



Massachusetts Department of Public Health

Public Health Council Meeting March 20, 2025

Robert Goldstein, Commissioner

Today's presentation is available on mass.gov/dph under "Upcoming Events" by clicking on the March 20 Public Health Council listing.

Women's History Month



Mary Eliza Mahoney

Avian Flu

National Total Cases: 70

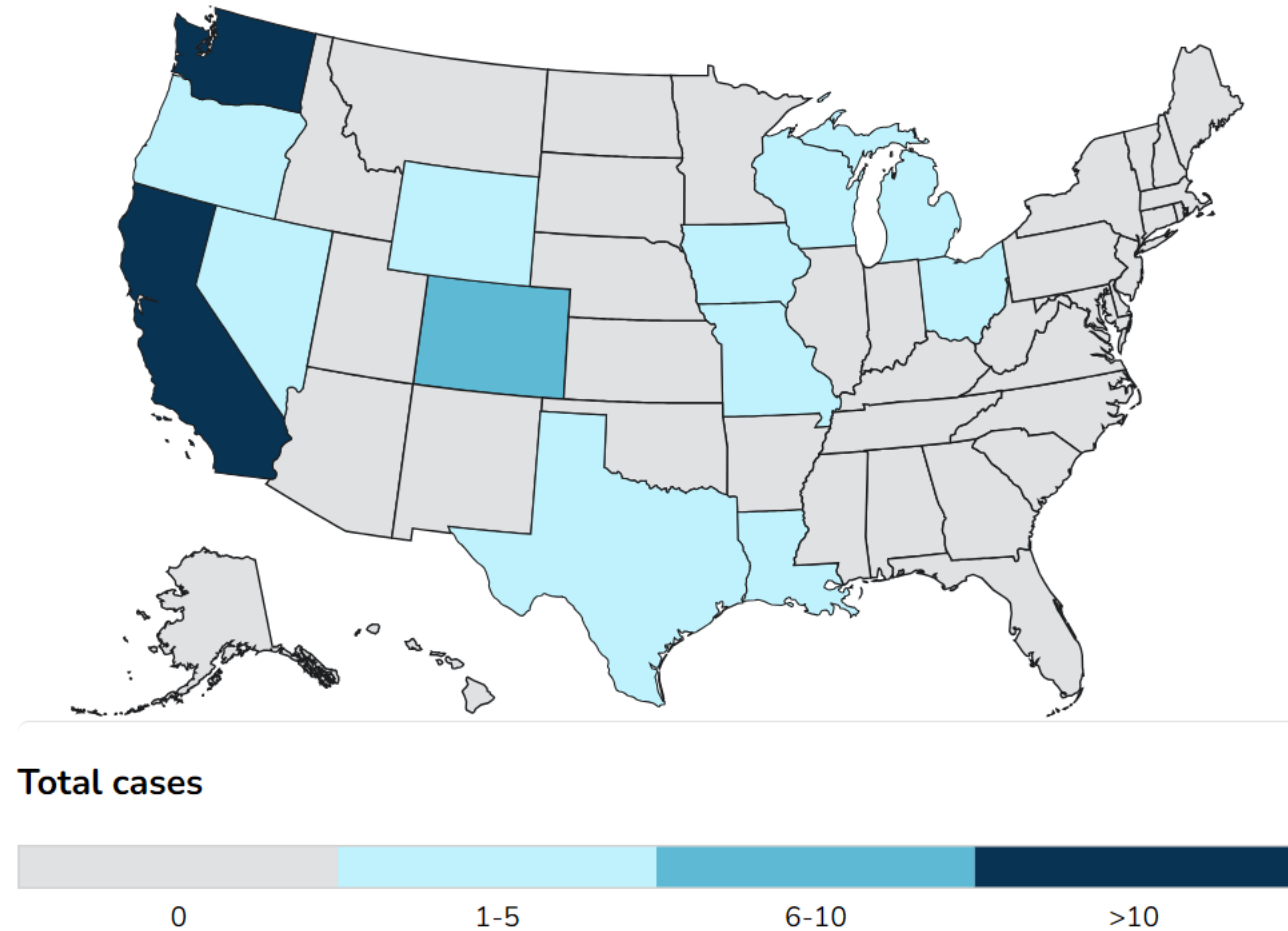
Cases	Exposure Source
41	Dairy Herds (Cattle)*
24	Poultry Farms and Culling Operations*
2	Other Animal Exposure†
3	Exposure Source Unknown‡

NOTE: One additional case was previously detected in a poultry worker in Colorado in 2022. Louisiana reported the first H5 bird flu death in the U.S.

