REPORT OF THE MEDICAL CARE COMMISSION MEETING
HELD ON MAY 30, 2006

I. CALL TO ORDER AND ROLL CALL

The meeting of the Medical Care Commission was called to order on Tuesday, May 30, 2006, at 9:00 a.m., in the Town Council Chambers. On roll call, the following members of the Commission were found to be present: Chair Michael Dennis, Vice Chair Robert Friedman, Commission Members Richard Furlaud, Norman Goldblum, and Norman Traverse. It was noted that Commission Member Michael Stein was not present because of an excused absence.

II. PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was led by Chair Dennis.

III. APPROVAL OF AGENDA

The Agenda was approved.

IV. APPROVAL OF COMMISSION REPORT FOR THE APRIL 25, 2006, MEETING

Commission Member Goldblum moved approval of the April 25, 2006, Minutes. Vice Chair Friedman seconded the motion. On call of the Chair, the motion carried 5-0, as Commission Member Stein was absent.

V. PRESENTATION BY STATE SENATOR JEFF ATWATER

Chair Dennis provided a brief statement of the Commission's role to date and introduced Senator Jeff Atwater. Senator Atwater addressed the Commission suggesting that a member of his

staff attend the Commission meetings regularly. He indicated that Dr. Dan Higgins accompanied him today, because of his experience with the medical malpractice debate in Tallahassee. Senator Atwater touched on several of the following issues that were addressed during the recent legislative session:

- Obesity - raising awareness and protection;

- Outpatient Care Centers - a circulating nurse would be coordinating activity in the operating room;

- Radiology - the role of radiologist assistants were created for those with technical expertise who would not necessarily become radiologists, in order to retain them in the state;

- Hospice Care - in order to compete for a Certificate Of Need (CON), the statute was changed to provide that there could be more than just one "for profit players" allowed to compete with the "not for profit" players;

- Dental Care - dental hygienists would provide dental charting in rural communities in nursing homes, schools, and places where access to a dentist was limited, but would not provide a full dental examination;

- Brain Tumor - established the Brain Tumor Research Center of the University of Florida, McKnight Brain Institute, which was championed by Representative Anne Gannon, for the coordination of care and research; and

- Biomedical Research - established the Alzheimer's Research at the University of South Florida, and the continuation of funding for research;

Senator Atwater commented that:

- The local leaders were responsible for changing the law in Florida in order to have angioplasties administered in the hospitals that did not have a CON for open heart surgery.

- Regarding the Medical Malpractice Reform of 2003, he said he could not perceive how soon the medical professionals in Florida would begin to receive relief of insurance premiums.

- The first benchmark regarding malpractice in Florida was set at $500,000, and higher benchmarks were set for a permanent vegetative state, a death and a catastrophic outcome, with fair criticism from all sides.

Dr. Higgins opened his discussion and made the following comments:

- His career in medicine started at Good Samaritan Hospital in 1974;
- The cost of hernia repairs was $800 in 1974 and today, because of Medicare, the cost was $400;
- Notre Dame's tuition this year was $42,500 and now more than a hundred hernia repairs would be required to pay the tuition cost;
- Medicare required that hospitals produce a detailed bill, and if the hospital did not bill high enough, the reimbursement would be reduced;
- Medicare fees were based on the gross domestic product, not expertise or time;
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- Reimbursement from insurance companies and Medicare was difficult;
- In Florida, the working conditions were not acceptable because reimbursement was low and unfair, liability was onerous, and because of the existence of the three-strike rule;
- The number of medical licenses in the state did not equate with an actual number of practicing physicians in Florida, i.e., retired physicians retained their licenses and physicians that practiced out of state maintained licenses in Florida and other states as well;
- U.S. Representative Nancy Johnson in Connecticut, a heavily insurance dominated state, was a leader in "pay for performance," which was a method to pay physicians and hospitals a bonus for quality care;

Responding to Vice Chair Friedman, Senator Atwater referred to Congressman Shaw's Bill HR1546, which allowed state attorneys to review malpractice litigation early in the process in a fair way by separating fiction from fact.

Regarding sovereign immunity, Senator Atwater indicated that as each initiative passed, there was a tremendous amount of highly contested debate. He suggested that there were players who tried to eliminate a physician's ability in Florida to go bare (not carry malpractice insurance), but were not successful in their efforts, and it was a dangerous issue to be floated.

Chair Dennis related to Senator Atwater the four basic charges of the Medical Care Commission.

1. Evaluate the scope of services available to the population;

2. Evaluate the quality of services;
3.
4. Evaluate the viability of Good Samaritan Hospital - *determined that good services were available but with a different distribution, as regionalization takes over*;

5. Determine how to influence care for those 24% who were currently under served - *interviewing community groups, such as the Palm Beach County Healthcare District, Health Department, and Foundcare.*

Commission Member Goldblum commented that affordable housing for Fire and Police Department personnel should be extended to medical care personnel, i.e., doctors, nurses, etc. Secondly, the Commission needed some affiliation with a medical school in the northern end of Palm Beach County to take care of the Island, as well as indigent patients to the west.

