

MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of February 13, 2019

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

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

Docket: Wednesday, February 13, 2019 - 9:00 AM

1. ROUTINE ITEMS

- a. Introductions
- b. Updates from Commissioner Monica Bharel, MD, MPH.
- c. Record of the Public Health Council January 9, 2019 Meeting. **(Vote)**

2. PRELIMINARY REGULATIONS

- a. Informational briefing on proposed amendments to 105 CMR 700.000, *Implementation of M.G.L. c. 94C.*

3. PRESENTATIONS

- a. Update on Quality Initiatives in Nursing Homes
- b. Overview of the Registry of Vital Records and Statistics

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.

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 13, 2019

Start Time: 9:14am **Ending Time:** 11:13am

Board Member	Attended	Record of the Public Health Council January 9, 2019 Meeting (Vote)
Monica Bharel	Yes	Yes
Edward Bernstein	Yes	Yes
Lissette Blondet	Absent	Absent
Derek Brindisi	Yes	Abstained
Harold Cox	Yes	Yes
John Cunningham	Yes	Yes
Michele David	Yes	Abstained
Meg Doherty	Absent	Absent
Michael Kneeland	Absent	Absent
Joanna Lambert	Yes	Yes
Paul Lanzikos	Yes	Yes
Lucilia Prates-Ramos	Yes	Abstained
Secretary Francisco Ureña	Yes	Yes
Alan Woodward	Yes	Yes
Summary	11 members present, 3 members absent	8 members approved, 3 members absent, 3 members abstained

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 13, 2019 at the Massachusetts Department of Public Health, 250 Washington Street, Henry I. Bowditch Public Health Council Room, 2nd Floor, Boston, Massachusetts 02108.

Members present were: Monica Bharel, MD, MPH; Edward Bernstein; Harold Cox; John Cunningham, PhD; Derek Brindisi; Michele David, MD; Secretary Francisco Ureña; Paul Lanzikos; Joanna Lambert; Lucilia Prates-Ramos and Alan Woodward, MD.

Absent member(s) were: Lisette Blondet; Meg Doherty and Michael Kneeland, MD.

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

Commissioner Bharel called the meeting to order at 9:18 AM and made opening remarks before reviewing the agenda.

1. ROUTINE ITEMS

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

Commissioner Bharel began by highlighting some of the public health work that is taking place at the Department and across the state including a student and resident of Pappas Rehabilitation Hospital. A young man, 18 year old Dylan Fasano, has muscular dystrophy and recently had a wish granted, through the Make a Wish Foundation. Dylan received tickets to go see the Patriots at the Superbowl.

Commissioner Bharel announced the national Addiction Policy Forum recently recognized seven Massachusetts innovators for their transformative work to prevent and treat addiction. Awardees included educators, law enforcement, and clinicians – including our own Dr. Bernstein for developing and continuing to run Project ASSERT (Alcohol and Substance Abuse Services, Education and Referral to Treatment). The program, which originated in the 1990s, provides treatment and care to individuals who present in an emergency department with signs of substance misuse. In fact, this pioneering model bears resemblance to some of the key tools in the CARE Act, signed by Governor Baker last year. Project ASSERT now collaborates with local partners to train patients, families, and friends in overdose recognition and response; and became a key part of Boston Medical Center’s Opioid Urgent Care Center. Commissioner Bharel asked the council to please join her in congratulating Dr. Bernstein for these efforts.

