



# Massachusetts Department of Public Health

## Public Health Council Meeting December 13, 2023

Robert Goldstein, Commissioner

*Today's presentation is available on [mass.gov/dph](https://mass.gov/dph) under "Upcoming Events" by clicking on the December 13 Public Health Council listing.*



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# Essential Services and Maternal Health Access

PRESS RELEASE

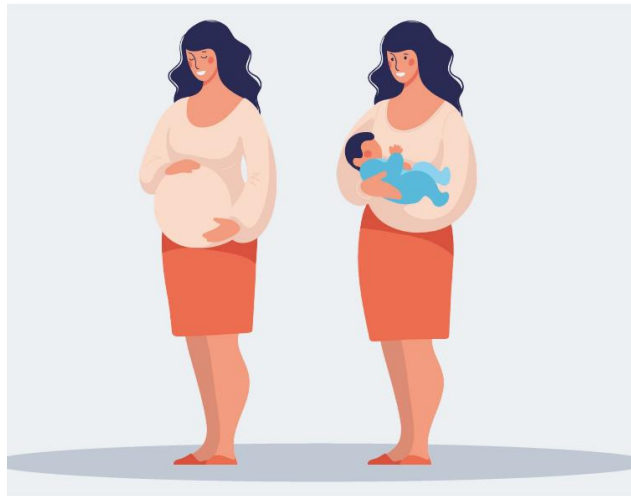
## Healey-Driscoll administration releases reports on access to maternal health care and essential services in Massachusetts

Recommendations to improve equitable care in rural and underserved communities informed by listening sessions held across the state

FOR IMMEDIATE RELEASE:

11/15/2023

Department of Public Health



**Report Links:**

**[Review of Maternal Health Services](#)**

**[Review of Essential Services](#)**

# Medication Abortion Toolkit

PRESS RELEASE

## Healey-Driscoll Administration, Reproductive Equity Now Foundation Launch Medication Abortion Toolkit for Public Colleges and Universities

Toolkit is intended to assist university administrators in developing readiness plans to provide medication abortion on college campuses

FOR IMMEDIATE RELEASE:

11/22/2023

Governor Maura Healey and Lt. Governor Kim Driscoll  
Executive Office of Health and Human Services  
Department of Public Health

Link:

[Medication Abortion Toolkit for Public Colleges and Universities](#)

## Medication Abortion Toolkit for Public Colleges & Universities



A guide to assist Massachusetts' public colleges and universities in preparing medication abortion readiness plans to provide, or make referrals for, medication abortion on college campuses

Compiled and created by the Massachusetts Department of Public Health and the Reproductive Equity Now Foundation



# Occupational Health in the Cannabis Industry



## PRESS RELEASE

### Massachusetts Department of Public Health calls for tougher action by cannabis industry to improve health and safety after work-related asthma death

Health care providers urged to increase surveillance of workplace asthma

FOR IMMEDIATE RELEASE:

11/16/2023

Department of Public Health

## Links:

- [DPH Investigative Report](#)
- [Bulletin to Health Care Providers](#)
- [11/17 CDC Morbidity and Mortality Weekly Report](#)



# Massachusetts Department of Public Health

## Public Health Council Meeting December 13, 2023

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# Respiratory Illness Reminders



**Stop The Spread**

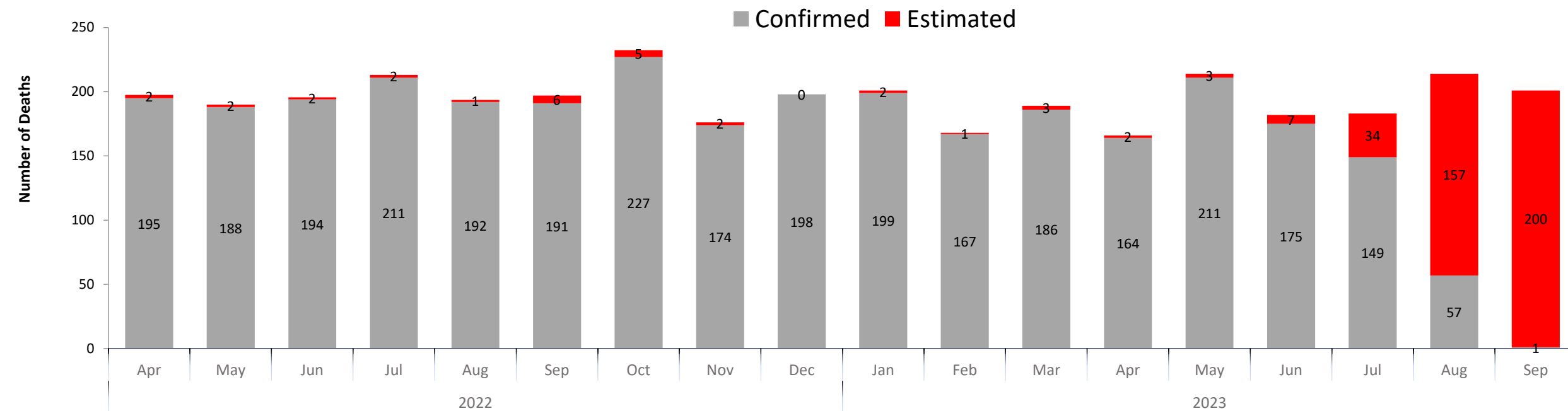


**Mass.gov/StopTheSpread**



# Preliminary data show 1,309 confirmed and 409 estimated opioid-related overdose deaths in the first nine months of 2023

**Figure 1. Opioid-Related Overdose Deaths, All Intentions by Month  
Massachusetts Residents: April 2022- September 2023**

