

Massachusetts Health Policy Forum

Monica Bharel, MD, MPH Commissioner Massachusetts Department of Public Health Friday, January 11, 2019



Baker-Polito Administration



Governor Charlie Baker & Lieutenant Governor Karyn Polito



Health and Human Services Secretary Marylou Sudders

Department of Public Health Commissioner Monica Bharel



About DPH



1799 History of department dates to Paul Revere



8 Bureaus, 6 Offices

DPH covers a range of issues from birth until death



15 sites, 3000 employees

DPH is located across the Commonwealth, and partners with local boards of health



\$1 billion

Annual budget, comprised of federal, state, and grant funding



Prevention and Wellness – Health Access – Nutrition – Perinatal and Early Childhood – Adult Treatment – Data Analytics and Support – Housing and Homelessness – Violence and Injury Prevention – Office of Statistics and Evaluation – Childhood Lead Poisoning Prevention – Community Sanitation – Drug Control - Occupational Health Surveillance - PWTF - SANE Program -Interagency Initiatives – Planning and Development – Prevention – Problem Gaming – Quality Assurance and Licensing – Youth and Young Adults – Early Intervention – Children and Youth with Special Needs – Epidemiology **Program – Immunization Program – Global Populations and Infectious Disease** Prevention – STI Prevention – HIV/AIDS – Integrated Surveillance and Informatics Services - Clinical Microbiology Lab - Chemical Threat, Environment and Chemistry Lab – Childhood Lead Screening – Environmental Microbiology and Molecular Foodborne Lab – STD/HIV Laboratories – Biological Threat Response Lab – Central Services and Informatics – Quality Assurance – Safety and Training – Health Care Certification and Licensure – Health Professional Licensure – Office of Emergency Medical Services – DoN – Medical Use of Marijuana – Shattuck Hospital – Mass Hospital School – Tewksbury Hospital – Western MA Hospital – State Office of Pharmacy Services - Office of Local and Regional Health - Office of Health Equity - Accreditation and Performance Management – ODMOA – OPEM – HR and Diversity – Office of General Counsel - Office of CFO - Commissioner's Office



Massachusetts DPH will continue to be a national leader in innovative, outcomesfocused public health based on a datadriven approach, with a focus on quality public health and health care services and an emphasis on the social determinants and eradication of health inequities.



VISION Optimal health and well-being for all people in Massachusetts, supported by a strong public health infrastructure and healthcare delivery.

MISSION

The mission of the Massachusetts Department of Public Health (DPH) is to prevent illness, injury, and premature death; to ensure access to high quality public health and health care services; and to promote wellness and health equity for *all* people in the Commonwealth.

DATA

We provide relevant, timely access to data for DPH, researchers, press and the general public in an effective manner in order to target disparities and impact outcomes.

DETERMINANTS

We focus on the social determinants of health - the conditions in which people are born, grow, live, work and age, which contribute to health inequities.

EVERYDAY EXCELLENCE

PASSION AND INNOVATION

INCLUSIVENESS AND COLLABORATION

DISPARITIES

We consistently recognize and strive to eliminate health disparities amongst populations in Massachusetts, wherever they may exist.



Social Determinants

and recreation, political clout



CDC: Social Determinants of Health and Social Determinants of Equity, the Impacts of Racism on the Health of our Nation



CDC Health Impact Pyramid



AJPH 2010



A FOCUS ON HEALTH EQUITY



U.S. Infant Mortality Rate 2011



CDC Vital Statistics

Boston Neighborhoods with High Rates of Chronic Disease Hospitalizations



*2012 CHIA Hospital Discharge Data, age adjusted



*Boston Neighborhood Survey (BNS), 2008; Harvard Youth Prevention Center through Cooperative agreement with the CDC

Boston Neighborhoods with a High Rent Burden



* American Community Survey, 2008-2012, US Census Bureau

Boston Neighborhoods with Low Access to Healthy Food (mRFEI)



But put them all together and...









What else is going on in "the crescent"...



