**REPORT OF THE MEDICAL CARE COMMISSION MEETING**
**HELD ON OCTOBER 25, 2007**

I. CALL TO ORDER AND ROLL CALL

The meeting of the Medical Care Commission was called to order at 9:45 a.m., on October 25, 2007, in the Town Council Chambers. Members of the Commission present were: Chair Michael Dennis, Vice Chair Robert Friedman, Commission Member Norman Goldblum, and Commission Member Norman Traverse. Commission Members Richard Furlaud and Michael Stein were absent.

II. PLEDGE OF ALLEGIANCE

Chair Dennis led the Pledge of Allegiance.

III. APPROVAL OF AGENDA

The Agenda was approved as printed.

Chair Dennis made several of the following comments:

- The Medical Care Commission was within several weeks of their second birthday;
- He was pleased with the progress of the Commission, as one of the goals was to bring forth the best minds for health care issues;
- New medical centers had come to the region and existing medical centers were upgrading their services;
- Good Samaritan Hospital and St. Mary's Medical Center would be providing presentations in the fall; and
- Next week, Boca Raton Hospital would be providing an update on the progress of the training program in the Medical School, and the potential for expansion of a teaching academic hospital.

IV. PRESENTATION BY MIKE JONES, CEO & PRESIDENT, ECONOMIC COUNCIL OF PALM BEACH COUNTY

Mike Jones, CEO and President of the Economic Council of Palm Beach County, provided a presentation and discussed the following:

- The purpose of the Economic Council;
- The criteria for selecting a 2008 health care project or initiative; and
- The findings to date.

Responding to Vice Chair Friedman, Mr. Jones indicated that the Council had an interest in working with the Commission, in order to help the Council identify the correct issues that needed to be addressed. He noted that tort reform and malpractice insurance issues were also important to the Economic Council, but that they were trying to do something unique that would benefit Palm Beach County. The legislators were divisive on taxes and insurance issues, which were two of the largest problems that were reflected in the polls. After assessing their options, the Council felt that it could offer more direct immediate opportunity for change through health care.

Chair Dennis commented that South Florida suffered from a lack of cooperation among various governmental and non-governmental groups, which hindered the Commission's ability to make progress.

Responding to Chair Dennis, Mr. Jones indicated that, although the Schmidt Medical Center did not share their business plan with the Economic Council, the plan, in general, was driven by dollars, which was to raise $100 million next year, secure pledges for $200 million, and borrow $300 million for a total of $600 million, in order to make the dream a reality. The Economic Council would not participate in any fundraising activities, with the exception of a few very small scale fundraising efforts. Their purpose was to be a policy advocate to change the condition of the business climate in Palm Beach County.

Mr. Jones noted that one of the challenges of the qualified health care facilities was that the majority of the members of the board that governed the groups in order to obtain the federal funds, had to be the recipients. Some people thought that the business community might play a more constructive role in identifying, training, and acquiring more qualified individuals to do a better job at running a business.

Responding to Commission Member Goldblum, Mr. Jones commented that some of the larger employers were able to provide wellness preventive care for their employees. Unfortunately, Palm Beach County was afflicted by the fact that they were primarily made up of small, service oriented businesses. The problem with the local economy was that it was too heavily dependent upon low-wage and low-skilled businesses. When the real estate market was booming, the local governments spent too much money and did not reinvest in the taxpayers by refunding the money and keeping it involved in the private sector.

Mr. Jones indicated that the largest businesses in the County needed to invest their money

in good business practices in order to manage their dollars and not continue spending. Rather than taxes and insurance, the Council wanted to contribute to the issues of the health care industry, as it was predicted to be the largest source of future jobs. It was a good, clean, high-skilled, high-wage industry.

Responding to Chair Dennis, Mr. Jones said that he would like the Florida legislature to restructure the property tax system, and for the elected leaders to have the moral courage to do what the citizen's deserved. Hard decisions would have to be made, which were not politically popular. He commented that strong, farsighted leadership was needed for good government, and progressive policies for the advancement of a community.

The Economic Council was not a public organization, and was not open to the public.

Council Member Traverse provided the following list of solutions that would need groups of organizations to implement a plan to carry it out:

- The problem of having few doctors was not easily corrected and caused a large impact on emergency rooms;
- A hybrid of urgent care located on campuses of hospitals was needed;
- Hospitals did not want to hospitalize indigent patients;
- The uninsured needed direction as to where medicaid, health insurance, and low-cost care could be obtained;
- A facility was needed that could be a triage in order to treat the patients;
- Everyone should pay a nominal amount, for example, $1, $5, or $10 based on an individual's economic circumstance;
- A not-for-profit facility for the uninsured could be certified by the government to obtain sovereign immunity, as long as space was not leased from the hospital;
- The facility would operate only at the hours that the uninsured people would need it, for example, from 4:00 p.m. to midnight, or wherever there was a surge in the emergency room visits;
- The facility would not have to have a tremendous number of physicians, as it could rely on physician's assistants and nurses;
- The patients could have the option of going to the emergency room and waiting six hours or visit the non-profit triage, located on the campus, and be seen immediately;
- The government's low cost of medicines, used by the same group as the veterans, could be obtained;
- Devise a system, which could be donated by charitable people, for follow up and outpatient clinics for a mix of patients; and
- Everybody should not feel as if they were going to a charity clinic, but to an urgent care clinic that catered to everybody.

