Report of the Medical Care Commission Meeting held on November 21, 2006

I. CALL TO ORDER AND ROLL CALL

The Medical Care Commission meeting was called to order by Chairman Michael Dennis at 9:30 a.m. on Tuesday November 21, 2006. On roll call, the following members of the Medical Care Commission were found to be in attendance: Chairman Michael Dennis, Vice Chairman Robert Friedman, Commission Members Richard Furlaud, and Norman P. Goldblum, Commission Member Michael Stein and Commission Member Dr. Norman Traverse.

Others in attendance for all, or a portion of the meeting, were: Mayor Jack McDonald, President Pro Tem Richard Kleid, Council Member William Brooks, Council Member Susan Markin, and Town Clerk Susan Eichhorn.

II. PLEDGE OF ALLEGIANCE

Chair Dennis led the Pledge of Allegiance.

III. APPROVAL OF AGENDA

The agenda was approved as written.

IV. APPROVAL OF COMMISSION REPORTS FOR THE OCTOBER 11TH AND 17TH 2006 MEETINGS

The Commission reports were approved through motion of Commission Member Stein, seconded by Vice Chair Friedman. The motion was approved unanimously.

V. PAUL ECHELARD, CEO, GOOD SAMARITAN HOSPITAL

Paul Echelard, CEO, Good Samaritan Hospital, provided a power point presentation, reviewing the progress of Good Samaritan Hospital and its plans for the future. He responded to the

question of the sale of the hospital, and he advised that the hospital was not for sale; the goal was to provide the best quality health care services.

Dr. Bobby Green, oncologist with the Cancer Institute at Good Samaritan Hospital addressed the Commission to provide the following information regarding the Institute:

- Currently there were 13 medical oncologists
- Approximately 5,000 new patients per year
- 50,000 active patients
- 150 employees
- 5 offices
- Good Samaritan was their central location
- Philosophy - control cancer care at the facility, and control quality care that patients receive
- $10,000,000 investment in the Palm Beach Cancer Institute (PBCI) Center for Radiation Therapy
- Providing comprehensive cancer care all under one roof
- Palm Beach Cancer Institute Foundation (PBCI) - a not for profit foundation

Dr. Green stated that he was committed to the community, to the hospital, and to his practice.

Mr. Echelard addressed the following items:

- **The Surgical Institute**

The Surgical Institute would focus on elective surgeries and joint and spine surgery; to be opened on January 2, 2007.

- **Angioplasty**

A thorough analysis was conducted to determine criteria for angioplasty. Good Samaritan would move ahead with the pursuit of angioplasty, however, there was a process involved – updating the catherization lab equipment; implement a task force to ensure quality; solidify physician participation; train staff; meet state and industry mandated volume thresholds.

- **Stroke Center**

Stroke patients were currently treated at the hospital, and there were transfer arrangements with other facilities to do intervention that was not available at Good Samaritan. A designated

stroke program would require a dedicated stroke team with a medical director. It would require 24-hour neurology coverage. There would also need to be a patient population to support the expense.

- **Physician recruitment**

Recruitment of physicians was taking place, and Good Samaritan was now employing primary care physicians. Neurology was a critical need, however, a hospital could only offer fair market value, according to government guidelines. Neurologists today did not want to come to the area for a wide variety of reasons. Specialty surgery was another area of concern, and many of the surgeons in the area were getting to the age of retirement. Recruitment was a long process and Good Samaritan was actively engaged in the process.

- **Academic affiliations**

Good Samaritan was engaged in discussions with the University of Miami, as well as another institution.

- **Role of foundations**

Tenet had a health care foundation that donated approximately $5,000,000 per year to the community to promote health care. There were also community health foundations, however, because of the for profit status and tax exempt status, the hospital was somewhat limited. He was hopeful that some of the foundations could help in recruiting neurologists.

Mr. Echelard advised that Attorney Judy Goodman had been hired as a consultant to help Good Samaritan with the goal of providing a true health care partnership for the community.

