New York State Department of Health

Health Equity Impact Assessment Template

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

SECTION A. SUMMARY

1. Title of project	IDHC VIP Medical
2. Name of Applicant	Island Digestive Health Center (IDHC)
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Sachs Policy Group (SPG) – 212-827-0660 • Aisha King, MPH aking@sachspolicy.com • Anita Appel, LCSW - AnitaAppel@sachspolicy.com • Maxine Legall, MSW, MBA - mlegall@sachspolicy.com Qualifications: • Health equity – 6 years • Anti-racism – 6 years • Community engagement – 25+ years • Health care access and delivery – 10+ years
4. Description of the Independent Entity's qualifications	The Health Equity Impact Assessment (HEIA) Team at Sachs Policy Group (SPG) is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team comprises experts with extensive backgrounds in health policy, population health, data analysis, community engagement, and anti-racism. They are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities. The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Their work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies. In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving low-income individuals and maternal health initiatives that aim to reduce pre- and post-partum health disparities. They are

	dedicated to supporting organizations that serve vulnerable populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers, child welfare agencies, and providers that support individuals with intellectual and developmental disabilities. The SPG HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful consulting, and strategic advisory work.
5. Date the Health Equity Impact Assessment (HEIA) started	December 3, 2025
6. Date the HEIA concluded	March 3, 2025

7. Executive summary of project (250 words max)

Island Digestive Health Center, LLC (IDHC) is a single-specialty (gastroenterology) free-standing ambulatory surgery center (FASC) located at 471 Montauk Highway, West Islip, New York in Suffolk County. IDHC is seeking approval to convert from a single-specialty FASC to a dual single-specialty FASC specializing in gastroenterology and vascular surgery. The vascular surgery to be performed will include minimally invasive vein treatments such as radiofrequency ablation and Varithena treatments.

There is no construction needed to implement this service addition project. IDHC has three procedure rooms, all of which will be adequate and equipped for vascular procedures. Babak Danesh, MD, an existing member and Medical Director of the Center, will continue to serve as the Center's Medical Director. Admission to IDHC for services is, and will continue to be, based solely on medical need, not ability to pay.

8. Executive summary of HEIA findings (500 words max)

IDHC plans to expand its Article 28 ambulatory surgery license to include low acuity vein procedures (radiofrequency and Varithena ablations) within its existing facility in West Islip. This HEIA determined that older adults, women, racial/ ethnic minority individuals, immigrants, people who are uninsured or underinsured and people with a prevalent disease or condition, will be most impacted by this project. Older adults and women have higher prevalence and complications arising from chronic venous disease. The service area, while not majority minority, holds several populations who speak languages other than English. Common languages highlighted were Spanish, Creole, Russian, and Ukrainian.

Adding vein services in the same suites now used for endoscopy will enable expansion of services without need for construction or addition of new staff. Minimal new equipment will be needed. Staff and leadership noted that the procedure rooms can be cleaned and reset between morning gastrointestinal cases and afternoon vein cases without disrupting existing schedules, access to gastrointestinal services, or clinical quality. The Applicant has procedures and infrastructure in place to support individuals with limited English proficiency and those with disabilities. Interviews with current patients, surgeons, ASC experts, the local health department, and an English- and Spanish-language survey, found consistent support for this project.

We recommend that the Applicant:

- Maintain transparent, proactive communication with staff, referral sources, and patients to ensure smooth integration of the new services into existing operations and daily workflows.
- Consider developing relationships with facilities that serve populations who may need vein procedures. Relevant practices may include FQHCs, OB-GYN practices, senior centers, and local nursing facilities.
- Leverage relationships with local community partners to help improve access to outpatient services for underserved populations.
- Co-design quality and safety metrics with the vascular surgeons (e.g., 30-day occlusion rates, reinterventions, and ulcer-free survival) and stratify the results by age, sex, race/ethnicity, insurance status, and English-language-proficiency.

SECTION B: ASSESSMENT

For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.

STEP 1 – SCOPING

1. **Demographics of service area: Complete the "Scoping Table Sheets 1 and 2" in the document "HEIA Data Tables". Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.**

   Please see attached spreadsheet titled "heia_data_tables_IDHC.xlsx"

2. **Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:**
   - Older adults

- Women
- Racial and ethnic minorities
- Immigrants
- People with prevalent disease or condition
- People who are uninsured or underinsured