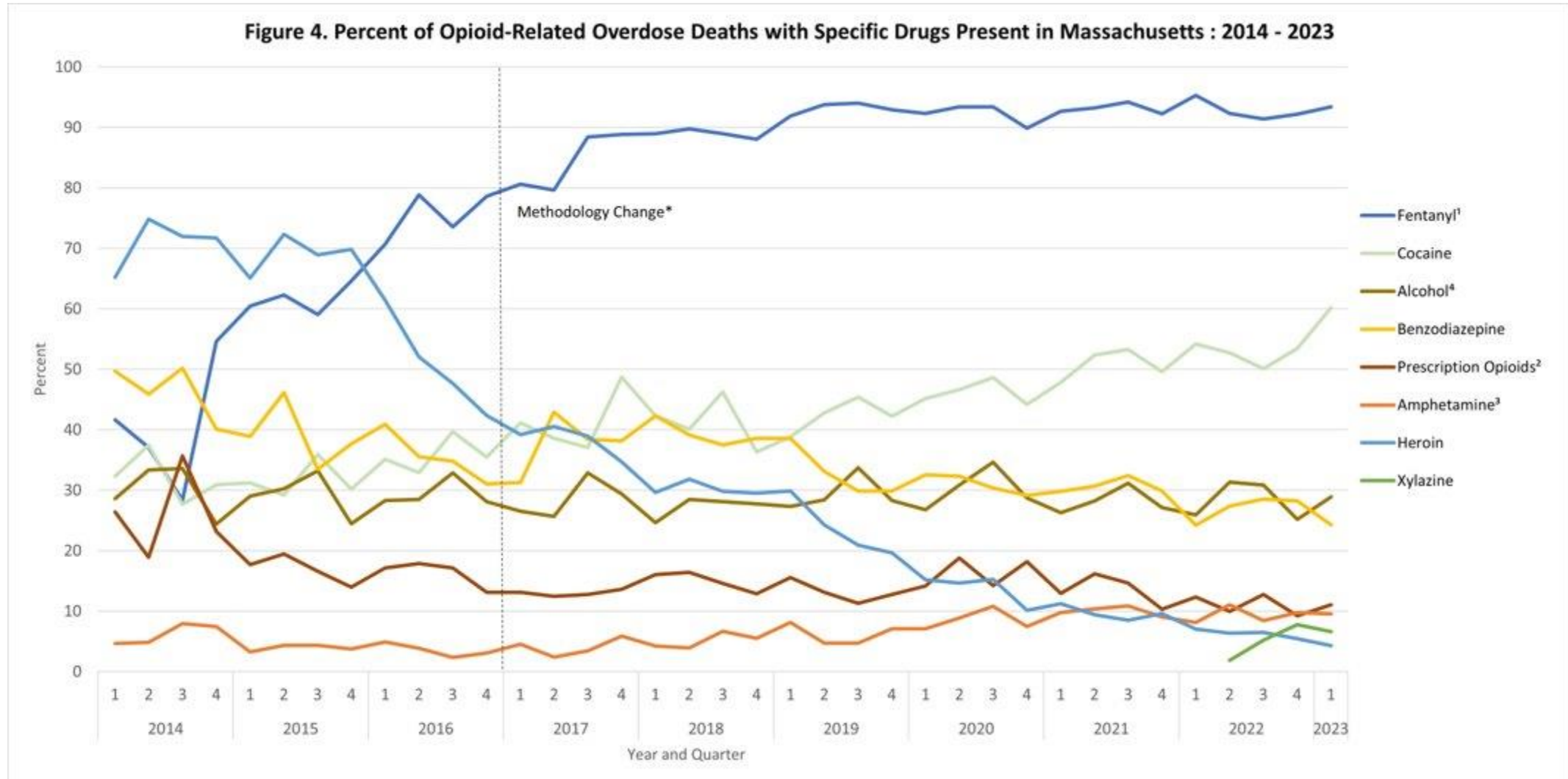


12 months ending 9/23: 2,323 estimated total deaths  
12 months ending 9/22: 2,331 estimated total deaths

