



BOSTON PUBLIC HEALTH COMMISSION

BOARD MEETING

JUNE 4, 2009

1010 MASSACHUSETTS AVENUE

HAYES CONFERENCE ROOM

MINUTES

Board Members Present:

Paula Johnson, MD, MPH
Ruth Ellen Fitch, JD, Celia Wcislo
Harold Cox, Elaine Ullian

Board Members Absent:

Hortensia Amaro, Ph.D., Vice Chair
Jack Cradock

Administration & Staff Present:

Barbara Ferrer, Ph.D., MPH, M.Ed,
Nancy Norman, MD, MPH
John Townsend, Maia BrodyField,
Nakisha Skinner, Mark Campbell, Timothy
Harrington, Beth Grand L'Heureux, Kim
Antonellis, Carol Fabyan-Takki, Sharyn
Imonti, Lourdes Orbinola, David Susich,
Gerry Byrne, Kate Sullivan, Richard Serino,
Jim Hooley, David Thomas, James Orsino,
Robert Morley, John Bilotas, Anthony
O'Brien, Dianne Cavaleri, Pam Jones,
Julie Webster, Ronnie Zuniga, Chuck
Gagnon

Guests:

Arlene Sather, Ryan McGovern, Jessica
Silva, Vanessa Taylor, Michael Fraheston,
Claudia, Millina, Cheryl Vincent, Fadekemi
Aryon, Scott Mason, Kerry Forkma,
Marilyne Jones, Melissa Hunt, Cherilyn
Paradis, Alex England, Patricia Layne

Dr. Johnson, MD, MPH, Chair, called the meeting to order at 4:10 PM on Thursday, June 4, 2009.

Acceptance and Approval of Minutes

Dr. Johnson invited a motion to accept the May minutes. The motion was made, seconded and approved.

Executive Director's Report - Barbara Ferrer

Barbara Ferrer, Executive Director, spoke briefly regarding various grants that were awarded to the Boston Public Health Commission. Dr. Ferrer reported that the Commission was awarded a five (5) year grant for its Boston Healthy Start Initiative Program and that the grant will be funded for 2.1 million. Dr. Ferrer stated that the grant funds will go a long way towards restructuring immortality.

Dr. Ferrer also reported on the strategic alliance grant which is a four (4) year grant awarded to the Commission's Communicable Disease Control/Infectious Disease Bureau for \$600,000.00. Dr. Ferrer said that the Commission will be rolling out the initiative in September 2009.

Dr. Ferrer gave an update regarding the Ryan White grant award. Dr. Ferrer stated that for the first time, the award has experienced a reduction. The Grant will continue to provide the same services.

Dr. Ferrer spoke regarding the activities on H1N1 and stated that the Commission has been absolutely swamped in the response to an explosion of influenza like illnesses in the City of Boston. Dr. Ferrer reported that 13 schools have been closed with some already re-opened and that attendance is back to normal. There is influenza-like activity reported in half of the schools. Dr. Ferrer said that we are trying to avoid closing the schools but the criteria is complex. The Commission is asking residents to stay home for seven (7) days if they have the flu.

Lastly, Dr. Ferrer stated that she would like to give thanks to everyone at the Commission for a tremendous job responding to H1N1. Dr. Ferrer said that the positive side in regards to H1N1 is that the Commission has done a great job in obtaining information.

Vote to Approve the BPHC FY 2010 Budget – John Townsend/Nakisha Skinner

Dr. Johnson invited a motion to vote to approve the Boston Public Health Commission's FY 2010 budget. The Motion was made, seconded and approved.

Yeas 5 Nay's 0 Absent 2

Proposed EMS Regulation – Rich Serino/David Susich

David Susich, Chief Labor & Employment Counsel, gave a brief update on the proposed Emergency Medical Services Regulation. Mr. Susich said that the proposed EMS Regulation consolidates the Boston Public Health Commission's four (4) current Boston EMS regulations into one regulation entitled Emergency Medical Services Regulation. The four regulations are the following:

- Private First Responders: Defibrillation;
- Special Assignment Details;
- Sudden Cardiac Arrest Reporting Program; and
- Quality Assessment and Improvement Reporting Program.

Proposed EMS Regulation – Rich Serino/David Susich

Rich Serino, Chief, Boston Emergency Medical Services, stated that the Quality Assessment and Improvement Reporting Program Regulation was passed in January 2007. This Regulation requires hospitals to provide information. All acute hospitals in the City of Boston that provide in-patient care and

treatment to patients shall provide health information regarding the diagnosis, condition and disposition of the patient for purposes of quality assessment and improvement.

Mr. Serino said that the Sudden Cardiac Arrest Reporting Program was passed in October 2004 and that there are 890 cardiac arrests each year. The Private First Responders Regulation was passed in April 1998. Mr. Serino stated that information regarding private first responders is collected from other agencies and that EMS has collected over 10 years worth of information. The Special Assignment Details Regulation is for special events. Mr. Serino said that there are 400 special events a year. Mr. Serino stated that the amended regulation looks at different scopes and areas with a little more input as to when events happen across the City.

Lastly, Mr. Susich gave a brief summary of the proposed amendments to the Special Assignment Details piece of the Regulation. Mr. Susich said that Boston EMS is the primary ambulance service for the City of Boston. The proposed regulation recognizes the role of the Commission as well as Boston EMS and describes the services and appropriate response times.

Mr. Susich said that “special events” is described as an event that has 5000 or more people. Events such as road races, festivals are outlined in the regulation. There is no mandate for special events. The process is modeled after the pre-existing regulations. There is a 15 day requirement to request assistance for special events. Any violation of the proposed regulation shall be subject to a fine of not less than one hundred dollars (\$100) nor more than one thousand dollars (1,000).

