

# A Request to Modify the DRI Granted to Martha's Vineyard Hospital Long Term Care Facility, Inc. on August 30, 1990

Part of an effort to meet the healthcare needs of  
Martha's Vineyard

June 4, 2018



# An Overview of Health Care on the Island



# COMMUNITY HEALTH CARE NEEDS

## PRIMARY CARE

30,000 MVH VISITS  
+ IHC + VMS

## SPECIALIST CARE

2,500 General Surgery  
4,800 Orthopedic  
4,500 OB/GYN

## ELDER CARE

60 Nursing Home  
6 Rest Home  
Residents  
+ Long Hill  
+ Henrietta Brewer

## EMERGENT CARE

14,000 ER Visits

## INPATIENT CARE

1,000 Admissions  
142 Births

## REHAB CARE

150 Admissions

COMPLEMENTARY MEDICINE

Fiscal Year 2017 Volumes

# PRIMARY CARE

- FREQUENTLY VOICED NEED
- MVH is adding Primary Care Physicians (PCPs) and Family Nurse Practitioners
  - Since December:
    - Dr. Michael Michotek
    - Dr. Karen Williams
    - FNP's: Anne-Marie Bell, Prudy Carter-Donovan, Michelle Fitzgerald
- IHC is expanding its facility in Edgartown

# SPECIALIST CARE

- Local access to specialties that complement primary care
  - General Surgery
  - Orthopedics
  - Obstetrics & Gynecology
  - Oncology & IV Therapy
- Integration with Mass General Hospital for more specialized care

# ELDER CARE

- Multiple levels
  - Rest Home
  - Assisted Living
  - Custodial Care
- WNR provides Custodial Care
  - Traditional, institutional setting
  - 8 consecutive years as Medicare 5-Star Nursing Home
  - Diminishing need State-wide
    - 7,500 empty beds in Massachusetts
  - State is decreasing funding
- Healthy Aging Martha's Vineyard is working on a new model
  - Increased support of at-home care
  - A more home-like setting for custodial care

# EMERGENCY CARE

- MVH continues to have patient satisfaction scores in the top 2 percent in the nation
- MVCS has opened a walk-in/urgent care service for patients with urgent behavioral health issues

# INPATIENT CARE

- Necessary support for Emergent Care
- MVH is highly integrated with Mass General Hospital
- Provide patients with on-Island resources for lower acuity cases and off-Island resources (MGH) for higher acuity cases



# SUMMARY

- Primary Care, well done, mitigates the need for specialist and emergent care
- Primary Care is MVH's core mission

# MVH'S PLAN TO MEET NEEDS

- Create more access to Primary Care
  - Simultaneous efforts to attract providers and create additional space

# NEW PROVIDERS

- Primary Care – Family Practice
  - Dr. Amar Lucic, starting in July
  - Dr. Scott Simmons, starting in September
- Primary Care – Pediatrics
  - Dr. Stephen Feder, starting part-time in June and full time in August

# PRIMARY CARE SPACE CONSTRAINTS

- Space Benchmarks:
  - Adequate: 2 rooms per provider
  - Ideal: 3 rooms per provider
    - One nurse “rooming” one patient; physician seeing one patient; second nurse discharging one patient
- Current
  - 15.5 providers using 24 rooms (1.5 rooms per provider)
- Proposed Plan
  - Add 13 exam rooms
  - 2.2 rooms per provider

# Issues Related to the DRI



# CHRONOLOGY

|                   |  |
|-------------------|--|
| <b>08/30/1990</b> | DRI granted to Martha's Vineyard Long Term Care, Inc. (MVLTC)  |
| <b>05/01/1995</b> | MVLTC dissolved in bankruptcy, WNR, Inc. begins operation of nursing home  |
| <b>01/22/2003</b> | DPH approves WNR request to suspend 25 licensed beds on Unit 1   |
| <b>09/2006</b>    | MVH leases Unit 1 from WNR and places its General Surgery and Women's Health Clinics there   |
| <b>02/2017</b>    | WNR announces plans to close Wildflower Court, its Rest Home service located on Unit 2   |
| <b>03/2017</b>    | MVH relocates General Surgery and Women's Health to renovated space in the old hospital (Wing 5)   |
| <b>04/2017</b>    | MVH relocates business services into Windemere's Unit 1  |
| <b>05/2017</b>    | MVH relocates Dermatology out of Primary Care and into Windemere Unit 1  |
| <b>09/2017</b>    | WNR closes Wildflower Court/Unit 2   |
| <b>10/2017</b>    | MV Commission notifies WNR that it must request a modification of its DRI if it intends to use Unit 2 for services other than Nursing Home |
| <b>02/2018</b>    | MVC notifies WNR that it is in violation of the DRI by virtue of its use of Unit 1 since 2006  |
| <b>06/2018</b>    | WNR is requesting modification to the DRI that will enable it to better meet the health care needs of the Island community                 |

