

**Testimony**  
**Health Services Interim Committee**  
**1:20 p.m., Sept 21, 2016**  
**North Dakota Department of Health**

Good morning Chairman Lee and members of the Health Services Interim Committee. My name is Dr. Tracy Miller, and I am the State Epidemiologist for the North Dakota Department of Health. I am here today to provide an update on our efforts to use our hospital discharge data to provide information on drug and alcohol overdoses in the state.

### **Hospital Discharge Data**

At the July 2016 meeting, I informed you of our recent acquisition of hospital discharge data. No data analysis on drug and alcohol overdoses has been completed at this time. We are still early in the process of utilizing this new data set. Below you will find a brief review of where we are at:

- 1) We are working with the North Dakota Hospital Association to put together a committee of health department and hospital personnel to develop a workgroup that will provide guidance and oversight for the use of this data.
- 2) For each year of data, there were three separate text files; text files are not able to be analyzed. Currently, code has been written to combine each year's files and convert them to a single dataset that can be analyzed.
- 3) For just one year, we have over 5 million lines of data. That does not represent 5 million people, but five million visits/charges/procedures/etc. This means that the data must be de-duplicated so each person is not counted more than once.
- 4) There is a need for people to become comfortable analyzing these large data sets. The health department has never worked with hospital discharge data. This means there is no one person at the Health Department who is an expert at analyzing this extensive data set. I and three others from the health department are meeting with hospital discharge analysts from around the country to participate in training (via webinar and teleconference). The goals of these trainings are 1) to improve our ability to use this large data set, 2) provide data back to this committee, and 3) train others in the health department how to use this data.

This concludes my testimony and I would be happy to answer any question that you may have.