MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of October 14, 2020

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: \*\*\*REMOTE MEETING\*\*\* Wednesday, October 14, 2020 – 9:00AM**

***Note: The October Public Health Council meeting will be held remotely as a video conference due to the COVID-19 State of Emergency declared by Governor Charles D. Baker on March 10, 2020 and consistent with the Governor’s March 12, 2020 Order modifying the state’s Open Meeting Law and July 2, 2020 Order regarding gatherings.***

Members of the public may listen to the meeting proceedings by using the dial in information below:

Join by Web: <https://us02web.zoom.us/j/82341615711>

Dial in Telephone Number: +1 646 558 8656

Meeting ID: 823 4161 5711

1. **ROUTINE ITEMS** 
   1. Introductions
   2. Updates from Acting Commissioner Margret Cooke.
   3. Record of the Public Health Council Meeting held September 17, 2020. **(Vote)**
2. **PRELIMINARY REGULATIONS** 
   1. Informational overview of proposed amendments to 105 CMR 150.000, *Standards for Long-Term Care Facilities.*

**3. PRESENTATIONS**

a. Informational presentation on Healthcare Associated Infections in 2019.

*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: October 14, 2020

Start Time: 9:06AM Ending Time: 10:46PAM

| Board Member | Attended | First Order: Approval of September 17, 2020 Meeting Minutes (Vote) |
| --- | --- | --- |
| Acting Commissioner Margret Cooke | Yes | Yes |
| Edward Bernstein | Yes | Yes |
| Lissette Blondet | Yes | Yes |
| Kathleen Carey | Yes | Absent |
| Sec. Elizabeth Chen | Yes | Yes |
| Harold Cox | Yes | Absent |
| John Cunningham | Yes | Yes |
| Michele David | Yes | Absent |
| Claude Jacob | Yes |  |
| Michael Kneeland | Yes | Yes |
| Keith Hovan | Yes | Yes |
| Joanna Lambert | Absent | Absent |
| Acting Secretary Cheryl Poppe | Yes | Yes |
| Lucilia Prates-Ramos | Yes | Yes |
| Summary | 13 Members Present; 1 Absent | 13 Members Approved; 1 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 14, 2020 by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Margret Cooke; Edward Bernstein, MD; Lissette Blondet; Kathleen Carey, PHD; Secretary Elizabeth Chen; John Cunningham, PhD; Michelle David, MD; Keith Hovan; Claude Jacob; Michael Kneeland, MD; Acting Secretary Cheryl Poppe; and Lucilia Prates-Ramos.

Also in attendance was Elizabeth Scurria Morgan, Acting General Counsel at the Massachusetts Department of Public Health.

Commissioner Cooke called the meeting to order at 9:06AM and made opening remarks before reviewing the agenda.

**1. ROUTINE ITEMS**

b. Updates from Acting Commissioner Margret Cooke

Acting Commissioner Cooke introduced the Council’s newest member, Claude Jacob, and then provided updates to the Council on the Department’s COVID-19 response including hospital resurgence preparation, expanded testing, and obtaining necessary supplies such as PPE. Commissioner Cooke also discussed the Department’s statewide COVID-19 Community Impact survey, encouraging all to participate and share with their networks. Commissioner Cooke also emphasized the importance of getting a flu shot this year, noting it is more important now than ever. She concluded by outlining the first funding award from the Massachusetts Community Health and Healthy Aging Fund, adding that the fund was established through the 2017 determination of need regulation reform. Acting Commissioner Cooke noted that these grants will support 32 organizations to implement strategies to reduce the impact of structural racism and its impact on health and working to ensure communities are age-friendly.

Secretary Chen asked, regarding the distribution of COVID-19 vaccine, if the study population is being considered as there are routinely groups not represented through the vaccine trial process.

Commissioner Cooke responded that the Advisory Group just began meeting and Massachusetts has submitted its draft interim plan which draws from our experience in distributing other vaccines and on federal guidance which we anticipate will evolve. She added that the current plan indicates healthcare workers would receive the vaccine, including workers at elder care facilities.

Dr. Edward Bernstein noted there’s a dual epidemic of opioid-related overdoses and must be aware COVID-19 has led to more isolation and less access to treatment while overdoses are rising across the country. He urged DPH to release its data on the opioid epidemic in Massachusetts.

Commissioner Cooke responded that BSAS has been working closely with providers and that the next opioid-related overdose data report will be released in November. She agreed that COVID-19 is not just the disease itself but is leading to isolation, depression, and anxiety that certainly may disproportionately impact those who suffer from substance use disorder.

