October 4 2018

Report

The Board of Trustees in the Village of Saltaire sent a charge to the Medical Advisory Committee (MAC) regarding the Village's current and future healthcare options. This included a review of an offer by Northwell Hospital System to run a medical clinic in our Village. This offer is part of Northwell's New York State mandated Community Outreach Program and is offered at no expense to the Village. This offer was initially presented a few years ago but steps were not put in place to pursue this option at that time.

In this report we discuss the current state of Village medical services, analyze the Northwell proposal and explore the Village's options for the future.

Current medical services in the Village of Saltaire

The Saltaire medical office is essentially run as a private practice with Dr. Robert Furey (Dr. Bob) acting as administrator and physician with some shared administrative responsibilities with Village staff. Dr. Bob leases the medical office from the village for $4,000/annum and in return receives housing for the season and fees charged per visit ($60). He is responsible with the help of Village staff for ordering and maintaining equipment and medications. He has two office hours most days, and is often available should an urgent matter arise outside of these formal hours. He sees approximately about 250-400 patients a season.

Dr. Bob is an MD, a retired urological surgeon, has broad medical training and many years experience. He sees patients of all ages, knows most community members and in many cases their medical conditions. Dr. Bob determines his scope of practice. He decides which tests he

will perform and which medications to keep on-hand. Currently, the office is not equipped to allow Dr. Bob to provide rapid strep tests or give an asthma treatment through a nebulizer. Dr. Bob does have supplies to perform a urine analysis, antibiotics for first dose, wound suturing and tetanus shots. There is no CLIA Waiver, which does not appear to be a requirement of a private office, but may be something we want to pursue .

In the current medical office record-keeping is performed by the Doctor. Patients do not have individual charts, however their visits are tracked in a logbook that is kept locked in the office.

Insurance is not accepted but patients may submit to their insurance company should they desire. Prescriptions are phoned-in to Shore Drug (Dr. Bob has a waiver from NY State to allow this since all NYS prescriptions currently must be E-prescribed). The Village provides malpractice insurance.

Questions to consider with our current system

The Medical Office needs to be renovated. It is the MAC's understanding that a new 14 Bay Promenade building will be constructed and operational for the 2020 summer. The MAC and whomever will be coming into that site should be consulted in order that the office meets current standards. We would also recommend to the Board that certain medical and procedural programs be implemented including updated record keeping, an equipment maintenance system, addressing of medical waste disposal, and a medication storage plan.

In addition we should look into performing a few more basic procedures such as a rapid strep test. The rules and regulations around having a CLIA Waiver need to be explored further should the private practice model continue.

If we keep with the current medical system, we need to design a rotating schedule to have consistent office hours. What if Dr. Bob is not available to work? Who will maintain this schedule? Who will order supplies and maintain equipment? Lots of moving parts to consider.

We need to make sure that all medical providers have current and up to date BLS and ACLS certificates.

Do we want to see our medical provider as part of the Village Emergency Response Team?

Finally, there are other Village medical responsibilities that need to be maintained such as the public access AED. Should this be something that comes from the medical office or an outside provider?

Currently, the Village's EMS orders and stocks all emergency meds, which are kept locked in the ambulance (Narcan, Valium etc).

Northwell Proposal: Northwell currently operates two clinics on Fire Island (Ocean Beach and Cherry Grove) as part of their NYS-mandated Community Outreach Program. All costs to run and operate the clinic are covered under the Outreach Program. They want to set up a third one in Saltaire. Northwell has operated the clinics in OB and CG for over 5 years. Individual medical providers often return year after year. In CG, Northwell purchased the house that holds the clinic and provider apartment, so it appears there is a real long-term commitment from the hospital.

Northwell would assume all administrative responsibilities and oversight, including insurance. They will rent the housing and clinic from the Village at "market rent". They will staff the clinic, make sure all equipment is maintained and that medications and supplies are stocked. If their providers are running out of medications or supplies they call the administrator (Eileen, who currently covers CG and OB) who will either bring them over herself or put them on the ferry for the provider to pick up.

The clinics we saw were clean, well organized and well supplied, all with new equipment including (in OB) an infant scale and a nebulizer. All clinics have to meet Northwell standards. Quality Assurance is done annually by someone from the Northwell system.

Medications, vaccines and supplies are kept locked. Refrigeration temperatures are logged daily by the provider and equipment is maintained on an annual basis. The CLIA Waiver certificate is obtained and posted by Northwell. The office is open 4 hours a day (9-11, 4-6). Off-hour availability is up to the individual provider and this seems like something that should be negotiated and included in the agreement if the Board decides on the clinic model.

The providers cover weekends from Memorial Day through Labor Day and weekdays from June through Labor Day. They seem to be flexible about dates, but this would need to be addressed contractually as well.

