**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of May 9, 2018**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**PUBLIC HEALTH COUNCIL**

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

**250 Washington Street, Boston MA**

**Docket: Wednesday, May 9, 2018 - 9:00 AM**

1. **ROUTINE ITEMS**
   1. Introductions
   2. Updates from Commissioner Monica Bharel, MD, MPH
   3. Record of the Public Health Council April 4, 2018 Meeting **(Vote)**
2. **DETERMINATIONS OF NEED**
   1. Baystate Health, Inc. application for substantial change in service for build out of ambulatory surgery operating rooms and associated pre- and post-operative care rooms at the Applicant’s satellite, Baystate Orthopedic Surgery Center.  **(Vote)**

**3. REGULATIONS**

a. Informational briefing on proposed amendments to 105 CMR 700.000, *Implementation of M.G.L. c. 94C.*

**4. PRESENTATIONS**

a. Overview and demonstration of the Population Health Information Tool (PHIT).

b. Overview of the Board of Certification of Community Health Workers (CHW) and Update on CHW Certification Process.

c. Dr. Alfred DeMaria, Medical Director for the Bureau of Infectious Disease and Laboratory Science and State Epidemiologist, reflects on almost three decades serving DPH.

*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, May 9, 2018

**Start Time:** 9:08am **Ending Time:** 11:38am

| **Board Member** | **Attended** | **Record of the Public Health Council April 4, 2018 Meeting (Vote)** | **DETERMINATIONS OF NEED Baystate Health, Inc. application for substantial change in service for build out of ambulatory surgery operating rooms and associated pre- and post-operative care rooms at the Applicant’s satellite, Baystate Orthopedic Surgery Center.  (Vote)** |
| --- | --- | --- | --- |
| Monica Bharel | Yes | Yes | Yes |
| Edward Bernstein | Yes | Yes | Yes |
| Lissette Blondet | Yes | Yes | Yes |
| Derek Brindisi | Yes | Abstained | Yes |
| Harold Cox | Yes | Yes | Yes |
| John Cunningham | Yes | Yes | Yes |
| Michele David | Absent | Absent | Absent |
| Meg Doherty | Yes | Yes | Yes |
| Michael Kneeland | Yes | Abstained | Recused |
| Joanna Lambert | Yes | Abstained | Yes |
| Paul Lanzikos | Yes | Yes | Yes |
| Lucilia Prates-Ramos | Yes | Yes | Yes |
| Secretary Francisco Ureña | Yes | Not present at time of vote | Not present at time of vote |
| Alan Woodward | Yes | Yes | Yes |
| **Summary** | **13 Members Present, 1 Members Absent** | **9 Members approved, 3 abstained, 1 member absent, 1 member not present at time of vote** | **11 members approved, 1 members absent, 1 member recused, 1 member not present at time of vote** |

**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, May 9, 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; Harold Cox; John Cunningham, PhD; Meg Doherty; Michael Kneeland, MD; Joanna Lambert; Paul Lanzikos; Lucilia Prates-Ramos; Secretary Francisco Ureña and Alan Woodward, MD

Absent member(s) was:, Michele David, MD

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

Commissioner Bharel called the meeting to order at 9:08 AM and made opening remarks before reviewing the agenda.

**ROUTINE ITEMS**

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

Commissioner Bharel began updates by informing the Council that she recently took part in the Commonwealth’s annual Kick Butts Day. This was her fourth time being part of this event, and each year she has been honored to recognize and witness the groundbreaking work The 84 Movement is doing to counter tobacco industry tactics in our communities.

The 84 Movement is a statewide movement of youth fighting tobacco in Massachusetts. The 84 represents the 84% of Massachusetts youth who did NOT smoke when the movement began – and importantly that percentage has now increased to 92%. Commissioner Bharel then shared photos of her and some students at the event.

