

**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of February 14, 2018**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**PUBLIC HEALTH COUNCIL  
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
Henry I. Bowditch Public Health Council Room, 2<sup>nd</sup> Floor  
250 Washington Street, Boston MA**

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**Docket: Wednesday, February 14, 2018 - 9:00 AM**

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**1. ROUTINE ITEMS**

- a. Introductions
- b. Updates from Commissioner Monica Bharel, MD, MPH
- c. Record of the Public Health Council January 10, 2018 Meeting **(Vote)**

**2. DETERMINATIONS OF NEED**

- a. AdCare, Inc. application for a transfer of ownership to AAC Holdings, Inc. **(Vote)**
- b. Partners HealthCare, Inc. application for a transfer of ownership with respect to the change in corporate control of the Massachusetts Eye and Ear Infirmary (MEEI). **(Vote)**

**3. INFORMATIONAL PRESENTATIONS**

- a. Informational presentation – Preventing foodborne illness: an example of a coordinated public health response.

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*The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council's meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.*

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### Public Health Council

**Attendance and Summary of Votes:**

Presented below is a summary of the meeting, including time-keeping, attendance and votes cast.

**Date of Meeting:** Wednesday, February 14, 2018

**Start Time:** 9:11am **Ending Time:** 11:40am

Board Member	Attended	Record of the Public Health Council January 10, 2018 Meeting (Vote)	AdCare, Inc. application for a transfer of ownership to AAC Holdings, Inc. (Vote)	Partners HealthCare, Inc. application for a transfer of ownership with respect to the change in corporate control of the Massachusetts Eye and Ear Infirmary (MEEI). (Vote)
Monica Bharel	Yes	Yes	Yes	Yes
Edward Bernstein	Yes	Yes	Yes	Yes
Lisette Blondet	Yes	Yes	Yes	Yes
Derek Brindisi	Yes	Yes	Yes	Yes
Harold Cox	Yes	Yes	Yes	Yes
John Cunningham	Yes	Yes	Yes	Yes
Michele David	Yes	Yes	Yes	Yes
Meg Doherty	Absent	Absent	Absent	Absent
Michael Kneeland	Absent	Absent	Absent	Absent
Joanna Lambert	Yes	Yes	Yes	Yes
Paul Lanzikos	Yes	Yes	Yes	Yes
Lucilia Prates-Ramos	Absent	Absent	Absent	Absent
Secretary Francisco Ureña	Absent	Absent	Absent	Absent
Alan Woodward	Absent	Absent	Absent	Absent
<b>Summary</b>	<b>9 Members Present, 5 Members Absent</b>	<b>9 Members Approved, 5 Members Absent</b>	<b>9 members approved, 5 members absent</b>	<b>9 members approved, 5 members absent</b>

## **PROCEEDINGS**

A regular meeting of the Massachusetts Department of Public Health's Public Health Council (M.G.L. c. 17, §§ 1, 3) was held on Wednesday, February 14, 2018 at the Massachusetts Department of Public Health, 250 Washington Street, Henry I. Bowditch Public Health Council Room, 2<sup>nd</sup> Floor, Boston, Massachusetts 02108.

Members present were: Monica Bharel, MD, MPH; Edward Bernstein, MD; Lissette Blondet; Derek Brindisi; Harold Cox; John Cunningham, PhD; Michele David, MD; Joanna Lambert and Paul Lanzikos.

Absent member(s) were: Michael Kneeland, MD; Meg Doherty; Lucilia Prates-Ramos; Secretary Francisco Ureña; and Alan Woodward, MD.

Also in attendance was Margret Cooke, General Counsel at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 9:11 AM and made opening remarks before reviewing the agenda.

## **ROUTINE ITEMS**

### **Updates from Commissioner Monica Bharel, M.D., MPH**

Commissioner Bharel began updates by giving a flu season update.

The Commissioner announced that they recently confirmed first influenza-associated pediatric death this year in the state. The child was under the age of 10 and lived in Essex County. The child's flu diagnosis was confirmed by clinical test and symptoms. She stated that this is a tragic reminder of how serious the flu can be and her heart goes out to this family and those who have lost loved ones this season.

Last flu season, there were two confirmed pediatric flu-related deaths in Massachusetts. As of Feb. 3, the US Centers for Disease Control and Prevention had reported a total of 63 influenza-associated pediatric deaths this flu season nationwide.

This flu season has been more severe than usual - locally and nationally - and we as a public health department are working hard to educate the public on steps they can take to prevent the spread of flu.

In Massachusetts, the flu season started early. It started back in November, and has since increased in intensity. The department has been working with our community partners to survey hospitals and clinics to assess the impact of the flu and flu-like illness on their ability to treat patients, on staffing levels and on supply stocks to determine ways that the state can be helpful.