3. For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?

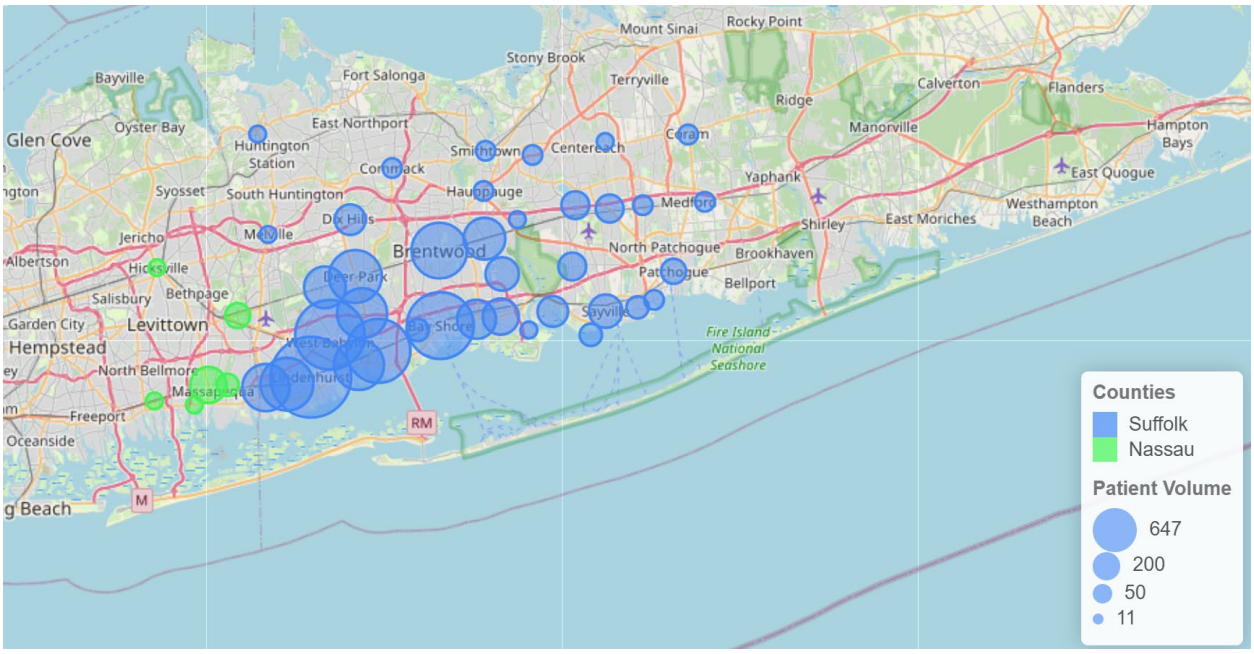
We analyzed utilization data from the Applicant, census data for the service area, academic literature, information obtained from interviews with center staff and external stakeholders, and information obtained from a patient community survey.

4. How does the project impact the unique health needs or quality of life of each medically underserved group (identified above)?

We expect the Applicant's proposal to add vein procedures to its operating certificate to primarily impact older adults and women, as these groups are at higher risk for chronic venous conditions and therefore more likely to need procedures such as radiofrequency ablation and Varithena ablation. These minimally invasive procedures "have revolutionized varicose vein treatment, offering high success rates and quicker recovery compared to traditional surgery."[1] The physician that will be performing the vein procedures confirmed that varicose veins and related complications are a common problem affecting a significant portion of the population (20-25%). Up to 5% of these cases will develop venous ulcers if untreated. Older adults and women are particularly impacted. Based on interviews and service area assessment, we also expect the project will impact racial/ ethnic minority individuals, immigrants, people who are uninsured or underinsured, and people with prevalent diseases or conditions. Typically, these procedures are performed in physicians' offices, and conducting them in ASCs will be beneficial, as there will be increased access to highly sterilized environments, trained staff, and medical equipment.

This facility serves individuals across Suffolk, Queens, and Nassau County. 4,866 patients (95% of patients) lived in 44 zip codes within Suffolk and Nassau Counties (see map below).

[1] Fayyaz, F., Vaghani, V., Ekhator, C., Abdullah, M., Alsubari, R. A., Daher, O. A., Bakht, D., Batat, H., Arif, H., Bellegarde, S. B., Bisharat, P., & Faizullah, M. (2024). Advancements in varicose vein treatment: Anatomy, pathophysiology, minimally invasive techniques, sclerotherapy, patient satisfaction, and future directions. *Cureus, 16*(1), e51990. https://doi.org/10.7759/cureus.51990



Older Adults

Nearly a quarter (24%) of individuals in the Applicant's service area are over the age of 60. New York State currently has the 4th largest population of older adults in the country, with the aging population continuing to increase.[2] The prevalence of venous disease and varicose veins increases with age.[3,4] Older adults are also at greater risk for complications related to varicose veins, such as venous thrombosis or ulcers.[5,6] Varicose veins are an increasingly frequent cause of discomfort and decreased quality of life with age, and minimally invasive surgical treatment can be more effective than conservative

