



**MINUTES FOR THE MEETING OF THE BOARD OF THE
BOSTON PUBLIC HEALTH COMMISSION
Thursday, March 26, 2015**

A meeting of the Board of the Boston Public Health Commission (“Commission”) was held on Thursday, March 26, 2015 in the Hayes Conference Room, 2nd floor, 1010 Massachusetts Avenue, Boston, MA 02118.

Board Members Present:

Paula Johnson, MD, MPH, Chair
Huy Nguyen, MD, Interim Executive Director
Harold Cox
Manny Lopes
Myechia Minter-Jordan, MD

Also Present Were:

John Townsend, Tim Harrington, Chuck Gagnon, Kathy Hussey, PJ McCann, Gerry Thomas, Lisa Conley, Brad Cohen, William Kibaja, Jeff Laughlin, Mary Steiner, Maeve Tobin, Hailey Koop, Cheri Epps, Nicole Bourque, Micky Tripathi, Doreen Corban, Maria Anidi, Maia BrodyField, Snehal Shah, Anne McHugh, Cindy Engler, Kaitlin McColgan, David Susich, Maria Gallego, Carolina Prieto, Nicole Daley, Martin W. Silk, Meghan Burke, Margaret Reid, and Vivien Morris.

Proceedings:

Chairwoman’s Comments

Paula Johnson, MD, MPH

- Dr. Johnson called the meeting to order at 4:08p.m. At this time, a call was placed to Ms. Wcislo so she could participate via conference call.
- According to Dr. Johnson, the Preliminary Screening Committee has met a number of times. We have screened a significant number of candidates and have interviewed a number of very impressive candidates. We’re moving along in the process, having discussions with the Mayor and his staff. We’ll be keeping you informed as the process moves forward. Dr. Johnson turned the meeting over to Dr. Nguyen.

Report from the Executive Office

Huy Nguyen, MD, Medical Director and

Interim Executive Director, Boston Public Health Commission

- Dr. Nguyen began with an update on the relocation of services displaced by the closures of the Long Island Bridge. In the past, he has extended his thanks to the staff that has remained committed and flexible in serving our clients during this difficult time. Today, he would like to thank Mayor Marty Walsh for his continued leadership and support, also the support of his cabinet chiefs, including Chief of Health and Human Services, Felix Arroyo, as well as the other cabinet chiefs at our sister agencies at City Hall who have been very supportive in helping us with our relocation of services.
- Phase II, the first floor of the Southampton Shelter is scheduled to be complete in July. We anticipate the opening of 66 additional beds earlier, in mid-April. We anticipate the entire first and second floor of the shelter building will be able to have over 400 beds. This will include relocating on the second floor two of our displaced programs: SOAR and Safe Harbor. We are very excited about the continued progress of the project.

- We've made significant progress in renovating space on our Mattapan campus that will provide a new home to two of our substance abuse programs. The relocation of Wyman Reentry and Transitions will provide up to 75 beds that had been displaced since the Long Island Bridge closure. We are excited to update the Board that next Friday, April 3rd will be having a public opening event of that building. This will include a brief speaking program at Noon and the space will be open and available until 3:00p.m. We will be very happy to provide you with additional details about that event. We anticipate receiving clients at this location sometime around April 13th.
- Dr. Johnson congratulated Dr. Nguyen knowing a lot of hard work has gone into figuring out short-term and long-term solutions and opening the new shelters. She congratulated the entire commission staff and thanked Dr. Nguyen for his leadership.

Acceptance and Approval of February 2015 Board Meeting Minutes

- Dr. Johnson asked for a motion to approve the minutes from the February 26, 2015 meeting. Mr. Cox and Dr. Minter-Jordan seconded the motion with no objections. The minutes were unanimously approved by the Board members in attendance.

