Massachusetts Department of Public Health

Public Health Council Meeting
June 12, 2024

Robert Goldstein, Commissioner

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

Massachusetts Department of Public Health

Public Health Council Meeting
June 12, 2024

Robert Goldstein, Commissioner

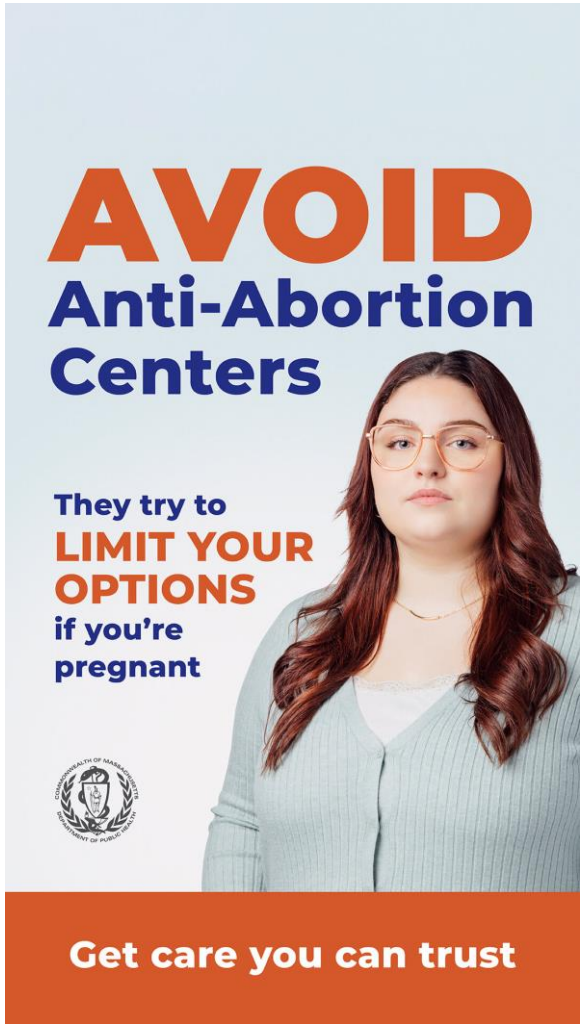
LGBTQ+ Pride Month

Juneteenth

Summer Safety

tinyurl.com/DPHSummerSafety

Awareness Campaign about Anti-Abortion Centers



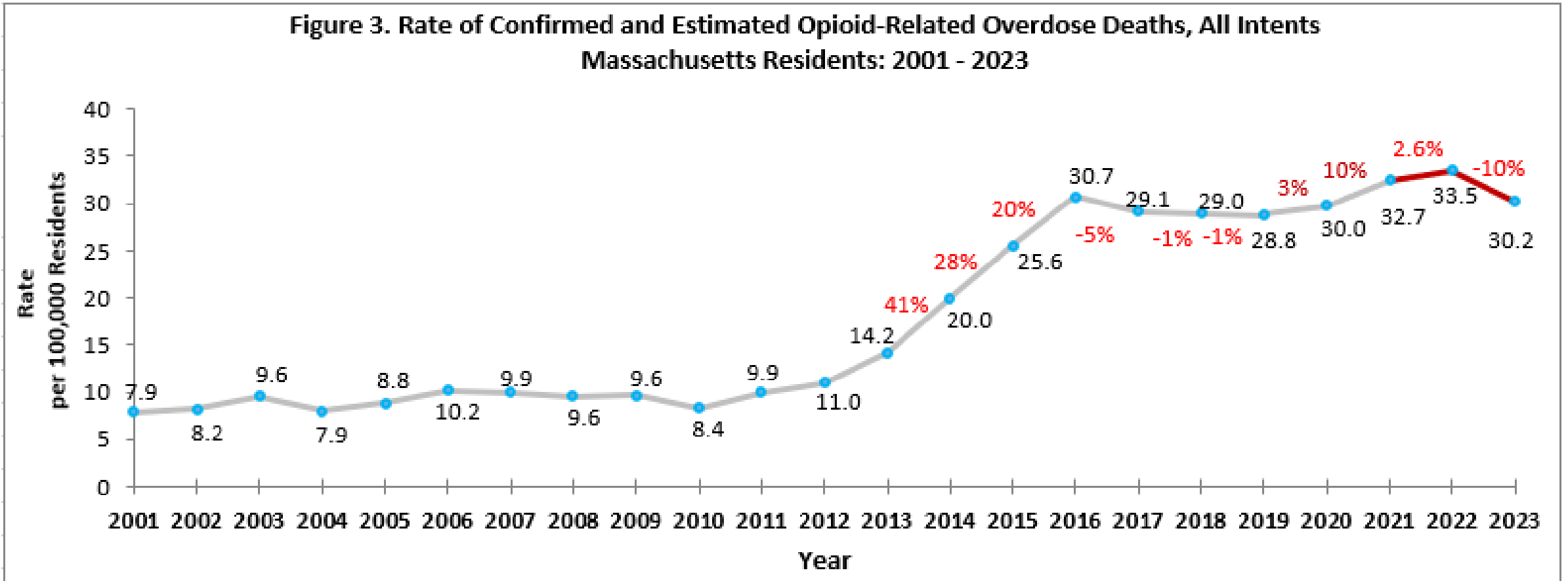
mass.gov/GetTrustedCare

COVID-19 Community Partners Gathering

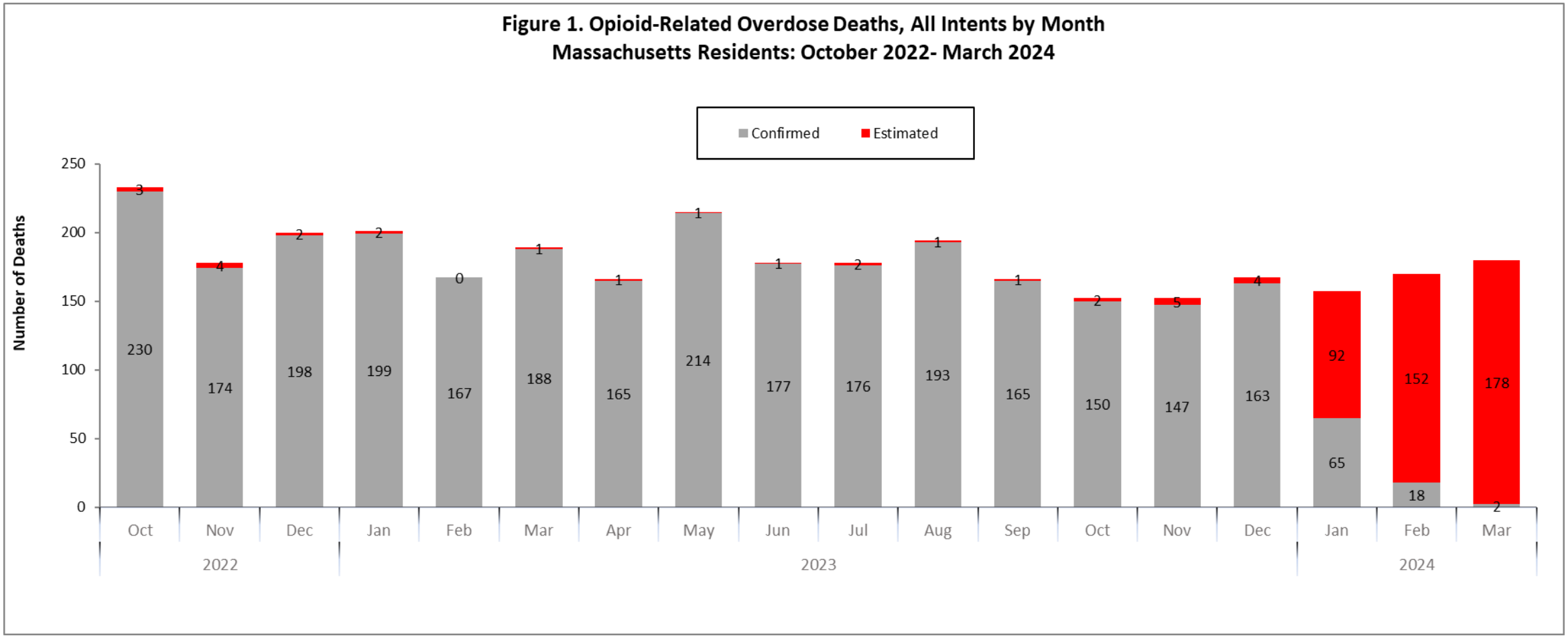
Second Annual Haitian Health Conference

Opioid Report

The rate of opioid-related overdose deaths decreased 10% in 2023 compared with 2022.



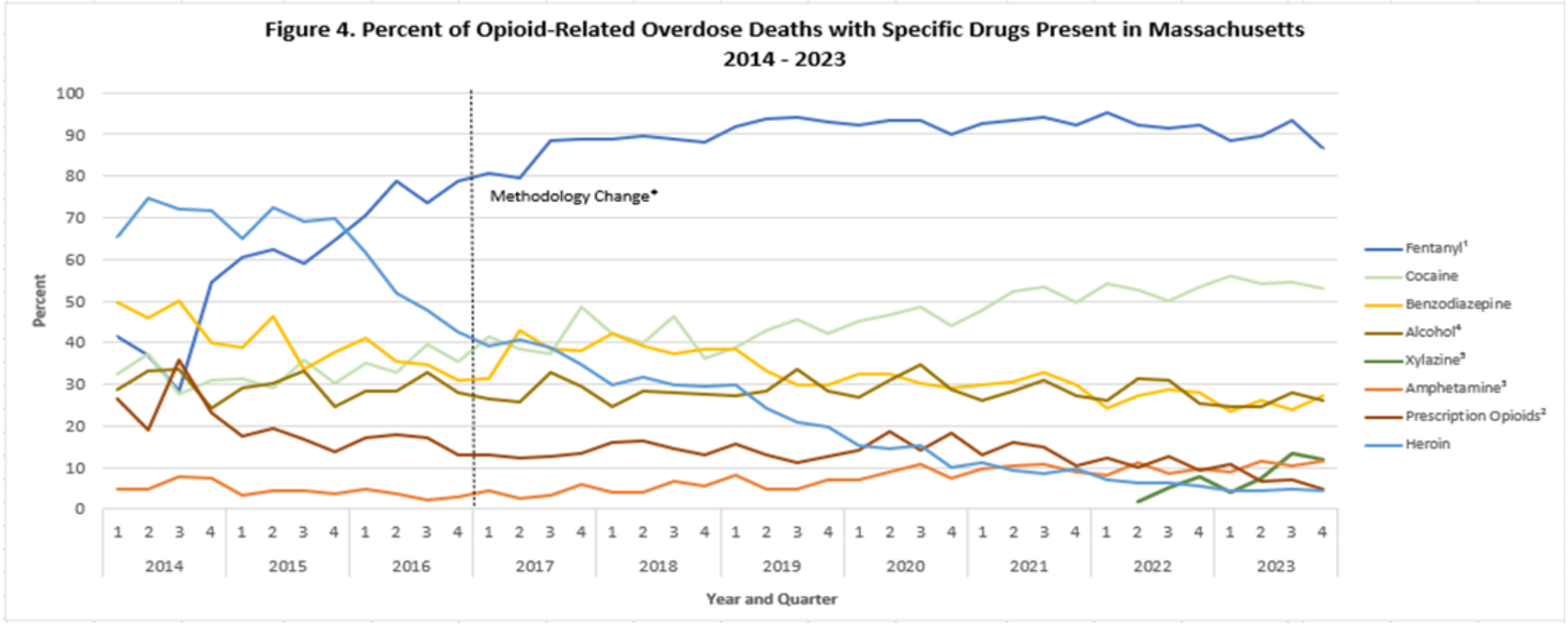
Preliminary data show 2,104 confirmed and 21 estimated opioid-related overdose deaths in 2023.



