



Massachusetts Department of Public Health

Public Health Council Meeting February 12, 2025

Robert Goldstein, Commissioner

Today's presentation is available on mass.gov/dph under "Upcoming Events" by clicking on the February 12 Public Health Council listing.

Black History Month – Dr. William Augustus Hinton



*Image from Harvard Medical School -
<https://meded.hms.harvard.edu/william-augustus-hinton>*

Harvard University, Harvard University Archives, W169788_1

Working Groups



Dorchester Working Group



Nashoba Valley Working Group

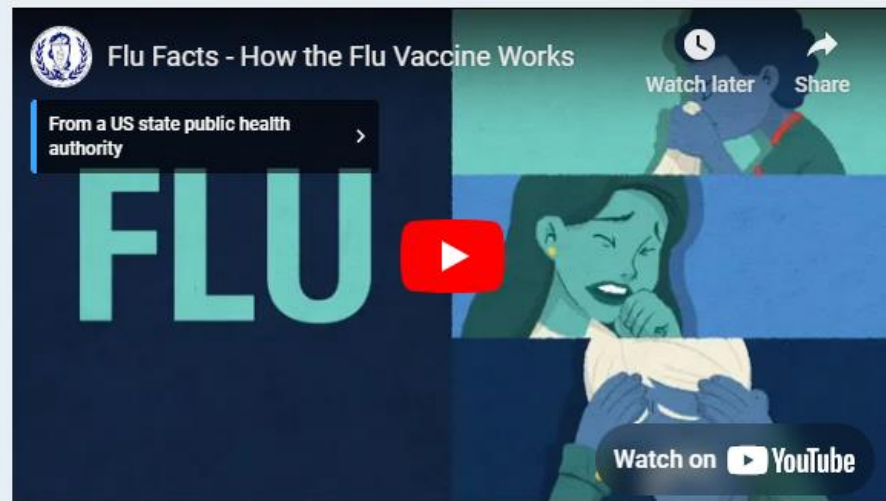
Influenza

Influenza

Learn about influenza and how to prevent and control the spread of disease.



Influenza (flu) is a disease of the body's respiratory system, which includes the nose, throat, and lungs. Flu is caused by a virus and it can be very serious. Every year in the U.S. seasonal flu causes thousands of hospital admissions and deaths. Getting an annual flu vaccine is the best protection.



[*mass.gov/influenza*](https://mass.gov/influenza)

Avian Flu

Avoid contact with sick or dead wild birds and report observations of these birds to MassWildlife.

People who own backyard bird flocks - keep birds indoors to prevent contact with wild birds

If owners identify signs of illness in backyard poultry, contact the Massachusetts Department of Agricultural Resources.

Keep pets, especially cats, from having contact with wild animals.

Pets should not be fed raw milk, raw pet food, or uncooked poultry.

People with flu-like symptoms who have been in contact with sick or dead animals, should contact their healthcare provider.

You can also call the Department of Public Health at (617) 983-6800.



Massachusetts Department of Public Health

Determination of Need: ***West Bridgewater MA Endoscopy ASC, LLC*** ***Ambulatory Surgery Center***

Dennis Renaud

Director - Determination of Need Program

Bureau of Health Care Safety and Quality

Background Information

West Bridgewater MA Endoscopy ASC, LLC

- The Applicant is a joint venture between Commonwealth Endoscopy Center, Inc. and AMSURG Holdings, Inc.
- DPH licensed single specialty ambulatory surgery center ("ASC") that is certified by Medicare and MassHealth.
- The Applicant has been performing same day gastrointestinal (GI) surgery since June 1997, and at its current site since 2009.

Proposed Project Description

- Relocation from 120 W. Center St., West Bridgewater to 3 Washington Place in Easton.
- Expansion of ASC services from two to four procedure rooms and six to twelve pre-and post- operative bays.
- The Total Value for the Proposed Project is \$10,371,384.00. The Community Health Initiatives (“CHI”) contribution is \$518,569.20.
- No Ten Taxpayer Groups formed on the application.

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. Overall Procedure Volume Growth
2. Increased Incidence of Colon Cancer
3. Growth in the Aging Population
4. Need to Expand Upon the Limited ASC Supply in Massachusetts

Factor 1: Patient Panel Need Analysis– cont.

