FREDERIKSTED HEALTH CARE, INC.

• INGEBORG NESBITT CLINIC IN FREDERIKSTED •

NORTHSHORE HEALTH CENTER • MID ISALND HEALTH CENTER •

LENA SCHULTERBRANDT HEALTH CENTER

Physical Address
#516 Strand Street, Frederiksted
St. Croix, U.S. Virgin Islands 00840

Mailing Address
P.O. Box 1198, Frederiksted
St. Croix, U.S. Virgin Islands 00841

Committee on Health, Hospitals and Human Services

October 4, 2023

Testimony on Bill No 35-0119

Good Morning Honorable Senator Ray Fonseca, Chair of the Committee on Health, Hospitals, and Human Services, other Committee members, all other Senators and our listening and viewing audience. I am Masserae Sprauve Webster Chief Executive Officer of Frederiksted Health Care, Inc. otherwise referred to as FHC.

As, this is my first opportunity to testify to the Committee on Health, Hospitals and Human Services during the 35th Legislature of the Virgin Islands, please allow me to give a brief overview of FHC. FHC is the sole Federally Qualified Health Center operating on St. Croix. Federally Qualified Health Centers provide high quality health care services without regard to ability to pay. We have a robust sliding fee discount program, and no patient is ever denied services due to inability to pay. In 2022 we provided care to over 10,000 unduplicated individuals. This year we are on track to exceed the patient count of 2022. We provide medical, dental and behavioral health at our four health center locations. We are a community-based and

patient-directed organization. Our organization is governed by a Board of Directors which includes a majority of members who receive their health care services from the health center. This ensures we are responsive to the needs of our patients and our community.

We thank you for the opportunity to comment on Bill No. 35-0119 regarding the development of Mobile Integrated Healthcare Programs. It is our understanding that the primary driver for this legislation is the reduction in the use of the hospital emergency departments for non-urgent care; and to formalize mobile health services in legislation.

In January 2022, the U.S. Census Bureau published an article regarding preventable visits to the emergency department with the headline "Most Vulnerable More Likely to Depend on Emergency Rooms for Preventable Care." The factors which are linked with emergency department utilization include income, educational attainment, unemployment, lack of health insurance, and lack of access to a vehicle or internet services. This demographic describes the majority of Frederiksted Health Care's patients. Ninety-nine percent of our patients have income below 200% of poverty guidelines. Fourteen percent of our patients are uninsured for medical services and thirty-four percent are uninsured for dental services.

Our model of care is to provide timely, high quality primary care services to prevent "ambulatory care sensitive" hospitalizations – those hospitalizations which can be prevented through primary care interventions. We have expanded our footprint on St. Croix to include four locations to remove the transportation barrier to care. We offer same-day appointments and walk-in care at all of our locations to accommodate our patients. We provide access to medical professionals during the hours when our health center is closed so patients have a resource other than 911 and/or the emergency department. Our services include the management of chronic disease,

treatment of acute conditions and, perhaps most importantly, preventive care services. We believe that our biggest contribution to the reduction in the use of the emergency department on St. Croix is the continued expansion of our services so that all of the "most vulnerable" described by the U.S. Census Bureau have access to primary care in the ambulatory setting.

It is important for the Committee to understand that Frederiksted Health Care does not limit its services to the four walls of our health centers. We introduced telehealth visits in 2015 to provide access to Behavioral Health services. With the onset of the COVID-19 public health emergency, we expanded our telehealth services to medical. With the end of the pandemic, FHC continues to provide both behavioral health and medical services via telehealth.

We also have extensive outreach programs to reach the unserved and engage them in care. These programs often use one of our two mobile units which are typically staffed with outreach staff and/or nursing staff. This outreach includes health screenings: including HIV and other types of testing, risk reduction activities including syringe exchange, and vaccines including COVID-19 and seasonal flu. Our outreach activities are a familiar site at community events such as the Agricultural Fair. Our plan is to expand the use of our newest mobile unit for school-based services. This unit includes an exam table which converts for use as either a medical exam table or a dental exam chair and we hope to bring both of these services to the schools in the near future.

The bill pending before the legislature provides a framework for the development of a Mobile Integrated Healthcare program to reduce reliance on the emergency department for non-urgent care. Through our research, it is our understanding that such a program would use community paramedics to provide care in the patients home at the direction of the patient's treating physician. This type of care might

include conducting blood glucose checks, drawing blood for lab testing, starting IVs, and administering medications. These community paramedics would be required to have additional training over and above that of a paramedic and would only provide these services at the direction of the treating physician. As an example of how this would work, a treating physicians would place and order with the community paramedic to perform a service, such as drawing blood for lab testing, and the community paramedic would travel to the patient's home to complete the service. Perhaps the patient is elderly or does not have access to transportation and the treating physician does not need to conduct a physical examination of the patient – but needs the lab work to determine the best course of treatment for the patient.

We support the development of a community paramedic program in the Virgin Islands and would utilize their services to augment our in-person and telehealth visits. We urge the legislature to consider the additional workload this would place on emergency medical service systems and ensure the reliability of these services through adequate paramedic staffing levels.

In order for this system to work, the community paramedic must have time within their daily schedule to perform the service. The model is based on the community paramedic having time between emergency runs to engage in these activities. This unfortunately is not always the case, and therein lies the problem with the model. Should a treating physician place an order for a service on a day when emergencies consume the community paramedics, that service will not be completed. This may or may not have significant health consequences depending on the nature of the service ordered; but it will leave the treating physician uncomfortable using a system which has a built-in level of unreliability.

We have some concerns with the emergency department avoidance component of the program. Our understanding is that this program would have an EMS provider

who responds to a 911 call consult with on-line medical personnel to seek medical direction and perhaps use the community paramedic to manage the patient rather than transfer to the emergency department. Our concern is the consultation with medical personnel for medical direction and the lack of clarity around who these medical personnel would be. Unless the EMS personnel have access to medical personnel 24/7 the program would be limited in its effectiveness. Although Frederiksted Health Care provides access to care for our patients after clinic hours, it is through a call center and it is not an appropriate venue for emergency situations. Calls are answered by a call center who relays the information to the provider. The provider then calls the patients. Reaching one of our providers through this system can take up to 30 minutes, which is not timely for an emergency situation. FHC's system of care cannot support the use of our medical providers as the "on-line medical personnel" with whom the emergency medical service community paramedics would consult. We believe for this system to be effective, emergency department personnel would be the best resource for on-line consultation with the community paramedics as the emergency departments are staffed 24/7 with personnel who are experts in emergency medicine. We urge the legislature to consider the additional workload this would place on emergency department systems and ensure the reliability of these services through adequate staffing.

Thank you for the opportunity to present testimony and thank you for your ongoing support of Frederiksted Health Care and the health care systems of the Virgin Islands.

Respectfully,

Masserae Sprauve Webster
Chief Executive Officer