

PH 4/23/14

SUFFOLK COUNTY LEGISLATURE

PUBLIC HEARING

**April 23, 2014
5:00 P.M.**

**PUBLIC HEARING RE:
Introductory Resolution No. 1318-2014
and Introductory Resolution No. 1320-2014**

**was held in the
William H. Rogers Legislative Building
of the Suffolk County Legislature
725 Veterans Memorial Highway
Smithtown, New York 11787**

Present:

Legislator William Spencer
Presiding Officer DuWayne Gregory
All Other Interested Parties

Taken by:

Kevin Gruebel, Court Reporter

Transcribed by:

Gabrielle Severs, Court Reporter

*(*The meeting was called to order at 5:14 p.m. *)*

LEG. SPENCER:

Good evening. I'm Legislator Dr. William Spencer. I'm the legislator for the 18th District, and I'm happy to be here with our Presiding Officer, DuWayne Gregory, and we are here for the purpose of holding a hearing, and I'm going to ask if we can stand and salute the flag.

(Salutation *)*

You may be seated. I'm going to ask if our clerk, Tim Laube, would read the notice for this hearing.

MR. LAUBE:

Will do. Good afternoon. Notice is hereby given that the Suffolk County Legislature will conduct public hearings on the proposed transition of Maxine S. Postal Tri-Community Health Center to FOHC status, an operation by Hudson River Healthcare, Inc., as set forth in Introductory Resolution No. 1318-2014 and Introductory Resolution No. 1320-2014.

Notice is further given that the County Legislature will hold such public hearings at the Rose Y. Caracappa legislative auditorium at the William H. Rogers legislature building, Veterans Memorial Highway, Hauppauge, New York on the 23 of April at 5:00 p.m.

LEG. SPENCER:

Thank you. I appreciate all of you who took time out of your long workdays to come to this hearing today, and if anyone would like to be heard, you'll have the opportunity. Since there's so few speakers -- normally, we have a very strict three-minute rule, and we'll be consistent with that, but if, since there's a very small crowd, if you would like to speak a little longer, then we would be happy to indulge that.

MS. SERENZA:

Thank you for that.

LEG. SPENCER:

Our speaker is -- at this point, I have one card, Gina Serenza (ph), and she's representing Tri-Community, and she's right here from Amityville. So, Gina, welcome, and the podium is yours.

MS. SERENZA:

Thank you so much for allowing us this opportunity to -- thank you for the opportunity to allow me to speak this evening. Really, I really came here this evening hoping to hear other speakers and their feelings and ideas on this very significant transition of the health center. I am a registered nurse at the health center, and I have concerns about this issue going forward. I have met with Mr. Gregory before. We've met at the health center on prior occasions. I really am concerned because the meeting this evening really didn't get a lot of public notice, and my question to you is if I had difficulty getting the information about the meeting this evening, my patients, who have very limited resources available to them, certainly don't have access and are unaware of this meeting taking place this evening, and how can we improve that communication so that there isn't this kind of disconnect, so the patients can better come and represent themselves?

LEG. SPENCER:

Presiding Officer, you seem to have a response.

P.O. GREGORY:

Thank you for coming tonight, first of all. The notice for the public hearing was published, as required by law. You know, we have local -- we have County newspapers that we advertise in. There was a public hearing -- April 9th, was it Tim, or earlier this month in Riverhead? There's this

meeting tonight. Then there's this meeting tonight, you know. There are some public hearings that people come to, some that they don't. I suspect that, because I had been talking to several people, that more people were probably interested in coming to the Health Committee tomorrow because there will be representatives from HRH and some others there to discuss the transition, so maybe they thought better for them to that meeting tomorrow. I think it starts at 2:00, the health committee meeting as opposed to coming tonight. But, you know, we advertise the meetings just as we do all our public hearings, and it's just a matter of people's availability and, you know, commitment to come.

MS. SERENZA:

I understand, you know, your response; however, knowing the population that I serve and have the privilege of working with, I know that their resources are limited and they really don't -- they're not a community that is reading Newsday or can avail themselves of computer access, and I was wondering if it would be possible to get a listing of the public meetings so that they can be posted clearly, perhaps in the lobby of the health centers so that these meetings can be more widely known and, therefore, have a better response from all of us.

LEG. SPENCER:

That's a great idea. Just, also, this public hearing, we're required to have two; the County Executive also has two; then we have the committee process where there's a public hearing; then at the general meeting. So, there are several opportunities to kind of go on the record regarding this, and any time that we can have an idea to have more access, it's a good idea. I think that as me being a physician and a humanitarian, and especially our Presiding Officer, very positive suggestions like that are things that we can consider to give more people a chance to weigh in, so I appreciate that. Thank you very much.