Earlier this week, Commissioner Bharel joined Dr. Al DeMaria, state epidemiologist and medical director of BIDLS, to record a video blog urging people to talk to their healthcare providers if they think they have the flu and stay home if they are ill with a fever, a cough or sore throat. We have also encouraged people to get vaccinated, to wash their hands thoroughly and regularly, or use hand sanitizer and to cover their coughs and sneezes.

Flu is a very serious illness, particularly for the elderly and people with underlying health conditions. And every year, flu causes increased medical visits, hospitalizations, and unfortunately, even deaths. It should be taken seriously this year, next year and every year.

Following flu updates, the Commissioner announced that the fourth quarter opioid-related deaths report will be released following this meeting. And it contains some encouraging news. Opioid-related overdose deaths in Massachusetts declined in 2017 by an estimated 8.3 percent over 2016 figures, marking the first time in many years in which those deaths have declined year over year.

This is the third consecutive quarterly report where the number of estimated and confirmed opioid-related deaths declined.

Following the Commissioner's opioid presentation, she announced that they launched a public awareness campaign targeting Latino parents of teens. The aim of the campaign is to raise awareness about prescription opioid addiction and help Latino parents learn how to talk about the dangers of opioid misuse with their kids. This new campaign includes a Spanish-language television spot which is airing on Spanish TV outlets in Boston and Springfield and also includes digital, YouTube, and Facebook ads. The Department has also produced a Spanish-language version of the Stop Addiction Before It Starts brochure which provides guidance to help parents get the conversation started with their teens.

Commissioner Bharel then noted that the Bureau of Substance Addiction Services, is providing grants to Houses of Corrections to make available medication-assisted treatment and recovery services to people who are incarcerated and have an opioid use disorder.

This month the program expanded to include the Suffolk County House of Correction, making it the sixth correctional facility to offer re-entry treatment and recovery services. The other five Houses of Correction are in Bristol, Franklin, Hampden, Middlesex and Worcester counties.

Our data shows us that when someone is released from incarceration they are at an incredibly high risk of overdose. In fact, last year's Chapter 55 report showed that the opioid-overdose-death-rate is 120 times higher for people recently released from incarceration compared to the rest of the adult population.

The population is now receiving this critical lifeline - access to medication-assisted treatment, case management services to facilitate a successful transition from a correctional services environment back into the community, and links to community-based treatment and recovery support services.

The Commissioner then gave personnel updates. Ron Benham, current Director of the Bureau of Family Health and Nutrition will be retiring after 35 years with the state and 9 years here at DPH. She asked the

Council to join her in thanking Ron for his years of dedicated service to the health and wellness of children and families throughout the Commonwealth. Ron's commitment to public service is inspirational. Ron's last day with DPH will be Friday, February 27th.

Craig Andrade, LATC, RN, DrPH, will be assuming the role of Director for the Bureau of Family Health and Nutrition on Tuesday, February 20th. Craig is currently the Director of the Division of Health Access (DOHA) within the Bureau of Community Health and Prevention.

Eric Sheehan, Director of the Bureau of Healthcare Safety and Quality, will be leaving DPH on February 23rd for a position in the private sector. Assistant Commissioner Elizabeth Chen will serve as Interim Bureau Director while we conduct a search for a new Bureau Director. She asked the Council to join her in thanking Eric for his contributions while serving as Bureau Director, including the successful launch of the updated PMP system.

Tom Land, Director of Special Analytic Projects for the Office of Population Health, will be leaving DPH on Feb 20th for a position at UMass Medical School. The Commissioner thanked him for all of his work while at the Department, especially on the ground-breaking Chapter 55 Report.

Dr. Al DeMaria, Medical Director, State Epidemiologist Bureau of Infectious Disease and Laboratory Sciences will be retiring at the end of June after serving the Department for decades. For many if not all of us, Dr. DeMaria has been the face of infectious disease and an institution at the Department, and we are grateful for his dedication over the years.

The Commissioner concluded her updates by asking the Council if they had any questions regarding her updates.

Dr. David thanked the Commissioner and the Department for their work in assisting with the opioid curve trending downward. She inquired if the Department was making efforts to address the distribution of opioids from pharmaceutical companies.

Commissioner Bharel replied from a pharmaceutical standpoint, the Drug Formulary Commission has come up with a list of non-opioid equivalents and drug deterrents. They also work with drug manufacturers as part of a drug take back program and she noted she can bring more details about that at a future meeting. She also briefly discussed prescribing practices.

Dr. Bernstein discussed the increase in heroin use and noted the need to teach prescribers how to discuss addiction with those at risk.

Ms. Blondet noted that more community health workers have become trained to use naloxone. She mentioned that it would be beneficial to do a targeted approach so that they can collect data on the work that community health workers are doing in the field.

Commissioner Bharel replied that Ms. Blondet raised an excellent point and that they are an important part in the spectrum of care.

