

Measure 110 Improvement Proposal

Enhancing Access to Oregon's Emergency Services Information System (OREMSIS) to include Public Health Administrators

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Measure 110 Context

Overdose related data in Oregon has been characterized as hard to access, significantly delayed, and of questionable accuracy. The existing system relies on the robustness of the state's medical examiner system, which chronically struggles with workforce and adequate fiscal resources. It is primarily designed to support the criminal justice system, and it is not easily adjusted to meet the demands of public health prevention activities, which rely on quick information and quick response to be effective at preventing disease and death.

Pertinent Statute

ORS 682 creates a framework for ambulance services provided within this state. The legislation ensures that data from ambulance service providers exists in a centralized database, and both statute and rule define who has access to what data. Data includes both "patient encounter" and "patient outcome". Under current law (and rule), the local public health administrator, the local health official, and the local community mental health program director do not have access to the database.

Desired Outcomes

Overdose prevention was one expectation that Oregon voters had when Measure 110 passed. Behavioral Health Resource Networks, however, have focused more on harm reduction and access to treatment. The Legislature did invest greater amounts in Public Health Modernization, which helps create the necessary structures at the local level to work on death and disease prevention, but quick access to overdose data remains a challenge. Ensuring enhanced access to OREMSIS data would allow public health and mental health administrators to gain real time access to ambulance transports and would give county prevention staff an alert that suspected overdoses are occurring, and where they are occurring. This would give prevention staff timely information that is actionable. Examples of prevention strategies that could be deployed include:

- Media outreach to drug users that particularly harmful drugs have been distributed in the community.
- Media outreach regarding overdose prevention medicine (Narcan) access, supply, and administration training opportunities.
- Outreach to community-based organizations that work directly with clients who may not otherwise have access to social media or television.
- Interface with law enforcement/behavioral crisis intervention teams for heightened awareness.
- Better use of limited local resources by pinpointing specific geographic regions to target.
- Establish better benchmarks to gauge efficacy of prevention activities to further inform policy making.

Proposed Amendment to ORS 682.056 Patient encounter data reporting; availability of patient outcome data; use of data; rules.

(7) The authority may adopt rules to carry out this section, including rules to:

(a) Establish software interoperability standards and guidance to assist in reporting the patient encounter data required by this section;

(b) Specify the method by which the patient outcome data will be made available to nontransporting prehospital care providers; and

(c) Define "nontransporting prehospital care provider."

(8) A local public health administrator appointed under ORS 431.418 and the community mental health program established by ORS 430.620 shall have access to both patient encounter data and patient outcome data.