



White ZZ Black

Top 2 causes of significantly high Premature Mortality

- Drug Overdoses
- Breast Cancer

In Summary:

Top	5 כ	Overall

- Heart Disease
- Stroke
- Alzheimer's
- Lung Cancer
- Covid

1 Top 2 Overall Sig.

- Stroke
- Drug Overdose

2 <u>Top 5 YPLL</u>

- Drug Overdose
- Suicide
- Heart Disease
- Motor Vehicle Crashes
- Infant Mortality

Top 2 YPLL & Sig.

3

- Drug Overdose
- Breast Cancer

Bonus! Comparing rates using Percent Difference can be misleading

	Age	-Adjusted D	eath Rate	e, Percentage D	ifference, Sta	andard Mort	ality Ratio	
2019				2020				
	Cause	Age-Adjusted Death Rate	Percentage Difference	Standard Mortality Ratio	Cause	Age-Adjusted Death Rate	Percentage Difference	Standard Mortality Ratio
Muscogee	Oral Cancer	4.3	65% Higher	Expected	Throat Cancer	7.0	106% Higher	Expected
Georgia	Oral Cancer	2.6	-	-	Throat Cancer	3.4	-	-

Oral cancer: **65% higher**, but 4.3 is *expected (no significant difference)*.

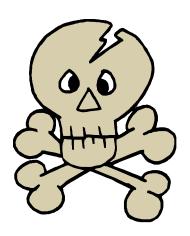
Throat cancer: **106% higher**, but 7.0 is *expected (no significant difference)*.

How was OASIS created?

Causes of Death, Georgia, 1733-1734

- 11 killed by Spanish
- 3 drowned
- 1 hit by falling tree
- 1 lost in woods
- 2 shot

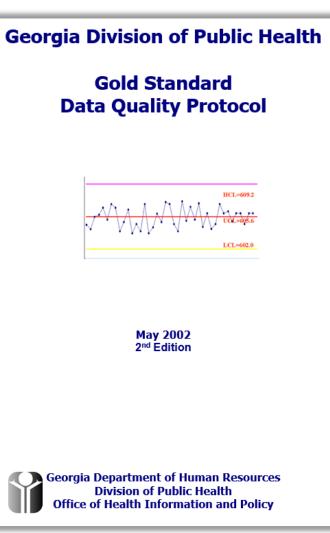
- 1 buried alive
- 1 by duel
- 3 homicide
- 1 consumption
- 3 hanged



Abercrombie History of Public Health in Georgia, 1733-1950

- 1. Create data standards *independent* of Vital Records/Dischage/etc data
- 2. Assess source data metadata: Create Translations
- 3. Assess source data quality: Create Imputations
- 4. Create Value-add fields, e.g. geocoding / birthweight groups / Cause categories / etc.
- 5. Promotion to Repository/Data Warehouse
- 6. Create OLAP Cubes
- 7. Design/Write OASIS applications

Step 1: Creating data standards



Data Quality Requirements

A variable shall:

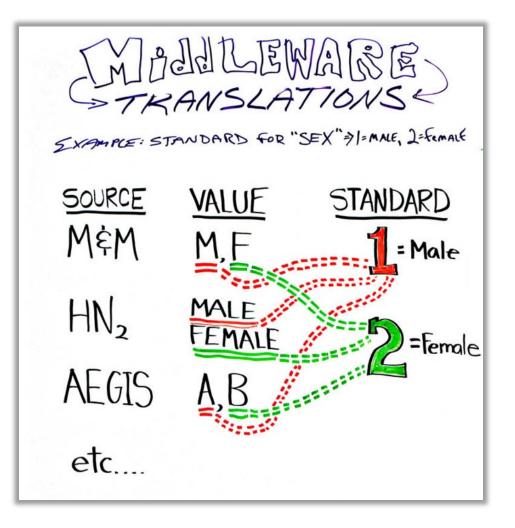
- 1. Have one and only one name.
- 2. Have one and only one definition.
- 3. Be stored in one and only one data type.
- 4. Have one and only one field length.
- 5. Be stored in one and only one unit of measurement.
- 6. Be stored in one and only one level of measurement.
- 7. Represent or store only those values specified in its definition.
- 8. Have one and only one source.
- 9. Etc.....

Step 1 cont'd: Define Standard Data Properties

Property	Value		
Presentation Name(s)	COUNTY		
Definition	Geographic county	of event or residence.	
Valid Values	999; range	S code 00-99 followed by thre	e digit FIPS county code 000-
Data Type	String	and the second descent of the second s	
Field Length	5		
Unit of Measurement	Unitless		
Level of Measurement	Nominal		
Unit of Analysis	Unitless		
Level of Analysis	Nominal	Property	Value
Derivation	Derived from geoc county in specific i	Presentation Name(s)	ETHNICITY
Time Stamp of Standard	3/16/2000. 0 for n	Definition	Ethnicity, currently limited to asking (A person of Mexican, Puerto Rican other Spanish culture or origin, rega
		Valid Values	1=Hispanic or Latino, 0=No; -1=unk
		Data Type	Integer
		Field Length	2
		Unit of Measurement	Unitless

Property	Value			
Presentation Name(s)	ETHNICITY			
Definition	Ethnicity, currently limited to asking whether the person is "Hispanic or Lating (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race) (OMB-15, 1997).			
Valid Values	1=Hispanic or Latino, 0=No; -1=unknown.			
Data Type	Integer			
Field Length	2			
Unit of Measurement	Unitless			
Level of Measurement	Nominal			
Unit of Analysis	Unitless			
Level of Analysis	Nominal			
Derivation Practice in vital records for pre-03 version of certificates: Derived values 1-5 inclusive.				
Time Stamp of Standard	3/16/2000 per U.S. OMB Directive 15, 1997.			

Step 2: Assessing Data Source Translatability



Steps 3-7 (Data Quality / Value-add fields / etc...)

- 3-Assessment of data quality / Decide if imputations in order
 - 5% rule
 - National specs vs improved local specs: e.g. Race imputation
- 4-Value-adds: geocoding / create indicators as part of loading process
 - 300+ fields on a birth certificate; we add 66.
- 5-Promotion to DW (hybrid Inmon/Kimball model)
- 6-Create OLAP cubes
- 7-Design/Write OASIS applications

OASIS / ETL processes are 100% built in-house.

Lastly – Working Across Program Lines

- Initially: "All at Once" approach:
 - '...all we need to worry about is how our funder wants data'
 - See the value, but tied to their funder's system specs.
 - Difficult since there was no tangible product
- Led to Change in strategy: (Get some wins!)
- Once OASIS up and running: Others came on board
 - Others would like to, but articulating metadata / assessing level of data quality can be difficult

3 Examples of Organizational/Human Challenges

Organizational Inertia

The Right Leadership

Incomplete/Inaccurate metadata

3 Examples of Technical/Data Challenges

ICD9 to ICD10 and later ICD9CM to ICD10CM

Cause Categories (National standards vs locally-relevant/actionable)

Discharge/ER data: same categories, but no Underlying Cause for external causes

Thank You!

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