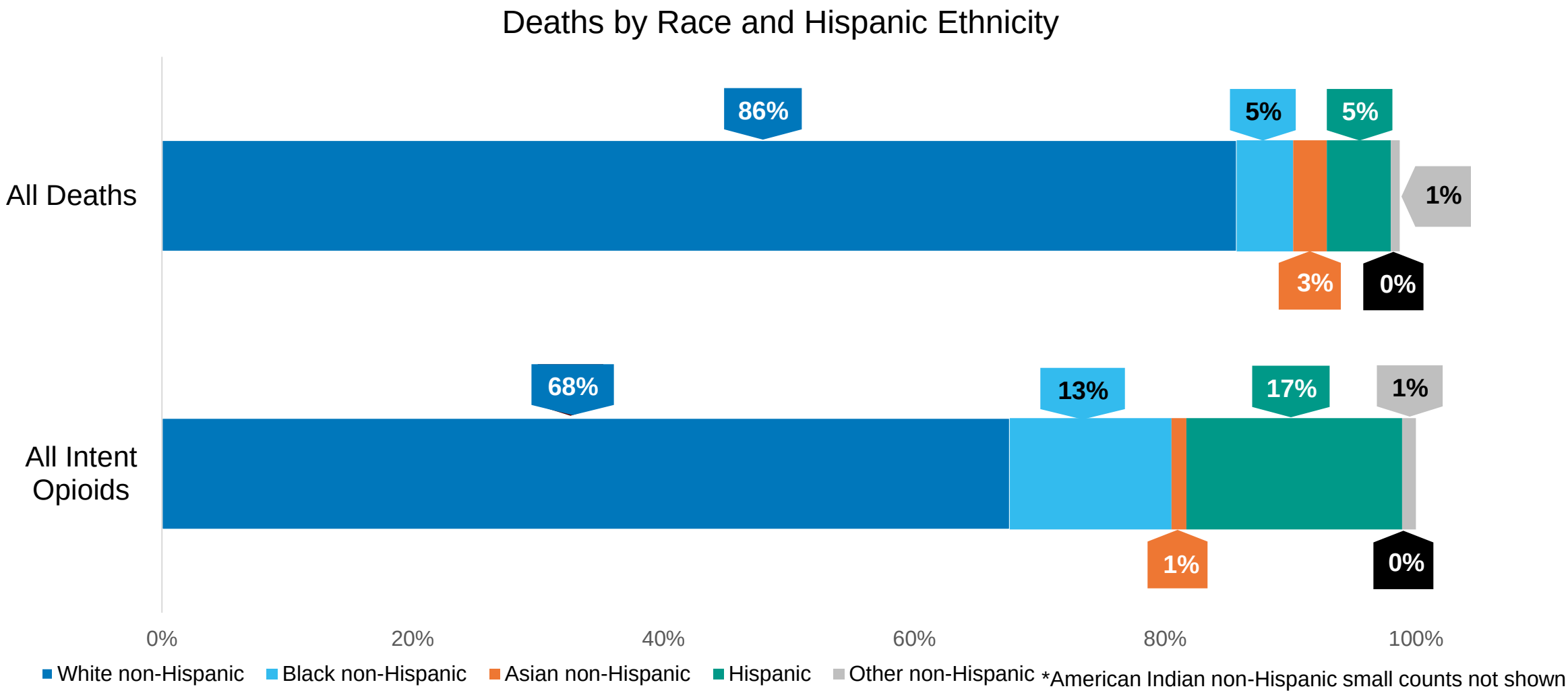
Confirmed and estimated deaths: n = 557

Confirmed and estimated deaths: n = 507

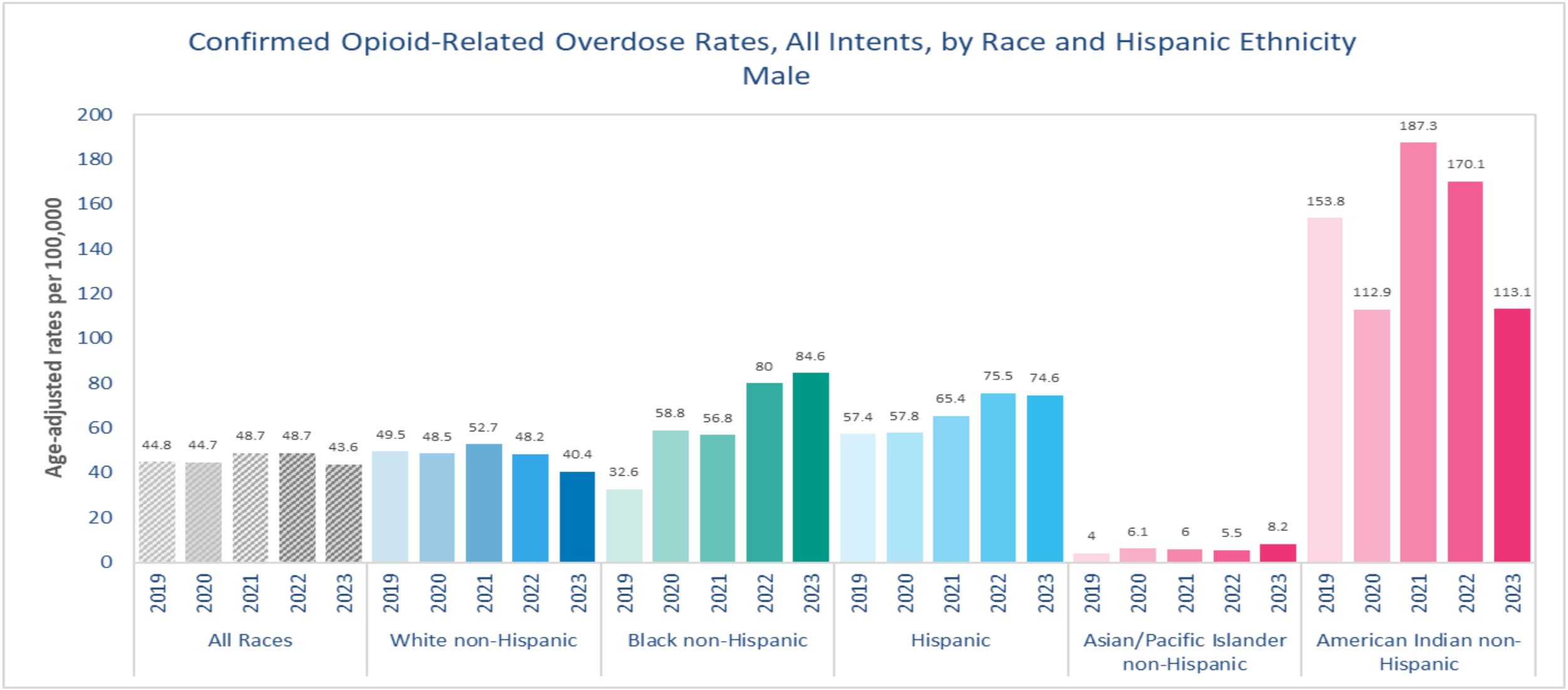
Fentanyl remains a key factor in opioid-related overdose deaths (90% present in toxicology screen in 2023).



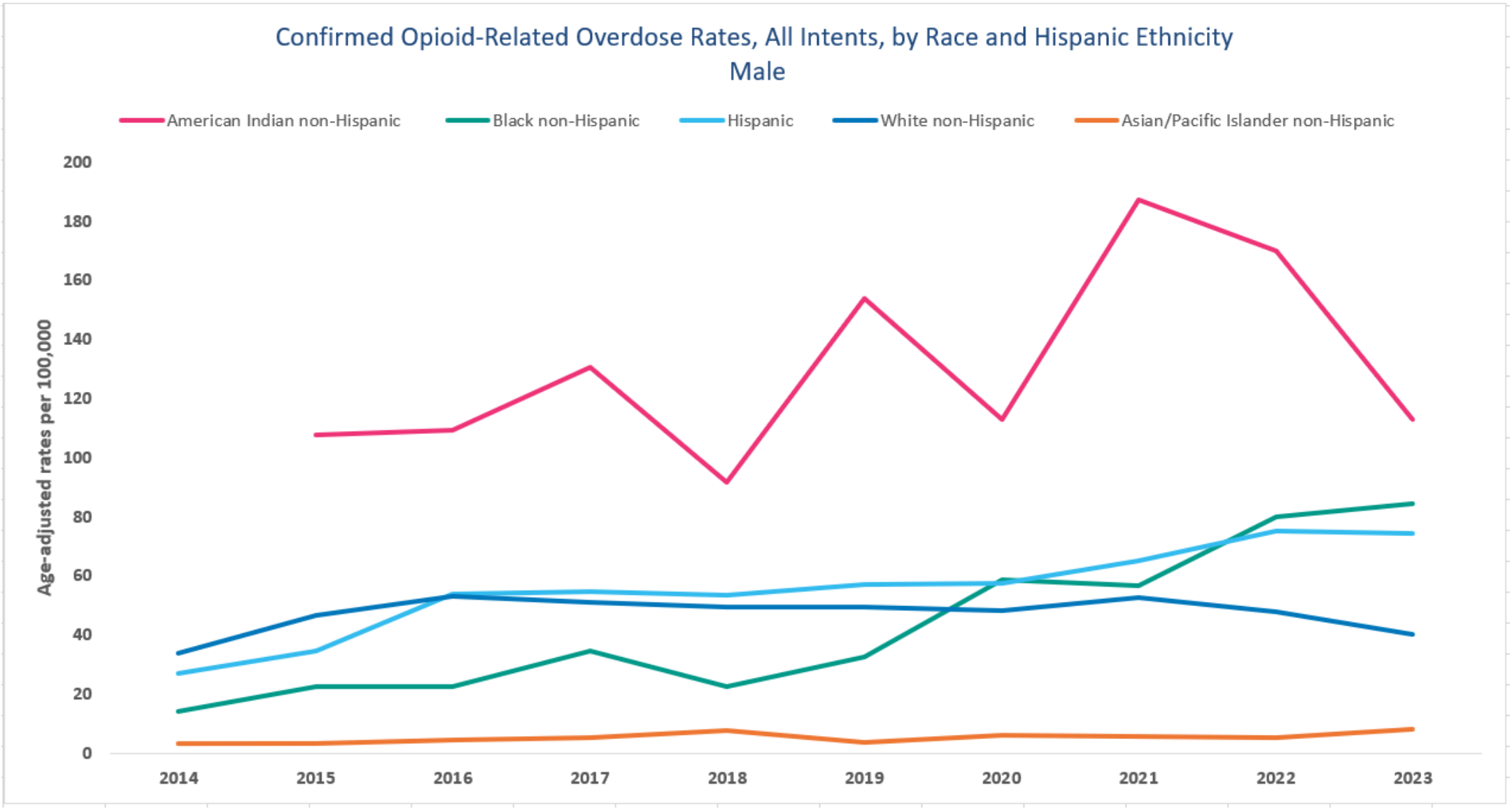
White non-Hispanic residents account for 86% of all deaths and only 68% of opioid-related overdose deaths.



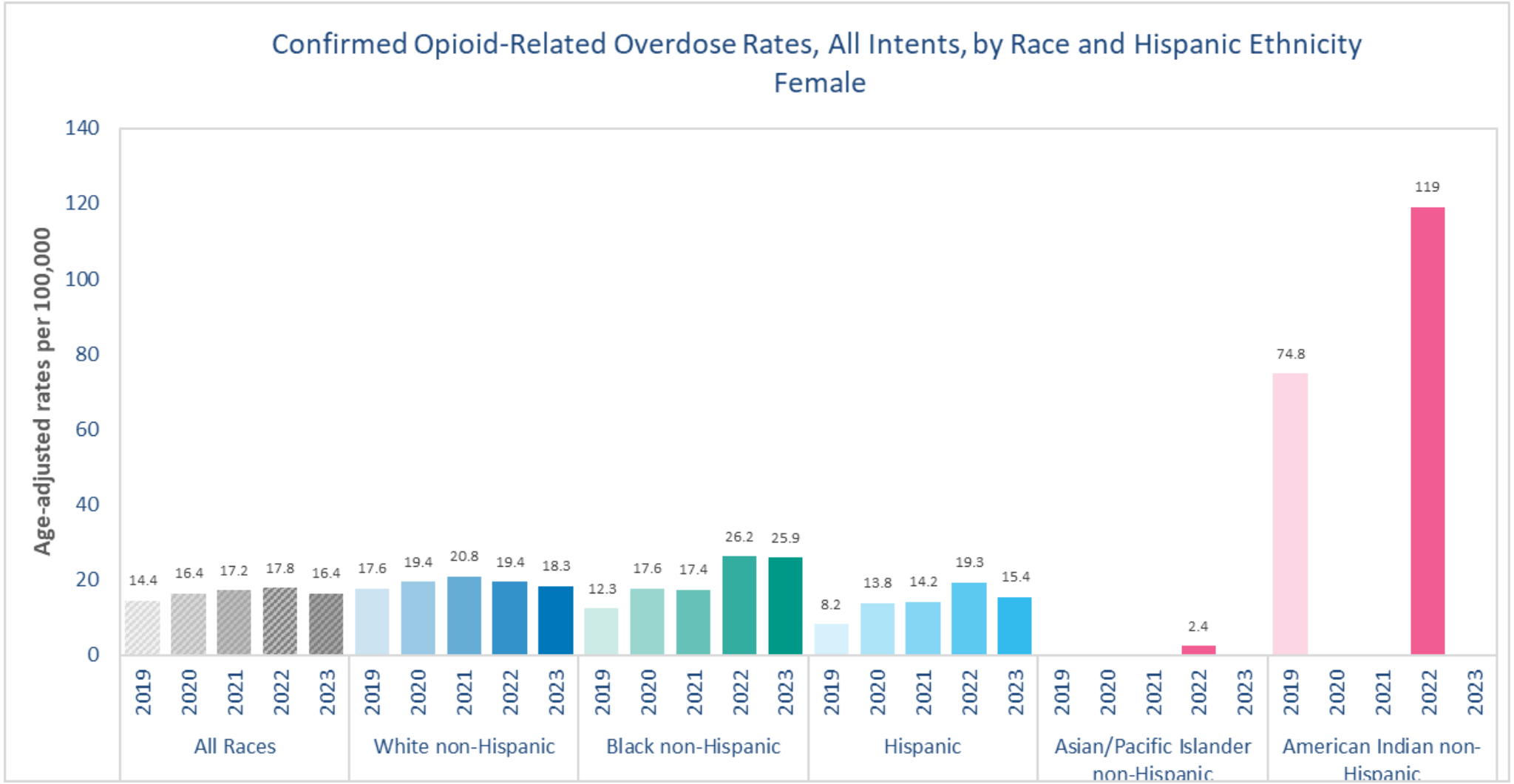
From 2022 to 2023 white non-Hispanic male residents experienced a 16% decline in their opioid-related overdose death rate.



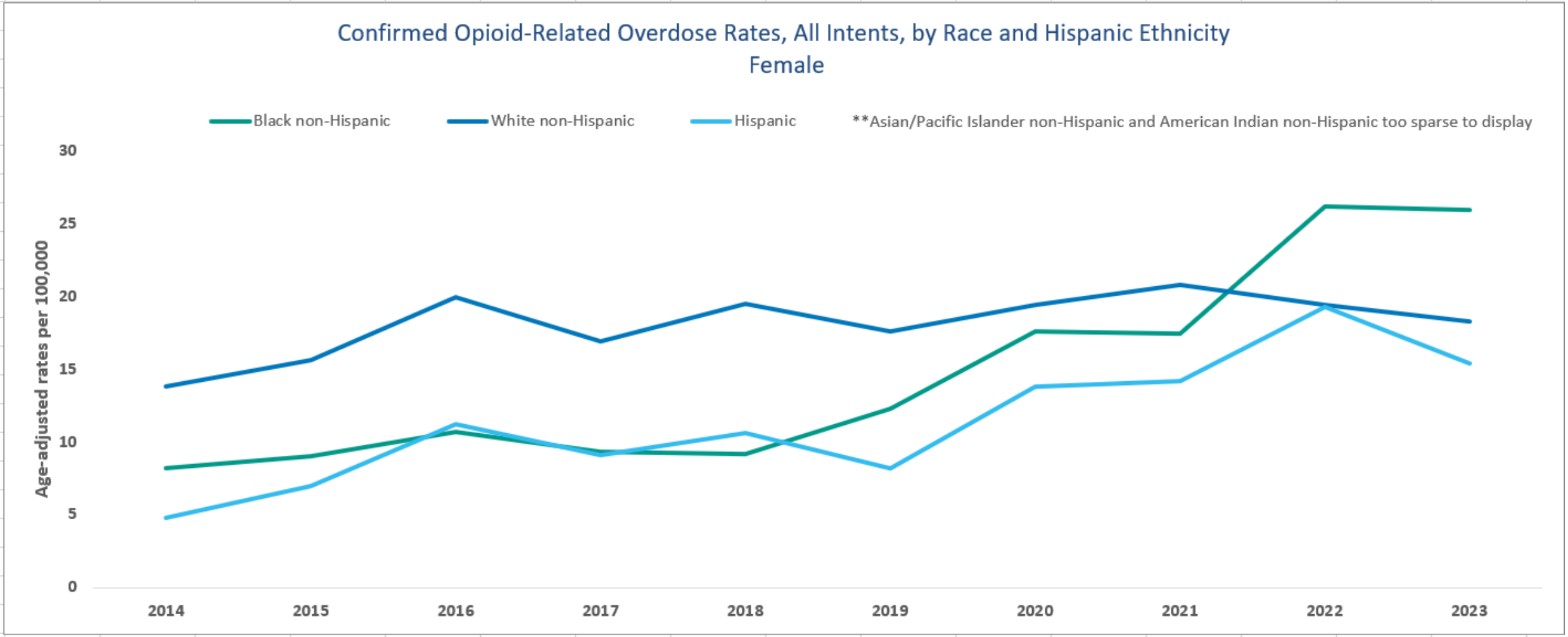
Inequities have grown over time among Black non-Hispanic and Hispanic males.



