



Commonwealth of Massachusetts  
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

# Commissioner's Update

**Cheryl Bartlett, RN**  
**Commissioner of Public Health**

**Public Health Council**  
**June 18, 2014**



“The mission of the Massachusetts Department of Public Health is to prevent illness, injury, and premature death, to assure access to high quality public health and health care services, and to promote wellness and health equity for all people in the Commonwealth.”



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# Opioid Public Health Emergency





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On March 27, 2014, Governor Patrick declared a public health emergency in response to the opioid epidemic.

The Governor directed the Department of Public Health (DPH) to utilize the Executive Committee of the Interagency Council on Substance Abuse and Prevention to create the Opioid Task Force (Task Force).

On June 10, the Governor approved recommendations of the Task Force and DPH to reduce overdose events, prevent opioid misuse and addiction, increase the numbers of persons seeking addiction treatment, support persons recovering from addiction in our communities and map a long term solution to address opioid abuse in the Commonwealth



## PREVENTION

**Finding: There is a need for increased education for youth, families and prescribers**

- Education and Awareness campaign for targeting youth and families
- Enhanced education to prescribers through CME requirements
- Add up to five new Opioid Overdose Prevention Coalitions in high need areas



## INTERVENTION

### **Finding: Opportunities exist to improve safe prescribing and dispensing**

- Work with boards of registration to minimize diversion and misuse
- Require all prescribers to utilize the PMP more frequently
- Develop regulations and policies through health professional licensure
- Adopt Joint Policy Working Group recommendations



## TREATMENT

### **Finding: There is need for centralized services**

- Coordinated referral through central navigation system
- Establishing regional walk in assessment centers that could coordinate with central navigation as needed
- Develop and implement a public facing dashboard

### **Finding: Individuals and families report challenges in accessing services**

- Prioritize treatment for underserved populations
  - Families
  - Youth
  - Hispanics
- Address the geographic gap in Franklin County
- MATs- Expand OBOTS to include vivitrol at CHC's
- Add more CSS beds



## TREATMENT

### **Finding: Providers and Consumers express concerns about barriers to access**

- DPH and the Division of Insurance, in consultation with the Health Policy Commission, should conduct a comprehensive review of medical necessity criteria and utilization review guidelines for opiate abuse and addiction treatment
- Interagency Council on Substance Abuse and Prevention should expand its review of substance abuse issues to review interagency regulatory and operational barriers to treatment

### **Finding: Correctional facilities are an important site of care for opioid addiction**

- Enhance the DOC's and Sheriff Offices' continuum of care by increasing the availability of treatment for offenders at designated DOC facilities.
- Support the expansion of the use of injectable naltrexone for persons re-entering the community from correctional facilities



## RECOVERY

**Finding: There is a need for peer support in the recovery process.**

- Develop a peer to peer support network

**Finding: There is a need for expanded recovery services across the state.**

- Augment the capacity of Recovery Support Centers by expanding hours to include nights and weekends and by adding new Recovery Support Centers
- Add a Recovery High School in Worcester area
- Add Learn to Cope chapters across the Commonwealth
- DPH also recommends developing and implementing a voluntary accreditation program for Alcohol Drug-Free Living housing, also known as sober homes.

# Strengthening DPH Infrastructure



# Strengthening DPH Infrastructure

- Shift from 10 bureaus and 2 offices to 8 bureaus and 5 offices
- Shift functions in Commissioner's Office
  - Program work placed in bureaus and offices
  - Commissioner's office focuses on coordination and support of cross-bureau work

# Strengthening DPH Infrastructure

- Office of Data Management and Outcomes Assessment (formerly Bureau of Health Information, Statistics, Research and Evaluation)
- Office of Health Equity
- Office of Preparedness and Emergency Management (formerly Emergency Preparedness Bureau)
- Office of Local and Regional Health
- Office of Health Policy Planning

# Changes

- Eliminate Bureau of Health Information, Statistics, Research and Evaluation
- Occupational Health and Injury Surveillance are moved to Bureau of Community Health and Prevention
- Remainder of BHISRE combined with Health Information Policy and Informatics to create new Office of Data Management and Outcomes Assessment