Ms. Goodman addressed the Commission, stating that she had addressed the Commission, as a public policy attorney, at its first meeting. She stated that she was convinced that the hospital desired to improve the situation and to build the highest quality care; her goal was to strengthen the hospital and to put the community back into Good Samaritan Hospital.

Chair Dennis then opened the subject for discussion:

Mr. Arnold Hoffman, resident, commented that the hospital had deteriorated over the years. He maintained that one of the key things was to have a heart center. Sixteen years ago

Good.Samaritan Hospital had tried to obtain a certificate of need from the State, and he had not seen a real push to get that certificate of need. He stated that he did not have confidence in Tenet and did not believe that the hospital was well managed. He suggested that the hospital be run by a non profit organization.

Mr. Jimmy Zisson addressed the Commission, stating that the best thing he had heard this morning was that Judy Goodman had been retained by the hospital. He suggested that the Tenet organization must have a best practices model to follow in order to implement better health care standards at Good Samaritan. He suggested that an alternative was needed, other than a Tenet managed health care hospital.

Mr. Gerald Goldsmith, resident, commented that he was the last Chairman of Intracoastal Health Foundation, and prior to that he was Chairman of the Good Samaritan Health Foundation, raising a great deal of money for support of the hospitals. He suggested that the will and finances existed in the community to create the atmosphere that was wanted at Good Samaritan.

Dr. Sanford Kuvin commented that he was alarmed by some vital medical services that were not provided by the closest geographic hospital. He discussed the establishment of an acute angioplasty unit, an invasive cardiovascular unit, and an acute neurological stroke center, plus incorporating the best education and treatment resources from other areas of medical excellence. He noted that Good Samaritan was very strong in surgery, cancer treatment, and medical specialties. It was blessed with excellent doctors and nurses that staffed the hospital and assured everyone of the transition in quality medical care to fast track urgent care, or from the emergency room to the hospital itself. He noted that Tenet had no financial incentive to cater to the community needs for cardiovascular or neurological excellence.

Dr. Kuvin expressed that the need for angioplasty by an acute care hospital was brought to national attention at the American College of Cardiology meetings two weeks ago, and it was articulated in a special edition of the *New England Journal of Medicine* of November 12, 2006; he distributed copies of those articles. He noted that the optimal time for a patient with an acute heart attack to be treated from the time of arrival at the hospital until the time of angioplasty was less than 90 minutes, because the time lost guaranteed death of heart muscle, and with a stroke, death of brain tissue. For residents of Palm Beach, many factors influenced the time clock, and Good Samaritan Hospital was clearly negligent in not providing modern, cutting edge services to its patients. He cited a legal case where a jury found a verdict of homicide in the death of a patient who had spent two hours in an emergency waiting room before being treated for a heart attack; this had sent a reverberation around the country. He noted that the Tenet Corporation also owned Palm Beach Gardens Hospital, who did provide acute angioplasty.

City of West Palm Beach Mayor Lois Frankel addressed the Commission, thanking them for

their focus on this issue. She noted that City of West Palm Beach Commissioner Mitchell was present today, and was the commissioner in the district where Good Samaritan was located, and had volunteered to be a point person. She stated that the City was an open and willing partner to help accomplish things that were good for the citizens. She also promised that Flagler Drive was not going to be narrowed, and that the City was very sensitive to the access of Palm Beach residents to the hospital.

City of West Palm Beach Commissioner Kimberly Mitchell commented that it was important to become involved in this issue, and she would be glad to be a part of it. She noted that she had spoken with the city planner yesterday to obtain an understanding of the land use of the Good Samaritan property, and had found that it would take a land use change in Tallahassee, and a vote of the City Commission to change the property to residential.

A resident of West Palm Beach (not identified) commented regarding the poor service at Good Samaritan Hospital for routine matters, and thanked the Commission for its service to the community.

Commission Member Stein suggested that the City of West Palm Beach appoint some commission with whom the Medical Care Commission could work. He applauded Mayor McDonald for having the vision and foresight to appoint the Medical Care Commission.

