**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of July 11, 2018**

**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, July 11, 2018 - 9:00 AM**

1. **ROUTINE ITEMS**
	1. Introductions
	2. Updates from Commissioner Monica Bharel, MD, MPH
	3. Record of the Public Health Council June 13, 2018 Meeting **(Vote)**
2. **DETERMINATIONS OF NEED**
	1. Sunbridge Healthcare, LLC application for substantial capital expenditure to construct a new 120-bed long-term care facility.  **(Vote)**
	2. Milford-Franklin Eye Center, LLC application for a transfer of ownership related to its planned acquisition of Cataract Surgery Center of Milford, Inc. **(Vote)**
3. **PRESENTATIONS**
4. Informational presentation on Tick-borne Disease Surveillance in Massachusetts.
5. Informational presentation on Mosquito-borne Surveillance and Response in Massachusetts.
6. Informational presentation on Healthcare Associated Infections in 2017.
7. Informational presentation on Serious Reportable Events in 2017.

*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**

Attendance and Summary of Votes:

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

**Date of Meeting:** Wednesday, July 11, 2018

**Start Time:** 9:18am **Ending Time:** 11:44am

| **Board Member** | **Attended** | **Record of the Public Health Council June 13, 2018 Meeting (Vote)** | **DETERMINATIONS OF NEED****Sunbridge Healthcare, LLC application for substantial capital expenditure to construct a new 120-bed long-term care facility. (Vote)** | **DETERMINATIONS OF NEED****b. Milford-Franklin Eye Center, LLC application for a transfer of ownership related to its planned acquisition of Cataract Surgery Center of Milford, Inc. (Vote)** |
| --- | --- | --- | --- | --- |
| Monica Bharel | Yes | Yes | Yes | Yes |
| Edward Bernstein  | Yes | Yes | Yes | Yes |
| Lissette Blondet | Yes | Not Present at Time of Vote | Yes | Yes |
| Derek Brindisi | Yes | Yes | Yes | Yes |
| Harold Cox | Absent  | Absent | Absent | Absent |
| John Cunningham | Yes | Yes | Yes | Yes |
| Michele David | Yes | Not Present at Time of Vote | Yes | Yes |
| Meg Doherty | Yes  | Yes | Yes | Yes |
| Michael Kneeland | Yes | Yes | Yes | Yes |
| Joanna Lambert | Yes | Yes | Yes | Yes |
| Paul Lanzikos | Yes | Yes | Yes | Yes |
| Lucilia Prates-Ramos | Yes | Yes | Yes | Yes |
| Secretary Francisco Ureña | Absent  | Absent | Absent | Absent |
| Alan Woodward | Yes | Yes | Yes | Yes |
| **Summary** | **12 Members Present, 2 Members Absent** | **11 Members approved, 2 members absent, 1 member not present at time of vote** | **12 members approved, 2 members absent** | **12 members approved, 2 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, July 11, 2018 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: Monica Bharel, MD, MPH; Edward Bernstein, MD; Lissette Blondet; Derek Brindisi; John Cunningham, PhD; Meg Doherty; Michael Kneeland, MD; Joanna Lambert; Paul Lanzikos; Lucilia Prates-Ramos; and Alan Woodward, MD

Absent member(s) were: Harold Cox and Secretary Francisco Ureña

Also in attendance was Margret Cooke, General Counsel at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 9:18 AM and made opening remarks before reviewing the agenda.

**ROUTINE ITEMS**

**Updates from Commissioner Monica Bharel, M.D., MPH**

Commissioner Bharel began updates by discussing the Department’s campaign to educate parents of middle and high school-age children about the dangers vaping devices pose. The campaign, called The New Look of Nicotine Addiction, will be featured on transit, online and through social media channels. We’ve also created billboards, posters, flyers and other collateral materials as well as a toolkit for schools and community-based organizations that will be rolled out in August to coincide with the new school year. In addition to these materials, we also launched an enhanced version of our Get Outraged! site, which you can see here on the screen, that focuses on vaping and includes tools, such as model policies, to help educators, parents and local communities.

