



Massachusetts Department of Public Health

Public Health Council Meeting April 17, 2024

Robert Goldstein, Commissioner

Today's presentation is available on mass.gov/dph under "Upcoming Events" by clicking on the April 17 Public Health Council listing.



Massachusetts Department of Public Health

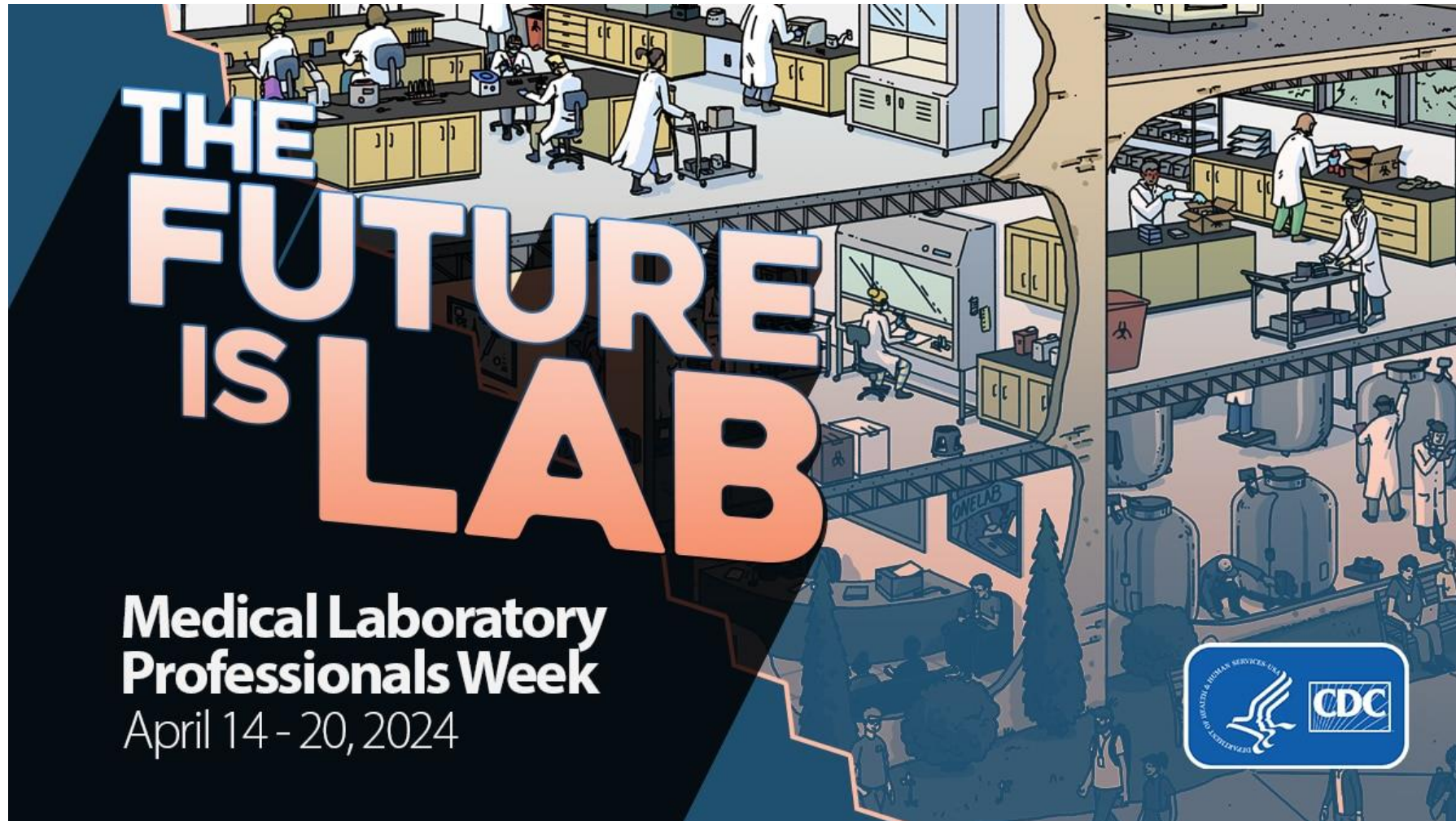
Public Health Council Meeting April 17, 2024