*Exposure Associated with Commercial Agriculture and Related Operations

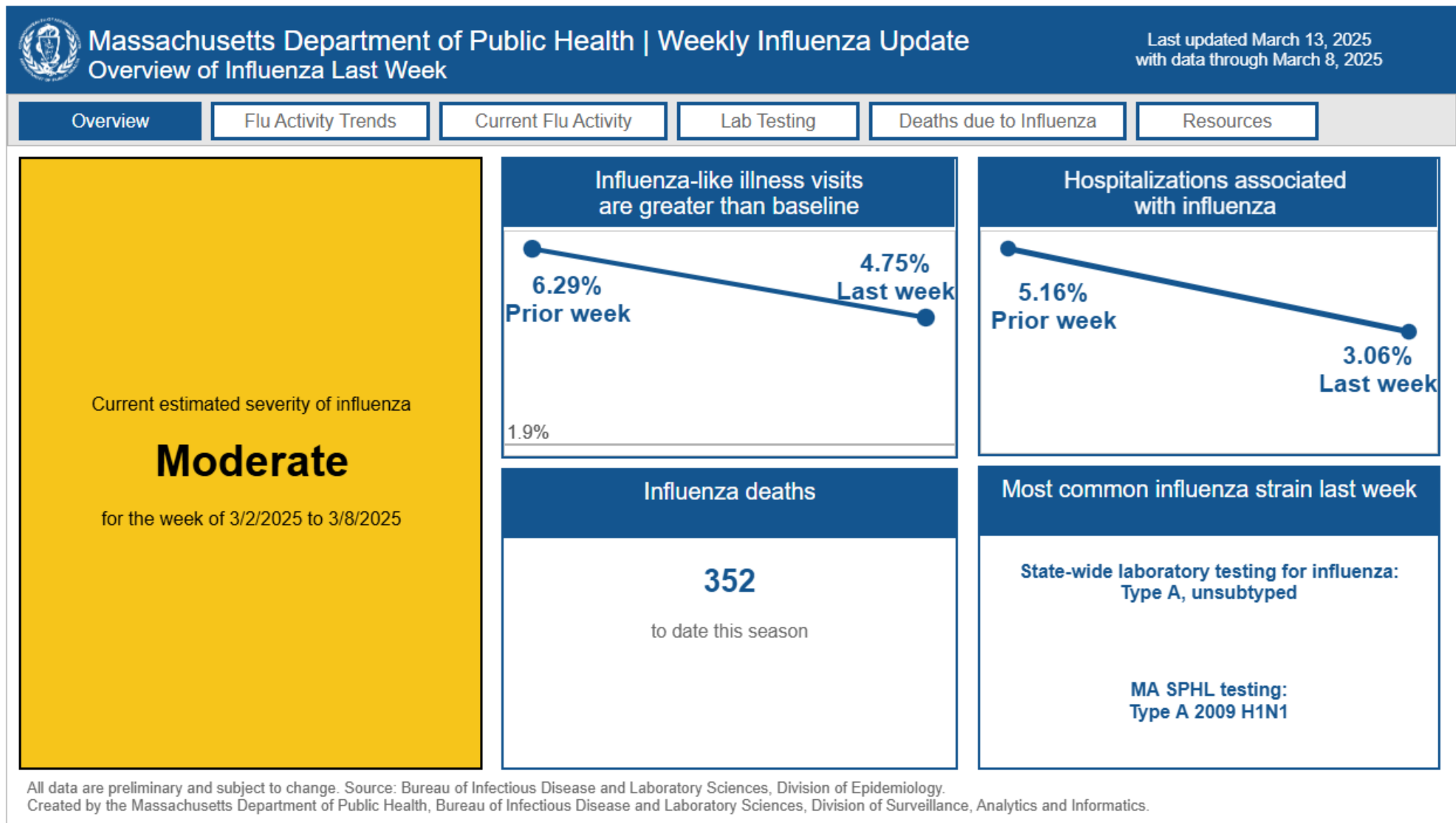
†Exposure was related to other animals such as backyard flocks, wild birds, or other mammals

‡Exposure source was not able to be identified

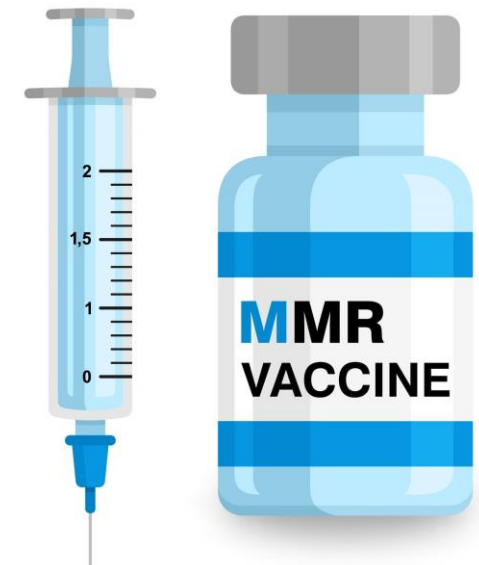
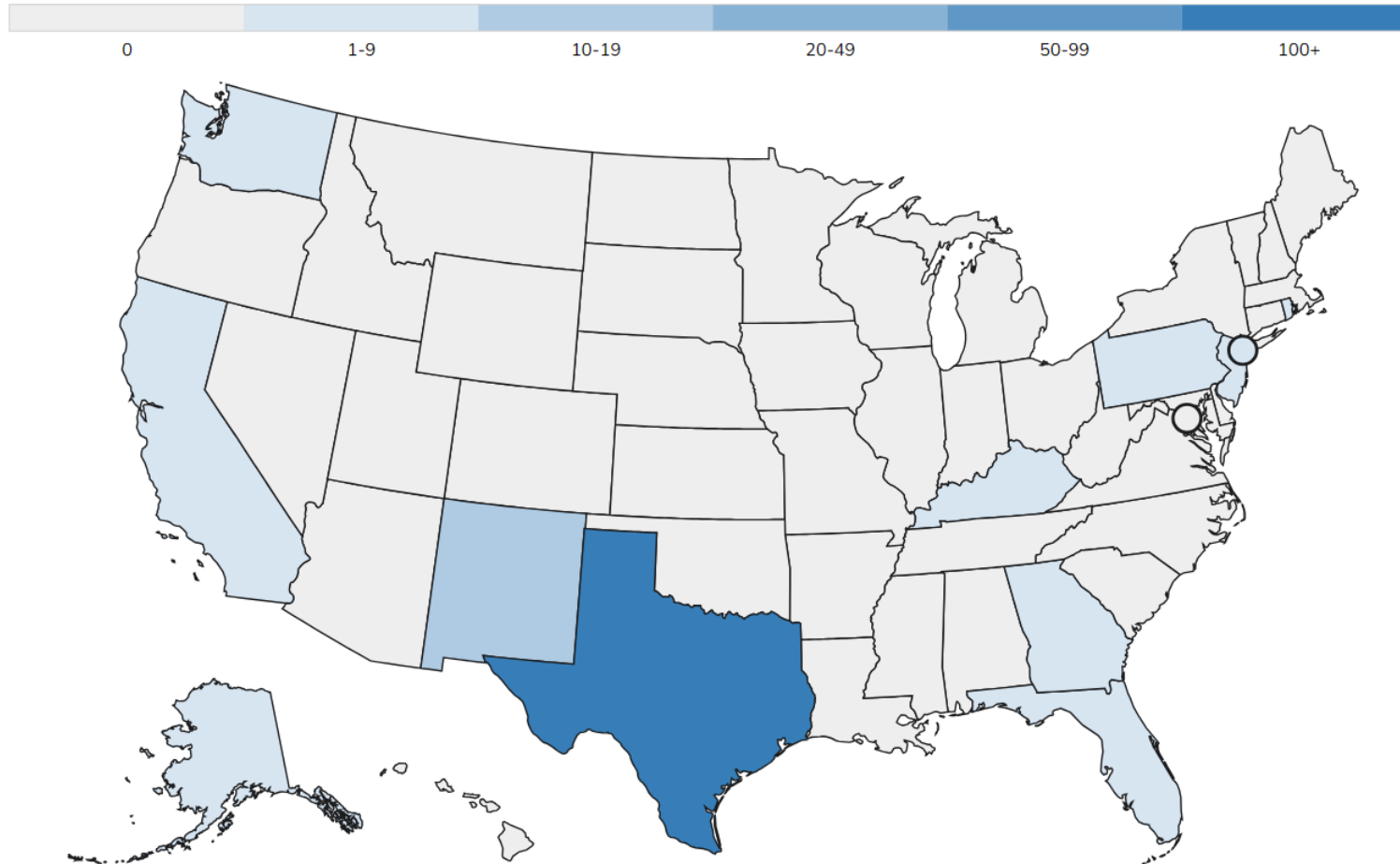