City of West Palm Beach Commissioner Mitchell commented that she intended to suggest that a committee be appointed by the City of West Palm Beach.

Ms. Stephanie McMillan, aide to Mayor Frankel, commented that she would provide a full report of today's meeting to Mayor Frankel.

Ms. Catherine Jordan commented that people wanted to hear about how the acute care crises in the community would be solved; a specific plan, with timetables and budgets was needed. She commended the Medical Care Commission on the work that they have done.

Mr. Bill Diamond questioned the rate of staph infections at Good Samaritan Hospital.

Mr. Echelard responded that the infection rates were lower than average.

Dr. Robert Green commented that he had practiced at Good.Samaritan for 40 years, and was also a Tenet physician advisor for Good Samaritan Hospital. The quality of care was by far the most important thing that the hospital was trying to provide; the emergency room had been improved tremendously; they were trying to get angioplasty; the hospital could not get a neurologist, no matter how much money was offered – housing was expensive, insurance was expensive and malpractice

was expensive. He suggested that everyone was bad mouthing the hospital, and that was uncalled for, as the hospital was doing everything they could to raise the quality of care. He noted other problems in the community, such as the lack of young physicians; the health care system in the country was in dire straits; concierge medicine was causing people to use emergency rooms more often.

Dr. Cosgrove, Cleveland Clinic Foundation, addressed the Commission, recognizing several of the problems, which were endemic to health care in the United States. Problems had resulted from several things – the increasing sophistication of medicine and its delivery; the distribution of hospitals across the country and their ability to deliver sophisticated care at a high level. As health care gets more technologically capable, it becomes a problem to have that distribution of care go to communities of limited size in terms of population. In addition, there must be a number of patients which will maintain the sophistication of the doctors working in a facility – a great doctor can be an average doctor without practice; an angioplasty expert would need a significant amount of angioplasty in order to avoid having his capabilities deteriorate. Another problem was with the legislature; angioplasty capabilities were unlikely in the State of Florida in the foreseeable future. He suggested that potential solutions to improve health care may be to think outside the box, and to develop novel ways to deal with the situation. He explained that a community hospital could not be expected to deliver the same sort of care that could be obtained in a sophisticated center – with communication and transportation those capabilities could be managed. He also suggested an affiliation with an academic organization, which would bring young physicians and keep an intellectual fervor to the practice of medicine. He offered the capabilities of the Cleveland Clinic expertise to help in moving forward.

Dr. Traverse commented that a major problem was that Florida was losing physicians faster than other states – the major cause was tort reform, and the high cost of malpractice insurance. The Medical Care Commission was looking at working with other communities to present a united front for tort reform, and work politically to solve the problem. The media would have to be part of the campaign.

Ms. Tenna Wiles, Executive Director, Palm Beach County Medical Society, commented that the Palm Beach County Medical Society had been actively engaged for the past two years in working with the Health Care District and all of the area hospitals on the Emergency Department Management Group (EDMG). They were close to taking up a proposal to take to the Health Care District. She invited all to the Institute of Medicine presentation on the state of emergency care in the nation, on Wednesday (11/22/06) evening, 6-8:00 p.m., at the City Place Marriott.

Mr. Tom Klear (ph), representing Dwight Chenette, from the Health Care District, addressed the Commission, stating that the District was working with the EDMG, and that the District was very willing to work with the Medical Care Commission.

In response to Mr. Zisson, Mr. Clear responded that the Health Care District did fund trauma centers, and were working closely with physicians and hospitals in the community on a solution for the emergency room crisis. In regard to budgetary questions, Mr. Clear advised that he would furnish that information to Mr. Zisson.

Commission Member Stein commented that two basic models of care had been discussed today. Good Samaritan had presented a wish list of programs, and Dr. Cosgrove had presented a different type of model of care, with hub and feeder hospitals. He suggested that the community did not trust Tenet Corp to do the kinds of things that Good.Samaritan had talked about; there needed to be some very tangible evidence from the highest level of Tenet to convince the community that the proposed programs at Good Samaritan could be achieved.