# Office of Data Management and Outcomes Assessment

- Need to make data more timely
- Need a strong infrastructure to serve department
- Need to create data warehouse that can combine a variety of datasets
- Need to create a network of epidemiologists, evaluators and researchers throughout the MDPH that facilitates learning, sharing and career growth

# Office of Data Management and Outcomes Assessment

- Health surveys
- Registry of Vital Records
- Cancer Registry
- Data warehouse/MDPHnet/ E-referrals
- Research Management
- Performance outcome measures
- Data source subject experts and technical writers
- Governance and Advisory Boards

# Office of Data Management and Outcome Assessment

- Data governance committee will be created to provide oversight and guidance in implementing improvement of collection, access, usage and reporting of data throughout the department
- Research advisory board that is composed of internal and external experts
- Institutional Review Board
- Peer Review Committee

# Data Collection Redesign

- House data in central location in order to make access across the Department easier
- Increase our reliance on data systems that have timely data feeds
- Revamp our reports to create a system with accurate “estimates” that don’t require data files be 100% complete (in virtually all cases 99% is sufficient)
- Streamline the work of our Institutional Review Board to allow for increased collaboration within the Department and with external academic partners.



# **Accreditation Efforts**

**Public Health Accreditation**

**HealthLead Workplace Accreditation**

# Public Health Accreditation

- Public Health Accreditation Board (PHAB) incorporated in 2007
  - Established to implement recommendations of IOM and workgroups supported by CDC, all major national PH organizations.
  - Performance improvement focus
  - State and Local Health Departments can apply for accreditation
  - MDPH is preparing to apply for accreditation in the fall of 2014

# Preparing for Accreditation

- Moving accreditation activities into Office of Health Policy Planning
- Creating new initiative around quality improvement and performance management to align with accreditation. This effort will be led by Associate Commissioner Madeleine Biondolillo, MD
- Creating a new position of Performance Management Manager for DPH
- Creating new Workforce Development Plan to prepare accreditation

# State Health Improvement Plan (SHIP)

- Setting **state priorities** for **improving** health of population
- Plan will be finalized this summer
- Plan to include measurable objectives and strategies
- Over 70 private and public sector stakeholders involved
- Advisory Council met four times in 2013 followed by three fall retreats

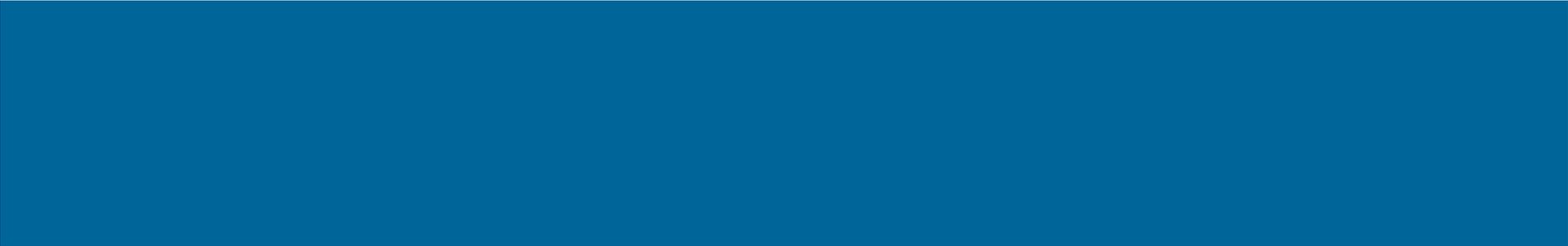


# Walking the Walk

- By serving as models of workplace wellness, state health agencies can help the United States move from an unhealthy worksite culture to one focused on healthy, active employees who are contributing to the overall effectiveness and productivity of their organizations
- HealthLead is an accreditation program that includes online assessment, onsite audit, and confirmation and blueprint for action

# Walking the Walk

- Will utilize funding from the federal Prevention Block Grant to hire a DPH worksite wellness coordinator to support wellness committees at all 15 DPH worksites
- Will begin to assess our wellness practices and readiness
- Plan to apply for HealthLead Accreditation in 2016



**Thank you**