Next, the Commissioner announced that the Bureau of Infectious Disease and Laboratory Sciences launched the Care that Fits You campaign. This important campaign is directed at gay and bisexual men of all ages and races/ethnicities, and provides information about biomedical HIV prevention methods. These methods include pre-exposure prophylaxis (or PrEP), post-exposure prophylaxis (or PEP), treatment as prevention (TasP), and frequent STD testing and treatment. The campaign encourages men to develop a relationship with a primary care provider who can provide these services and other appropriate care. The cornerstone of this campaign is the Care That Fits You website, and there is also a Care That Fits You Facebook page and Instagram page. Wallet cards are also available through the Massachusetts Health Promotion Clearinghouse.

On June 29th, the Department released a statewide study of marijuana use among Massachusetts residents, which was required as part of the adult use of marijuana law. Massachusetts is one of the first states in the nation where adult-use marijuana has been legalized to study marijuana-use habits before retail sales begin. This baseline study examined patterns of use, methods of consumption, and general perceptions of marijuana; incidents of impaired driving and hospitalization related to marijuana use; and the economic and fiscal impacts for state and local governments. The study was done in consultation with several state agencies, including the Executive Office of Health and Human Services, the Executive Office for Administration and Finance, and the Executive Office of Public Safety and Security - in partnership with the UMass Donahue Institute/UMass Amherst School of Public Health and two private research firms. The study included more than 3,000 respondents and among the most striking findings were:

* 21 percent of adults had used marijuana in the past 30 days and the proportion of marijuana use was highest among 18-to-25 year
* Among respondents who use marijuana, 34.3% reported driving under the influence.
* The proportion of marijuana-related calls to the Regional Poison Control Center in Massachusetts increased after medical marijuana became available in the Commonwealth. The calls include incidents of unintentional exposures among children.

This study was a big undertaking – not only did the research include phone-based, paper-based, and online surveys – a portion of participants met in person with DPH staff for an interview, cognitive tests, and biological sampling. The Commissioner thanked all of the DPH staff involved with the study, especially Marc Nascarella, Director of our Toxicology Program and Principal Investigator for this study, for his leadership of this impressive study.

Also, late last month, the Commissioner joined Governor Baker at an event in Brockton, where he announced $940,000 in funding to help first responders in communities hit hardest by the opioid epidemic purchase naloxone and related medical supplies, and to cover the costs of overdose response training. This funding is being administered to 33 cities and towns through the Department’s First Responder Naloxone grants.

In addition to these grants, since December 2015, the Department’s State Office of Pharmacy Services has made naloxone available to cities and towns at a discounted rate. More than 200 police and fire departments, as well as 45 other municipal customers such as schools, boards of health, and state police, have taken advantage of this discount by purchasing naloxone through the Municipal Naloxone Bulk Purchasing Program. Since the First Responder Grant program began in 2015, more than 7,400 overdose rescues by first responders have been reported to DPH.

Next Commissioner Bharel discussed the drastic increase in the effects of the opioid epidemic in the Latino community – opioid-related deaths in this population have increased almost 100% since 2014.

In June, the Commissioner visited Casa Esperanza in Boston for a roundtable with their staff and members of the Latino community to discuss the issues they are facing related to opioids, and to get a better understanding of some of the community outreach that’s needed. This visit is part of an important continuation of our efforts to address the toll opioids are taking on the Latino population. Through this and other on-site visits the Commissioner has had around the state, she can confirm that tools like our Spanish-language Stop Addiction Before it Starts campaign are well received – but like anything, knowing is half the battle. These conversations have been and will continue to be great ways to strengthen our existing partnerships and work towards our mutually shared goals.

