



# MEETING THE HEALTH NEEDS OF LONG BEACH: Findings and Recommendations

Presented to South Nassau Communities Hospital

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*Bruce C. Vladeck, Ph.D.*  
*Senior Advisor*  
*Nexera, Inc.*

## About this Report

At the request of New York State, South Nassau Communities Hospital (SNCH) has, over the last three years, assumed greater responsibility for the provision of hospital and related services to the residents of the Long Beach barrier island. The destruction of Long Beach Memorial Hospital – which was already on its last financial and clinical legs – by Hurricane Sandy, and the subsequent availability of FEMA funds to replace some of the services that hospital had previously provided, created a range of formidable operational, financial, and policy challenges, which SNCH has been actively seeking to address.

Despite the considerable research and analysis it had already conducted or sponsored, however, SNCH's leadership became concerned that its planning processes might be perceived as too parochial or self-centered. To address those concerns, it sought to engage an expert with significant experience in health planning and health services delivery, who could also be fairly described as independent, well-respected in professional circles, and experienced in community processes. I – Bruce C. Vladeck – apparently met those criteria well-enough, and I began to work on this project just before Labor Day, 2015.

To be clear, I have undertaken this project as a consultant to SNCH, and under their general direction. However, my understanding with SNCH from the outset was that I would pursue my fact-finding as I chose, meet and talk with whom I chose, and draw my own conclusions. I undertook to review data and



listen to the views and concerns of residents of the barrier islands with an open mind – an approach made easier by the fact that, when I first undertook this engagement, my knowledge of southwestern Nassau County and its health care needs and services was extremely limited. I have indeed been surprised by a number of things I have learned in the course of this activity, and I have benefitted from – and borrowed freely from – many of the observations and suggestions of the people with whom I’ve met. This Report would not have been possible without the open and frequently extensive input of many people from Long Beach and its surrounding communities, who gave generously of their time, knowledge, and opinions. They are listed in Appendix F of this Report. I am extremely grateful to all of them.

This Report, as will become apparent, also draws heavily on the work of two other consulting firms engaged by SNCH: the health planning and data analysis firm of New Solutions Inc., and the financial consulting firm of JL Consulting. Brief descriptions of those firms are contained in Appendices H and I, but the products of their work are visible throughout this Report, and I am personally grateful to Nancy Erickson and Don Dykstra of New Solutions, and John Lavan of JL Consulting, for their patience, responsiveness, and collegueship.

This Report is organized as follows: following a brief terminological note, an Executive Summary briefly describes the principal findings and recommendations. It is followed by a more detailed series of slides, originally created for presentation to various audiences at SNCH and in the Long Beach community, and modified extensively in response to comments from those audiences; those slides might be characterized as the “meat” of this Report. They are followed by dessert, a series of Appendices which provide further background information not only on the subjects covered in this Report, but on the sources of information employed to arrive at the Report’s conclusions and recommendations.

### [A Brief Terminological Note](#)

The barrier island immediately east of the Rockaways in southwestern Nassau County, New York, comprises four political subdivisions: the City of Long Beach, the Village of Atlantic Beach, and the hamlets of Lido Beach and Point Lookout. Approximately 90% of the residents of the barrier island live within the City of Long Beach, so the term “Long Beach” will be used to describe the entire barrier island, except when explicitly noted otherwise.



## TABLE OF CONTENTS

- I. About This Report
- II. A Brief Terminological Note
- III. Executive Summary
- IV. Detailed Slide Presentation
- V. Appendices
  - A) Background Data from New Solutions Inc.
  - B) Community Survey
  - C) David R. Urbach, “Pledging to Eliminate Low-Volume Surgery”
  - D) Financial Feasibility Report
  - E) Letter from Stephen Berger
  - F) List of Individuals Interviewed/Participated in Meetings
  - G) Bruce C. Vladeck biographical information
  - H) John Lavan biographical information
  - I) New Solutions corporate information