[2] New York State Department of Health, Office of Aging and Long Term Care, & New York State Office for the Aging. (2025, June 30). *New York State master plan for aging: Final report*. https://planforaging.ny.gov/system/files/documents/2025/06/mpa-final-report-6.30.25.pdf

[3] Beebe-Dimmer, J. L., Pfeifer, J. R., Engle, J. S., & Schottenfeld, D. (2005). The epidemiology of chronic venous insufficiency and varicose veins. *Annals of Epidemiology, 15*(3), 175–184. https://doi.org/10.1016/j.annepidem.2004.05.015

[4] Eberhardt, R. T., & Raffetto, J. D. (2014). Chronic venous insufficiency. *Circulation, 130*(4), 333–346. https://doi.org/10.1161/CIRCULATIONAHA.113.006898

[5] Mok, Y., Ballew, S. H., Kucharska-Newton, A., Butler, K., Henke, P., Lutsey, P. L., Salameh, M., Hoogeveen, R. C., Ballantyne, C. M., Selvin, E., & Matsushita, K. (2025). Demographic and clinical risk factors of developing clinically recognized varicose veins in older adults. *American Journal of Preventive Medicine, 68*(4), 674–681. https://doi.org/10.1016/j.amepre.2024.12.009

[6] Attaran, R. R., & Carr, J. G. (2022). Chronic venous disease of the lower extremities: A state-of-the-art review. *Journal of the Society for Cardiovascular Angiography & Interventions, 2*(1), Article 100538. https://doi.org/10.1016/j.jscai.2022.100538

management.[7] As a result, older adults may have higher need of additional access points for low acuity vein procedures in the service area.

Women

Approximately 50.4% of individuals in the Applicant's service area are female, compared to 51% statewide. Studies consistently indicate that varicose veins present more commonly in women compared with men.[4,8] Pregnancy is a major contributory factor in the increased incidence of varicose veins in women and is also considered a risk factor for chronic venous insufficiency.[3] The vascular surgeon who will be performing the surgery indicated that his current patient population is approximately 80% female, typically in the 50-60 year age range. As a result, women may be positively impacted by additional access points for low acuity vein procedures in the service area.

Racial and ethnic minorities and immigrants

In the Applicant's service area, 69.3% of individuals identify as White, 6.9% as Black or African American, 5.6% as Asian, and 8.2% as 'some other race.' A fifth of the population identifies as Hispanic/Latino. Although the local health department indicated that West Islip is not specifically a medically underserved area, individuals from across the county receive services at the Applicant. Local clinicians, including Applicant staff, indicated that the local patient population is diverse, and that the most common languages other than English are Spanish, French Creole, Ukrainian, and Russian. As such, increasing the number of services available at the site should positively impact these populations' ability to access services.

People with prevalent disease or condition

Several prevalent chronic conditions are associated with increased risk of vein-related medical conditions, including (but not limited to) the following:

- Hypertension
- Diabetes
- Obesity
- Peripheral artery disease
- Chronic kidney disease
- Lupus

[7] Chen, H., Reames, B., & Wakefield, T. W. (2017). Management of chronic venous disease and varicose veins in the elderly. In R. Chaer (Ed.), *Vascular disease in older adults: A comprehensive clinical guide* (pp. 95–111). Springer. https://doi.org/10.1007/978-3-319-29285-4_5

[8] Eberhardt, R. T., & Raffetto, J. D. (2014). Chronic venous insufficiency. *Circulation, 130*(4), 333–346. https://doi.org/10.1161/CIRCULATIONAHA.113.006898

Clinical experts highlighted the importance of addressing venous issues when they emerge, particularly for individuals with chronic conditions. Venous diseases are progressive; they worsen over time without intervention, leading to increased pain, heaviness, cramping, and swelling. Early treatment can prevent years of discomfort and functional limitation.

Populations with comorbidities can benefit from receiving these procedures in ASCs rather than in an office setting because ASCs provide immediate access to higher level equipment and medications, sterile operating environments, and multidisciplinary teams trained to rapidly respond to complications - critical safeguards for patients with diabetes, heart disease, or other chronic conditions that increase procedural risk.

People who are uninsured or underinsured

The local department of health highlighted uninsured and underinsured individuals as an important medically underserved group in Suffolk County. In the Applicant's service area, 96.2% of individuals have health insurance coverage. In Suffolk County, 95.3% of individuals have health insurance coverage, and 6.5% of the population lives under the poverty line.

5. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?

The tables below outline the age, gender, and racial/ethnic distribution of patients at the facility in 2025. We expect that introducing vein procedures will likely increase the proportions of patients who are older and/or female, as these are the groups most likely to experience venous issues.

