**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of January 14, 2015**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

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**Henry I. Bowditch Public Health Council Room, 2nd Floor**

**250 Washington Street, Boston MA**

**Docket: Wednesday, January 14, 2015 9:00 AM**

1. **ROUTINE ITEMS:**
	1. Introductions
	2. Record of the Public Health Council Meeting December 10, 2014 **(Vote)**
2. **PRESENTATIONS:**
	1. Prevention and Wellness Trust Fund
	2. Bureau of Substance Abuse Services
	3. Update on Public Health Hospitals
	4. Operations of Public Health Council

*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, January 14, 2015

**Beginning Time:** 09:00 AM

**Ending Time:** 11:29 AM

**Attendance and Summary of Votes:**

| **Board Member** | **Attended** | **Item 1b** |
| --- | --- | --- |
| Edward Bernstein | Yes | Yes |
| Derek Brindisi | Yes | Yes |
| Harold Cox | Yes | No |
| John Cunningham | Yes | Yes |
| Michele David | Absent | - |
| Meg Doherty | Yes | Yes |
| Michael Kneeland | Yes | Yes |
| Paul Lanzikos | Yes | Yes |
| Denis Leary | Yes | Yes |
| Lucilia Prates-Ramos | Yes | Yes |
| Jose Rafael Rivera | Yes | Not voting  |
| Meredith Rosenthal | Absent | - |
| Eileen Sullivan | Yes  | Not voting |
| Alan Woodward | Yes | Yes |
| Michael Wong | Absent  | - |
| **Summary** | **12****Members attended** | **9****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 January 14, 2015 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 Acting Commissioner Eileen Sullivan (chair), Dr. Edward Bernstein, Mr. Derek Brindisi, Mr. Harold Cox Dr. Michael Kneeland, Ms. Lucilia Prates-Ramos, Dr. John Cunningham, Dr. Alan Woodward, Mr. Paul Lanzikos, Mr. Dennis Leary, Ms. Meg Doherty, and Mr. Jose Rafael Rivera

Absent member(s) were: Dr. Michele David, Dr. Meredith Rosenthal and Dr. Michael Wong

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

Acting Commissioner Sullivan called the meeting to order at 9:09 AM and made opening remarks before reviewing

the agenda.

Acting Commissioner Sullivan stated that incoming Commissioner is anticipated to begin in early February as she is completing her work as the chief medical officer of Boston Health Care for the Homeless Program, where she supervises the medical practice of BHCHP's physicians, nurse practitioners and physicians' assistants.

DPH is excited to welcome Dr. Bharel to the agency, and we look forward to working with her.

Reporting on the status of Ebola in Massachusetts, Commissioner Sullivan stated that there is no Ebola present at this time, and that the staff that continues ongoing work with 8 hospitals in the collaborative system and with MEMA through Unified Command. DPH epidemiologists and public health nurses perform daily active monitoring seven days a week (per the CDC guidelines) on over 180 individuals with travel histories in the affected West African countries.  They are following between 30 and 50 individuals at any one time.  The Bureau of Laboratory Sciences remains ready to test specimens from suspected Ebola cases.  To date seven specimens from six individuals (two of whom reside out of state) have been tested for Ebola virus at the state lab.  All were negative.

In the wake of the outbreak of fungal meningitis, the department has been working diligently to ensure that there are appropriate policies and procedures in place. DPH brought in an entirely new leadership team at both the Division of Health Professions Licensure and the Board of Registration in Pharmacy. The new leadership team has undertaken a comprehensive approach to improving state oversight of the compounding pharmacy industry as well as developing a strategic plan with its primary goal the improvement of health care safety and quality at the Pharmacy Board and the other eight boards and practice arenas regulated by DHPL

The Medical Marijuana Program is happy to report that a certificate was granted to a dispensary site in Salem who now has permission to cultivate marijuana. We anticipate that they will be open within 3 months or so, and that we have other locations that are close to receiving certificates as well.