Robert Goldstein, Commissioner

National Public Health Week



Medical Laboratory Professionals Week



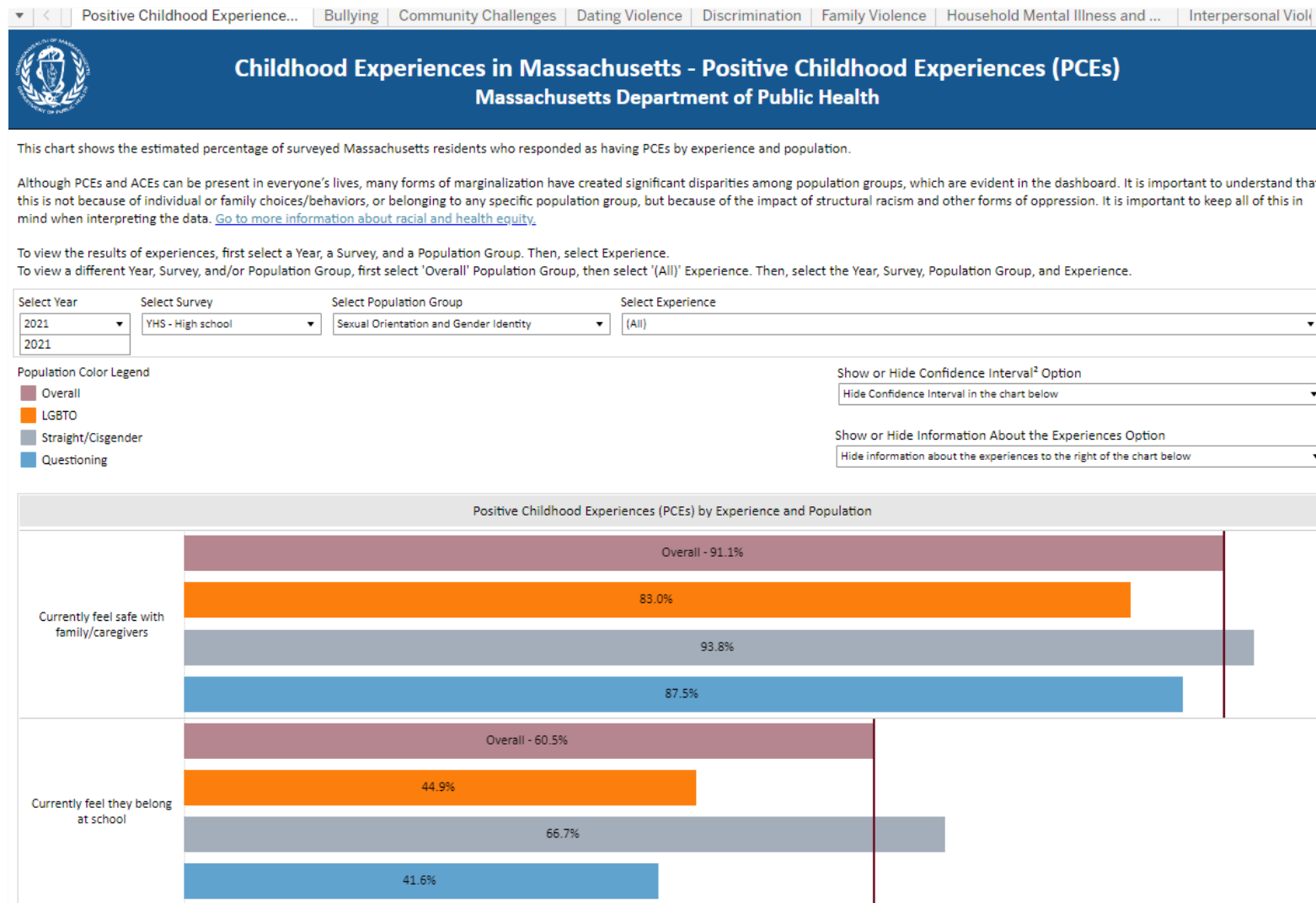
Community Grant Program for SUD

PRESS RELEASE


Healey-Driscoll Administration Launches First-of-its-Kind Community Grantmaking Program for Substance Use Disorder

