**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of October 11, 2017**

**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, October 11, 2017 - 9:00 AM**

1. **ROUTINE ITEMS**
	1. Introductions
	2. Updates from Commissioner Monica Bharel, MD, MPH
	3. Record of the Public Health Council September 13, 2017 Meeting **(Vote)**
2. **INFORMATIONAL PRESENTATIONS**
3. Informational presentation: Implementation of the revised Determination of Need regulation, 105 CMR 100.000

1. Informational overview of the Office of Problem Gambling Services
2. Informational briefing on the Alzheimer’s and Related Dementias Acute Care Advisory Committee’s report

*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, October 11, 2017

**Beginning Time:** 9:09AM **Ending Time:** 11:21AM

| **Board Member** |  **Attended** | **Record of the Public Health Council September 13, 2017 Meeting (Vote)** |
| --- | --- | --- |
| Monica Bharel | Yes | Yes |
| Edward Bernstein | Yes | Yes |
| Lissette Blondet | Absent | Absent |
| Derek Brindisi | Yes | Yes  |
| Harold Cox | Yes | Yes |
| John Cunningham | Yes | Yes |
| Michele David | Yes | Yes |
| Meg Doherty | Yes  | Yes |
| Michael Kneeland | Yes | Yes |
| Paul Lanzikos | Yes | Yes |
| Lucilia Prates-Ramos | Yes | Yes |
| Secretary Francisco Ureña | Absent | Absent |
| Alan Woodward | Yes | Yes  |
| **Summary** | **11 Members Present, 2 Members Absent** | **11 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, October 11, 2017 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; Derek Brindisi; Harold Cox; John Cunningham, PhD; Michele David, MD; Meg Doherty; Michael Kneeland, MD; Paul Lanzikos; Lucilia Prates-Ramos and Alan Woodward, MD.

Absent member(s) were: Lissette Blondet 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 9:09 AM and made opening remarks before reviewing the agenda.

**ROUTINE ITEMS**

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

Commissioner Bharel opened the meeting by announcing that staff at the Department were recently recognized for their exceptional use of data to further public health. Government Technology, an award-winning national magazine and multi-media platform covering information technology’s role in state and local government, selected Tom Land, Dana Bernson, Malena Hood, Hermik Babakhanlou-Chase, and Paige Shaffer to receive the Innovation in Data Science Award for their work around the opioid epidemic and Chapter 55 report.

This award showcases the Department’s cutting edge efforts to use data to better inform our strategies to turn the tide against opioids. This is yet another example of how staff here works every day to ensure the Department’s mission is enhanced by precision public health.

She announced that she recently joined Governor Baker, Secretary Sudders and Department of Mental Health Commissioner Mikula to announce a partnership with all 9 schools of social work in Massachusetts to integrate a first-in-the-nation *core principles* on addiction and opioid use disorder into their curriculums.

This partnership is modeled after our Core Competencies for prescribers and the inclusion of social worker education into this effort highlights the critical role that social workers play in responding to the behavioral health and social needs of those affected by the opioid epidemic.

Social workers represent the largest single group of mental health and behavioral health providers in our state’s health care system.

When fully integrated the core principles will ensure that the approximately 4,300 social work students enrolled in Massachusetts will gain the knowledge and skills vital to effectively assess, refer and support individuals and families affected by substance use disorders.

Commissioner Bharel informed the Council that she recently attended and presented at the Association for State and Territorial Health Officers annual meeting in Washington DC in September.

The session was entitled, “From the Field: States and Territories Responding to the Opioid Crisis.” She was asked to highlight some of the work done here in Massachusetts.

John Dreyzehner of Tennessee and Rahul Gupta of West Virginia also presented with the Commissioner.

Commissioner Bharel thanked everyone across our agency that works tirelessly to support the Massachusetts response to this national crisis. Our innovative and data-driven efforts are truly national leaders and engaged much discussion.

The Council was then informed that Recovery Day was hosted on September 20th, 2017, and was well-attended by recovery advocates throughout the state. The morning portion, organized by MOAR (Massachusetts Organization for Addiction Recovery) included speeches from Governor Baker and Secretary Sudders.

Next, Commissioner Bharel gave staff updates and announced that Abigail (Abbie) Averbach recently returned to DPH and has been appointed as the new Assistant Commissioner and Director of the Office of Population Health.

This position and establishing the Office of Population Health have been a key part of my vision to align DPH efforts to bring together resources across the Department and from external partners in order to utilize data to assess and define best practices that can achieve evidence-based, outcomes-driven improvements in health and health equity for communities and populations in Massachusetts.

Ms. Averbach is a proven leader who is results-oriented and data-driven, and recognized as a strong collaborator and builder of partnerships.