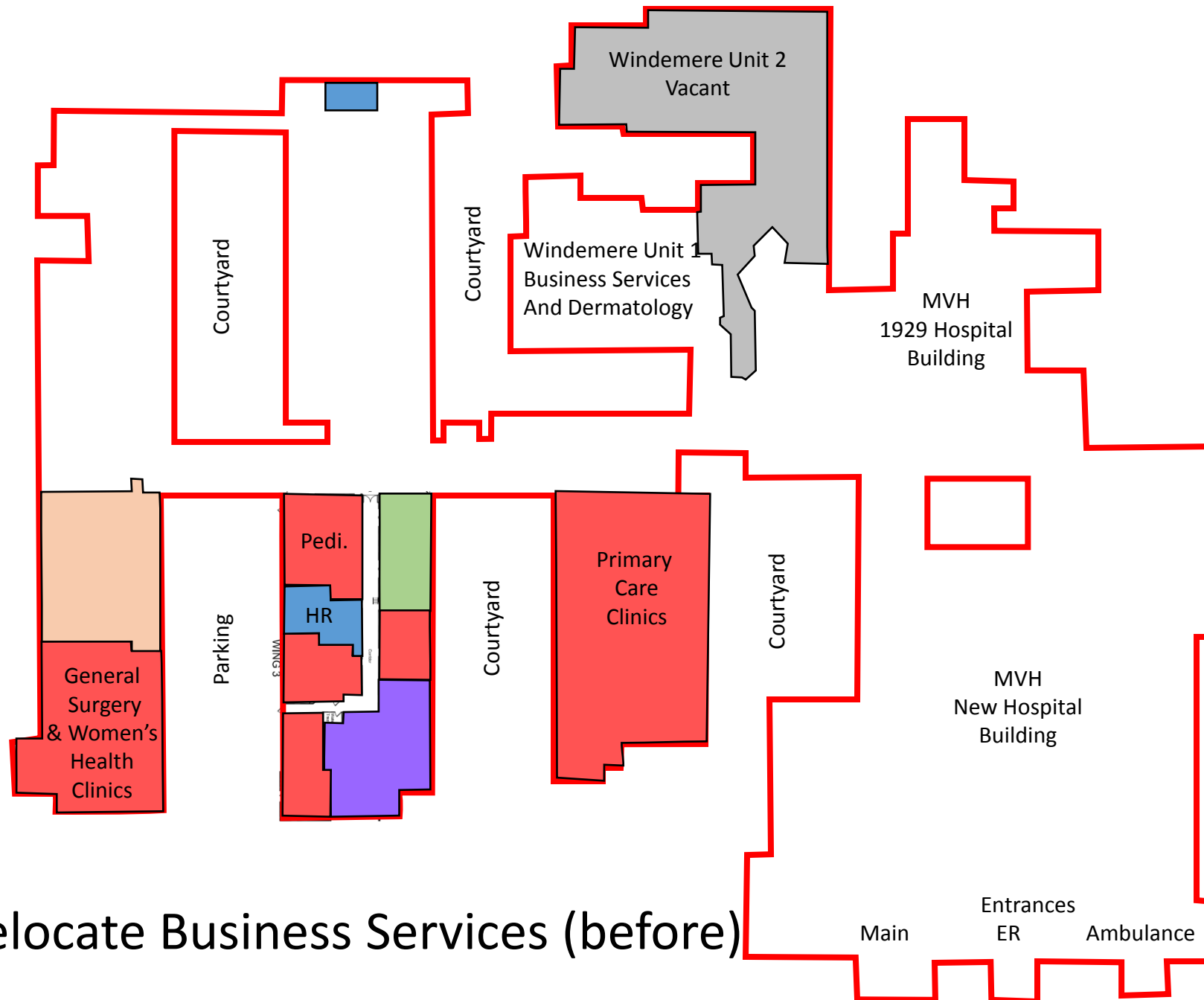
# Chronology and Elder Care

- In 2003, the unavailability of staff as well as a shortage of new residents led to the closing of Unit 1
- In the 12 months preceding the 2017 announcement to close the Rest Home service on Unit 2, the average occupancy was 45% and there were just 5 new admissions
  - In the three months prior to the announcement, average occupancy was down to 30% and there were no admissions