MS. SERENZA:

Thank you for the opportunity to speak.

LEG. SPENCER:

Absolutely. Our next speaker is Corrine Reynolds (ph), also representing Tri-Community. Corinne, welcome. Thank you for being here, and I look forward to hearing what some of your thoughts are.

MS. REYNOLDS:

Thank you, Dr. Spencer. As you said, I'm also from Tri-Community. I happen to be the only person who went to the meeting, the hearing at the Dennison Building on -- it was either April 2nd or April 9th -- again, because we were the only ones -- we only learned of it that morning. I agree with what Gina said about our patients. I was concerned they, besides not hearing about it, they would have transportation problems.

One of the things I think is a big problem, and I understand you have certain times that you can meet, but to have meetings at 2:00 in the afternoon with something that concerns us, you know, as a health center, on Thursdays, we work from 11:30 to 7:00. Even if you had a 5:00 meeting, none of the people from the health center could have been there without taking time off. We're concerned for our patients. I know I'm really concerned for our patients, and I wanted to go on record as saying that we had a meeting with Mr. Gregory last week. Hudson River was there. It was my first opportunity to see Hudson River as a presence, and I came to the meeting, the hearing in the beginning of April expecting to learn some information to find out that I was the only person there, and I ended up speaking, very unpreparedly, at that meeting also, and like Gina and some of the other people, came expecting to hear something as opposed to necessarily being the speakers.

There was one other point I was going to make, and it's gone completely out of my head right now.

LEG. SPENCER:

No pressure. If it comes to you, you can come back and tell me.

MS. REYNOLDS:

We appreciate the opportunity to speak. I just wish there were more people here.

LEG. SPENCER:

I agree, and I think -- you know, I have heard -- we have said, Well, we want to give more people more geographic diversity, so, we try to have a hearing out in Riverhead, a hearing here. We try to do the hearings at 5:00 because the Health Committee has got to be at 2:00; and then at the Legislature on Tuesday, we have the public portion at 10:00 in the morning, so we try to vary the times, but I think it's almost a little more difficult. If you're working until 7:00 or 8:00 at night, we're still out of that. So, we try to do the best we can, but we can always do better, and I do feel that one of my, I think, responsibilities, again, as a physician and listening to you all that are there every day and are dealing with your patients, seeing the changing landscape of medicine -- and it's, I think that a lot of times, this has worked for a number of years, patients have been served, is this change, you know, it has to be done in another way that is responsive to the community and that patients don't suffer, that we respect the work that our staff and employees are doing. And I know that when you look at any sort of organization, such as transitioning with Hudson River to an FQHC, there are going to be concerns and bumps along the road, and the more information, I think the better off that we are.

So I'm committed with my presiding officer to, again, if there's a way that we can post the rest of the hearings, maybe at the clinics, would be something that we can do.

I'll come back to you, then. I'll let you come.

I have Patricia is next, is it? I can't read it. Is it Andronica (ph)?

MS. ANDRONICA:

Andronica.

LEG. SPENCER:

Andronica. I got it right. Okay. So hi, how are you?

MS. ANDRONICA:

Hello. Good evening, and thank you for this opportunity. I hadn't actually planned to speak, but as I sat there, some questions crossed my mind.

LEG. SPENCER:

Sure.

MS. ANDRONICA:

First of all, by way of who I am, I began working -- I'm a registered nurse, and I'm a certified diabetes educator, and I began working in Tri-Community Health Center more than 30 years ago, and over the decades -- I don't work there right now, but over the decades, I have come to realize how important that health center is to the community that it serves, and I was wondering a couple of things. One is level of services once Hudson takes over. I know they say we have -- I'm told that they said last week at a meeting in Amityville -- we have two or three certified diabetes educators. My question is, Well, where are they, and how will you provide diabetes self-management to people living with diabetes? Because that is a disease of self-management as well as other chronic diseases. So, I wanted to know how I could find out the level of service that they would provide because if people don't control this and well-manage this disease, they'll be in the ERs and the hospitals. And when those of us who need to access ER services for actual emergencies find them already cluttered with people who could have been -- it could have been prevented, but they didn't have access to this important service. That's number one.

And number two is the fee structure. Where is that available to us to find out? What are the fees that they will be charging to see patients? Will they help them in terms of medications and work with them in terms of accessing pharmaceuticals if they cannot afford them? We all know how expensive those are. Can you answer those questions for me?

