

MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of September 17, 2014

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

**PUBLIC HEALTH COUNCIL
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
Henry I. Bowditch Public Health Council Room, 2nd Floor
250 Washington Street, Boston MA**

Docket: Wednesday, September 17, 2014 9:00 AM

1. ROUTINE ITEMS:

- a. Introductions
- b. Record of the Public Health Council Meeting August 13, 2014 **(VOTE)**

2. DETERMINATION OF NEED

- a. Tufts Medical Center Boston: Project 4-3C39- Transfer of ownership of Tufts Medical Center to Tufts Circle Health, Inc. **(VOTE)**
- b. Lowell General Hospital: Project 3-3C38- Transfer of ownership of Lowell General Hospital to Tufts Circle Health, Inc. **(VOTE)**
- c. Whitter Rehabilitation Hospital- Bradford: Project X1206- Establish 20-bed transitional care unit through the transfer of site of out-of-service nursing home beds from the former Tuell Nursing Home of Melrose. **(VOTE)**

3. DRAFT REGULATION

Proposed Regulations at 105 CMR 222.000: Massachusetts Immunization Information System
(Informational Briefing)

4.. INFORMATIONAL PRESENTATIONS:

- a. Compounding Legislation Update
- b. Flu Preparation

The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council's meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.

Public Health Council

Presented below is a summary of the meeting, including time-keeping, attendance and votes cast.

Date of Meeting: Wednesday, September 17, 2014

Beginning Time: 09:12 AM

Ending Time: 11:09 AM

Attendance and Summary of Votes:

Board Member	Attended	Item 1b	Item 2a	Item 2b	Item 2c
		Record of the Public Health Council Meeting August 13, 2014	Tufts Medical Center Boston: Project 4-3C39- Transfer of ownership of Tufts Medical Center to Tufts Circle Health, Inc	Lowell General Hospital: Project 3-3C38- Transfer of ownership of Lowell General Hospital to Tufts Circle Health, Inc	Whitter Rehabilitation Hospital- Bradford: Project X1206- Establish 20-bed transitional care unit through the transfer of site of out-of-service nursing home beds from the former Tuell Nursing Home of Melrose.
Cheryl Bartlett	Yes	Yes	Yes	Yes	Yes
Edward Bernstein	Yes	Yes	Yes	Yes	Yes
Derek Brindisi	Yes	Yes	Yes	Yes	Yes
Harold Cox	Yes	Yes	Yes	Yes	Yes
John Cunningham	Yes	Yes	Yes	Yes	Yes
Michele David	No	Absent	Absent	Absent	Absent
Meg Doherty	No	Absent	Absent	Absent	Absent
Michael Kneeland	Yes	Yes	Yes	Yes	Yes
Paul Lanzikos	Yes	-	-	Yes	Yes
Denis Leary	Yes	Yes	Yes	Yes	Yes
Lucilia Prates-Ramos	Yes	-	-	Yes	Yes
Jose Rafael Rivera	Yes	Yes	Yes	Yes	Yes
Meredith Rosenthal	Yes	Yes	Yes	Yes	Yes
Alan Woodward	No	Absent	Absent	Absent	Absent
Michael Wong	No	Absent	Absent	Absent	Absent
Summary	11 Members attended	9 Approved with votes	9 Approved with votes	11 Approved with votes	11 Approved with votes

PROCEEDINGS

A regular meeting of the Massachusetts Department of Public Health's Public Health Council (M.G.L. C17, §§ 1, 3) was held on Wednesday, September 17, 2014 at the Massachusetts Department of Public Health, 250 Washington Street, Henry I. Bowditch Public Health Council Room, 2nd Floor, Boston, Massachusetts 02108.

Members present were: Department of Public Health Commissioner Cheryl Bartlett (chair), Dr. Edward Bernstein, Mr. Derek Brindisi, Dr. Harold Cox, Dr. Michael Kneeland, Mr. Jose Rafael Rivera, Mr. Dennis Leary, Mr. Lanzikos, Ms. Lucilia Prates-Ramos, Dr. Meredith Rosenthal, and Dr. John Cunningham

Absent member(s) were: Dr. Michele David, Ms. Meg Doherty, Dr. Alan Woodward and Dr. Michael Wong.

Also in attendance was Attorney Tom O'Brien, General Counsel at the Massachusetts Department of Public Health.

Commissioner Bartlett called the meeting to order at 9:12 AM and reviewed the agenda.