Estimated 1,718 total deaths

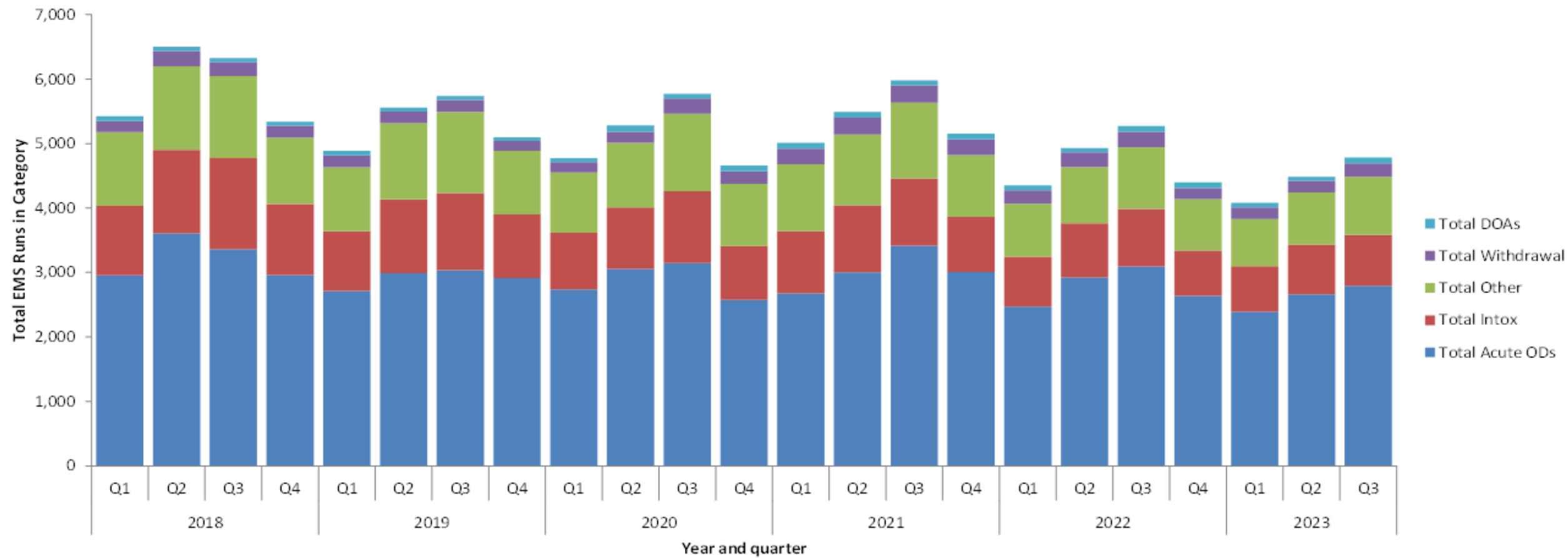


# The presence of cocaine in opioid-related overdose deaths reach an all-time high in the first quarter of 2023

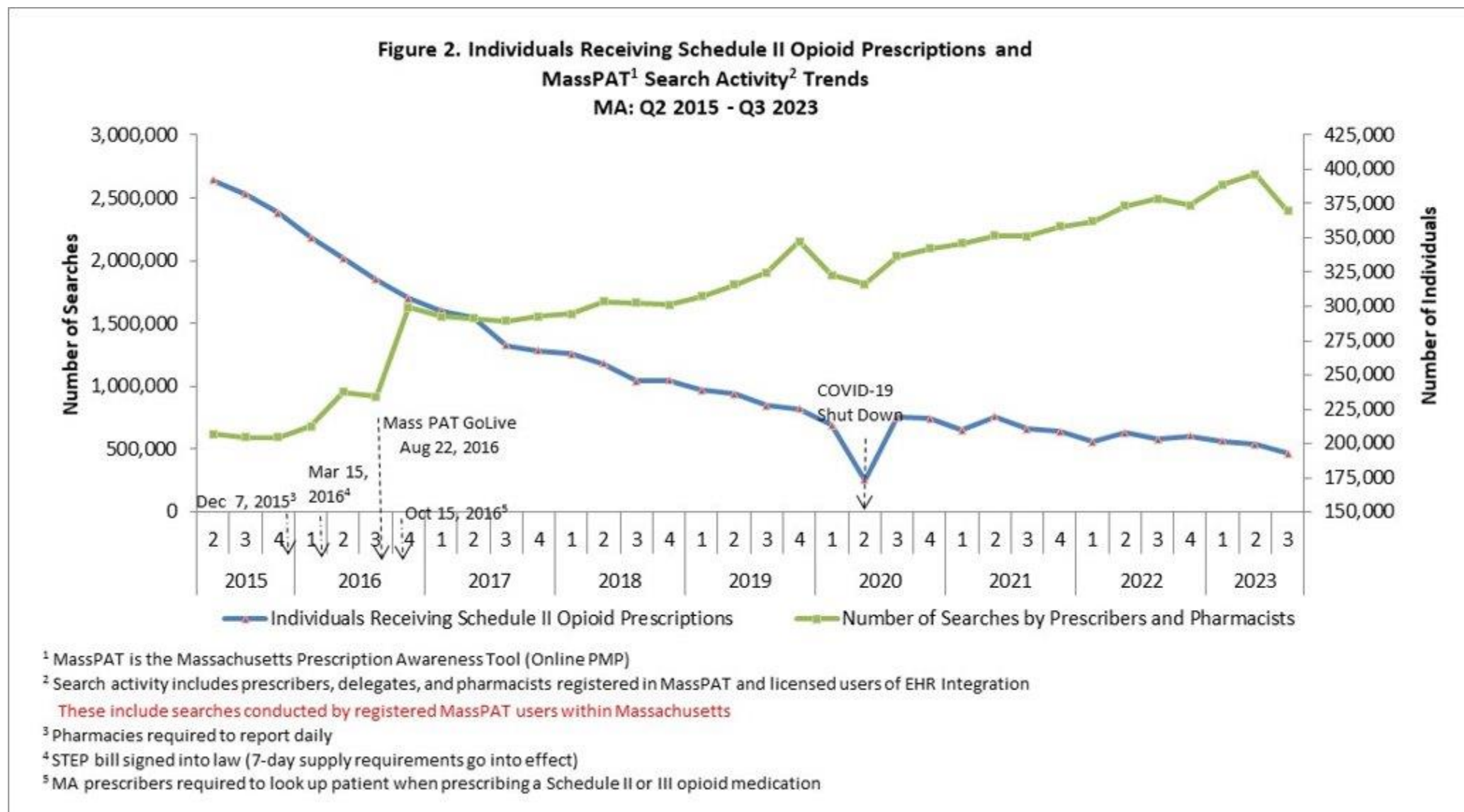


# The total number of opioid-related incidents responded to by EMS increased in