



Massachusetts Department of Public Health

Public Health Council Meeting December 11, 2024

Robert Goldstein, Commissioner

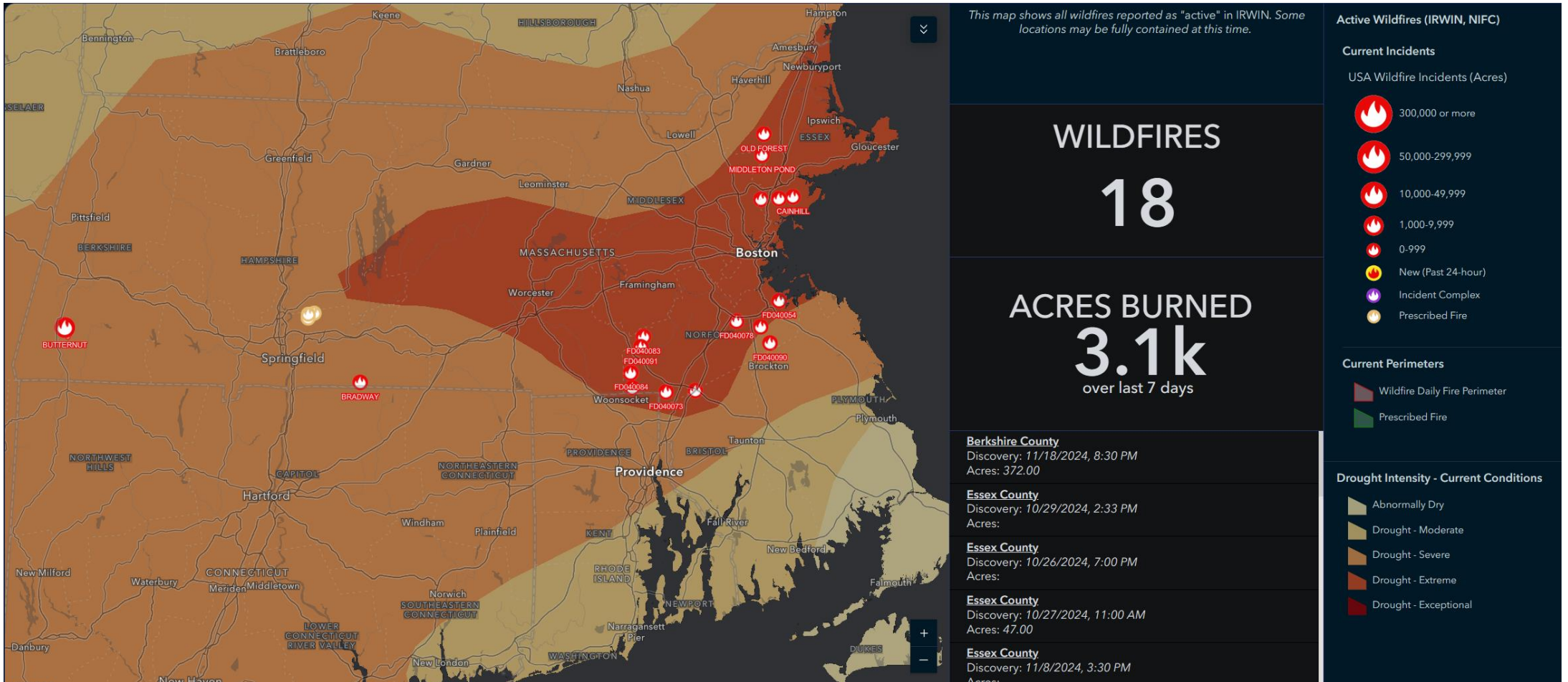
*Today's presentation is available on mass.gov/dph under
"Upcoming Events" by clicking on the December 11
Public Health Council listing.*

Public Health Legislation



Photo: Governor Maura Healey (center) signs the Mass Leads Act, with Lieutenant Governor Kim Driscoll (left) and Economic Development Secretary Yvonne Hao (right).