Presentation/Final Vote: BPHC FY2016 Budget

John Townsend, Director of Administration and Finance

- Dr. Johnson noted it's been a long budget season, but we are coming to closure and thanked Mr. Townsend. Mr. Townsend hoped this was for the final time on the budget.
- Mr. Townsend stated that after the Board votes and approves our budget, the Mayor will submit the City Budget, which includes our budget, to the City Council for review. Then in May there will be a City Council hearing to discuss the public health services budget for the Commission.
- We submitted the Maintenance Budget with new initiatives. Mr. Townsend said he had good news to report. Basically the budget framework for FY2016 is as follows: overall our non-fixed costs increased by 6.3% due to the new initiatives the City has asked us to take on. City Hall did not implement any of the additional cuts we spoke of last month which is very good news.
- Also good news is that the City will be fully funding Long Island for us. Fixed costs will increase by approximately \$1.3 million as a result of increased pension (8%) and health insurance costs (5%). COLA will increase 3% effective July 2015 and January 2016 for all union and non-union employees. There is a projected increase of \$7.83 million in grant funding.
- In addition, the City funding for Long Island is \$1.7 million which will cover the ferry services and all the maintenance costs. The South End Fitness Center will be fully funded for FY2016. We anticipate having \$150,000 in revenue, but otherwise will be funded by the City.
- Another piece of good news: the Community Health Centers grants, both the Infant Mortality grants for the Community Health Centers will also be fully funded in FY2016. There will be no cuts to the Community Health Centers. As well as our proposal for funding from the Infectious Disease Bureau's grants, those will be fully funded and not cut at all for FY2016.
- One slight cut, unfortunately, that they did ask us to make was in the Community Initiatives Bureau. We had some consolidation of positions in the bureau including the elimination of one vacant FTE position (a \$47,000 savings). With EMS, we were able to add in a new Superintendent position, which you will see reflected in the FTE count (additional Command Staff).
- As previously stated, the City asked us to introduce some new initiatives and reforms for FY2016 which Mr. Townsend covered in detail last month. The first is a City-wide coordinated Safe Needle pickup and disposal under the APTRSS Bureau which will be up and running as soon as we get our vehicle; budget allowance \$57,800. The Overdose Prevention and Outreach Team under Rita Nieves will receive \$180,639.00 about two-thirds of what we asked for. There will be a bit of ramp-up time getting this underway and the reason why we got two-thirds of the funding.

- The Community Health Worker Skill Assessment initiative we proposed under the CHEC program for implementing training for community health workers received \$58,251.00 in funding. Hopefully, it will bring in some revenue for us. And it will also be an important resource for our communities.
- Finally, we had a realignment of substance abuse counseling in Emergency Homeless shelters in APTRSS/Homeless Services. There is no money attached to this initiative we were asked to continue. The total funding received from the City for these new initiatives is \$296,690.00 for FY2016. Unfortunately, they didn't fund some of our other initiatives, but given they didn't cut any others, this turned out well for us.
- Dr. Johnson thanked Mr. Townsend and commented this was remarkable given we had some initiatives that did not get funded. Perhaps at another point, we might talk about what those were. We reviewed them, but we should delve into them to understand what it is we would like to do, but aren't able to. She thought the exercise we had to go through around where to make the cuts and also justifying, in a new Administration, all aspects of our programming is a testimony to the work that all of us do every single day, the importance of that work, and the ability of the leadership to communicate the critical importance of that work.
- Mr. Townsend provided a graph of the final percentage breakdowns for the budget funding sources. Mr. Kibaja came up and went over a detailed chart showing how much each bureau would be funded by City of Boston Appropriations, Federal Grants, State Grants, and/or Billed/Other revenue sources. Our City of Boston Appropriation went up \$620,000.00 as a result of the funding for Long Island. Substance Abuse was increased to help fund the new initiatives, approximately \$200,000.00.
- Dr. Nguyen interjected by noting that the CHC appropriation from the City of Boston remains level funded from last year which is close to \$3.9 million. He added that this reflects the Mayor's understanding of the very important role of community health centers in promoting and protecting the health of Boston resident and basically supporting our Mission at the Boston Public Health Commission. Dr. Nguyen understands how questions arose about how that money gets allotted to different health centers. There is an interest by the Administration to consider a process of looking at that question.
- Mr. Lopes asked if the projected increase in grant funding of \$7.8 million was what we were anticipating or if it was committed. Mr. Townsend stated it is what we anticipate. Mr. Lopes asked if they were grants we had already applied for and waiting to hear back or if they are grants we identified and will be applying for. Mr. Kibaja responded those are grants that we currently have reason to believe we will receive and are included. There are other grants we've applied for but don't have reason right now to expect they will be funded. Mr. Lopes wanted to know if they were for programs already in place and if funding does not come through, would that mean additional cuts to those programs? Mr. Kibaja said yes, that would be the case.
- Lastly, Mr. Kibaja commented on the FTEs comparison by bureau between FY2015 vs. FY2016. We will have an additional 36 FTEs in FY2016, most as a result of the new initiatives in the APTRSS Bureau and one in the EMS Command Staff.
- Dr. Johnson asked if there were any additional questions. Mr. Lopes and Dr. Minter-Jordan had concerns about the Health Center funding. He and his colleagues in the Health Center communities wanted to thank the staff and everyone else for making sure that the work that they do is valued and that level funding means a lot to all of our programs.
- Mr. Townsend directed the Board to the actual cumulative budget package which details the \$163,373 and is broken down by Department History, which is the appropriations from the City and the External Funds Budget we have with regards to grant funding and other external funding we receive. This is the actual package you will be voting on today and is in your packets.
- Mr. Townsend asked the Board to review the Vote in their packets. Upon review, Dr. Johnson called for a motion to approve the FY2016 Budget for submission to the Mayor. Dr. Minter-Jordan and Mr. Lopes seconded the motion. There were no objections; vote was unanimously approved by the Board members in attendance.