Commissioner Bharel also highlighted the H1 budget overview and at the end of January, Governor Baker released his budget proposal for FY2020. The proposal ensures DPH is able to carry out our mission-critical functions and includes several important additions. The budget includes a new childhood lead poisoning prevention trust fund, and invests \$2.7M for lead poisoning prevention in FY20. This funding will allow us to implement a comprehensive childhood lead prevention effort among those most vulnerable to lead exposure, a key part of the important regulatory changes you all were

instrumental in codifying. In addition, Governor Baker included a 40% excise tax on vaping products and a 13.75% retail tax on electronic cigarettes, which build on passage of last session's comprehensive Tobacco 21 law. The budget proposal would also require opioid manufacturers to pay a 15% tax on all opioid drug products sold to Massachusetts, which will be used to support substance use disorder treatment and prevention efforts. The last piece to highlight is language that allows voluntary contributions from third party payers and administrators to the Vaccine Purchase Trust Fund. While the trust is funded through a required surcharge on health insurance carriers in the Commonwealth, this change will enable DPH to accept funding from other sources (such as federally funding health insurers) that wish to reimburse the state for providing this vaccination program. (The amendment is expected to garner \$3.5M-\$4M.)

Commissioner Bharel also highlighted the statewide HIV alert by DPH that issued an alert to all Massachusetts healthcare providers regarding a statewide outbreak of HIV infection in persons who inject drugs. Surveillance data indicate that new HIV infections attributed to injection drug use are increasing statewide. DPH and the CDC investigated an outbreak of HIV infection among persons who inject drugs in Lowell and Lawrence involving over 150 cases between 2015 and 2018. Since mid-November 2018, a small cluster of new infections attributed to injection drug use has been identified in Boston, as well as a possible cluster in Worcester. DPH is asking all health care providers to enhance vigilance for, increase testing of, and rapidly report to DPH new HIV infections in persons who inject drugs. I can't stress enough that prompt identification of cases and linkage to care not only improves clinical outcomes, but is critical to reducing HIV transmission. The council member will receive a copy of the alert.

Mr. Brindisi leaves at 9:23am

Commissioner Bharel also highlighted an article on opioid use disorder prevalence to be published in the February issue of the American Journal of Public Health. Commissioner Bharel authored this piece which highlights DPH's novel linkage of data across state government enabling them to truly understand the toll this deadly epidemic is taking on the people and the state. This linkage of data ultimately became known as the Chapter 55 report. The report showed us that opioid use disorder in Massachusetts was 4.6% in 2015, nearly 4 times higher than current national prevalence estimates – suggesting we may not fully understand the extent of opioid use disorder across the country. As you know, we have continued our monitoring in Massachusetts using these linked data sets. On the topic of opioids, we will now walk through the latest findings from our most recent quarterly opioid-related overdose death report being released to the public this week.

Mr. Brindisi returns at 9:25am.

Dr. David arrived at 9:31am.

Dr. Bernstein asked the Commissioner if it a multi substance picture that leads to death with fentanyl has entered the market.

Commissioner Bharel responded that most individuals have multiple substances on board with the opioid being the substance that leads to the actual death and fentanyl has taken over the illicit market that is leading to that sharp increase in deaths.

Dr. Bernstein asked about the EMS data that people are not calling EMS for the treatment of naloxone.

Commissioner Bharel responded that the opioid overdose and education programs for using naloxone and to encourage people to call for help.

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

1. ROUTINE ITEMS

c. Record of the Public Health Council January 9, 2019 Meeting (Vote)

Commissioner Bharel asked if any members had any changes to be included in the January 9, 2019 meeting minutes.

Commissioner Bharel asked for a motion to accept the minutes. Motion to accept minutes, Dr. Woodward made the motion and Dr. Bernstein seconded it. Dr. David, Mr. Brindisi and Ms. Prates Ramos abstained. All other present members approved.

1. Preliminary Regulations

a. Informational briefing on proposed amendments to 105 CMR 700.000, Implementation of M.G.L. c. 94C.

Commissioner Bharel invited Jim Lavery, Director of the Bureau of Health Professions Licensure, Lauren Nelson, Director of Policy and Regulatory Affairs for the Bureau, Diane Barry, Deputy General Counsel, and Rebecca Rodman, Deputy General Counsel, to present proposed amendments to the Department's drug control regulation for implementing parts of the CARE Act.