As a follow up to the conversation that occurred at the December PHC meeting, Commissioner Sullivan updated the members that DPH is currently suspending all work around cardiac catheterization so that a thorough and thoughtful review of best practices, national guidelines, patient outcomes, safety and quality can be examined. This review is anticipated to last for five months. Per your recommendations, DPH will bring recommendations based on the analysis and evaluation to the PHC in July 2015. At that time, we the Council can provide input and feedback to the Department’s outline of action plans to address cardiac cath in the Commonwealth

**1: MINUTES**

b. Record of the Public Health Council Meetings of December 10, 2014

Acting Commissioner Sullivan asked for a motion to approve the minutes from December 10. Dr. Woodward made a motion to approve the minutes, and Ms. Doherty seconded the motion. Dr. Woodward asked for a change, to clearly show the distinction between those that were absent from the meeting and those who voted note in the ‘Attendance and Summary of the Vote’ section of the minutes. Dr. Bernstein requested that the PHC secretary review his comments from the December meeting and clarify his comments as well as former Commissioner Bartlett. All voted in favor of these two changes. Mr. Rivera abstained as he was not at the December meeting.

**2. PRESENTATIONS:**

a. Prevention and Wellness Trust Fund

Mr. Rivera asked that if one of the barriers of health care reform is that we try to eliminate additional costs. Will there be added costs to the trainings of those involved in the Prevention and Wellness Trust (PWT)?

Ms. Pavlos, Director, Bureau of health Care Quality and Safety explained that Community Health Workers (CHW) in the program will receive the core training and supervision training by the department. The department is trying to coincide the training with the hiring process, but there may be additional openings and will prioritize trainings of newer grantees. Likewise, if there are some additional slots outside CHW, then we will provide them the training as well.

Dr. Bernstein commented that this is impressive and recognizes the amount of work that has gone into the program. He commented that he wanted to know the linkage from the clinical setting to the community program and handling IT concerns.

Ms. Pavlos responded that the grantees have built into their budgets any costs, including IT. The program works regardless of the IT platform that the clinical setting/ health record is. The IT costs are less than likely imagined as they embedded in the E-design/ e-referral package. DPH thought that the IT would be problematic, but really it is the process for making the referral and that the lines of communication and explanation to staff to understand.

Dr. Woodward stated that he hoped that there is funding to do an analysis at the end about the effectiveness of the program, and whether the department is going to need additional funding to do.

Ms. Pavlos stated that there is a statutory PWT advisory board, who guide in the conditions, implementation of the PWT and how DPH will do the evaluation. The advisory board discussed this question on future funding, and is built into chapter 224 that there will be a final report to the legislature and to future funding. Conversations have shown that when (not if) this works, the legislature is committed to keep the program running.

Mr. Brindisi commented that this is challenging and Ms. Pavlos does a great job in explaining. This is really about relationships and finding common language with the community and clinicians. The residents who are going to be able to take advantage of this win in the end. They will be satisfied

Ms. Doherty stated that this is a great example of a hidden provider in the community with great evidenced based information. As far as tying into HIE (health info exchange), is that part of the e-referral? For example, do clinical sites have the ability to say, no we don’t want to give access. If they aren’t in the partnership next work, then they don’t have to give that info.

Ms. Pavlos stated that yes, this is an option, which we thought would be used more. Once we make the connection that this is something that is beneficial, then then clinical sites will be more interested, and will dove tail with payment reform, and provide the evidence we need about why we need payment reform.

b. Bureau of Substance Abuse Services

Mr. Cox appreciated the appreciated the update of the work of the Bureau of Substance Abuse, but wondered what are we missing, and what does the department need.

Ms. Lydie Ultimo, Director, Bureau of Substance Abuse stated that DPH and the community continually ask the same question and find out where our services are reaching and filling in the gaps. It is a statewide system, but looking at the map, we learn and identify gaps in services. The goal is to target those areas so that there is a full continuum of services.

Mr. Cox questioned Ms. Ultimo about the Long Island Bridge Closure in Boston, and how DPH is working with the City.

Ms. Ultimo responded that when the Long Island bridge closed we lost 228 beds including 60 beds detoxification beds. DPH is working with the provider community to prioritize access and opportunities to reinstate the beds that were lost.. The impacted programs are working to identify new sites, and we’re asking communities to embrace this effort in order for the programs to be operational again. We anticipate some programs will be online within the next couple of months, but there are others that need support from us and the community. The Bureau is working within the existing system capacity and expediting new initiatives to expand the capacity .

Mr. Brindisi mentioned that you were doing street outreach in Boston- are you looking to do this in other communities throughout the state in urban communities?

Ms. Ultimo responded that we consistently assess opportunities to do outreach in various communities across the state. Part of this is work is done by establishing pilot programs to assess their effectiveness.