1. Overall Procedure Volume Growth at the existing ASC

Calendar Year	Procedures	Utilization (2 rooms)
CY2019 Actual	6,015	94%
CY2020 Actual	4,414	69%
CY2021 Actual	6,166	97%
CY2022 Actual	6,020	95%
CY2023 Actual	6,591	104%
CY2024 Jan-May, annualized	6,867	108%

Factor 1: Patient Panel Need Analysis– cont.

Proposed Staffing Plan at the Expanded ASC

- Nursing: 9 full time equivalents (“FTE”) (current staffing 3.8 FTE)
- Technicians: 6 FTE (current staffing 3 FTE, plus 2 per diem)
- Administrative Staff: 6 FTE (current staffing 4.75 FTE)
- Management: 2 FTE (current staffing 2.6 FTE)

Factor 1: Patient Panel Need Analysis– cont

2. Increased Incidence of Colon Cancer

1. Colorectal cancer is the third most common type of cancer diagnosed and the second leading cause of cancer deaths in the U.S.
2. The incidence of colon cancer has been rising in younger adults since the 1990s.
3. In May 2021, the American College of Gastroenterology recommended lowering initial screening for colon cancer from age 50 to age 45.
4. Increase in overall colonoscopy procedure volume.

Factor 1: Patient Panel Need Analysis– cont

3. Growth in the Aging Population

- The 70+ age cohort accounts for approximately 20%, and the 50-69 cohort accounts for 56% of all of the GI procedures performed at the ASC.
- UMass Donahue Institute is forecasting significant growth in the older adult population in the 16 towns comprising the Applicant's primary service area.

Factor 1: Patient Panel Need Analysis– cont

4. Need to Expand Upon the Limited ASC Supply in Massachusetts

- The Applicant cites the Health Policy Commission's reports from June 2023 and February 2024 which found that Massachusetts has the fourth lowest per capita number of ASCs of all states, and 23 ASC operating rooms per million population versus a national average of 56.
- Issue 26: Trends in Ambulatory Surgical Centers in Massachusetts, the Massachusetts Health Policy Commission report.
- Access challenges due to service interruptions at 3 community hospitals.

Factor 1: Patient Panel Need Analysis– cont.

5-year Volume Projections

Physician Cases	2025 (4 ORs)	2026 (4 ORs)	2027 (4 ORs)	2028 (4 ORs)	2029 (4 ORs)
Existing Physicians Cases	7,595	7,823	8,058	8,300	8,548
New Physicians Cases	4,505	4,641	4,780	4,923	5,071
Total Cases	12,101	12,464	12,838	13,223	13,619

Factor 1: Patient Panel Need Analysis– cont.

Factor 1: b) Public health value, improved health outcomes and quality of life; assurances of health equity

- Clinical Benefits of ASC GI Services
- Quality Tracking

Factor 1: Patient Panel Need Analysis– cont.

Public Health Value: Health Equity

- Referrals from Community Health Centers
- Cultural competency training
- Exploring transportation options

Factor 1: Patient Panel Need Analysis– cont.

Factor 1: c) Efficiency, Continuity of Care, Coordination of Care

- Upgrade to Provation APEX
- Web based portal
- 98% paperless
- Security safeguards, improved efficiency and coordination of care

Factor 2: Health Priorities - Requirements

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

Factor 2: Cost Containment - Analysis

- Overall payments to ASCs are lower for the same procedures as hospitals
- Lower patient cost sharing
- Preventative services

Factor 2: Improved Public Health Outcomes Analysis

- Improving access to care
- Providing care in a more affordable setting
- Expansion of reporting to the GI Quality Improvement Consortium

Factor 2: Delivery System Transformation Analysis

1. Strengthening relationships with the community health centers.
2. Continue to work with patients and primary care providers from the initial intake through procedure follow-up to identify SDOH needs.

Factor 3: Compliance - Key Requirements and Analysis

The Determination of Need Program staff 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

Following the CPA's review of the aforementioned documents and analysis of the financial projections, it determined the project and continued operating surplus are reasonable and are based upon feasible financial assumptions. Therefore, it determined that the Projections are feasible and sustainable and not likely to have a negative impact on the patient panel or result in a liquidation of assets of West Bridgewater MA Endoscopy ASC, LLC.