Per the Applicant:
State Exchange Plans are health insurance options offered through state or federal marketplaces. Individuals who buy coverage through the exchange may qualify for premium tax credits and cost sharing reductions if their income is between 100% and 400% of the federal poverty level. These subsidies help lower monthly premiums and reduce out of pocket costs, especially for those enrolling in Silver plans. Subsidies are only available through the exchange, not when purchasing coverage directly from insurers. In the past year, 6.31% of the center's patients were covered by State Exchange plans.

Age

Age	% Q1	% Q2	% Q3	% Q4
18-44	19%	20%	22%	21%
46-64	57%	56%	53%	54%
65+	24%	24%	25%	25%

Gender

Gender	% Q4	% Q4	% Q4	% Q4
Male	43%	44%	42%	45%
Female	57%	56%	57%	54%

Race/Ethnicity

Race	% all Qs
White/Caucasian	64%
Black/African American	10%
Hispanic	20%
Asian	1%
Native Hawaiian/Pacific Islander	0%
American Indian/Alaskan Native	0%
Other Race	5%
Multiracial (more than 2 races)	0%
Unknown	0%

Payor Mix

Payor	% all Qs
BCBS	19%
Commercial	5%
Managed Care Other	30%
Medicaid	12%
Medicare	25%
Other Financial Class	1%
Charity Care	1%
State Exchange	6%

6. What is the availability of similar services or care at other facilities in or near the Applicant's service area?

Clinical facilities in Suffolk County that offer outpatient vein procedures such as sclerotherapy, laser treatment, radiofrequency ablation, or Varithena ablation and their distance from the Applicant's site are outlined in the table below. Notably, in West Islip, there are only four ASCs registered with the Centers for Medicare and Medicare Services (CMS): Good Samaritan Hospital Medical Center, Atlantic SC LLC, Island Endoscopy Center LLC, and IDHC LLC.

Suffolk County Outpatient Centers Providing Vein Procedures

Provider	Location	Distance from IDHC
Vein Treatment Clinic – West Islip	500 Montauk Hwy Ste G, West Islip, NY 11795	~800 ft
Schneider Surgery of Long Island	754 Montauk Hwy, West Islip, NY 11795	~0.7 miles
Long Island Comprehensive Medical Care	754 Montauk Hwy, West Islip, NY 11795	~0.7 miles
Center for Vein Care-Commack	500 Commack Rd, Ste 102, Commack NY 11725	~11 miles
Schulman Vein and Laser Center – Commack	353 Veterans Memorial Hwy, Ste 206, Commack, NY, NY 11725	~13 miles
Suffolk Vascular & Vein Center- Islandia	1324 Motor Pkwy, Ste 101, Islandia, NY 11749	~14 miles
Center for Vein Care- Holbrook	280 Union Ave, Holbrook, NY 11741	~20 miles
Vein Center at NYU Langone- Suffolk	101 Hospital Rd, Patchogue, NY 11772	~20 miles
USA Vein Clinics- Stony Brook	2350 Nesconset Hwy, Stony Brook, NY 11790	~21 miles
Stony Brook Vascular Center	23 S Howell Ave Suite H, Centereach, NY 11720	~23 miles
Suffolk Vascular & Vein Center – Port Jefferson	1110 Hallock Ave, Port Jefferson, NY 11776	~28 miles
Vein Treatment Clinic- Port Jefferson	70 N Country Rd, Port Jefferson, NY 11777	~30 miles
Metro Vein Center	1500 Rt 112, Building 10, Port Jefferson Station, NY 11776	~30 miles
Varicose Vein Center – Port Jefferson	405 E Main St, Port Jefferson, NY 11777	~30 miles
AAA Long Island Vascular Care	900 Northern Boulevard, Suite 140 Great Neck, New York 11021	~30 miles
Center for Vein Care- Riverhead	74 Commerce Ave, Riverhead, NY 11901	~43 miles
Suffolk Vascular & Vein Center- Riverhead	1149 Old Country Rd, Riverhead, NY 11901	~44 miles
Vein Treatment Clinic – Hampton Bays	225 W Montauk Hwy, Ste 3, Hampton Bays, NY 11946	~46 miles

Center for Vein Care-Southampton	240 Meeting House Lane, Southampton NY 11968	~54 miles
Center for Vein Care-Southampton	676 County Road, Suite 39A, Southampton, NY 11968	~54 miles

7. **What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?**

   We were not able to obtain outpatient data specific to each of the practices above to adequately measure the market share.

8. **Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.**

   N/A

9. **Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of project? If yes, please describe.**

   There are no staffing issues anticipated related to the project. The facility will be bringing on a new vascular surgeon to complete the vein procedures onsite. The vascular surgeon works closely with VIP Medical Group. His office is currently within walking distance of the Applicant, and consultations for vein procedures to take place at the ASC will take place at his offices. Existing support staff, such as nurses and technicians, will be trained to support the surgeon during the procedures. All staff were excited about being trained on new procedures.