Mr. Lavery introduced David Johnson, Director of Drug Control Program which includes the prescription monitoring program.

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

Dr. David asked how we work around issues of clinical notes not being seen by all practitioners.

Ms. Nelson responded the clinical notes will remain in the facility system.

Mr. Brindisi asked if naloxone carriers can exchange expiring naloxone drugs between communities.

Ms. Nelson responded yes, instead of allowing the unused naloxone to expire, it can be exchanged to another community for use.

Mr. Brindisi asked what is defined as a non-municipal public agency.

Ms. Nelson responded a state agency, or a federal agency.

Mr. Brindisi asked if a private ambulance service could go through that process to use the expiring naloxone exchange.

Ms. Nelson responded that several groups obtain a MCSR through contract with BSAS in order to purchase through the naloxone trust fund.

Mr. Brindisi asked if a private EMS service can go through that same process.

Ms. Nelson stated yes.

Dr. Woodward is there the potential to have a centralized communication mechanism for naloxone use before expiration.

Ms. Nelson we could look into that with other agencies through the trust fund or SOPS and we are aware that is an issue.

Dr. Woodward if it is a significant issue there should be some communication methodology.

Dr. Cunningham asked (re: PMP in EHR) if a system could look at protocol for care in the system or just specific patients.

Ms. Nelson clarified it would depend on the data use agreement. The intention is to improve patient care.

Commissioner Bharel asked about systems related to equate individual prescriber to the system and would like to see enhancements for ease of use.

Dr. Bernstein stated that the current system is difficult to use with many steps, and asked how the system is going to correct these issues.

Ms. Nelson stated that the language will allow for further integration that will automatically import data into a clinical note to EMR

Mr. Lavery stated the goal is to increase patient care and ease of access, he referred to David Johnson for further clarification.

David Johnson, Director, Drug Control Program

Mr. Johnson stated with the integration option available, a clinician can pull the patient's PMP report with one click directly from the patient's electronic medical record without logging on to MassPAT and entering the patient's name and date of birth each time.

Commissioner Bharel stated that this is based on each hospital to will need to do work to integrate the PMP into the EMR at the hospital or system level due to security and once this is done it will then be integrated.

Dr. Bernstein would like to see prescription not only be written but filled and picked up.

Mr. Lavery stated that a pharmacy with a point of sale system will allow the prescriber to view that a prescription has been dispensed.

Commissioner Bharel clarified that this would be the prescription entered by the prescribers when entered into the PMP.

Dr. David asked what the cost of naloxone is and when will this regulation take effect and impact clinical care.

Ms. Nelson stated that the FDA is working hard to make it an OTC medication for accessibility and may not reduce the cost but can be covered by insurance.

Commissioner Bharel stated that the state level efforts realize the cost is high, and working on decreasing waste and allow nonprofits access.

Dr. David asked about the timeline of the regulation.

Ms. Nelson replied that it will depend on the public hearing, but that staff intended to expedite tweaks and issues that need refining.

Dr. Bernstein concerned about the cost and shortage of Naloxone and have better control of vital drug access.

Dr. Woodward stated naloxone \$20 to \$40 and Narcan \$130 to \$140 per dose.

Mr. Brindisi asked if the cost associated with exchange program of Narcan by a private ambulance service.

Ms. Rodman stated that they are working to produce guidance to extend within the limits but it distinctly says municipal and non- municipal agencies and it comes down to what is considered a non-municipal agency.

No further comments/questions.

1. Presentation

a. Update on Quality Initiatives in Nursing Homes

Commissioner Bharel invited Elizabeth Kelley, Director of the Bureau of Health Care Safety and Quality, Sherman Lohnes, Director of the Division of Health Care Facility Licensure and Certification within the Bureau, and Dr. Kate Fillo, Director of Clinical Quality Improvement within the Bureau, to the table for an overview and update on quality improvement initiatives within Massachusetts nursing homes.