She recently served as the Director of the Office of Data Analytics at UMass Medical School, Commonwealth Medicine Division, and has had several leadership roles at Commonwealth Medicine including serving as Assistant Vice Chancellor and Chief of Staff for four years.

Prior to Commonwealth Medicine, Ms. Averbach worked at DPH from 1995-2004 including serving as the Director of Research and Evaluation for HIV/AIDS. She began her career at DPH as an Epidemiologist.

Following staff updates, Commissioner Bharel informed the Council that from September 15th through October 15th, we as Americans observe Hispanic Heritage Month.

This month is a time to celebrate the rich culture and history Hispanic Americans bring to our nation.

During this year’s commemoration, we also reflect on the devastation Hurricanes Maria and Irma brought upon our fellow citizens in Puerto Rico.

She stated that she is mindful that many in Massachusetts are helping family members and friends recover from this disaster, and that she is proud of the Baker Administration’s response and call for all residents of Massachusetts to do whatever we can to help.

As part of this call to action, Governor Baker, Boston Mayor Marty Walsh, and Representative Jeffrey Sanchez joined members of the Boston Foundation in announcing the Massachusetts United for Puerto Rico Fund.

This fund will support and respond to the Commonwealth of Puerto Rico in the wake of these terrible storms.

Information on the fund, including instructions for donating, can be found on The Boston Foundation website at [www.tbf.org/puertorico](http://www.tbf.org/puertorico)

Concluding her updates, Commissioner Bharel asked if the Council had any questions or comments.

Mr. Lanzikos asked if the core principles integration would be extended to programs that train mental health counselors.

Commissioner Bharel replied that they would like to extend to the integration to other disciplines in the future and are open to other schools being involved as well.

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

**1. ROUTINE ITEMS**

**c. Record of the Public Health Council September 13, 2017 Meeting (Vote)**

Commissioner Bharel asked if any members had any changes to be included in the September 13, 2017 meeting minutes.

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

**2. INFORMATIONAL PRESENTATIONS**

**a. Informational presentation: Implementation of the revised Determination of Need regulation, 105 CMR 100.000**

The Commissioner invited Nora Mann, Director of the Department’s Determination of Need Program, to the table to walk the Council through the DoN Program’s application and review process.

Upon conclusion of her presentation, the Council was asked if they had any questions or comments.

Dr. Cunningham asked for clarification on the patient panel. He stated that the 36 month patient panel will not reflect the need that because they haven’t been able to offer the service before.

Ms. Mann replied that they would like to see the new service meeting an unmet need.

Dr. David inquired at what granular level do they look at access and equity.

Ms. Mann replied that they work closely with the Office of Health Equity regarding access they also reference the Community Health Needs assessment of the health system to see what the barriers are and if they are being addressed in a proposed project. They encourage robust community participation and would hope that those specific issues are addressed in the CHNA. They work with sister agencies as well as colleagues within the Department to assure that they receive as much granular information as possible that they may not receive from the applicant.

Dr. David shared her experience with patients regarding access and equity.

Mr. Brindisi stated that he is interested in learning more about how CHI process ties into the review of the patient panel. He went on to state that various applicants serve clients beyond their location, however, in their DoN application they only wanted to provide funds for their local area. He stated that if their patient panel is the greater metropolitan area then why aren’t DoN funds being applied across that area. He is interested in how that issue is addressed.

Ben Wood Director of the Office of Community Health Planning and Engagement within the Bureau of Community Health and Prevention was invited to the table to answer the question.

Mr. Wood replied that they are trying to align the DoN CHI planning process with the requirements that hospitals have to undergo for their ACA and their Attorney General community benefit requirements. He discussed the desire to sync up systems so that communities are not overburdened. He described it as a long term behavior change and that it has been written into the guideline that they look favorably. on applications that have a broader CHI.

Commissioner Bharel asked Mr. Wood to remind the Council about the statewide CHI.

Mr. Wood then informed the Council that a percentage of the CHI dollars will go into a new statewide CHI fund. That fund is designed to explicitly address this issue of not being equitable CHI across the state. The fund will be operational once funds have been contributed.

Mr. Lanzikos asked how pricing will be analyzed since it will be subject to negotiation with various payers.

Ms. Mann replied that the applicant must make an argument as to why or how they are competitive in terms of those factors. It is not likely to get actual price information but are requiring the applicant to make a persuasive argument. She also noted that they are focused on the public health value and the balance of cost, quality, and access.

Mr. Lanzikos clarified that the cost component would be further analyzed objectively while the pricing would be descriptive.

Ms. Mann replied that the she believes it is more contextual.