## MEETING THE HEALTH NEEDS OF LONG BEACH:

### Executive Summary

#### I. Demography

- The barrier island has a population of roughly 42,000, of whom roughly 38,000 live in the City of Long Beach.
- Long Beach's population is generally similar to that of Nassau County as a whole:
- Long Beach is somewhat older, with almost 20% of its residents age 65 or more, according to 2015 estimates, not counting roughly 600 long-stay nursing home residents on the island.
- Long Beach is less ethnically diverse than Nassau County as a whole; roughly 78% of its residents are white, as compared to 62% in the County.
- Long Beach is slightly less affluent than Nassau County – which by comparative State or national standards is quite affluent. 6.2% of Long Beach households (619 households) were at or below the federal poverty level in 2015.
- The population of Long Beach is highly educated; fully 46% of adult residents have a bachelor's degree or higher, (compared to 41% in the County). Combined with the other data cited above, this suggests that many Long Beach residents are older or retired professionals with relatively modest cash incomes.

#### II. Health Care Needs

- Overall, Long Beach's population is well-insured, with over 90% covered by private health insurance, Medicare, and/or Medicaid.
- Utilization of inpatient hospital services by Long Beach residents is typical of downstate New York – which is significantly higher than the US national average.
- On the other hand, using 2013 data, utilization of other health services by Long Beach residents appears to be relatively low – although part of that may be the results of disruptions in service patterns and availability following Hurricane Sandy.
- As far as can be evaluated from existing data sources, Long Beach residents do not appear to experience a significantly disproportionate or anomalous incidence of most serious health problems. There is a perception on the part of some service providers and others that the prevalence of psychiatric and substance disorders may be greater in Long Beach than elsewhere in the County, and some data consistent with that conclusion, but other data is ambiguous.
- *By any reasonable comparative standard, there is a severe shortage of practicing physicians in Long Beach, at least some of which may be attributable to the after-effects of Hurricane Sandy.*



- Long Beach has slightly fewer than 40 practicing physicians. If its supply of physicians were at the New York State average, it would have roughly 140; at the national average, roughly 100.
- The shortage of specialists is especially notable. There are roughly 15 FTE specialists in practice in Long Beach (not counting the Emergency Medicine Physicians at the freestanding Emergency Room). At the national average, there should be between 65 and 70; at the New York State average, more than 90.
- There are particular shortages in family medicine/general internal medicine, psychiatry, gynecology, and orthopedics.
- Despite the shortage of practicing physicians on the barrier island, most Long Beach residents report a usual source of medical care: 83% vs. a US average of 77%;
- About the same proportion report having a primary care physician: 79%.
  - But only 55% report being able to get an appointment when they need one on the same or next day;
  - And only 60% report being able to reach a physician by phone or other methods after hours or on weekends.
- The shortage of physicians on the barrier island is also associated with a concomitant shortage of physician-related ancillary services, including diagnostic radiology, clinical laboratory, renal dialysis, and physical and occupational therapy.
- The growing number of frail elderly persons in Long Beach frequently encounter difficulty in transportation to health care services, and the infrastructure for long-term home and community-based services is highly stressed and inadequate.
- There is a general shortage of psychiatric and substance abuse services in Long Beach.

### III. Need for a Hospital?

- Utilization of inpatient hospital services has been declining continuously for many years, and perhaps even accelerating recently in New York State, which has made declining inpatient use a major policy priority.
- Total admissions of Long Beach residents to New York State hospitals are following that pattern:
  - 2011: 6526 inpatient admissions
  - 2012: 6038
  - 2013: 5543
  - 2014: 4921
- At current utilization rates, subtracting maternity and tertiary services inappropriate for any small hospital, that would suggest that Long Beach residents alone could support a free-standing hospital of no more than 50 beds.
- Such a freestanding hospital would not provide a sufficient volume of cases of specific kinds to support high quality services for many medical and surgical services.



- Using conservative assumptions, in the current environment a new 50-bed general hospital in Long Beach might be expected to lose \$10 million or more annually.
- Even before Long Beach Memorial Hospital was closed, South Nassau Communities Hospital was the largest provider of general medical/surgical inpatient services to Long Beach residents, and SNCH is planning to expand and enhance its physical and clinical capabilities to continue to serve a wide range of patients from Long Beach.
- In the current policy and legal environment, it is hard to conceive of circumstances in which New York State would approve construction of a new inpatient hospital facility in Long Beach.

