

**Testimony of Commissioner Monica Bharel, MD, MPH**  
**Massachusetts Department of Public Health**  
**Joint Hearing of the House and Senate Committees on Ways and Means**  
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Senator Jehlen, Representative Collins, and members of the Committee, thank you for the opportunity to provide testimony today. My name is Dr. Monica Bharel, and I have the honor of serving the Commonwealth as the Commissioner of the Department of Public Health.

The mission of the Massachusetts Department of Public Health (DPH) is to prevent illness, injury, and premature death; to ensure access to high quality public health and health care services; and to promote wellness and health equity for *all* people in the Commonwealth.

I emphasize “*all*” in that statement purposefully – because I believe that we as a society are only as strong – and as healthy – as the most vulnerable among us. We have an obligation, as public servants, stakeholders, neighbors, and family, to ensure that even our most vulnerable populations receive improved, integrated, and de-stigmatized care throughout the continuum of life.

Massachusetts ranks as one of the healthiest states in the nation. In fact, just this year, we ranked third, behind only Vermont and Hawaii. We should all be incredibly proud of this statistic. Our recognized success is the result of long-term, smart health and public health policy in a state that attracts some of the leading minds in health care, policy, and public health.

However, as much as we should brag about this remarkable statistic, it ignores another, more somber reality – that the underlying social determinants of health have just as much impact on our health outcomes as our health policy successes. Education, safe streets, jobs, housing, clean air and safe environments, and so many other factors contribute significantly to our collective health. The reality is that too many people live in an unhealthier Massachusetts – people who experience persistent, negative health outcomes that we must work to change.

For example, Massachusetts has one of the lowest rates of infant mortality in the entire country – a testament to our world-class hospitals and advanced public health policies. However, by examining the data more closely, we uncover variance – infant mortality rates well below the state average in cities such as Lynn and Worcester. In fact, rates comparable to the least healthy state in the nation, Mississippi.

These unacceptable variations represent health disparities we must collectively tackle. We can and must do better.

As Commissioner, I have worked over the last year to focus on identifying, triaging, and treating health disparities such as these, which remain a real barrier to achieving true, equitable, accessible health care for all. As a physician who has treated some of our most vulnerable residents – including those at-risk for and experiencing homelessness – I have seen these barriers first-hand, and know that the causes, and solutions, go well beyond the traditional medical system.

When I testified before you a year ago, I stated my commitment to using data in new and creative ways to identify at-risk populations and unacceptable variances, allowing us to better “hotspot” and anticipate areas of need for public health interventions, while working harder towards demonstrating and documenting true value and return on investment. I am pleased to say that we have made significant progress in this effort, with plans to go even further in Fiscal Year 2017.

The Department, with the support of Governor Baker and Secretary Sudders, has made more data, more available, more frequently. In the midst of a burgeoning opioid epidemic, DPH previously released opioid overdose data that was nearly two years old. Now, using advanced analytic techniques such as predictive modeling, we are releasing overdose data on a quarterly basis to better direct our Commonwealth’s efforts to stem the tide of this chronic disease. This quarter, for the first time, we included demographic data within this reporting. Next quarter, we will be moving to a near “real time” reporting of quarterly data, thanks to ongoing work and partnership with the Office of the Chief Medical Examiner.

Working with you and your colleagues, we are currently performing an opioid overdose study in which, for the first time ever, we have successfully linked data sets across the state to analyze the factors that contribute to overdose. But we cannot stop here. Building on these successes, we will further develop our predictive modeling capacity to identify potential overdose risk areas, allowing us to better “hotspot” our preventative and intervention efforts.

In this and many other areas, we have laid the foundation for data delivery that is timelier, more comprehensive, and more informative to our health care providers, policy makers, and the public.

In my role as Commissioner, I often speak about the “social determinants of health.” Simply put, these social determinants are the underlying and driving societal conditions affecting the health and wellbeing of each and every one of us. In human terms, I can best demonstrate this through the patients I served at Boston Health Care for the Homeless. At each visit, I asked my patients, “What does health mean to you?” The

answers were almost never about having better blood pressure or managing their diabetes – instead, the response was all too often about having a roof to sleep under at night, a hot meal to eat, or even being connected with family or friends.

As a physician, I know that it can be straightforward to identify an illness or tell a patient which medications to take. Much more challenging is to tell that patient where to store their diabetes medication while living under a bridge. This reality represents a broader definition of health, one beyond disease, and one rooted in access to basic needs, connection to family and friends, and strong communities that defines the social determinants of health.