Mr. Lanzikos discussed the need for more education on the drug take back program.

The Commissioner discussed the role of various groups in drug take back program.

With no further questions, the Commissioner proceeded with the docket.

## **1. ROUTINE ITEMS**

### **c. Record of the Public Health Council January 10, 2018 Meeting (Vote)**

Commissioner Bharel asked if any members had any changes to be included in the January 10, 2018 meeting minutes.

Seeing none, the Commissioner asked for a motion to accept the minutes. Mr. Lanzikos made the motion and Ms. Blondet seconded it. All other present members approved.

## **2. DETERMINATIONS OF NEED**

### **a. AdCare, Inc. application for a transfer of ownership to AAC Holdings, Inc. (Vote)**

The Commissioner then invited Nora Mann, Determination of Need Program Director, and Rebecca Rodman, Deputy General Counsel, to the table to review the DoN staff recommendation for AdCare, Inc.'s application for a transfer of ownership to AAC Holdings, Inc.

Upon the conclusion of their presentation, the Council was asked if they had any questions or comments.

Representatives of the applicant were also available to answer any questions.

Dean Cox asked for clarification on factor 3.

Ms. Mann replied that factor 3 speaks to compliance and will be more relevant as we move forward because it's not only compliance with other regulatory protocols but will also require a review of existing determinations of need.

Dean Cox then asked if this applies to all AdCare facilities or just the facility in Worcester.

Ms. Mann replied that AdCare has a variety of facilities both in Rhode Island the Commonwealth. Some of the facilities in Massachusetts are not subject to determination of need.

Dean Cox then asked what AdCare's role after this transfer.

Ms. Mann replied that this is a stock transfer and deferred questions about the operations to the applicant.

Dean Cox then asked for clarification on why HPC had not done a market review..

Ms. Mann replied that certain healthcare transactions in Massachusetts must file a notice of material change with the Health Policy Commission. If HPC decides that the transaction is likely to have material effect on costs and markets in the Commonwealth they may issue a cost and market impact review. In this case, HPC declined to go forward the cost and market impact review.

Dean Cox then asked what changes can be expected in the service delivery with this transfer.

Ms. Mann deferred to the applicant but did note that in the application they made it very clear that there is no intent to change the nature of the services or the people for whom the services are being provided.

Ms. Mann and Ms. Rodman were then joined by Michael Cartwright, CEO and Chairman of American Addiction Centers; Dr. Tom Doub, Chief Clinical Office and Chief Compliance Office for American Addiction Centers; Dr. Patrice Muchowski, Senior Vice President of Clinical Services for AdCare; and Jeffrey Hillis, President and General Counsel for AdCare.

Dean Cox then asked what changes would occur in terms of delivery of services.

Mr. Cartwright noted that in terms of management they are excited that the AdCare team will be joining American Addiction Centers. He noted that Jeff Hillis, will remain president of AdCare.

Mr. Hillis also stated that he believes this is an opportunity to do effective research, outcome measurements and studies. He also discussed how AAC shares their passion for treating individuals who suffer from these disorders.

Dr. Doub also discussed the use of technology and how they can improve treatment by utilizing it.

Mr. Lanzikos asked if there were any negative reviews of AAC that have affected their operations in the past.

Mr. Cartwright said while operating in 10 states he has never been suspended of license or had issues with government officials.

Mr. Brindisi asked how do they intend to work with Massachusetts' data analytics team so that there is proper trend analysis.

Dr. Doub informed him of how data is integral and how they currently use it.

Mr. Brindisi then asked about community engagement and what their intentions are.

Mr. Hillis informed him that they are working with various stakeholders both community and government based.

Dr. Muchowski also noted that community engagement is something that they are active in all the time. She discussed various programs they have been involved in and that AAC will continue to support them.

Dr. David asked if the applicant can report back in a year or two to assure services have continued to be provided.

Ms. Rodman replied that with the new DoN regulations they will be reporting back yearly and that they can add this to the list of measures for their report. She also informed them that there are consequences to not complying as it would compromise future DoNs.

Ms. Blondet inquired about their use of Medicare/Medicaid.

Mr. Cartwright informed her that in his previous work experience he has worked with Medicare/Medicaid however, this is AAC's first foray into Medicare/Medicaid.

Dean Cox then echoed Dr. David's concern about services continuing.

Dr. Bernstein followed up discussing copays and the concern in assuring patients have access to treatment programs.

Mr. Cartwright discussed cost savings from billing, IT services, marketing and how AdCare spent time researching AAC.

Mr. Hillis noted that the tools used to save costs will not affect quality of service.

Mr. Lanzikos asked what name will they be operating under in Massachusetts.

Mr. Hillis replied that they will continue to utilize the AdCare name.

Ms. Blondet asked if they had partnerships with the 18 ACOs.

