MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of April 17, 2024

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: \*\*\*REMOTE MEETING\*\*\* Wednesday, April 17, 2024 – 9:00AM**

***Note: The April Public Health Council meeting will be held remotely as a video conference consistent with St. 2021, c. 20, s. 20, which provides for certain modifications to the Massachusetts Open Meeting Law.***

Members of the public may listen to the meeting proceedings by using the information below:

Join by Web: <https://zoom.us/j/92341135875?pwd=NDMzbWNNNDdGcFpHL3VjQzRVb0FIZz09>

Dial in Telephone Number: 929-436-2866 Webinar ID: 923 4113 5875

Passcode: 989365

1. **ROUTINE ITEMS**
   1. Introductions.
   2. Updates from Commissioner Robert Goldstein.
   3. Record of the Public Health Council Meeting held March 13, 2024 **(Vote)**.
2. **OTHER ITEMS**
   1. Letter to the public health workforce from the Council **(Vote)**.
3. **DETERMINATION OF NEED**
   1. Request by Cape Cod Healthcare, Inc. for a Significant Amendment **(Vote).**
   2. Request by Mass General Brigham Incorporated for a Significant Amendment **(Vote).**

*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.*

Attendance and Summary of Votes:

Presented below is a summary of the meeting, including timekeeping, attendance and votes cast.

Date of Meeting: April 17, 2024 - Start Time: 9:04 am. Ending Time: 11:08 am.

| **Board Member** | **Attended** | **First Order:**  **Approval of March 13, 2023 Minutes (Vote)** | **Second Order:**  **Letter to the Public Health Workforce from the Council**  **(Vote)** | **Third Order:**  **Request by Cape Cod Healthcare, Inc. for a Significant Amendment**  **(Vote)** | **Fourth Order:**  **Request by Mass General Brigham, Inc. for a Significant Amendment (Vote)** |
| --- | --- | --- | --- | --- | --- |
| **Commissioner Robert Goldstein** | Yes | Yes | Yes | Yes | Yes |
| **Edward Bernstein** | Yes | Yes | Yes | Yes | Yes |
| **Lissette Blondet** | Yes | Yes | Yes | Yes | Yes |
| **Kathleen Carey** | Yes | Abstain | Yes | Yes | Yes |
| **Elizabeth Chen** | Yes | Yes | Yes | Yes | Yes |
| **Harold Cox** | Yes | Yes | Yes | Yes | Yes |
| **Alba Cruz-Davis** | No | Absent | Absent | Absent | Absent |
| **Michele David** | No | Absent | Absent | Absent | Absent |
| **Robert Engell** | Yes | Yes | Yes | Yes | Yes |
| **Elizabeth Evans** | Yes | Abstain | Yes | Yes | Yes |
| **Eduardo Haddad** | Yes | Yes | Yes | Yes | Yes |
| **Joanna Lambert** | No | Absent | Absent | Absent | Absent |
| **Stewart Landers** | Yes | Yes | Yes | Yes | Yes |
| **Mary Moscato** | Yes | Yes | Yes | Yes | Yes |
| **Gregory Volturo** | Yes | Yes | Yes | Yes | Yes |
| **Summary** | 12 Members Present;  3 Members Absent | 10 Members Approved;  3 Members Absent  2 Members Abstained | 12 Members Approved  3 Members Absent | 12 Members Approved  3 Members Absent | 12 Members Approved  3 Members Absent |

**PROCEEDINGS**

A regular meeting of the Massachusetts Department of Public Health’s Public Health Council (M.G.L. c. 17, §§ 1, 3) was held on Wednesday, April 17, 2024, by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Commissioner Robert Goldstein; Edward Bernstein, MD; Lissette Blondet; Kathleen Carey; Secretary Elizabeth Chen; Dean Harold Cox; Robert Engell; Liz Evans; Eduardo Haddad, MD; Stewart Landers; Mary Moscato; Gregory Volturo, MD.

Also in attendance was Beth Mclaughlin, General Counsel at the Massachusetts Department of Public Health.