Wildfires



Drought intensity and active wildfires in Massachusetts as of December 4, courtesy of MEMA's Drought and Wildfire Story Map, available at arcg.is/0iz5yi1.

Respiratory Illness



REMINDER

It's flu and COVID season.

SCHEDULE YOUR VACCINES TODAY



mass.gov/SeasonalVaccines



SONJE

Se lan sezon grip ak COVID nou ye.

PRAN RANDEVOU VAKSEN OU AN JODIA



mass.gov/SeasonalVaccines



Massachusetts Department of Public Health

Determination of Need:

Beth Israel Lahey Health, Inc.

Substantial Capital Expenditure

Dennis Renaud

Director - Determination of Need Program

Bureau of Health Care Safety and Quality

Background Information

- Beth Israel Lahey Health – Integrated Healthcare Delivery System
- Beth Israel Deaconess Hospital – Plymouth – 170 Bed Acute Care Hospital

Proposed Project Description

- Beth Israel Lahey Health, Inc. filed a Determination of Need (DoN) application to renovate the existing Emergency Department (ED) and adjacent areas, as well as construct an 8,051-square-foot addition.
- The total value for the Proposed Project is \$50,237,091. The Community Health Initiative (CHI) contribution is \$2,511,854.55.

Proposed Project Description- cont.

	Current	Proposed Project	Net New
Trauma	2	2	0
Triage/Fast Track	2	2	0
Behavioral Health	7	16	9
Flex Space	11	11	0
Private Rooms	5	37	32
Hallway Stretchers	15	0	-15
Curtained Bays	12	0	-12
Cubicles	4	0	-4
Total	58	68	10

Six Factors of a Determination of Need (DoN) Application

Factor 1	Patient Need, Public Health Value and Operational Objectives
Factor 2	Health Priorities
Factor 3	Compliance
Factor 4	Financial Feasibility and Reasonableness of Expenditures and Costs
Factor 5	Relative Merit
Factor 6	Community Health Initiatives

Factor 1: Patient Need, Public Health Value and Operational Objectives - Requirements

In Factor 1, the Applicant must demonstrate the project will positively impact three areas.

1. Patient Panel Need
2. Public Health Value
3. Operational Objectives

Factor 1: Patient Panel Need Analysis

The Applicant attributes need for the Proposed Project to the following:

- 1)Emergency Department Consistently Operating Over Capacity
- 2)Insufficient Space for Behavioral Health Needs
- 3)Projected Increases in ED Utilization

Factor 1: Patient Panel Need Analysis- cont.

Emergency Department Consistently Operating Over Capacity

	FY2020	FY2021	FY2022	FY2023	FY2024*	Change 2020-2024
ED Visits	39,142	40,180	42,367	43,609	45,952	17.4%

*FY2024 is annualized data

Factor 1: Patient Panel Need Analysis- cont.

Historical BID-P Emergency Department Utilization

	FY2020	FY2021	FY2022	FY2023
Avg. Arrival to Treatment Space (minutes)	11	59	90	91
Avg. Total Lengths of Stay – All Patients (minutes)	391	440	475	468
Avg. Total Lengths of Stay - Admitted & Acute Transfers (minutes)	480	594	675	693

Factor 1: Patient Panel Need Analysis- cont.

Insufficient Space for Behavioral Health Needs

In FY2023, the BID-P Behavioral Health Emergency Services Program completed 2,044 assessments in the Hospital's ED, but only had 7 dedicated behavioral health ED beds.

The Applicant notes that the average length of stay for behavioral health patients in the ED was approximately 22.7 hours in FY2023.

Benefits of expanded unit

- Physically separate from the main ED
- Allow for more than one age population to be cared for by creating a barrier between the two sides
- Staffed by dedicated physicians

Factor 1: Patient Panel Need Analysis- cont.