Administration will distribute over \$5 million annually to help historically underserved municipalities and organizations access Opioid Recovery and Remediation Fund grant funding

New Dashboard on PCEs and ACEs



Avian Influenza



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Search

Influenza (Flu)

Avian Flu

Avian Flu

Current Situation

Wild Birds

Poultry

Mammals

Humans

Frequently Asked Questions about Avian Influenza

H5N1 Technical Report

Bird Flu in Birds

Bird Flu in Pets and Other Animals

Bird Flu in People

H5N1 Bird Flu: Current Situation Summary

[Español](#) | [Other Languages](#) | [Print](#)

Updated April 10, 2024

H5N1 Detections in USA

• Wild Birds: [Widespread](#)

• Poultry Flocks: [Sporadic outbreaks](#)

• Mammals: [Sporadic infections](#)

• People: [2 cases in U.S.](#)

• Person-to-person spread: None

• Current public health risk: Low

Spotlights

Apr 12, 2024

[Vietnam Reports First Human Infection with Avian Influenza H9N2 Virus](#)

Apr 05, 2024

[Update: Human Infection with Highly Pathogenic Avian Influenza A\(H5N1\) Virus in Texas](#)

Apr 05, 2024

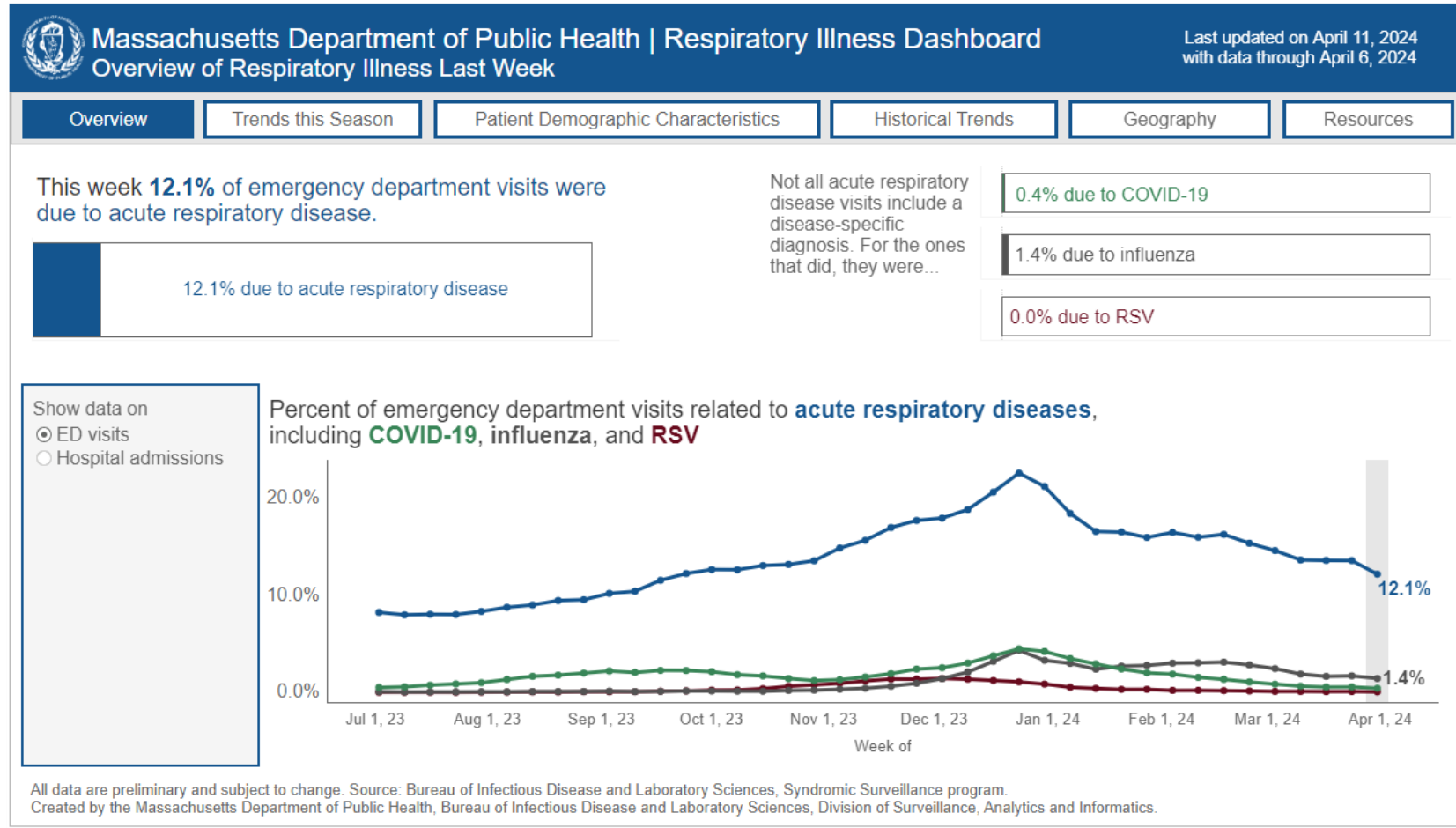
[CDC HAN: A\(H5N1\) Virus: Identification of Human Infection and Recommendations for Investigations and Response](#)