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: Alternatives Considered to the Proposed Project

Alternative Proposal #1 Maintain current 2 procedure room ASC at the current location.

Alternative Proposal #2: Expand the ASC from 2 procedure rooms to 4 procedure rooms at current site.

Alternative Proposal #3: Expand from 2 procedure rooms to 4 procedure rooms at a different site in West Bridgewater, Bridgewater or Brockton.

Factor 6: Community Health Initiatives - Requirements

This is a DoN project for a freestanding ASC that is not affiliated with a hospital and therefore does not require the submission of CHI forms. Atrius Health, Inc. will fulfill Factor 6 requirements by directing their full CHI contribution to the Statewide Community Health and Healthy Aging Funds (CHHAF).

Other Conditions

1. Participation in MassHealth
2. Support equitable access to services
3. The Holder shall report on endoscopy volumes stratified by age, by race and ethnicity, and by payer mix
4. The Holder shall report on wait times for scheduling surgical procedures differentiating between screening and diagnostic procedures

Outcome Measures

- The Outpatient & Ambulatory Surgery Community Assessment of Healthcare Providers and Systems (OAS-CAHPS) survey
- Infection Rates
- Fall rates

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

Post-Comment Revisions

105 CMR 130 – Hospital Licensure

105 CMR 140 – Licensure of Clinics

105 CMR 142 – Operation and Maintenance of Birth Centers

Marita Callahan

Director of Policy and Health Communications, Bureau of
Health Care Safety and Quality

Summary of Regulations

DPH has proposed revisions to the following regulations. These regulations set forth standards governing health care facilities to provide high quality care, industry standardization and strong consumer protection to the residents of Massachusetts.

Regulation	Description
105 CMR 130, Hospital Licensure	Sets forth standards for the licensure, maintenance and operation of hospitals
105 CMR 140, Licensure of Clinics	Sets forth standards for the licensure, maintenance and operation of clinics
105 CMR 142, Operation and Maintenance of Birth Centers	Sets forth standards for the maintenance and operation of birth center services in licensed hospitals and licensed clinics

Overview of Proposed Revisions to the Regulation

As a reminder, the proposed revisions to these regulations fall into **three categories** and will promote high quality care in these health care settings:

1. Updating requirements for stroke care in hospitals and satellite emergency facilities (105 CMR 130);
2. Updating requirements for birth center services operating under hospital and clinic license types (105 CMR 130, 105 CMR 140); and
3. Rescinding the now obsolete 105 CMR 142.

Public Comment Period

- A public hearing on the pre-comment changes was held on October 28, 2024, following the presentation to the Public Health Council.
- Twenty-nine commenters submitted approximately 145 comments to the Department.
- The Department is recommending additional revisions to the regulations to address the comments received.

Final Amendments: Changes based on Comments Received (Stroke Tiering)

Summary of Pre-Comment Changes

- The pre-comment revisions required facilities to develop and implement written protocols, including a transfer agreement with a hospital designated as a primary stroke service or endovascular capable stroke service.

Summary of Proposed Final Amendment

- In response to comments seeking stronger regulatory requirements for the care and transport of stroke patients, the Department proposes additional revisions to the regulation to **require facilities with acute stroke ready services to have a coordinating stroke care agreement** with a hospital designated as primary stroke service or endovascular capable service that includes transfer and communication protocols with such hospital.
- The coordinating stroke care agreement **may also include the provision of tele-stroke services.**

Final Amendments: Changes based on Comments Received (Stroke Tiering)

Summary of Pre-Comment Changes

- The pre-comment revisions set an effective date of July 1, 2025 for the regulations.

Summary of Proposed Final Amendment

- Commenters expressed concern with the proposed effective date for the regulations, given that the time to prepare for and become certified by an accrediting organization can take 8 to 12 months.
- As a result of the comments received, the Department proposes **extending the effective date to January 1, 2026**, to give hospitals sufficient time to meet the requirements of the regulation.

Final Amendments: Changes based on Comments Received (Birth Center Services)

Summary of Pre-Comment Changes

- The definition of “birth center services” in the hospital licensure regulation requires birth center services to be provided in a free-standing facility, as opposed to being part of the main hospital.