Projected Increase in ED Utilization

Projected Volume	FY2029	FY2030	FY2031	FY2033	FY2034
ED Visits	49,738	50,733	51,747	52,782	53,838

Factor 1: Patient Panel Need Analysis- cont.

Interim Plans to Manage Capacity

- Adjusting staffing patterns in real time
- Focus on reducing turnaround time for diagnostic imaging studies
- Implementing laboratory point of care testing
- Convened an ED Throughput Multidisciplinary Steering Team

Factor 1: Public Health Value

Improved Outcomes and Quality of Life

- Impact of Overcrowding on Health Outcomes
- Dedicated Behavioral Health Unit

Factor 1: Public Health Value- cont.

Health Equity

- Language Accessibility
- Connection to Local Resources
- Data Collection and Research

Factor 1: Operational Objectives

Efficiency, Continuity, Coordination of Care Analysis

Efficient Use of Space to Support Treatment

Technology Infrastructure

MassHealth ACO Program

Factor 2: Health Priorities - Requirements

The expectation is that, using objective data, Applicants will address how the Proposed Project supports Commonwealth Cost containment goals and improved public health outcomes.

Factor 2: Analysis- Cost Containment

- Reduction in overcrowding will reduce unnecessary spending.
- Reducing wait times will positively impact the cost of care.
- Reduction in ancillary services.

Factor 2: Analysis – Improved Public Health Outcomes

Improved Public Health Outcomes

- Timely access to emergency care
- Improved correlation between capacity and volume
- Dedicated behavioral health services

Factor 2: Analysis- Delivery System Transformation

- Continue to advance BID-Plymouth's Mobile Integrated Health (MIH) program.

Factor 3: Compliance - Key Requirements and Analysis

The Determination of Need Program has determined that the Applicant has provided evidence of compliance and good standing with federal, state, and local laws and regulations.

Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs - Requirements

CPA Review

To assess Financial Feasibility in compliance with this Factor, the Applicant must provide evidence that it has sufficient funds available for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel. The report is certified by an Independent CPA.

Factor 4: Analysis

As a result of the CPA's analysis, they concluded the following:

“We determined that the projections were not likely to result in insufficient funds available for ongoing operating costs necessary to support the Project. Based upon our review of the projections and relevant supporting documentation, we determined the renovation and expansion of the ED at BID Plymouth is financially feasible and within the financial capability of the Applicant.”

Factor 5: Relative Merit - Requirements

When conducting an evaluation and articulating the relative merit determination, Applicants shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Factor 5: Analysis- Alternatives Considered to the Proposed Project

Alternative #1: Continue to serve patients in the existing ED without expansion:

- Resources would remain significantly strained
- Continue to drive wait lengthy times and ED overcrowding

Alternative #2: Build an entirely new ED

- Require entirely new construction
- Significant capital expenditure commitment

Factor 6: Community Health Initiatives - Requirements

Community-based Health Initiatives (CHI)

Factor 6, or the CHI, serves to **connect hospital expenditures to public health goals** by making investments in Health Priority Areas—referred to interchangeably as the social determinants of health (SDoH).

CHI projects are a mechanism for Applicants to engage local partners in community health investments, **addressing SDoH and advancing racial and health equity**.

Factor 6 requirements and conditions depend on the Applicant and Application Type, and size of CHI contribution.



Factor 6: Key Requirements

Factor 6 Requirements for this Application

Materials submitted by BILH included:

- 2022 Community Health Needs Assessment (CHNA)
- 2023-2025 Implementation Strategy (IS)
- Self-Assessment
- Partner Assessments
- CHI Narrative

Factor 6: Key Requirements and Analysis

Summary Analysis

Of the total required CHI contribution of \$2,511,854.55

- \$609,124.73 will be directed to the CHI Statewide Initiative
- \$1,827,374.18 will be dedicated to local approaches to the DoN Health Priorities
- \$75,355.64 will be designated as the administrative fee

Outcome Measures

- Average length of stay for behavioral health patients
- Access – Left without being seen
- Access – Door to treatment area time
- Emergency Department patient satisfaction

Thank you for the opportunity to present this information today.