Place Matters



Map Source: 2011 Health of Boston Report Data Source: Census 2000, US Census Bureau

Estimated Racial/Ethnic Distribution, 2005-2009 (1 dot= 100 residents)



Redlining of Boston Neighborhoods



Redlining map retrieved from http://www.bostonfairhousing.org/timeline/1934-1968-FHA-Redlining.html







Case Study: Opioid Data

Analyzing data, determinants and disparities to produce good policy



Opioid-related overdose deaths declined in 2017 for the first time in 7 years – estimated 4 percent decrease from 2016





Opioid Related Overdose Death Rates





For the first 9 months of 2018, there were 1518 confirmed and estimated opioid-related overdose deaths, compared with 1538 in the same period in 2017





The proportion of fentanyl present in the toxicology of opioidrelated overdose deaths continue to rise and reached an all-time high of **90 percent** in the 2nd quarter of 2018





Between 2016 and 2017, confirmed opioid-related overdose death rate increased for Black non-Hispanics, decreased for White non-Hispanics and Hispanics

2014 2015 2016 2017 10% 151% 4% ↓ 8.4% 40 36.2 **153%** 196% 32.6 31.4 31.1 30.4 30.2 Age-adjusted Rates per 100,000 30 79.5% 24.0 19.6 20 16.4 15.4 11.2 10 White non-Hispanic All Black non-Hispanic Hispanic

Confirmed Opioid-Related Overdose Death Rates, All Intents, by Race and Hispanic Ethnicity



When analyzed by Gender and Race and Hispanic Ethnicity, non-Hispanic black males were the only group whose death rates increased by 44% between 2016 and 2017

Confirmed Opioid-Related Overdose Death Rates, All Intents, by Gender and Race and Hispanic Ethnicity



2014 2015 2016 2017





Chapter 55 Report & Data Brief



Background

An Assessment of Opioid-Related Overdoses in Massachusetts 2011-2015

Chapter 55 of the Acts of 2015 (Chapter 55) was passed by the Massachusetts Legislature and signed into law by Governor Charles D. Baker in August 2015. This law permitted the linkage and analysis of different government data sets to better understand the opioid epidemic, guide policy development, and help make programmatic decisions. Chapter 55 resulted in an in-depth report examining the factors driving the opioid crisis in Massachusetts. The law was reauthorized in Chapter 133 of the Acts of 2016, enabling this inprecedented analysis to continue supporting the Commonwealth's data-driven response to the opioid epidemic. This data brief highlights key findings from the second Chapter 55 report released in August 2017.

In the twelve months since the first Chapter 55 report was released in September 2016, nearly 2,000 Massachusetts residents have died of onioid-related coerdoses. The total number of deaths has increased five-fold in the last 20 years, but the rate of increase of opioid-related overdose deaths was particularly sharp between 2013 and 2014. The maps below show a graphic depiction of the increasing and spreading opioid crisis in Massachusetts between 2011 and 2015 (the darkening area on the maps below).

Increasing and Spreading Opioid-Related Overdose Death Rates in Massachusetts from 2011 to 2015



What is especially notable is the epidemic's rapid and insidious geographic spread throughout the Commonwealth. Almost every community is affected. Opioid-related overdose deaths and nonfatal opioidrelated overdoses are highest among younger males, but all population subgroups have seen increases in recent years. Individuals released from incarceration are also at high risk of death upon re-entering the community, but so too are individuals experiencing homelessness, veterans, mothers with opioid use disorder and individuals with serious mental illnesses



An Assessment of Fatal and

August 2017

RELEASED: August 201







Data Mapping





Chapter 55: Partners Coming Together

Academic

- •Brandeis University
- •Boston University
- •Brown University
- •Harvard Medical School
- •Harvard School of Public Health
- •Massachusetts College of Pharmacy and Health Sciences
- Massachusetts Institute of Technology
- •Northeastern University
- •Tufts University
- •University of Massachusetts Amherst
- •University of Massachusetts Boston
- •University of Massachusetts Medical School

Hospitals & Private Industry

- •Baystate Health
- •Beth Israel Deaconess Medical Center
- •Boston Medical Center
- •Brigham & Women's Hospital
- •Children's Hospital
- •GE
- •IBM
- •Liberty Mutual
- •Massachusetts General Hospital
- Massachusetts League of Community Health Centers
- McKinsey & Company
- •The MITRE Corporation
- •Partners Healthcare
- •PwC
- •Rand Corporation

