

TOWN OF PALM BEACH

REPORT OF THE MEDICAL CARE COMMISSION CONFERENCE HELD ON SEPTEMBER 9, 2006 9:30 A.M.

I. CALL TO ORDER AND ROLL CALL

Chairman Dennis called the meeting of the Medical Care Commission to order at 9:30 a.m. on Saturday, September 9, 2006. He advised that the minutes of the last two meetings had been approved. The following members of the Medical Care Commission were present: Chairman Michael Dennis, Vice Chairman Robert Friedman, Commission Member Richard Furlaud, Commission Member Norman Goldblum, Commission Member Michael Stein, and Commission Member Norman Traverse.

II. PLEDGE OF ALLEGIANCE

Chairman Dennis led the Pledge of Allegiance.

III. APPROVAL OF AGENDA

The Agenda was approved as printed.

IV. APPROVAL OF COMMISSION REPORTS FOR THE JUNE 16, 2006, AND JUNE 21, 2006, MEETINGS

The Commission Reports for June 16, 2006, and June 21, 2006 were approved.

V. WELCOME TO ALL PARTICIPANTS AND INTRODUCTIONS

VI. OVERVIEW OF THE MEDICAL CARE COMMISSION'S FINDINGS AND RECOMMENDATIONS

Chairman Dennis advised that the Commission had scheduled this conference at the initiative and request of the University of Miami Medical School/FAU Regional Campus. He stated that the goal of the Commission was "to determine better ways for citizens to enter the health care evaluation system than by removing their shoes, handing over their boarding passes and being body scanned by transportation and security authority agent at the airport." He added that the Commission's mission was to explore every possibility available to identify weaknesses and build upon the many strengths of the network of hospitals, clinical centers and physicians' offices in the county.

Chairman Dennis spoke of the Commission's recent fact finding efforts which included site visits to seven major hospitals in Palm Beach County. He explained that recent concerns raised included: recruitment and retention of medical staff, changing patterns in delivery of services region wide, diminished programs in certain centers, adequate emergency coverage in some specialties, transport times, competing administrative and management styles, providing care for working, indigent and uninsured residents, tort reform, medical education, and so forth. He stated that from community input, it was clear that people were eager to assist with the financing of programs that had the potential to improve conditions in the region. These interested parties were simply looking for direction and assurance that their donations would be carefully analyzed for effectiveness and value. He announced the Commission's intention was to make recommendations for wise investments in an improved health care system.

Chairman Dennis summarized findings of the Commission's Citizen Survey, conducted in summer 2006, which helped provide the primary direction for the Commission's work. He added that the second and third most frequent comments were the need for a world class hospital in the immediate area and that quality of service depended on the quality of education and training. He spoke of the need for an appreciable academic medical institution in Palm Beach County. He commented that to date, only the University of Miami along with its satellite campus at FAU had made a persuasive argument toward achieving this goal.

A Commission member stated that imagining something that did not exist was the first step toward accomplishing a goal. He stated that the Commission

REPORT OF THE MEDICAL CARE COMMISSION MEETING
HELD ON SEPTEMBER 9, 2006

members were able to imagine a health care network with a major academic center at its core, involving all or most of the hospitals in the community.

Chairman Dennis recognized members of the medical community who were present as follows:

Dr. Pascal Goldschmidt, Dr. John Clarkson, Dr. William O'Neill, Dr. William Donelan, and Jenny Mladenovic of the University of Miami (UM); Michael Friedman of Florida Atlantic University (FAU); Madeleine Christopher, Dr. Charles Posternack, Steve Royal, and Jim Petris of JFK Hospital; David Cardone, CEO, of St. Mary's Hospital; Gary Strack, CEO, and Dr. Richard Reynolds of Boca Raton Hospital; Robert Hill, CEO, and Robert Broadway of Bethesda Hospital; Dr. Matthew Spector of Delray Beach Hospital; Paul Echelard and Dr. Robert Green of Good Samaritan Hospital; Valerie Jackson and Dr. Brad Feuer of Columbia Hospital; Ron Lavter, of Palms West; David Cassey of Tenet; Elliot Snyder, of the Community Foundation; Suzette Wexner and Mark Felden of Palm Health Care; County Medical Society would be represented by Tim Noels and Dr. Dan Higgins. He also recognized business consultants Pamela Thomas and Clover Apelian.