She noted that it wonderful to see so many legislators and advocates turn out for this event, particularly when you consider the stakes and the changing tactics of the tobacco industry to market their products to young people. As discussed previously during PHC meetings, new electronic cigarette products like Juuls and Bos that look like thumb drives or sharpie pens – things that can look innocent and unassuming to kids, come in flavors such as mango and bubble gum and are becoming more prevalent in high schools across Massachusetts. Commissioner Bharel then shared samples of the products for the members to see.

The Commissioner then discussed the tactics that Massachusetts is using to try and counteract the industry’s tactics. For instance, since the last Kick Butts Day, the number of municipalities with regulations restricting the sale of flavored tobacco products to adult-only establishments has almost doubled. This is a pivotal time in tobacco policy, with many people engaged in the work supported by DPH. She looks forward to continued collaboration and important work on this essential public health problem.

Following Kick-Butts day updates, the Commissioner discussed the 122nd running of the Boston Marathon that was held Monday, April 16th. The weather conditions were exceptionally demanding.

As in previous years, more than 50 DPH employees staffed medical tents along the route, and tracked the number of patients including the type of ailment and the number of hospital transports. They were positioned at the starting and finish lines and in all of the various operations centers, including the Boston Athletic Association Operations Center and DPH’s own Operations Center, which was fully activated. Given the weather conditions, the number of runners seeking medical attention almost doubled from last year, from 821 runners in 2017 to 1,300 runners this year, and these numbers don’t include the tents like the Elite runners Tent at the Finish Line, which saw many hundreds more.

Although the weather proved to be enormously challenging, our staff’s dedication and positive attitude never wavered and epitomized the best of public service and the heart and soul of what makes the Boston Marathon so special. Next month at the PHC, Kerin Milesky, director of our Office of Preparedness and Emergency Management, will join us to give the Council a more detailed rundown of the marathon, as well as an overview of preparations for Boston’s annual Fourth of July celebration.

DPH is investigating a large cluster of new HIV infections in the northeast region of the state among people who inject drugs and/or experience homelessness. After seeing the increase in new cases last year in Lawrence and Lowell, DPH requested formal investigatory assistance from the CDC.

Shortly after our April meeting, we announced that the CDC agreed to assist us in that investigation. This collaborative work began last week. While Massachusetts as a whole has not seen an overall increase in the number of new HIV diagnoses, the number of diagnoses attributed to people who inject drugs has increased in recent years. DPH’s preliminary data shows 52 new HIV cases in 2017 in the northeast region among injection drug users, compared to 23 in 2016.

With the CDC’s assistance, we will be able to complete a rapid investigation including HIV surveillance, genetic data analysis and interviews with clinicians, other providers and patients to better understand what is happening and what would be required to effectively prevent further spread of infection. There will be updates on this work moving forward, which the Commissioner will bring back to a later meeting.

Previously, the Commissioner provided some highlights from her remarks before the House and Senate Ways and Means Committees. In those remarks, she stressed three key pieces of the Governor’s budget proposal critical to DPH in the coming year:

* + A non-profit grants trust fund, to allow DPH to accept competitive grant funding from non-profit organizations, as a way to continue and build upon all of the exciting data work we’ve done over the past couple of years;
  + Funding for necessary inspectional capacity for health care facilities, food protection, and radiation control; and
  + Startup funding necessary to support implementation of the nation’s first statewide Mobile Integrated Health law.

She announced that the necessary support for these important initiatives was approved by the House.

We will continue to track the budget process going forward, and look forward to seeing the Senate’s proposal.

Finally, the Commissioner shared with the Council that member, Dean Harold Cox was recently honored by Mayor Marty Walsh for his work in driving lasting improvements in public health.

Mayor Walsh commemorated Dean Cox’s 11-year service on the Boston Public Health Commission Board by naming April 12th as “Harold Cox Day.’’ Commissioner Bharel noted that this is a richly deserved honor, and just one more reminder of how lucky we are to serve with members who have their pulse on public health in this state.

With no further updates, the Commissioner asked the Council if they had any questions or comments.

Lissette Blondet arrives at 9:10am.

Dr. Woodward informed the Council that a bill would be going to the House floor that would raise the age of sale of tobacco to 21 years old and would call for vaping and vaping products to come under state law. He hoped that the reaction would be positive.