ITEM 1: MINUTES

b. Record of the Public Health Council Meetings of August 13, 2014

Commissioner Bartlett asked if there were any changes necessary to the August minutes. After no comments or concerns were made, Commissioner Bartlett asked for a motion to accept the minutes. Mr. Rivera moved, Dr. Bernstein seconded. All were in favor of acceptance.

ITEM 2: DETERMINATION OF NEED

a. Tufts Medical Center Boston: Project 4-3C39- Transfer of ownership of Tufts Medical Center to Tufts Circle Health, Inc. **(VOTE)**

Following the presentation, Commissioner Bartlett opened the floor for discussion.

After no discussion, Commissioner Bartlett asked for a motion to accept the DoN. Mr. Rivera moved; Mr. Leary seconded. All were in favor of acceptance

b. Lowell General Hospital: Project 3-3C38- Transfer of ownership of Lowell General Hospital to Tufts Circle Health, Inc. **(VOTE)**

Following the presentation, Commissioner Bartlett opened the floor for discussion.

After no discussion, Commissioner Bartlett asked for a motion to accept the DoN. Mr. Leary moved, Dr. Cunningham seconded. All were in favor of acceptance

c. Whittier Rehabilitation Hospital- Bradford: Project X1206- Establish 20-bed transitional care unit through the transfer of site of out-of-service nursing home beds from the former Tuell Nursing Home of Melrose

Alfred Arcidi- Senior Vice President, Bob Iannaco- Administrator of Whittier Rehabilitation, Bradford and Dr. Paul Liguori- Medical Director, Whittier Rehabilitation all presented to the Council.

Following the presentation, Commissioner Bartlett opened the floor for discussion Dr Rosenthal asked for a sense of the increase in demand for the transitional unit, and whether the trend is due to Medicare rules or are there other changes at the acute setting. Dr. Liguori stated that there is a need to take care of patients after acute care, so that they have constituent physician/specialty and nursing care.

Mr. Lanzikos asked about the disposition of the individuals who have been denied the admission by Whittier. Mr. Iannaco, some stay in the acute care hospital, some go to skilled nursing facilities, and many fail there since they don't have the services such as respiratory, wound or physician care as would the TCU. This information is more anecdotal, and Whittier records patients that they deny, but don't collect data of next steps. Alternative resources in the Merrimack Valley include nursing homes that will accept the patients, but Whittier will often receive calls for admissions for these patients. The closest facility of a transitional care unit may be Westborough.

After this discussion, Commissioner Bartlett asked for a motion to accept the DoN. Mr. Leary moved, Dr. Cunningham seconded. All were in favor of acceptance

ITEM 3: DRAFT REGULATION

Proposed Regulations at 105 CMR 222.000: Massachusetts Immunization Information System (Informational Briefing)

Mr. Cox asked if there are any concerns about privacy and security around patients that deny they are interested in participating. Mr. Talebian explained that the data is still reported to the state, and that it is viewable to DPH and the original health care provider that entered the information. This is similar to infectious diseases, but as an overriding public health benefit, this is mandated by law. Sharing to the DPH is mandated, but sharing with other health care providers would not occur if the patient opts out of data sharing. The system is designed to only capture the bare minimum immunization information in the system. Name, address and DOB are captured.

Mr. Rivera asked about the provider's duty to inform, are you concerned about just displaying information about rather than a verbal review with the patient. Mr. Talebian explained that it is up to the provider to inform the patients, and we do translate materials into other languages. We encourage providers to verbally explain to the patient as well particularly in areas where printed materials may not adequately communicate the needed information.

Mr. Lanzikos asked if an individual is not immunized, is that recorded. Mr. Talebian explained that the system only records immunizations and not vaccination refusals. However a provider can infer that the absence of record is the absence of a shot. A question was also asked about entry of historical records such as a patient coming in from another state. Mr. Talebian explained that the system does allow for entry of historical records but it is not mandated. Most providers do enter this information as it does allow for more accurate vaccine forecasting.

Mr. Brindisi asked what the current plan is to roll out to additional sites to capture the remaining MA residents. Mr. Talebian explained that DPH plans to work over the next several years with all remaining health care facilities and providers and their electronic health record vendors to establish a connection to our system. For example, DPH is working with Partners, one of the largest providers in the state. There are over a dozen local public health departments who already report and DPH is working on bring more LHDs on board as well; these sites all do direct data entry.