VII. THE ROLE OF TEACHING HOSPITALS (ACADEMIC MEDICAL CENTERS) IN COMMUNITIES – DR. GOLDSCHMIDT AND DR. WILLIAM DONELAN

Dr. Goldschmidt, representing the UM Medical School, thanked the Commission for the invitation to speak. He advised that he, along with the medical team from UM, found the opportunity and challenge placed upon the school to be quite formidable. He spoke of the need for patients to receive care from their own doctors and hospitals locally. He commended the doctors and hospitals in Palm Beach and stated that work was needed to improve the local network. He felt that the best doctors wanted to stay at the cutting edge of new ideas for their patients' benefit. Dr. Goldschmidt spoke of the academic excellence of today's medical students and felt they brought great benefits to the hospital network. He stated that he found it unusual that Florida did not have more access to academic medicine. He advised that the academization of South Florida was part of the 10-point strategic plan developed by UM. He expressed the University's serious desire to partner with other health care providers toward this goal.

VIII. UNIVERSITY OF MIAMI'S CURRENT ACTIVITY IN PALM BEACH COUNTY – DR. PASCAL GOLDSCHMIDT, DR. MICHAEL FRIEDLAND, DR. JOHN CLARKSON, AND DR. JEANETTE MLADENOVIC

Dr. Goldschmidt commented that residents should not have to get on a plane and leave the area to get the best health care. He spoke of the UM's excellent programs such as the Bascomb Palmer Eye Institute which was ranked the best nationwide. He also spoke of recruitment of Dr. Bill O'Neill, the best interventional cardiologist in the U.S. who had developed a successful community hospital (Beaumont Hospital) with an academic program in Michigan. He also advised that Dr. Joshua Hare (ph), a champion of heart failure and transplantation at Johns Hopkins would soon relocate to serve as the new Chief of Cardiology at UM. Dr. Goldschmidt stated that residents of Palm Beach could access the best medicine in the U.S. locally. He also spoke of the expert credentials of Jeanette Mladenovic and Dr. William Donelan. Dr. Goldschmidt assured the Commission that the University of Miami was ready for the challenge presented.

Dr. Goldschmidt introduced Gary Strack, CEO of Boca Raton Community Hospital. He advised that Mr. Strack was instrumental in the early processes of the partnership between UM and FAU.

The Chairman acknowledged the arrival of Tenna Wiles, Executive Director of Palm Beach County Medical Society, Dr. David Dodson, and Dr. Bruce Moskowitz.

Mr. Strack commented that there were great opportunities in Palm Beach County, and that there was only one time to determine how to do things right. He spoke of his experience as CEO of the Orlando Regional Health Care System. He also spoke of his participation in the effort to create FAU's 2-year medical program.

Dr. Clarkson summarized current activities and goals of the UM/FAU partnership. He spoke of the early efforts in creating the second campus of the UM School of Medicine at FAU. He explained that the three stages of education defined by the program were: 1) undergraduate medical education, 2) graduate medical education, and 3) continuing medical education. Current plans also included increasing the two-year program to a four-year program. In addition, planning was in place for the first graduate program in internal medicine

REPORT OF THE MEDICAL CARE COMMISSION MEETING
HELD ON SEPTEMBER 9, 2006

through a combined program with JFK Hospital and Veterans' Administration Hospital.

IX. OPPORTUNITIES AND CHALLENGES FOR ENHANCED COLLABORATION; AN OPEN FORUM INCLUDING ALL ATTENDEES

See above discussion.

X. COMMENTS FROM THE PUBLIC

Mr. William Diamond, resident, asked whether these plans would result in a neurologist being on service 24 hours at Good Samaritan Hospital or whether residents would be able to get blood clotting medicine at St. Mary's Hospital. Dr. Goldschmidt explained that the critical reason for engaging in this program was to ensure that staffing was available and adequate for residents' needs.

Chairman Dennis asked Dr. Goldschmidt for more specifics regarding funding and the kinds of programs being sought for the academization effort. Dr. Goldschmidt deferred to Dr. Donelan to answer these questions. Dr. Donelan explained that the state was committing substantial funds to the basic education needs of medical students through FAU. He acknowledged that while philanthropic support was needed, it was not essential to executing the academic program. He believed the more difficult issue was how to develop the specialist characteristics in light of current frustrations in the community about the inability to recruit and retain specialist positions. He believed the program would bring about a change in the environment to enable recruitment and retention of physicians. He stated that in the months ahead defining manpower requirements while seeking solutions to the neurology shortage would be important.

Mr. Strack stated that it would not be possible to have a neurologist in every Palm Beach hospital 24/7. He emphasized the need to look at the opportunities available through partnering with the UM Medical School. He wanted everyone to be honest about the complexity, time and resources needed to develop the academic program in Palm Beach County over the next few years.

REPORT OF THE MEDICAL CARE COMMISSION MEETING
HELD ON SEPTEMBER 9, 2006

Dr. O'Neill explained that larger metropolitan areas better supported a wide pool of specialties. He felt it was not realistic to expect certain critical disciplines in smaller communities where the population was not large enough to support them. He spoke of the need to demonstrate where certain super specialties would be available. He stated that there was a unique opportunity for UM to establish a region-wide network for the treatment of stroke and heart attacks. He was confident that such networks would be well established in the community.