LEG. SPENCER:

Well, I can to a certain extent and one of the things that we did when we transitioned the Coram health center to FQHC, those very questions did come up, and one of the things I was very interested in and did discover that there were actually -- some services were actually enhanced compared to what we were providing. One of the issues that we're facing is that we're seeing a redirection of a lot of the Article 6 funds that we used to get from the state that provided for treatment to the county when we see them go from 32 million to 15 million in a very short period of time because more of the funds were being held at the federal level to go to an FQHC model, we're trying to be forward-thinking and respond to those. But some of the services, for instance, that we do are mandated Article 6 STD, TB prevention, and even when we look at some of the diabetes educators that I met with in my office, some of these things we may have -- there will be some contracts on the slide, and we'll also negotiate to make sure that we maintain some of these critical services.

So, one, we were very pleased with the first transition, and there were some bumps along the road. There were some criticisms, but when I brought them in and I looked at the overall level of services, I was pleasantly surprised to actually see that in some of the areas, there were enhancements. So I will be relying on you to point out things such as those things and that we'll bring up to them to make sure, because they did know that there were some questions in terms of will those educators be there for the same number of hours, and will we be able to, you know -- maybe we have a contract for diabetes education right now that, you know, we'll have to -- these are some of the things as a legislator, as chair of the health committee that I'll put forth those concerns as we're moving forward, and that is part of the transition as we look at these contracts, and each health center is unique. There's no boilerplate that will cover these services.

I did find the fee structure in the cases of previous history. When we did the first one that was a lot of unknown now there's a little bit more precedent and there were some adjustments, but I did find that the fee structure, in some cases, was actually more comprehensive than some of the services. So, I know there's individual stories, as we looked at even the Affordable Care, where some people said, "I lost --" you know. There's a lot of politics that are behind it, but I'm committed to the humanitarian aspect of things, so do I have precise answers for each of the individual things that you've brought out? No. Am I taking notes? Are these some of the questions I'll be addressing in my health committee? Absolutely.

MS. SERENZA:

Oh, thank you so very much. Can I just ask you, is there a way we find out the fee schedule?

LEG. SPENCER:

Sure, and I'll bring that up in my health committee tomorrow.

MS. SERENZA:

I thank you so much.

LEG. SPENCER:

Certainly, certainly. And I have relaxed that -- in just at any point, what may happen, typically, this is for you to be heard, and I'm supposed to really just let you speak and not respond. We have a little bit more of an intimate setting, and I relaxed some of the rules a little bit, but I am going to keep going over the speakers, and, really, what I'm supposed to do is write down your questions and then I'll take the opportunity to get back to you. So I don't like --

MS. SERENZA:

Thank you very much.

LEG. SPENCER:

You're very welcome.

Lourdes Diaz (ph). Hello, Lourdes. How are you?

MS. DIAZ:

Thank you for having us.

LEG. SPENCER:

Thank you for being here.

MS. DIAZ:

Yes. I understand that the Suffolk County Health Centers will not be in the 2015 budget. I would just like addressed what will be occurring with the hospital-based health centers such as Brentwood Health Center. Will they be partnering up with Hudson River, or will they be going with another entity?

P.O. GREGORY:

Well, we have Tri-Community and Riverhead that are the County-run health centers. They're going to be partnering with HRH. The hospital contracted health centers are also in negotiations with HRH as well. I know MLK is. I know there's been some preliminary discussions with Brentwood -- at least some preliminary discussions with Brentwood and some others, Brookhaven Hospital as well. So the intention is for HRH to negotiate with whatever Hospital is affiliated with the health centers, and they come with an agreement, and as Dr. Spencer mentioned earlier or just a few minutes ago. Each situation is unique in itself, because dependant on the hospitals; you know, some are larger than others, so they have different dynamics to take into consideration but they are neglecting individually with HRH at this time and they're all -- I'm not all that familiar with where each one is, but I'd imagine they're all at different stages of advancement in those negotiations?

MS. DIAZ:

As it says on my card, I am an RN at the Bureau of Chest Diseases for Suffolk County Department of Health, and the only thing that I feel that's been said too little of is the staff, the health center staff. I must say I've been with the County since -- actually, I started in 1990 as a Q nurse and then went on in 1995 through HELP Suffolk, which was a homeless shelter clinic. And through my years of working with the Health Department, I find that the health center staff, they're excellent. They give excellent care, the providers, the nurses, and the social workers, and I think it just has to be said. Thank you.

LEG. GREGORY:

Thank you. I agree.