Provider changeover day is Friday, with one provider doing the AM shift and one the PM. Northwell provides a computer and printers/scanners/copiers with locked prescription paper (if E-prescribing not available). Prescriptions are E-prescribed, patient chart notes kept on paper,

scanned to cloud, paper copy kept locked on-site with paper notes and destroyed annually. Practitioners are required to write a note on each patient. Insurance is accepted and submitted by Northwell's billing office. Patients will get billed for co-pay later (no money/credit cards on site) and for anything not covered by insurance. The office will be staffed by a mix of providers. At any given time the clinic will be staffed by EITHER: a Medical Doctor (MD) **OR** a Nurse Practitioner (NP) **OR** a Physician Assistant (PA), (see descriptions below, taken from a *Consumer Reports* article). All staff are either Family Practice or Emergency Room trained and can see all ages. All providers are employed and credentialed through Northwell, which means they have malpractice and all appropriate certifications (BLS/ACLS). Unpopular providers will not be invited back.

Standardized Scope of Practice: Services include urine dips, rapid strep tests, pregnancy tests, HIV tests and Pre-Exposure Prophylaxis, asthma treatment and suturing. They have Narcan, antibiotics, Plan B and many other meds at the office. They would tailor their scope to meet community needs. MDs and NPs are independent practitioners. PAs work under the license of MDs in the Southside ER, can call ER with questions and are required to call in and check all pediatric medication dosing.

As per current Saltaire practice, providers will not respond to 911 calls. If someone needs emergency transport from the office they will activate EMS and hospital choice would be left to EMS. There may be a potential benefit to going to Southside, as the Northwell provider would

know the ER staff and there would be continuity, but the provider could call any hospital if needed.

Northwell services could start as soon as next summer (2019) but the current plan would be to wait until 2020 when the rebuilding of 14 Bay Prom will be completed.

Things to consider: We should acknowledge that Saltaire (or any FI town) is likely not the intended target of state mandated Community Outreach. Some Saltaire residents have voiced that they only want MDs in the Village practice. It is not possible to request one type of provider as this program is voluntary so we would get whoever signs up. This will mean mid-level practitioners (NPs, PAs) and MDs. Some community members may miss the continuity that we now have with a single town doctor.

Should the Board decide to move forward with the clinic model it does not seem possible that Dr. Bob could be employed by Northwell and placed in the Saltaire clinic however we wonder if there could be a role for him as medical director of other village things ie. camp.

Many have expressed concern that there would be an increase in off-island referrals to Northwell providers in order to increase billing/visits. Would a Northwell clinic attract more patients from outside the community? Also, we need to determine how long we have to commit to Northwell and vice versa.

Northwell facility's signage does not meet Saltaire regulations (they are big). Since this is advertisement for Northwell, they may object. We believe all these issues should be addressed contractually before any clinic model is initiated.

Fair Harbor Model: FH does not use Northwell. FH elects a voluntary Deputy Commissioner of the Fair Harbor-Dunewood Medical District, currently this person is Zenovia Qualliotine. She is a practicing Northwell Med/Peds Nurse Practitioner (has even covered the OB clinic in a pinch), a year-round resident and is responsible for the budget, maintaining supplies of medication and equipment and overseeing maintenance of the doctor's residence and office, among other things. She works with the town Medical Director (Anthony Guida MD, family doc, who is a provider in the clinic and organizes the other providers) to set scope of practice, determine what supplies are needed and organize coverage. Coverage is currently provided by a rotating group of seven Family Medicine MDs. Zenovia tracks malpractice coverage and BLS/ACLS certification of all providers annually. She orders medications under her NP license/NPI. This system has been in place for many years, with rare instances of coverage problems. As in other towns, providers do not respond to 911 calls.

In summary here is a list of the main pros and cons of each of the healthcare models. The Board will need to weigh the importance of each to our community.

Pros for the doctor model:

MD all the time

More continuity with each provider

Control over hiring the provider

Dr. Bob can remain involved and help with transitions

Cons for the doctor model:

Administrative and operational tasks for the Village

Having a medical director stay up to date on all standards of care, equipment maintenance, and licenses required and implementing all protocols in a timely fashion.

Pros for the Clinic Model:

Economical

Everything will be managed by Northwell and done according to Northwell standards-they are responsible for fully operating the clinic.

Cons for the Clinic Model:

Different levels of providers-no control over providers chosen to work in the clinic

Rotating providers every week

Less control over how the clinic is operated.

ADDENDA

A. "Clinical Laboratory improvement Amendments" (CLIA) are laws governing labs with regard to human specimens.

Some tests are CLIA waived (Urine dips, pregnancy tests, rapid strep tests), meaning they are approved by the FDA for in-home/office use. Clinics in NYS are required to get a CLIA Waiver certificate when they do these tests. Private doctor offices are exempt, but it appears they are still some requirements. This should be further explored should the board choose to continue with the private practice model.