Please direct any questions to:

Dennis Renaud

Director, Determination of Need Program

Bureau of Health Care Safety and Quality

Dennis.Renaud@mass.gov



Massachusetts Department of Public Health

Bureau of Family Health and Nutrition: 2024 Updates on Priorities to Advance Comprehensive Perinatal Health Systems of Care

Elaine Fitzgerald Lewis, DrPH

Director, Bureau of Family Health & Nutrition

State Title V MCH Director

Cristina Alonso Lord, DrPH

Director, Division of Pregnancy, Infancy, & Early Childhood

Agenda

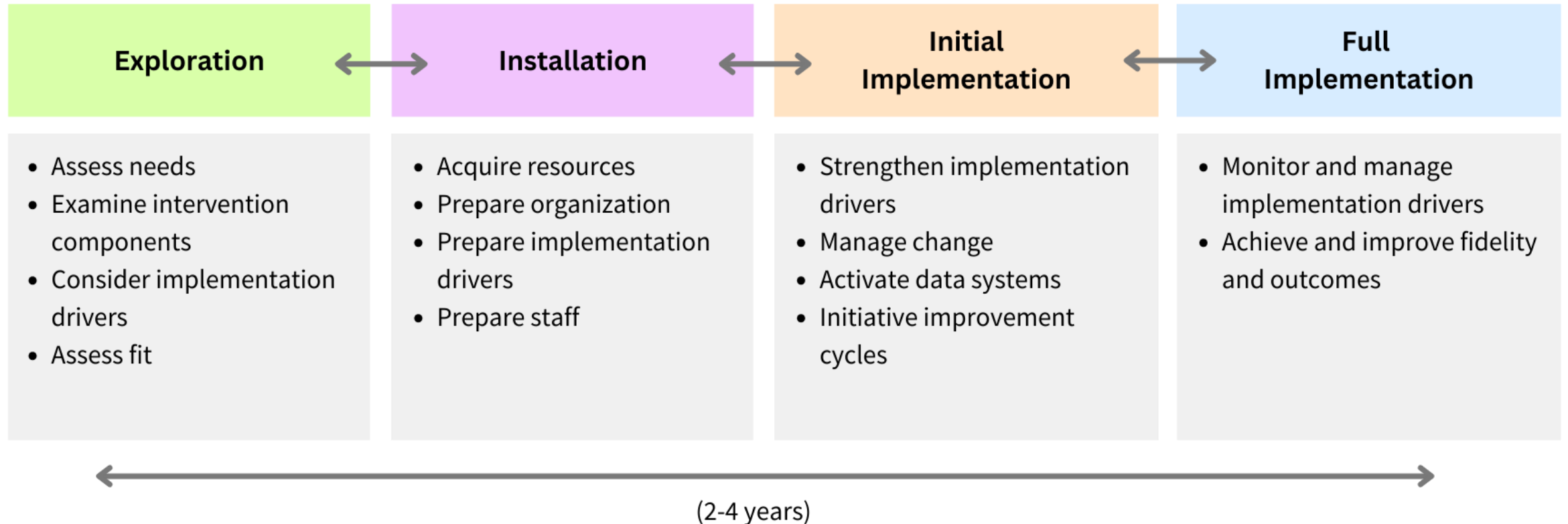
- Review of Maternal Health Services
- Advancing Health Equity in MA (AHM)
- Advancing Maternal Care Access and Expansion of Delivery Models
- Maternal Health Task Force
- MassHealth enrollment campaign
- Understanding and addressing maternal mortality and morbidity
- Integrating the Maternal Health Bill
- Maternal Health Priorities for 2025

