**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of March 11, 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, March 11, 2015 9:00 AM**

1. **ROUTINE ITEMS:**
   1. Introductions
   2. Remarks from Commissioner Monica Bharel, M.D.
   3. Record of the Public Health Council Meeting January 14, 2015 **(Vote)**
2. **DETERMINATION OF NEED (DoN)**

a. Boston Medical Center, Significant change to approved DoN Project No. 4-3C32 (**Vote**)

1. **PRESENTATION**
   1. WIC Program Updates
   2. Data Outcomes and Assessments
   3. Suicide Prevention Overview

*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, March 11, 2015

**Beginning Time:** 9:14am

**Ending Time:** 11:18am

**Attendance and Summary of Votes:**

| **Board Member** | **Attended** | **Item 1c**  **Minutes of January 14, 2015** | **Item 2a**  **Vote on DoN- Boston Medical Center** |
| --- | --- | --- | --- |
| Monica Bharel | Yes | Yes | Yes |
| Edward Bernstein | On Phone | \_ | Recusal |
| Derek Brindisi | Absent | Absent | Absent |
| Harold Cox | Yes | Yes | Yes |
| John Cunningham | Yes | Yes | Yes |
| Michele David | Absent | Absent | Absent |
| Meg Doherty | Yes | Yes | Yes |
| Michael Kneeland | Yes | Yes | Yes |
| Paul Lanzikos | Yes | -- | Yes |
| Denis Leary | Yes | Yes | Yes |
| Lucilia Prates-Ramos | Absent | Absent | Absent |
| Jose Rafael Rivera | Yes | Yes | Yes |
| Meredith Rosenthal | Yes | Yes | Yes |
| Michael Wong | Yes | Yes | Yes |
| Alan Woodward | Yes | Yes | Yes |
| **Summary** | **11**  **Members attended**  **1**  **Phone Participation** | **10**  **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, March 11, 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 Commissioner Monica Bharel (chair); Harold Cox; John Cunningham, PhD; Meg Doherty; Michael Kneeland, MD; Paul Lanzikos; Denis Leary; Jose Rafael Rivera; Meredith Rosenthal, PhD; Michael Wong, MD; and Alan Woodward, MD.

Members on the phone: Edward Bernstein, MD who participated in the meeting after the vote on the Determination of Need was taken. Dr. Bernstein was out of town during the March meeting

Absent member(s) were: Derek Brindisi; Michele David, MD; Lucilia Prates-Ramos.

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

Commissioner Bharel called the meeting to order at 9:14am and made opening remarks before reviewing the agenda.

Commissioner Bharel stated that was her first Council meeting and looked forward to working with each and every member. Additionally, she asked each present member of the Council to make introductions before the public.

**1. MINUTES**

b. Record of the Public Health Council Meetings of January 14, 2015.

Commissioner Bharel asked for a motion to approve the minutes from January 14. After no discussion, Dr. Wong made a motion to approve the minutes and Mr. Rivera seconded. All voted in favor.

**2. DETERMINATION OF NEED (DoN)**

a. Boston Medical Center (BMC), Significant change to approved DoN Project No. 4- 3C32 (**Vote**)

Bernie Plovnick, Director for the DoN program presented the staff recommendation on Boston Medical Center’s application for a significant change to approved DoN Project No. 4-3C32, which would improve their operating rooms, relocate an electrical room, bring separate facilities together and expand their food pantry program.

Following the presentation, Commissioner Bharel opened the floor to discussion.

Mr. Rivera asked with these changes to BMC’s DoN Project No. 4-3C32, what the benefits to the patients and the community would be.

Mr. Plovnick stated that these changes would provide greater efficiency of one single location instead of two.

Dr. Wong asked about the flow rate from emergency room to hospital admissions.

Lauren Nelson, from Bureau of Health Care Safety and Quality (BHCSQ), responded to Dr. Wong’s question. She stated that BHCSQ collects monthly data about ED flow but does not have precise wait times. In general, the percentage of ED visits that last more than 12 hours are lower than the metro region by about 3 percent on average. The median time was slightly higher from ED admission to departure, which was around 100 minutes. In a 2-year period, the average time at BMC was 350-450 minutes, which was slightly higher than the metro region (approximately 300 minutes from time in to time out).