B. A Guide to Today's Healthcare Professionals by Consumer Reports, March 2018

For a routine office visit these days, you might not ever see an M.D. A case of the flu, for example, might be handled by a Physician Assistant (P.A.), and a regular checkup might be done mainly by a Nurse Practitioner (N.P.). And that can be just fine: Practices with advanced

practice providers have outcomes at least as good as those that rely mainly on M.D.s. But it can be reassuring to know exactly who it is you're seeing. Here's a guide to some of the providers and what sets them apart from one another:

MEDICAL DOCTOR (M.D.)

Training: Earning this degree requires four years of medical school—typically with two years studying biomedical science and basic clinical skill and two more rotating through a broad variety of specialties. Then there's an additional three to seven years under the supervision of experienced faculty physicians

Strengths: M.D.s (and D.O.s; see below) have the most training of the providers you'll see. So if you have several conditions or symptoms that don't easily add up, an M.D. can connect the dots more easily, says David Blumenthal, M.D., president of the Commonwealth Fund, a nonprofit foundation that focuses on health policy.

Limitations: Primary care docs are in short supply, so it might be difficult to find one accepting new patients, and he or she might not be able to spend as much time with you as you like.

Consumer Report's Advice: If you have a complex health condition or one that isn't responding to treatment, you're better off seeing an M.D., says Marvin M. Lipman, M.D., CR's chief medical adviser. But if you're in good health or your condition is well-controlled, it can be fine to get the bulk of your care from an advanced practice provider.

DOCTOR OF OSTEOPATHIC MEDICINE (D.O.)

Training: The four years of medical education for D.O.s largely matches M.D. programs but also includes 200 hours in osteopathic manipulative medicine, hands-on techniques designed mainly to treat pain. These doctors participate in many of the same residency programs as M.D.s and can specialize in anything from pediatrics to psychiatry to surgery. One of four U.S. medical students now attends an osteopathic medical school. But don't confuse D.O.s with osteopathic practitioners who are trained abroad; they're neither M.D.s nor D.O.s., only perform manipulative treatment, and can't prescribe medicine.

Strengths: "D.O.s are virtually interchangeable from M.D.s," says Susan Hingle, M.D., chair of the Board of Regents of the American College of Physicians. They provide a full range of medical care for all types of diseases and health problems, but they may be especially good at treating musculoskeletal conditions such as lower back pain and less likely to prescribe drugs for that problem, according to a 2015 study in the *Journal of the American Osteopathic Association.*

Limitations: Like M.D.s, they don't have much time to spend with patients. The average osteopathic visit is actually a couple of minutes shorter than the average visit with an M.D., according to that same 2015 study.

Consumer Report's Advice: A D.O. can serve as your doctor in any case where you might seek an M.D. More than half of them practice family medicine or pediatrics. And by seeing a D.O., you get the benefit of his or her extra training in the musculoskeletal system.

NURSE PRACTITIONER (N.P.)

Training: Before someone can become an N.P., he or she must be a registered nurse (R.N.), which requires an undergraduate degree in nursing. N.P.s go on to advanced education and clinical training, earning either a Master's or Doctorate degree, specializing in an area such as family practice, pediatrics, or women's health, says Diane Padden, N.P., Ph.D., vice president of professional practice and partnerships at the American Association of Nurse Practitioners.

Strengths: N.P. education and training emphasize patient-centered care, which means that in addition to diagnosing and treating conditions, N.P.s focus on health education and counseling. One study found that patients tend to be more satisfied after a visit with an N.P. and that those visits tend to be longer. In some states, N.P.s can practice independently.

Limitations: Those with diagnostic dilemmas, such as an unexplained fever that has lasted a few weeks, should usually be referred to an M.D. or a D.O.

Consumer Report's advice: It's fine to choose a nurse practitioner as your main healthcare provider and to have one provide routine care during an office visit. But you should expect to be referred to a physician for complicated problems.

PHYSICIAN ASSISTANT (P.A.)

Training: Becoming licensed as a P.A. typically involves a three-year Master's program with coursework in anatomy, physiology, pharmacology, diagnosis, and ethics, as well as training in areas such as family medicine, internal medicine, emergency medicine, and pediatrics. Many P.A. programs also require some sort of patient-care experience, such as working as an EMT, a phlebotomist, or a registered nurse.

Strengths: They can do many of the same things as M.D.s and D.O.s, such as taking medical histories, doing physical exams, ordering X-rays and other tests, and prescribing medication.

Limitations: P.A.s usually aren't trained to handle multiple complicated diagnoses or complex procedures on their own. And they can work only under a supervising physician.

Consumer Report's advice: It's fine to rely on a P.A. for routine matters, such as a urinary tract infection or sprain, Lipman says. You can also go to them for follow-up visits for such conditions as high blood pressure. But avoid relying on them for complicated procedures.

VILLAGE OF SALTAIRE MEDICAL COMMITTEE

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