Commission Member Traverse noted that the cost of treating patients was staggering, and that some of the cost was due to defensive medicine. He suggested implementing a good Samaritan law, whereby a hospital administrator would certify that he was unable to obtain a specialist to cover the emergency room, which would then enable sovereign immunity.

Responding to Commission Member Traverse, Senator Atwater indicated that in order to implement a good Samaritan law, parameters would have to be identified by an act of the legislature, in which an emergency room physician could offer a patient a choice on whether to proceed, or could refer the patient to an available specialist.

Responding to Chair Dennis, Senator Atwater indicated that it would be extremely valuable for the Commission to offer themselves and their work product to the Palm Beach County delegation that would be meeting in the fall, as well as to the incoming President of the Florida Senate, Ken Pruitt.

Responding to Senator Atwater, Chair Dennis indicated that the time line for the Medical Care Commission was two years.

Responding to Vice Chair Friedman, Dr. Higgins commented that as a community, residency training was for education, and it did not make health care less expensive, although Medicare reimbursed more to hospitals that had teaching residents. It was not a quick fix for the uninsured or the lack of doctors.

Dr. Higgins continued that St. Mary's Medical Center was a disaster from a physician's point of view, because the cardiologists and nephrologists were gone, and it had high-risk obstetric complications.

Dr. Higgins concluded that the insurance companies required that physicians submit their claim within 90 days, or they would not receive payment, but the insurance companies had up to 30 months to review claims. The doctors frequently received requests to return reimbursements. Physicians needed more clout with insurance companies, in order to help recruitment channels in the state.

VI. COMMENTS FROM THE PUBLIC

There were none.

VII. NEXT MEETING: **JUNE 21, 2006, 9:30 A.M.,** IN THE EMERGENCY OPERATIONS CENTER (EOC)

VIII. ANY OTHER MATTERS

There were none.

IX. SITE VISIT - ST. MARY'S MEDICAL CENTER (ATTENDEES WILL ASSEMBLE IN THE MAIN LOBBY AT ST. MARY'S)

Chief Operating Officer G. Scott Manis welcomed the members of the Medical Care Commission to St. Mary's Medical Center. Chief Nursing Officer Joey Bulfin was also present.

Mr. Manis commented that the St. Mary's campus contained approximately one hundred acres; there were 17,500 admissions per year; there were 375 beds being utilized, and the hospital was licensed for 460 beds; the net revenue for last year was $184 million. There were three primary areas of service:

- Obstetrics - 3,800 deliveries per year.
- Pediatrics - 81 beds in the Nicklaus Center; 45 beds in the newborn ICU. A physician management company manages th newborn ICU and pediatric cardiology. St. Mary's does not have a direct relationship with them.
- Trauma, Emergency Services - 1,700 trauma patients per year; 55,000 ER visits per year; 26 ICU beds, 21 beds in adult ER; 1 beds in pediatric ER.

Mr. Manis noted that the past CEO had left St. Mary's approximately three months ago, and there was a search process going on for obtaining a replacement. The search was being conducted by Tenet, and was a national search, guided by the regional Vice President of Tenet.

In response to Commission Member Friedman, regarding the impact of clinics as it related to uncompensated care, Mr. Manis replied that the clinics in the surrounding areas did not especially keep uncompensated care costs away from St. Mary's. He explained that the follow up care for ER patients includes referrals to specialists, as well as to the Health Department.

Mr. Manis noted that a physician residency program would bring many other services to St. Mary's, and that they were working with Florida Atlantic University (FAU) to evaluate the ability of St. Mary's to participate n a program. The primary areas of residency internships for St. Mary's would be pediatrics, trauma surgery, obstetrics, and internal medicine.

Mr. Manis advised that there was one cardiologist on staff, and that he did have some back-up; there were five neurosurgeons covering on-call, 24/7, for both neurosurgery and neurology. St. Mary's did not have a cardiac rehabilitation unit. The hospital was doing very well with nursing recruitment; programs were in place to train new nurses for ICU and obstetrics. St. Mary's had a good relationship with all of the nursing schools, and had a very low turnover rate. St. Mary's utilized very few agency nurses.

Mr. Manis led a tour of the hospital which included the Pediatric Unit, Neonatal ICU, Emergency Department, Trauma Unit, and the Radiation/Oncology Unit.

X. ADJOURNMENT

There being no further business, the Medical Care Commission meeting of May 30, 2006, was adjourned at 12:30 p.m.

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Michael Dennis, M. D., Chairman

Prepared by: DC