- In response to decreasing volumes, MVH and WNR continue to work with community constituents to develop a sustainable model for elder care.

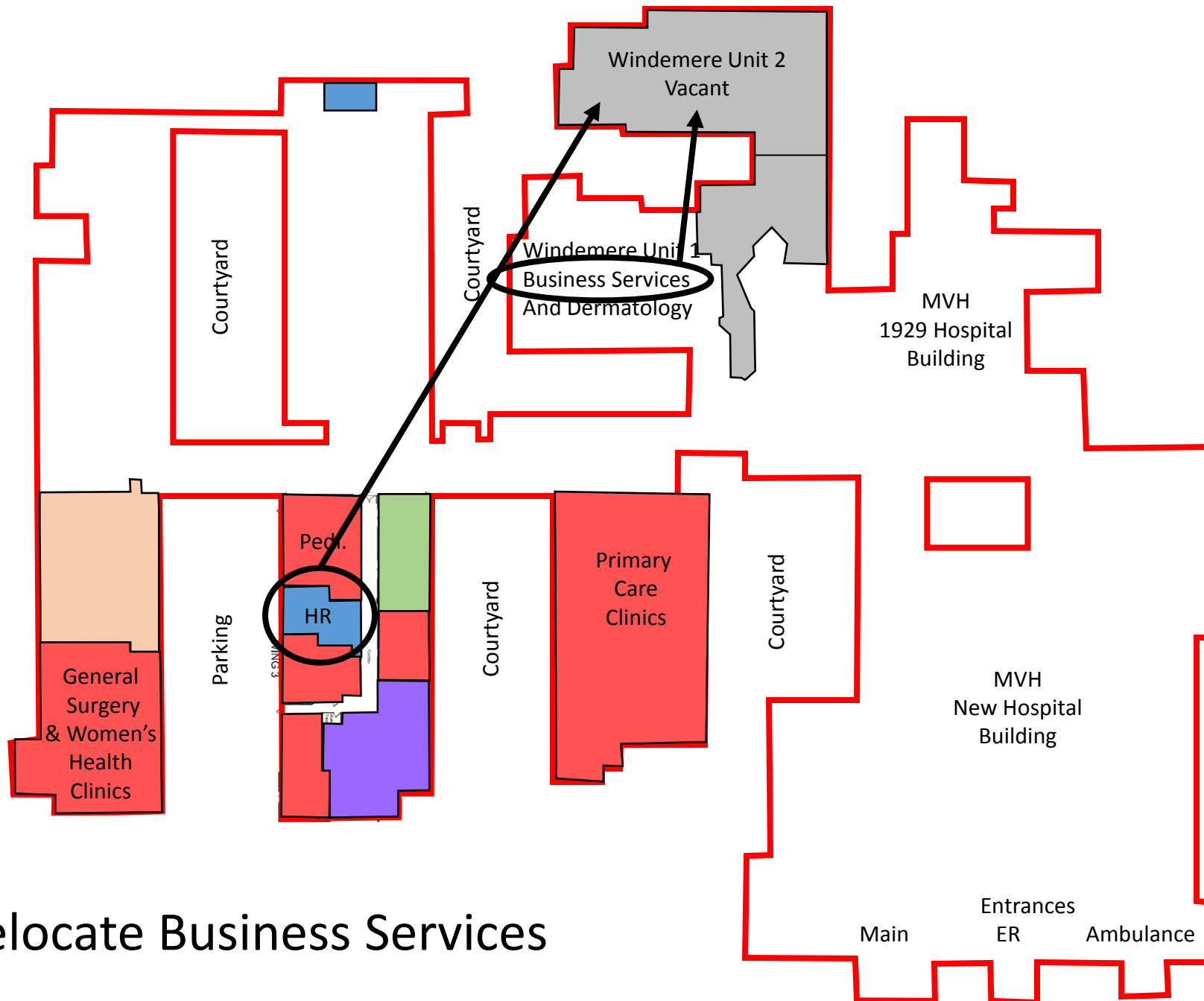
# PROPOSED PLAN

1. Move business services that support WNR and MVH into Unit 2 (Human Resources, Accounting, Billing)
2. Return General Surgery and Women's Health back to Unit 1
3. Redistribute primary care offices to space across Wings 1, 3, and 5