LEG. SPENCER:

I agree totally, and that's one of the things that we're not only looking out for the community, but there's some of our nurses and only of the staff members that decide to have a career in public service working for public agencies, and a lot of times they may have taken a lesser salary than they would've seen in the private industry, but they did it because of something in their heart that wanted to make a difference. And I think that if you have people who have served for 10 years, 20 years, given a career, then it's really important for us to look out for them. And I am comforted by the fact that due to the contract with our municipal employees, there can be no layoffs, but people still need to know where they're going and what's going on, and that they have the same sort of securities. It's very important. You know, we're dealing with people's lives and their livelihoods, and I take that very solemnly. It's very important. Thank you.

MS. DIAZ:

Thank you very much.

LEG. SPENCER:

I think, Corinne, you had a question, yes?

MS. REYNOLDS:

I think so. This is a good height for me.

LEG. SPENCER:

Do you remember what you wanted to ask?

MS. REYNOLDS:

Yes, I did. I wrote it on my hand. I will speak to the issue of RNs, though, and that was another comment that I had. Yes, we have made sacrifices, and one of the things that I said at the hearing, at the beginning of the month was that it's very difficult to live with so much uncertainty as to what's happening. So, I think that I speak for most of my colleagues that we really would like to know sooner rather than later so we know what to expect. As far as the issue of RNs, it's my understanding that when Hudson River took over Coram, they didn't keep any RNs except one as an RN nurse manager, and I think that's the same intent with Tri-Community.

I give shots a lot as part of my duty, and I'd like to know who's going to be giving their immunizations. I have heard from other MAs that work with me that at other places, such as in doctor's offices, they were giving shots, and that's very disturbing to me because that's not in their scope of practice, so I would just like to throw that out there and hope that's not going to be something that's going to happen to our health center.

LEG. SPENCER:

That's another question that I will, as I ask about the diabetes and the fee structures, I'll ask who's going to be giving the shots. These are all questions that I'm happy to represent. These hearings educate me so that I know the right questions to ask.

MS. REYNOLDS:

Okay. And my last comment, which is the one that I had forgotten before was that when Hudson River came to the clinic last week for a hearing that was, on our understanding, the opportunity for our patients to speak, it was a little disturbing to me that Hudson River actually kind of -- I don't want to say took over the meeting -- but majority of the time was spent with Hudson River speaking, and I know that one of the patients who really wanted to speak had to leave because he couldn't wait any longer, and that not many of our patients got the opportunity to speak before the meeting had to be called we were going to have clinic soon.

LEG. SPENCER:

I'll share my information and what you can do at the clinics if your patients want to call or you can reach out to me in my e-mail with their questions, and I will take those questions up when we have our Health Committee and when we have our public session, and I'll commit to making can sure that they get either a phone call or an e-mailed response back.

MS. REYNOLDS:

Thank you, Dr. Spencer.

LEG. SPENCER:

Thank you.

MS. SERENZA:

I just wanted to ask one more question, if I may. Over at Tri-Community, we have a -- when our

patients schedule appointments, we have appointments that are called "nursing appointments." As a physician, you know that in the public health arena patient education is so very important to the care of our patients. Those nursing appointments are frequently counselling education appointments. Because the model of Hudson River Healthcare is not to use registered nurses along that capacity, there really will be a diminution of services to those patients in the realm of nursing care. So there really is, to my way of thinking, going to be a difference in the level of care that is provided, and I was wondering if you could address that for me, please.

LEG. SPENCER:

I think that when we look at healthcare -- you know, in my office, I have, like, PAs, I have nurse practitioners, I have nurses, I have medical assistants, and one of the things is that -- I know there's a lot of permutations in terms of when you look at the complete health -- everything from preventative care to counseling with regards to mental health and dental and, you know, there's so -- as you look at the whole picture, I, again, agree with you and underscore the importance of the time that nurses do spend with patients. And as far as me being able to address that what I can do is just pass on and look at the Coram model and see are -- is, you know, looking at the volume of patients and the services, you know, are we dealing with -- if they're not being done by RNs, who is doing them? Are the physicians backing those types of things up? But as so far as being able to address it very specifically, I can find out for you, but I don't know the answers, but I think it's a very good question.

MS. SERENZA:

Thank you so much.

LEG. SPENCER:

I appreciate, again, the eight of you who are here. I do think it's very important, and I do have your concerns that are noted. My health committee's tomorrow at 2:00. If any of you could return, it would mean a lot, but if not, I'll definitely address these concerns on the record tomorrow, and I'll address them with the Hudson River representatives. And if you reach out to me and you have -- you want to help patients facilitate to get to me or Presiding Officer's office, I'm sure that he would -- we'll arrange to try to get individual responses to questions. But I thank you for your time this evening, and I appreciate you coming in and sharing with us. This hearing is adjourned. Thank you.

*(*The hearing was adjourned at 5:41 p.m. *)*