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

Mr. Lanzikos commented the data doesn't present the full dynamic of population use of nursing facilities, such a rehabilitation purposes that is not captured in the presentation. Under the 5 elements for the spot process there is not inclusion of the uses of antipsychotics and individuals with cognitive impairments. And asked how many facilities have secured units for the residents with cognitive impairment and how many are in those environments.

Ms. Kelley responded that short stay and long stay residents include the population including rehabilitation residents and we are continuing to follow residents under 65 using nursing homes.

Commissioner Bharel asked if they have those numbers broken down.

Ms. Kelley stated they are working on the data. The nursing home does an assessment on residents initially and quarterly to capture the use of antipsychotics and gather data to identify issues. Data is also collected on falls and then further search for cognitive impairment that might be related to falls.

Mr. Lanzikos asked if there is an effective protocol and treatment for antipsychotic and anti-anxiety.

Ms. Kelley stated the state implemented a written consent form to any resident or guardian consent prior to antipsychotic use. There is a QI team of various groups to come up with best practices. There is an assessment of short and long stay on antipsychotic and MA has improved in this category.

Mr. Lanzikos asked about the area of providing care to individuals with cognitive impairment.

Mr. Lohnes responded that facilities operate for specialized care with requirement to file disclosure which we did and should hear back by March.

Mr. Lanzikos stated that the general concern is the importance of maintaining quality and the existence of nursing homes and commented on the current state of nursing homes in the commonwealth in terms of their viability.

Dr. Woodward asked how we advertise that this resource is available and is there information on it's utilization.

Dr. Fillo responded that there was a substantial improvement to the usability of the website that is easier to access and there are many requests for performance status, we work with stakeholders and advocacy groups for nursing home.

Dr. Woodward asked if there is any data on utilization.

Ms. Fillo responded they do not currently but working on it.

Dr. Woodward is there accessibility for the general public to get to the website.

Dr. Fillo is not easily available to the general public.

Mr. Lanzikos asked if there training of the staff and volunteers on the use of this tool.

Dr. Fillo stated yes.

Dr. Cunningham stated a concern about the medication error rate of 14 percent.

Dr. Fillo responded the medication error definition was a wide net for what was considered a medication error.

Dr. Cunningham asked what the standard medication error rate.

Dr. Fillo responded they are not sure, but will find out.

Mr. Lohnes responded if there is more than 5 percent error rate we get feedback once identified.

Secretary Urena asked if there is data of new nursing homes opening.

Mr. Lohnes responded there are not many in MA, more people are getting care at home.

Secretary Urena asked if there is any data of open nursing home beds, do you track open beds throughout the state.

Dr. Fillo responded data is gathered from assessments on a federal level and on occupancy.

Dr. Bernstein asked if these five areas can be added to and are the patients being followed in terms of nutrition and weight monitoring.

Dr. Fillo responded weight and nutrition is monitored and a comprehensive metric is also followed.

Commissioner Bharel the top five are based on this quality project but not limiting to only these five.

Dr. Fillo responded yes.

Dr. Bernstein asked if they can get the data on the performances and prescription medication data when the determination of need is drafted.

Dr. Fillo stated a circular letter was released on MAT in the nursing home environment as guidance and looking into technical assistance for MAT.

Mr. Lanzikos stated the decline in number of beds and concerned about the facilities in red that represents thousands of people that aren't in optimal care with such a vulnerable population and we owe them the best care possible.

With no further questions or comments, the Commissioner moved on to the final agenda item.

2. Presentation

b. Overview of the Registry of Vital Records and Statistics

Commissioner Bharel invited Abbie Averbach, Assistant Commissioner and Director of the Office of Population Health, Karin Barrett, Registrar for the Registry of Vital Records and Statistics, and Jim Ballin, Deputy General Counsel, to the table for an overview of the Registry.

Mr. Lanzikos asked if they collect or maintain records of undocumented immigrants.