Map of 2025 avian flu cases, courtesy of CDC: cdc.gov/bird-flu/situation-summary/index.html

Influenza



Measles



Map of 2025 measles cases, courtesy of CDC: cdc.gov/measles/data-research/index.html

Pappas Rehabilitation Hospital for Children



Working Groups



Dorchester Working Group



Nashoba Valley Working Group



Massachusetts Department of Public Health

Determination of Need

Dana-Farber Cancer Institute, Inc.

Substantial Capital Expenditure, Substantial Change in Service

Dennis Renaud

Director - Determination of Need Program

Bureau of Health Care Safety and Quality

Background Information

Dana Farber Cancer Institute, Inc.

- Nonprofit, acute care cancer hospital and research institute dedicated to pediatric and adult cancer treatment and research.
- Dana Farber Cancer Institute is a member of the Dana-Farber/Harvard Cancer Center, an NCI-designated comprehensive cancer center that also includes Beth Israel Deaconess Medical Center, Boston Children's Hospital, Brigham and Women's Hospital, Harvard Medical School, Harvard T.H. Chan School of Public Health, and Massachusetts General Hospital.

Background Information

Dana Farber/Brigham and Women's Affiliation

- DFCI – 30 licensed medical surgical beds at BWH.
- DFCI announced that it will end its clinical affiliation with BWH.
- DFCI states that the current clinical affiliation with BWH will run until at least 2028.

Background Information

The Massachusetts Health Policy Commission

- Cost and Market Impact Review (CMIR).
- Preliminary report issued on February 27, 2025.
- Any Notice of DoN issued shall not go into effect until 30 days after HPC completes the CMIR.

Background Information

- The Total Value for the Proposed Project is \$1,675,700,000.00. The Community Health Initiatives (“CHI”) contribution is \$83,785,000.00.
- Written Comments
- Public Hearing

Background Information

Ten Taxpayer Groups

- Clinicians of Dana-Farber Cancer Institute
- Iron Workers Local 7
- Mass General Brigham
- Patients and Family Advocates of Dana-Farber Cancer Institute
- The International Union of Operating Engineers Local 4
- 1199SEIU United Health Care Workers East

Proposed Project Description

Inpatient Beds				
	Total Number at Current Location	Number Transferring from Current Location	Number of New at Proposed Site (additional)	Total Number at Proposed Site after Project Implementation
M/S	30	30	250	280
ICU	0	0	20	20
Total	30	30	270	300

Proposed Project Description

	Current State	Future State	
Radiology Imaging Equipment	Equipment to be used by DFCI Outpatients	Equipment to be used by DFCI Outpatients	New Equipment to be used by DFCI Inpatients
MRI	2	2	2
CT	3	3	2
PET/CT	2	2	1
LINAC	3	3	3
CT Simulator	0	0	2

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. Population Projections and Inpatient Oncology Projections in Massachusetts
2. Cancer-Related Hospitalization
3. Shift in Cancer Care from Inpatient to Outpatient Setting
4. Patient Transfers

Factor 1: Patient Panel Need Analysis– cont.

Population Estimates/Projections and Cancer Prevalence Nationally and in Massachusetts

- UMass Donahue Institute Population Increases/National Cancer Institute
- Massachusetts Advisory Board Inpatient Oncology Projections
- Increase in Length of Stay and Case Mix Index

Factor 1: Patient Panel Need Analysis– cont.

Average Length of Stay for Complex Treatments

	F18	FY19	FY20	FY21	FY22	FY23	% Change FY18 to FY22
Dana-Farber/BWH							
CAR T-Cell ALOS (Days)					15.2	-	NA
Autologous Stem Cell Transplantation ALOS (Days)	18.8	19.1	18.9	19.1	19.8	-	5.3%
Allogeneic Stem Cell Transplantation ALOS (Days)	21.5	18.9	24.6	26.5	25.1	-	16.7%
BIDMC							
CAR T-Cell ALOS (Days)					26.2	-	NA
Autologous Stem Cell Transplantation ALOS (Days)	20.8	22.2	34.9	31.0	26.3	-	26.4%
Allogeneic Stem Cell Transplantation ALOS (Days)	41.0	37.4	39.1	34.3	36.8	-	-10.2%

Factor 1: Patient Panel Need Analysis– cont.

Shift in Cancer Care from Inpatient to Outpatient Setting

- Inpatient capacity is still required due to longer exposure to cancer treatments
- State-of-the-art novel treatment
 - Induction Therapy
 - CAR T-cell therapy
 - Stem Cell Transplantation

Factor 1: Patient Panel Need Analysis– cont.