Commissioner Goldstein called the meeting to order at 9:04 am and made opening remarks before reviewing the docket.

**1. ROUTINE ITEMS**

*b. Updates from Commissioner Robert Goldstein*

Commissioner Goldstein proceeded to update the Council on the following:

**National Public Health Week**

Commissioner Goldstein said that April 1 – 7 was National Public Health Week. He said this year’s theme, “Protecting, Connecting, and Thriving: We are All in Public Health,” reminds us of the wide range and far-reaching impacts of the work that we do at DPH every day and the importance of grounding our work in community connections.

**Medical Laboratory Professionals Week**

Commissioner Goldstein said that April 14-20 is Medical Laboratory Professionals Week. He credited all of the lab professionals in the Bureau of Infectious Disease and Laboratory Sciences and at the public heal hospitals who do the work of public health every day, and whose expertise serves to protect the health of everyone in the Commonwealth.

**Community Grant Program for Substance Use Disorder**

Commissioner Goldstein said that last month, the Bureau of Substance Addiction Services (BSAS) announced an innovative community grant program for substance use disorder prevention, recovery, and treatment. This program, operated by RIZE Massachusetts, will distribute $5 million annually to help historically underserved municipalities and organizations access resources from the Opioid Recovery and Remediation Fund. Individual grant awards will support development and implementation of community-led initiatives that address the harm caused by the opioid epidemic. The program aims to fund more than 30 grantees in its initial year.

**New Dashboard on PCEs and ACEs**

Commissioner Goldstein said that the Bureau of Community Health and Prevention, along with the Population Health Information Tool Team, recently launched the Positive and Adverse Childhood Experiences Data Dashboard. Developed in consultation with community and state agency partners, this dashboard shares information about the lived experiences of children in Massachusetts as reported in the 2021 MA Youth Health Survey and the 2021 MA Youth Risk Behavior Survey.

**Avian Influenza**

Commissioner Goldstein stated that Highly Pathogenic Avian Influenza (HPAI H5N1) was reported in a single human case in Texas. This subtype of avian influenza was first detected in the U.S. in early 2022. It can infect domestic poultry, and 85 million birds in the U.S. in the past two years have been infected. Because the virus is carried by wild birds, it has spread to multiple types of mammals, including humans. There is now evidence of avian influenza infections in livestock species, including multiple dairy cow herds. Having unprotected close contact (without PPE) to an infected animal can pose a risk of infection to humans. When animal cases occur, public health officials identify individuals with exposure, recommend post-exposure prophylaxis, and conduct symptom monitoring for a period after exposure. The risk to the public is considered low by the CDC and DPH. It’s recommended to avoid contact with dead animals, and animal feces. Unpasteurized, raw milk is a risk as it contains bacteria and viruses and should be avoided as well as raw or undercooked food products.

**Respiratory Illness**

Commissioner Goldstein added that respiratory illness is trending down although statewide syndromic surveillance data still shows elevated respiratory virus and flu activity. He said we continue to remind people of the best practices to avoid respiratory viruses including vaccination for COVID-19.

**Annual Statewide Substance Misuse Prevention Conference**

Commissioner Goldstein announced that he attended several events this month, including the 10th Annual Statewide Substance Misuse Prevention Conference, sponsored by the Bureau of Substance Addiction Services. He said it was a pleasure to speak to the dedicated group of prevention professionals representing BSAS’s 60+ grant-funded programs.

**Annual MA Suicide Prevention Conference**

Commissioner Goldstein stated that he had delivered remarks at the 23rd Annual Massachusetts Suicide Prevention Conference, hosted by the Suicide Prevention Program in the Bureau of Community Health and Prevention. He noted the tremendous work done throughout the suicide prevention community, stating that while Massachusetts has the third lowest suicide rate in the country, in 2021, 596 people died by suicide in our state.

**Kick Butts Day**

Commissioner Goldstein spoke at the State House for Kick Butts Day, a national day of youth education and advocacy around tobacco prevention. He said he was inspired to be surrounded by young people who are making a difference in reducing the influence of the tobacco and vaping industries in their communities.