These are not just heartfelt anecdotes – statistics repeatedly show that social determinants have a significant impact on our health. Yet, they receive only a fraction of our health care resources. The United States has \$2.6 trillion in national health expenditures each year. Ten percent, or \$260 billion, is directed toward encouraging healthy behaviors, while the remaining \$2.34 trillion, or 90%, is spent on direct medical services. However, our behaviors and our environments account for the majority of our health, while only 6% of our health is determined by access to medical services.<sup>1</sup>

This is why I am so proud to serve with Secretary Sudders – working with her, Assistant Secretary Dan Tsai, Commissioner Joan Mikula, and so many of our colleagues across state government, we are beginning to look at how to contain costs, while incentivizing our health care system to begin to truly look at population health. By focusing upstream, we can make a difference. We must utilize our data, our expertise, and our services, to better target our public health interventions and move from a “sick care” delivery model to a true public health prevention model.

Toward this end, Governor Baker’s House 2 budget includes \$300,000 in funding to create an Office of Population Health at DPH charged with supporting, developing, and implementing evidence-based policies, programs, and partnerships to improve population health across the Commonwealth. This critical initiative includes:

- Developing an advanced data warehouse with analytic capabilities to begin to help us answer complex health questions and inform service delivery;
- Incorporating analysis of social determinants of health into health care cost planning to identify health disparities and achieve better, more cost-effective health care;
- Supporting health prevention and promotion among at-risk populations and communities; and
- Enhancing our capacity to use population health data to address the health care needs of high-need, high-cost populations.

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<sup>1</sup> Source: NEHI and University of California, San Francisco, 2013.

This office will serve as the hub for the population health work so critical for Massachusetts' future cost containment and delivery system success, and is a vital first step towards developing this new model of public health and the healthcare systems integration – improving health, reducing illness and disease, and saving money.

The Department is also continuing its efforts to combat the opioid epidemic. Over the past year, guided by the Governor's Opioid Task Force recommendations, the Department has:

- Added over 200 new treatment beds across the state, as well as an enhanced HelpLine to help people find treatment services
- Implemented 24-hour reporting of prescription data to reduce opportunities for fraud and abuse
- Worked with the Commonwealth's four medical schools, three dental schools, and professional societies to develop first-in-the-nation, cross-institutional core competencies on the prevention and management of prescription drug misuse and pain management. Already impacting the more than 5,350 medical and dental students enrolled in these seven institutions, this critical work has already started to spread, including to the nursing school at UMass, with future agreements in the works with the Commonwealth's physicians assistants and advance practice nurses.
- Convened the state's Drug Formulary Commission to examine abuse-deterrent drug formulations
- Contracted for a state-of-art prescription monitoring program ("PMP") that will be live in the summer of 2016
- Opened new treatment beds at Shattuck Hospital for civilly-committed women, ending treatment at MCI-Framingham for our Section 35 patients once and for all; and
- Instituted the Municipal Naloxone Bulk Purchasing Program to give our municipalities and first responders discounted access to naloxone.

The Governor's budget includes more than \$140 million in opioid-related funding, a 21% increase over FY16 levels. This funding will increase access to life-saving naloxone, preventing overdoses in our communities, while supporting a new and improved PMP system so that we can better support and inform our prescribers, allowing them to triage, treat, and track their patients and prevent substance misuse taking hold on the first place.

Prevention coalitions and technical assistance will be supported and expanded across the state to help our communities on the ground, and evidence-based prevention tools are being expanded to thousands students statewide. The Governor's proposed budget will provide increased funding for residential rehabilitation bed capacity, increasing the number of beds so that those suffering from a substance use disorder can

access treatment and enter recovery. In addition, we will expand the certification of sober housing in the Commonwealth, so that those in recovery, and the communities in which they live, can enjoy high-quality substance-free housing to keep them on the right path.

As many of you know through your work on this issue in your communities, for far too long, those suffering from a substance use disorder have been stigmatized. They have been handled by our criminal justice system, rather than our public health system.

Stigma is itself a social determinant of health, a powerful factor that can isolate people from needed care and negatively influence health outcomes. Now, with our collective leadership, our state is changing the way we think and speak about addiction, bringing it out of the shadows and to our kitchen tables. Only once we can openly talk about the chronic disease that affects so many of us, will we have a fighting chance to tackle this epidemic. These are not “bad” people – these are friends, neighbors, sisters, and brothers. Together, let us continue to destigmatize this disease. Combined with real, timely data and our continued investments in prevention and treatment, we are building a comprehensive strategy that can address this public health crisis.

I would also like to speak for a moment today about the Department’s critical oversight role in ensuring patient safety and quality of care. As our population continues to age, long-term care is becoming an even greater piece of our continuum of care. Statistically, Massachusetts is equal to, if not better than, the rest of the nation in the overall quality of and care provided by our skilled nursing facilities. However, changes within the industry, including growing consolidation and a move to systems of ownership, as well as rising acuity of the patient population itself, require DPH to review and redouble our role in the licensing, inspection, and oversight of these centers.