Dr. Friedman advised that the state recognized the serious shortage of physicians and had begun to address this by funding the FAU regional campus. He stated that Florida was getting a more stable population which would allow for necessary partnerships with physicians to be established. He felt positive about medical education in Palm Beach County over the next 20 years.

Chairman Dennis asked how "partnering" was defined so it would not be perceived as a threat to Palm Beach hospitals and physicians who would work with UM/FAU.

Dr. Friedman replied that certain hospitals were willing to develop residency programs. He explained that one level of partnering involved determining hospitals which were suitable for residency and accreditation programs. He added that a partnership required the willingness of practicing physicians and their patients to become part of teaching programs. Education was the basis of any partnership. He further explained that a large number of physicians would serve as voluntary faculty. Also, some part-time staff would be needed for accreditation efforts. The physicians would find that the research programs brought into the community would provide continued education for local physicians. He acknowledged that there would be some anxiety amongst the medical staff due to fear of the unknown.

Dr. Mladenovic advised that it was recognized years ago that if physicians did not keep up, within 10 years their medical knowledge and practice patterns fell off significantly in standard of care. This suggested the need for ongoing training and re-certification every 10 years. She explained that this had trickled down into graduate medical education. There was a continuum of medical training that had begun after medical school and continued through a lifetime. She felt that medical education programs needed to be ongoing for physicians in the future. She also addressed concerns about the timeline of establishing the academic medical program.

REPORT OF THE MEDICAL CARE COMMISSION MEETING
HELD ON SEPTEMBER 9, 2006

Dr. Robert Green, speaking as a local physician, commented regarding the shortage of neurosurgeons and primary care doctors locally. He noted that there was no shortage of ophthalmologists or oncologists, and expressed concern about partnering, and the indication that there would be no problems for local doctors.

Town Council Member Allen Wyett commented that there was an urgent need in Palm Beach County for good medical care, and that he was working with several doctors trying to find an approach. He urged that good medical services be restored to Good Samaritan Hospital, and noted that financial help could be provided in that regard.

Chairman Dennis asked for a response to Dr. Green's concern about partnering.

Dr. O'Neill responded that it would all relate to population density and dollars and cents, and establishing a trust relationship with partnering with local physicians.

Dr. Friedman commented that Brown University had a similar situation, and the community recognized very quickly that there were partnerships between hospitals, the university, and practicing physicians.

Dr. Spector (ph), representing Delray Beach Hospital, spoke of the challenges of establishing residency programs in the state due to Florida's demographics. He advised that he was Chair of the state's Committee on Graduate Medical Education. He explained that federal funding for graduate medical education went through the Medicare process; however Medicare was under increasing burden. He stated that Florida had one of the lowest numbers of residency slots 27 per 100,000 population. He stressed the need to look at the broad roots of the many problems to be addressed. He also stressed the need to consider adequate housing for staff.

Dan Lickstein, Associate Dean of Medical Education at FAU, spoke of his responsibilities in community outreach. He stated that in order to make these partnerships work, honest and ongoing communication was needed among multiple hospitals and physicians. He advised that he had met with leaders at Boca Raton Community Hospital to discuss a strategic plan on partnering with

REPORT OF THE MEDICAL CARE COMMISSION MEETING
HELD ON SEPTEMBER 9, 2006

physicians. He stated that these efforts had been welcomed by local physicians who displayed tremendous interest in the academic program.

Vice Chairman Friedman asked Dr. Goldschmidt how the Commission could interface with UM to provide a catalyst to jumpstart this program over the next 14 months. Dr. Goldschmidt stated that the Commission could help by defining key priorities. He spoke of the need for trust between physicians and patients. He acknowledged the fears that local doctors had about this effort. However, he felt the consequence of pushing this program away would have more patients flying elsewhere for health care. Dr. Goldschmidt stated that the simplest solution would be to work together to help eliminate fears and re-establish trust between doctor and patient. He stated that the gaps in the health care system in Palm Beach County needed to be acknowledged and addressed. He added that the Commission could help by educating the community on the process ahead.

Chairman Dennis welcomed Dr. Dan Higgins. Dr. Higgins stated that Palm Beach County was on a negative roll. He added that there was a large pool of talented physicians in the county. He spoke of the need to be sensitive to those who were involved in medicine 24/7, such as internal medicine.

Commission Member Stein asked Dr. Goldschmidt if his group could conduct a specific audit of all medical facilities in Palm Beach County in terms of their strengths and weaknesses, physician population by specialty, and by qualifications. Dr. Goldschmidt stated that an audit would have to be provided to the accreditation organization.