VOTE TO APPROVE THE BOSTON PUBLIC HEALTH COMMISSION'S PUBLIC HEALTH SERVICES BUDGET FOR FY 2016

WHEREAS, on February 26, 2015 the Board considered and approved the Boston Public Health Commission's public health services budget for fiscal year 2016, prepared pursuant to Chapter 147 section 8(c) of the Acts of 1995 and submitted said budget to the Mayor of the City of Boston;

WHEREAS, the submitted budget was approved by the Mayor of the City of Boston and the net cost of said budget was included in the annual budget of expenses for the City of Boston and submitted to the City Council of the City of Boston;

WHEREAS, a copy of said Commission's Public Health Services Budget for fiscal year 2016 is attached hereto;

THEREFORE, the Board approves and adopts, the attached public health services budget, for the Boston Public Health Commission.

That on March 26, 2015 the Commission voted on the foregoing Resolution as follows:

YEAS- 4 NAYS- 0 ABSTAIN- 0 ABSENT- 3

Presentation/Update: Data Collection Regulation Implementation Task Force Report

Huy Nguyen, MD, Medical Director and Interim Executive Director

Micky Tripathi, PhD, MPP, President & CEO, Massachusetts eHealth Collaborative

- Dr. Johnson noted that the Data Collection Regulation Implementation Task Force has been a very long journey to where we are now. She knows there is a good working group and that progress has been made and we're excited to hear about it.
- Dr. Nguyen stated he would be joined today by Dr. Micky Tripathi, how is the President and CEO of the Massachusetts eHealth Collaborative. This non-profit organization was awarded a competitive bid to be our health information technology vendor to support the data collection regulation. We will hear more from Dr. Tripathi later in the presentation as to what their role will be.
- Dr. Nguyen first wanted to acknowledge and thank the internal staff who have been working on this project for a while which includes folks from Information Technology and Services, Office of Research and Evaluation, and our Legal Office: Jeanne Cannata, Doreen Corban, Mohaan Raaj, Elizabeth Russo, Snehal Shah, Tim Harrington, PJ McCann. A special thanks to our Board member Dr. Joseph Betancourt who has been leading this effort, for many, many years actually, but in a particularly time intensive way over the past year, and thank him for his leadership as well.
- Dr. Nguyen wanted to update the Board on the following: the Regulation, the Task Force Report, the Implementation Update, and the Implementation Timeline. The Data Collection Regulation was promulgated in June 2006 and required "all hospitals and community health centers in Boston to report demographic data and clinical data in order to identify disparities in health care quality, utilization, health outcomes and patient experience and to design quality improvement initiatives to address them".
- In March of 2008, hospitals began reporting race, ethnicity, preferred language, and highest education achieved for every encounter; it did not include health center data submission at that time. In September of 2013, the Boston Health Equity Measure Set ("BHEMS") was finalized and the implementation guideline was approved and published. A number of presentations to Stakeholders, including hospital leadership, were conducted in October and November of 2013. We also presented back to the Boston Health Equity committee on the implementation guideline.
- In December 2013 and again in January 2014, there were a number of Implementation Working groups with hospitals. It was here we recognized that the Implementation Guideline was extremely challenging for the hospitals and community health centers. In response to these challenges, the Board authorized us to form a Task Force (between March 2014 and March 2015) to develop recommendations that would

guide BPHC in the implementation of the data collection regulation and that these recommendations would be presented to the Board, which is part of what we are doing today.