VI. WILLIAM O'NEILL, M.D., UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE

Dr. Dennis introduces Dr. William O'Neill and Dr. Jeanette Mladenovic from the University of Miami.

Dr. O'Neill, Executive Dean of Clinical Affairs for the University of Miami, addressed the Commission, explaining that he had been at the Medical Care Commission in September, and had heard loud and clear from the community that they needed help recruiting neurologists, and were worried about heart attack and stroke care. In addition, Dr. Mladenovic had presented the initial thought process for developing academic programs in Palm Beach County, and he would update the Commission in those two areas today. He introduced Mr. Jeff Miller, from the Miller School of Medicine at the University of Miami, who had helped organize pre-ambulance emergency care systems throughout the Miami-Dade region.

Dr. O'Neill presented a brief history of the past fifteen years and the advances in treatment modalities for management of stroke and management of heart attack. He noted that studies had been done in the mid nineties that demonstrated that emergency angioplasty was superior to blood clot dissolvers. This created a huge problem in America, because there was a disparity where the haves and the have nots receive entirely different care. If a patient came to a major university center with a heart attack, the patient would have emergency angioplasty within ninety minutes of arrival. If a smaller hospital was used, there would be entirely different care. The American Heart Association was now addressing this, and a huge reorganization of medical care would be seen across the country for the management of heart attack.

He proposed a partnership with Good Samaritan and the community to offer emergency angioplasty services. The treatment of stroke was slightly more complicated, as there was a difference between blood clot strokes or strokes involving the bursting of blood vessels. It was difficult to tell from the outside whether the stroke was caused because of a clot or because of a hemorrhage, and that was why skilled doctors were needed to treat stroke.

Dr. O'Neill displayed a power point presentation which included images of the brains of stroke patients; he provided an overview of the specific treatment for the different kinds of stroke.

Dr. O'Neill commented that the medical legal climate in the State of Florida was a calamity, and that he could not believe the irrational decisions being made because of the concern of malpractice. This was affecting stroke care, because emergency room physicians were simply not willing to take the medical legal risk of making a decision on whether or not to treat the patients, because of the possibility that they might be sued. It was therefore mandatory that there be a neurologist to consult.

Dr. O'Neill explained that there would never be the capacity, with a small population, to be able to have neurosurgeons available to take call; there would never be the sophisticated operating rooms required to keep them available. He proposed a partnership between Good Samaritan Hospital,.the Ryder Trauma center, and staff of stroke neurologists. He noted that an internationally known stroke neurologist was being recruited to head the neurology program, and, in addition, there was already a highly skilled group of people that had been in place for many years. Around the clock coverage by skilled neurologists could be provided for consults through telemedicine. He suggested that many patients could be seen in the emergency room at Good Samaritan, in consultation with neurologists in Miami. He estimated that the program could be started by the first of January, if there was the go ahead and the funding.

Dr. Jeanette Mladenovic, University of Miami Graduate Education Medical Program, addressed the Commission, reporting that over half of physicians stay where they last landed after their residency. Florida was currently ranked 46th out of 50 States for training programs. There was therefore a very large effort by medical schools to improve the graduate medical educational program sites within the State of Florida, and to look at funding for those sites. The University of Miami was taking the lead in this in Palm Beach County. The first application for general internal medicine training in Palm Beach County had now been submitted by the University of Miami – entitled University of Miami/Palm Beach County Internal Medicine. If successful, the first interns would be in Palm Beach County in 2008.

In response to Commission Member Stein, Dr. O'Neill replied that the funding would ideally be private philanthropy. Dr. Mladenovic commented in regard to funding, indicating that undergraduate medical education was funded by tuition and State dollars. Graduate medical

education was usually funded by Medicare, but only a portion of it. In addition, help would be needed to attract trainees, offer housing, and to help with all of the other things that were involved in order to establish a medical practice for a newly graduated medical student.