Ms. Barrett responded no but would collect their birthplace.

Mr. Brindisi asked if they have seen a higher quality death certificate, specifically electronic, with a more accurate documentation

Ms. Barrett stated electronic death certificates have areas to edit and update more accurate information in order to classify causes of death. They are currently struggling with encouraging physicians to use these electronic records and are working with physicians to improve this process

Mr. Brindisi asked if they are engaging medical schools since they are our future physicians.

Ms. Barrett we are not doing that but would like to start and welcome any assistance. They created and e-module from the MA Medical Society that is available that needs updating but can be presenting to medical schools.

Dr. Cunningham asked about the process to digitize documents that are currently in paper.

Ms. Barrett responded that funding is required for this process and would be a multimillion dollar process.

Dr. David had gotten a paper death certificate from the funeral home, but not the electronic version and how can I get access to the electronic version.

Ms. Barrett stated providers would need to have an account on our system

Dr. David stated that information is not given to us.

Ms. Barrett stated that we need to disseminate that information again.

Ms. Averbach added that feedback is welcome for how best to focus efforts and funding and one of the reasons why we are presenting to the council.

Secretary Urena asked if veteran status is collected.

Ms. Barrett responded yes and it depends on the informant.

Secretary Urena asked if there social media prevalence.

Ms. Barrett responded their communication office is looking into getting a blog post.

Secretary Urena recommended considering and internship for spearheading a social media effort, perhaps a summer intern student.

Ms. Lanzikos asked how many employees are in the office and what type and if they track hospice and health care proxies.

Ms. Barrett responded that there are 38 staff members, public interaction, research, covering registration, operations, certified copies and vital statistics, but we are not sufficiently staffed. She added that they do collect the place of death to track hospice and we do not collect health care proxy data.

Dr. Bernstein asked how you can apply a change to these documents.

Ms. Barrett responded that the medical examiner can initiate a change without any barriers.

Dean Cox asked if she can expand on the issue of privacy and some challenges that area being addressed.

Ms. Barrett stated it is a challenge being one of the only open state records in the country, but there are some restrictions on records, such as risk factors need approval and covered by a statute. We do not give out files of birth certificates since they can change over time. There is a case being heard by the supreme judicial court that could affect this process.

Dean Cox asked if we the only state with open data.

Ms. Barrett responded that there are seven other states with open birth certificates and more with open death certificates.

Dean Cox asked if they are moving to change it.

Ms. Barrett responded that they are looking at that option to better protect privacy; we track certified copies and use security paper to prevent identity theft and fraud. We partner with other agencies to prevent fraud.

Dean Cox does that require legislative action.

Mr. Ballin stated it would require legislative change.

Dean Cox asked if there is interest in actively seeking legislative change.

Ms. Averbach responded that there are many statutes that need updating but might make sense to upgrade all at once to make broader improvements.

Dean Cox asked if there is a regulatory review process and are vital records included.

Mr. Ballin stated there were no regulations to review.

Dr. Woodward asked if there is there a website of vital statistics.

Ms. Barrett responded that there are recent reports online and working on getting older reports online.

Dr. Bernstein asked how social determinant of health, such as housing, can be built into vital records.

Ms. Barrett responded that they are interested in including other social determinants of health, but currently have some, interested in adding homelessness.

Commissioner Bharel commented that they are looking to connect vital data to other data across the department.

Ms. Averbach stated that there is an effort across the department but now we have the ability to link data through the public health data warehouse to and from other sources across the secretariat and beyond.

At the conclusion of the overview of the Registry presentation, Commissioner Bharel asked if there were questions or comments.

With no further presentations, the Commissioner reminded the Council that the next meeting is Wednesday, March 13, 2019 at 9AM.

She then asked for a motion to adjourn. Dr. David made the motion, Secretary Urena seconded it. All present members approved.

The meeting adjourned at 11:13AM.