As Commissioner, I focus on improving safety, quality, and transparency to benefit patients, their families, workers, and our long-term care facilities. This includes working towards building proactive inspection capacity, increased complaint and investigation transparency, and greater use of both sticks and carrots to incentivize high standards. As I announced recently at our Public Health Council meeting, I am currently implementing a “rapid response” plan to improve the Department’s oversight, enforcement, and transparency of our nursing homes. This plan includes:

- Enhancing applications for nursing home transfers of ownership to collect additional information on criminal history and financial issues, particularly for out of state applicants;
- Issuing state fines for deficiency findings to send an important message to nursing home facilities that we want to see improvements in safety and quality;
- Aggressively hiring and training new surveyors to perform inspections and respond to complaints

- Improving our website to provide consumers with clear, transparent information on nursing home data and complaint resources
- Updating our data systems for improved reporting capability; and;
- Examining our regulations and processes to better reflect the changing industry

We are also moving forward with a new project called SPOT: the Supportive Planning and Operations Team, which will target underperforming facilities for unannounced visits, to encourage collaboration on necessary internal changes to improve patient safety and quality of life.

I am implementing many of these steps in the coming months, and we will continue ongoing interagency and stakeholder engagement as we work to ensure the highest possible quality for our patients and their loved ones.

To help ensure a strong baseline of quality and safety, and to proactively spread best practices and quality improvement at facilities across the state, the Governor's budget includes critical funding to support additional staff focused on long-term care quality improvement and compliance. These investments, combined with enhancements to our consumer information and complaint process, licensure review, data collection, and regulatory oversight, will help ensure we have safe, high-quality nursing homes for all those in need.

Next, violence is a major public health problem, one that is a severe and negative social determinant of health. Many of you know that DPH has long been a leader in addressing sexual and domestic violence in both our state and nationally, and has worked closely with the Governor's Council on Sexual Assault and Domestic Violence, sister state agencies, non-profits, and providers to reduce such violence and protect those at risk. The Governor's budget proposes transitioning a range of domestic violence victim services from the Department of Children and Families to DPH, allowing our Department to take a coordinated public health domestic violence approach. I want to be clear – there will be no reduction in contracts or services because of this proposed transfer, and we will continue to work closely with our partners in and out of state government to effectively perform this vital work.

Along with this proposal, the House 2 budget includes the establishment of the Sexual Assault Nurse Examiner, or "SANE" Trust Fund. Working closely with our legislative colleagues, Massachusetts' SANE program has provided first-in-the-nation statewide SANE services, receiving funding and accolades from our federal partners, including the Department of Defense and US Department of the Interior, Bureau of Indian Affairs. SANE provides compassionate, expert forensic nursing care for victims of sexual violence in 29 hospital sites across the state, including two new hospitals within the last few months. The Trust Fund will establish a mechanism to accept philanthropic

gifts, donations, and other outside funding to support the SANE program as it continues to grow and innovate new models of care, including telenursing in Massachusetts and across the country.

Environmental health factors are also prominent social determinants of health – determinants so often forgotten or simply taken for granted. Access to clean water, safe food, and protection from environmental hazards is critical to our long-term health. DPH, often working with our partners in local health, ensures our food manufacturing is high quality, our beaches have clean water, our pools and camps are safe, our housing is free from contaminants and lead, and sources of radiation do not pose a public health threat. This work reflects the core duty of our Commonwealth to protect the public, and in many ways, goes unnoticed until something goes wrong.

We must improve and invest in these areas. This is why I am committed to completing the full renovation of our state’s public health laboratory, and why the House 2 budget proposes key investments in additional staff and equipment to support food and drug inspection, radiation control, and sanitary and housing code enforcement in conjunction with our municipal health agencies. These investments will better protect our residents, make them healthier, and better support our local health partners.

In closing, I would like to thank this Committee and the members for your ongoing commitment to the work we do at DPH. We are unique in our role as a “birth to end of life” agency, and it is our privilege to do this work. In the world of public health, we face some of society’s most complex challenges, but with a noble mission, worth repeating – to ensure health care access and promote health equity for *all* people, in every corner of our Commonwealth of Massachusetts.

My first year here at DPH has only deepened my commitment to this mission, and the important work that drives it. I am inspired by the passion of our Commonwealth to break the mold, try something new and make a difference, and I am emboldened to do so knowing the vast resources of people, information, and wisdom we have here in Massachusetts.

With your help, I know we can continue our state’s long legacy of innovation, compassion, and determination to achieve our public health vision together.

Thank you.