Responding to Council Member Traverse, Mr. Jones noted that he was open to specific ideas

and suggestions and that he was announcing to the world in 2008, that he would like to find solutions for Palm Beach County to improve the quality of health care delivery. He came here today to obtain solutions.

Public Comment:

Responding to Dr. Conroy, Mr. Jones indicated that he had been told that, at the federally qualified facilities, the reimbursement rate from the federal government was much higher than the normal reimbursement rate for private practitioners or hospitals. There was some incentive to have a facility qualified to obtain something more attuned to the real cost of the service. Regarding the existing federally qualified clinics with specialists, the Economic Council would have to study it in order to consider it as a solution, but that it was on the table for discussion.

Judy Goodman, member of the Economic Council, commented that the federally qualified health care clinic concept was that the doctors that signed up for it would receive a reimbursement of $150, which was higher than they would receive by billing $40 in their office and waiting nine months for reimbursement, which would be an incentive under that model. She clarified that there was no sovereign immunity in the system, but there was a component where part of the premiums were provided for malpractice coverage.

Chair Dennis thanked Mr. Jones for his presentation.

## V. PRESENTATION BY DR. LARRY BECK AND SHANNON CURLEY, MANAGING DIRECTOR OF DEVELOPMENT- CLEVELAND CLINIC - WEST PALM BEACH

Dr. Larry Beck provided a PowerPoint presentation and made several of the following comments:

- The focus of the Florida Health and Wellness Center was to keep people healthy;
- The three parts of the Cleveland Clinic's mission throughout the world: better care for the sick, investigation of their problems, and furthering education;
- Currently, the Clinic had leased 4,000 square feet on the eighth floor of the Colonial Bank building in West Palm Beach;
- At that site, the Clinic employed one full time internist, a part time neurologist, rotating specialist physicians on a one per day basis;
- Their goals were to keep people well, take care of sick people, and work in concert

with local physicians and facilities;

- A 24,000 square feet, one whole floor of City Place Tower had been leased, which would not be ready for occupancy until July 2007;

- In Weston and West Palm Beach, there were 130 employees, that were full time salaried positions;

- The salaries did not depend on what was done, who was seen, how much any given patient was seen, how much was ordered, or how often patients were referred in or outside the system;

- The salaries were determined annually by their Chairs, and they were assessed on the outcomes of patient care, patient satisfaction, educational involvement, research involvement, community involvement, and administering the Clinic;

- The City Place Tower office would comprise of three internists, a neurologist, a non-interventional cardiologist (diagnostician) that would interpret stress tests, etc., a colorectal surgeon, a gynecologist, an endocrinologist, and would continue to have rotating doctors;

- He displayed the layout of the Center; and

- The electronic information system was called Epicare, which was uniform throughout the Cleveland Clinic System: Weston, West Palm Beach, Cleveland, and all the health centers around metropolitan Cleveland, Ohio, and Toronto.

Chair Dennis thanked Dr. Beck for his presentation.

Responding to Chair Dennis, Dr. Beck made the following comments:

- The relationship with the local doctors in Weston was easy through the electronic network and the email system. The Clinic had a working relationship with one of the Hospice groups located at Good Sam, and possibly would achieve that at other places.

- They were recruiting local doctors if possible.

- The hours were from 8:00 a.m. to 5:00 p.m., and if a patient called needing help after hours, the Cleveland Clinic Florida operator would answer immediately. Whoever was on call in the evening would give advice as necessary, contact the patient's doctor by email, and the doctor would read it the next morning.

Responding to Commission Member Traverse, Dr. Beck indicated that if a patient woke up at 2:00 a.m., for an example, with a pain in the side, they should call the Clinic, unless it was an emergency then call 911. He noted that their hope was to work in proxy, and not take over any inpatient care.

Responding to Chair Dennis, Dr. Beck commented that the Clinic could use JFK Medical Center as a viable transport option. If a helicopter was needed, for a patient in the building, 911 would be called and the patient would be sent to the closest hospital.

## VI. COMMENTS FROM THE PUBLIC

There were none.

## VII. ANY OTHER MATTERS

There were none.

## VIII. ADJOURNMENT

There being no further business, the October 25, 2007, Medical Care Commission meeting was adjourned at 11:23 a.m.

APPROVED:

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Michael Dennis, M.D.
Chairman