Lissette Blondet emphasized the role community health workers will be able to play regarding COVID-19 vaccine, particularly in communities of color.

Commissioner Cooke agreed that this will be a challenge with vaccine dissemination, and that language will be a significant challenge. She noted that there will be subcommittees that will support the Advisory Committee’s work and she will raise there may be a role for community health workers to play in supporting the Advisory Committee’s work.

Claude Jacob noted the importance of local health representation as part of the vaccine planning process and asked if there was local health representation on the Advisory Committee.

Commissioner Cooke thanked local health for shouldering so much of the COVID-19 response in Massachusetts and that we could not do it without them. She noted there is local health representation.

Lucilia Prates-Ramos asked who is currently on the Advisory Committee and how many members. She emphasized the critical role community representation can play to ensure Massachusetts residents have guidance and know where to turn.

Commissioner Cooke noted there are 17 members on the Advisory Committee and indicated we would provide a link to the listing for the Committee.

**1. ROUTINE ITEMS**

c. Record of the Public Health Council August 12, 2020 Meeting (Vote).

The Commissioner requested a motion to approve the September PHC minutes.

Dr. Bernstein made the motion, which was seconded by Lucilia Prates-Ramos. All members present approved.

1. **PRELIMINARY REGULATIONS** 
   1. Informational overview of proposed amendments to 105 CMR 150.000, *Standards for Long-Term Care Facilities.*

A Commissioner Cooke introduced Marita Callahan, Director of Policy and Health Communications for the Bureau of Health Care Safety and Quality; Sherman Lohnes, Director for the Bureau’s Division of Health Care Facility Licensure and Certification; and Rebecca Rodman, Senior Deputy General Counsel, for a presentation on proposed changes to the Department’s long-term care facility licensure regulation.

After Ms. Callahan’s presentation, Commissioner Cooke opened the meeting to questions from the Council.

Dr. Bernstein noted he did not see a specific section of the regulation on infection control and indicated he expected to see stronger infection control given the impact of COVID-19 on long-term care facilities.

Dr. David joined at 9:38.

Sherman Lohnes noted the Department’s plan review process for construction, indicating the ventilation and other mechanical systems are reviewed to ensure it is adequate to meet the needs of residents. Dr. Katherine Fillo responded that the Department is engaged in several infection control initiatives, including influenza vaccination of health care personnel in long-term care facilities. She added that DPH has provided guidance on proper infection control related to aerosol-generating procedures. Dr. Fillo concluded by noting the updates to the regulation support DPH’s other infection control practices.

Rebecca Rodman added that this is also being folded into the determination of need process, indicating that any additional long-term care capacity is built using enhanced infection control measures.

Ms. Prates-Ramos asked if the public hearing had yet been scheduled.

Commissioner Cooke responded it is not yet scheduled but we would provide public hearing information to the Council when it is scheduled.

Ms. Prates-Ramos noted a federal requirement to have an infection preventionist on staff and indicated she did not see that in the state regulation.

Dr. Fillo indicated while not in the state regulation, this is a federal requirement that facilities must adhere and that state surveyors do review this at facilities, adding that the state has performed over 800 infection control surveys since June.

Ms. Prates-Ramos asked why the federal requirement for an infection preventionist was not included in the state regulation.

Dr. Fillo noted the state licensure regulation requires compliance with all federal requirements, so all federal requirements are included by default.

Dr. Kathleen Carey noted some nursing homes may not yet be at a 3-star staffing level and wondered how funding would be allocated to support these nursing homes that may not yet fully meet 3-star level of staffing.

Commissioner Cooke indicated that information is part of MassHealth’s funding plan, with details in a recently released bulletin and noted we would get a link to the training to the Council.

Dr. Bernstein followed up on his earlier question to understand the regulation’s infection control requirements including staff training.

Dr. Fillo indicated federal standards require the infection preventionist to have infection control training and noted a comprehensive module from the Centers for Disease Control and Prevention. She concluded by highlighting a COVID-specific follow up training that DPH is working on with the CDC for long-term care staff to complete.

Dr. Bernstein suggested that all employees have this training and asked to see data on staff cases in long-term care settings.

Dr. Michele David noted that she has seen COVID-19 positive patients in her practice where those individuals indicated they were not properly trained in infection control and lacked sufficient PPE supplies.

Commissioner Cooke responded that DPH used the best available information and supplies responding to COVID-19 during the spring and are evaluating all lessons learned including the importance of proper infection control and personal protective equipment and supplies.

Mr. Jacob asked if anything more we should consider regarding behavioral health support for staff.

Commissioner Cooke noted that this is something we can work with facilities on. Dr. Fillo responded that DPH is actively working on several pathways to support the mental health of the residents and staff within long-term care facilities.