the second and third quarters of 2023

Figure 2: Severity Breakdown of Opioid-Related Incidents, MA: 2018-Q3 2023

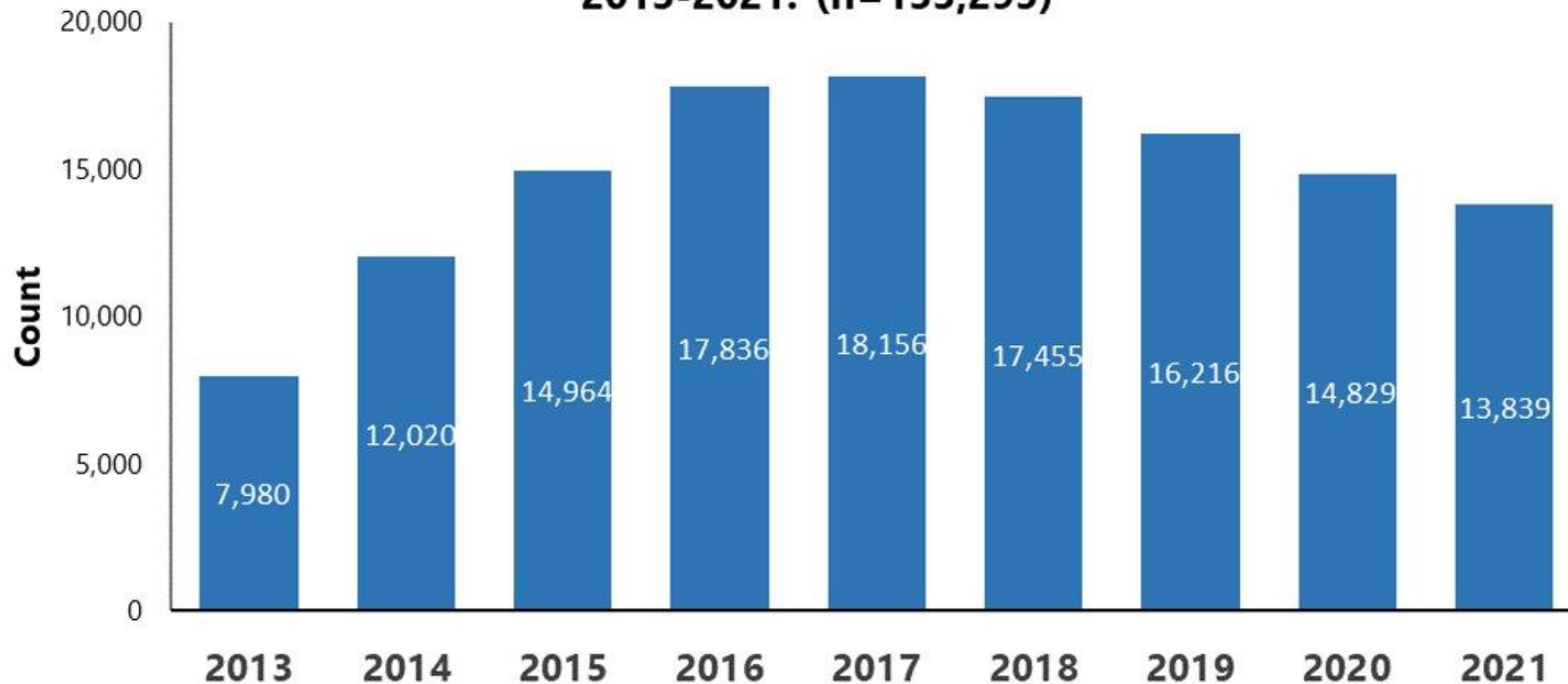


# Opioid prescribing bounced back after COVID-19 related shutdowns, and has continued to stabilize

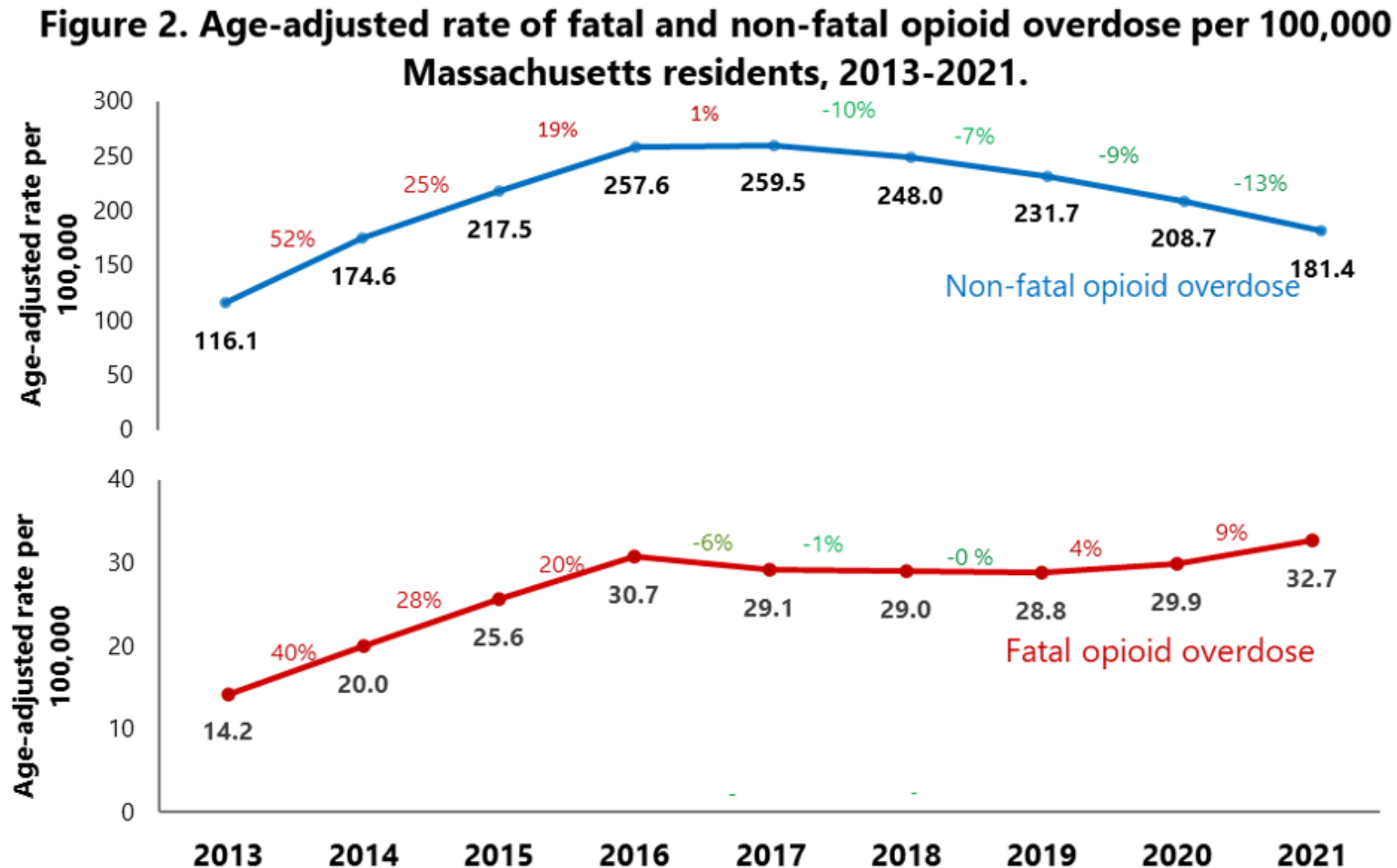