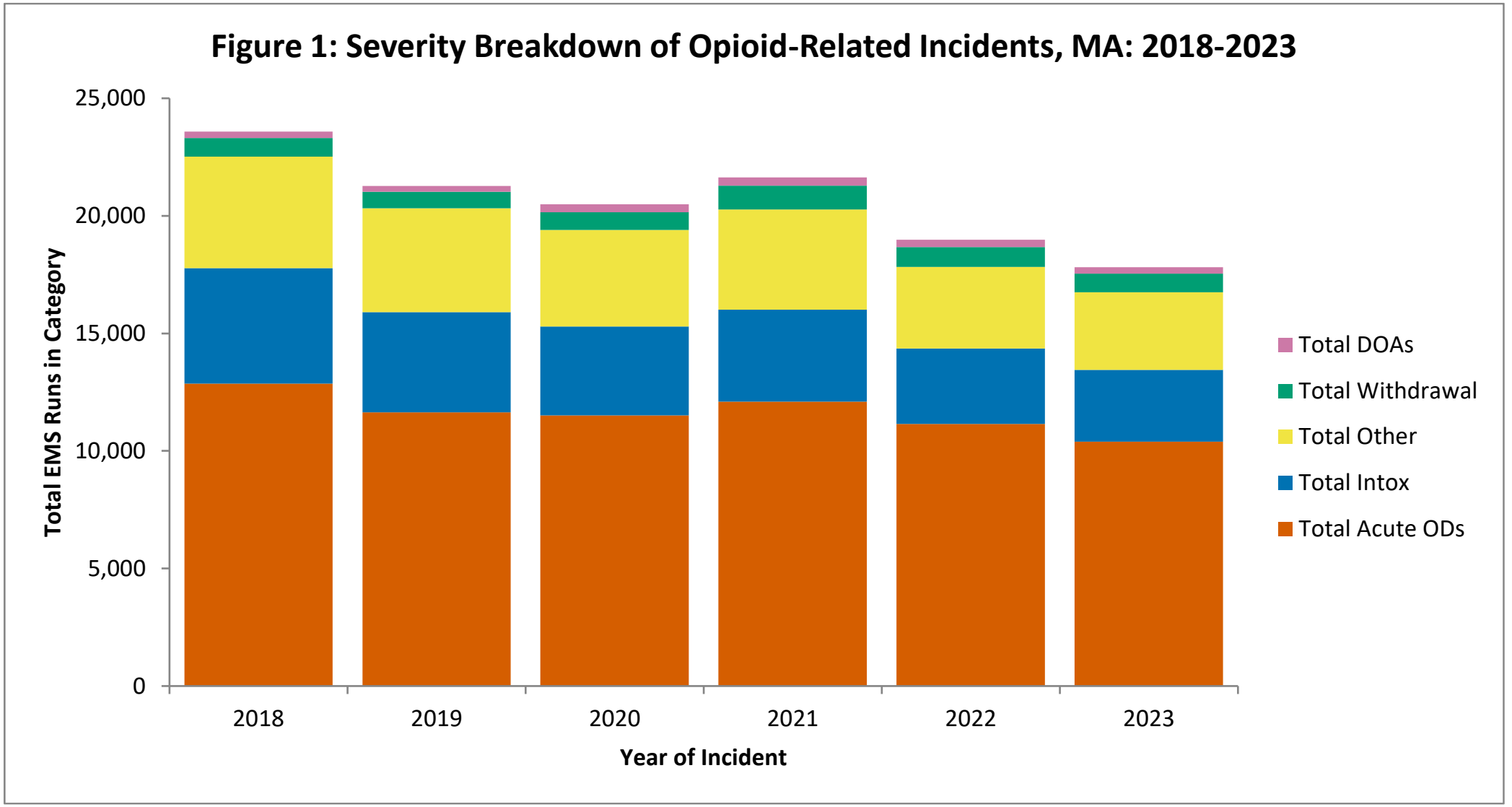
From 2022 to 2023 there were no significant changes in the rates by race/Hispanic ethnicity for female residents.



Inequities have grown over time among Black non-Hispanic and Hispanic females.

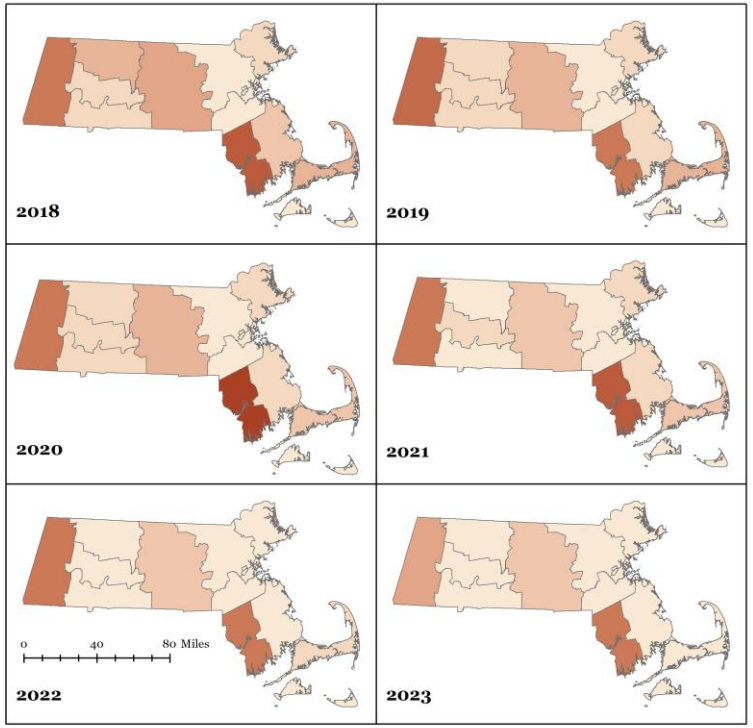


Opioid-Related Incidents Responded to by EMS



Substance-Exposed Newborns and Maternal Opioid-Use Surveillance Data

Percent of Mothers Who Used Opioids or Benzodiazepines During Pregnancy, By County, Massachusetts, 2018-2023

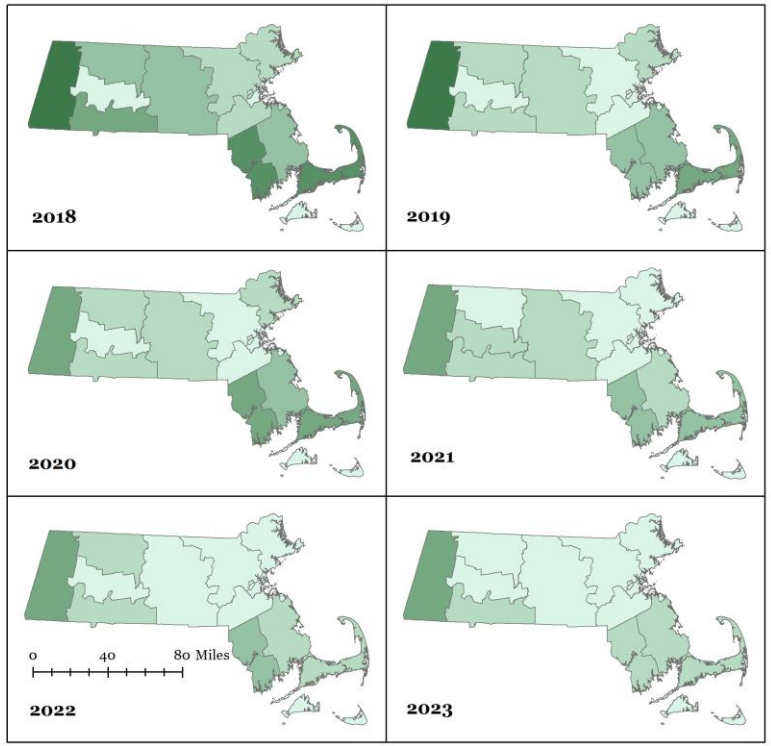


Percent of Mothers Who Used Opioids or Benzodiazepines During Pregnancy

0-1% 1-2% 2-3% 3-4% 4-5% 5-6% 6-7% 7-8% 8-9% 9-10% 10-11% 11-12%

Note: County based on birth hospital, not county of residence.
Mothers with opioid or benzodiazepine use during pregnancy is reported using ICD-10-CM codes (F11.20: Opioid dependence, F13.20: Sedative, hypnotic or anxiolytic dependence). Percent of mothers with opioid or benzodiazepine use during pregnancy was calculated as: number of mothers reported by facilities in that county as having above ICD codes/ total number of births, living or dead, where the gestational age is estimated to be 24 weeks or greater as reported by facilities in that county.
Created by: Bureau of Health Care Safety & Quality
Updated on: April 24, 2024
Data Sources: 1. Health Care Facility Reporting System, Monthly Opioid Reports - extracted 04/24/2024
2. MA Counties and Hospital Shapefiles - MassGIS

Percent of Infants Born that are Exposed to Controlled Substances By County, Massachusetts, 2018-2023



Percent of Infants Exposed to Controlled Substances

0-1% 1-2% 2-3% 3-4% 4-5% 5-6% 6-7%

Note: County based on birth hospital, not county of residence.
Infants with exposure to Controlled Substances is reported using ICD-10-CM codes (P96.1: Neonatal withdrawal symptoms, P04.49: Infant affected by maternal use of Controlled Substances). These ICD-10 codes can include opioids (including medications for opioid use disorder), benzodiazepines, methamphetamine, barbiturate, cocaine, hallucinogens, or cannabis. Percent of infants with exposure to Controlled Substances was calculated as: number of infants reported by facilities in that county as having above ICD codes / total number of births, living or dead, where the gestational age is estimated to be 24 weeks or greater as reported by facilities in that county.
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Study: Multiple Marginalized Identities

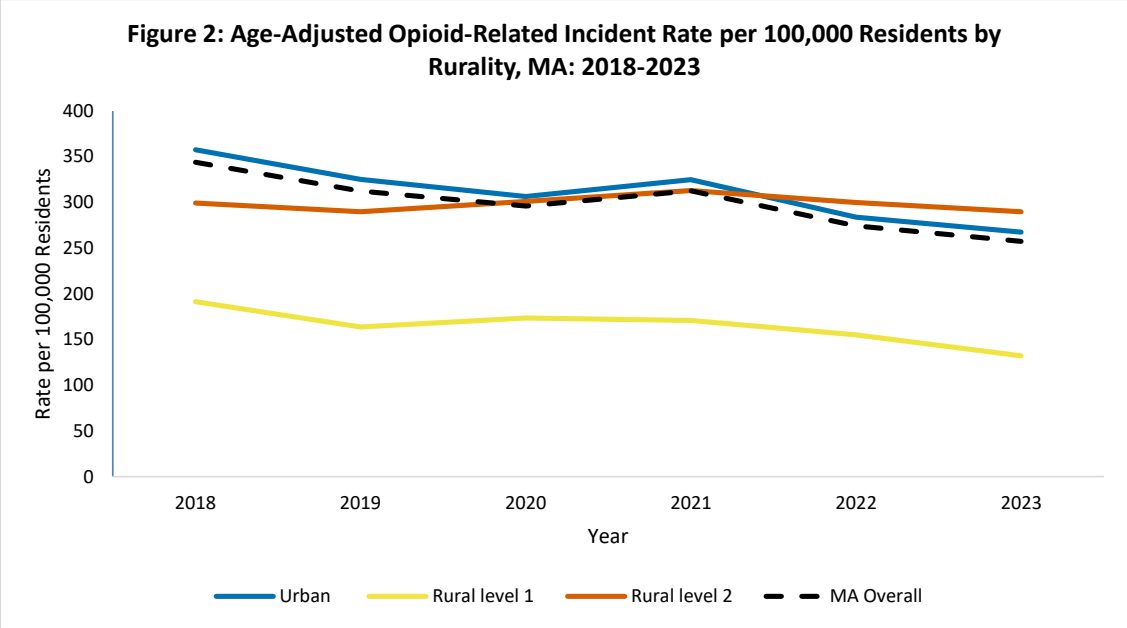
Multiple marginalized identities: A qualitative exploration of intersectional perinatal experiences of birthing people of color with substance use disorder in Massachusetts

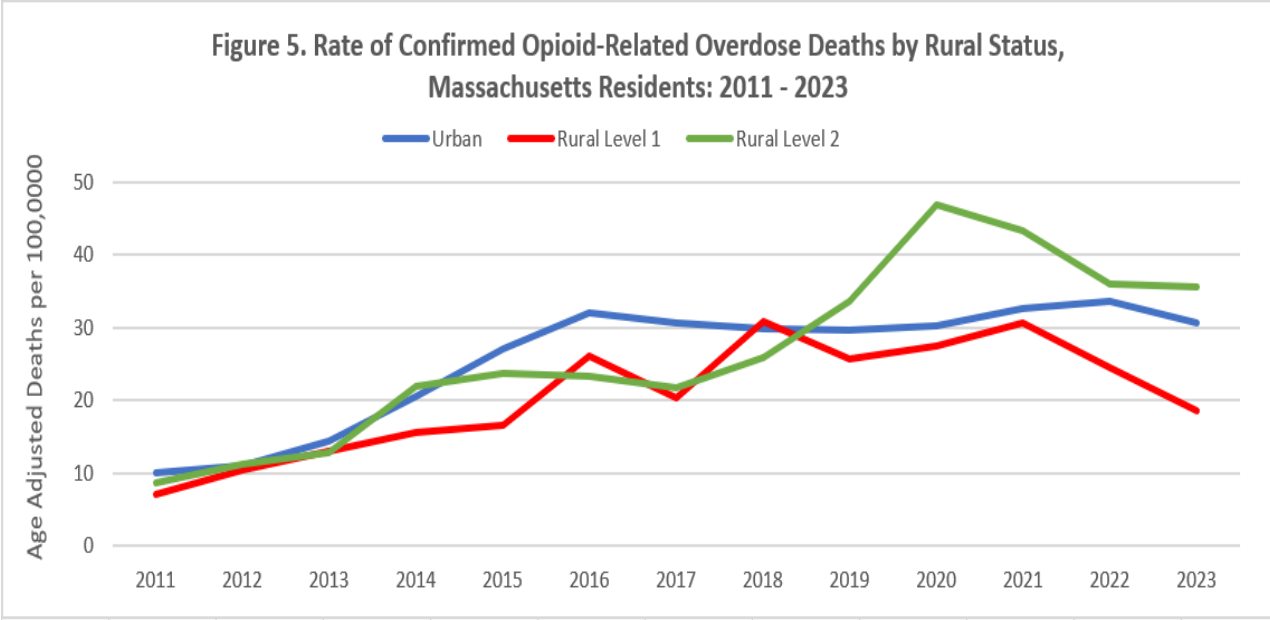
JSAT
Journal of Substance Use & Addiction Treatment

"When my son was in the NICU… they looked at me differently. First, because I was a woman of color and second, because I was on methadone and [in] recovery. … They acted like I didn't know what I was doing with my child. … I felt not comfortable and out of place."
—27-year-old Black mother

"I did know a girl that was going through the same situation I was. Basically, her medication, they would give it to her right away nonstop during the pandemic… I would have to take drug tests and go physically into the office. … She's American and I'm Spanish. I felt like why are we getting treated differently when we're going through the same thing and we're getting help at the same place? After that, that's when I didn't really go back to receive medical care for my pregnancy because I felt like I was being judged."
—34-year-old Latina mother

In 2023, the most rural communities had the highest rates of opioid-related incidents treated by EMS and opioid-related overdose deaths.