10. **Are there any civil rights access complaints against the Applicant? If yes, please describe.**

    No.

11. **Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were**

impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.

No.

STEP 2 – POTENTIAL IMPACTS

1. **For each medically underserved group identified in Step 1 Question 2, describe how the project will:**
   a. **Improve access to services and health care**
   b. **Improve health equity**
   c. **Reduce health disparities**

The integration of minimally invasive vein procedures into an existing Article 28 endoscopy clinic in West Islip will establish an additional outpatient option, broadening access to vascular services within the region. This licensed facility already meets all applicable clinical and regulatory standards for sterile outpatient procedures. Expanding its scope to include vein procedures is anticipated to improve access to care, advance health equity, and reduce health disparities among medically underserved populations in the following ways:

Population	Impact
Older adults	For older adults, the outpatient model avoids hospital visits, which could increase infection risk. Increasing the locations where these services are provided may reduce transportation barriers for mobility-limited seniors. Early intervention can reduce the likelihood of advanced skin changes, increased discomfort, ulcers, and other complications that disproportionately affect women and older adults. Low acuity procedures, such as radiofrequency ablation, provided in an ambulatory setting rather than in the hospital are safe, convenient, and cost-effective.[9] Research shows that vein treatment procedures performed in outpatient settings demonstrate comparable results to those obtained in conventional operating theaters, with benefits for

[9] Gohel, M. S., Epstein, D. M., & Davies, A. H. (2010). Cost-effectiveness of traditional and endovenous treatments for varicose veins. *British Journal of Surgery, 97*(12), 1815–1823. https://doi.org/10.1002/bjs.7256

	individuals over age 65 - who tolerate outpatient procedures better than hospitalization.[10] Accessing treatment is vital for older adults, who commonly present with symptoms of pain, heaviness, fatigue, aching, swelling, discoloration, and venous ablations.
Women	Studies show that most patients – including women – seeking treatment for varicose veins prefer local anesthetic therapy and single visit treatment options compared to hospital-based surgery.[11] Conducting these procedures quickly in a sterile, outpatient environment with flexible scheduling increases accessibility for women, who may otherwise face barriers to care due to childcare and/or work responsibilities.
Racial and ethnic minorities and immigrants	Given that the facility, staff, and physician are familiar with treating an ethnically, racially, and linguistically diverse patient population, expanding the service line at this facility should increase access to vascular services for these patients. Patients who already receive care at this facility benefit from established language and navigation support, lowering the barriers that often prevent underserved populations from seeking or completing vascular care. Greater access to these services can therefore help reduce health disparities, as delayed or absent treatment for vascular conditions disproportionately affects minority communities.
People with prevalent diseases or conditions	Minimally invasive vein procedures often take place in offices settings. However, office-based procedures are less safe for patients with comorbidities. ASCs are a safe setting to provide these procedures, while enabling physicians to see multiple patients per day. One alternative is hospital operating rooms, which

[10] Varetto, G., Gibello, L., Frola, E., Trevisan, A., Trucco, A., Contessa, L., & Rispoli, P. (2018). Day surgery versus outpatient setting for endovenous laser ablation treatment: A prospective cohort study. *International Journal of Surgery, 51*, 180–183. https://doi.org/10.1016/j.ijsu.2018.01.039

[11] Shepherd, A. C., Gohel, M. S., Lim, C. S., Hamish, M., & Davies, A. H. (2010). The treatment of varicose veins: An investigation of patient preferences and expectations. *Phlebology, 25*(2), 54–65. https://doi.org/10.1258/phleb.2009.009008

	would limit the availability of services due to cost, slow turnover, and the need to reserve those spaces for acute and complex cases. This project is therefore expected to enable more patients with prevalent diseases or conditions to receive care in the safe and sterile environment of an ASC.
Uninsured and underinsured individuals	Chronic vein disease (CVD) leads to loss in productivity - as many as 10% of patients with CVD report loss of working days. Improving access to preventive procedures and treatment should reduce health disparities among this group. The Applicant has demonstrated that they regularly provide charity care, and as such adding this service to their center will likely increase access to vein procedures for uninsured and underinsured individuals.
All patients	According to staff and other experts in the field, endoscopy procedures typically take place in the early morning due to the preparation requirements, allowing for afternoon blocks to be dedicated to vein procedures. This maximizes the facility's current space and staffing while ensuring no disruption to existing patients and services. Operations staff verified that the Applicant has adequate space and staffing to accept additional patients, and that procedure rooms will be thoroughly cleaned and readied for afternoon vein procedures following morning endoscopic cases. In the context of the existing gastrointestinal services, the project may improve 1) access to GI services for patients seeking vein services and 2) access to vein services for patients receiving GI services. Patients receiving vein procedures are typically around 50 years old, and colonoscopies are recommended for most adults at age 45. Co-location of these services may allow for increased coordination of care and increased access to both services where appropriate. Cross-disciplinary case conferences and warm hand-offs reduce fragmented care, shorten wait times for ancillary services, and improve adherence to follow-up

	- ultimately lowering the risk of ulceration, infection, and emergency department use.