Mr. Lanzikos then asked about the modified independent CPA. He asked if the CPA firm that does the annual audit for an entity would also conduct this inquiry.

Ms. Mann replied that generally they would not, they are looking for is a firm that is independent from the health system. The CPA who does the audit will be independent of the health system, in some cases they may audit subsidiaries but the CPA does have to be independent of the system itself. In other cases a disclosure is required.

Mr. Lanzikos asked if the system perspective is applied to the long term care facility (LTCF) applications.

Ms. Mann that they will ask how the system addresses issues of access and equity and whether or not there are continuities of care within the system.

Mr. Lanzikos noted that many LTCF, who are over $3 million, do not have a substantial change in service and typically looking to create larger single occupancy rooms, additional common space etc. He asked if those would qualify as a conservation project.

Rebecca Rodman, Deputy General Counsel, responded to the question. She stated that that specific example would not qualify as a conservation project. A conservation project involves fixing things to bring them up to level they were at before overuse. Improving services would not be a conservation project.

Mr. Lanzikos then inquired on the annual reports that go to DPH and whether they will be brought before the Council and if so, how.

Ms. Mann replied that annual reports will be provided to DoN Staff; in the event that there are issues they will provide a specific report to the Council. The annual reports will also be posted on the website. Due to the volume they did not intend to present each one to the Council.

Mr. Lanzikos suggested that the Council receive a list of reports that have been received so that they have an opportunity to view if they so wish.

Dr. Woodward requested that they have brief document that would explain the authority and options in reviewing these cases. He also requested information on how PHC decisions are integrated with those of other authorizing bodies, specifically the Health Policy Commission, Attorney General’s Office etc.

Ms. Mann replied that those are important and thoughtful requests. In terms of authority that the body has, she defers to Ms. Rodman. On a staff level, they do attempt to be mindful of what other bodies request to assure that the applicant isn’t duplicating efforts and hopes to have a robust analysis within their statutory obligation.

Commissioner Bharel noted that in this new DoN they align their work and timeline with that of other agencies. She then clarified what Dr. Woodward is looking for.

Dr. Woodward noted that he would like to better understand the roles and responsibilities of each entity involved as well as a clarity on the purview of the Council.

Dean Cox reiterated Dr. Woodward’s point and asked for specifics on what they can vote for and against.

Ms. Rodman replied that their role is to review each application to see if they have met the 6 factors. They have the authority to approve or deny a part of an application. They have the authority to add a condition and to determine if they are meeting what they said they would upon return.

Dean Cox then asked for clarity on the new standards of a system and who defines it.

Ms. Rodman replied that the DoN statute would does not provide that authority

Commissioner Bharel further explained that, in that case, the applicant would define the system. She then gave an example from the original DoN presentation that explained how systems are transitioning and defined.

Dr. Woodward then mentioned the desire for clarity in roles in the DoN process for various state agencies.

Ms. Rodman replied that each state agency has different role.

Ms. Mann interjected stating that roles are still being flushed in regards to implementation but that DoN staff has constant contact with other agencies.

Commissioner Bharel replied that they will see how they can address that.

Ms. Prates Ramos asked for clarity on systems. She then asked about incorporating equity criteria into the 6 factors.

Ms. Rodman reads definition of provider organization. They are looking for the applicant to be the highest level of management over the health care agency.

Mr. Wood commented on the community engagement question and discussed that there are standards written into the community engagement guidelines. He also discussed being able to provide analysis for how the applicants approach can be cross-referenced with our guidelines.

Dr. Bernstein asked how do you change the paradigm of how hospitals look at health care to think about the communities they serve and what they need, such as jobs and housing.

Mr. Wood replied that the health priority guidelines lay out a framework for how we expect hospitals to think about explicitly impacting structural issues in communities.

Dr. Bernstein stated he believes that hospitals should have this info outside of the sub-regulations.

Mr. Wood discussed the various guidelines and criteria in place for health priority strategy and community engagement.

Dr. Bernstein requested that the Council be provided those guidelines when they receive further information on their roles.

Mr. Lanzikos suggested that there be an effort to get the Executive Office of Elder Affairs to weigh in on LTCF applications.

Ms. Rodman replied that it is part of the application process for the applicant to reach out to other agencies if appropriate.

Mr. Brindisi asked how are commitment conditions different than the previous regulation.

Ms. Rodman stated that the factors themselves and their compliance with previous DoNs determines approval for future DoNs. She then read the standard conditions.

Commissioner Bharel then asked for Ms. Rodman to elaborate on consequences, annual reporting etc.

Ms. Rodman informed Mr. Brindisi that every year they have to provide a report to the Department with the things they have proposed with data.