Mr. Lanzikos asked if the Department was monitoring or concerned about recreational marijuana facilities taking product away from those seeking for medical marijuana purposes.

Commissioner Bharel explained that they are working with Cannabis Control Commission.

Mr. Brindisi discussed the increase of marijuana vaping with youth. He asked if we are framing our questions on not vaping just for tobacco but around marijuana use.

Commissioner Bharel [response inaudiable]

With no further questions or comments the Commissioner proceeded with the docket.

**1. ROUTINE ITEMS**

**c. Record of the Public Health Council April 4, 2018 Meeting (Vote)**

Commissioner Bharel asked if any members had any changes to be included in the April 4, 2018 meeting minutes.

Seeing none, the Commissioner asked for a motion to accept the minutes. Dr. Woodward made the motion and Mr. Lanzikos seconded it. Dr. Kneeland, Mr. Brindisi, and Ms. Lambert abstained as they were not present at the April 4th meeting. All other present members approved.

**2.DETERMINATIONS OF NEED**

**a. Baystate Health, Inc. application for substantial change in service for build out of ambulatory surgery operating rooms and associated pre- and post-operative care rooms at the Applicant’s satellite, Baystate Orthopedic Surgery Center.  (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 Baystate Health, Inc.’s application for a substantial change in service to accommodate the build out of ambulatory surgery operating rooms and associated pre- and post-operative care rooms.

Before the presentation, the Commissioner gave Dr. Kneeland a moment to leave the room as he has recused himself from participating in this determination of need application.

Dr. Kneeland recuses himself at 9:24am.

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

Dr. Bernstein asked about the difference in number for Medicaid and Medicare patients.

Ms. Mann deferred this question to the applicant.

Tejas Gandhi, Chief Operating Officer for Baystate Medical Center was available to answer questions. He stated that is the intent is for some of that work currently gets done on the main campus to be moved to the outpatient facility thereby saving costs for both payers. He noted that they do not deny care and believe that, over time, the patient panel would shift, resulting in a balance of the two payers..

Ms. Blondet asked what the distance is between the orthopedic center and the main hospital.

Mr. Gandhi replied that it is less than a mile.

Ms. Blondet asked given the distance why it was more cost effective to build out rather than continue offering services at the main hospital.

Mr. Gandhi informed her that their data shows that there is a significant cost difference, and that the outpatient facility charges are lower than the hospital-based ambulatory surgery charges.

Ms. Blondet asked if the Health Policy Council checks this data.

Ms. Mann informed her that the rates are reported to CHIA and thus we can confirm the percentage using the CHIA numbers.

With no further questions, the Commissioner asked if there was a motion to accept the staff recommendation for approval ofBaystate Health, Inc.’s application for substantial change in service.

Mr. Lanzikos made the motion, Dean Cox seconded it. All present members approved.

**3. REGULATIONS**

**a. Informational briefing on proposed amendments to 105 CMR 700.000, Implementation of M.G.L. c. 94C.**

Dr. Kneeland returns at 9:42am.

The Commissioner then invited Lauren Nelson, Director of Policy and Regulatory Affairs for the Bureau of Health Professions Licensure to join Rebecca Rodman at the table for an informational overview of proposed changes to our regulation addressing controlled substances*.*

Following the presentation the Council was invited to ask questions.

Mr. Laznikos asked for clarification on the prescription monitoring program and what the self-assessment process consists of.

Ms. Nelson explained that currently prescribers have to go through a process to get their own prescribing history and what their trends are as a group. This will allow it to be a part of their normal PMP access.

Dr. Woodward mentioned section 10 of chapter 283 where it discussed allowing pharmacists to administer medication to treat mental health and substance abuse patients. He inquired as to whether this referred to naloxone or broader range of medications.

Ms. Nelson informed him that the statute itself is relatively broad. The statute also says in developing their regulations and guidance they must consult with DMH. They have consulted with DMH and the pharmacy board and are compiling a list of medications that will come out with the guidance. It will be single dose medications.