# Beginning in 2017, the nonfatal and fatal opioid related overdose trends diverged

**Figure 1. Non-fatal opioid-related overdoses, Massachusetts residents  
2013-2021. (n=133,295)**



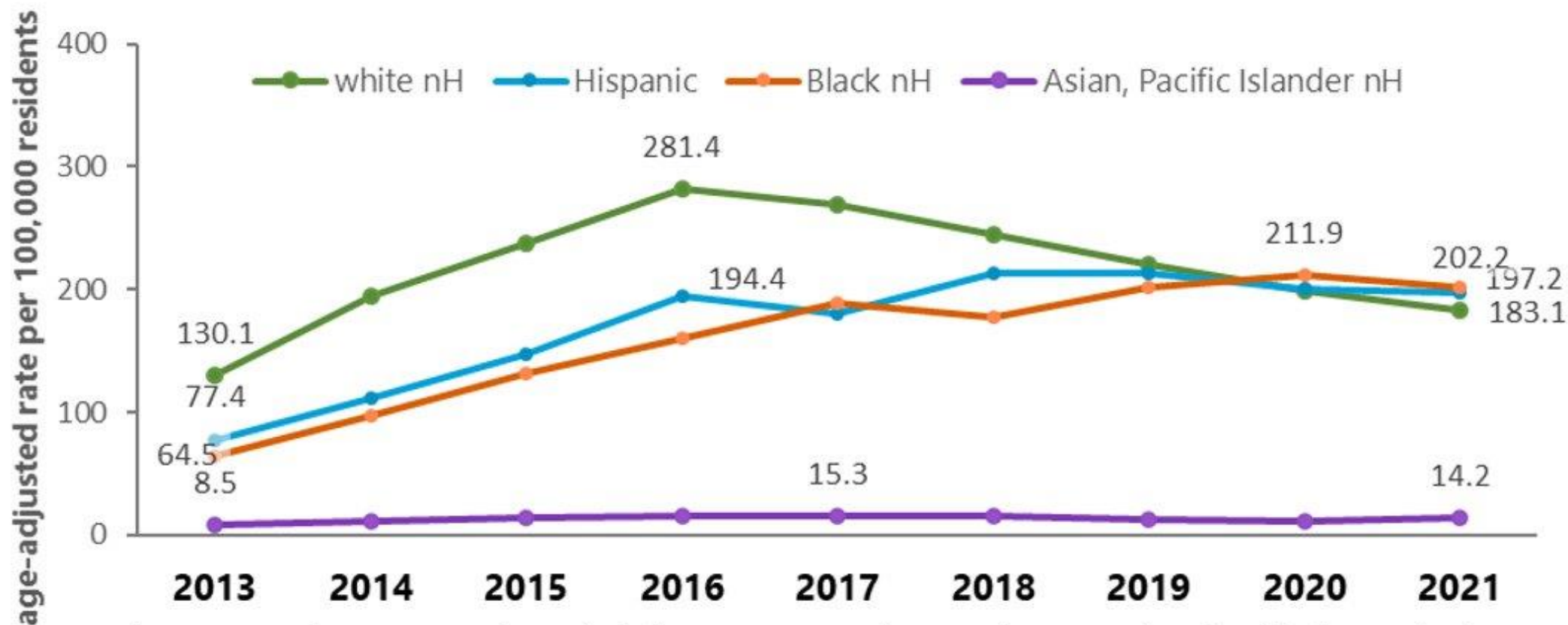
# Beginning in 2017, the nonfatal and fatal opioid related overdose trends diverged