Dr. Mladenovic advised that she had reviewed various physicians' training profiles in the area which were very impressive. She believed several of these physicians would be excellent educators in the training program.

Brad Feuer representing Columbia and Palms West Hospital, advised that both hospitals provided post-graduate medical education programs. On a monthly basis, they hosted about 50 medical students from schools nationwide. He spoke of the outstanding facilities and resources available in the county.

Chairman Dennis welcomed Dr. David Dodson. Dr. Dodson encouraged all present to consider what was right for the patients. He stated that the county had a dysfunctional medical system. He spoke of the need for partial subsidization and reimbursements for doctors who might want to help train

REPORT OF THE MEDICAL CARE COMMISSION MEETING
HELD ON SEPTEMBER 9, 2006

medical students. He stated that the academic program would be both a medical and political effort.

Dr. Goldschmidt stated that as the dean of the UM School of Medicine, he was ultimately responsible for any activities of the students. He stressed that the physicians of Palm Beach County would never be responsible for activities of the UM students. He advised that Governor Bush and his team had dedicated resources to FAU that would help support and compensate teaching physicians for their time.

Dr. Moscovitz agreed with Dr. Dodson that physicians needed to work as a team to improve quality of care in the community. He felt this required relying on an academic medical center.

Chairman Dennis commented that the Commission was getting a good balance on what the UM/FAU collaboration would offer.

Madelyn Christopher, vice-president of physician services and business development at JFK Medical Center, summarized responsibilities in physician recruitment. She spoke of local physicians' desire for an academic program in Palm Beach County. She also spoke of challenges involving malpractice and cost of living that needed to be considered.

Paul Echelard, CEO of Good Samaritan Hospital, commended the efforts of UM/FAU to address the health care situation in the county. He felt prioritizing immediate needs was important. He stated that medical groups and hospitals in Palm Beach County had been looking at this and already knew which specialists were needed. He expressed his willingness to meet for further planning.

Dr. Richard Reynolds with Boca Raton Hospital, spoke of the need for residents to be clustered in order to better interact with hospitals in the community. He felt every practicing physician in the community would be better off with the inclusion of the academic community.

Tenna Wiles, of Palm Beach County Medical Society, stated that the county was not waiting to solve problems that needed to be addressed immediately. She felt there was good collaboration between hospitals and physicians in the county to work toward a common goal. She suggested that the Commission could help with continued financial support toward this goal. She advised that the EDMG had taken on this physicians' census project and that this

REPORT OF THE MEDICAL CARE COMMISSION MEETING
HELD ON SEPTEMBER 9, 2006

information would be released soon. She stressed the importance of partnership and looked forward to all new members of the medical community that would be coming to the county.

Robert Hill, CEO of Bethesda Hospital, stated that Bethesda Hospital was excited about having a full fledged medical program coming to the area.

David Cardone, CEO of St. Mary's Medical Center, stated he was looking forward to working with UM/FAU to developing a program at St. Mary's which was the third busiest trauma center in the state.

Dr. Goldschmidt thanked those who had already welcomed UM/FAU medical students. He spoke of the pros and cons of a new treatment for stroke involving the injection of a powerful drug that erased blood clots. He proposed to place a center in Miami that would be staffed by physicians and nurses of UM. They would help transfer Palm Beach County patients to UM to do whatever was possible to control the consequences of the treatment while meeting the challenge of administering this treatment. Dr. Goldschmidt stated that if the medical community demonstrated that it would go to incredible lengths for patients, the challenge of liability would be reduced for all.

Commission Member Furlaud stated that he was encouraged by the discussion and the openness expressed by those present to establish an academic medical community in the area. He requested a list from the UM physicians to proceed with investigating various local facilities and hospitals to provide a conclusion about the main priorities that needed to be addressed. He felt this would be an important base that would help the Commission provide support going forward.

Chairman Dennis asked Dr. O'Neill and Dr. Mladenovic to keep the Commission updated on its progress so the commission could appropriately mobilize resources of the community.

XI. SCHEDULING OF NEXT MEETING

Chairman Dennis announced the next meeting would be held on October 17, 2006.

REPORT OF THE MEDICAL CARE COMMISSION MEETING
HELD ON SEPTEMBER 9, 2006

XII. ANY OTHER MATTERS

Chairman Dennis advised that the Commission had distributed a list of projects to be pursued which needed to be addressed. Chairman Dennis invited all present to a luncheon following the meeting.

XIII. ADJOURNMENT

There being no further business, the Medical Care Commission Meeting of September 9, 2006 was adjourned at 12:40 p.m.

APPROVED:

Michael Dennis, M.D.
Chairman