A Final Note

- This will be the last time these reports will be released in this format.

- To make data more accessible, we are transitioning key metrics into existing DPH dashboards.

Massachusetts Department of Public Health

Determination of Need

Boston Outpatient Surgical Suites, LLC
Ambulatory Surgery Center

Dennis Renaud

Director, Determination of Need Program

Bureau of Health Care Safety and Quality

Background Information

- Boston Outpatient Surgical Suites, LLC, is a for-profit, Tennessee limited liability company (LLC) that owns and operates a multispecialty ambulatory surgery center (ASC), Boston Outpatient Surgical Suites, LLC (BOSS).

- BOSS offers same-day surgery (orthopedic, spine, podiatry, and general surgery) and pain management procedures. The ASC has been in operation since 2004 and has been licensed as a clinic by the Massachusetts Department of Public Health (Department) since 2009.

- The building where the ASC is currently located was recently sold, and the Applicant's lease will expire, without renewal rights, in March 2025.

Proposed Project Description

- Boston Outpatient Surgical Suites, LLC (Applicant), filed a Determination of Need (DoN) application to transfer the site of its existing ambulatory surgery center (ASC), from its current location at 840 Winter Street, Waltham to 71 Border Road, Waltham, three miles from the current location.

- The Applicant is also proposing to increase the number of operating rooms from 3 to 8 and increase the number of pre/post-procedure beds from 17 to 30 at the proposed site.

- The total value for the Proposed Project is $13,100,000. The Community Health Initiative (CHI) contribution to the Statewide Initiative Fund is $655,000.

Proposed Project Description (cont.)

The Applicant asserts that it is currently experiencing capacity constraints due to the limited number of ORs and the proposal to increase the number of operating rooms from 3 to 8 and increase the number of pre/post-procedure beds from 17 to 30 at the proposed site will:

- Increase physician access to surgical time
- Decrease wait times to schedule surgeries and pain procedures and
- Address increasing need for ambulatory surgical services

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. Existing case volume that has become increasingly more complex
2. Capacity constraints due to limited OR capacity
3. Forecasted patient need for BOSS's services

Factor 1: Patient Panel Need Analysis (cont.)

1. Existing case volume that has become increasingly more complex

Year	# Cases	% Year-Over-Year Change	Average OR Time in minutes	% Year-Over-Year Change
2019	4,794		39.35	
2020	3,711	-22.59%	49.25	+25.15%
2021	3,353	-9.65%	59.09	+19.98%
2022	3,310	-1.28%	62.81	+6.30%
2023	3,388	2.36%	68.00	+8.26%

Factor 1: Patient Panel Need Analysis (cont.)

Capacity Constraints due to Limited Operating Room Capacity

High utilization rates as compared to industry standards
Existing surgeons requesting increase access to surgical time
Patient wait times

Factor 1: Patient Panel Demand Analysis (cont.)

Forecasted patient demand for BOSS's services

	Year 1 2025	Year 2 2026	Year 3 2027	Year 4 2028	Year 5 2029
Existing cases	3,388	3,611	3,755	3,906	4,062
Total New Cases	**4,258**	**4,454**	**4,660**	**4,802**	**4,950**
Total Forecasted Cases	**7,646**	**8,065**	**8,415**	**8,708**	**9,012**

Factor 1: Patient Panel Need Analysis (cont.)

Market Growth Assumptions

1. Population growth in the Applicant's "primary service area (PSA)" (particularly among older adults)
2. Increasing need due to increasing rates of health conditions, including arthritis
3. Changing care patterns that increase value for patients and payers
4. Consumer choice
5. Increase in physician affiliation (33 to 66)

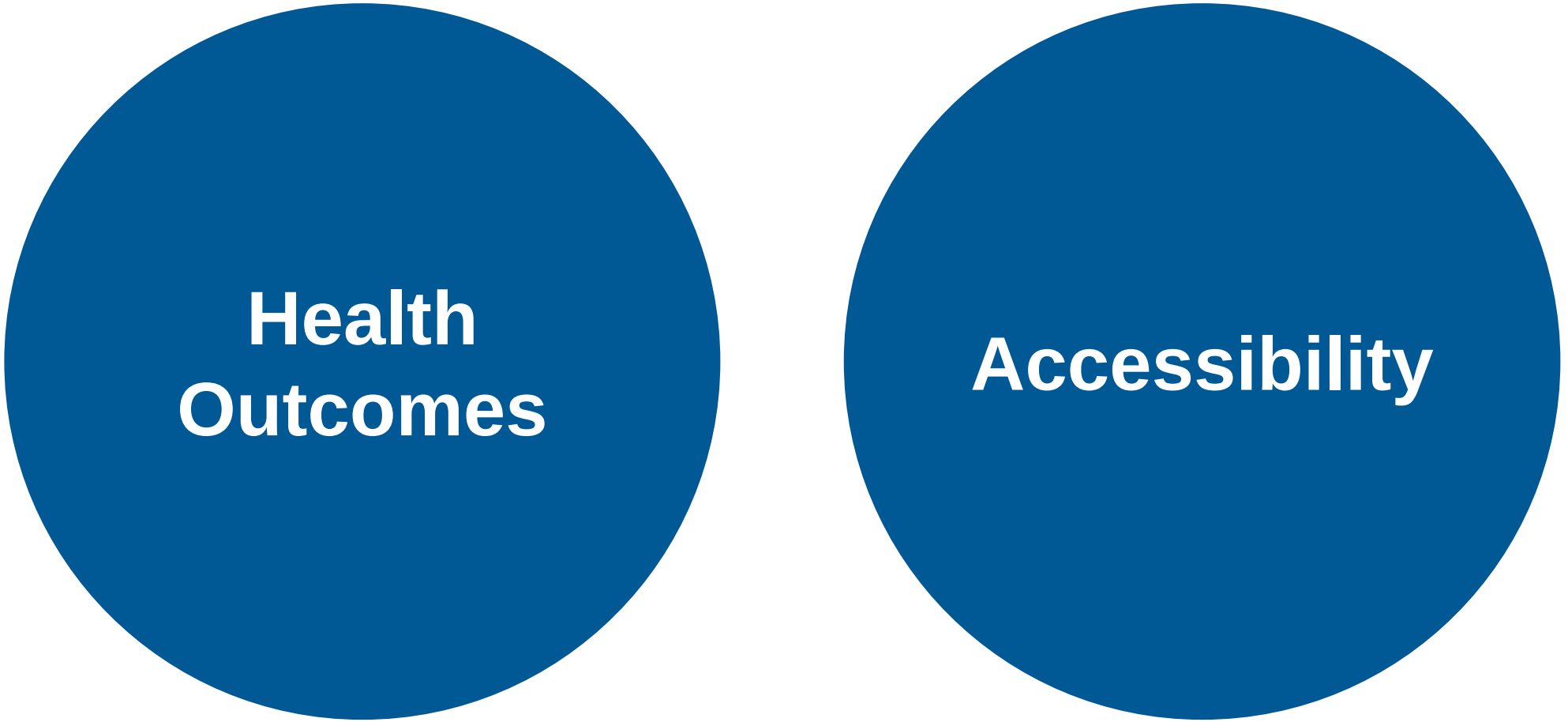
Factor 1: Patient Panel Need Analysis (cont.)

Projected Operating Room Utilization

	Year 3 Cases	Average total minutes (surgery+turnover)	Total minutes
Arthroplasty and Spine	1,326	105	139,246
Pain	1,190	20	23,795
Other	5,899	90	530,914
Total	**8,415**		**693,955**

Based on these projections, Year 3 OR Utilization is expected to be at 72% with 8 operating rooms.

Factor 1: Public Health Value



Factor 1: Operational Objectives
Efficiency, Continuity, Coordination of Care Analysis

Efficiency: Less time in surgery, less time under anesthesia
Electronic Medical Record: Interface with other provider networks
Remote Monitoring: CareSense Technology

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

- Lower cost setting
- Lower overhead
- Shorter procedure times
- No change in payor contracts

Factor 2: Analysis (cont.)

Improved Public Health Outcomes

Shorter wait times
High quality patient care
Improved patient experience

Factor 2: Analysis (cont.)

Delivery System Transformation

- Continued use of online Patient Assessment and Health Questionnaire provided by its EMR vendor Surgical Information Systems (SIS).
- Use of a Patient Care Navigator (PCN) for its more complex procedures and patients
- Communication through AppCareSense and the care portal

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

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

"The Proposed Project is financially feasible and within the financial capability of the Applicant. The plan is not likely to result in insufficient funds for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's Patient Panel."

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 #1: "Relocate to another site in the PSA that is smaller than the proposed site. The Applicant explored and ultimately dismissed this alternative because it would not accommodate the volume and case mix that is contemplated by the Proposed Project."

Alternative #2: “Partner with a freestanding ASC. The Applicant explored and ultimately dismissed this alternative because it was not able to generate interest in this opportunity or identify another potential ASC partnership opportunity.”

Factor 6: Community Health Initiatives — Requirements and Analysis

This is a proposed project for a freestanding ASC that is not affiliated with a hospital. As an ASC, BOSS, LLC, will fulfill Factor 6 requirements by directing their full CHI contribution, $655,000 to the Statewide Community Health and Healthy Aging Funds (CHHAF).

Other Conditions

- In addition to BOSS's ASC's obligation to participate in MassHealth, pursuant to 105 CMR 100.310(11), the Holder must certify annually that all physicians and health professionals who practice at the facility are enrolled as participating providers of MassHealth to support equitable access to all clinicians at the facility regardless of payer.

- In order to support equitable access to BOSS's services, the Applicant will report on annual efforts to promote health equity at BOSS, including but not limited to efforts to identify and address disparities in access to BOSS's services, and efforts to advance the provision of culturally and linguistically appropriate services at BOSS.

Required Measures for Annual Reporting

- The Holder shall report on ongoing efforts to increase MassHealth in its payer mix, detailing the strategies being implemented to achieve this goal.
- The Holder shall report on its efforts to assess and respond to Social Determinants of Health needs of its patients.

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

The New England Pathogen Genomics Center of Excellence (NE PGCoE)

June 12, 2024 – Presentation to Public Health Council

Dr. Shirlee Wohl

NE PGCoE Project Director, Bureau of Infectious Disease and Laboratory Sciences

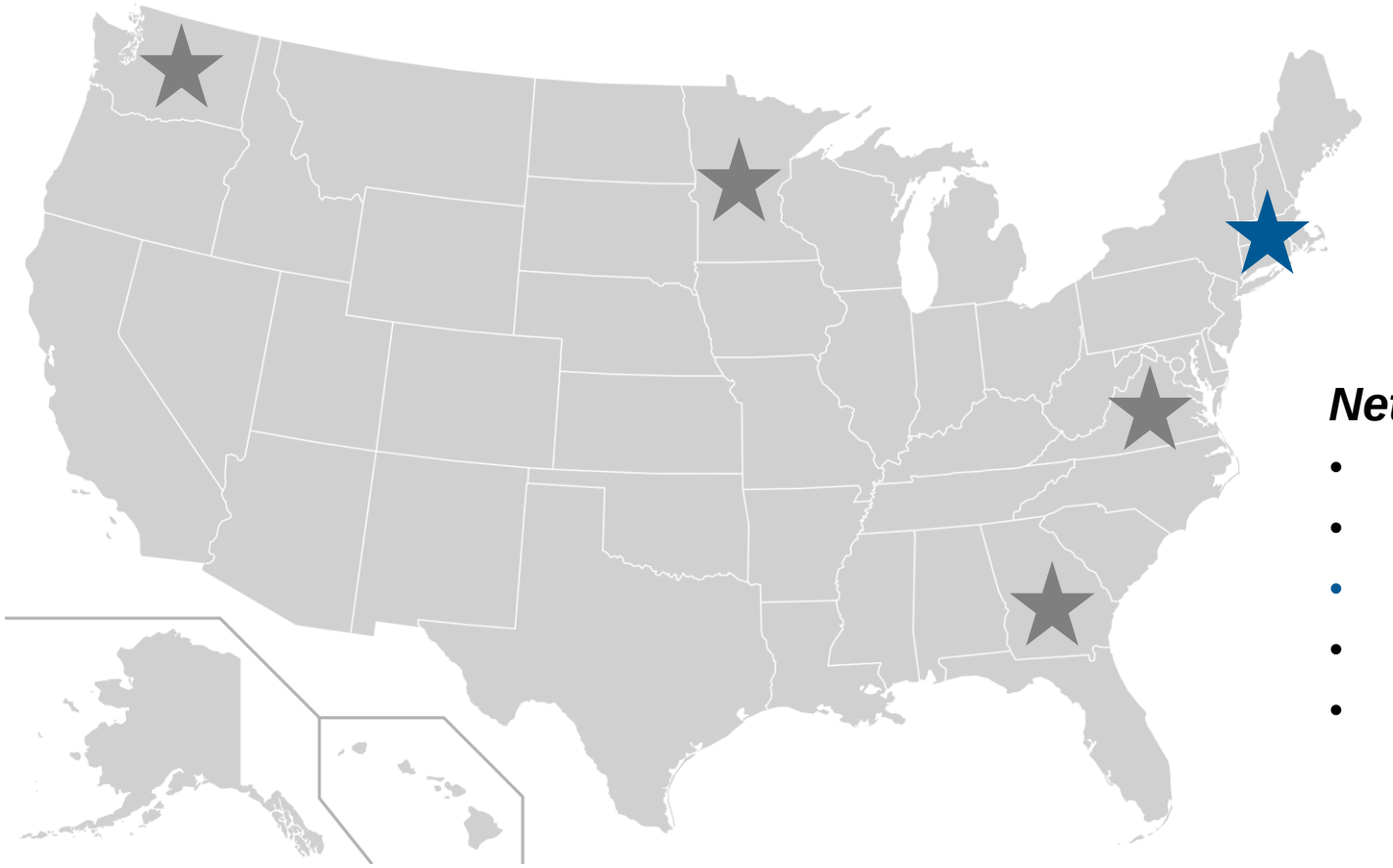
Dr. Larry Madoff

Medical Director, Bureau of Infectious Disease and Laboratory Sciences

The Pathogen Genomics Centers of Excellence

"The Centers of Excellence network is intended to **enable the public health system** to better **respond to infectious disease threats** with resilience, flexibility and the latest practical advances in laboratory technology, scientific computing, and applied research."