Dr. Woodward asked if there is a mechanism to assure those patients who receive acute treatment in this environment move towards and environment where they receive ongoing mental health services.

Ms. Nelson replied that each single dose medication will have to be prescribed and will be administered by order of the prescriber. Therefore these patients will already be under the care a physician.

With no further questions, they proceeded with the docket.

**4. PRESENTATIONS**

**a. Overview and demonstration of the Population Health Information Tool (PHIT).**

Commissioner Bharel then invited Abbie Averbach, Assistant Commissioner and the Director of the Office of Population Health; Jan Sullivan, Deputy Director of the Bureau of Environmental Health; Ben Wood, Director of the Office of Community Health Planning and Engagement within the Bureau of Community Health and Prevention; and Halley Reeves, Community Health Planner within the Bureau of Community Health and Prevention, to the table for an overview of and demonstration of our Population Health Information Tool, or PHIT for short.

Secretary Ureña arrives at 10am.

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

Dr. Woodward inquired about the granularity of the data. He gave the example of pediatric asthma and inquired if they would be able to get specific information on the proximity of a chemical plant or whether a particular amount of students tend to go to a certain school.

Ms. Averbach replied that the initial release will primarily be data by community and EOHHS region and obviously statewide. However, if the database itself allows it they hope move to a more granular level of analysis for future releases. The data are not linked in the system but they will be able to layer based upon information from other state agencies so that the user can draw associations and see various consistencies.

Ms. Blondet asked how likely is it that MassHealth will data with DPH.

Commissioner Bharel informed her that on a holistic level, Assistant Secretary Tsai and his team understand the importance of integration.

Ms. Blondet urged for advocacy for information on health disparities from ACOs.

Ms. Averbach discussed the role of the Office of Population Health and the encouragement of data sharing.

Ms. Lambert asked how flexible the quarry tool is. She also inquired on if there were any longer term goals to connect to larger database systems and compare Massachusetts to other states.

Ms. Averbach replied that she is unsure if there are plans to include data from other states but believes it is an excellent suggestion.

Ms. Sullivan interjected and noted that for the environmental public health tracking website, they developed website from a cooperative agreement with the CDC and about 30 other states are also funded through that program. One of the activities of that program was to create nationally consistent data measures so that some health outcome data and environmental data can be compared between states.

Commissioner Bharel discussed how this work is groundbreaking particularly in the integration of system.

Dr. Bernstein commended the work and asked where funding will be coming from and how they plan on utilizing this data to institute change.

Ms. Averbach replied that the question of sustainability is a critical one. They have a separate working group that is looking at grant opportunities, partnership opportunities, as well as public and private opportunities. She also noted that they have various Trust that they can potentially work through.

Mr. Wood added that PHIT was conceptualized as the actual tool in which DPH can create some of that positive change. The piece that wasn’t included in the demo was the health priority reports. Those contextualized health priority reports across the 6 DoN health domains will be available to every community so that they are able to see how things reflect with health outcomes for that community.

Ms. Doherty discussed the oasis data system and suggested that the team look into it and how they gather data.

Mr. Brindisi asked if the PHIT tool have the ability to do charts and trend analysis.

Ms. Sullivan replied that both programs are building the capability to do trend analysis.

Mr. Brindisi asked YRBS is on the data sets they pull from.

Ms. Averbach confirmed that is correct.

Ms. Reeves stated not the in the first year but they will currently pull from the BRFSS.

Mr. Lanzikos encouraged them to give presentations to the constituencies of other agencies, for example Elder Affairs. He also discussed the ability of keeping data updated and current.

Secretary Ureña thanked them for the presentation and commented on the ease of unit. He also discussed the Freedom of Information Act and how this tool can assist with those requesting data/information.

With no further questions or comments, the Commissioner proceeded with the docket.