Acting Secretary Poppe indicated she appreciates the semi-private room requirements as an important infection control provision.

Dr. Bernstein indicated this regulation raises broader concerns about the workforce in these facilities and raises issues of health equity. He urged the Department to think more about how to support this workforce.

Commissioner Cooke noted Chapter 93 daily data reporting includes information on race, ethnicity, and occupation that helps inform our health equity work.

Dr. Bernstein asked for a monthly update on this data.

**3. PRESENTATIONS**

a. Informational presentation on Healthcare Associated Infections in 2019.

Commissioner Cooke then invited Dr. Fillo, Christina Brandeburg, an epidemiologist within the Bureau of Health Care Safety and Quality, and Eileen McHale, Healthcare Associated Infection Coordinator for the Bureau, to present on healthcare associated infections during 2019. Upon conclusion of the presentation, Commissioner Cooke opened the meeting to questions from Council members.

Dr. David indicated there has been emphasis on hospitals and long-term care facilities, but noted the place where antibiotics are most broadly prescribed would be in the ambulatory setting and wondered if we could address in that setting as well.

Eileen McHale responded that we do examine antibiotic use in community health centers, and agrees outpatient settings should continue to be monitored and supported regarding antibiotic use.

Ms. Blondet asked if the Department’s healthcare associated infection data could be broken down by race and ethnicity.

Christina Brandeburg indicated that currently the federal platforms for reporting do include race and ethnicity fields, but they are not required so often they are incomplete. She noted that it is something we are looking to emphasize in order to obtain more complete data. She added that there is race and ethnicity data being provided through Chapter 93 reporting.

Dr. Cunningham asked if there’s any thought to changing the baseline year to a more recent year.

Ms. Brandeburg responded that the CDC conducts the analysis to establish the baseline data and year. Prior to utilizing the 2015 baseline year, 2008 was used. She added that she anticipates this to be updated in the next couple of years.

Dr. Bernstein asked how the predicted line is determined.

Ms. Brandeburg responded that there is extensive statistical analysis performed on the 2015 data to determine the predicted number of events a facility type would have.

Dr. Kneeland added that the measure specific risk factors go into the analysis for the predictive modeling for each measure.

Dr. Bernstein applauded the Department’s efforts in this work and added that he’d like to see the same quality improvement approach to other issues, such as COVID-19.

Mr. Jacob asked about data on prescribing patterns and wanted to understand some of the driving factors behind those patterns, and any incentives or disincentives to change those patterns.

Ms. McHale responded that having the ability to obtain the data is very important, and DPH is encouraging facilities to submit this voluntary information through the federal system and has seen more reporting this information overtime.

Dr. Bernstein followed up on drivers for prescribing patterns.

Dr. Fillo noted the importance of the technical advisory group to provide qualitative insight on the patterns observed, as well as meetings with long-term care facility medical directors to provide them this data to inform prescribing within facilities.

Dr. Bernstein asked if the Department can require corrective action plans if prescribing is over-the-top.

Dr. Fillo indicated that before requiring corrective action, DPH has worked to inform facilities so they have the data and are aware but indicated corrective action could be required.

Ms. McHale added that there are social behaviors behind the prescribing with patient pressures to prescribe an antibiotic.

Dr. Kneeland noted it was very helpful when information was distributed to providers about specific conditions, such as bronchitis, and when it is appropriate to prescribe an antibiotic versus not. He also noted the importance of not spreading c. diff when there is a case in a facility and wanted to understand how Massachusetts facilities are doing.

Ms. McHale responded that DPH has been conducting infection control visits in long-term care facilities since 2017 to help educate, in addition to ongoing webinars and other trainings. She noted that these trainings and assistance inform c. diff prevention in long-term care facilities.

Keith Hovan asked if the Department should mandate those hospitals who do not currently participate in NHSN participate.

Ms. McHale responded that all acute care hospitals do participate except for voluntary antibiotic reporting.

Mr. Hovan asked if hospitals could be required to report the antibiotic module.

Dr. Fillo indicated it is a good point and something we can examine while we also continue to encourage facilities to voluntarily report, noting the increase in participation since last year.

At the conclusion of questions, Commissioner Cooke noted for the record that so far 20,000 individuals have completed the Community Impact Survey; at the start of the meeting, the number of completed surveys was incorrectly stated. She then reminded the Council the next meeting would be November 18, 2020 at 9AM, and asked members if there was a motion to adjourn.

Mr. Hovan made the motion, which was seconded by Ms. Blondet; all in attendance approved.

The meeting adjourned at 10:46AM.