Review of Maternal Health Services

- The [report](#) provides a comprehensive review of maternal health in Massachusetts—from prenatal care, to birth centers, to postpartum care—including reproductive and behavioral health care
- 22 recommendations for improving maternal health were included:
 - Maternal Care Access and Expansion of Care Delivery Models
 - Access to Data
 - Behavioral Health
 - Reproductive Health
 - Resources and Support



4 Stages of the Implementation Framework



Source: Fixen & Blasé, 2009

Recommendations in Exploration & Installation Stages

Exploration	Include maternal child health standards in the next version of the local public health Performance Standards
	Develop recommendations aimed at increasing access to abortion services for patients under age 18
	Provide support and incentives to encourage additional providers to offer abortion services, especially in rural areas and other areas with few abortion providers
Installation	Integrate “Levels of Maternal Care” (LOMC) into DPH licensure regulations
	*Work with providers, insurers and other interested parties to expand home visiting
	*Work with MassHealth and other payors to promote uptake of evidence-based programs (e.g., Moms Do Care and FIRST Steps Together) for pregnant members with SUD; services to be covered include peer support, care coordination services, doulas, and case management
	*Pursue legal authority to conduct population-based stillbirth surveillance and provide data to Fetal and Infant Mortality Review (FIMR) Committee

*Activities led by the Bureau of Family Health and Nutrition

Recommendations in Initial & Full Implementation Stages

Initial Implementation	Update DPH hospital and clinic regulations regarding birth centers (e.g. expand scope of CNMs)
	Update guidance for healthcare providers to share best practices and establish a dual reporting system whereby substance exposed newborns with no indication of neglect or abuse can be identified for support but not investigated for neglect or abuse
	*Expand trainings on screening, assessment, treatment, and referral for maternal depression and related disorders
	*Develop pathway to doula certification
Full Implementation	*Support annual Count the Kicks campaign and ensure providers have access to materials
	*Use data from Parenthood and Fatherhood Experiences Survey to support engagement with families, fathers, and second parents, improving maternal and child health services
	*Promote awareness and access to Paid Family & Medical Leave (PFML) through public awareness campaigns
	*Amend the MMMRC statute to require any public and private agency/individual to provide any relevant information at the request of the chair of the MMMRC
	Improve access to trainings on patient-centered contraceptive counseling and contraceptive methods at all postpartum care providers
	Ensure recent changes to MassHealth reimbursement allowing providers to bill for a long-acting reversible contraception (LARC) device separately from labor and delivery charges are well-publicized and accessible to hospital billers and will encourage private insurers to adopt similar payment policies (moderate/full implementation)

*Activities led by the Bureau of Family Health and Nutrition

Advancing Health Equity in MA (AHEM)

- Led by the Healey-Driscoll Administration, AHEM aims to eliminate racial, economic, and regional disparities in health outcomes and has two key focuses:
 1. Maternal/perinatal health
 2. Social drivers of cardiometabolic conditions
- Purpose: Engage agencies and stakeholders across MA to join together and "rework the systems" that lead to poor outcomes for vulnerable communities



AHEM Maternal/Perinatal Health Workgroup: Focus on initiatives 1-3

	Initiatives	Lead Agency	Updates & next steps
1	Birth center regulations	DPH	<ul style="list-style-type: none">• Regulations reviewed and submitted for public comment (Fall 2024)• Anticipated promulgation (early 2025)
2	Statewide doula certification pathway	DPH	<ul style="list-style-type: none">• DPH doula certification guidelines undergoing DPH review (December 2024)• Statewide voluntary certification (June 2025)• MassHealth doula coverage began (December 2023)<ul style="list-style-type: none">• Over 150 doulas enrolled representing diverse communities, race/ethnicity, languages• Working on bolstering enrollment & utilization
3	Levels of Maternal Care (LoMC) integration into DPH licensure regulations	DPH	<ul style="list-style-type: none">• Partnering with Joint Commission to verify LoMC once regulations are updated instead of using CDC LOCATe survey• Anticipated promulgation (Summer 2025)