Board member Fitch asked if there is any provision for waiving the 15-day requirement. Mr. Susich replied, it is not written in the regulation but can be written in.

Board member Cox inquired as to the potential opposition of the proposed regulation. Mr. Serino said that there is no anticipated opposition as far as he can see.

Vote Regarding Proposed Emergency Medical Services Regulation – Nakisha Skinner

Dr. Johnson invited a motion to vote regarding the Proposed Emergency Medical Services Regulation. The Motion was made, seconded and approved.

Yeas 5 Nay's 0 Absent 2

Safety Net Providers – Elaine Ullian

Elaine Ullian, President and CEO, Boston Medical Center, gave a presentation regarding safety net providers. Ms. Ullian stated that Boston Medical Center is the only full-service hospital within the high poverty neighborhoods of Boston, providing specialty inpatient care, and both trauma and primary outpatient care within the ER.

Ms. Ullian said that health care reform revenue to Boston Medical Center is down by 21% which equals out to two hundred million dollars. Ms. Ullian stated that Boston Medical Center is the central provider of healthcare to the poor of Boston with the greatest population of non-privately insured patients of all Boston hospitals. 51% of Boston Medical Center's patients are poor. Boston Medical Center takes care of all the high poverty people in the City of Boston.

Ms. Ullian said that Boston Medical Center serves a patient population vastly different from other hospitals in Boston. 70% of the patients seen by Boston Medical Center are from low income families, elders, people with disabilities, minorities and immigrants represent the groups and are most likely to be effected by health disparities. Ms. Ullian stated that 150,000 patients are served each year and 65% come from Boston with residents concentrated in Roxbury, South End, Dorchester, South Boston, Mattapan and East Boston.

Ms. Ullian reported that Boston Medical Center has a partnership with 15 health care centers known as Boston Healthnet an urban health system. Ms. Ullian stated that 90% of primary care delivered is delivered in our health care centers.

Ms. Ullian also said that 72% of Boston Medical Center's revenue comes from government sources. BMC's cost increases averaged only 4% per year while payments fell dramatically below cost for the same volume of low income patients.

Board member Wcislo stated that a comparison showed that the whiter the neighborhood the lesser of chronic diseases. Board member Wcislo further stated "how do you care for racial disparities when most of the cuts have been in the lowest population areas". Board member Wcislo said that the cuts are a form of discrimination.

Richard Weintraub Day Center – Beth Grand L'Hereux

Beth Grand L'Hereux, Co-Director, Homeless Services Bureau, gave a brief presentation on the Weintraub Day Center. Ms. L'Hereux said the Center is located at the Woods Mullen Shelter site next to Boston Medical Center, Boston Healthcare for the Homeless, Cab Detox and the Commission's Outpatient Substance Abuse Services and Central Intake.

The Woods Mullen Shelter will be renamed the Richard Weintraub Day Center. Once construction is completed the Richard Weintraub Day Center will provide the following:

- Space for 100 individuals in the lobby and outside park area;
- Separate 24-hour bed area targeted for clients who are actively diverted from emergency care by the Boston Police Department Street Outreach Team;
- Ability to accommodate 50 overflow guests;
- Health clinic, private offices, meeting rooms, computer lab, shower & laundry facilities.

Ms. L'Hereux said that the Homeless Services Bureau is hoping to have a ground breaking ceremony sometime this month, but did not have a definite date as of yet.

Ms. L'Hereux said Woods Mullen Shelter currently provides emergency food, clothing and shelter to 190 guests each night. The shelter currently serves 500 homeless men and women daily. Ms. L'Hereux said that the Shelter was originally opened 24 hours a day, seven days a week until budget cuts changed the times. 59% of chronic street homeless have co-occurring substance abuse, mental health and other major medical problems. The average annual health care cost for individuals living on the street was \$20,436 compared to \$6,056 for individuals in the cohort who obtain housing.

Ms. L'Hereux stated that the homeless are more likely to be sick and most would prefer not to use emergency rooms unless clinically necessary due to feeling judged and unwelcome. The homeless are looking for secondary gains while in the emergency room, including:

- Safe, warm and dry place to rest;
- Food;
- 24/7 access to care.

Ms. L'Hereux said that in the summer of 2008 Boston Healthcare for the Homeless opened its flagship home in a four-story, 77,000 square foot building in Boston's South End. The Boston Police Department formed a two-person street outreach team to identify and assist chronic street people who are high utilizers of emergency services. In the fall of 2008 Boston EMS vacated the 3400 square-foot area adjacent to the Woods Mullen Shelter allowing for construction of a new day center. Ms. L'Hereux said

that in March of 2009 the Mayor announced the City's new "Leading the Way III" strategy, designed to reduce homelessness by 50% by 2012.

Ms. L'Hereuz stated that the Richard Weintraub Center would like to be a centralized service provider with the following goals:

- To improve the health and well being of chronically homeless individuals in Boston;
- To reduce the burden on hospital emergency departments and Boston EMS;
- To reduce homelessness by accessing affordable permanent housing for this population.

The Commission has invested \$67,000 to begin the first phase of renovations. The executed projected completion date is July 2009. The Commission will continue to identify other potential grant resources. A press conference will be held in the next month or so.

Dr. Johnson stated that she is continuously impressed with the depth of services the Commission provides.

Board member Fitch said that she is very impressed with the involvement of the Boston Police Department.

Dr. Johnson adjourned the meeting at 6:15 PM.