For all medically underserved groups, this project can help close treatment gaps by reducing cost, time, and mobility burdens.

2. For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.

Unintended positive impacts:

- For women, older adults, and those with genetic risk factors for varicose veins, adding low acuity vein procedures at an ambulatory setting improves access to care in a safe, clinically appropriate environment, reducing risk of complications.
- Increased availability of vein procedures at this facility may reduce the need for patients to travel to distant or unfamiliar facilities, which is particularly beneficial for older adults or low-income patients who rely on public transportation or have limited mobility.
- By diverting low acuity vein cases away from hospital operating rooms, higher acuity and emergent surgical cases can be prioritized in those settings, improving system efficiency and patient safety for the most vulnerable.
- Patients from linguistically and culturally diverse backgrounds who receive care at this facility can access new vascular services without having to navigate an unfamiliar system, reducing delays in care and burden of trying to find a new provider.
- Earlier access to low acuity vein procedures may prevent progression to more serious vascular conditions, reducing the likelihood that underserved patients may develop conditions that require more complex and costly interventions.
- The addition of this service may attract new patients from underserved communities who were previously unaware of the facility, connecting them to a broader network of primary and specialty care services over time.

Unintended negative impacts:

- Patients unfamiliar with the facility who are referred for vein procedures may face language and navigation challenges if outreach and education about the new service line are not adequately targeted to underserved communities.

- Increased facility utilization could lead to scheduling backlogs, disproportionately affecting patients with inflexible work schedules or caregiving responsibilities.

3. How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.

Between September 2024 and December 2025, the Applicant provided care either free or below cost to 40 individuals, for a total of $100,600. As the number of total services provided at the center will increase, the overall amount of indigent care may also increase. However, the proportion of uncompensated/charity care compared to compensated care provided is not expected to change.

Per the Applicant:
The 2025 Medicaid and Charity Care volume for IDHC 12.12% and .56% respectively. Good Samaritan Hospital, a 51% owner in the ASC, works directly with patients without insurance. All patients are provided with access to care, those who present at the hospital are provided with emergency Medicaid, explaining why our charity care volume is lower.

4. Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.

The most common way that individuals access the facility is via private car. The facility is also accessible via public transportation. There is a Suffolk County 2 bus stop a 2-minute walk from the facility, and a LIRR station (Babylon) a 22-minute walk from the facility. The Babylon LIRR station is also on the 2 bus line. Access to the Applicant’s services will not change as a result of this project.

5. Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.

This project does not involve any architectural changes. There is convenient off-street parking areas designated specifically for disabled persons, and fully accessible bathrooms, public waiting areas, and patient treatment areas and available throughout the Center.

6. Describe how implementation of the project will impact the facility’s delivery of maternal health care services and comprehensive reproductive

health care services, as that term is used in Public Health Law § 2599-aa, including contraception, sterility procedures, and abortion. How will the project impact the availability and provision of reproductive and maternal health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?

N/A

Meaningful Engagement

7. **List the local health department(s) located within the service area that will be impacted by the project.**

   Suffolk County Department of Health Services

8. **Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?**

   Yes, the Independent Entity spoke with the Commissioner of the Suffolk County Department of Health Services. The Commissioner did not have any concerns about the project, but encouraged the facility to ensure fair and equitable access to services for medically underserved individuals in the county – including those who are uninsured or underinsured. He mentioned that increasing services is a positive.

9. **Meaningful engagement of stakeholders: Complete the "Meaningful Engagement" table in the document titled "HEIA Data Table". Refer to the Instructions for more guidance.**

   Please refer to attached spreadsheet titled "heia_data_tables_IDHC.xlsx"

10. **Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern about the project or offered relevant input?**

    The stakeholders most affected by this proposed project are individuals who suffer from chronic venous insufficiency (CVI), varicose veins, leg pain, leg heaviness, leg fatigue, leg swelling, skin changes (hyperpigmentation, lipodermatosclerosis), and venous ulcers. Women and older adults are most impacted by these conditions. No stakeholders expressed concern about the project. Interviewees were confident that the new service would fit within the center's existing care model and philosophy. Patients expressed

satisfaction with the care they received at the facility, including the friendliness of staff and the quality of care. Staff expressed eagerness to receive training on new procedures. One respondent reserved judgement on the project, as they preferred to wait until the project was implemented to see what it was like and how successful it would be. Staff and leadership indicated that scheduling, space, and staffing capacity are sufficient to maintain current quality standards while expanding service lines.