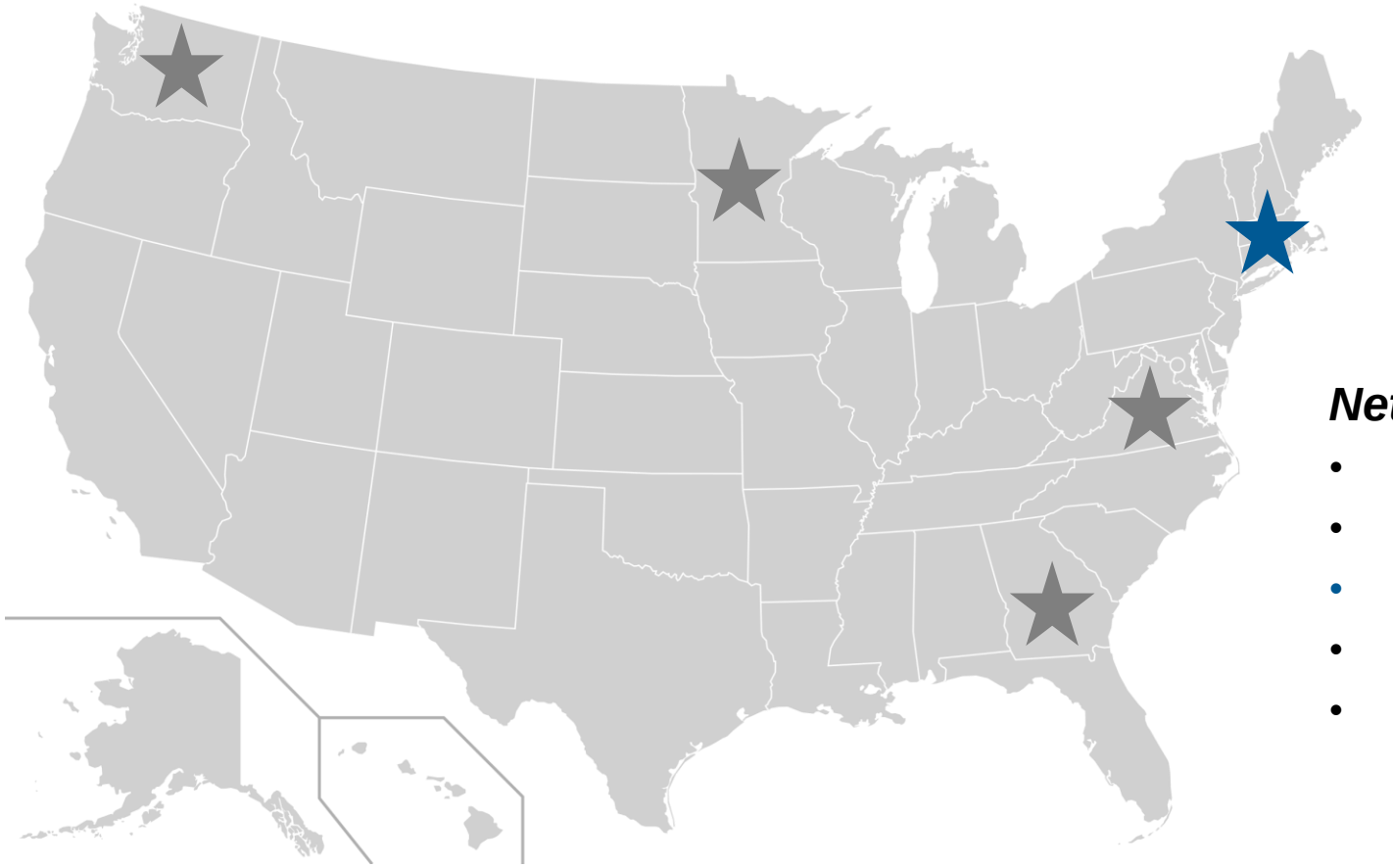
The Centers of Excellence Network



Network Awardees:

- Georgia Department of Public Health
- Minnesota Department of Health
- **Massachusetts Department of Public Health**
- Washington State Department of Health
- Virginia Division of Consolidated Laboratory Services

The Centers of Excellence Network



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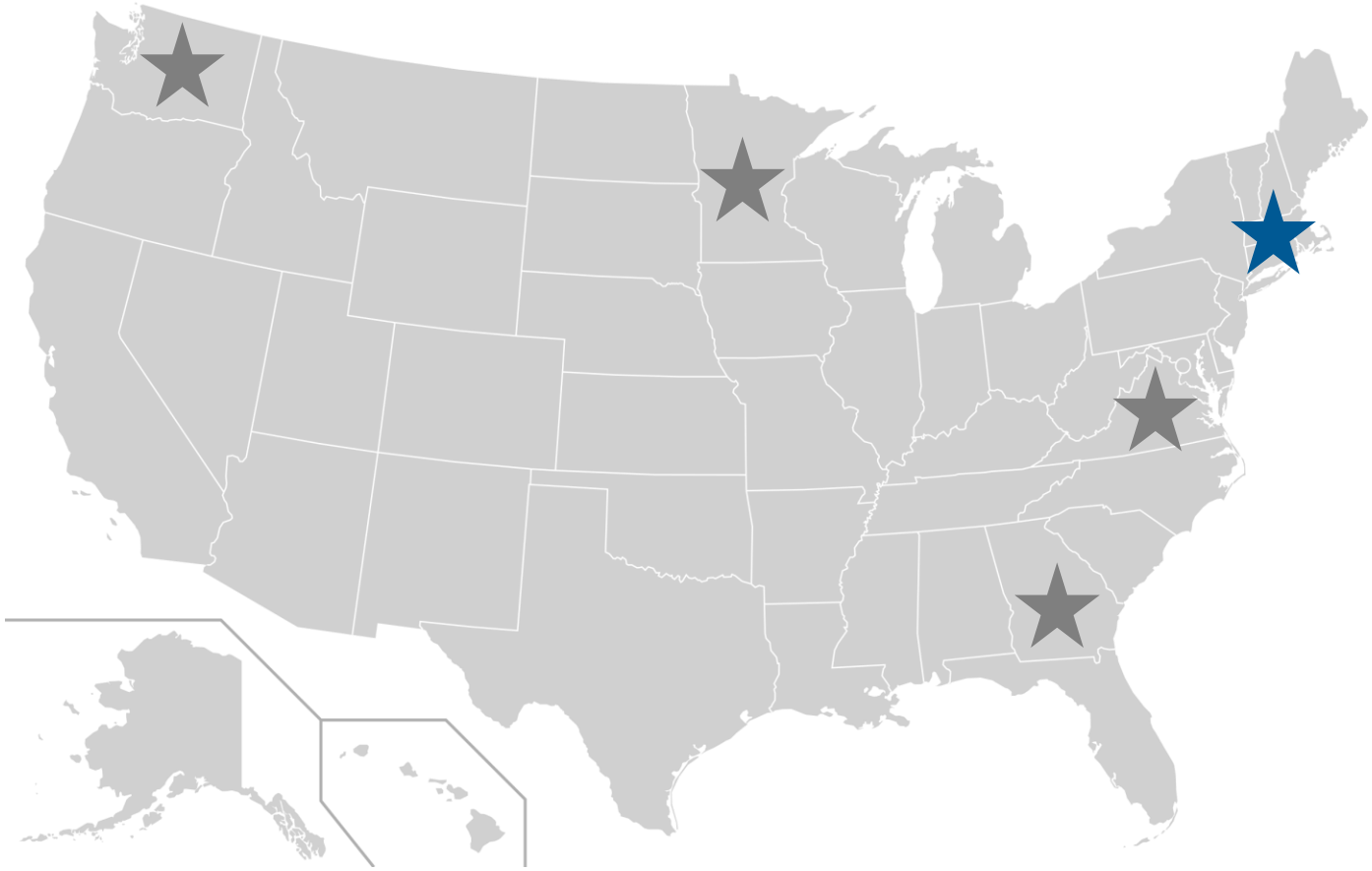
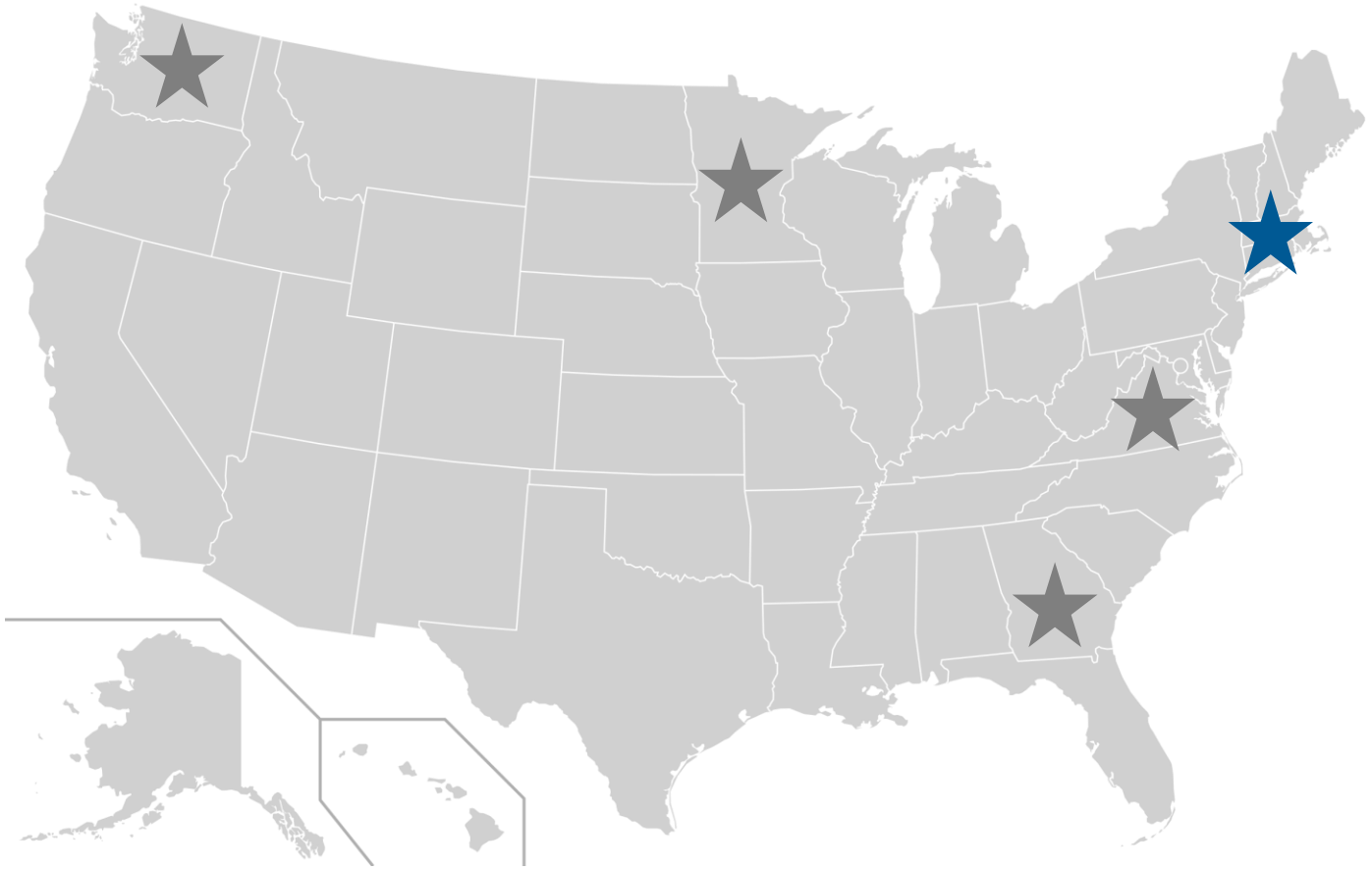
Significant CDC investment: $15M for Years 1-2

The Centers of Excellence Network



- Pathogen genomics ***innovation***
- Technical ***capacity***
- Outbreak ***preparedness***
- Emergency ***response***
- Workforce ***education***

The Centers of Excellence Network



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What is pathogen genomics?

- Tracking changes in a pathogen ***genome***

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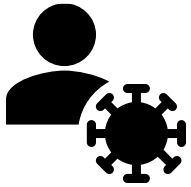

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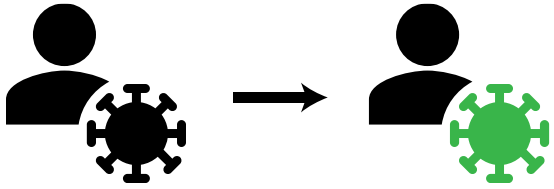

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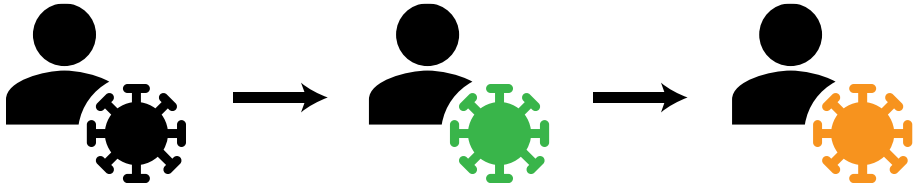

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How can genomics support the H5N1 response?