#### IV. Recommendations

##### 1. Emergency Services

- The most commonly-expressed health care concern of Long Beach residents has to do with emergency services, on a barrier island with only three drawbridges connected to the mainland, which experiences considerable population surges in the Summer and during other events.
- The City of Long Beach, with the cooperation of SNCH, has already instituted major reforms in its EMS services, with an upgrading of personnel capabilities, better ambulance deployment, and faster response times.
- The new, temporary, SNCH Emergency Department in Long Beach – which opened its doors on August 10, 2015 - is already gaining acceptance among the public and the EMS community. The ED is seeing, on average, more than 700 patients a month, and is still in the process of upgrading its laboratory capabilities and capacity to dispense controlled substances, awaiting regulatory approvals, which will enable it to appropriately treat a wider range of cases. By the end of 2016, it should be able to provide definitive care to patients in 60-70% of all Long Beach ambulance runs, as opposed to roughly 50% today, as well as excellent interim care to all walk-in patients.
- SNCH should continue to work closely with the Nassau County Regional Emergency Medical Advisory Board on plans for continuing improvement in emergency response on the barrier island, and especially for addressing resource and transportation needs during peak visitor/traffic periods.
- SNCH should continue to work closely with the Long Beach City Administration on integration of EMS services with expanded capacity and capabilities in the freestanding Emergency Department.

##### 2. Physician and Related Services

- In conjunction with the construction of a permanent Emergency Department, SNCH should immediately begin planning for an expanded Primary Care Medical Home physician practice, beginning with the personnel and patients of the existing Family Practice Center, and expanding to 5-6 providers in the initial stages, including one with behavioral health expertise.



- In conjunction with the new primary care practice site, SNCH should make available laboratory and radiology capabilities associated with the Emergency Department.
- At the initial stage, SNCH should also offer renal dialysis and outpatient physical and occupational therapy.
- The expanded primary care practice should be conceived of as the core of an eventual complex of outpatient physician and related services, to grow organically over time as patient demand and service needs evolve. Eventually, it could be expanded to include a broader range of physician primary care and specialty services, and expanded ancillary and therapeutic services.

### 3. Behavioral Health

- SNCH should immediately focus on redoubling its efforts to better support and integrate with the services of Long Beach Reach and other behavioral health providers in Long Beach.
- Simultaneously, SNCH should work with Nassau County, New York State, and other organizations concerned with behavioral health to identify priority service needs and deficits in behavioral health services in Long Beach, and develop plans to meet those needs.

### 4. Geriatric Services

- As an initial step, SNCH should continue its discussions with the new ownership of Komaroff Health Care Facility and the other nursing homes in Long Beach and Island Park about the provision of medical direction and other clinical services in those facilities.
- SNCH should seek to leverage the outcomes of those discussions to support the development of a geriatric service associated with its Long Beach primary care site, perhaps by recruiting graduates of SNCH's Geriatrics Fellowship program.
- As a second step, the Geriatrics leadership at SNCH should work with the Long Beach Housing Authority, other senior services providers in Long Beach, and Medicaid Managed Long-Term Care Plans servicing Long Beach residents on the development and implementation of expanding home and community-based services to frail elderly Long Beach residents, including associated medical transportation services.

## V. Concluding Observations

- While there is a significant absolute deficit in a range of health services in Long Beach, most residents of the barrier island appear to be getting medical care at a reasonable level from reasonable providers. It is important to build stronger health services, across a range of disciplines and resources, on the barrier island, but doing so can not be done in one fell swoop, since patients will need to change their sources of care and provider relationships. These recommendations therefore lay



out the framework of initial steps that can be taken in rebuilding health care delivery capacity in Long Beach, but the pace at which further developments occur, and the extent of such developments, will necessarily depend on the response of Long Beach residents and the evolution of health services more generally.

- Of the many significant health care needs in Long Beach, a new, freestanding general hospital is not among them. On the other hand, SNCH, as the primary provider of inpatient hospital care and tertiary services to Long Beach residents, needs to expand its capacity to meet those needs, and to further improve access to care for Long Beach patients.