

Reporter Community Forum looks at the Island's healthcare systems

Julie Lane | 03/08/26



Panelists at Reporter Health Care Forum (from left) Deputy Supervisor Meg Larsen, Physician Assistant John Reilly, Stony Brook Eastern Long Island Hospital Medical Director Dr. Alison Madden and EMS Director Jack Thilberg. (Credit: Charity Robey)

Filling voids in medical coverage on Shelter Island is no easy task, speakers at Thursday night's Reporter Forum on Health Care agreed. But that doesn't mean efforts have ceased.

Four speakers — Dr. Alison Madden, Chief Medical Officer at Stony Brook Eastern Long Island Hospital; John Reilly, a physician assistant at the Northwell Health/Go Health urgent care clinic at Bridgehampton Commons; Emergency Medical Services Director Det. Sgt. Jack Thilberg; and Deputy Town Supervisor Meg Larsen spoke to a full house at Shelter Island Presbyterian Church's Fellowship Hall on March 5.

EMS Director Thilberg told responded to the initial question from Reporter columnist and feature writer Charity Robey who moderated the discussion. She asked how the EMS team responds to emergency calls.

Hours of training for EMT volunteers prepares them to assess a patient and determine the best response. Based on a patient's diagnosis, they know which facility is best equipped to meet the patient's needs. Stony Brook Southampton Hospital is best equipped to handle heart and stroke patients. ELIH is likely to be the best option for other conditions, particularly if the assessment is that the patient is going to have to be moved to Stony Brook University Hospital. A 17-minute flight to Stony Brook can best be achieved from the North Fork, Det. Sgt. Thilberg said.

He understands family members may have a preference, but advises they should listen to EMTs and Paramedics who advise the most appropriate facility for a patient's needs. Families are thinking about convenience, but the medical professionals will be advising that the choice is based on the most appropriate facility to treat the patient successfully.

Noting the closing of prescription services on the Island and other shortcomings of on-Island healthcare, what role do Town officials have in finding remedies, Ms. Robey asked Ms. Larsen. The Town can't run a pharmacy or medical office, be involved in financing or managing needed medical services, Ms. Larsen said. But it can play a role in adopting policies that help to make efforts of others viable.

An element to bringing a full-time doctor to the Medical Center would involve housing, Ms. Larsen said. And most would want an opportunity to own a house, not rent one, Mr. Reilly said.

But Ms. Larsen isn't giving up and asked the forum attendees to sign a list, indicating their interest in following efforts to improve the situation. She wants the names and contact information not only to keep people informed, but because they may have a lead to housing not on the open market, that could accommodate housing for a physician.

The same need would apply to locating a pharmacist who could be willing to work on the Island. A group of Islanders have been looking at a place that could be opened for prescription services, but a qualified pharmacist must be able to be hired. And, of course, there's a need for financing such an operation.

When the Shelter Island Heights Pharmacy discontinued prescription services, the reason given was it was not financially viable. Ms. Larsen said her discussions with professionals in the field confirmed that information. "Insurance is a nightmare," Ms. Larsen said.

If the effort to find a way to bring prescription services back to the Island, she said it has to be "robust" and "have longevity. We want to make sure it is viable and long-lasting."

Mr. Reilly, who worked at the Shelter Island Medical Center and in patient care during COVID and as a medic in Ukraine, said medical services have changed, and while the

change for the better has been technology, profit drives the system today. He noted Northwell has a housing for doctors who serve the community for short periods of time, but those who stay there are interims who are not there for long periods of time. What is sacrificed is the ability to see a single physician continually. Patients will receive care, but not generally from the same physician with each appointment.

“Shelter Island is not unique” in the effort to provide adequate medical services, he said.

Dr. Madden confirmed small practices are not viable because of the expense of setting them up. Doctors increasingly are driven to corporate structures because of the cost of expensive equipment. Stony Brook emphasizes education, medical training and patient care while removing the burden of individual doctors to fully equip small individually operated offices.

Another problem has emerged on the Island with home care services, Ms. Larsen said. Home care specialists are less willing to bear the cost of ferry service and can't make it work for a single patient or two. A home health care worker needs to be able to see several patients in a day to make it financially viable, according to Senior Services workers.

Often when a patient is released from a hospital, they are not able to fend for themselves immediately, so they have to seek followup care in nursing homes.

Is there hope for some improvement?

Ms. Larsen said she has reached out to the Suffolk County Office of the Aging and has been told some grants are likely to flow and under the standards, the Town, despite its rural nature, could qualify for some money as an urban community.

She has been working with staff members to prepare the paper work for an application once the grants opportunities open. It won't solve every problem, but it's another step toward solutions to improving healthcare on the Island, Ms. Larsen said.