[CDC - H5N1 Bird Flu: Current Situation Summary](#)

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Respiratory Illness



[Link: Respiratory Illness Reporting Dashboards](#)

Statewide Substance Misuse Prevention Conference



From left: José Morales, Director of Prevention, BSAS; Andy Robinson, Lead Program Coordinator, Substance Misuse Prevention Unit, BSAS; and Commissioner Robbie Goldstein.

Annual MA Suicide Prevention Conference



Kick Butts Day



Commissioner Goldstein presents the 2024 Statewide Youth Leadership Award to Bhavika Kalia, an 84 member from the Somerville Positive Forces 100 group.



Massachusetts Department of Public Health

Determination of Need: *Cape Cod Healthcare, Inc.* *Significant Change Amendment*

Dennis Renaud

Director - Determination of Need Program

Bureau of Health Care Safety and Quality

Proposed Amendment Description

The Proposed Amendment includes the following;

Addition of 32 medical/surgical beds, all private rooms, to its license bringing the total licensed capacity at CCH to 229 beds through the build out the entirety of previously approved shell space.

Background Information

The Public Health Council approved a DoN on July 13, 2022, for the construction of a new four-story facility on the Hospital's main campus to house the following:

- (1) Relocated and expanded medical oncology department
- (2) Relocated radiation oncology department
- (3) Relocated inpatient cardiac unit consisting of 32 beds
- (4) Shell space for future projects

The Maximum Capital Expenditure on the project was \$137,048,632. Construction for the new building began in 2023 and is on schedule for patients to be seen in the Medical Oncology and Radiation Oncology Departments in April 2025. The 3rd floor medical/surgical unit is on schedule to open for patient care in March 2026.

Requirements for Approval of a Significant Change Amendment

- Pursuant to 105 CMR 100.635, a change to a project of a previously issued Notice of DoN, requires either:
 - 1) a new notice of DoN or
 - 2) an approval of a request for a Significant Change
- Any build-out of shell space that was subject to a previously issued Notice of DoN falls within the definition of Significant Change.
- To support the request for a Significant Change, the Requester must provide:
 - A description of the previously issued notice of DoN and of the proposed Significant Change
 - Cost Implications (to the Holder and to the Holder's Patient Panel)
 - A rationale for the change

Requirements for Approval of a Significant Change Amendment

To approve a request for a Significant Change, following the submission of the required information, the Department must determine that the proposed change is:

- 1) Within the scope of the previously issued Notice of DoN; and
- 2) Reasonable

Significant Change Amendment – Project Rationale Overview

- Rationale for the Proposed Change
- Cost Implications
- Impact on Community Health Initiative

Rationale: Additional Beds

The Requester attributes the rationale for additional beds to the following:

- High Occupancy Rates and Seasonal Surges
- Temporary Alternate Care Space Approval
- Emergency Room Admissions and ED Boarding
- Care Delivery Constraints of The Hospital's Aged Infrastructure
- Future Needs of The Growing Aging Population

Rationale: High Occupancy Rates

- From FY21 through FY23, the average Med/Surg occupancy rate was 91%
- Treatment of higher acuity conditions
- Seasonal population fluctuations

Rationale: Temporary Alternative Care Space Approval

To alleviate space constraints, the Requester is currently using 14 to 19 beds pursuant to the Department of Public Health's memo entitled: Updated Process for Adding Temporary Beds in Alternate Inpatient Care Space.

Rationale: Emergency Room Boarding

Fiscal Year	Number of Hours	Number of ED Boarders
FY 21	12 hours or more	1,490
FY 22	12 hours or more	2,403

Rationale: Projected Utilization

Table 3: Projected Utilization	FY 23	FY 27	FY 28	FY 29	FY 30	FY 31
<i>Discharges</i>	16,960	16,960	17,033	17,107	17,181	17,255
<i>Days</i>	70,078	70,778	71,121	71,467	71,814	72,163
<i>Average Length of Stay</i>	4.1	4.2	4.2	4.2	4.2	4.2
<i>Average Daily Census</i>	192.00	193.9	194.9	195.8	196.8	197.7
<i>Occupancy</i>	97.46%	84.68%	85.09%	85.50%	85.92%	86.33%

Rationale: Address Care Delivery Constraints of the Hospital's Aged Infrastructure

As with the Approved Project, the Proposed Change will further address care delivery constraints resulting from the Hospital's aged infrastructure since it will add inpatient capacity within a new building.

These design considerations will enable staff to provide more efficient, patient-centered care.

Rationale: Address the Future of the Growing Aging Population

- The 45-69 age cohort of the Cape Cod population grew 14.8% from 2010 to 2022 and comprises a greater percentage of the total population (42.2% in 2022 vs. 39% in 2010). Furthermore, the percentage of Cape Cod residents aged 70 years and older was 23.7% (up from 17% in 2010).
- In 2035, 39.98% of Cape Cod residents, and 22.4% of Massachusetts residents are projected to be aged 65-years or older.
- For CCH, patients aged 65 and over comprised nearly 75% of all inpatient discharges in FY 2023.

Cost Implications

- The Proposed Change will increase the Approved Project's Maximum Capital Expenditure by \$14,666,613 for a total MCE of \$151,715,245. The Requester projects that the Proposed Change will increase the CCH's annual operating expense by approximately \$8,900,000.
- Additional beds will alleviate costs associated with ED boarding.
- No change in price for CCH's existing patient panel.
- No anticipated cost implications to the patient panel as a result of the Proposed Change.

Other Conditions to the Original DoN

The Requester will continue to report on the following Other Conditions related to the original DoN, including:

- Outpatient Medical Oncology Measures
- Hospital Readmissions
- Radiation Oncology Measures
- Inpatient Cardiac Medical-Surgical Quality Measures
- Fall Prevention
- Hospital Readmissions

Impact on Community Health Initiative

With this amendment, the Requester is investing its increased CHI obligation in alignment with all the CHI requirements and principles.

As an amendment, the CHI funds for this application can be pooled with the existing strategy. If this strategy is approved by the existing community advisory body and the Requester continues to update CHI staff, this is acceptable to DPH staff.