# The trends in age-adjusted opioid related overdose differed by race and Hispanic ethnicity

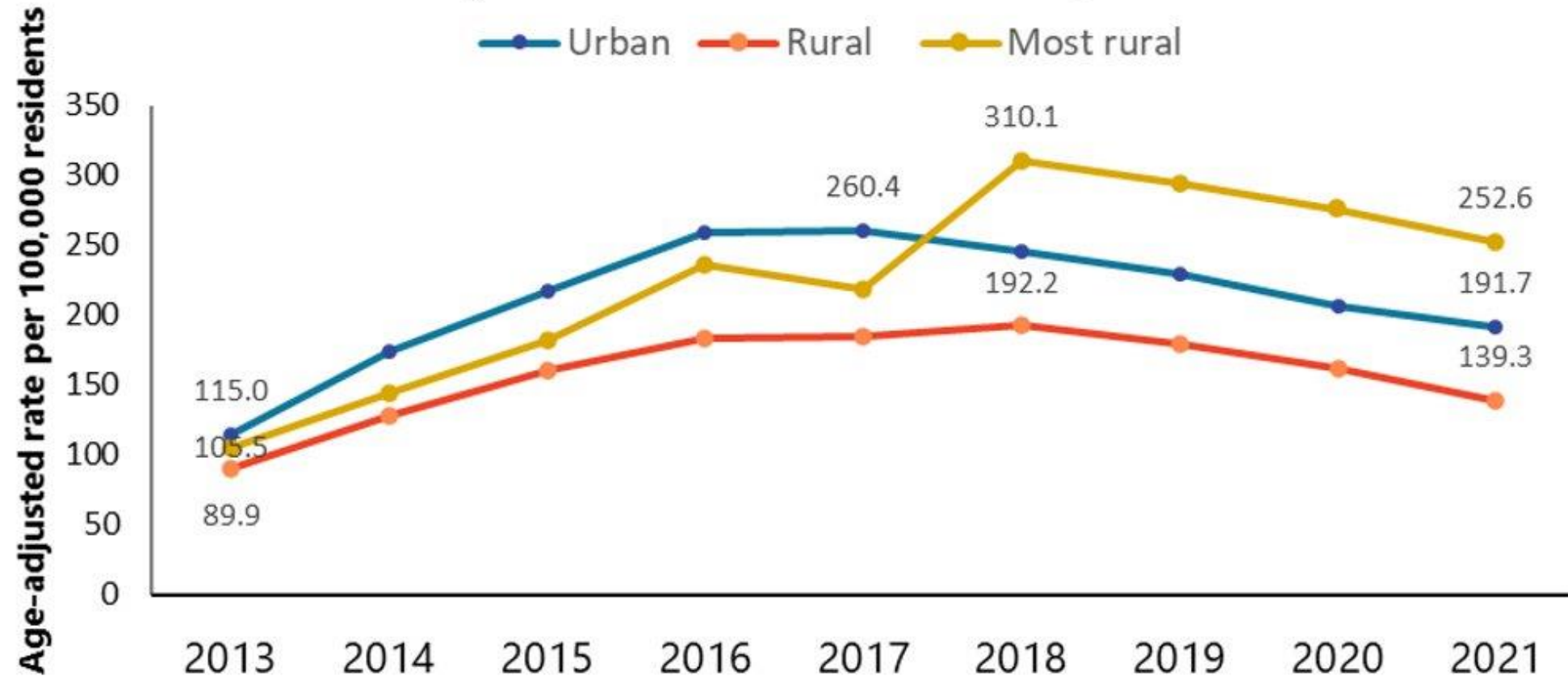
**Figure 7A. Age-adjusted rate of non-fatal opioid overdose by race\* and Hispanic ethnicity. Massachusetts residents, 2013-2021**



\* Notes: Rates for American Indian and Alaska Natives are not shown as they are combined with 'Other race' in the PHD; nH=non-Hispanic. 18,340 records with missing race and Hispanic ethnicity excluded.