11. How has the Independent Entity's engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?

As part of our stakeholder engagement, we conducted one-on-one interviews with physicians, IDHC employees, partners, and patients. We also distributed a patient survey that was available in both English and Spanish and open for three weeks. Our stakeholder and community engagement complemented our data analysis by providing qualitative insights into the needs of the local community and potential benefits and burdens of the service addition.

12. Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.

SPG's stakeholder engagement process involved developing a comprehensive outreach strategy to a diverse set of stakeholders from which we sought feedback for the assessment. As part of this effort, we conducted 12 interviews with staff, referral and community partners, the local health department, physicians, and patients. We also received one response to our survey from patients and community members. Given that this is a new service line, we were not able to speak with patients who had received vein procedures at the center. However, we were able to speak with patients who had received GI procedures at the facility. Although we cannot report on the specific demographics of all participants, we connected with staff, physicians, and patients who are female and/or belong to diverse racial/ethnic/linguistic groups. All of the patients and staff we spoke with lived in the region. The Suffolk County DOH was able to speak to the needs of medically underserved populations in the local area. The most important medically underserved populations in the service area were identified as those without insurance or adequate insurance coverage. We believe that the medically underserved groups impacted by the project were adequately represented by the individuals from whom we received feedback during the stakeholder engagement process.

STEP 3 – MITIGATION

1. **If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:**
    a. **People of limited English-speaking ability**
    b. **People with speech, hearing or visual impairments**
    c. **If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?**

The Applicant upholds the following policy: *It is the policy of the Center not to discriminate against any person on the basis of race, color, national origin, disability, age or sex in admission, treatment or participation in its programs, services, activities, or in employment. The Center will make every reasonable effort to accommodate patients with special needs during their procedure. Special needs may include but are not limited to: Limited English Proficiency (LEP), sensory or speech impairment, physical disability, or spiritual/cultural needs or considerations.*

The Applicant has detailed policies that ensure that all patients, including those with impaired sensory or speaking skills, have access to interpretation services. Staff are educated in these policies and in the process of accommodation of patients with interpretation needs, including the identification of need and how to access an interpreter. The physician that will be completing the vein procedures currently serves many Spanish-speaking patients and does not foresee any challenges to serving Spanish-speaking patients. Many facility staff are bilingual or multilingual.

2. **What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?**

In order to bolster access to vein procedures for women, people with racial and ethnic minority identities, and people who are uninsured or uninsured, the Applicant should explore partnerships with federally qualified health centers (FQHCs) and women's health and social service providers (e.g., OB-GYN practices, WIC sites, birthing centers, and Planned Parenthood sites). As has been recommended for other sites seeking to expand into vein procedures, the Applicant could also consider hosting virtual "lunch-and-learn" webinars on venous disease for women's health advocacy groups and organizations.

To reach older adults, the Applicant may collaborate with senior centers, home health agencies, and long-term care providers to publicize the new vein care options and collaborate on transportation services where needed. Communication and appointment reminders should meet the needs and preferences of older adults, including phone calls/mail instead of email/text as necessary.

Lastly, the Applicant should draw on its experience in community outreach (e.g., with Long Island Coalition for the Homeless, Long Island Against Domestic Violence Shelter, and St. Brigid's Food pantry in Nassau County, Long Island) to ensure the added services reach uninsured and underinsured individuals and other underserved populations.

3. How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?

The Applicant should maintain open communication with staff, current and prospective patients, and referral sources to ensure the new service line integrates smoothly into existing workflows and meets all stakeholder needs. Additionally, the Applicant should engage local community organizations with which it has established relationships, as noted in the previous question. Collaborating with these organizations will help ensure that community members who face social and economic barriers to care are aware of the new vein procedures and supported in accessing them.

4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

The project addresses several systemic barriers to equitable access to care.

First, geographic proximity is likely the most significant barrier addressed. Given the distance to comparable services, without this new location, patients would likely need to seek care at a hospital, which tends to be more costly and time-intensive, or at an outpatient office, which may not be safe for all patients with complex conditions. Establishing these services in West Islip addresses a gap in the local care landscape.

Second, this project should reduce costs of care for patients – a significant barrier to equitable access. Community-based care typically incurs lower out-of-pocket costs for patients than hospital-based care. This distinction can make a meaningful difference for patients managing chronic conditions on fixed or limited incomes.