**Anniversary**

Commissioner Goldstein mentioned his one year anniversary with DPH, acknowledging his respect and gratitude for DPH staff and the Public Health Council. He noted collective accomplishments in his short tenure such as: ending the COVID-19 health emergency; addressing the opioid crisis while advancing innovations like the overdose prevention hotline and releasing a report supporting overdose prevention center; spotlighting maternal health inequities and deepening our work to eliminate them; supporting the health needs of growing numbers of people entering the emergency assistance family shelter system.

He noted the important day-to-day work of the Department in engaging with communities, supporting the most vulnerable, maintaining quality and safety standards in health facilities across the state, and working to support and grow the public health and healthcare workforce.

**Steward Update**

Commissioner Goldstein updated the Council on the developing news around Steward Health Care. To plan for various scenarios that may unfold, DPH – in conjunction with the Massachusetts Health and Hospital Association and the Massachusetts League of Community Health Centers – has organized a series of regional meetings to bring together executives from hospitals and community health centers in areas where Steward Health Care operates facilities. In the hope of having candid and productive discussions, the initial meetings will be focused on inpatient med/surg capacity in the region. Additional meetings will focus on issues such as behavioral health, workforce, and the impact on academic programs including preserving clinical rotation opportunities for those training in various health care professions. He closed by reminding us that DPH continues to have monitors in the Steward hospitals to assess that they have the equipment, supplies, and staffing needed to deliver high quality care.

Commissioner Goldstein asked if there were any questions.

Mr. Landers suggested that health equity not be forgotten in the Steward Health Care discussions. He also asked if there is anything that the Public Health Council can contribute during this time.

Commissioner Goldstein agreed it’s critical to bring a health equity lens to the Steward discussions and mentioned the inclusion of the community health centers to contribute to this dialogue. He encouraged any discussions from the Council to support the Commonwealth.

Ms. Moscato said regarding health equity as it applies to Steward, they closed a post-acute facility in Stoughton which cared for many high need patients. She asked that discussions also consider the post-acute needs of the patients in Steward facilities.

Commissioner Goldstein said that they have asked Mass Senior Care to join them in helping to keep the post-acute care community engaged.

Dr. Bernstein said that the Steward crisis is in context of a broader crisis of capacity in our system to deliver quality health care. He said that ED boarding and wait times are all part of the broader picture that needs to be addressed. A strategy is needed that includes racial and ethnic data. and these factors should always be on our radar.

Dr. Haddad said he was concerned that his small hospital in Lawrence will not be able to absorb the burden created by Steward and said that the problem will not be solved by market forces because these populations are not money-making markets. He asked how much the state is going to invest to preserve this service in partnership with others. Although the Lawrence area is essential for health care, it is not a large margin of profit like the hospitals on the South Shore in the Steward system.

Commissioner Goldstein said the regional discussions DPH is having are designed to understand each hospital’s capacity in various regions, not to discuss finances of continued operation of the Steward facility or financial support that may be necessary. Should an ED close in a Steward facility, in necessary to understand where patients may go. He said that Dr. Haddad’s point is an important one - in the long run, what is the sustainable way to provide care in each of these regions? He also challenged the premise that these hospitals cannot be profitable simply because Steward was not able to operate them at a profit. We hope that another operator may be able to do that.

Dr. Bernstein said we have to look at the administrative structure of health care, including insurance, because there are other systems in other countries that deliver health care differently at a lower cost. Looking at the bigger picture and thinking of health care for all in our state we should think about how that can be managed and not fragmented.

With no further questions, Commissioner Goldstein turned to the docket.

**1****. ROUTINE ITEMS**

*c. March 13, 2024 Minutes* ***(Vote)***

Commissioner Goldstein asked if there were any changes to the March 13, 2024, minutes. There were none.

Commissioner Goldstein asked if there was a motion to approve the March 13, 2024, minutes.