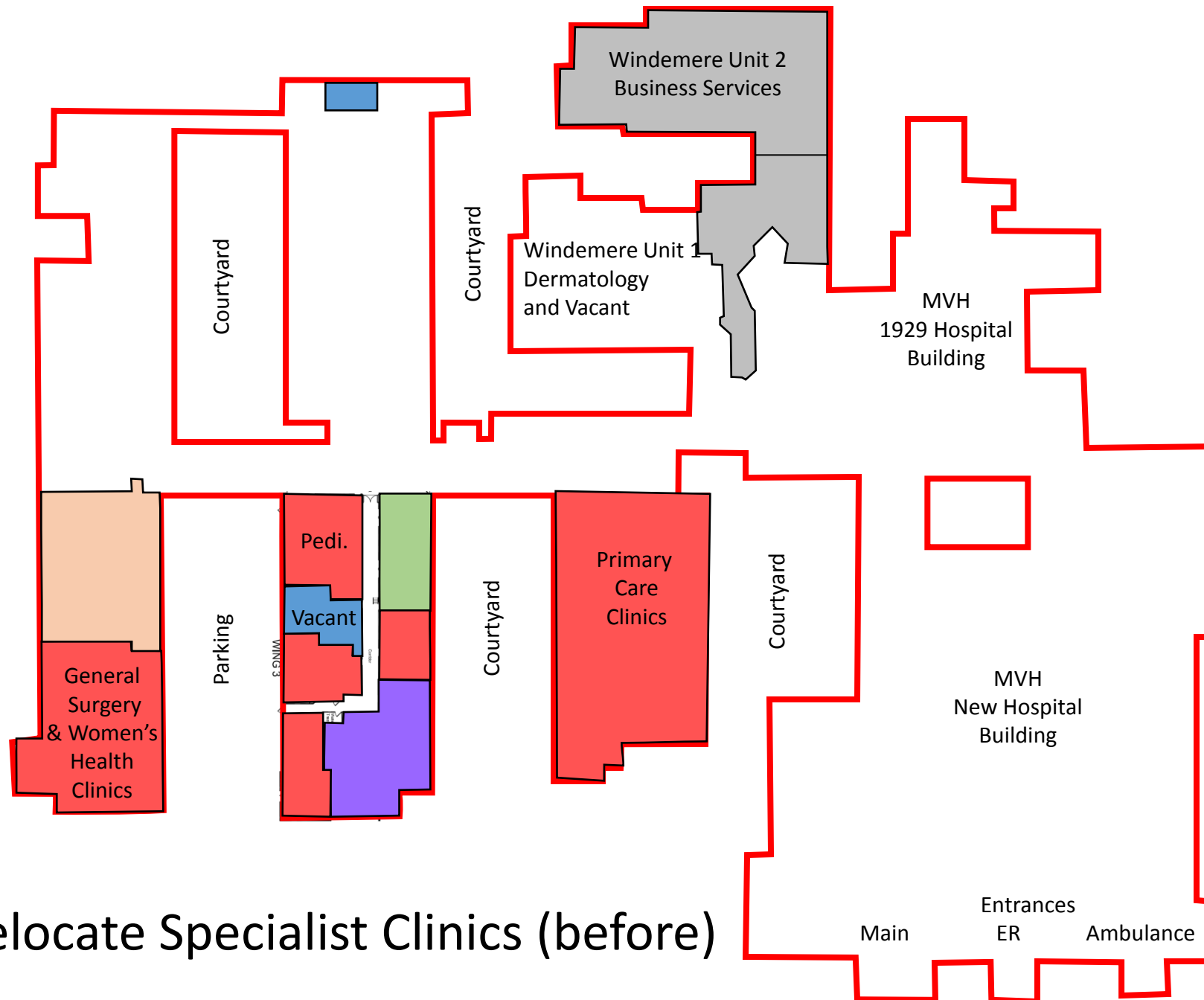




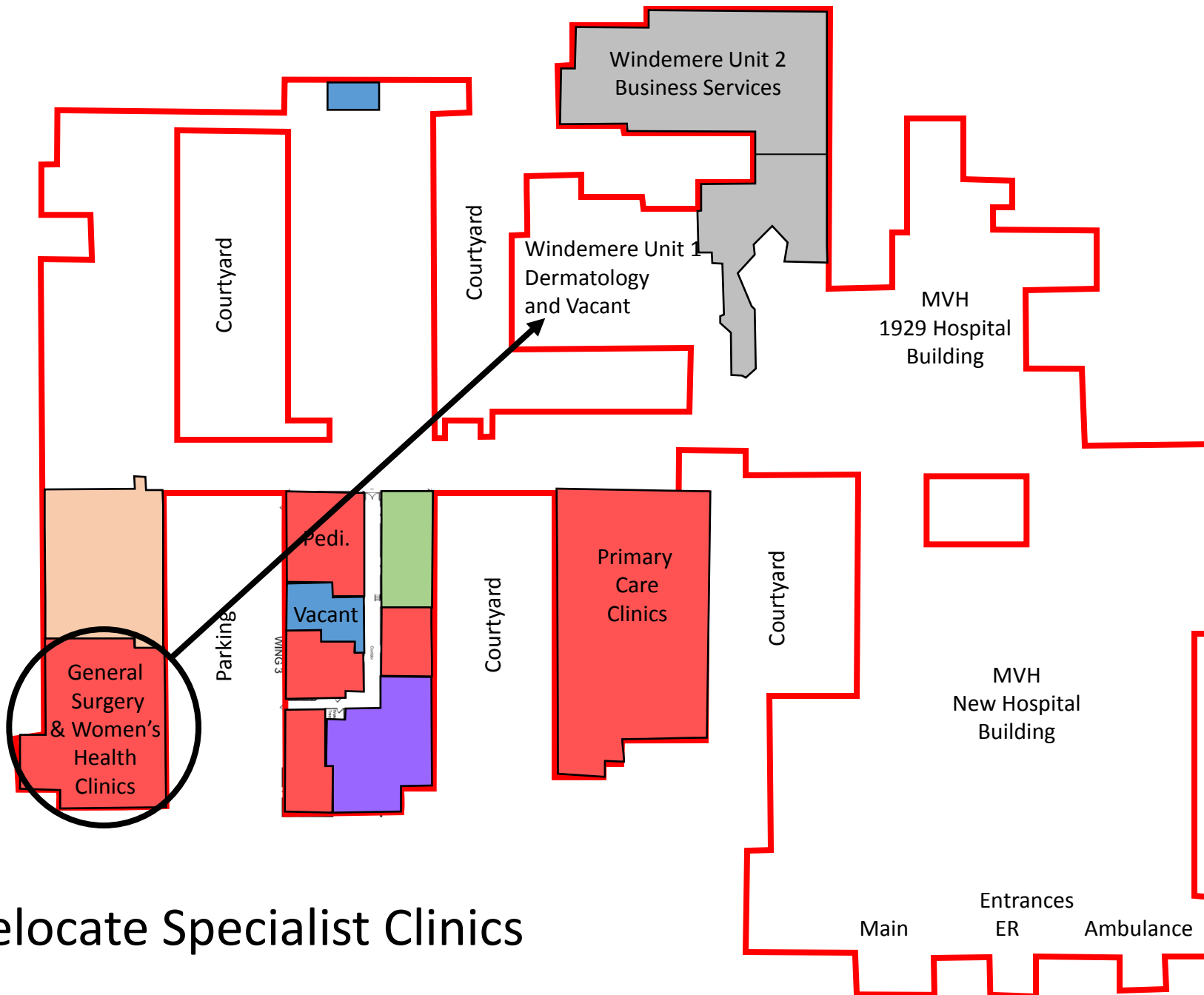
STEP 1: Relocate Business Services (before)