State and Federal Government Agencies

- Boston Public Health Commission
- Center for Health Information and Analysis
- Department of Housing and Community Development
- Department of Mental Health
- Department of Correction
- Department of Public Health
- Executive Office of Health and Human Services
- Executive Office of Public Safety and Security

- Federal Bureau of Investigation
- High Intensity Drug Trafficking Area (NE)
- Health Policy Commission
- Massachusetts Sheriffs' Association
- MassIT
- Office of the Chief Medical Examiner
- State Auditor's Office



Opioid Use Disorder (OUD)

Estimated OUD Population Rises Significantly Between 2011-2015





Time From Initial Rx to Overdose Death





Treatment with Medication

Patients treated with methadone and/or buprenorphine (Opioid Agonist Treatment or "OAT" that block the effect of opioids) following a non-fatal overdose were significantly less likely to die; however, very few patients (~5%) engage in OAT following a nonfatal overdose.




Persons with Histories of Incarceration

Opioid Death Rate **120 Times Higher** for Individuals with Histories of Incarceration





Persons Experiencing Homelessness

Opioid Death Rate 30 Times Higher for the Homeless Individuals





Individuals with Serious Mental Illness

Very High Rates of Fatal Opioid Overdoses for Persons with Some Mental Health Diagnoses



*Among MassHealth members only



Pregnant and Postpartum Risk

Rate of Opioid Overdose Events Increase Sharply After Delivery for OUD Mothers





Governor Baker's Opioid Working Group: Prevention Intervention Treatment Recovery





Prevention Intervention Treatment Recovery









FOR HELP: 1-800-327-5050 (tty: 1-800-439-2370)

www.mass.gov/StateWithoutStigma



Parent Campaign Launched

- Rx opioid misuse
- Parents of middle and high school age kids
- Tips for how to start conversation







Safe Prescribing

- Rx 7-day limit
- Check Prescription Monitoring Tool
- Prescriber Education





New MassPAT Campaign

 Building awareness and promoting the use of the Massachusetts Prescription Awareness Tool



Core Competencies



- Medical Schools
- Dental Schools
- Advance Practice Nursing
- Physician Assistants
- Community Health Centers
- Social Work Programs





Prescription Monitoring Program – Data Trends



- Registered MassPAT providers conducted approximately 1.7 million searches in the third quarter of 2018, which represented an additional 57,000 searches over the previous quarter
- Approximately 246,000 individuals in Massachusetts received prescriptions for Schedule II
 opioids in the third quarter of 2018; this is a small decrease from the previous quarter and a 37%
 decrease from the first quarter of 2015



The rate of individuals with activity of concern decreased by 56 percent from 14.3 to 6.3 per 1,000 individuals between 2013 and 2017



II opioid prescriptions.

² "activity of concern" is defined as an individual who received prescriptions for one or more Schedule II opioid drugs from four or more different prescribers and had them filled at four or more pharmacies during the specified time period.

³ Activity of concern rates include only MA Residents



Prevention Intervention Treatment Recovery





Access to Naloxone (Narcan®)



- First Responders
- Bystanders
- Pharmacies
- Community Bulk Purchasing Program



EMS incidents Involving Naloxone Administration





Prevention Intervention Treatment Recovery





Treatment

- 800+ more Tx beds since 2015
- Ended use of prison for women with SUD
- Expanded Office
 Based Treatment
- Treatment for High-Risk Populations





Revamped Helpline

← → C ☆ B Secure https://helplinema.org	x 🔗 O	
👖 Apps b Suggested Sites 🏪 Free Hotmail 📋 Imported From IE 🛞 MassHR	Cther bookmark	
	الالان الحريقة المراجعة المراجع	Weiten LTE 201 PM imaheiplineonline.cust
	GET HELP HELP SOMEONE LEARN MORE ABOUT LOGIN	O HELPLINE
	HOPE ISHERE. FIND TREATMENT	Find Help Reserve instants free en en en en exertions below to find search are son en exertions below to find search are son en exertions are son en en exercises on our our extense to search or son cos on our extense exercises exercises exercises exercises exercises exercises exercises exercises exercises exercises exercises



Recovery

- 2000 + sober home beds certified
- Recovery Coaches
- Recovery Support in emergency rooms





Connect with DPH





Massachusetts Department of Public Health



DPH blog https://blog.mass.gov/publichealth



www.mass.gov/dph