Patient Transfers

- Reduction in the ability to accept patient transfers due to limited inpatient capacity.
- Timely access to inpatient beds for patients waiting in the ED and allow more patients to move more efficiently between care settings.

Factor 1: Patient Panel Need Analysis– cont.

Projected Inpatient Bed Need

Bed Types	Projected 2032 Discharges	Projected 2032 ADC	Projected 2032 bed need
Medical Oncology Beds			
Cell Therapies (BMT & CAR)	678	44.4	53
Neuro Oncology	917	17.7	23
Palliative Care	1,055	28.9	36
Young Adult Oncology	1,041	23.9	30
Geriatric Oncology	1,848	40.0	48
Medical Oncology	7,861	148.7	169
Intensive Care Beds			
Oncology ICU		18.0	25
TOTAL/AVERAGE	13,400	321.6	384

Factor 1: Patient Panel Need Analysis– cont.

Staffing

- 2,400 new full-time equivalents (FTEs)
- Medical Oncologists employed by the Applicant
- Pipeline programs
- Workforce development initiatives

Factor 1: Patient Panel Need Analysis– cont.

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

- Singular focus on cancer care
- Patient centered inpatient experience

Factor 1: Patient Panel Need Analysis– cont.

Public Health Value: Health Equity

- Consolidate Outreach Efforts
- Efforts to increase MassHealth payer mix

Factor 1: Patient Panel Need Analysis– cont.

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

1. Integration of data and analytics
2. Less reliance on an Emergency Department

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

Hospital Inpatient Relative Price Data, CY2022

Hospital	Blue Cross Blue Shield of Massachusetts	Harvard Pilgrim Health Care	Tufts Health Plan
MGH	1.30	1.29	1.47
BWH	1.30	1.24	1.47
BIDMC	1.19	1.24	1.19
DFCI	1.11	1.00	1.18

Independent Cost Analysis

- February 2024 DoN Program requires ICA
- The DoN Program and DFCI jointly identified FTI Consulting to complete the ICA
- Assessment of current utilization, volumes, and prices for cancer services in Massachusetts
- ICA accepted in January 2025

Independent Cost Analysis- Findings

Changes in Total Medical Spending for Inpatient Cancer Care

Assessed Metric	Forecasted Outcome
Status Quo DFCI prices	Decrease in Total Medical Spending by 1.8% (\$28.4 million)
Prices raised to the level of BIDMC or closer to BIDMC prices	Medical Spending is forecast to decrease or remain flat
DFCI's Medicare reimbursement were to increase substantially	Total Medical Spending is forecast to increase by 0.7% (\$10.9 million)
100% of newly available capacity is filled by general inpatient care or by cancer care patients at BIDMC and BWH	Supply induced demand related to cost increases is bounded by an estimated 2.7%-3.3% (\$239 million)
Average Daily Census of inpatient cancer care is projected to grow by 249 by 2030	All but eliminate supply induced demand

Independent Cost Analysis- Findings

“For each component of the Proposed Project and across all assessed time horizons, this report finds that the baseline projected impacts of the project on healthcare expenditures fall below the Commonwealth’s established benchmark growth rate.” As noted in the ICA report, the Massachusetts Health Care Cost Growth Benchmark is set at 3.6%.

Factor 2: Improved Public Health Outcomes Analysis

Increasing accessibility

Providing care across the entire cancer care continuum

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:

“Within the projected financial information, the Projections exhibit a cumulative operating EBIDA surplus of approximately 6.4 percent of cumulative projected total revenue for the fourteen years from FY 2023 through FY 2036. Based upon our review of the relevant documents and analysis of the Projections, we determined the anticipated EBIDA surplus is a reasonable expectation and is based upon feasible financial assumptions. Accordingly, we determined that the Projections are reasonable and feasible and are not likely to have a negative impact on the patient panel or result in a liquidation of assets of DFCI.”

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: Alternative Considered to the Proposed Project

Alternative: The Applicant constructs and operates a completely independent comprehensive cancer center.

Quality: Lacks a primary clinical partner

Efficiency: Requires establishing a surgical service line, ED, surgical ICU

Capital Expense: \$3.4 billion in initial capital expenditures

Operating Costs: Estimated increase of \$700 million in annual operating expenses

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 DFCI included:

- * CHI Narrative
- * Self Assessment
- * Community Engagement Plan and Addendum
- * Partner Assessments
- * The Collaborative's city-wide CHNA/CHIP 2022
- * DFCI's Cancer-Focused 2022 CHNA/CHIP

Factor 6: Analysis

Summary Analysis

Of the total required CHI contribution of \$83,785,000.00

- \$20,527,325 will be directed to the CHI Statewide Initiative
- \$61,581,975 will be dedicated to local approaches to the DoN Health Priorities
- \$1,675,700 will be designated as the administrative fee

Other Conditions

- Health Equity
- MassHealth
- Holder's Annual Cost Per Inpatient without Pharmaceutical Expense – Cost Containment