Finally, Commissioner Bharel informed the Council that she recently spent some time on Cape Cod visiting some of our funded sites. One of the sites was Independence House, which serves as a comprehensive rape crisis center, and provides general community-based domestic violence service including for children exposed to domestic violence; housing stabilization services; and emergency shelter services. Their emergency shelter began in 2017, and builds off of Independence House’s relationship with DPH as a longtime provider of rape crisis and domestic violence services.

This site provides a centralized place where victims of sexual and domestic violence and their families can access critical services. Independence House also has 3 satellite offices and advocates housed within courts on the Cape and in numerous police departments. It was great to see such a great example of strong community collaboration, which well-positioned Independence House to step into its new role as an emergency shelter.

With no further updates, the Commissioner asked the Council if they had any questions. Seeing none, she proceeded with the docket.

**1. ROUTINE ITEMS**

**c. Record of the Public Health Council June 13, 2018 Meeting (Vote)**

Commissioner Bharel asked if any members had any changes to be included in the June 13, 2018 meeting minutes.

Seeing none, the Commissioner asked for a motion to accept the minutes. Mr. Lanzikos made the motion and Dr. Woodward seconded it. All present members approved.

**2.DETERMINATIONS OF NEED**

**a.Sunbridge Healthcare, LLC application for substantial capital expenditure to construct a new 120-bed long-term care facility.  (Vote)**

The Commissioner invited Nora Mann, Determination of Need Program Director, and Rebecca Rodman, Deputy General Counsel, to the table to review the DoN staff recommendation for Sunbridge Healthcare, LLC’s application for substantial capital expenditure to construct a new 120-bed long-term care facility.

Ms. Blondet arrives at 9:32am.

Dr. David arrives at 9:34am.

Following, Ms. Mann’s presentation the Council was asked if they had any questions or comments.

Wendy LaBate, Senior VP of Operations at Genesis HealthCare ; and Kenneth Cullerot, VP Regional Controller for Genesis HealthCare also joined Ms. Mann and Ms. Rodman at the table to answer questions.

Ms. Doherty inquired if this will be a part of the pay for performance type of relationship with the organizations that are a part of this project.

Ms. LaBate replied that in terms of pay for performance, generally our reimbursement through Medicaid and Medicare would be based on quality measures. This facility would have the payments from that reimbursement source. Certainly the results of our outcomes would play into the reimbursement.

Ms. Doherty then asked what happens to the 75% of the patients that were insured by Masshealth.

Ms. LaBate replied that they have a number of facilities in that market and that the payer mix is going to change due to the change in structure. She would expect that in some of those centers that the Medicaid percentage would go up and the post-acute patients that they currently see in some of those centers would probably go to the new facility.

Ms. Doherty informed Ms. LaBate that she is concerned that poorer patients would be disadvantaged geographically. In general, she believes their proposal is phenomenal. Ms. Doherty then inquired about the inclusion of home care.

Ms. LaBate stated that a post-acute continuum of care already exists in all of their facilities. It is a prominent part of the initial admission of a new resident.

Ms. Doherty noted that she was concerned that they are going to lose 22 beds. She asked if they were concerned about the Trump administration’s decision to not provide higher payment for higher risk patients.

Ms. LaBate replied that in terms of bed availability the occupancy rates tend to hover around 84%. There are beds available and its more so about having the population go to the right setting at the right time. As far as the most recent announcement, this industry is always challenged by changes and reimbursement, but they will adapt. They are currently very integrated in the bundle payment and risk programs. They have learned a lot from value-based care and will continue to provide the highest quality at the lowest cost.

Ms. Doherty asked how they will measure employee engagement.

Ms. LaBate informed her that they currently have employee satisfaction surveys and work very closely with staff to provide a high-quality work environment that is flexible to their needs.

Mr. Lanzikos asked if there was a sense of what the optimal number of facilities of this nature, in terms of geographical distribution, and what is the impact. He also discussed the viability of projects of this nature in the future.