Summary of Proposed Final Amendment

- Commenters opposed the current definition of “birth center services” in the hospital licensure regulation, **as it may preclude some hospitals from operating a birth center.**
- As a result, the Department has revised the regulation to allow for birth center services to be provided within the hospital, as long as the services are provided in a **separate and discrete unit of the hospital.**

Final Amendments: Changes based on Comments Received (Birth Center Services)

Summary of Pre-Comment Changes

- The regulations include a list of prohibited practices at birth centers, which includes abortions, forceps delivery and self-administration of controlled substances.

Summary of Proposed Final Amendment

- The Department received several comments from stakeholders requesting the Department remove abortion from the list of procedures birth centers are prohibited from providing. The Department has clarified that **the administration of medication for pregnancy termination or early pregnancy loss** is permissible for birth center patients.
- The Department received comments recommending that the term “assisted vaginal delivery” be used instead of the term “forceps delivery” to align with national standards. As a result, the Department has revised the regulation to **prohibit “assisted vaginal delivery”** in birth centers.
- The Department received comments recommending adding a provision to the regulation to allow clients be sent home with controlled substances. The Department has **clarified in the regulations** that the birth center is required to have clinic or hospital pharmacy services on its license and be staffed in accordance with the requirements in 105 CMR 130 or 105 CMR 140, in order to dispense controlled substances for self-administration outside of the birth center.

Final Amendments: Changes based on Comments Received (Birth Center Services)

Summary of Pre-Comment Changes

- The regulation requires a birth center to call the parent or guardian of a newborn infant to verify the hearing screening was completed, if not completed at the birth center, and document the conversation.

Summary of Proposed Final Amendment

- To reduce the administrative burden on birth centers, commenters recommended amending the process by which birth centers confirm that a hearing screening was completed, if it was not completed at the birth center.
- As a result, the Department revised the regulations to require a birth center confirm the hearing screening was completed (**which could include confirming through electronic medical records**) and, if it cannot confirm, contact the parent or guardian.

Final Amendments: Changes based on Comments Received (Birth Center Services)

Summary of Pre-Comment Changes

- The regulation requires a birth center to have a neonatal warming device.

Summary of Proposed Final Amendment

- Commenters expressed concern about the need for a hospital-level neonatal warming device, as it can be cost prohibitive for birth centers and is not needed in a birth center when other warming mechanisms are more commonly used.
- The Department has revised the regulation to clarify that a birth center will need a neonatal warming device in accordance with Department guidelines. This will allow the Department to **provide options for warming mechanisms through sub-regulatory guidance** that align closer to current practice and may be more affordable for birth centers.

Final Amendments: Changes based on Comments Received (Birth Center Services)

Summary of Pre-Comment Changes

- The regulations require birth centers to follow Facility Institute Guidelines for physical plant requirements.

Summary of Proposed Final Amendment

- Commenters suggested updating the facility requirements to align with Commission for the Accreditation of Birth Centers (CABC) physical plant standards.
- As a result, the Department has revised the regulation to allow for clinics providing only birth center services to **align with CABC physical plant standards**.

Final Amendments: Changes based on Comments Received (Birth Center Services)

Summary of Pre-Comment Changes

- The regulation requires a birth center to have an Administrative Director, who is responsible for the operation and maintenance of the birth center and must be either a physician or certified nurse mid-wife, and a Director of Medical Affairs, who is responsible for advising and consulting with the medical staff and must be either a physician, certified nurse mid-wife or certified professional midwife.

Summary of Proposed Final Amendment

- Commenters recommended the Department remove the regulatory requirement of having the administrative director be either a physician or certified nurse mid-wife, given that there is also a director of medical affairs. Commenters also recommended that the Department allow for the option of having the administrative director and director of medical affairs roles be filled by the same person, if the individual can meet the applicable requirements for both positions.
- As a result of the comments received, the Department has revised the regulations to allow an individual with health care and business experience to serve as the administrative director and **allow the same person to serve as both the administrative director and director of medical affairs**, if they meet the regulatory requirements.

Final Amendments: Changes based on Comments Received (Birth Center Services)

Summary of Pre-Comment Changes

- The proposed revisions to the regulation require licensed nurses to have “labor and delivery experience.”