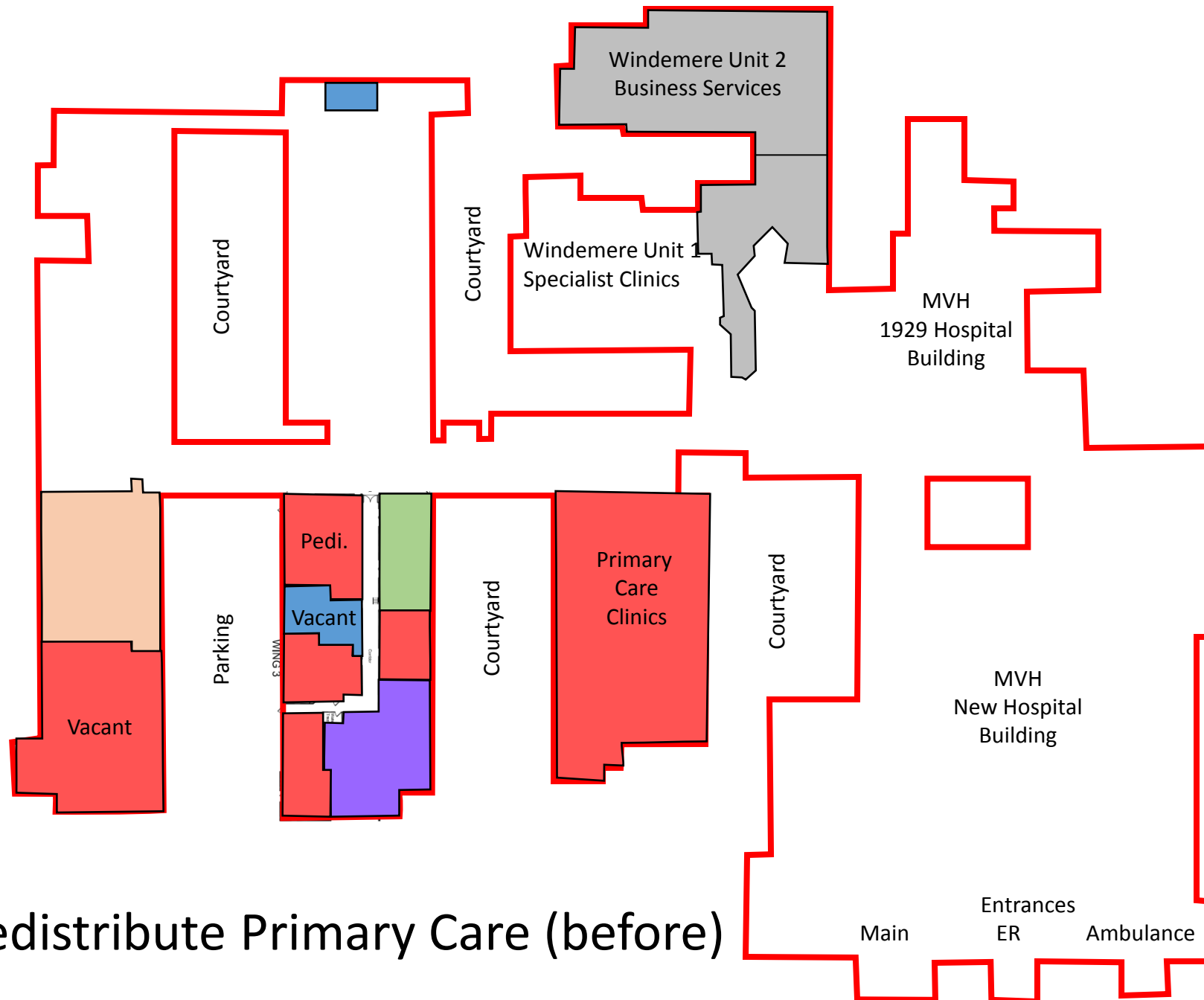
# STEP 1: Relocate Business Services