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



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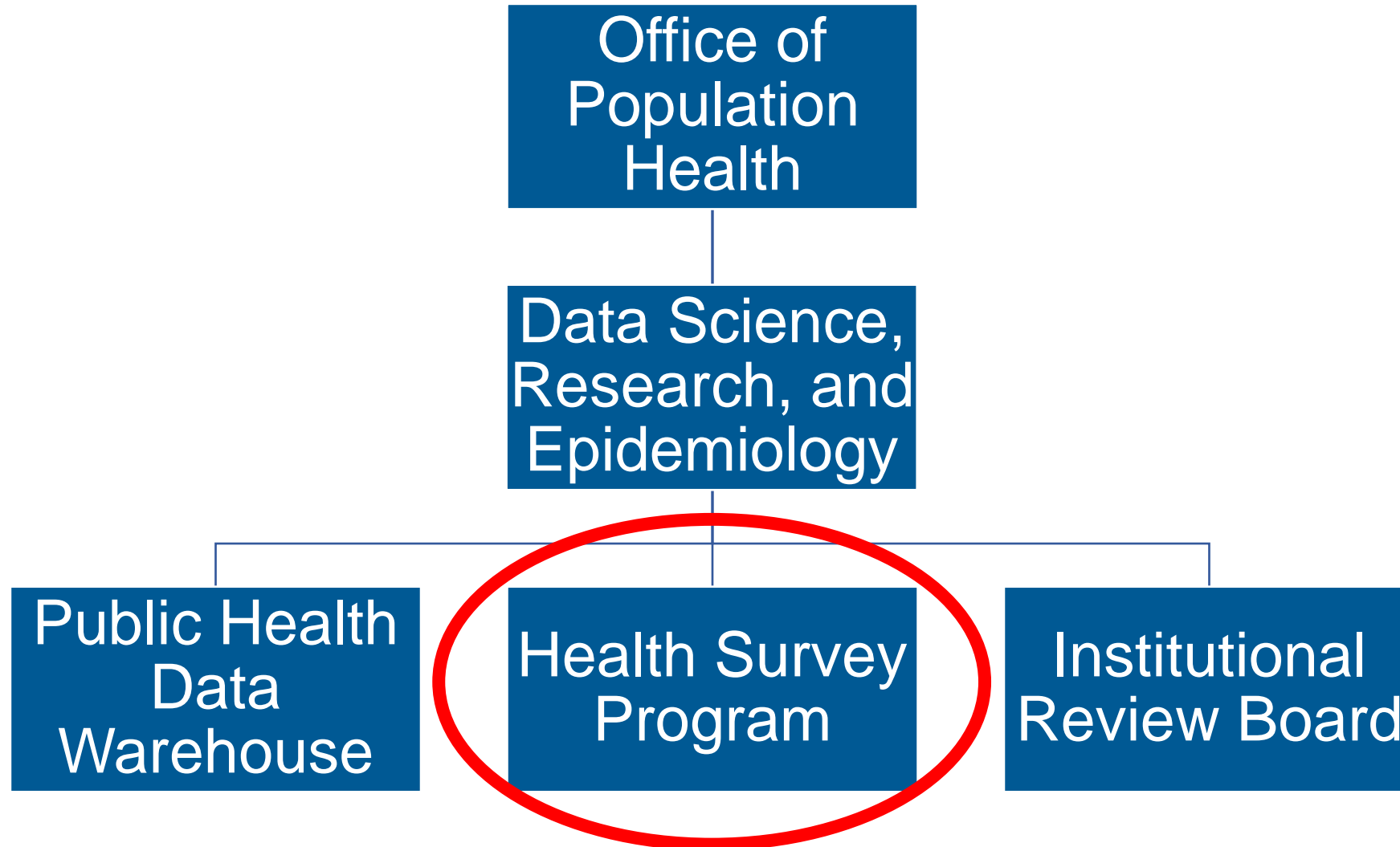
Massachusetts Health Survey Program

Dana Bernson, MPH

Director, Data Science, Research, & Epidemiology Division

Office of Population Health

Organizational Context



Health Survey Program Overview

- Behavioral Risk Factor Surveillance System (BRFSS)
 - Telephone survey
 - Adults
 - Conducted annually
- Youth Health Survey (YHS)
 - Online / paper survey
 - Middle and high school students
 - Conducted biannually

Behavioral Risk Factor Surveillance System (BRFSS)

Behavioral Risk Factor Surveillance System (BRFSS)

- Ongoing telephone survey of adults done in all 50 states, DC, & 3 US territories
- Tracks health risk behaviors of adults
- **Is the primary source of state-based information on health risk behaviors among an adult population**
- Funding to administer survey:
 - **~1/3 from federal BRFSS grant (CDC)**
 - ~ 2/3 from programs/agencies who add questions (these funds are a mix of state and federal)

BRFSS History

- 1984: CDC establishes the Behavioral Risk Factor Surveillance System (BRFSS), and 15 states participate
- 1986: Massachusetts begins BRFSS
- 1994: all states, the District of Columbia, and three territories are now participating in the BRFSS

BRFSS Eligibility

- Adults ages 18+
- Residing in private residence or college housing
- Able to complete a telephone interview in English or Spanish (no proxy interview allowed)

BRFSS Questionnaire

- CDC core
 - Mandated by CDC, asked by all states, no modifications allowed
- CDC optional modules
 - Standard sets of questions on selected topics, one or more modules may be added, must be asked “as is”
- State-added questions
 - Questions developed by the state

BRFSS Topics

- Alcohol Use
- Cancer Screening
- Cancer Survivorship
- Caregiving
- Chronic Disease
- Demographics
- Family Planning
- Fruit and Vegetable Consumption
- Health Care Access
- Health Status / Healthy Days
- HIV Testing
- Immunization
- Injury
- Intimate Partner Violence
- Marijuana Use
- Mental Health
- Opioid Use
- Oral Health
- Physical Activity
- Reaction to Race
- Sexual Behavior
- Sexual Violence
- Social Determinants of Health
- Subjective Cognitive Decline
- Tobacco Use