Summary of Proposed Final Amendment

- Commenters recommended broadening the experience requirement for licensed nurses from “labor and delivery experience” to “experience with laboring and birthing patients” to expand the pool of licensed nurses able to work in birth centers.
- As a result of the comments received, the Department has updated the regulation to now require licensed nurses have “**experience providing direct clinical care to laboring and birthing patients.**”

Proposed Recission: 105 CMR 142

- All content of 105 CMR 142, Operation and Maintenance of Birth Centers, was integrated into 105 CMR 130 (Hospital Licensure) in 2017 and into 105 CMR 140 (Licensure of Clinics) in 2021.
- The Department proposes to rescind this now obsolete regulation, as was intended when its contents were integrated within the other licensure regulations.
- No comments were received on this proposed rescission.

Next Steps

Based on a comprehensive review of 105 CMR 130, 105 CMR 140 and 105 CMR 142, and the incorporation of comments from the public, DPH recommends Public Health Council approval of these amendments for promulgation.

Thank you for the opportunity to present this information today.

For more information regarding these amendments, please find the relevant statutory language and the full current regulation here:

Massachusetts Law:

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111>

Current Regulations:

<https://www.mass.gov/doc/105-cmr-130-hospital-licensure/download>

<https://www.mass.gov/doc/105-cmr-140-licensure-of-clinics/download>

<https://www.mass.gov/doc/105-cmr-142-operation-and-maintenance-of-birth-centers/download>

Proposed Amendments:

mass.gov/dph/proposed-regulations

Please direct any questions to:

DPH.BHCSQ@MassMail.State.MA.US



Massachusetts Department of Public Health

Proposed Revisions to 105 CMR 125.000:

Licensing of Radiologic Technologists

Kris Callahan

Director of Policy & Regulatory Affairs, Bureau of Climate & Environmental Health

Summary of Regulation

105 CMR 125: *Licensing of Radiologic Technologists* sets out the requirements to obtain and maintain a license to practice as a Radiologic Technologist in Massachusetts.

- Ensures minimum standards necessary for an individual to become licensed as a Radiologic Technologist
- Specifies enforcement procedures the state may take for violations

Background

Massachusetts healthcare system challenges:

- High volume of emergency department visits (summer months)
- Efforts to redirect non-emergency patients to urgent care

Demand for Radiologic Technologists:

- Tech advancements expanding medical imaging options
- Shift from hospital-based to community-based models
- Patient demand for advanced analytics in routine care

Workforce Trends:

- 6% projected growth for radiologic technologists (2022-2032)
- Over 15,000 annual openings expected
- Potential for strain on current workforce

Overview of Proposed Revisions to the Regulation

The creation of a new license discipline in Limited Scope of Practice in Radiography would:

- Help expand capacity in urgent care centers
- Reduce pressure on emergency departments
- Foster career laddering for radiologic technologists

Proposed Revisions: Limited Scope of Practice License

Current regulation

- The regulations currently list eight disciplines for which the Department issues Radiologic Technologist licenses (125.004).

Summary of proposed revisions

- The Department proposes creating a new definition and licensing discipline referred to as "Limited Scope of Practice in Radiography" (105 CMR 125.003 and .004)
- This new license discipline will allow more individuals to qualify as x-ray machine operators in limited capacities, upon meeting licensing requirements proposed in these amendments.

Proposed Revisions: Limited Scope of Practice License

Current regulation

- The regulations currently outline certification requirements to practice as a Radiologic Technologist in Massachusetts (125.005 (A)), which includes a list of certifying boards recognized by the Department (125.005 (C))
 - All radiologic technologists must be at least 18 years of age; and
 - Have obtained a high school diploma or passed and approved equivalency test

Summary of proposed revisions

- Add requirements to qualify for a license in Limited Scope of Practice in Radiography to 125.005:
 - Age and high school diploma requirements listed above; and
 - Have successfully completed a course of study in Limited Scope of Practice in Radiography approved by DPH; and
 - Successfully passed the Limited Scope of Practice in Radiography Examination administered by the American Registry of Radiologic Technologists (ARRT) on behalf of DPH in up to two of the following procedure specialties: chest, extremities, skull/sinuses, spine, or podiatric radiography
- Remove list of certifying boards recognized in 125.005 (C), as this will be instead made available online.

Proposed Revisions: Continuing Education Requirements

Current regulation

- The regulations currently do not outline Continuing Education Requirements for the newly created Limited Scope of Practice in Radiography License.