**B. Overview of the Board of Certification of Community Health Workers (CHW) and Update on CHW Certification Process.**

The Commissioner then invited Jean Zotter, Chair of the Board of Certification of Community Health Workers and Manager within the Bureau of Community Health and Prevention; and Ruby Cherfils, Executive Director for the Multi-Boards at the Bureau of Health Professions Licensure to give an update on CHW certification process.

Dr. Woodward steps out at 10:40am and returns at 10:48am

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

Dean Cox thanked them for the presentation and asked what dual oversight with the division of professional licensure (DPL) entails and why do they have that oversight.

Ms. Cherflis replied that a new statue gives DPL the authority to regulate occupational schools.

Ms. Zotter informed him that the dual oversight is due to the legislature recently adding occupational and for-profit schools to what DPL has oversight of in response to some of the problems with for-profit occupational schools. She further stated that the impetus for DPL’s role is to assure students are receiving a quality education and have consumer protections.

Dean Cox asked if employers would consider making this mandated or giving incentives for training.

Ms. Zotter replied that they are working with a DPH intradepartmental workgroup to determine if this should be a requirement. They do not want to force it on everyone as certification might not fit everyone’s needs but they do want to employers to strongly consider promoting certification. She also mentioned that the Department has been working with MassHealth so that they are aware of the status of certification. MassHealth will be supporting, through their Statewide Investment Program, training of Community Health Workers. She stated that it was a great point and if the PHC had ideas of employers they should connect with that would be most welcome.

Ms. Lambert asked who else would be facilitating training and how do they assure quality is kept at a high level.

Ms. Zotter replied that they are finalizing the applications for the training programs and will be asking them to submit their curriculum to us. There will also be a narrative section where they describe who their faculty and trainers are.

Ms. Prates Ramos suggested the MassHealth training forums as an avenue.

Dr. Bernstein asked how many CHWs are there in our state and of those to what extent are they becoming specialized.

Gail Hirsch informed Dr. Bernstein that there are about 3,000 CHWs in Massachusetts and about half of them have done core competency training. As for the number of them who are specialized, that isn’t information that they have.

Ms. Cherflis thinks it’s critical for them to collect that data and are planning to collect that data as part of annual renewal.

Mr. Brindisi suggested presenting at the annual Mass. Municipal Association. He asked if this certification requires an exam.

Ms. Zotter replied that they’ll ask training programs to evaluate community health workers in a way that aligns with the workforce. They are recommending an interactive adult learner approach to evaluate skills rather than a written exam.

Ms. Cherflis said there is one program right now working with the Northeastern simulation lab to develop that portion.

Mr. Lanzikos asked if they have an estimate of the projected demand over the next 5-10 years for CHWs.

Ms. Cherflis said in the first year they expect between 300 and 500 individuals to apply for certification but feel as though once the training programs begin they believe the numbers will grow exponentially.

Dr. Woodward suggested speaking with employers about paying for the 80 hours of training.

With no further questions, the Commissioner moved on the final docket item.

**c. Dr. Alfred DeMaria, Medical Director for the Bureau of Infectious Disease and Laboratory Science and State Epidemiologist, reflects on almost three decades serving DPH.**

Commissioner Bharel then invited Dr. Al DeMaria to the table to reflect on his almost three decades at the Department. Dr. DeMaria will retire from the Department at the end of June. Following his presentation, Dr. DeMaria was honored by the Council and the Commissioner for his years of service with the announcement of the establishment of the Dr. Al DeMaria Jr. Public Health Achievement Award. The award will be given annually by the Massachusetts Department of Public Health in recognition of an exceptional employee who worked in public health for the majority of his or her career and at DPH for at least 10 years. Individuals would have made significant contributions to the Massachusetts Department of Public Health over the time of their employment. A plaque with the names of the winners will be posted in the Public Health Council room. The first award will go to Dr. DeMaria.

Following Dr. DeMaria’s reflection, the Commissioner reminded the Council that the next meeting is Wednesday, June 13, 2018 at 9AM.

She then asked for a motion to adjourn. Dr. Bernstein made the motion Mr. Lanzikos seconded it. All present members approved.

The meeting adjourned at 11:38AM.