Dr. Bernstein stated that he was concerned about access to beds in the state and wondering if there was a way to require vendors to be able to provide access for people to call into system to learn where beds are available day and night. When there is a crisis, if there is transportation in place, we should be able to transport people appropriately to available beds.

Ms. Ultimo explained how some vendors are currently required to report available beds to a central bed-finder system. The Bureau is working to significantly enhance its Helpline system by establishing a Central Navigation System to provide information and facilitate access to the entire service continuum. We are partnering with the MA Behavioral Health Partnership which oversees the MA Behavioral Health Access website that currently provides information on bed availability for detoxification services and will soon provide the same information for clinical stabilization services. Programs are required by contact to update the system at least 3 times of day. We will know the type of bed, insurance and programs that facilities offer.

Ms. Karen Pressman of the Bureau of Substance Abuse Services stated that right now some programs have their own waitlist, there is no sharing but that we are working on a better system to know what is open and where they are located.

Dr. Woodward applauded the efforts of DPH and the new issues. One issue of concern is the issue of triage. It would be useful to know what the gap analysis is- how many times can you get a patient from a triage center to a bed, and how many people are we holding up in acute beds without enough treatment beds.

His other comment is that we are at 48% drug of choice which is heroin. What is important is to analyze how people are getting to heroin whether it’s by stealing prescription drugs or taking them from the medicine cabinet. We need to know what the roots are to this

Ms. Ultimo responded that part of what we are working on is identifying why and where these gaps exist and will return to PHC to respond.

Mr. Rivera commented that [the phrase] drug of choice is used a lot, but does damage when we try and convince that this is a disease and not a choice. He suggests that DPH start using different terminology.

Mr. Leary stated that Veterans Inc. the organization that he represents became a BSAS licensed provider for Vets. What Vets found is that if there is an atmosphere that they are familiar with that it enhances their ability to recover.

Mr. Lanzikos asked how many recovery high schools are there in the Commonwealth.

Ms. Ultimo stated that we currently have 4 recovery high schools and that a new recovery high school in Worcester will be 5. We have been working closely with the Department of Elementary and Secondary Education (DESE) to establish and oversee the schools. The schools provide a comprehensive academic curriculum that is consistent with MA State Standards while supporting students in recovery through counseling and daily group meetings and related services for students to maintain their sobriety.

Dr. Woodward asked if there is a single website through DPH or what not that we can get out there in the media and say, if you need detox this is where you can go, local facilities ect.

Ms. Ultimo stated that this is the intent of the central navigation system website in order to be able to provide access. The current Helpline has a website feature for people to search for services in their area.

Dr. Bernstein commented that he was told that are 13 overdoses in one day. Why is there a change in the amount of overdoses?

Ms. Ultimo stated that we investigating a variety of sources, including dialogues with active users, community members, service providers and law enforcement to see if there is an opportunity to find the trends as to where and why this is happening.

Ms. Doherty asked if we can see where the biggest rise in heroin use, age, location, ect? This would be helpful so that so communities know how to focus.

Ms. Ultimo stated that DPH is gathering data to get a sense as to why this is happening. The increase is what happens, and the trends are varying and need more time to review the information. What we do know is that this is all across the state, even in areas where we didn’t see them before. DPH is establishing data mechanisms to do this.

Ms. Doherty mentioned the hidden component of the epidemic in communities where people are dying of OD is that no one knows because of the stigma.

Ms. Ultimo stated that this is true and DPH is working to alleviate the stigma that is associated with the disease.

Ms. Doherty stated that DPH should be ensuring that local boards of health and schools have access to the information.

Mr. Lanzikos relayed a story where on the North Shore that there was an individual who died from an overdose, who was in his mid-30s married with two children and was the son in law of a police officer.

Ms. Prates-Ramos stated that she had heard of 3 people in the group who had family members die of OD, understand that we need to gather the data ect. and constantly evolving, need to take some leadership and have a multi-prong public campaign and awareness, and common language and what is being used, and that it is a chronic disease and statewide problem that needs to be address. We are talking about it, but we need action. Not sure that we are doing enough.

Commissioner Sullivan stated that one of the things that DPH is planning is a communication campaign to target some of these very concerns about stigma and messaging. We are anticipating that this administration will be making this a priority.