BRFSS Strengths

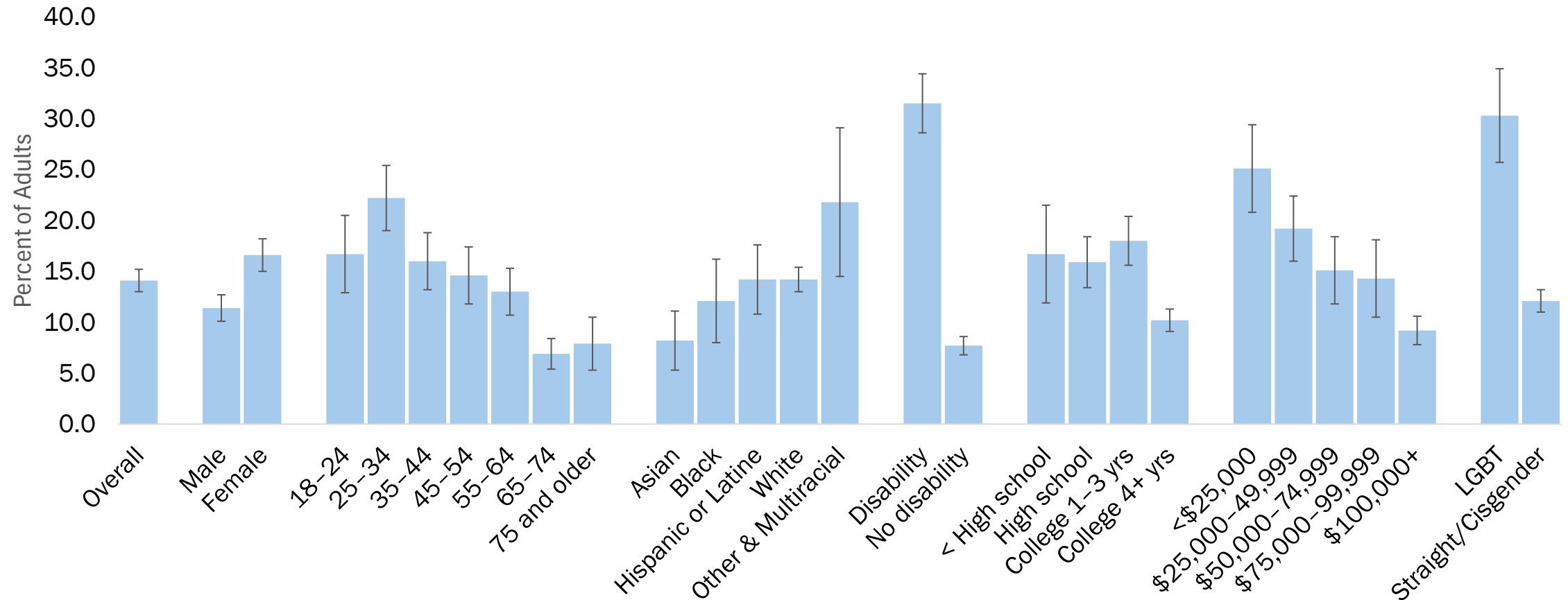
- Existing national structure and support from CDC
- Trends over time
- State by state comparisons
- Population based & weighted to represent the state population

BRFSS Limitations

- Self-report data
- Only covers adults residing in private residence or college housing capable of responding to a telephone survey in English or Spanish
- Non-response
 - Survey
 - Item-specific
- Cross-sectional data
 - Can not infer causality

BRFSS 2023 Results

Frequent Mental Distress* Among MA Adults, 2023



* ≥15 days of poor mental health in previous month

BRFSS 2023 Results

Social Determinants of Health, MA Adults, 2023		
	%	95% CL
Reported being dissatisfied or very dissatisfied with their life in general	6.6	5.8 - 7.4
Reported sometimes, rarely or never getting emotional support needed	22.7	21.3 - 24.1
Reported always, usually or sometimes feeling socially isolated	32.0	30.4 - 33.5
Lost employment or had hours reduced in past 12 months	11.5	10.4 - 12.5
Reported receiving food stamps (SNAP) in past 12 months	12.2	11.1 - 13.3
Reported that in past 12 months food bought always, usually, or sometimes did not last and no money to buy more	12.0	10.9 - 13.1
Reported being unable to pay mortgage, rent, or utility bills at some time in past 12 months	10.2	9.2 - 11.2
Reported that an electric, gas, oil, or water company threatened to shut off services in the past 12 months	6.4	5.7 - 7.2
Reported that a lack of reliable transportation kept them from medical appointments, meetings, work, or from getting things needed for daily living	7.4	6.5 - 8.2
Reported feeling stress always or usually during the previous 30 days	14.7	13.5 - 15.9

Youth Health Survey (YHS)

YHS Background

Two health-related surveys among youth in MA:

- Youth Health Survey (YHS)
 - MDPH-run survey among middle and high school students – since 2007.
 - Funded entirely by DPH Bureaus (no federal grant for this survey)
- Youth Risk Behavioral Surveillance System (YRBS)
 - Department of Elementary and Secondary Education (DESE)-run survey among high school students – since 1991.
 - Funded by CDC
- DPH and DESE coordinate the administration of the high school surveys
- Both surveys are conducted biannually in odd-numbered years

YHS Topics

- Alcohol Use
- Bullying
- Demographics
- Food and Housing Instability
- Gambling
- Mental Health
- Motor Vehicle Safety
- Neighborhood Safety
- Nutrition
- Oral Health
- Physical Activity
- Positive Childhood Experiences
- Sexual and Dating Violence
- Sexual Behaviors (HS only)
- Sports-related TBI
- Substance Use, Perceptions, and Access
- Suicide
- Tobacco Use
- Weight and Body Image