Summary of proposed revisions

- The Department proposes adding Continuing Education Units (CEUs) for individuals seeking the newly created Limited Scope of Practice in Radiography license (125.009 (1)).
 - CEUs must be obtained through a provider approved by the Department
 - All licensees are required to obtain a minimum of 24 CEUs during each two-year license renewal cycle
 - Proposed changes include a breakdown of the 24 CEUs to be obtained (in the next slide)

Proposed Revisions: CEUs for Limited Scope License

Summary of proposed revisions

- All licensees are required to obtain a minimum of 24 CEUs during each two-year license renewal cycle.
- 24 CEUs for Limited Scope include:
 - 10 CEUs must be in the discipline of Limited Scope of Practice in Radiography; and
 - 2 in radiation safety; and
 - 12 in topics directly related to health care practice, radiation safety/radiation protection, or their specialty.
- Other proposed amendments to this section are intended to improve readability and clarify existing regulatory requirements.

Next Steps

- Following this presentation, staff will hold a public hearing and will provide a public comment period.
- After the close of the public comment period, staff will review comments, revise as necessary to reflect comments received, and then request approval of the final regulation at a subsequent meeting of the Public Health Council.

Thank you for the opportunity to present this information today.

For more information regarding the licensing of radiologic technologists, please find the relevant statutory language and the full current regulation here:

Massachusetts Law:

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111/Section5L>

Current Regulation:

<https://www.mass.gov/regulations/105-CMR-12500-licensing-of-radiologic-technologists>

Proposed Amendment:

mass.gov/dph/proposed-regulations

Please direct any questions to:

Jack.Priest@mass.gov



Massachusetts Department of Public Health

DPH Strategy Map

Implementation Update, February 2025

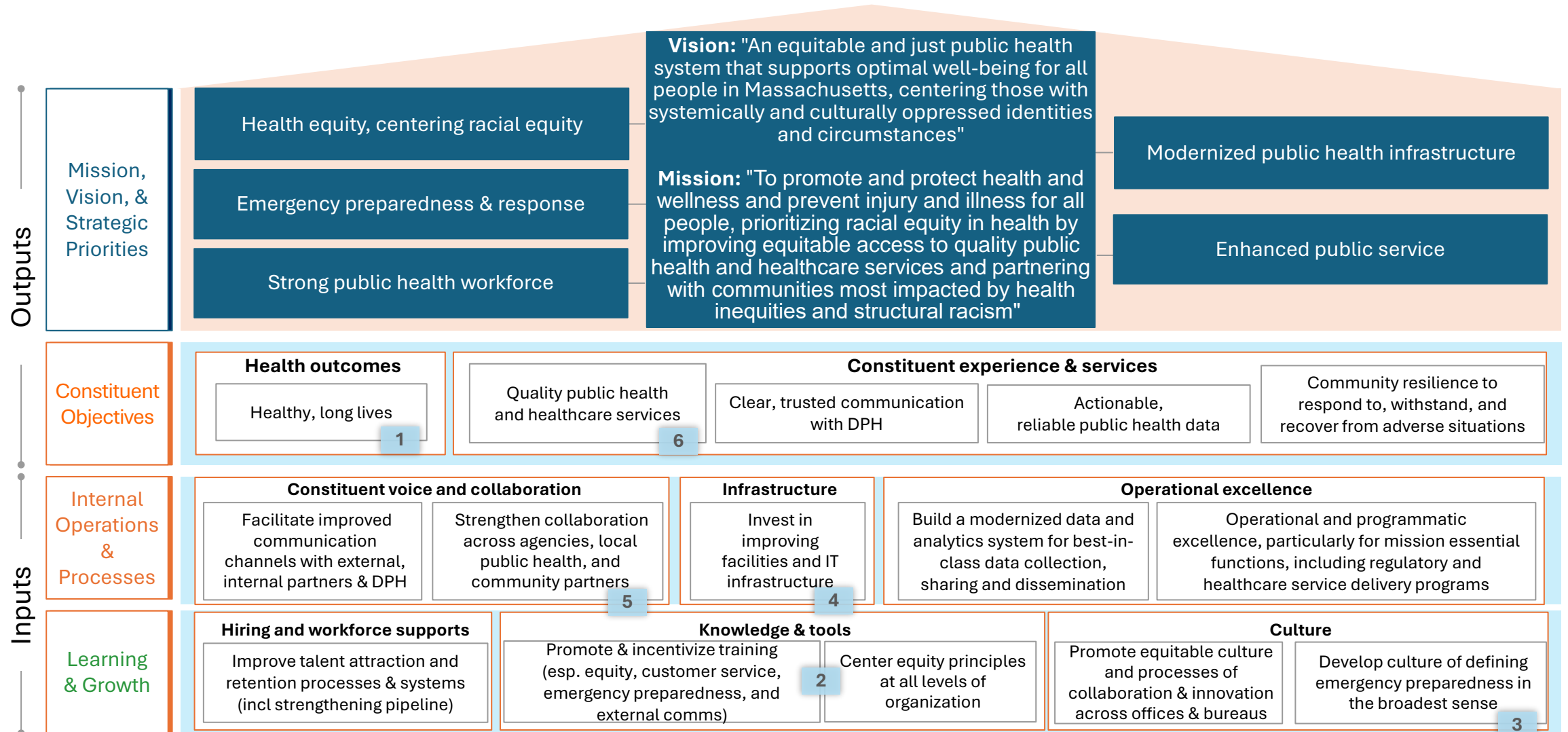
Karen Clawson Cosmas

Senior Director of Strategy, Office of the Commissioner

DPH developed the Strategy Map in late 2023 via EOHHS-led process, to be implemented from 2024 - 2026

- *Updated* Mission and Vision
- Foundational Priorities
 1. Health equity, centering racial equity
 2. Emergency preparedness and response
 3. Strong public health workforce
 4. Modernized public health infrastructure
 5. Enhanced public service
- Clear Objectives with KPIs
 - Constituent objectives
 - Internal process objectives
 - Learning and growth objectives
- 6 Key Initiatives

DPH Strategy Map



Objectives and Key Performance Indicators

Constituent Objectives

DPH defines its constituency in the broadest sense: Every person who resides in, works in, visits, or accesses the services of the Commonwealth interacts with the Department of Public Health.

- Healthy, long lives

Objectives	KPI		Target		Prior Qtr	Current Value	Current Value Timeframe	Mapped Initiative	Commentary
			FY27 Q2	Target					
On track	(C1) Healthy, long lives	Rate of severe maternal morbidity (SMM) per 10k deliveries	On track	98.4	113	113	CY 22	#1	Previously misreported current value timeframe.
		Opioid-related overdose deaths	On track	28.7	30.2	29.9	CY 23		Baseline 33.5. Adjusted number this quarter is finalized from previously reported preliminary data.
		Life expectancy	On track	81	80.1	80.1	CY 22		Updated data summer 2025.

- Quality public health and healthcare services
- Clear and trusted communication with DPH
- Actionable, reliable public health data
- Community resilience to respond to, withstand, and recover from adverse events

Internal Process Objectives

The internal process perspective describes DPH strategies to deliver value through our services to various members of our constituency.

- Facilitate improved communication channels with external & internal partners
- Strengthen collaboration across agencies, local public health, and community partners
- Invest in improving facilities and IT infrastructure
- Build a modernized data and analytics system for best-in-class data collection, sharing and dissemination
- Operational and programmatic excellence, particularly for mission essential functions, including regulatory and healthcare service delivery programs

Objectives	KPI	Target		Prior Qtr	Current Value	Current Value Timeframe	Mapped Initiative	Commentary
		FY27 Q2	Quarter					
On track	(P5) Operational and programmatic excellence, particularly for mission essential functions, including regulatory and healthcare service delivery programs	% of professional licensure boards that are fully appointed and able to meet quorum	On track	100%	95.3%	73%	FY25 Q2	63 possible meetings, 46 held 11 meetings not scheduled 6 meetings canceled for lack of quorum

Learning and Growth Objectives

These goals aim to foster continuous improvement and innovation by investing in training and developing our workforce.

- Improve talent attraction and retention processes and systems (including strengthening pipeline)
- Promote & incentivize training (esp. in areas of equity, customer service, emergency preparedness, and external comms)
- Center equity principles at all levels of organization
- Promote equitable culture and processes of collaboration & innovation across offices & bureaus
- Develop culture of defining emergency preparedness in the broadest sense

Key Initiatives

Key Initiatives

DPH's key initiatives are representations of the alignment between our actions and resources in service of strategic objectives. Each initiative balances our constituent, internal process, and learning and growth perspectives with the Department's fundamental priorities.