# Since 2018, the most rural communities have had the highest age-adjusted nonfatal opioid related overdose rates

**Figure 9. Age-adjusted rate of non-fatal opioid overdoses by rurality\*. Massachusetts residents, 2013-2021.**

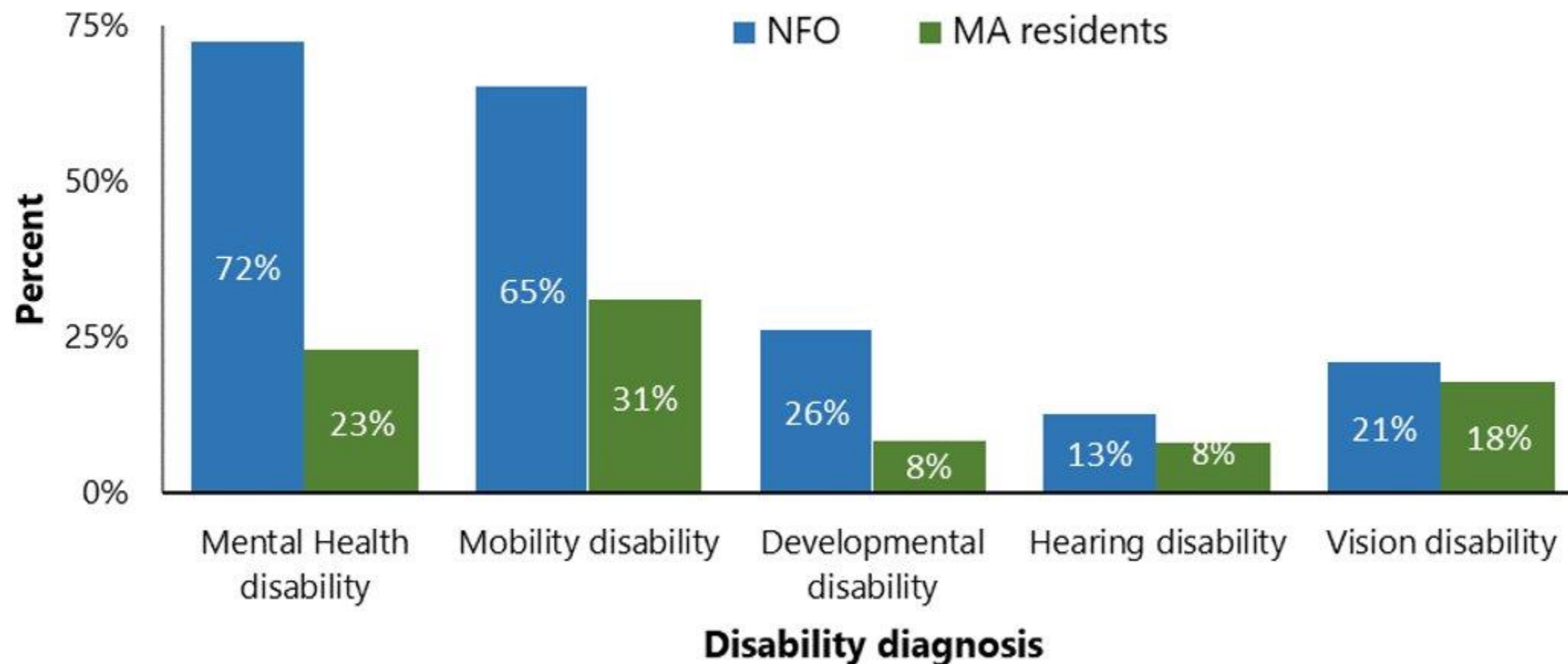


\* Note: 5,532 records with missing Zip Codes are excluded.



# Residents experiencing NFO were more likely than all MA residents to have one or more disability

**Figure 12. Non-fatal overdose by disability status. Massachusetts residents, 2013-2021. (n=72,018)**



\*Note MA resident population based on 2011-2021 prevalence.



# Massachusetts Department of Public Health

## Determination of Need:

*Request by Berkshire Health Systems, Inc. for an Original License*

**Dennis Renaud**

Director - Determination of Need Program

Bureau of Health Care Safety and Quality

# Proposed Project Description

**Original License** to operate an acute care, Medicare-certified Critical Access Hospital (CAH) to be located at 71 Hospital Ave, North Adams (North Adams Regional Hospital or NARH).

- **MCE:** \$2,850,000.00, **CHI Contribution:** \$142,500.00

The Proposed Project will include the following components:

- **18 licensed M/S beds**, which will be certified by CMS and could be used as swing beds for SNF level of care;
- **Four-room** mixed inpatient/outpatient **operating rooms (ORs)** that will meet surgical and endoscopy needs; and
- Imaging, emergency services and other outpatient services.

# Six Factors of a Determination of Need (DoN) Application

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

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

**In Factor 1, the Applicant must demonstrate:**

1. Sufficient Patient Panel Need for the Project
2. The Project will add measurable Public Health Value
3. The Project will meet Operational Objectives

# Factor 1 - Background

- NARH was previously an acute care hospital located in Northern Berkshire County, which closed abruptly in March 2014.
- In 2014, Berkshire Health Systems (BHS) established some outpatient services at the NARH site.
- Since then, patients requiring inpatient and observation services are transferred to Berkshire Medical Center's (BMC) main hospital campus located in Pittsfield, or in some cases to Southwestern Vermont.

# Factor 1: Patient Panel Need Analysis

## Stroudwater Report (2014)

- Provided a healthcare market assessment for the North County service area
- Market demand showed an existing need for **18-21** beds for acute inpatient medical services.
- Recommendation was to develop a clinically integrated delivery system for inpatient services with BMC, to include limited inpatient services provided in North County **only** if the BMC North site is designated as a **Critical Access Hospital**.



# Factor 1: Patient Panel Need Analysis- cont.

## Critical Access Hospital (CAH) Designation Changes in January 2023

### CAH Designation includes:

- Cost-based reimbursement from Medicare at 101% of their reasonable costs;
- Flexible staffing (e.g. flexibility with nursing staff with inpatient care and staffing MDs/DOs) and services (e.g utilization of swing beds based on demand);
- Capital improvement costs included in allowable costs for determining Medicare reimbursement; and
- Access to Flex Program educational resources, technical assistance, and/or grants.

# Factor 1: Patient Panel Need Analysis- cont.

## In FY22:

- **48.4%** of the 3,890 BMC Acute Care Visits were from North Adams
- **34.7% of the** 35,246 North County Outpatients patients and **41.4%** of the 408,804 North County Outpatient visits were from North Adams
- Age 65 and older age group made up almost **one third** of unique patients and over **40%** of patient visits.

# Factor 1: Patient Panel Need Analysis- cont.

## Swing Beds

- The proposed CAH will have 18 inpatient beds, which will be certified by CMS and could be used as swing beds to provide post-hospital skilled nursing facility (SNF) level care which can support a continuum of care for patients.
- Use of swing beds is intended for a transitional time period to allow a patient to recover before returning home or while awaiting placement in a nursing facility.

# Factor 1: Patient Panel Need Analysis- cont.

- In FY22, of the 3,890 discharges of North County patients at BMC, **562 discharges or 14.4%** were from BMC to another facility for post-acute care.
- Impact of Barrier Days support the use of swing beds. **A Barrier day** is when a patient is ready for discharge but has no appropriate discharge location.
- In FY22, there were **583 barrier days** related to SNF bed availability that was unrelated to patient preference.
- In FY22, there were **107 barriers days** because of a transportation delay

# Factor 1: Patient Panel Need Analysis- cont.

## Surgical services

- There are **two ORs** and **two endoscopy procedure rooms** that will be repurposed to **four inpatient/outpatient ORs**.

# Factor 1: Patient Panel Need Analysis- cont.

## Projections

- **1,141** discharges, **741** of which are acute discharges and **400** of which are observation discharges.
- **1,248** Operating room procedures (inclusive of endoscopy)

# Factor 1: Public Health Value Analysis

## Improving Health Outcomes and Quality of Life

- **Reduce** transportation needs including long ambulance rides.
- **Increase** access to care locally
- **Support** community appropriate discharges and the delivery of care in the most appropriate setting.