Advancing Maternal Care Access and Expansion of Delivery Models

- In September 2024, DPH awarded grant funding to:
 - Strengthen maternal health & family planning services (\$10 million)
 - Strengthen and expand birth centers (\$1 million)
- [Grants to increase maternal care access and expand delivery models](#) invest in access, workforce, and infrastructure for organizations that provide women's health services including:
 - Birth centers, doulas, lactation peer counselors, perinatal mental health certification and services, midwifery services
- Awardees include:
 - Community health centers
 - Healthcare organizations, hospitals, and free-standing birth centers
 - Non-profit and community-based organizations



Maternal Health Task Force (MHTF)

Background

Funded through a 5-year HRSA Maternal Health Innovation's Grant and launched in 2023

Vision

Ensure that all Massachusetts pregnant and birthing people and their families live the healthiest lives possible, supported by a strong public health infrastructure and healthcare delivery system.

Mission

Create strategic plan to improve maternal health in the Commonwealth that aims to achieve the following goals, all centered on racial equity:

- Highly skilled, diverse, culturally responsive, and trauma-informed perinatal workforce
- Healthcare and public health infrastructure
- Access to high-quality reproductive care
- Community linkages and partnerships



MassHealth Maternal Health Campaign

Goal:

- In partnership with MassHealth, BFHN's campaign aimed to increase MassHealth enrollment among pregnant and postpartum people to improve maternal and infant health across MA

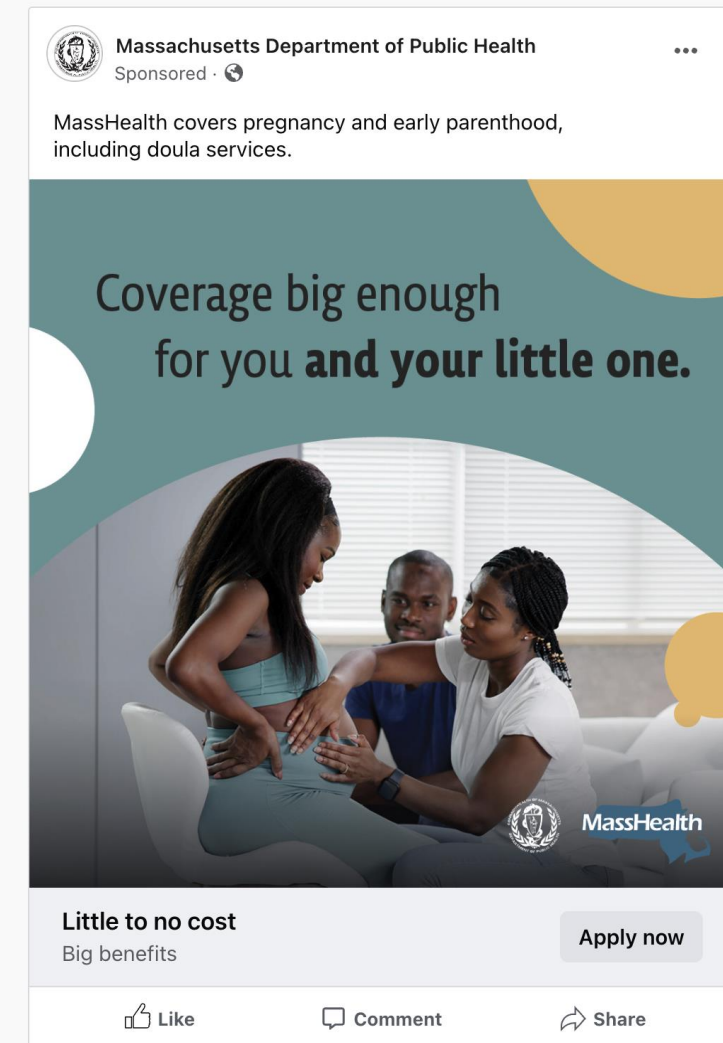
Audience:

- Ages: 18-45
- Income: No more than 200% of federal poverty level
- BIPOC communities, new immigrants, individuals with undocumented status, and those who prefer to communicate in English, Spanish, and Haitian Creole

Key messages:

1. MassHealth provides expanded eligibility and no- or low-cost benefits to help you and your baby
2. MassHealth will bring added protection for you and your baby

Campaign website: mass.gov/PregnancyCoverage



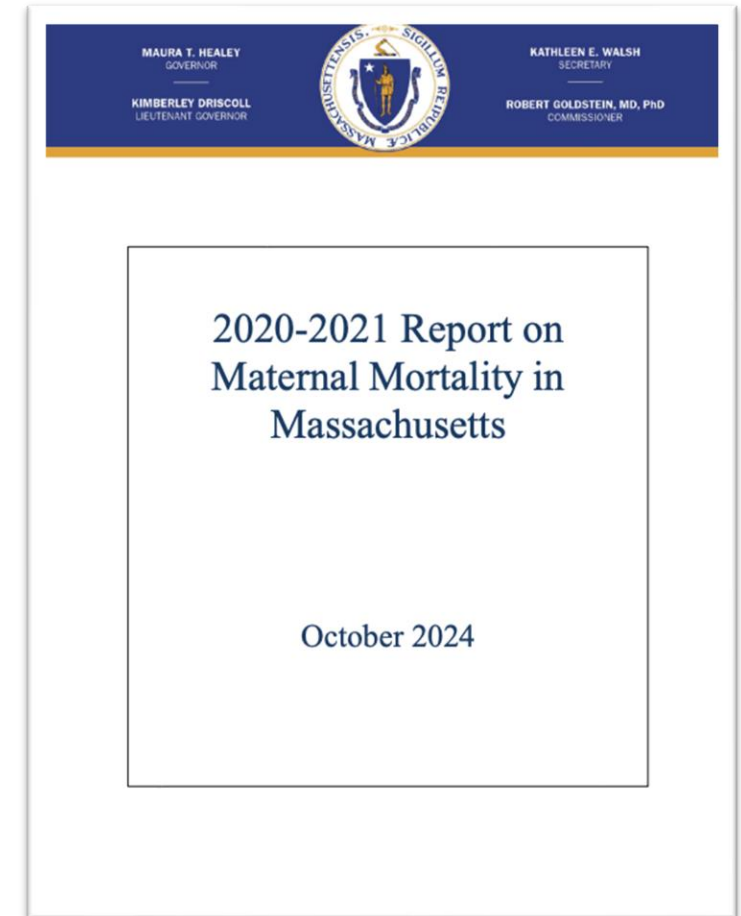
Understanding and addressing maternal mortality and morbidity

36.1 /100,000 live births

Pregnancy related mortality ratio
among Black birthing people

18.4 /100,000 live births

State overall pregnancy mortality
ratio



[2020-2021 Report on
Maternal Mortality in MA](#)

Integrating the Maternal Health Law

Integrates:

- Certified professional midwives
- Lactation counselors
- Birth centers
- Universal home postpartum visit
- Fetal and Infant Mortality Review Board
- Expanded authority for Maternal Mortality Review Committee (MMRC)
- Maternal Health Task Force (MHTF)
- Pregnancy loss and perinatal mood & anxiety disorders (PMADs) information campaign
- Reimbursement of donor milk
- Grant program to address perinatal mental health and substance use disorders

Maternal Health Priorities for 2025



Support regulation review & implementing Levels of Maternal Care



Integrate community birth



Expand awareness & access to home visiting programs



Expand perinatal workforce to meet the needs of a diverse Commonwealth



Ensure perinatal mental health and substance use programs are family-centered and trauma-informed



Enable streamlined data to action to improve perinatal health outcomes



Massachusetts Department of Public Health

**Next Meeting:
January 15, 2025**