- We did not wait for the Task Force to finish, but during those 12 months based upon what the Task Force was recommending and the conversations we had, the Commission did try to make some foundational progress implementations. In January of 2015, we awarded a competitive contract to the Massachusetts eHealth Collaborative to support the Quality Data System which is needed to implement the Data Collection Regulation.
- Dr. Nguyen wanted to acknowledge the Task Force which was Co-Chaired by Dr. Joseph Betancourt who was extremely engaged and active and extremely helpful and to thank him again for his leadership. We had active representation from all 11 acute care hospitals, including a representative who was approved by the Boston Conference, Ellen Hafer, Vice President of the Mass. League of Community Health Centers to represent the Community Health Centers.
- There were nine recommendations which Dr. Nguyen discussed in detail. First, hospitals and health centers should improve demographic data collection. Early on, over the course of our work, we presented analysis of demographic data we were receiving from 2008-2012 which showed there was a fair amount of missing demographic data - up to 20% for some hospitals.
- Secondly, multiple data submission data formats should be accepted. This is one of the challenges expressed by the hospitals and community health centers because they are in different stages of health IT and don't all have the same format. Third, the privacy and security of personal health information should be protected by industry-level standards of Health Information Technology ("HIT") security. All the hospitals and health centers expressed to us that they were stewards of Boston residents and the public's protected health information and wanted to ensure that to whomever the data was submitted, they have the highest levels of industry standard security.
- Fourth, the calculation of the BHEMS should be performed by an entity experienced with Electronic Health Record ("EHR") derived health information. The Commission will be receiving the raw clinical and administrative data directly and we are going to be doing the calculations in-house. It was acknowledged that to perform the level of quality analysis required by the regulation would require having available patient-level data and having an entity that has the experience and capability to handle that data. The hospitals and community health centers are interested in ensuring that the measures were calculated in a centralized way that would allow for an apples-to-apples type comparison, rather than each institution calculating their measures on their own then sending them out for an aggregate report. There was an interest in ensuring that if there was going to be blinded, peer benchmarking, that the comparisons could be made in a reasonable way.
- Fifth, when possible, BHEMS measures should align with other reporting initiatives, such as HITECH and the EHR incentive program, Meaningful Use, to reduce administrative burden. Institutions were very clear that they already do a lot of reporting that's expensive and burdensome. To the extent BPHC can align with ongoing reporting needs would reduce their administrative burden. Dr. Johnson wanted clarification as to whether or not this means to use measures that are in other reports? Dr. Nguyen explained that the Task Force acknowledges quality measures require a lot of work to create and develop and recommended we use measures that are broadly accepted. There is data out there being reported, but not for the purpose of regulation. Even though they are reported in other measures, it still affords an opportunity to do this kind of work.
- Sixth, in the development of the initial required BHEMS, feasibility should be prioritized; a process for future additional measure selection should be developed. Seventh, on a case-by-case basis, a waiver should be considered for a BHEMS measure pertaining to a service not offered by or a population not served by a hospital or community health center (CHC). Eighth, hospitals and health centers should have the opportunity to review and comment on their respective BHEMS prior to report release. Lastly, BHEMS reports should include blinded peer comparison. The recommendations fell into two buckets: one was around the quality measures; the other bucket around health information technology needed to implement the Regulation.