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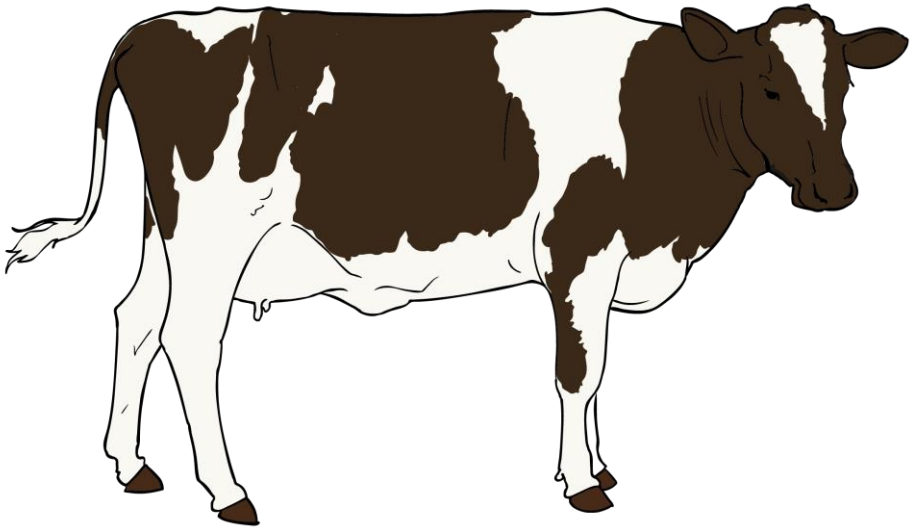

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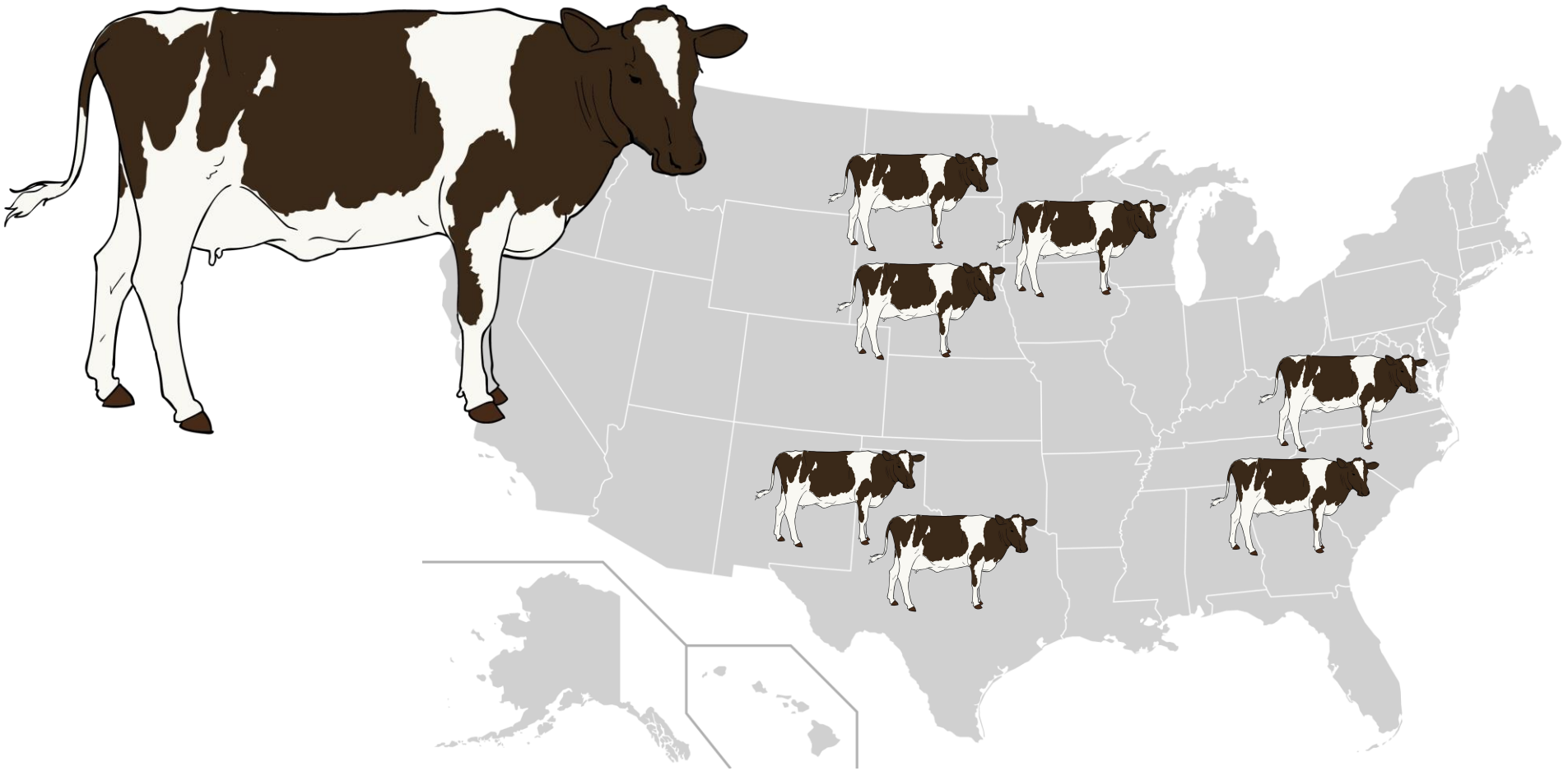

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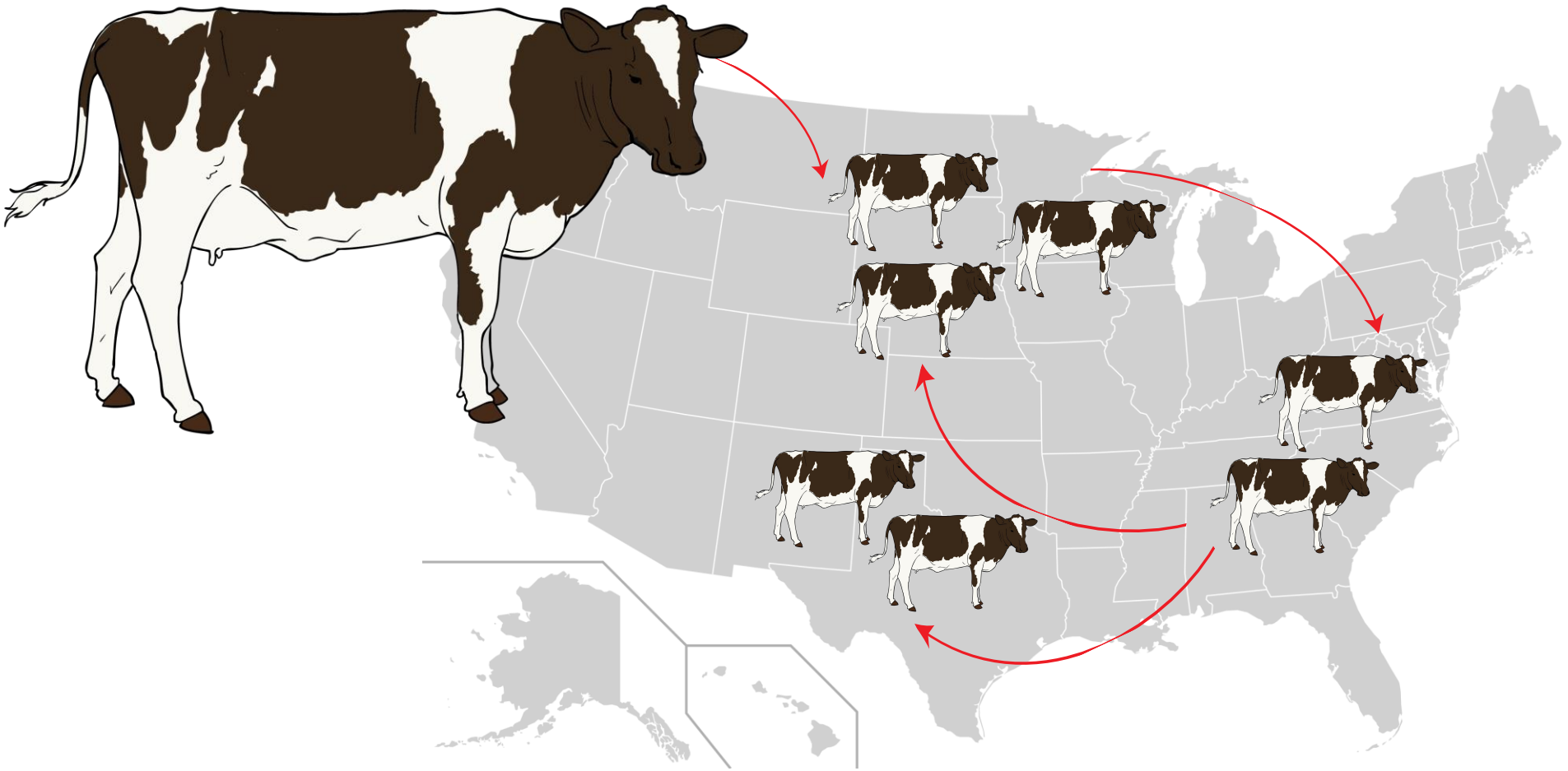

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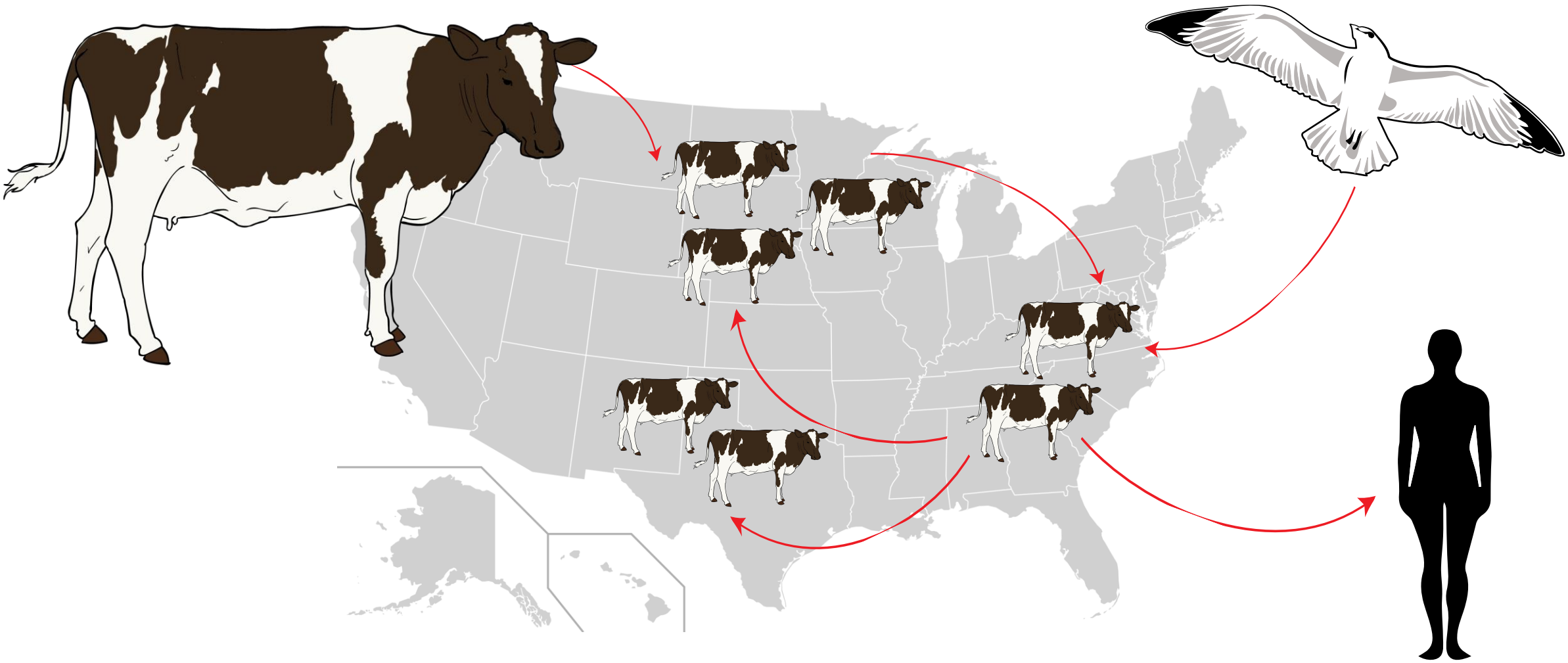