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

Determination of Need:

Mass General Brigham Incorporated Significant Change Amendment

Dennis Renaud

Director - Determination of Need Program

Bureau of Health Care Safety and Quality

Background Information

On May 11, 2022, the Holder received DoN approval for a Substantial Capital Expenditure and Substantial Change in Service for the construction of a new tower on the MGH Main Campus containing the following:

- 388 private beds, of which, 364 existing semi-private M/S beds and 24 ICU beds to be transferred from the Main Campus. The Department did not approve MGH's request to add 94 new licensed beds.
- Outpatient oncology services relocated from current buildings on the MGH Main Campus and expanded to include 100 oncology infusion bays and 120 oncology exam rooms.
- Cardiac services relocated from current buildings on the MGH Main Campus and expanded.
- New diagnostic imaging equipment.
- Other clinical services renovation projects at Main Campus and licensed satellites.

Background Information

In its analysis of the Original DoN, DoN Program staff:

1. Concluded that without data showing the impact that the new tower project (introduction of 388 single-bedded rooms and reactivation of 24 single-bedded rooms) would have on ED boarding and throughput issues, they could not find a clear and convincing need for additional 94 beds.
2. Noted the Health Policy Commission's analysis indicated the additional inpatient capacity would allow MGB to increase its market share by 2.7% to 3.8%, resulting in increased health care spending, increased commercial insurance premiums, and a negative impact on health care market functioning, including access and equity.

As a result, Conditions of the Original DoN Notice of Final Action were included to detail the data required by the Department as part of any request for a Significant Change submitted by the Holder for the addition of licensed beds.

Proposed Amendment Description

The Proposed Amendment for a Significant Change includes the following components:

- Add 94 beds to the Hospital's license by allowing them to maintain those 94 beds that are already operational in their existing space, instead of relocating them to the new building.
 - Through discussions in 2022, Department staff gave permission for MGH to relocate more than 388 beds to the new tower locations so long as 1) their total licensed bed count did not increase and 2) the hospital made every effort to prioritize private occupancy rooms (They could not move more than 482 beds).
- The beds would be comprised of 54 medical/surgical beds and 40 ICU beds

If approved, the total cost of the project is \$0.00 and the Maximum Capital Expenditure would remain unchanged. Mass General Brigham Incorporated is applying for an Amendment project that will be achieved without accruing any additional expenditures. With no costs associated with this Amendment, there are no Community Health Initiative additional contributions for this request.

Background Information- Condition 2 Original DoN

Condition 2 of the original DoN approval requires that if the Holder intends to request additional beds, they must submit a Significant Change request, which includes the following data as part of the request:

- ED Boarding
- Post-acute care patient data
- Average daily blocked med/surge beds
- Percentage (with numerator and denominator) of MGH inpatients who were part of MGB's Patient Panel prior to the MGH admission
- Operating capacity and occupancy rate
- Acuity level by case mix index, and number of discharges for M/S patients at MGH by service line
- Average monthly lost transfer number and rate (calculated as the number of transfers not accepted over the number of requests for transfers) from community hospitals.

Proposed Amendment Description

Composition of M/S Rooms

	Today	If Proposed Change is Approved
Beds in Single-Bedded Rooms in New Building	N/A	482
Beds in Single-Bedded Rooms on the Rest of MGH Main Campus	408	430
Beds in Double-Bedded rooms on the Rest of MGH Main Campus	492	82
Total Beds	900	994

Data provided by the Applicant – See Responses to DoN Questions #2, Page 2

Requirements for Approval of a Significant Change Amendment

- Pursuant to 105 CMR 100.635, a change to a project of a previously issued Notice of DoN, requires either:
 - 1) a new notice of DoN or
 - 2) an approval of a request for a Significant Change
- To support the request for a Significant Change, the Requester must provide:
 - A description of the previously issued notice of DoN and of the proposed Significant Change
 - Cost Implications (to the Holder and to the Holder's Patient Panel)
 - A rationale for the change
 - In this instance, the Holder was also required to provide specific data to support their request

Requirements for Approval of a Significant Change Amendment

To approve a request for a Significant Change, following the submission of the required information, the Department must determine that the proposed change is:

- 1) Within the scope of the previously issued Notice of DoN; and
- 2) Reasonable

Significant Change Amendment – Project Overview

- Rationale for the Proposed Change
- Cost Implications
- Other Conditions

Rationale for Proposed Change

The Requester states that the additional beds will allow them to respond to unprecedented overcrowding.