Secretary Chen made the motion, which was seconded by Dr. Bernstein. Dr. Carey and Dr. Evans abstained. All other present members voted to approve the minutes.

**2. OTHER ITEMS**

*a. Letter to the Public Health Workforce from the Council (Vote)*

Commissioner Goldstein invited Dean Cox to read a letter that he suggested to be written and sent to the state and local public health workforce.

Dean Cox read the letter he drafted.

Commissioner Goldstein asked if there was a motion to approve the letter.

Mr. Landers made the motion, which was seconded by Dr. Bernstein. All other present members voted to approve sending the letter.

**3. DETERMINATION OF NEED**

1. *Request by Cape Cod Healthcare, Inc. for a Significant Amendment* ***(Vote).***

Commissioner Goldstein invited Dennis Renaud, Director of the Determination of Need Program, to review the staff recommendation for Cape Cod Healthcare, Inc’s request for a significant amendment. He was joined by Elizabeth Kelly, Director of the Bureau of Health Care Safety and Quality and Rebecca Kaye, Deputy General Counsel.

Upon the conclusion of the presentation, Commissioner Goldstein asked the members if there were any questions.

Ms. Moscato asked if the 32 cardiac beds, which were approved in July 2022, were relocated beds or new beds.

Mr. Renaud confirmed they were relocated beds.

Ms. Moscato asked if the 32 beds in this application will be managed within the 25,000 square feet of existing space.

Mr. Renaud confirmed that was correct.

Ms. Moscato noted to the applicant her appreciation of the fluctuation of occupancy on Cape Cod and asked about the bed capacity crisis which she said is tied to the post-acute networks in their community. She asked what happens to patients on days where they are unable to be transferred to acute care facilities, or unable to get home care services, and if there were patients occupying beds that potentially could be placed in lower levels of care.

Michael Lauf, President and CEO, Cape Cod Healthcare and Cape Cod Hospital, replied that they have patients at times that are in beds for weeks, or months where they are not able to relocate them to an approved facility for a variety of reasons. He said their commitment to Cape Cod and the islands as the only safety net is to care 100% for these patients. They have a strong relationship with local nursing facilities, nursing homes, and rehabilitation centers. They have a 132 bed nursing facility they try to keep fully staffed. The partnerships they have are strong and often they are able to find the right beds for long term stays for their patients. The difficulty sometimes with insurance or patients’ behavior necessitates keeping the patient for longer periods.

Ms. Moscato requested a condition to approve additional beds, for hospitals to report information related to patients occupying beds that are waiting for transfer. She said this connection is very important in the statewide health system.

Commissioner Goldstein asked Mr. Renaud if this was possible to do.

Mr. Renaud said it could be included in post-DoN reporting which would meet this requirement.

Ms. Blondet expressed concern about the population projection and the capacity to serve them with beds and workforce. She asked what strategies were in place to ensure a strong workforce.

Mr. Lauf said that they currently partner with twelve community colleges, and all the trade schools and high schools on the Cape. They have innovative apprenticeship programs recognized by the Commonwealth, where they pay to train people. They have an English as a second language program and created career ladder opportunities for everybody within their healthcare system. They have a strong five year DEI plan and didn’t shutter any beds during the COVID-19 pandemic but instead, expanded capacity. He said their capacity challenges are not only in relation to skilled nursing placement, but also their population growth from 215,000 residents to 240,000 while 74.6% of admissions are public paying. Transfers off the Cape have decreased by 50% since the beginning of the pandemic, due to full capacity in Boston and other areas. Also, 32% of their population is over 65, and the severity of illness has gone up exponentially. Their investment is not only in workforce but also in the community. They have strong strategies to maintain and grow their workforce but also have to convince people to come and work in a challenging environment.

Dr. Bernstein noted that there was no data reflecting ED wait time and capacity. He asked to look at access to specialty and primary care in the community and how it is monitored to help reduce the burden on the hospital system. Also, he asked how they are looking at the cost of care versus the wealth of the community regarding possible barriers to affordable medications that determine the stability of their illness. These are drivers of the capacity problem along with nutrition, and housing.