YHS Strengths

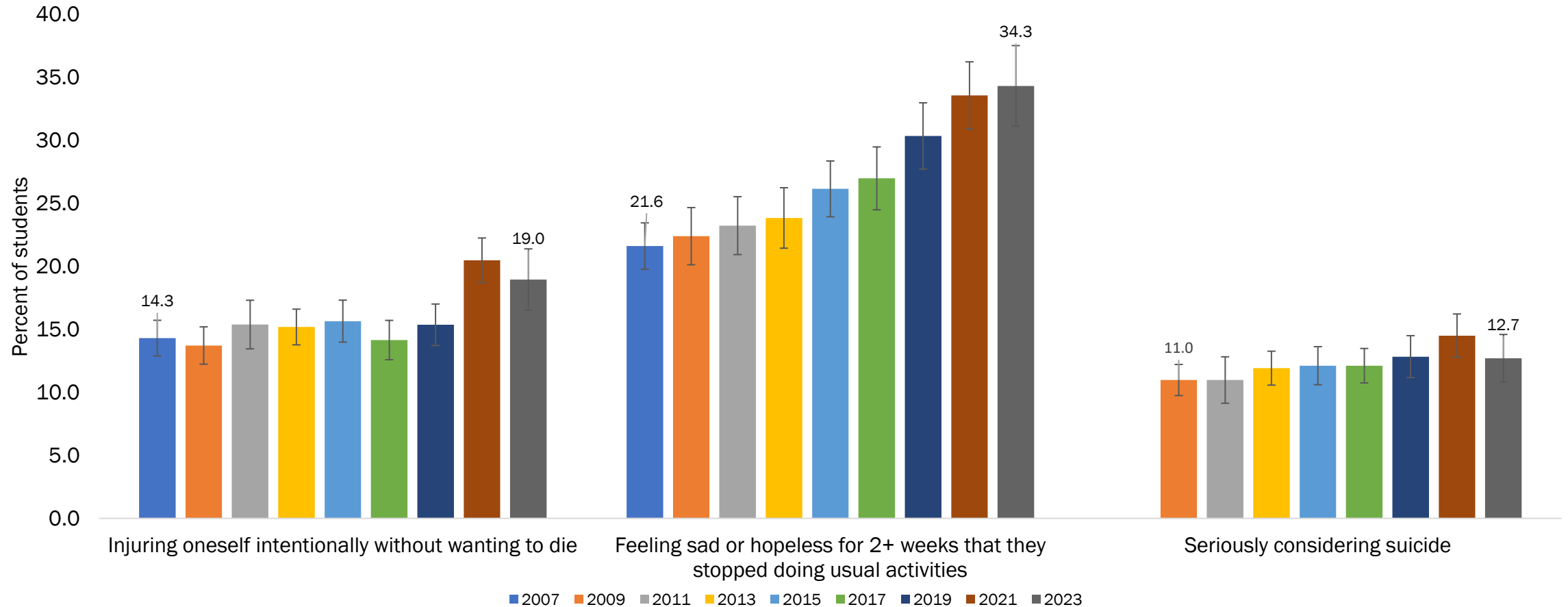
- Population-based
- Weighted to represent state population of youth
- Trends over time
- Includes middle school students

YHS Limitations

- Self report
- Cross-sectional data – can't infer causality
- Limited to students enrolled in public schools
- Students have one class period to complete the survey; while most can complete, it may be more difficult for students with a disability or whose native language is not English to fully complete the survey