Dr. Kneeland and Denis Leary left the meeting at 10:43am.

c. Update on Public Health Hospitals

Mr. Cox commented that a few years ago got an opportunity to learn about the hospitals. There are challenges with the hospitals and it is important to hear more about the work that the hospitals do. There are still challenges and whether the department should continue to run, and whether we should be the operators and owners, esp. the Hospital school. Esp. if we think of the capital means of the facilities, is there a different model that we should consider.

Sandi Akers, Director, Public Health Hospitals stated that with the MA Hospital school, with the different funds that come in, does the hospital school be in place. Seeing the vision, there are some children that cannot be taken care of in the main stream and fall through the cracks. Once they come in, they flourish. Should the commonwealth be running that? The funding that we receive, ¾ covers the operations, maybe there are other funding sources that could be considered. Western MA holey funds itself, and Tewksbury could probably do the same. The Shattuck likely wouldn’t be sustained due to the provision of care to the DOC and HOC clients. . Lanzikos stated that the hospitals are under recognized and underappreciated resources by most in the Commonwealth. Highlight one successful alum who was Sen. Berry who was the majority leader and was a student at the mass hospital school. Question is how challenged are you in recruiting and retaining staff?

Ms. Akers stated that retaining staff fluctuates. There are time when we can’t get a nurse, sometimes there are too many. However, right now we are good with nurses. Physicians are tougher due to pay scale that doesn’t keep pace. With other staff, we do fairly well. Once they come on board, pretty much most of the staff are long term tenured employees.

Ms. Doherty asked how does Massachusetts compare to other states with public health facilities.

Ms. Akers stated that she was on a commission to replace Shattuck and the lab and did an analysis and the consultants at DCAMM looked at outside state facilities have mostly Mental Health facilities, the model of Tewksbury and Shattuck is good as it maximizes the reimbursement

Ms. Doherty discussed the Department of Corrections and the correlation of work with them.

Ms. Akers explained that there is retained revenue that funds part of the patients of Shattuck and we vend out with a system in place. There is a commission that is looking at the Medicaid reimbursement rate. Right now it works, but will need further analysis as they look to change the reimbursement model of inmates.

Dr. Woodward found it interesting to see that the admissions have gone up even with universal coverage even with universal health care. Western MA is contributes up to $5 million dollars per year above their revenue cap back to the general fund. Can this model be applied elsewhere?

Ms. Akers explained that this past year WMH expanded services and opened an additional patient care unit and the revenue cap was raised to accommodate the expanded services. Western Mass is now funded for a census of 90 and the revenue cap is approximately 21 million for fy 2015. Any revenue over this 21 million goes back to the general fund. the budget, and that is where the cap is for the retained revenue.

d. Operations of Public Health Council

Tom O’Brien, General Council for DPH, provided the Council members to discuss their thoughts about the operational functions of the council and where they would like to see the future of the council move to. These ideas would be presented to incoming Commissioner Bharel for review. how the council Lanzikos- 2009- 60 applications under the radar. Because it got delegated a long time ago, believe that we need to update on nursing facilities and the criteria and how we are setting priorities

Dr. Woodward thought that this conversation should not be shortened, and that we should have a longer conversation with this.

Mr. Lanzikos discussed the need to address an issue that had been put on hold 2007 nursing facility determination of needs, and that it was administratively delegated. Since 2009, there have been over 60 applications that have come in under the radar. Since it was delegated a long time ago, we do need an update and review the criteria, and how to set priorities.

Mr. Cox stated that he would like to continue the conversation at the first meeting with the Commissioner. Also, when the board was reconstituted in 2007, is there similar conversation since there is a change in Administration.

Attorney O’Brien stated that the seats on the board are statutory and are seated for a period of time and are not subject to the change in Governor.

Mr. Cox leaves the meeting at 11:25.

Dr. Bernstein mentioned that he would like to receive the information and documents earlier to provide for more time to review information. Dr. Bernstein also asked about how we would go about establishing subcommittees.

Attorney O’ Brien stated that at this time, we can work quickly to discussed subcommittees, what will be on the agenda and how we can prioritize.

Acting Commissioner Sullivan asked for a motion to adjourn. Dr. Bernstein made the motion to adjourn and Mr. Rivera seconded.

The meeting adjourned at 11:29AM 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. Minutes of the Public Health Council meeting of December 10, 2014.
3. Copies of all power point presentations (emailed upon conclusion of the meeting)

Acting Commissioner Eileen Sullivan, Chair