In response to Dr. Conroy, Chairman of the Civic Association Health Care Committee, Dr. Mladenovic explained that the VA Hospital was the number one health care system in the country. The Institute of Medicine had repeatedly recognized the VA as to the quality of its healthcare. The VA system, by its outcomes measurement and electronic medical records, managed the health care of its population better than any system in the country.

In response to Mr. Bill Diamond, Mr. Echelard replied that Good Samaritan was very open to the proposal of the University of Miami.

In response to Commission Member Goldblum, Dr. O'Neill replied that a capital commitment of approximately $200,000 would be needed to get the program started; then a monthly fee would be needed to operate the program. He stated that he would provide a business plan to the Commission and to anyone interested in helping raise the funds.

In response to Commission Member Stein, Mr. Jeff Miller, Miller School of Medicine, University of Miami replied that there were already helicopters available through municipal systems, and it would just be a matter of looking at regulations for permitting the operation of helicopters.

Dr. Sherman, resident, commented that one vision may be to have local philanthropists purchase Good Samaritan Hospital, and then sign a contract with a medical institution of prominence to run the hospital. He noted that he had previously brought an expression of interest from Johns Hopkins Hospital to do that to the Medical Care Commission. He mentioned that transporting patients by helicopter merited investigation as well.

Dr. Gerald O'Connor, physician, commented that it was somewhat ironic that a town that was responsible for improving the medical care of numerous cities throughout the United States, somehow had less than optimal local medical care. If a mechanism was created whereby the philanthropy of Palm Beach was directed locally, the medical care would be improved for the whole area. There was frustration with the fact that services that most physicians would like to provide were not available, such as cardiac catherizations, emergency angioplasty, acute stroke care, neurosurgery, etc. As a physician, he stated that he would like to see those things provided, and that there was no reason why a community hospital the size of Good Samaritan could not provide those.

Mr. Bill Diamond encouraged getting started with the University of Miami proposal.

Dr. Dennis summarized that physician crises, tort reform, academic network, etc., were all

on the radar screen. There were several items discussed this morning that would require action:

1. Tenet needs to present a face to negotiate with.

2. Possibility of a liaison with West Palm Beach through City Commissioner Kimberly Mitchell.

3. Encourage legislative support.

4. For the Medical Care Commission to begin to think in terms of fund raising, management, etc., which would provide an alternative to the current situation.

Commission Member Furlaud commented that there was a wonderful EMT system in town, that could take a patient to JFK or Palm Beach Gardens within 25 minutes; those patients arriving at the facility are immediately treated. He suggested that the system currently existed, and if it needed to be tweaked in any way, that should be considered.

Vice Chair Friedman alerted people to the fact that the Medical Care Commission had visited some wonderful hospitals in Palm Beach County, and that a leaflet would be put together so that people would know the strengths of each hospital, and the services they provide. All of the hospitals were within 30 minutes of the Town of Palm Beach.

Mr. Robert Hill, President and CEO of Bethesda Hospital commented that the hospital was a certified stroke center, and would provide a full range of cardiac care next year with their new facility.

Mr. Jimmy Zisson thanked the Medical Care Commission for their work . He stated that the real estate that Good Samaritan sat on was very valuable, and four years from now Tenet was no longer obligated to operate Good Samaritan as a hospital; a commercial developer could make higher use of the property as a mixed use development He suggested that one solution to the health care problem was to make the most of existing county resources, and to use telemedicine with the University of Miami, to work with the Palm Beach County Health Care District, to consider matching funds from the State, such as was done at the University of Florida. He urged the Commission and the community to aim high.

VII. COMMENTS FROM THE PUBLIC

Comments were included above.

VIII. NEXT MEETING

The next meeting of the Medical Care Commission was scheduled for Wednesday, November 29, 2006.

IX. ANY OTHER MATTERS

There were none.

X. ADJOURNMENT

There being no further business, the Medical Care Commission meeting of November 21, 2006, was adjourned at 12:45 p.m.

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Michael Dennis, M. D.
Chairman

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