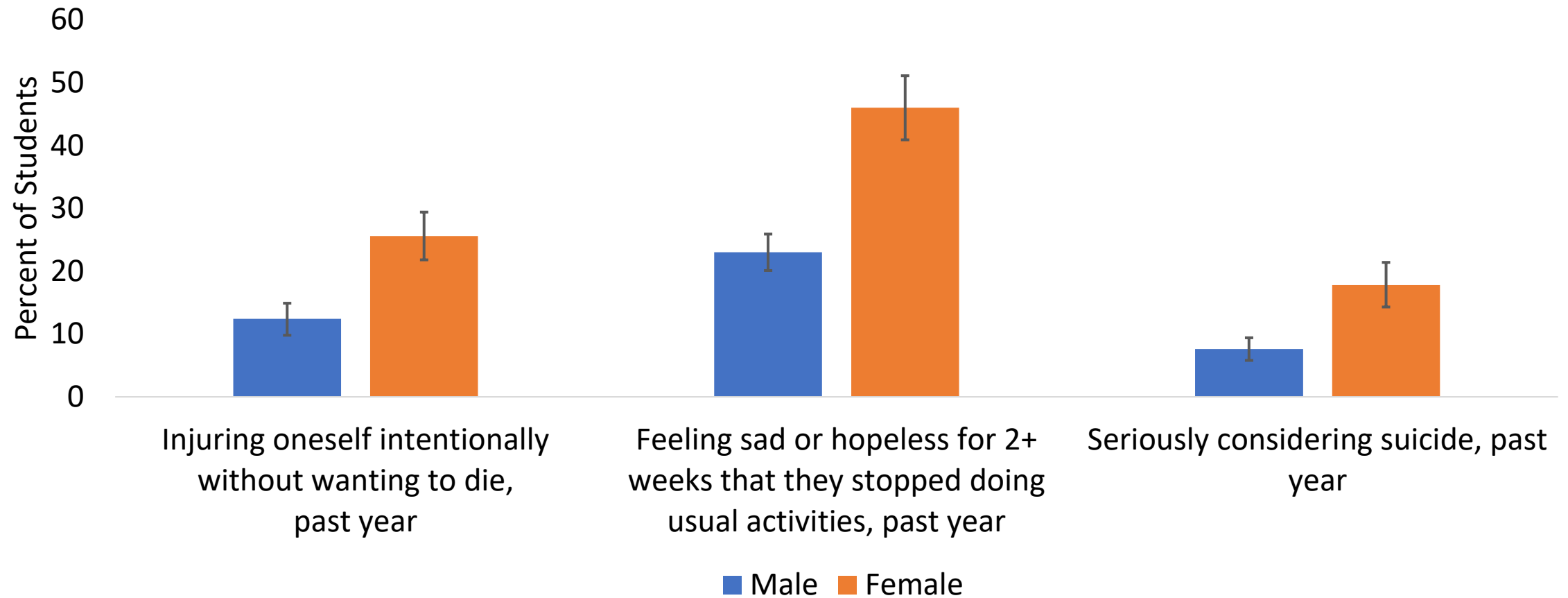
YHS Results

Mental Health Indicators Among Massachusetts High School Students, 2007-2023



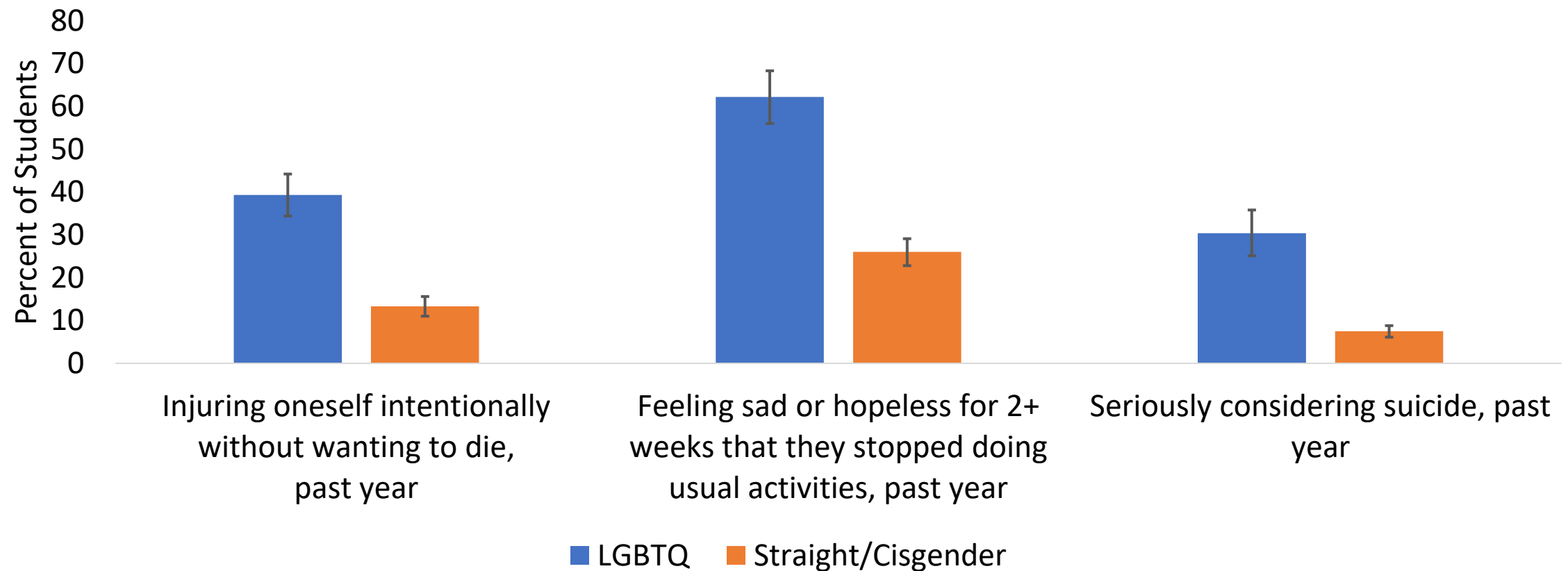
YHS Results

Mental Health Indicators Among Massachusetts High School Students, by Gender, 2023



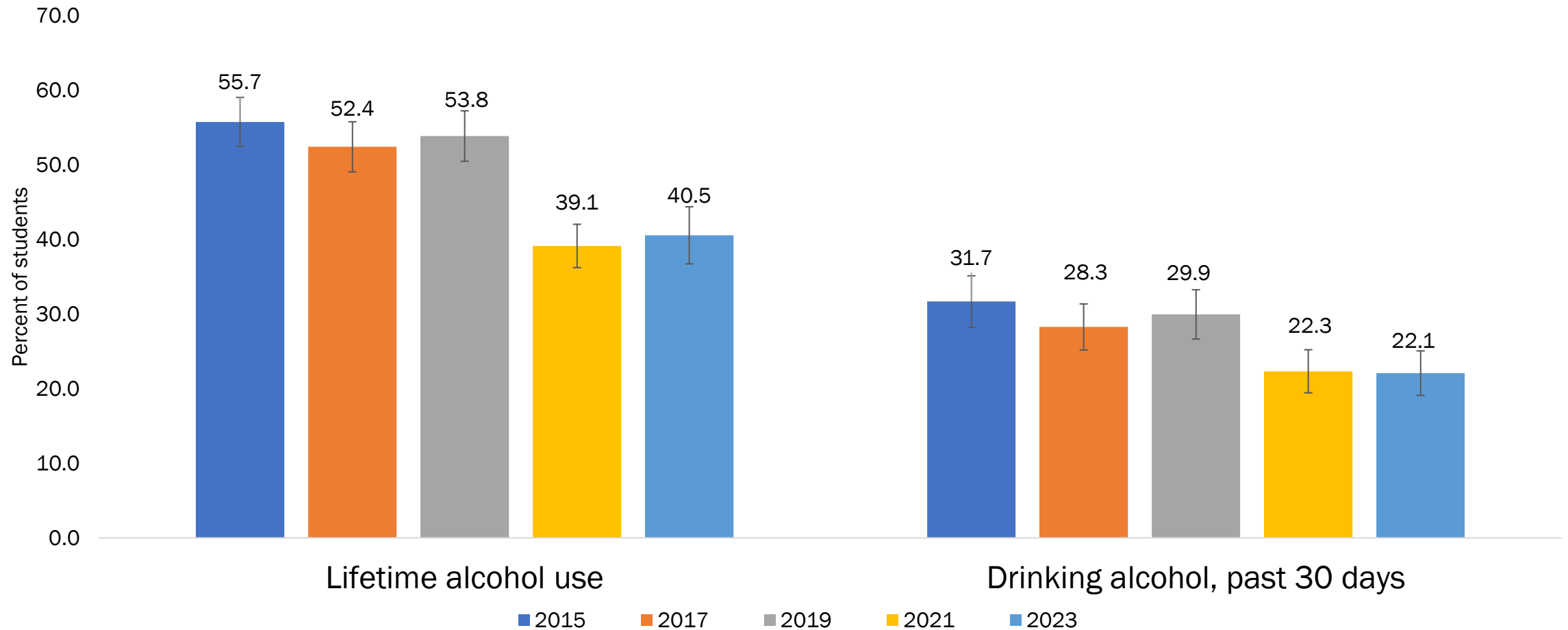
YHS Results

Mental Health Indicators Among Massachusetts High School Students, by Sexual Orientation and Gender Identity, 2023



YHS Results

Alcohol Use Among Massachusetts High School Students, 2015-2023



Thank you for the opportunity to present this information today.

Please direct any questions to:

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Website: <https://www.mass.gov/health-survey-program>



Massachusetts Department of Public Health

Next Meeting:
Wednesday, April 9, 2025