

**MEDICAL CARE COMMISSION MEETING
OCTOBER 17, 2006 @ 9:30 A.M.**

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 October 17, 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 Members Michael Stein and Norman Traverse were not in attendance.

II. PLEDGE OF ALLEGIANCE

Chair Dennis led the Pledge of Allegiance.

III. APPROVAL OF AGENDA

The Agenda was approved as printed.

IV. DR. EARL CAMPAZZI, MEDICAL DIRECTOR OF ISLAND MEDICAL CENTER IN PALM BEACH (ROYAL POINCIANA PLAZA)

Chair Dennis advised that Dr. Earl Campazzi would be addressing the Commission. He explained that the Medical Care Commission had been charged with evaluating the scope and quality of services available to residents and by inference, to neighbors to the west. Having done that rather thoroughly, the Commission was keenly interested in assessing new endeavors, which would have the potential to improve access to timely quality care, especially when they interact with and/or complement existing services, or, in some cases, fill in for deficiencies. Therein lies our rationale for the sessions on urgent care facilities on the Island. He welcomed Dr. Campazzi.

Dr. Earl Campazzi, Medical Director of Island Medical Center in Palm Beach, addressed the Commission. Dr. Campazzi provided his background and a power point presentation regarding Island Medical Care, LLC, located on Royal Poinciana Way in Palm Beach. He included information regarding:

- ▶ his observations of the needs of the Town,
- ▶ the concept of the urgent care clinic;

- ▶ the facilities offered at the clinic;
- ▶ proposed expansion of the clinic;
- ▶ clinical services offered;
- ▶ the relationship to other primary care providers;
- ▶ insurance acceptance and hours.

Dr. Campazzi responded to questions from the Commission regarding professional back-up, the distinction between true emergency medicine and urgent care, the seasonality issue, and availability on weekends.

V. COMMENTS FROM THE PUBLIC

In response to Resident William Diamond, Dr. Campazzi stated that he had three staff members, and were non-clinical.

Mr. Terry Levine commented that he had recently moved to Palm Beach, and had called Dr. Campazzi for his services, and that he had been very impressed.

Dr. Sanford Kuvin commented that the hallmarks of good medicine were competency and availability, and certainly, Dr. Campazzi had indicated excellence in both. The overriding question was whether urgent care needed to be introduced into the Town of Palm Beach. He stated that “urgent care” was a misnomer – it was quick care for minor complaints, not urgent care; yet, the term “urgent care” implied something that it was not.

Dr. Kuvin expressed concern as to how an urgent care facility would impact the Town, on a long term basis; after investigating, he had drawn a negative opinion as to the future of an urgent care facility. He explained that urgent care facilities made an enormous amount of money because primary care physicians were not available; however, in order to have an urgent care facility, a critical mass of population would be needed to support it — which may bring political problems with it. He suggested that urgent care would present some significant short term and long term problems for the Island. He noted that the emergency medical teams from the Fire-Rescue Department provided life saving care, as well as urgent care, and served as a screening house for what was urgent and what was not. He observed that there were currently many problems with Good Samaritan Hospital – among them, lack of angioplasty and acute coronary care unit, lack of a full time neurologist and neurosurgeon. He maintained that when he asked why such facilities were not available, the answer had been that the dollars were not available. He suggested that they could get the money through a foundation, and that he had reminded the CEO of Good Samaritan of their problems, which were a multiplicity of bureaucratic, financial, litigious, cost reimbursement, etc. He noted that the Town had given millions of dollars to both Good Samaritan and St. Mary’s

hospitals.

Dr. Kuvin stated that the best kept secret in Town was that there was an urgent care facility at Good Samaritan Hospital, called “Fast Track,” which was the generic term used for urgent care – meaning minor medicine at any given facility. The average in and out time for Fast Track was 73 minutes at Good Samaritan Hospital. He suggested that it was not difficult to make the case for not allowing an urgent care on the Island, since it would lower the standard of medicine, and cause the potential for delays.

Chair Dennis encouraged Dr. Kuvin to attend the Medical Care Commission meeting on November 21, 2006, when the Commission would be spotlighting Good Samaritan Hospital.

VI. NEXT MEETING: NOVEMBER 21, 2006, 9:30 A.M. IN THE COUNCIL CHAMBERS

VII. ANY OTHER MATTERS

The meeting was recessed at 10:30 a.m. to be reconvened at Bethesda Hospital at approximately 2:00 p.m.

VIII. SITE VISIT: BETHESDA HOSPITAL IN BOYNTON BEACH

The meeting was reconvened at Bethesda Hospital began at 2:15 p.m.

The Medical Care Commission was greeted by Robert B. Hill, President & CEO, Bethesda Memorial Hospital. A power point presentation was delivered by Mr. Hill, which included the following information:

- ▶ The history of the hospital.
- ▶ The community, not for profit hospital with 390 beds, 525 physicians, 2,243 employees, 18,000 admissions, 54,500 ER visits, 8,500 surgical cases, with \$227 million net patient revenues and a net operating income of \$4.8 million.
- ▶ Various services offered by the hospital.
- ▶ Community service efforts.
- ▶ The Bethesda Heart Institute, opening in 2007.

Mr. Hill conducted a tour of the hospital, including a tour of the Bethesda Heart Institute, which was in the construction process.

IX. ADJOURNMENT

There being no further business, the meeting was adjourned at 4:30 p.m.

Michael Dennis, M. D.
Chairman