In the application, the Holder asserts need through:

1. Hospital Occupancy data
2. Emergency Department (ED) Boarding data

Rationale: Hospital Occupancy

MGH Main Campus Historical Utilization*

Metric	FY2019 Licensed Beds	FY2019 Available Beds	FY2023 Licensed Beds	FY2023 Available Beds
Beds	900	836	900	836
Inpatient Days	280,843	280,843	292,078	292,078
Bedded Outpatient Days	12,120	12,120	12,013	12,013
Total Days	292,963	292,963	304,091	304,091
Inpatient Occupancy	85.5%	92.0%	88.9%	95.7%
Bedded Outpatient Occupancy	3.7%	4.0%	3.7%	3.9%
Total Occupancy	89.2%	96.0%	92.6%	99.7%

**Data provided by the Applicant – See Application Narrative Page 3*

Rationale: Hospital Occupancy

MGH Projected Utilization*

	FY2028	FY2029	FY2030	FY2031	FY2032
Licensed Beds	994	994	994	994	994
Inpatient Days	299,985	303,269	307,233	310,093	312,989
Bedded Outpatient Days	12,013	12,013	12,013	12,013	12,013
Total Days	311,998	315,282	319,246	322,106	325,002
Inpatient Occupancy	82.7%	83.6%	84.7%	85.5%	86.3%
Bedded Outpatient Occupancy	3.3%	3.3%	3.3%	3.3%	3.3%
Total Occupancy	86.0%	86.9%	88.0%	88.8%	89.6%

**Data provided by the Applicant – See Application Narrative Page 4*

Additional Measures to Manage Capacity

In addition to the request for beds, MGH reports they are taking the following measures to address capacity.

Issue: Reported delays in transitioning patients to post-acute facilities.

Intervention: Contracting for access to 69 leased skilled nursing facility (SNF) beds.

Issue: Directing appropriate admissions to community hospitals.

Intervention: A new affiliation with Cambridge Health Alliance. The Mass General Capacity Coordination Center.

Rationale: ED Boarding

- The Requester asserts that:
 - In FY23, 24,388 patients boarded in the MGH Emergency Department while waiting for an inpatient bed, the vast majority were waiting for a medical/surgical bed at MGH.
 - The wait time for Medical/Surgical boarders increased from approximately 12 hours in FY19 to approximately 20 hours in FY23.
- The hospital, which is required to develop their own processes for maintaining patient safety when patient volume increases and has defined Code Help and Capacity Disaster status using their own metrics, reports that it was in either status for approximately 93% of days in FY23. This is a significant increase from their pre-COVID-19 pandemic FY19 figure of operating in Code Help or Capacity Disaster status 23% of the time.

Rationale: Left the ED Without Being Seen

- The hospital asserts that in FY23, 3.7% of patients who presented to the ED left without being seen, more than doubling the FY19 data point of 1.2% that was presented in the original DoN.
- MGH estimates that approximately 10% of these FY23 patients would have been admitted, meaning more than 500 patients further delayed or avoided care.

Interventions to Assist with ED Boarding

In addition to adding beds, the Holder has incorporated the following methods to assist with ED Boarding issues:

- MGH agreement with Cambridge Health Alliance
- MGH Home Hospital Program
- MGH Capacity Leader
- Construction of 17 bays adjacent to the Emergency Department

Other Proposed Conditions

1. The Holder must provide the number of patient days associated with these delays for the Medical/Surgical population.
2. The Holder must report on the Secondary and Tertiary admissions in the annual Post DoN reporting for the original project.

If the Proposed Change is approved, the Holder will include the additional 94 beds in all Post DoN reporting Conditions and Outcome Measures data for the original project.

Impact on Cost

- No renovation or further construction
- Minor one-time operational expenses
- Overall operating expenses projected at neutral or net positive as staffing levels will not change

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

**Next Regular Meeting:
May 15, 2024**