Dr. Woodward suggested that DPH collect more data related to ED boarding (e.g., more data on transfer to other facilities for behavioral health patients). He also asked how flow would be maintained throughout construction when the overall flow might be reduced from construction. He also suggested sending surveyors to BMC to oversee all phases of construction to ensure no disruption in services to the community. Dr. Woodward noted that behavioral health patients were taking up a large number of beds in emergency rooms and asked what the trends at BMC were.

Ms. Nelson asked what type of information Dr. Woodward would want to know.

Dr. Woodward suggested more breakdown: stays greater than 2 hours, number of emergency department boarders, outliers, comparisons between facilities, and trends compared with other facilities to name a few. He suggested that 450 minutes was a very long time for emergency department boarders. As a member of the Behavioral Health Task Force, he observed that emergency room boarding continues to be a big problem in Massachusetts.

Ms. Nelson stated that DPH does have information on med/surg beds versus behavioral health beds. She also added that at greater than 12 hours average per emergency room for a behavioral health diagnosis, BMC was slightly higher compared with other facilities. In July 2013, BMC had an abnormal amount, around 70 percent, of emergency room boarders greater than 12 hours.

Dr. Cunningham asked if the same number of operating rooms was part of the construction plan.

Mr. Plovnick answered that this amendment to the DoN would not change the number of operating rooms/procedural rooms during construction and there would be no deterioration of services while under construction. The applicant is moving endoscopy to another suite, but there will be no change to operating room numbers.

Mr. Lanzikos entered at 9:33am.

Andy Levine (Counsel to BMC), Robert Biggio (VP, Facilities & Support Services), and Brendan Whalen (Director, Design and Construction) approached the table to answer questions posed by the Council. They explained that this project is designed to merge the two campuses of BMC, decrease BMC’s carbon footprint by nearly 25 percent by 2020 by eliminating 10,000 ambulance rides from campus to campus, improve current emergency rooms (as they were currently undersized), expand the food pantry and kitchen, and, overall, create a better experience. Currently, a slab and exterior shell is was to be in place in early fall. They anticipate that a formal letter approving such changes will come from DPH within a week.

Mr. Rivera commented that the food pantry must be culturally responsive to the needs of every community.

Ms. Lanzikos asked how the change of scope came in so quickly and how do we know it would not be changed in another 18 months.

Mr. Levine answered that BMC looked at this process in phases and was trying to be the least disruptive to patients. Some changes included moving the large electrical room from operating room level to the roof to allow more room, which went through a thorough level of confidence and assessment from representatives at BMC including regulatory counsel at BMC and evaluated by the Director of Design at BMC. Currently, the patient flow and quality of patient standards are planned throughout construction to minimize disruption. With an exhaustive process, they did not anticipate any other changes to the DoN.

Dr. Woodward asked that patient flow and patient quality standards are kept consistent throughout construction.

Dr. Wong asked what would happen to the old facility.

Mr. Levine answered that the facility will be sold once the new facility is completed.

After no additional comments or questions, at 9:43am Commissioner Bharel asked for a motion to approve the amendment to Boston Medical Center, DoN Project No. 4- 3C32. Mr. Rivera made a motion to approve the DoN and Dr. Woodward seconded. All voted in favor.

**3. PRESENTATIONS:**

1. WIC Program Updates

Mary Blocksidge, the Massachusetts WIC Program Vendor Unit Manager, on behalf of Judy Hause, Director, of the Nutrition Division for the Massachusetts WIC Nutrition Program, presented on statistics of the WIC program in Massachusetts, benefits of the WIC Card versus the Paper Check System, redemption rates, and the use of technology to improve participants of the WIC program.

At the conclusion of the presentation, Commissioner Bharel opened up the floor for questions.

Mr. Cox asked what the background on WIC program was; what determined the size of the program; was Massachusetts maxed out; who was eligible; and did the Department recruit.

Ms**.** **Blocksidge** responded that eligibility incomes were 185 percent of the poverty line. Individuals must meet risk criteria that were determined by nutritionists. When case load was down, the program did recruit individuals to the program. Currently, the speculation of low caseloads could be as a result of the low birth rate and the winter preventing individuals from seeking services. The WIC program was constantly marketing and recruiting eligible individuals. The current caseload was maxed out at 135, but the DPH does not turn away anyone and there was no one on the waitlist.

Mr. Lanzikos asked if benefits were not used completely in the month, would the money be added to the following month.

Ms. Blocksidge responded that individuals lose the remaining value and reabsorbed into the program. DPH does work with those individuals to ensure that they use their benefits every month.