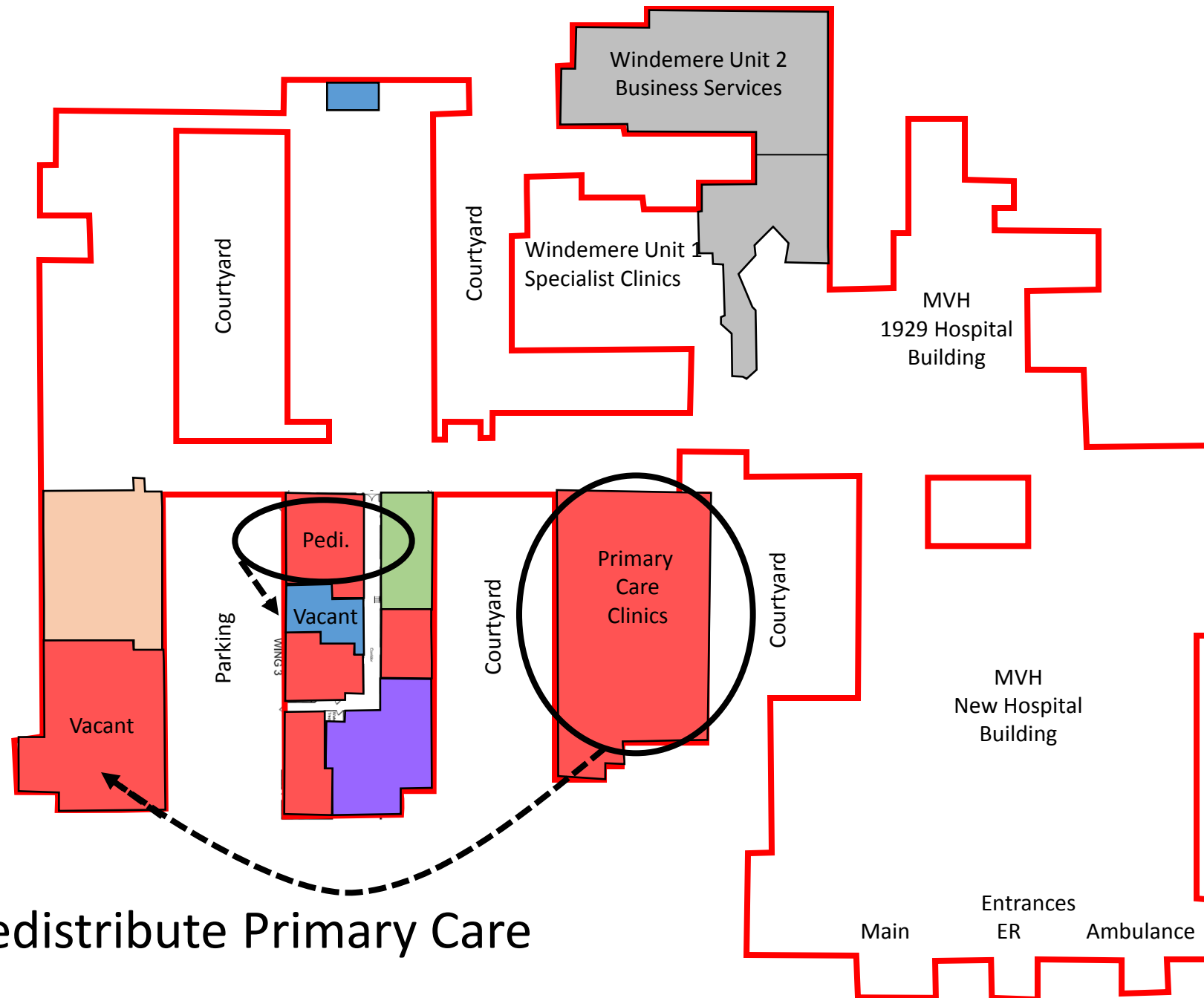
## STEP 2: Relocate Specialist Clinics (before)