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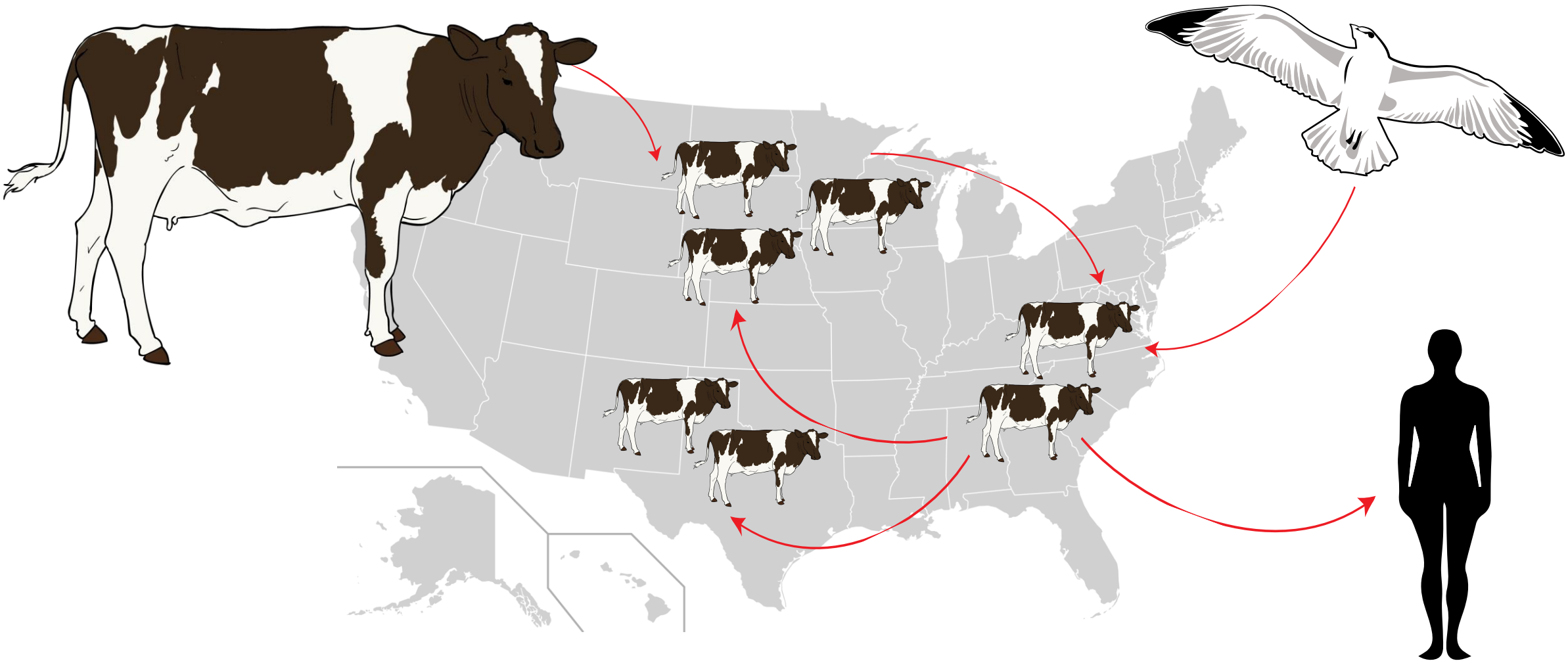
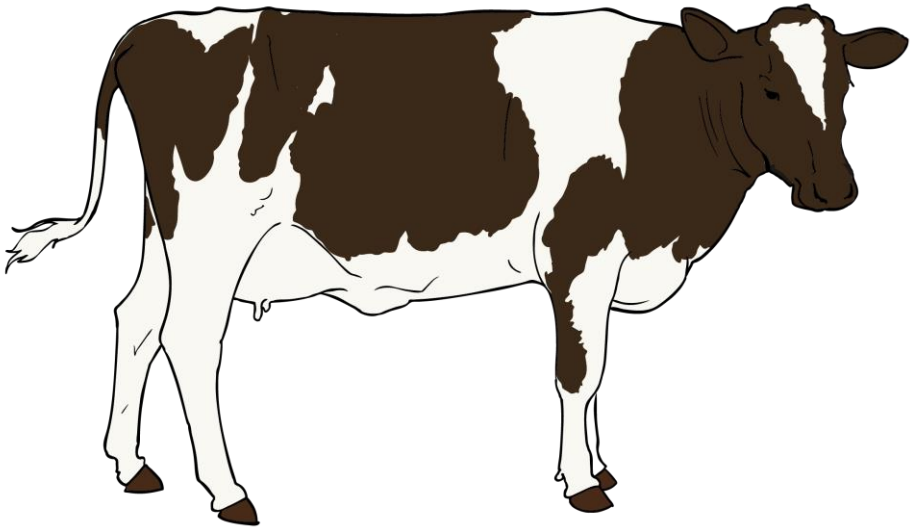
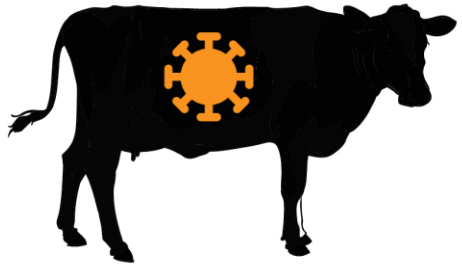
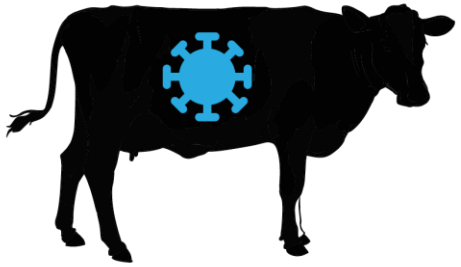


How can pathogen genomics help us understand the scale of the H5N1 outbreak?

How can genomics support the H5N1 response?





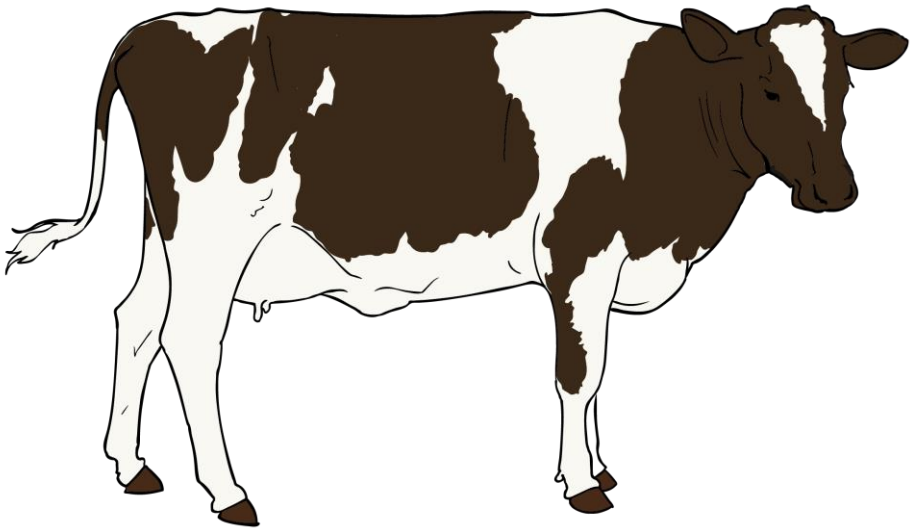


ATGCAGGTAGCTCATGCTGACAGACTGACAG

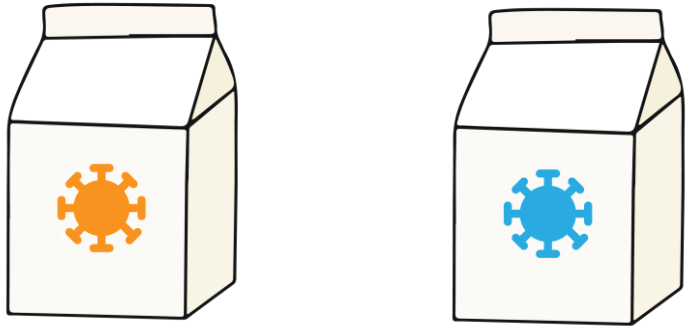
ATGCACGTGGCTCAACCTGACACACTGTCAG

How can pathogen genomics help us understand the scale of the H5N1 outbreak?

How can genomics support the H5N1 response?



Note: milk pasteurization effectively kills virus so only non-harmful RNA fragments remain in the milk you drink!



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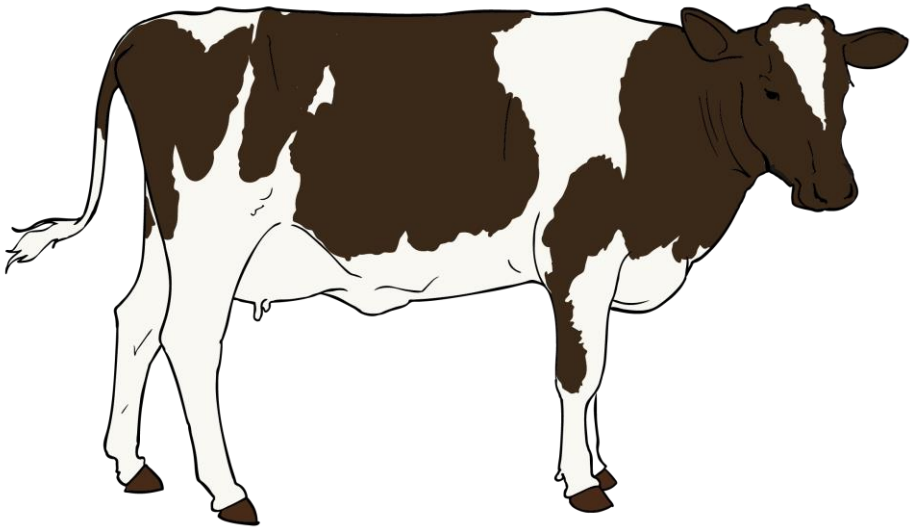

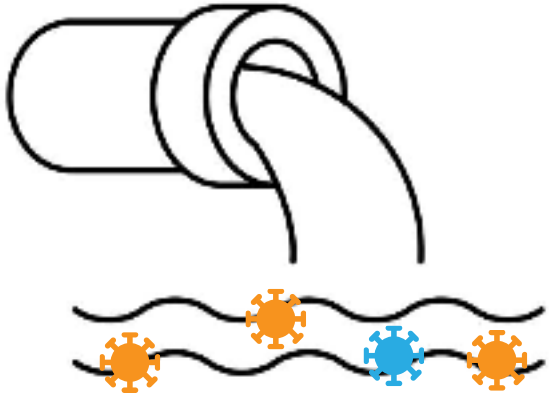

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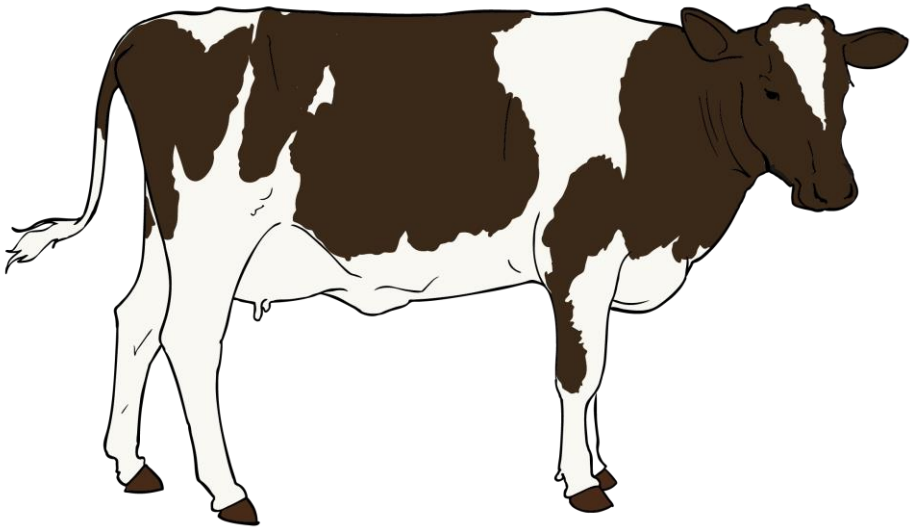

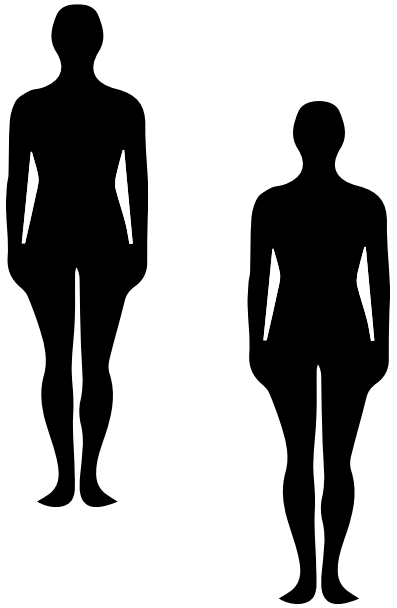

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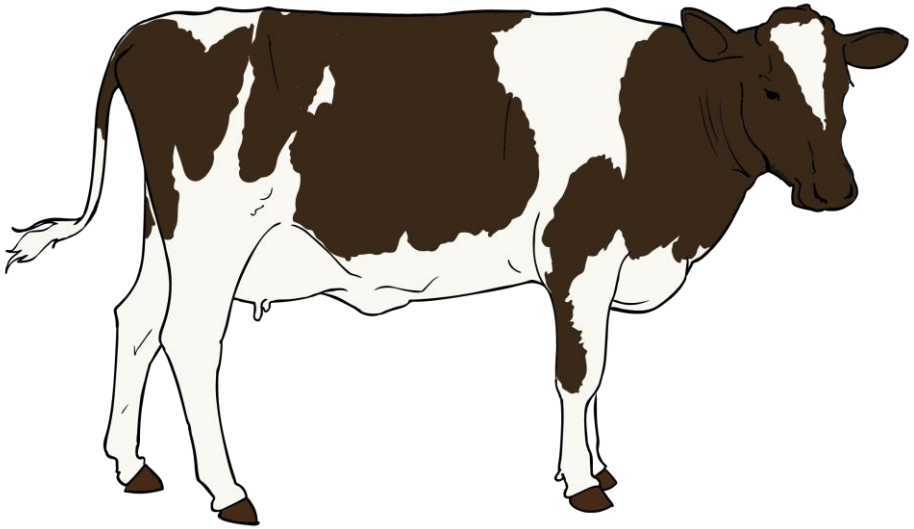
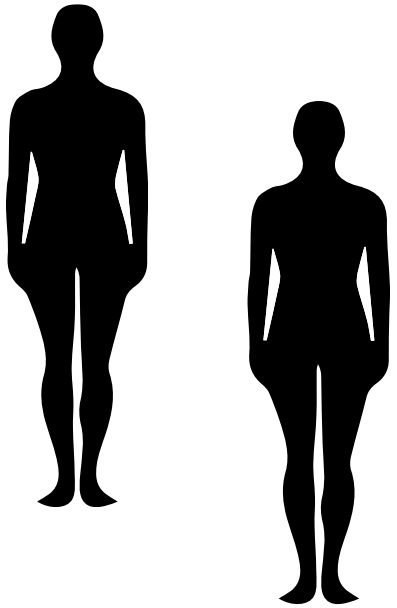
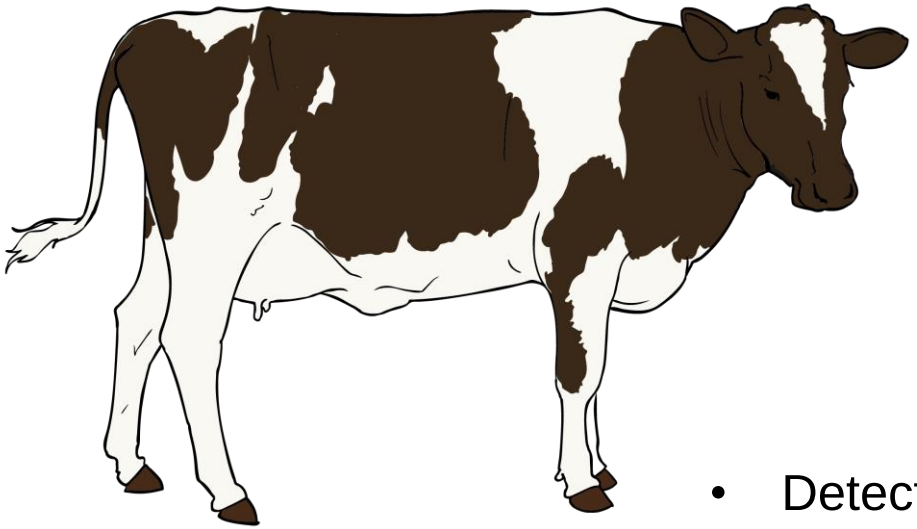


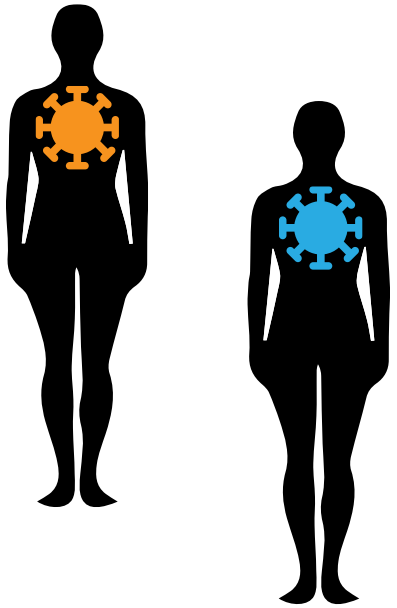


- Differentiate between mammal-to-mammal, avian-to-mammal, and mammal-to-avian transmission which is essential for **estimating human infection risk**.