Dr. Woodward asked if the WIC card was similar to a debit card and why fish appeared to only be available for pregnant women.

Ms. Blocksidge responded that the card is similar to a debit card. . Every 6 months the program does assess the income of individuals over the prior year to ensure maximum benefits and there was a reevaluation and education sessions every 3 months by nutritionists. Some high risk customers were reassessed every month to keep their risk as low as possible. DPH follows USDA guidelines and thus only allows pregnant woman to buy fish with WIC funds.

Commissioner Bharel acknowledged Dr. Bernstein was on the phone at 10:05am.

Mr. Rivera pointed out that many single parents were in the WIC program including men.

1. Office of Data Management and Outcomes Assessments

Tom Land, PhD, Director of the Office of Data Management and Outcomes Assessments presented an update on the Office of Data Management and Outcomes Assessments on the progress toward meeting their goals of access to more (real-time) data, quicker turnaround, improving data access and review processes, facilitating quality improvement and performance management, and improving data infrastructure.

At the conclusion of the presentation, Commissioner Bharel opened up the floor for questions.

Dr. Wong asked whether there was a direct query of electronic medical records or was there a person on the other end for MPDHnet.

Dr. Land responded that this system has a gate keeper who can determine to open or close the system, and every partner can stop a query from moving forward. This system was completely an automated a parallel system that runs to deliver queries to other partner organizations. This system also allowed “meaningful use”.

Mr. Rivera asked who will have access to this information and was it similar to Massachusetts Community Information Health Profile (MassCHIP).

Dr. Land stated that MassCHIP was a public information system that contained packaged, prepared data while MPDHnet does not. MassCHIP was accessible to the public and was taken down. MPDHnet contained information that would be free flowing and every changing. He was in discussions with CHIA as a possible partner.

Mr. Lanzikos asked when this was a mature system, how would DPH determine who get access and will data sharing be with other states.

Mr. Cox asked if Dr. Land was working with local communities. He also questioned how Dr. Land will envision external qualified media, researchers, and other states to access this information.

Dr. Land responded that he currently met with external partners on who to allow access for the media, researchers, and other states. Some things to consider were to ensure that the Department was meeting with various groups to ensure that their needs were met along with the needs of the Department. Additionally, it was anticipated that by providing formal reports to communities would allow for an environment for discussion to grow and to develop appropriate health programs to the individual community.

Dr. Cunningham responded with simply, “Wow”.

1. Suicide Prevention Overview

Carlene Pavlos, Director for the Bureau of Community Health and Prevention and Alan Holmlund Director for Suicide Prevention at DPH presented gave an overview of suicides in Massachusetts included number by age group and gender, methods chosen, and circumstances associated with an attempt. Next was a discussion of the efforts being undertaken to reduce the numbers of attempts. This included raising awareness through the promotion of website aimed at men age 35-64 (the most at-risk group), collaborations with state and local partners, and education and training.

At the conclusion of the presentation, Commissioner Bharel opened up the floor for questions.

Dr. Wong asked if there had been outreach to nurse organizations and other associations to inform suicide prevention training.

Ms. Pavlos responded with a yes. The Department was also preparing a list of curriculum to provide associations with prevention training for suicides.

Mr. Rivera praised DPH for their work on this important issue.

Mr. Lanzikos stated that life affecting medical conditions and the criminal justice system was also tied to suicide. He asked what the Department was doing at the House of Corrections to enable staff to prevent suicides.

Ms. Pavlos answered that there were higher rates of suicide in the criminal justice system for both men and women. Suicide prevention training does happen for all staff in the Department of Correction.

Dr. Cunningham departed at 11:04am.

Dr. Kneeland departed at 11:10am.

Dr. Woodward asked what about middle aged males and what about the inclusion of suicides from car accidents.

Mr. Holmlund answered that it was difficult to identify these as definite suicides and thus not counted toward the data.

Dr. Rosenthal departed at 11:14am.

Mr. Rivera departed at 11:15am.

Commissioner Bharel asked for a motion to adjourn at 11:18am and Ms. Doherty made the motion to adjourn and Dr. Wong seconded. All approved.

The meeting adjourned at 11:18am 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 January 14, 2015.
3. Copies of Boston Medical Center Determination of Need
4. Copies of all power point presentations (emailed upon conclusion of the meeting)

Commissioner Monica Bharel, Chair