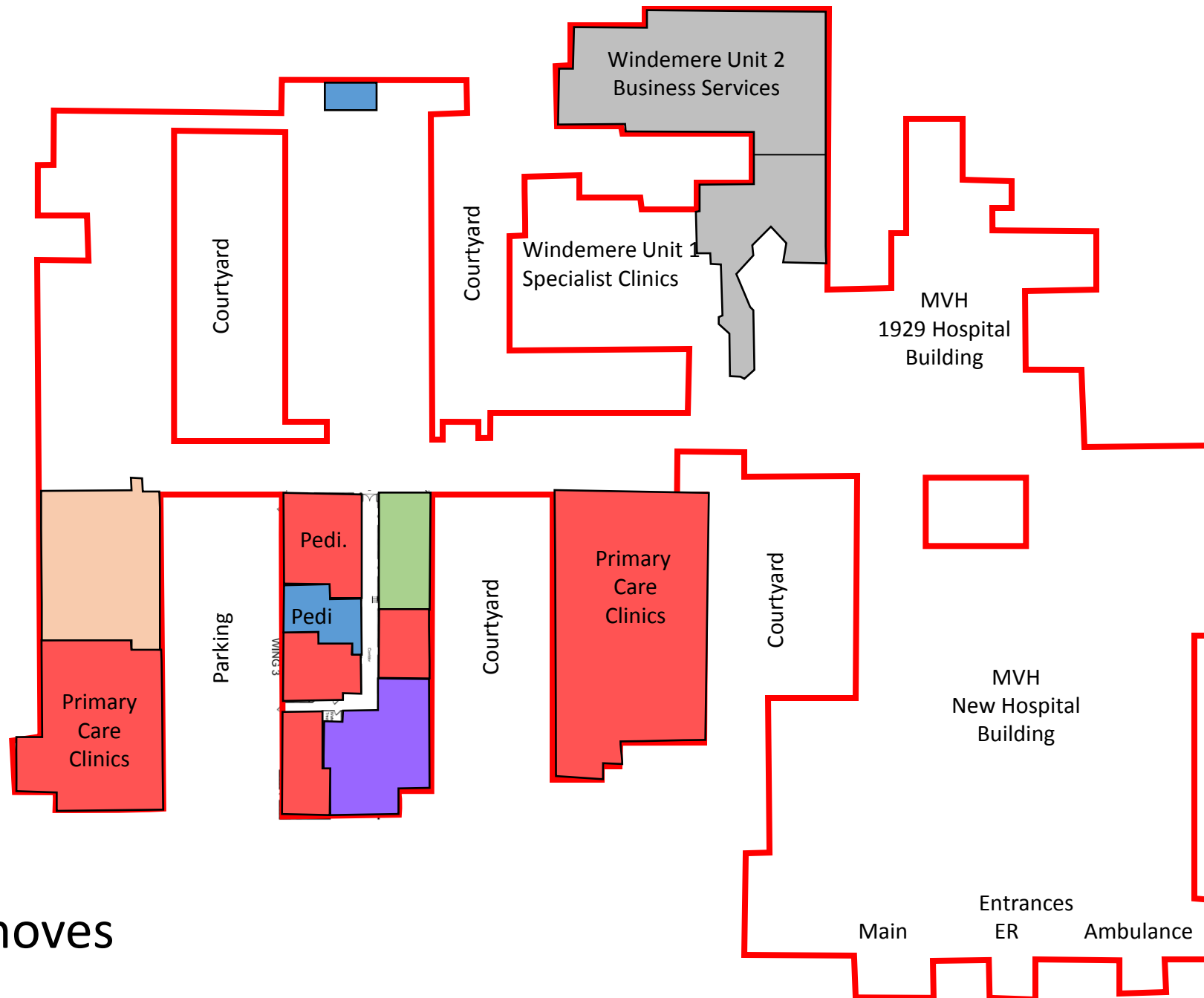
STEP 2: Relocate Specialist Clinics



STEP 3: Redistribute Primary Care (before)



STEP 3: Redistribute Primary Care



After all moves

# PARKING: An On-going Issue

## Recent Changes Impacting Patient and Visitor Traffic

- Closure of Wildflower Court
  - Two day time staff
  - Regular visitors to 2 residents
- Island Health Center now sends most lab specimens off island
  - MVH lab volume is down 7%
- MVCS Urgent Care for Behavioral Health
  - MVH ER visits are down 11% (120 visits /month)

## Planned Growth

- 3 providers, 2 support staff per provider = 9 staff
- Each provider will see 3 patients per hour = 9 patients
- New need is 18 spaces

## Planned Parking Changes

- Rent off-site parking and require employees to park there
- Relocate 3 MVH vehicles to off-site parking



# Recap

- There is unmet community need for primary care
- Meeting that need requires providers and space
- MVH has been successful in recruiting new providers
- MVH presently lacks the space to meet the community's need for primary care
- MVH and WNR are requesting modifications to the DRI that would allow the use of vacant space to meet the community's needs for healthcare services.