Mr. Lauf said in terms of addressing food, housing, and medication issues, they have recruited over 75 physicians and APCs in the past year. They have focused on primary care and medical specialties, hiring five new neurologists, four new rheumatologists, and three new endocrinologists. They have created a new Alzheimer’s and Dementia center to not only care for the patient, but those who are providing care for the patient. They have a helping hands program where ten percent of the sickest patients are provided with pharmacist, social workers, and speech and occupational therapists into their own home. They have been innovative in partnering with their physicians hospitals organization and acquiring new, alternative payment methodologies with regard to Medicare. He mentioned Dr. Bernstein’s concerns about ED numbers, saying 90% of the time, their patients are in a room within 25 minutes and seen by a doctor 95% of the time within 40 minutes.

Dr. Kumara Sidhartha, Chief Heath Equity and Wellness Officer, said they have a strong, strategic five year plan looking at internal and external DEI as they look at health equity, and their investment in the community. Regarding Dr. Bernstein’s question, he said admissions are now routinely screened for social determinants of health, including food insecurity, housing, transportation, and financial barriers to prevent another acute event.

Dr. Bernstein asked that given that all these things are now in place, is it predicted that in five years there will not be a demand for more beds.

Mr. Lauf said that they need to add these 32 beds to take care of their community. An additional 15 percent of Cape Cod residents are staying on the Cape for their medical care, compared to ten years ago. In integrating their healthcare system with Falmouth Hospital and looking at the many key drivers, he believes the 32 bed increase will be appropriate, as will their application to be a level three trauma center, to keep patients on the Cape. Ultimately, he said, they are doing what the state has asked of them, which is to take care of their community.

Secretary Chen asked what their homecare-based strategies are - either to prevent hospitalization once people come into the ED, or to improve discharge and improve flow out and into the home.

Mr. Lauf said among their strategies, their visiting nursing association has a daily census of 1,500 people. Fifty percent of every total joint replacement is now discharged with VNA services. They also have the PHO, Helping Hands Program in which the sickest patients are monitored and will be seen by primary or specialty care within 72 hours. They are forming a new mobile integrated health strategy working with local community partners for toward a more episodic method at home than VNA to avoid ED utilization. They also have urgent care that saw 134,000 people last year by board certified ER physicians at 60% less the cost of an ED visit.

Secretary Chen encouraged them to partner with community partners as well because it’s more than simply medical care. There is great need for Activities of Daily Living (ADL) services which are not necessarily available from the VNAs.

Mr. Lauf agreed, saying that they partner where the need is.

Secretary Chen added that whenever there are new buildouts, it’s an opportunity for incorporating patient friendly design. She asked if they would talk about the design principles that will be incorporated to reduce distress for people with dementia and in other age associated cognitive changes.

Michael Boxstein, VP Facilities Management said when they designed their emergency department with the help of community members, they looked at the age of the population and the accessibility of the community. They also considered those family members that care for their family members in the hospital, sometimes for lengthy stays. They have improved family care areas and have provided sleeping arrangements. They’ve considered geriatric accessibility for the bathrooms where everything is accessible and there are very few barriers. They’ve considered colors and textures and provided larger TV screens for poor eyesight. They’ve provided headphones for those with hearing difficulties, installed accessible bed rails for nurse calls, and provided waiting room seats that are higher so it’s easier to manage sitting and getting up. For parking, they are always making sure they have plenty of ADA parking and full time valets for the patients.

Mr. Lauf mentioned that particularly with dementia, noise can trigger many of the behavioral issues they see. They have intense sound proofing and absorption with the design elements as well as the ceiling tiles. Nurses will have direct eyesight to the patients from their workstation and family members are able to sleep in the room with the patient.

Secretary Chen encouraged them to look at the use of color as a fall prevention tool.

Ms. Blondet said that it’s highly unusual to have two DoN amendments withing two years because usually projections of population growth can be made ahead of time. She said that workforce development is not just preparing people to do nursing care at the hospital, it’s really about the system of care. She asked Dr. Sidartha to address this, understanding the projections of population growth.