How can pathogen genomics help us understand the scale of the H5N1 outbreak?

How can genomics support the H5N1 response?





- Detect and monitor variants for differences in severity and transmissibility

- Differentiate between mammal-to-mammal, avian-to-mammal, and mammal-to-avian transmission which is essential for **estimating human infection risk**.

How can pathogen genomics help us understand the scale of the H5N1 outbreak?

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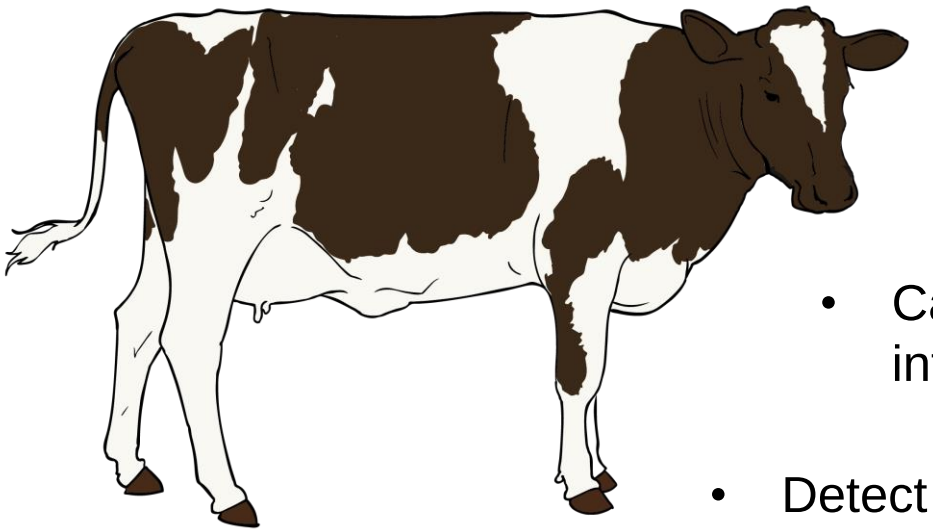
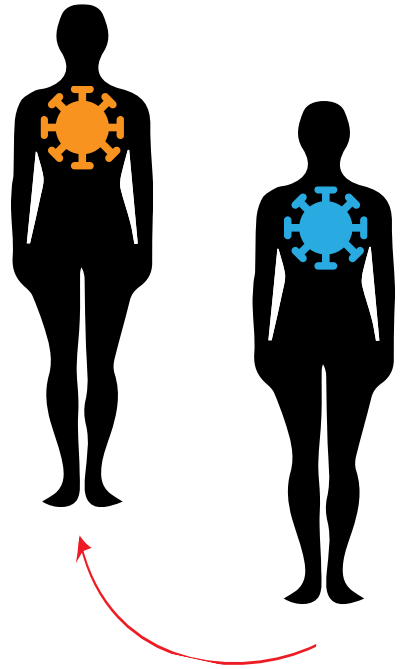


- Capture transmission pathways and introduction sources
- Detect and monitor variants for differences in severity and transmissibility
- Differentiate between mammal-to-mammal, avian-to-mammal, and mammal-to-avian transmission which is essential for **estimating human infection risk**.



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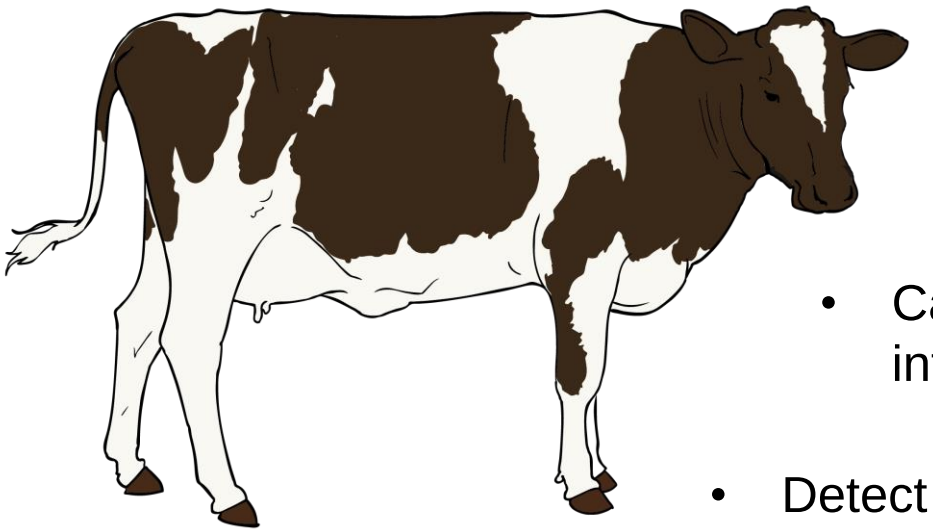
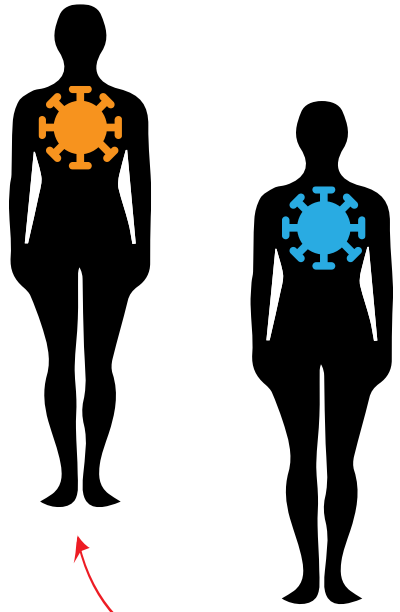


- Pathogen genomics is often ***the only way*** **to accurately gauge the scale of an outbreak**
- Capture transmission pathways and introduction sources
- Detect and monitor variants for differences in severity and transmissibility
- Differentiate between mammal-to-mammal, avian-to-mammal, and mammal-to-avian transmission which is essential for **estimating human infection risk**.



How can pathogen genomics help us understand the scale of the H5N1 outbreak?

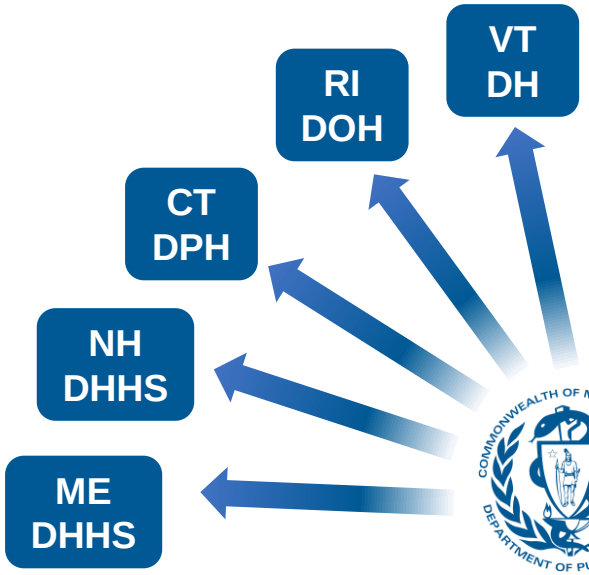
The New England Pathogen Genomics CoE

The New England Pathogen Genomics CoE

Technology development

Data standardization and integration

Data analysis and visualization



Massachusetts Department of Public Health

Awardee

BROAD INSTITUTE

Lead Academic Partner
Metagenomic sequencing R&D
Bacterial genomics R&D
Bioinformatics R&D

Mass CPR — Massachusetts Consortium on Pathogen Readiness

Regulatory processes
Community engagement

HARVARD MEDICAL SCHOOL

Education lead

NEIDL BOSTON UNIVERSITY

BSL-4 capacity

Fathom

Data visualization
R&D

Mass General Brigham

Clinical integration
Strategic catchment

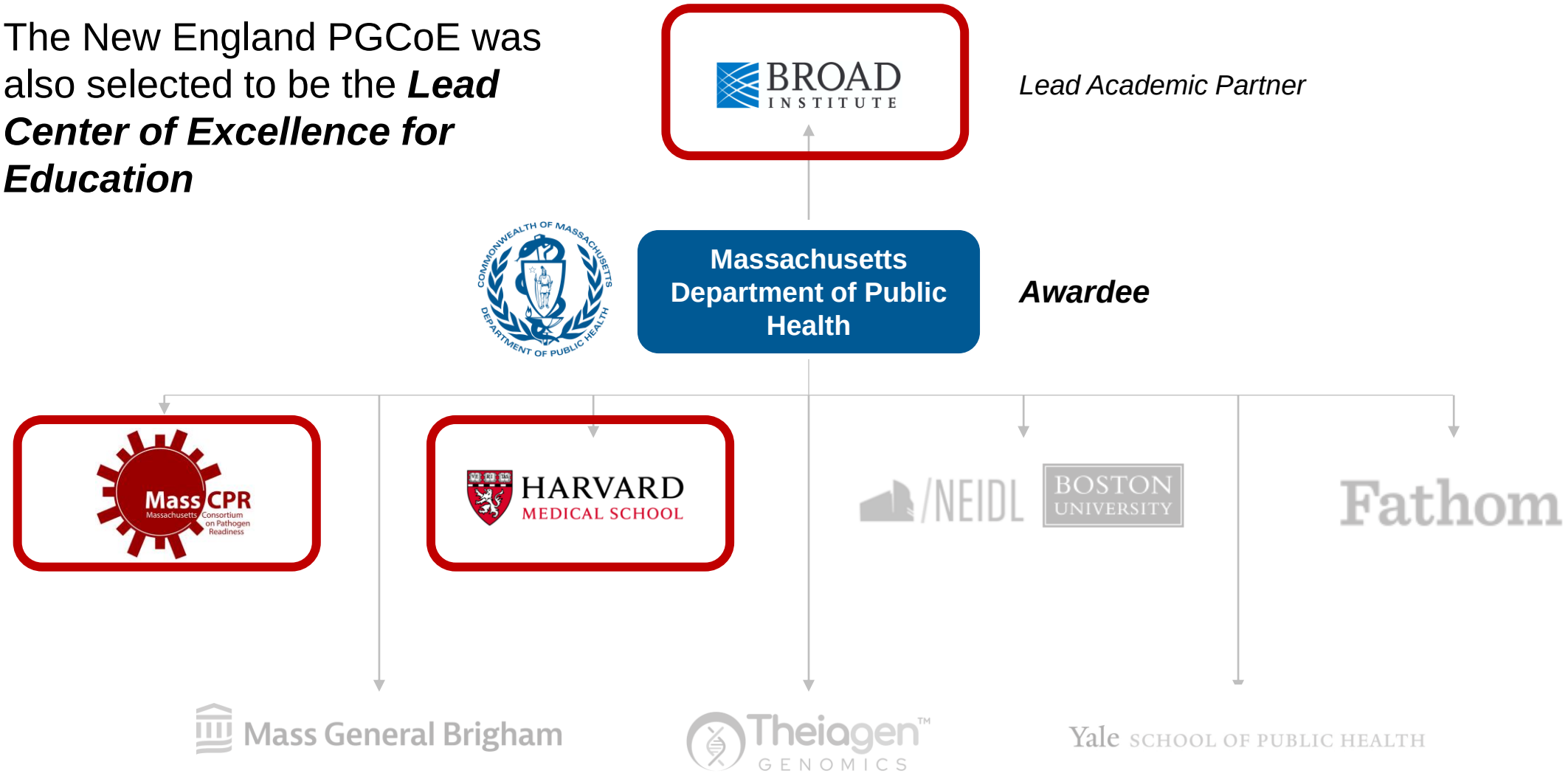
Theiagen GENOMICS

Bioinformatics R&D

Yale SCHOOL OF PUBLIC HEALTH

Amplicon-based
sequencing R&D

The New England PGCoE was also selected to be the ***Lead Center of Excellence for Education***



The New England Pathogen Genomics CoE

Technology development

Data standardization and integration

Data analysis and visualization

Bacterial STIs	Respiratory Surveillance	Select Agent Response
N. gonorrhoeae	*H5N1, pan-respiratory*	*EEE, basic preparedness*

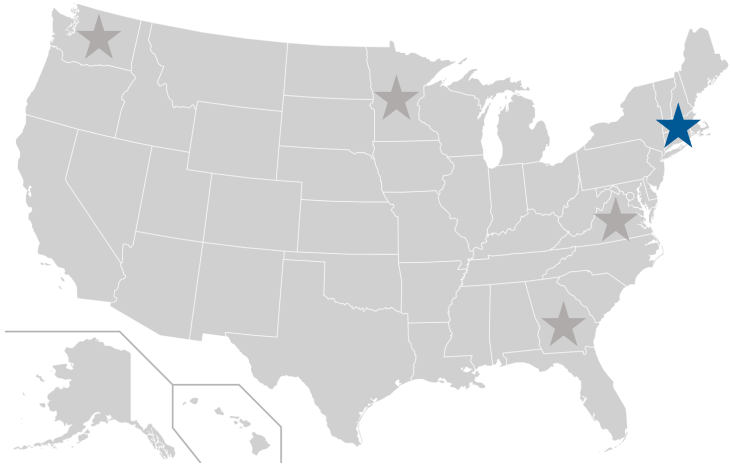
The New England Pathogen Genomics CoE

Technology development

Data standardization and integration

Data analysis and visualization

Building a nimble infrastructure for responding to any pathogen threat



VT DH

RI DOH

CT DPH

NH DHHS

ME DHHS

BROAD INSTITUTE

Lead Academic Partner

Massachusetts Department of Public Health

Awardee

Mass CPR

HARVARD MEDICAL SCHOOL

/NEIDL

BOSTON UNIVERSITY

Fathom

Mass General Brigham

Theiagen GENOMICS

Yale SCHOOL OF PUBLIC HEALTH

Thank you for the opportunity to present this information today.

Please direct any questions to:

Shirlee Wohl

NE PGCoE Project Director, Bureau of Infectious Disease and Laboratory Sciences

shirlee.wohl@mass.gov

Larry Madoff

Medical Director, Bureau of Infectious Disease and Laboratory Sciences

larry.madoff@mass.gov

Next Meeting:
July 17, 2024