Third, the new location improves practical access for patients who face scheduling or wait time challenges at existing providers. Having an additional appointment option in a central, accessible location may reduce delays in care.

STEP 4 – MONITORING

1. What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?

The Applicant sends out patient satisfaction surveys to all patients to solicit feedback on their experience at the facility. Clinical outcomes are documented and tracked monthly, and the Applicants participate in benchmarking. The Applicant does KPI tracking, including patient transfers, hospitalizations, and all routine quality metrices. The Applicant also tracks and conducts root cause analyses for any adverse events. All patients receive follow-up calls from clinical staff after each visit, during which they are encouraged to fill out the patient satisfaction survey. Center leadership also participate in cross-center quality meetings.

2. **What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?**

The Applicant should partner with the vascular surgeons to develop appropriate clinical quality and safety metrics specific to the new procedures, such as 30-day vein occlusion rates, reintervention rates, and ulcer-free survival rates. Metrics should be stratified by age, sex, race/ethnicity, insurance type, and interpreter use to monitor equitable access to the new services. Additional measures should be considered related to implementation, staff engagement, and workflows to ensure smooth integration and operation of the new services. For example, the Applicant could consider collaborating with other facilities to develop a checklist that could be applied across centers to ensure smooth integration and following of best practices for integration of vein procedures.

STEP 5 – DISSEMINATION

The Applicant is required to publicly post the CON application and the HEIA on its website within one week of acknowledgement by the Department. The Department will also publicly post the CON application and the HEIA through NYSE-CON within one week of the filing.

OPTIONAL: Is there anything else you would like to add about the health equity impact of this project that is not found in the above answers? (250 words max)

---------- SECTION BELOW TO BE COMPLETED BY THE APPLICANT ----------

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.

I. Acknowledgement

I, (Island Digestive Health Center), attest that I have reviewed the Health Equity Impact Assessment for the (IDHC VIP Medical) that has been prepared by the Independent Entity, (Sachs Policy Group).

Bob Estes

Name

Manager

Title

Signed by:
Bob Estes
9BCEEDED1482457...

Signature

4/14/2026

Date

II. Mitigation Plan

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

Please note: this narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made.

Mitigation Plans for HEIA

Island Digestive Health Center

Island Digestive Health Center (IDHC) recognizes its responsibility to ensure that the addition of vein procedures does not create or exacerbate barriers to care for the medically underserved groups identified in the Health Equity Impact Assessment. If this project is approved, the Center will utilize its existing Charity Care Program to mitigate any potential negative impacts and to ensure equitable access to services for all patients, regardless of their ability to pay. It is important to note that IDHC, a free-standing ambulatory surgery center, is affiliated with Good Samaritan Hospital, under the Catholic Health System of Long Island umbrella.

Charity care is defined as healthcare services that are provided without expectation of payment and, as such, these services are not recognized as receivables or revenue. To enhance the charity care program, the center is looking to increase community outreach and charity care initiatives in 2026. This will allow the center to continue to provide services on a periodic basis to individuals who do not have equal access to care, including those who are unable to pay for services or do not have adequate insurance coverage through no fault of their own. Through IDHC's partnership with Good Samaritan Hospital, a wide range of outreach activities are offered including free community lectures, health screenings, support groups and local community events.

This underscores the Center's commitment to equitable and inclusive care delivery. This policy will be fully extended to the new vein procedures service line to ensure that all patients in need will always receive appropriate care. The Center will continue its strong relationships Catholic Health System of Long Island (CHSLI) to ensure access to care for underinsured and uninsured patients requiring vein procedures.

As previously mentioned, the Center's education and outreach efforts, collaborating with Good Samaritan Hospital, are targeted towards community health centers, adult community centers, patients, and Center visitors. These activities ensure that underserved populations within the primary service area are aware of available services, including vein procedures, and understand how to access them. A sliding scale fee schedule for these procedures will be utilized for patients experiencing financial hardship while ensuring that they are not excluded from receiving the optimal, quality care they deserve. The Center's medical and facility leadership oversee and coordinate the Charity Care Program to ensure effective implementation and integration into operational planning for all services, including the new vein procedures. The Board of Managers reviews quarterly reports summarizing all services rendered under the Charity Care Program for oversight and accountability.

Through these policies and operational strategies, IDHC commits to providing equitable access to care across all service lines, including the proposed vein procedures. The Center anticipates that the implementation of vein procedures will not disproportionately impact medically underserved groups. Instead, it will expand care options while maintaining a robust safety net for patients experiencing financial hardship. By integrating the Charity Care Program into planning for the vein service line, IDHC will continue to uphold its mission of equitable and inclusive care delivery, addressing social determinants of health, and reducing barriers for vulnerable populations.