***Dukes County Health Council***

***Meeting Minutes***

*Thursday, April 24, 2018*

West Tisbury Public Safety Building

attendees: Kevin Carey, Leslie Clapp, Betsy Corsiglia, Vanileze Cortez, Cindy Doyle, Jay Ferriter, Alan Ganapol, Karen Gear, Victoria Haeselbarth, Tom Hallahan, Charles Hodge, Michael Joyce, Robert Laskowski, Patsy McCornack, Paddy Moore, Melanie Parrish, Kathleen Perrotta, Sue Sanford, Myra Stark, Karen Tewhey, Joyce Stiles Tucker, Mary Jane Williams, Marie Zadeh

Guests: Lila Fischer

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

7:35 Minutes of the **March 29, 2018 Health Council meeting were approved**

7:40 *Fluoridation Initiative Edgartown*--Charlie Hodge initiated discussion about the failure of the initiative in the recent Edgartown referendum. Karen Gear commented that the negative votes resulted from concerns in three areas--worries about adverse health effects, cost of the initiative to town residents, and equity issues due to the fact that the fluoridation process only affected town residents who were on the town water supply.

7:45 ***Primary Care Access***--Jay Ferriter from MV Hospital recounted the recruitment and organization redesign efforts of the hospital over the past 12 years. While primary care and specialty care access problems remain, the healthcare system of today is very different from that of a decade ago. Prominent among the dramatic changes that occurred during this time were the hiring of both primary care physicians and specialists by the hospital. The disciplines that were hired as employees include: family medicine, internal medicine, pediatrics, emergency medicine, general surgery, obstetrics/gynecology, hospitalists and orthopedics. He estimated that at least 60 physicians had been hired over the last 12 years. Jay noted that recruiting was difficult. The market for primary care services is tight and the Vineyard is a competitor with other similar communities--i.e. Cape Cod. The cost of living is high on Martha's Vineyard with housing being a particular issue. Recruitment consequently often must include assistance with obtaining housing. Some physicians or their families after relocating to the Vineyard have found that island living was "not for them" and left.

Primary care physicians who practice on the Island must be comfortable practicing medicine without the immediate access to specialists that they would have in other much larger hospitals. Not all primary care physicians relish this responsibility.

The recruitment of specialty physicians is limited by the relatively small population of the Island compared with the population needed for an economically successful specialty practice. Additionally, the recruitment of a specialist generally requires that 2 specialists be hired for coverage reasons.

The hospital has employed creative solutions to address access to specialties. Anesthesia and oncology services are provided by Mass General as part of the Partners affiliation. In these instances, physicians rotate to the Vineyard on a regular basis. Additionally, telemedicine services have been very helpful in triaging emergency medical cases and in specific areas like pain management. The hospital's recent adoption of the EPIC information system, used throughout Partners, facilitates the exchange of information.

At present, the Hospital is implementing a "medical home" model of primary care. In this approach, the current fee-for-service individual practice structure of primary care will be replaced by a "team based" approach to care that should free up physician time and make access to appointments easier. This "medical home" model should be implemented fully this fall.

Additionally, the Hospital has hired and is actively recruiting nurse practitioners to augment its complement of physicians. The use of nurse practitioners as part of a practice is new to many of the Hospital's physicians. Consequently, the full employment of the talents of a nurse practitioner facilitated model of primary care is a work in progress.

Health Council members asked a variety of clarifying questions. Topics that were discussed included the need for a geriatrician, or geriatric oriented care, for neurology, for urology and for the integration of primary care with other services.

8:25 Charlie Hodge presented an overview of ***Rural Health Care Recruiting*** drawn from the medical literature(see attached handout). He reviewed the predictors of physicians locating to rural areas. These include: rural background, rural education and availability of a job for spouse. Other aspects that facilitate rural recruitment include: lower cost of living, loan forgiveness programs, and desirability of recreational activities and small town life style. He noted that among the more obvious issues for recruitment to Martha's Vineyard are: high cost of living, lack of nearby specialty support, lack of partner opportunities, child education issues, the prevalence of drug use and the lack of a training program. Discussion ensued concerning the possibility of increasing education opportunities for medical students and physicians in residency programs.

8:50 ***Rural Scholars Process Update***--A guideline sheet that summarized the desired elements for a proposal was circulated. Health Council members were reminded that the Rural Scholars Program is first and foremost an educational experience for students. Projects need to have learning objective as well as community service objectives. (See attached "UMMS/GSN Population Health Clerkship").

9:00 the meeting adjourned.