Ms. Rodman replied that as a Department we are currently in the process of reviewing many aspects of the impacts how to address them. She believes he should expect to hear from other members of the Department on those issues in the near future.

Ms. Doherty discussed about the licensure procedure for surveys and how that will have to change because of the acuity of the patients they are discussing. She then asked if there would be reserved rehab beds in this facility.

Ms. LaBate replied that they are essentially looking to have two units of post-acute care. Twelve beds will be used for higher level telemetry focus. The population in general has a myriad of comorbidities so they do anticipate that there will be rehab patients. The nursing staff will be trained to handle those complex care needs.

Ms. Doherty asked where do the patients who have hip and knee surgeries currently go.

Ms. LaBate informed her that many of them go directly home and those who can’t are generally post-acute and have other comorbidities that need support.

Ms. Prates Ramos asked about community engagement and how engaged was the Elder Services of Merrimack Valley.

Barbara Wiser, consultant with Strategic Care Solutions, answered the question. She informed Ms. Prates Ramos that they rely heavily on the needs assessment by the community health needs agency that was commissioned by Lowell General Circle Health. From her understanding, they were involved in the assessment project that was conducted.

Ms. Blondet stated that she was concerned about the decrease in beds and was looking for more community involvement, specifically that of community health workers. She suggested that community health workers be added to their provider teams because they help facilitate “eye to eye” communication for patients and providers.

Ms. LaBate replied that they are looking to integrate them more. They are very established in that market and have a lot of relationships with agencies in that community.

Dr. Bernstein inquired about the metrics used for performance measures. He also inquired about what was meant by “emergency room direction” as a performance measure.

Ms. LaBate replied that they currently look at re-hospitalizations and emergency rooms visits.

Ms. Wiser added that some patients present themselves in the emergency department it is possible that some will not be admitted to the hospital and will be stabilized; with the high-tech facility nearby they will be able to be transferred from the ED to Merrimack Valley Center.

Ms. LaBate added that currently admit patients directly from the emergency department. It is an opportunity to avoid unnecessary re-hospitalizations. They are also measure when they transfer patients to the emergency department as it is part of CMS requirements.

Ms. Doherty asked if they were under a bundled payment system.

Ms. Wiser informed her that in some instances they are however the pilot that CMS was running will end on September 30th. They will continue to have value based care but the pilot itself will be resolved.

Mr. Lanzikos commented on future applications and noted the importance of the applicant reaching out to agencies of note in the area.

Ms. Prates Ramos cautioned the applicant about patients being charged out of pocket due to the ACO pilot ending. She urged them to thin about the protocol and how to ameliorate that.

With no further questions, the Commissioner asked if there is a motion to accept the staff recommendation for approval of Sunbridge Heatlhcare, LLC’s application for substantial capital expenditure.

Ms. Doherty made the motion, Ms. Prates Ramos seconded it. All present members approved.

**DETERMINATION OF NEED**

**b. Milford-Franklin Eye Center, LLC application for a transfer of ownership related to its planned acquisition of Cataract Surgery Center of Milford, Inc. (Vote)**

The Commissioner then asked Ms. Mann and Ms. Rodman to remain at the table to present staff recommendation for Milford-Franklin Eye Center, LLC’s application to acquire the Cataract Surgery Center of Milford, Inc.

Following the presentation the Council was invited to ask questions.

Seeing none, the Commissioner asked if there was a motion to accept the staff recommendation for approval of Milford-Franklin Eye Center, LLC’s application for transfer of ownership.

Mr. Lanzikos made the motion, Dr. Cunningham seconded it. All present members approved.

**3. PRESENTATIONS**

**a. Informational presentation on Tick-borne Disease Surveillance in Massachusetts.**

Commissioner Bharel invited Dr. Catherine Brown, State Epidemiologist and State Public Health Veterinarian, to the table for an overview of both tick-borne and mosquito-borne disease in Massachusetts.