Dr, Sidhartha gave the example of the increased growth in the Haitian Creole population, leading them to create positions and hire Haitian Creole speakers. He said looking at the workforce, they are enhancing its diversity, looking at retention and workforce training to include DEI fundamentals, unconscious bias, and cultural competency. As the patient demographic changes in the community, they need to change as well.

Ms. Blondet asked in what capacity are the Haitian Creole staff being hired for. She wanted to know if it was medical providers as well as interpreters.

Dr. Sidartha said it was mainly the interpreters. Their public health nurse division from VNA are a potential hiring pool for Haitian Creole workers and they work with them to further understand and build relationships with that community.

Dr. Volturo noted the significant seasonal variation in Cape Cod’s population, but there was a very modest increase in their volume projections. He asked if the beds that they are currently asking for will be sufficient for the peak, summer season without ED boarding and overcrowding.

Mr. Lauf said that it will be sufficient. He said the population influx in the summer generally affects the ER and urgent care.

Ms. Moscato said to help alleviate Secretary Chen’s concerns, perhaps Mr. Lauf could address that in 2022, Cape Cod Health Systems participated in IHI’s age friendly application and were approved.

Mr. Lauf said that was what he was trying to express earlier when he spoke of the ERs design.

Dr. Bernstein suggested a new question to be included to the DoN application which asks - what process would it take to not have to apply again in five years for additional beds and resources.

Commissioner Goldstein asked the staff at DPH if the condition suggested by Ms. Moscato of an accounting of patients waiting for post-acute care beds be included in the post DoN conditions.

Crystal Bloom, Regulatory Counsel, HuschBlackwell, added that this patient data would be included in the annual reporting versus a formal condition where the exact language would have to be resolved to be a part of the vote.

Mr. Renaud said that the accounting would be part of the post DoN annual reporting.

Beth McLaughlin, General Counsel confirmed that no vote was necessary if it is not a formal condition.

Ms. Bloom said she would discuss with Mr. Renaud what the PHC’s expectations are for this reporting.

Ms. Moscato clarified that her request was to account for post-acute care, not post-acute beds.

Dr, Bernstein asked that transfer data also be included in the post-annual DoN report.

With no further questions, Commissioner Goldstein asked if there was a motion to approve Cape Cod Healthcare, Inc.’s request for a significant amendment.

Dr. Haddad made the motion which was seconded by Dr. Volturo. All members present approved.

***b.*** *Request by Mass General Brigham Incorporated for a Significant Amendment.***(Vote).**

Commissioner Goldstein again invited Dennis Renaud, to review the staff recommendation for Mass General Brigham Incorporated’s request for a Significant Amendment. He was joined by Elizabeth Kelley, Director of the Bureau of Health Care Safety and Quality and Rebecca Kaye, Deputy General Counsel.

Ms. McLaughlin reminded the council members of the regulatory scope of the DoN process and that it is to determine whether or not the amendment falls within the scope of the original DoN.

Upon the conclusion of the presentation, Commissioner Goldstein introduced Cassidy Trabilcy from State Representative Livingstone’s office to provide comments to the council.

Ms. Tabilcy read a letter of support for the amendment, signed by several state representatives.

Commissioner Goldstein asked if there were any questions.

Ms. Moscato inquired about the application’s statement of no additional cost for this project. She asked if adding 94 additional beds would then require additional staff.

Mr. Renaud explained that due to current overcrowding and ED boarding, there is already staff on hand that will simply transfer over to care for the patients in the new beds.

David Brown, President of the Academic Centers for Mass General Brigham, confirmed that the staff and patients are already there and will transfer to the new beds with no additional costs.

Sally Mason Beamer, Chief Financial Officer and Senior VP of Real Estate for MGH, added that they staff to demand and currently patients are boarding in the ED and recovery bays and are being cared for by care teams. Their goal is to deploy those care teams to licensed beds.