Mr. Hillis replied that they will be serving as an affiliated partner for behavioral health community partner services.

They then discussed an ACO update in the regulation.

With no further questions, Commissioner Bharel asked if there is a motion to accept the staff recommendation for approval of AdCare, Inc.'s application for a transfer of ownership to AAC Holdings, Inc.

Dr. David leaves the room at 10:17am and returns at 10:19am.

Mr. Lanzikos made the motion, Ms. Blondet seconded the motion. All present members approved.

## **2. DETERMINATIONS OF NEED**

### **b. Partners HealthCare, Inc. application for a transfer of ownership with respect to the change in corporate control of the Massachusetts Eye and Ear Infirmary (MEEI). (Vote)**

The Commissioner then asked Ms. Mann to present the staff recommendation for Partners HealthCare, Inc.'s application for a transfer of ownership with respect to the change in corporate control of the Massachusetts Eye and Ear Infirmary (MEEI).

Joining Ms. Mann and Ms. Rodman was John Fernandez, President and Chief Executive Officer (CEO) of Massachusetts Eye and Ear; CarolAnn Williams, Chief Financial Officer and Vice President of Finance and Administration of MEEI; Peter K. Markell, Executive Vice President of Administration and Finance, Chief Financial Officer and Treasurer of Partners HealthCare; and David Torchiana, M.D., President and Chief Executive Officer of Partners HealthCare.

Dr. David discussed a policy in which patient's appointments are canceled if they are more than 3 times by 15 minutes late. She discussed concerns with lack of access for patients utilizing public transportation.

Dr. Torchiana stated that he is not aware of the policy and it is not a Partners policy. He said that if this policy exists it's probably practice specific but is not a Partners policy and will not be a MEEI policy.

Dr. David refuted his statement and brought up personal experience.

Dr. Torchiana stated that he will look into it.

Ms. Lambert asked if they can speak to where Partners stands in incorporating an ACO model.

Dr. Torchiana replied that they are one of the pioneering ACO and will be one of the larger Medicare ACOs as of March 1<sup>st</sup>.

Ms. Lambert asked if he sees any obstacles to extending the service.

Dr. Torchiana replied that they are not quite sure how the state ACO structure will play out or how closed or open the networks will be. They're interested in having patients from other networks.

Dean Cox asked how they can assure the things that Partners is noting will actually occur.

Ms. Rodman replied that going forward, if this is approved, and if reports show that they are not complying for reasons that are not external then the Council is capable to penalize them.

Mr. Markell reaffirmed the importance of building credibility with the Council and the importance of following the conditions that were set.

Dr. Bernstein asked what are the market forces that put MEEI in the situation where they need to go to Partners.

Mr. Fernandez replied that they have gone from 4 sites to 19 in the last 7 years and to continue to serve the state and region they decided they would need a partner to help them provide services and negotiate for the best terms for their patients.

Ms. Lambert asked if there were any larger benefits to the community and if any outreach would be spread to additional communities in need.

Mr. Fernandez replied that it's an opportunity to expand using Partners real estate.

Mr. Lanzikos asked if there was any indication that there would be an adverse effect on other organizations.

Ms. Mann replied that that was not a part of their analysis because it is not one of the factors. In terms of cost and market impact review, they were looking at the impact of the transaction of the market overall but did not reference any other specific providers, facilities or systems.

Ms. Williams further discussed their role in in patient business.

Ms. Blondet steps out at 11:11am and returns at 11:14am.

With no further questions, the Commissioner asked if there is a motion to accept the staff recommendation for approval of Partners HealthCare, Inc.'s application for a transfer of ownership with respect to the change in corporate control of the Massachusetts Eye and Ear Infirmary (MEEI).

Dr. Cunningham made the motion, Mr. Lanzikos seconded it. All present members approved.

## **2.INFORMATIONAL PRESENTATIONS**

### **b. Informational presentation on DPH and Local Public Health Collaboration**

Commissioner Bharel then invited Kevin Cranston, Assistant Commissioner and Director of the Bureau of Infectious Disease and Laboratory Sciences, and Jana Ferguson, Director of the Bureau of Environmental Health, to the table. Last month the Commissioner highlighted the excellent work of BIDLS and BEH that lead to the discovery of a new Salmonella strain while investigating raw frozen coconut meat and, ultimately, a decision by the distributor to recall all of the lots of product sold between January 3, 2017 and January 3, 2018.

Mr. Brindisi leaves and does not return at 11:30am.

Due to timing and to maintain quorum, no questions were asked by the Council following their presentation.

The Commissioner asked for asked for a motion to adjourn. Dr. Bernstein made the motion Ms. Blondet seconded it. All present members approved.

The Commissioner reminded the Council that the next meeting is Tuesday, March 6, 2018 at 9AM.

The meeting adjourned at 11:40AM.

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