Dr. Bernstein asked if the system could look at the efficacy of vaccinations for example, for those who receive the flu vaccine, and then get the flu, are we capturing that? Mr. Talebian stated that once the system is fully populated with data, DPH will be able to look at the data and analysis vaccine coverage and potentially efficacy.

ITEM 5: INFORMATIONAL PRESENTATIONS:

a. Compounding Legislation

Following the presentation, Commissioner Bartlett opened the floor for discussion.

Mr. Cox asked how many compounding pharmacies have been identified. Mr. Lavery commented that sterile compounding is down to about 20 facilities, and that there will be a couple hundred complex compounding sites and that these are harder to narrow down depending on what the pharmacies are compounding. Hospital pharmacies will ultimately increase this number. As far as a pharmacy's duty to report a dispensing error, a

pharmacy must report the dispensing error to the Department as soon as is reasonably and practically possible, but not later than 7 business days after discovery of the improper dispensing.

Mr. Cox asked for Mr. Lavery to discuss the staffing for this program. Mr. Lavery explained that at this time, DPH has sufficient staffing identified in the spending plan and funding through the state budget. Moving forward, we will need to continue to flush out staffing needs.

Dr. Cunningham stated that initial review identified 43 sites and 4 are clear, and wondered what the numbers were now. Mr. Lavery stated that since the inspection and legislation, some compounding facilities have stopped operations. There are 20 sterile compounders who are operational and are being inspected, reporting concerns and are reviewing environmental factors that may impact their sites. No one has been shut down, and that the community has been cooperative and receptive to the actions of the department.

b. Flu

Mr. Leary asked the presenters about comparing Dept. of Defense data with DPH data of who is vaccinated. Military immunization rates are incredibly high. It was noted that DPH does not have access to DoD data. This year's formulary of the flu vaccination is the same as last year, how long does it last? Do you need to get revaccinated?. DPH recommends that individuals are immunized every year regardless of prior vaccination history.

Mr. Lanzikos asked what the status was of the effort to mandated vaccination of HCWs at medical facilities. DPH stated that we will be bringing proposals back to the Council about possible immunizations being mandated in healthcare facilities, and understand the concerns of the Council. We will be looking at non-compliant health care facilities.

Dr. Cunningham asked about the 50/50 chance of being immunized and catching the flu. DPH recommends that you receive the vaccine every year regardless of vaccine efficacy because 50% protection is still better than no protection.

Mr. Brindisi questioned about suburban communities have higher reimbursement rates, and have needs been forecasted for communities with lower reimbursement rates. DPH has made commitment to provide vaccine for adults who are not covered. And Commonwealth Medicine has some more work to do in getting a few remaining insurers to come on board. There will be allocation for the next flu season, but will be limiting to individuals who don't have other ways to get immunized through their insurance.

Mr. Brindisi also asked about the EV 68 outbreak coming into Massachusetts. Dr. Madoff responded that we are investigating a number of potential cases since there are cases in other adjacent states. School age children who suffer from asthma are more susceptible.

The Commissioner provided an update on Opioids discussing the NE Governor's Task Force and her trip to the White House and federal partnership.

Dr. Bernstein asked about the 14 day prior authorization for treatment, and whether it was in effect at this point. Commissioner Bartlett stated that it was in effect, and believes that we are first in the nation on eliminating prior authorization for a stay for substance abuse treatment. Dr. Bernstein also inquired about expanded services. Commissioner Bartlett discussed the central navigation system and a place of contact for individuals who are in need.

Mr. Rivera asked if there is any data about the number of overdose deaths going down. Commissioner Bartlett stated that we are collecting the information and that we hope to have 2013 data soon, and that we will be able to trend data moving forward.

Commissioner Bartlett asked for a motion to adjourn the meeting. Mr. Rivera moved, and Dr. Bernstein seconded. All were in favor.

The meeting adjourned at 11:09 AM on a motion by and passed unanimously without discussion.

LIST OF DOCUMENTS PRESENTED TO THE PHC FOR THIS MEETING:

1. Docket of the meeting
2. DoN Pending List
3. Minutes of the Public Health Council meeting of August 13, 2014
4. Determination of Need Memos
5. Proposed Draft Regulations at 105 CMR 222.000: Massachusetts Immunization Information System
6. Copies of all power point presentations (emailed upon conclusion of the meeting)

Commissioner Cheryl Bartlett, Chair