1. Implement a regulatory framework for Levels of Maternal Care
2. Implement the Strategic Plan to Advance Racial Equity
3. Develop the DPH Ready Responder program
4. Create a "Data Front Door" for the Department's data
5. Establish a pathway for supporting infants with pre-natal substance exposure
6. Improve the Public Health Hospital System's clinical standards

1. Implement a regulatory framework for Levels of Maternal Care

Goal: To reduce severe maternal morbidity and mortality by ensuring that high-risk patients receive care at hospitals that can meet their anticipated needs. LoMC describes a hospital's capabilities, physical facilities, and medical and support staffing and will be implemented through regulation and expanded education.

Key Milestones

- Create workplan to amend regulations
- Develop materials; kickoff education/messaging campaign for patients and providers
- Implement system to align birthing hosps with federal and state regs; assure accurate self identification with LoMC

KPI

- Severe maternal morbidity and mortality

2. Implement the Strategic Plan to Advance Racial Equity

Goal: Enable DPH to move toward its updated vision of health equity for all by leading with the principles and practices of racial equity across five foundational public health strategies.

Key Milestones

- Finalize strategic plan, including incorporating feedback from EHS
- Conduct quarterly town-halls to engage staff in discussion, planning & implementation
- Finalize implementation plan and commence rollout of key activities

KPIs

- Overall agency staff retention rate 12 months, disaggregated by race/ethnicity
- % of staff who have completed Racial Equity training series within 12 months of employment
- % of staff who identify a collaborative and equitable culture on DPH Racial Equity Staff Survey

3. Develop a DPH Ready Responder Program

Goal: Develop an emergency preparedness training program that will support a DPH-wide culture of personal and professional preparedness and readiness to respond to a wide variety of emergencies. Ready Responder will include presentations, trainings, and workshops, guidance around emergency planning, and opportunities for staff to become involved in the Department's response to public health emergencies.

Key Milestones

- Establish staff working group and conduct research on existing programs
- Pilot training with target group of participants
- Develop training and marketing materials to support new program

KPI

- % of permanent staff who have completed emergency preparedness training within 12 months of employment

4. Create a “Data Front Door” for the Department’s data

Goal: Develop and maintain a department-wide data "front door" to provide clear, easy to navigate, equity-centered data. Consumers will have access to data through a single webpage portal to use for exploring, analysis, improving health outcomes, and solving problems.

Key Milestones

- Finalize workplan with governance bodies, incl. specific equity milestones
- Develop and implement processes to apply equity tools to new data products
- Test access to data products with bureaus & offices to ensure functionality

KPIs

- % of priority data sets downloaded to the enterprise data platform
- Number of unique session visits to data front door webpage

5. Establish a pathway for supporting infants with pre-natal substance exposure

Goal: The current process requires that mandated reporters file a 51A report with DCF for all substance exposed newborns, including those whose exposure is due solely to legally prescribed medications. This initiative will establish a separate notification pathway within DPH for instances in which infants are born with prenatal substance exposure but do not have protective concerns.

Key Milestones

- Establish working groups; build workplan & timeline
- Develop policies & guidance that identify target population
- Establish & build reporting mechanism within DPH and ensure data quality

KPI

- % birthing facilities reporting on infants pre-natally substance exposed to DPH and meeting data requirements

6. Improve Public Health Hospital System clinical standards

Goal: This initiative will ensure that the public health hospitals are fully compliant with applicable clinical licensure standards and develop a sustainable model to maintain compliance.

Key Milestones

- Develop compliance instrument for gap analysis of regs against DPH and federal standards
- Assess each hospital's current state compliance with the gaps identified
- Develop and implement action plans at both the local and system level to address the gaps

KPIs

- Average length of stay at public health hospitals
- Number of severe reportable events at public health hospitals

Thank you for the opportunity to present this information today.

Please direct any questions to:

Karen Clawson Cosmas

Senior Director of Strategy

Office of the Commissioner

karen.cosmas@mass.gov



Massachusetts Department of Public Health

Next Meeting:
Thursday, March 20, 2025