- With respect to the implementation of BHEMS and despite working together for a year, the Task Force was not able to recommend specific measures. Dr. Nguyen informed the Board that in their packets was a list of the 19 Measures included in the current BHEMS. The Task Force did suggest we align with 2014 CMS Meaningful Use eligible professionals and eligible hospitals Clinical Quality Measures (CQM); focus on clinical areas aligned with BPHC work; measure feasibility and maturity of these measures were considered. Ten of the measures relate to ambulatory care, while the remaining 9 relate to in-patient care.
- Dr. Minter-Jordan asked a question, in terms of reporting, if it was at the patient-level or if the information was an aggregate? Dr. Nguyen replied it was each encounter at the patient-level. Ms. Wcislo asked do the quality measures included anything as simple as are they assigned a primary care provider? Dr. Nguyen stated it is not included in these measures, but we did consider and discuss at length if there was a measure that could indicate some source of primary care provider. There are efforts at the national level to include in the EHR standards would support that exact question.
- Mr. Cox wanted to know if the question was only about collecting data or is it about establishing measures for improvement. Dr. Nguyen responded that it actually included both. Mr. Cox asked if it was one of the recommendations that as we are collecting data, we're also setting standards by which we hope the hospitals will also achieve as well. Dr. Nguyen said no, it's more of a benchmark.
- Dr. Minter-Jordan had questions/concerns regarding the rationale of data collection at the patient-level. Dr. Nguyen asked Mr. Tripathi to join in at this point. Mr. Micky Tripathi is from the Massachusetts eHealth Collaborative. A lengthy discussion ensued between the Board and Mr. Tripathi who explained that data for each patient builds with every encounter with that patient.
- Mr. Lopes commented that if these are measures that have already been defined and we are required to report out. Why would we go to that level of detail, assuming that we're all reporting correctly? Why perform those calculations when it could even be more challenging and even make our data, or anyone else's data, look incorrect? By allowing people to aggregate the data themselves, follow the standards that have been established, at least you could have some assurance that we're following the rules correctly. Dr. Nguyen countered saying that actually having the raw data allows us to understand the quality of that data, what's missing, what's not missing.
- Mr. Tripathi stated the company was launched in September of 2004, is a non-profit registered in the Commonwealth of Massachusetts, and is backed by a broad array of 34 non-profit MA health care stakeholders. He has been the only CEO since January 2005.
- Mr. Tripathi provided a chart depicting the BPHC Quality Data System Infrastructure. Children's, Beth Israel, Brigham & Women's, Bowdoin Street, Dimock, Fenway, Joseph M. Smith and South Cove Community Health Centers are also participants. He went on to explain the roles and responsibilities of BPHV, MAeHC and the participants.
- The cost components for participants and BPHC were broken down. Participant costs would include: one-time and annual maintenance cost of interface from clinical system; one-time and annual maintenance cost of transport, if applicable; annual cost of measure calculation, measure reporting to BPHC, and portal access. BPHC costs would include: one-time cost of creating BHEMS QDS, measure development, reporting dashboards and data extracts; one-time cost of customized, site-specific readiness assessments and implementation plans; one-time cost to set-up participant in BHEMS QDS including set-up of portal accounts; and one-time cost to validate participant CCD and establish connection.
- Quality Data System Implementation costs for BPHC would be as follows: BPHC's one-time QDS set-up cost \$185,050.00. The one-time data validation, connection and secure portal set-up costs: BPHC specified CCDA - \$3,500/participant; Custom format - \$11,000/participant.
- QDS Implementation costs for hospitals and community health centers would be: annual services for each hospital approximately \$9,000; annual services for each affiliated CHC in Boston approximately \$8,000; EHR vendor may charge and additional interface fee (varies by vendor estimate: \$10,000 - \$15,000).
- Mr. Tripathi went over the implementation timeline: April of 2015 - implementation guidelines to each hospital and community health center; September 1, 2015 - deadline for completion of readiness assessment; November 1, 2015 - deadline for submission of implementation plan; July 1, 2016 - deadline

for G-Live submission of data (data from January-June 2016); and July 15, 2016 - first internal BHEMS report.

- Dr. Nguyen and Mr. Tripathi believe with BHEMS there are opportunities to: identify and eliminate healthcare quality disparities city-wide; enhance public health surveillance; enhance program evaluation; provide local public health system research and more.

Adjournment

With no further business before the Board, Dr. Johnson thanked everyone for coming and adjourned the meeting at 6:00p.m.

Submitted by:

Kathy Hussey, Board Secretary