Ms. Cooke also noted that they are looking to put together a training to assure members know the process for amending, creating a motion etc.

With no further questions, the Commissioner moved on with the docket.

**b. Informational overview of the Office of Problem Gambling Services**

Dean Cox leaves the room at 10:33am and does not return.

Commissioner Bharel then invited Victor Ortiz, Director of the Office of Problem Gambling Services to give an overview and update of the office.

Upon the conclusion of Mr. Ortiz’s presentation, the Council was asked if they had any questions. The Commissioner invited Associate Commissioner Lindsey Tucker to the table as well to help answer any questions.

Mr. Brindisi thanked Mr. Ortiz for his work and inquired how many staff does he have to do this work.

Mr. Ortiz informed him that he is currently doing this work without staff but they are looking to expand the office by bringing on additional staff.

Mr. Lanzikos noted that the older adult population is at risk for developing gambling issues and hopes that he is working closely with Elder Affairs.

Mr. Ortiz replied that is a concern that has popped up and an area that we have and will continue to pay attention to via data and on a community level. He hopes to provide education and support to seniors and to monitor the public health impact.

Mr. Lanzikos also informed him the Mass Association of Councils on Aging has 2-day professional conference and workshops. He suggested that Mr. Ortiz get in touch with them to provide workshops and training.

Dr. Bernstein asked if there was data on Internet gambling and state gambling.

Mr. Ortiz replied that as far as Internet gambling we do not currently have data for Massachusetts. There are studies that speak to that in other geographic areas.

Dr. Bernstein asked what are some of the protective factors for marginalized people.

Mr. Ortiz replied that one of the conversations that we’ve been having is that at the core of this there are common risk and protective factors. The same protective factors that exist in substance abuse also exist in gambling. The question becomes how do we understand and utilize those protective factors to enhance people’s well being on the community level.

With no further questions, the Commissioner moved on with the docket.

**c. Informational briefing on the Alzheimer’s and Related Dementias Acute Care Advisory Committee’s report**

Commissioner Bharel asked Associate Commissioner Tucker to remain at the table to present a briefing on the Alzheimer’s and Related Dementias Acute Care Advisory Committee’s report**.**

Upon the conclusion of her presentation, the Council was asked if they had any questions.

Ms. Doherty asked if the Alzheimer informational hearing on October 23rd refers to the meeting Ms. Tucker previously mentioned.

Ms. Tucker replied that it is not. The briefing is on November 2nd at 12:30pm at the State House. Members of the committee will also be there to discuss the work.

Ms. Doherty asked for a status update on oversight of special units in assisted living.

Ms. Tucker informed her that she would confer Elder Affairs on this.

Commissioner Bharel reminded the Council that assisted living is overseen by EOEA.

Dr. David inquired on geriatric emergency room movement and whether that was included.

Ms. Tucker informed her that it was and is referenced in the report. They recognize that that is an excellent but difficult responsibility for hospitals but is something that should be included in their plan.

Mr. Lanzikos stated that the report is a very cogent, clear, and specific document. As you’re preparing letter to hospitals, he suggested that the community partners be utilized regarding training.

Secretary Alice Bonner of EOEA arrived and joined Ms. Tucker at the table.

Dr. Kneeland noted that report makes an effort to distinguish delirium from dementia. He asked for the difference to be described and whether it matters in terms of treatment.

Secretary Bonner replied experts on panel thought it was important to discuss both. Delirium is a medical emergency; it causes an alteration in thinking that is not necessarily structural. It can be caused by drugs, dehydration, and fever and is often temporary. Persistent delirium, for example from anesthesia, can take a long period of time to resolve or never resolves. Dementia is a global cognitive decline in multiple areas of thinking, judgment, communication etc. due to changes in the structure of the brain.

Dr. Kneeland asked if there are any promising meds for dementia that can help with quality of life. He then asked what is the appropriate word to use if people are often confused at night.

Secretary Bonner replied that that term sundowning is often used and some find that term inaccurate since it can occur at any time of day. At CMS they attempt to move away from terms like aggressive behavior and instead use terms like manifestation of distress. She is not sure what experts would coin it but it is definitely a phenomenon that we see. In regards to research, she defers to the Alzheimer Association regarding medications etc.

Dr. Woodward stated that relative to comments about ED, if you set up ICU so that patients can see a clock, calendar and a window to see light or day it helps alleviate ICU psychosis. He commended the team for their work.

With no further questions, the Commissioner reminded the Council that the next meeting is Wednesday, November 8, 2017 at 9AM. She then asked for a motion to adjourn. Dr. David made the motion Dr. Bernstein seconded it. All present members approved.

The meeting adjourned at 11:21AM.