THE DUKES COUNTY

Health Council

Meeting Minutes

Thursday, January 17, 2019

 Public Safety Building – West Tisbury

approved February 21, 2019

Members Present: Eleanor Beth, Leslie Clapp, Betsy Corsiglia, Vanileze Cortez, Cindy Doyle, Irene Bright Dumm, Rebecca Eldeiry, Julie Fay, Lila Fischer, Alan Ganapol, Tom Hallahan, Judy Jones, Michael Joyce, Sarah Kuh, Robert Laskowski, Marina Lent, Patsy McCornack, Paddy Moore, Megan Panek, Dan Pesch, Lena Prisco, Mary Jane Williams, Megan Rose, Sue Sanford, Myra Stark, Christine Todd, Joyce Stiles Tucker, Mary Jane Williams, Berta Giles Welch, Marie Zadeh,

Guests present: Terre Young

7:30 AM Meeting called to order. Minutes approved--Lena Prisco

7:35 AM Martha's Vineyard Hospital – update Denise Schepici

Martha's Vineyard Hospital CEO Denise Schepici presented an update on the Hospital and its development of a new strategic plan. Ms. Schepici began by noting the following hospital activities during the past year:

* recruitment of four new primary care physicians
* new primary care medical director
* reestablishment of hospitalist program
* hiring of a communications director- – Katrina Delgado
* working to improve ties with community
* holding public forums
* publishing a monthly newsletter "Health Beat"
* establishing an open door communication policy with community members
* development of additional employee housing
* completion of a successful joint commission survey

Ms. Schepici noted that the hospital's finances for the past year resulted in an overall margin of $1.7 million. These results include a loss of $1.275 million on the operation of the Windemere nursing home and the cost of $1.25 million paid to Partners Health System for the purchase of shared services. Fundraising for the hospital resulted in $4 million. Ms. Schepici noted in response to a question that the shared service agreement with Partners resulted in substantial savings because of economies of scale.

Ms. Schepici then briefly summarized hospital utilization data for the past year. She noted that 80% of hospital activity relates to outpatient services. She further noted that government payers constitute 66% of overall revenue. The hospital achieves operating margin only through its commercial insurance contracts. She noted that the hospital is classified as a "critical access" hospital for Medicare purposes. This permits the hospital to recover actual costs from Medicare. While this enables the hospital to be financially solvent, it precludes the hospital from participating in some managed-care programs like Medicare Advantage.

Ms. Schepici then gave more detail on the primary care program. She noted that a major goal is to "create access." This is being done through the use of open panels with a "no wait list" philosophy. Currently the hospital employs nine primary care physicians, 3.5 pediatricians and four nurse practitioners. She stated that this complement of physicians is sufficient to cover the Island's primary care needs. However further work to address "system problems" in the organization of services is necessary to meet the hospital's goals.

Miss Schepici then commented upon the recent Joint Commission review process. The Joint Commission for Health Care Organizations is the major accrediting body for the Hospital. She reported that the hospital did extremely well in it he Joint Commission's multi-day survey. The majority of the "requirements for improvement" related to the advanced age of many of the hospital's buildings.

Ms. Schepici went on to discuss the strategic planning process. This process was initiated this past fall. She noted that it is anchored in the hospital's mission. The goal of the strategic plan is to enable the hospital to "act as a health system." As a health system the Hospital will be organized around a full continuum of care that includes wellness. She noted that given its small size the hospital "cannot be all things to all people." However it should be a "trusted resource" that is aligned with the community. The strategic planning process is organized by focus and is temporally divided into phases. The foci include: clinical optimization; Windemere nursing home planning and transformation; facility planning; and, philanthropy and community development. The first phase of the strategic plan is due for completion in mid-April. One goal that has emerged is the development of a new ambulatory care building. She noted that this would be accomplished without the incursion of debt. She further remarked that the hospital currently has no debt.

Operationally, the hospital has been restructured along service lines. The service lines reflect the structure of care that patients receive rather than a traditional departmental structure. The service lines include primary care; pediatrics; surgery/orthopedics; cardiovascular and pulmonary; cancer; women's health; other medical activities; and behavioral health and substance use disorder.

Ms. Schepici then detailed further aspects of the strategic planning process. These included an assessment of: current state/strengths/weaknesses/opportunities. Individual teams are conducting ad hoc focus groups with patients, family members and community groups. Preliminary analysis reveals *strengths*-engaged management team, strong medical staff, MGH affiliation; *weaknesses* – lack of specialty care, behavioral health access, and need for cardiology, neurology and urology; *opportunities* – additional of services (e.g.on-site breast biopsies), ease of referral to non-employed physicians, "navigation" to MGH, the transformation of the Windemere nursing home*;* and,  *threats* – changing payment structures, increasing demand for specialty care.

She then commented in more detail about the Windemere nursing home. Ms. Schepici stated that the Hospital cannot continue to sustain Windemere's current financial losses. Further, she pointed out that the Windemere model of semiprivate rooms with four residents sharing a single bathroom is an antiquated model; one that is below current national and community standards for nursing home care. She noted that discussions were underway to explore a quote greenhouse" model which would involve the building of a new facility on hospital owned land. The goal is the "transformation" of nursing home care in the community.

Health Council members then posed a number of questions. One question concerned the hospital's approach to oral health and how that fit into the strategic plan. Ms. Schepici stated that oral health was an important initiative separate from the strategic plan. She stated that at present the hospital lacks necessary space to support its dental service. In addition the service has had other management issues which has impaired its effectiveness. These are being remedied.

Ms. Schepici closed by our thinking health Council of for the opportunity to meet with it.