# Factor 1: Operational Objectives

## Efficiency, Continuity, Coordination of Care Analysis

- **Reduce** transportation barriers and allow for patients to remain in the community closer to social supports.
- **Reduce** wait times and ensure continuity of care, allowing for a better patient and provider experience.

## Factor 2: Health Priorities - Requirements

The expectation is that, using objective data, Applicants will address how the Proposed Project meaningfully contributes to Commonwealth Cost containment goals, improved public health outcomes, and delivery system transformation.

# Factor 2: Analysis

## **Cost Containment**

- Increase access to care, thereby reducing delays in diagnosis and treatment
- Addressing barriers to care

# Factor 2: Analysis – cont.

## Improved Public Health Outcomes

- Meet anticipated increasing demand from residents as the population ages and experiences increasing age-related diseases and conditions.
- Increasing timely access to healthcare services will improve health outcomes and patient experience.

# Factor 3: Compliance - Key Requirements and Analysis

## Requirements and Analysis

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

# Factor 2: Analysis – cont.

## Delivery System Transformation

Proposed Hospital will serve as a touchpoint for **SDoH** screening.

- Developing formal SDoH screening process that will be completed for each patient at NARH.
- Collect and analyze patient data at the hospital to better understand the health challenges of the community.

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

## Financial Feasibility Study Analysis (August 2023)

- The Department's Office of Rural Health engaged Stroudwater to conduct a **financial impact analysis** for the Proposed Project pursuant to the CAH application process for the Office of Rural Health and CMS.
- Stroudwater performed a financial impact assessment of converting the North Adams (NA) campus from an outpatient satellite of BMC to a CAH.
- The results of the financial feasibility study indicate *financial viability* given the initial bed count of 18.



# Factor 5: Relative Merit - Requirements

When evaluating and articulating the relative merit of a Proposed Project, Applicants must include, 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

The Applicant considered and rejected one alternative to the Proposed Project.

**Alternative Option:** Maintain status quo.

Continuing to provide healthcare services to North County residents through the BMC satellite emergency facility is not an optimal alternative.

- Applicant has expanded services at the North Adams site since the Hospital's closure but was unable to pursue the CAH designation until recent changes in CMS regulations.

# 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.**



Figure adapted from 2017 Massachusetts State Health Assessment

# Factor 6: Key Requirements & Analysis

Factor 6 Requirements for this Application	Summary Analysis
<ul style="list-style-type: none"><li>• Tier 1 Community-based Health Initiative (CHI)</li><li>• To fulfill Factor 6 requirements, BHS submitted its 2022 Community Health Needs Assessment (CHNA) and a CHI Narrative. BHS will provide the remaining Factor 6 materials—Self-Assessment and Stakeholder Assessments—when its project-specific community advisory body (CAB), the HEALing Coalition, begins meeting.</li></ul>	<p><b>Total required CHI contribution: \$142,500.</b></p> <ul style="list-style-type: none"><li>▪ \$14,250 to the CHI Statewide Initiative.</li><li>▪ \$128,250 to local approaches to the DoN Health Priorities.</li><li>▪ As a result of the information provided by the Applicant and additional analysis, staff finds that with the conditions outlined below, and the ongoing communication on items outlined above, the Applicant will have demonstrated that the Proposed Project has met Factor 6.</li></ul>

# Other Conditions to the DoN

## **To monitor availability of and access to inpatient and observation services for the Patient Panel:**

The holder shall, on an every 6 month basis, commencing with the approval of this DoN and continuing for a period of 5 years after the opening of the NARH Critical Access Hospital provide the following information to the Department:

- a. Number of acute medical/surgical admissions refused due to lack of bed capacity.
- b. Percent of patients in swing beds admitted directly after a discharge from a NARH M/S bed
- c. Average daily census (ADC) for med/surg beds and for swing beds

**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](mailto:Dennis.Renaud@mass.gov)



# Massachusetts Department of Public Health

## Proposed Revisions to 105 CMR 159:

*COVID-19 vaccinations for certain staff providing home care services in Massachusetts*

**Robin Lipson**

Deputy Secretary, Executive Office of Elder Affairs

# Regulation Overview

- 105 CMR 159.000 sets forth requirements for COVID-19 vaccinations for certain staff providing home care and community-based services in Massachusetts.
- The Department promulgated these regulations to ensure that COVID-19 vaccination was appropriately utilized, including for entities and providers that are not generally licensed or regulated by the Department.
- Examples of providers included: home health agencies, home care agencies, adult foster care, and other home and community-based services programs.
- **At the request of MassHealth/EOEA, the Department is proposing to rescind 105 CMR 159.000**



# Updated Vaccination Guidance

- MassHealth and EOEa, the state agencies which contract and set standards for these programs, released updated vaccination guidance in September 2023.
- This guidance requires provider agencies to have policies and processes in place to educate their employees on the importance of COVID-19 vaccination, that strongly encourage their workers to remain up-to-date on vaccinations, and that provide resources and assistance to support workers in becoming vaccinated.
- Providers will continue to use all tools to manage and mitigate the spread of respiratory illness (including PPE, procedures for workers to self-assess symptoms before a shift, etc.)

# Public Comment Period

A public hearing on the proposed rescission was held on October 16, following the presentation to the Public Health Council.

The Department received one comment from the Home Care Aide Council, in support of the rescission.

# Next Steps

DPH recommends Public Health Council approval of these amendments for promulgation.

# Thank you for the opportunity to present this information today.

**For more information, please find the full current regulation here:**

[105 CMR 159, COVID-19 vaccinations for certain staff providing home care services in Massachusetts](#)



# Massachusetts Department of Public Health

**Next Meeting:  
January 10, 2024**