Ms. Moscato asked if they would agree to the condition of reporting their days of patients that are sitting in bed. It could be different levels of post-acute care that they are waiting for. She confirmed with Mr. Renaud that he did report that the conditions will include reporting on patients that are sitting waiting for post secure care services.

Mr. Renaud said that this will be included in the post DoN report.

Ms. Mason Beamer said they are prepared for the reporting condition. She said that the data collection is complex with challenges in mental health placements and complicated insurance scenarios and those without adequate resources. It is more than staffing and availability of resources.

Ms. Moscato agreed saying that this data is more than detailed than simply who is in a bed, but why they are in a bed.

Dr. Carey mentioned the issue of reporting delays in transition of patients to post-acute care facilities. She said it is a reflection of a broader problem in the state which is constrained capacity in post-acute care facilities, which relates to workforce issues. She said contracting 69 beds eases pressure at MGH, but questioned if the post discharge needs of other hospitals are considered. She believes that a better strategy is the expansion of the home hospital program with an aggressive investment, avoiding competition with other hospitals.

Dr. Brown agreed that additional beds at MGH doesn’t increase the supply of post-acute beds in the Commonwealth. He said a portion of the patients that are boarding in their emergency departments are transferred to Community Hospital partners but most of them require tertiary care admission at their hospital. He said expansion of a home hospital program won’t solve the problem of the patient that needs and acute care bed at a tertiary care institution.

Liz Lancaster, Chief Operating Officer, Mass General Hospital, said they seek all opportunities to care for patients outside the Mass General Hospital, including the home hospital program. Many patients don’t qualify for home hospital admission because of their acuity.

Dr. Bernstein suggested reporting data on patients leaving the hospital without being seen and hours spent in the ER. This would provide a sense of the depth of the problem. He believed that there should be solutions for MGH so they can deliver the type of care they hope to. He asked if they could address system solutions. He asked also if they have the same transfer difficulties from ICU to lower care beds.

Dr. Ali Raja, Executive Vice Chair of the Department of Emergency Medicine, said that their range of unseen patients fluctuates and can be high in some months. This is based on the number of boarders in the ER. This past calendar year, 5,000 patients left without being seen and they estimate that 10% of those patients would have been admitted. They have had many initiatives to decrease this number. They evaluate patients three to four times a day to determine if they are able to leave and enter the home hospital program or move to a Community Hospital. Unfortunately, a large proportion of patients need inpatient tertiary care and can wait on average 15.5 hours for an inpatient bed. He said in the end, they need these 60 plus beds to move the current number of boarders out of the ER.

Ms. Lancaster addressed Dr. Bernstein’s question about ICU transfers. She said that the ideal capacity threshold for maximum efficiency is 85% and they are operating over 100%. This means that delays occur across the hospital including ICU and PACU. It is a challenge without enough beds to maximize throughput.

Dr. Bernstein asked again about systemic changes that could help alleviate this statewide problem.

Dr. Brown said they are concerned about the number of patients that are referred to them from community hospitals and other tertiary facilities for the high intensity care that they can provide but cannot take the patient due to overcrowding. The requested beds would help benefit these transfer patients.

Dr. Bernstein repeated his question about systemic change to alleviate this problem.

Dr. Brown suggested that this question may be too large and not in the scope of their amendment request.

With no further questions, Commissioner Goldstein asked if there was a motion to approve Mass General Brigham Incorporated for a significant amendment.

Dr. Haddad made the motion which was seconded by Dr. Bernstein. All members present approved.

Dr. Bernstein asked if the Commissioner could continue to bring monthly updates regarding the Steward Health crisis to the Council.

Commissioner Goldstein said he would continue to bring updates.

With no further questions, Commissioner Goldstein stated that this concluded the final agenda item for the day and reminded the Council that the next regular meeting is scheduled for Wednesday, May 15, 2024, at 9 AM.

Commissioner Goldstein asked if there was a motion to adjourn.

Dr. Bernstein made the motion which was seconded by Dr. Volturo. All present members approved.

The meeting was adjourned at 11:08 am.