***Dukes County Health Council***

<https://www.dchcmv.com/>

***Meeting Minutes***

*Thursday, May 24, 2018*

West Tisbury Public Safety Building

Approved June 28. 2018

Present: Eleanor Beth, Kevin Carey, Leslie Clapp, Betsy Corsiglia, Vanileze Cortez, Bill Croke, Cindy Doyle, Rebecca Eldeiry, Julie Fay, Alan Ganapol, Karen Gear, Victoria Haeselbarth, Charles Hodge, Judy Jones, Michael Joyce, Sarah Kuh, Robert Laskowski, Patsy McCornack, Paddy Moore, Joann Murphy, Megan Panek, Kathleen Perrotta, Dan Pesch, Lena Prisco, Sue Sanford, Myra Stark, Karen Tewhey, Joyce Stiles Tucker

Guests: Terre Young, Lila Fischer, Denise Schepici

7:30 AM Charlie Hodge **called meeting to order.**

7:35 Minutes from **April 26, 2018 Meeting approved**

7:40 Leaders from **Health Council Committees and Workgroups summarized the background and current priorities of their groups**:

Rural Scholars--Dan Pesch reviewed work of Committee. Noted that the effort requires the participation of a large number of people outside the Committee. All can be helpful

**Healthy Aging:** Paddy Moore described the work of Healthy Aging Martha's Vineyard. She noted that the group began as a Committee of the Health Council developed in response to the fact of the rapid growth of the senior population on Martha's Vineyard. Healthy Aging functions under an Oversight Committee (OC) formed from community leaders. The OC acts a board of directors in giving guidance and advice. The Oversight Committee has representation from all the Island's Boards of Selectmen, the County and the Island's Councils on Aging. The daily work of HAMV is guided by an Executive Committee. There are currently four inter-related areas of work formed as working groups. These include: Housing; Transportation; and Healthcare. A Fall Prevention Coalition was developed as an outgrowth of the Healthcare workgroup. Since Healthy Aging MV is a grassroots effort it depends on volunteers. More information is available from Paddy or online <https://www.hamv.org/> .

**Healthcare Access**--Sarah Kuh briefly noted that the Healthcare Access program is another program spawned by the Health Council--over 20 years ago. It is now supported by the County. Its mission is to assist Vineyard residents in accessing healthcare. This is done by facilitating their enrollment in health insurance programs, especially Mass Health. The mission extends beyond insurance enrollment to include a variety of other efforts--for example, access to dental services. Healthcare Access has an advisory board. For more information, contact Sarah or visit the website. <http://mvhealthcareaccess.org/about/>

**Communication Workgroup**-Victoria Haselbarth summarized the work of the communications workgroup. She noted that a redesigned website for the Health Council was developed and is operational. Its intent is to let the public know about the work of the Health Council. Additional members of the workgroup would be welcome, especially to help increase the website's public visibility. Charlie Hodge emphasized the importance of communication and encouraged members to consider joining the communication effort. The Council is looking for outside resources to support this effort. For more information, contact Victoria <https://www.dchcmv.com/>

**Oral Health Committee**--Karen Gear explained that the group is focused on improving access to dental care for underserved. Currently the Vineyard has limited resources for patients with limited means who lack insurance. The Hospital does support a dental clinic, however its services cannot meet the demand. More access is needed. The Committee is currently exploring options with Island Health Care to establish a dental clinic there. This is an expensive proposition and requires approximately $500k in startup funds. Consequently the Committee is searching for outside funding. A person with grant writing skills would be very helpful. The Committee meets monthly on a Friday morning 8:30-9:30 at Karen's office. Please contact Karen to learn more. All individuals who are concerned with oral health are welcome. One does not need to be an oral health professional.