Following her presentation the Council was asked if they had any questions.

Mr. Brindisi asked why there hasn’t been more focus on tick-borne disease in comparison to that of mosquito-borne diseases.

Dr. Brown stated from an internal standpoint, the amount of focus on tick-borne diseases is equivalent, if not more than, that of mosquito-borne diseases. One of the barriers and frustrations in preventing the spread of tick-borne illnesses is that the tools for preventing tick-borne illnesses are dependent upon individual behavior. She also emphasized the need for the population to recognize that is an issue in the Commonwealth. She then listed some ways for prevention.

Dr. Woodward asked if they knew the geographical area that the tested ticks come from.

Dr. Brown informed him that they do categorize by geographical area. The ticks that are actually sent in come from a variety of areas, as certain towns provide funding for their resident’s to test.

Dr. Woodward asked about the lone star tick and if we are looking at their distribution.

Dr. Brown replied that UMASS Amherst is assisting the Department to understand where lone star ticks are appearing. They know they have breeding populations on the Cape but they are found elsewhere as well. She noted that the allergic reaction to meat, a symptom of being bit by a lone start tick, is not reportable. However, she does include lone star ticks in her presentations and discusses the emergence and the diseases that it can carry.

Dr. David asked if there were any national resources for treatment of tick-borne diseases.

Dr. Brown discussed the question of using antibiotics for treatment. She also noted that there is more information coming out in regards to treatment.

**b. Informational presentation on Mosquito-borne Surveillance and Response in Massachusetts.**

Dr. Bernstein leaves at 11:07am and does not return.

Following Dr. Brown’s presentation there were no questions. The Commissioner proceeded with the docket.

**c. Informational presentation on Healthcare Associated Infections in 2017.**

Commissioner Bharel then invited Dr. Katherine Fillo, Director of Clinical Quality Improvement for the Bureau of Health Care Safety and Quality; Christina Brandeburg, Epidemiologist at the Bureau of Infectious Disease and Laboratory Sciences; and Eileen McHale, Healthcare Associated Infection Coordinator for the Bureau of Health Care Safety and Quality, to the table for a presentation on health care associated infections in 2017.

Following the presentation the Council was asked if they had any questions.

Mr. Brindisi leaves at 11:25am and does not return.

Mr. Lanzikos asked about hand washing and how it fits into the overall strategy.

Ms. McHale replied that hand hygiene is the single most important thing that can be promoted to prevent infections. It is a part of the prevention plan that is promoted.

Dr. David inquired about antibiotics stewardship and feeding antibiotics to animals.

Commissioner Bharel informed her that they we do not have set policy on that topic.

Ms. Prates Ramos asked what the reporting mechanism is for infections for long term care facilities.

Ms. McHale informed her that there is a requirement for long term care facilities to report healthcare personnel influenza. In terms of reporting to NHSN, there is no present requirement at a federal or state level.

Ms. Prates Ramos asked how confident they are that the numbers reported are accurate.

Ms. Brandeburg informed her that the Department provides ongoing education so that facilities understand the definition and report accurately.

Ms. McHale also added that the Department sends quarterly data cleaning report.

**d. Informational presentation on Serious Reportable Events in 2017.**

The Commissioner then asked Dr. Fillo to continue and present serious reportable events in 2017 at hospitals and ambulatory surgical centers.

Dr. David leaves at 11:39am and does not return.

Following the presentation, the Council was invited to ask questions.

Mr. Lanzikos asked if instances of assault are limited to physical confines of licensed facility or the campus.

Dr. Fillo informed him that they include anything that occurs in the licensed hospital premises; this may be the hospital or one of its satellite locations.

With no further questions or comments, the Commissioner reminded the Council that the next meeting is Wednesday, August 8, 2018 at 9AM.

She then asked for a motion to adjourn. Dr. Kneeland made the motion Dr. Woodward seconded it. All present members approved.

The meeting adjourned at 11:44AM.