**Substance Use Disorder Committee**--presentation deferred.

**Coordinating Committee**--Nominating Committee appoints members to Coordinating Committee. Charlie Hodge encouraged those who are interested to contact Alan Ganapol

*Charlie noted he was stepping down as Chair next month*

8:15 Judy Jones gave a presentation concerning the **role of nurse practitioners in the delivery of healthcare.** (Handout attached)

* *Background:* Judy noted that the position of "nurse practitioner" was created in 1965. During the intervening years, the initial role has evolved markedly. At present, Nurse Practitioners are key professionals in the healthcare system. At present, there are approximately 240000 NPs nationally, 7000 in Massachusetts and 5 at the Island Health Center.
* The Island Health Center (IHC) was officially certified as a Federally Qualified Health Center (FHQC) in 2013. This designation affords IHC unique funding to enable it to care for all-regardless of their ability to pay or insurance coverage. IHC is a nurse practitioner managed organization. In MA, nurse practitioners are required by law to have consultative arrangements with physicians for prescriptive duties. All other professional activities of nurse practitioners are fully independent. Over the years, NP certification has evolved from highly limited specialty practice to the current global certification with specialty interests.
* IHC is an excellent example of the benefits a nurse practitioner primary care practice brings to rural settings--especially in the provision of primary care services.
* Judy discussed the education and certification of nurse practitioners. At present, nurse practitioners have a mixture of "masters" and "doctoral" level training. Certification as a nurse practitioner requires the completion of a Master's degree. Doctors of Nursing Practice have additional education which focuses on the application of medical research to clinical practice. For example, Judy's doctoral dissertation was the development of a clinical guideline addressed to some of the unique clinical needs of an incarcerated population.
* Judy discussed the advantages of the NP model of care. These include an ability to treat all ages while retaining a focus on older patients.
* Among the limitations to NP Model, Judy noted: lower payments for services by Medicare compared with physicians (i.e. 85% of MD payment for same service); prescription authority restrictions in some states, (MA is the only NE state that requires a collaborating physician for NP prescriptive authority); and, difficulty in finding collaborating physicians
* Judy noted that the recruitment of NPs is hindered by limitations in reimbursement; by high housing costs; and, by the difficulties in commuting from the mainland for those who chose to live there.
* *Discussion:* Dan Pesch noted the collaborative relationship his practice has IHC. Communication has been facilitated through the new EPIC electronic health record of the hospital. He did note that rural practice brings special challenges for most clinicians. The lack of immediate specialty support is an issue for both nurse practitioners and physicians.

Charlie Hodge posed the question of whether the challenges of practice in a rural community might be turned into an educational opportunity. Lena Prisco commented that for other health careers (e.g. CNAs) certification programs on the Island do exist.

Denise Schepici commented on the evolving role of NPs at Martha's Vineyard Hospital. She noted that NPs are a vital part of the Patient Centered Medical Home model being created at the Hospital. She noted that in her opinion the potential of NPs had been undervalued- especially at the Hospital. She applauded Judy and IHC for their leadership. She stated the important role of NPs needs to be more broadly appreciated in the community.

* Judy Jones ended the session by commenting on the vital important of "Joy in work" for all health professionals. She noted that participation in teaching and education can be very important in achieving that joy of practice.

8:50 **Proposal for Community Health Status/Community Health Care Needs Survey Workgroup** presented by Bob Laskowski. After discussion, the sense of the Health Council was that the workgroup should be established. (See attached description). Lena Prisco, Charlie Hodge, Karen Gear and Lila Fischer volunteered to be part of the group. Bob Laskowski agreed to Co-Chair along with Lena Prisco. In response to a question by Paddy Moore, Bob replied that his idea for a Health Council Data set includes social determinants of health. He also noted that the work of the group would include a consideration of performing a community health survey.

8:55 Charlie Hodge noted that the Coordinating Committee had determined the need for a mid-summer meeting. The date will be announced.

8:57 Charlie also noted that it was very helpful to have colleagues assist in the placement of tables. A signup sheet will be distributed for the next year.

9:00 Meeting Adjourned.