REPORT OF THE MEDICAL CARE COMMISSION MEETING
HELD ON MAY 23, 2006

I. CALL TO ORDER AND ROLL CALL

The meeting of the Medical Care Commission was called to order at 9:30 a.m. on Tuesday, May 23, 2006, in the Town Council Chambers. All Commission members were present. Others in attendance for all or a portion of the meeting were: Mayor Jack McDonald, Deputy Town Manager Thomas G. Bradford, Fire-Rescue EMS Coordinator Brian Fuller, and Town Clerk Susan A. Eichhorn.

II. PLEDGE OF ALLEGIANCE

The Pledge was led by Chair Dennis.

III. APPROVAL OF AGENDA

The Agenda was approved as printed.

At this time, Chair Dennis thanked the representative of Palm Beach Daily News, who had so diligently followed the progress of the Commission, and had recently provided an excellent summary of the people and themes the Commission had brought together. He commented that if the Commission could assist in promoting a viable, realistic program, using the enormous resources of the community, it would accomplish its mission. The Commission was pursuing three main avenues in preparation of making recommendations that would provide solutions to the problems encountered:

1. Identifying the sources of talent and funds which will implement the changes necessary to improve the health care picture.

2. Encouraging major academic institution involvement, with as many clinical centers as possible.

3. Looking for political interest and clout to aid in those areas which will require legislative action.

IV. PRESENTATION BY NOEL GUILLAMA, MEMBER, BOARD OF DIRECTORS OF FLORIDA INTERNATIONAL UNIVERSITY AND DR. CARLOS MARTINI, MEDICAL SCHOOL PROJECT DIRECTOR, DISCUSSING THE NEW MEDICAL SCHOOL TO BE DEVELOPED IN THE COUNTY

Chair Dennis introduced Carlos Martini, M.D., Medical School Project Director, Florida International University (FIU), and Noel J. Guillama-Alvarez, director, Florida International University Foundation, Inc.

Dr. Martini addressed the Commission, stating that the mission of FIU was to train culturally competent physicians who could provide care and promote the health and well being of the diverse population. He provided a power point presentation, which included the following points:

- Community Need. 9 2 million people live in medically underserved areas in South Florida, 1.28 million of whom live in Miami-Dade County.
- National Shortage. A shortage of 200,000 doctors is predicted in the U.S. by 2025.
- State Needs: The annual demand for physicians in Florida will grown from 2,900 in 2004 to 4,200 in 2021. The Challenge: Florida is 37th nationally.
- Local Needs: The problem: South Florida's need is critical.
- Aging Physician Workforce - 11% of South Fl physicians are over 70 years of age and 39% are 55 or older.
- Huge Growth: 3 of the 4 counties in South Florida are among the top 12 fastest growing large counties in the U.S.
- Source of S FL Physicians: graph shown, indicating that less than 20% of South Florida physicians are trained in Florida's Medical Schools

Graph shown indicating:
Out of state - 41%
Uuniversity of Miami - 10%
NSU - 3%
University of Florida - 2%
USF - 2%
Foreign - 42%

- FIU Vision: Expand the opportunity for local residents to receive a medical education at a public university and subsequently establish clinical practice in the State of Florida.
- reduce health care disparities, and
- improve access for the medically underserved to high quality medical care in a way that has a significant economic impact for the State of Florida.
- The Mission: The School of Medicine Proposal aligns with FIU strategic plan to meet the community need. to educate culturally competent physicians to promote the health and well-being of South Florida.
- Implementing the Mission:
  * 4 year allopathic program leading to a doctorate in medicine
  * 21st century approach to health care and medical education, employing a community health and patient-based model
  * Utilize existing community-based resources –support from the largest community hospitals in Miami.
- Existing Community Resources:
  * Hospital Affiliates
  * Working with several different hospital systems: Mount Sinai, Mercy Hospital, Miami Children's Hospital, .
- FIU's contribution to meet State needs:
  * Medical School
  * Residencies and fellowships
  * Clinical Practice
- Creating a cost effective and efficient way to retain board certified physicians is to create a medical pipeline from highschool to college to residencies to clinical practice.

- Adding Residencies: FIU's affiliate hospitals are prepared to expand residencies and fellowships. Within ten years, there may be 250 FIU sponsored residency and fellowship positions (substitutes and new). Physicians that were trained in the area were more likely to stay in the area.

- Retaining Graduates from Residencies: Mt. Sinai and Miami Children's are committed to allocating existing residency positions to FIU graduates.

- FIU will develop resident programs in local hospitals that do not have graduate medical education programs.

- FIU will ensure that all graduates who so desire will be able to obtain residencies in South Florida.

In response to Commission Member Friedman regarding future physician residencies in Palm Beach County, Dr. Martini replied that he had talked to Palms West Hospital, who had been very interested in working with FIU in developing a residency program. A visit had also been made to the Belle Glade Hospital, who were also interested in developing a residency program. Both of them were places where a residency program would work very well. To date, they had not yet talked to any of the other hospitals in the county.

Dr. Martini explained that residency programs were paid through the federal government, approximately 60-70%, through Medicare. When a hospital had Medicare patients there was a formula by which a proportion of the money that is being paid for the care of the patient is dedicated to the training of residents. Training a resident would cost at least $150,000 per year. Not all hospitals can have residency programs; the hospitals need to fulfill a number of requirements which are related to the ability of the hospital to teach physician residents. Practically every hospital that has a residency program is related to a medical school.

Commission Member Friedman asked Dr. Martini if he would be interested in an alignment with Good Samaritan Hospital if a program could be set up with the financing of physicians by a private foundation.

Dr. Martini responded affirmatively. He commented that he believed that Good Samaritan would qualify to get federal funds, which would pay for some of the costs related to the education of the resident. The hospital would need to provide some money on top of that – provide resident with housing, food, and in many cases do things slightly different than they have done in the past.

When a residency program was started, it would take about a year to receive medicare funding. FIU would be very interested in reviewing the situation at Good Samaritan and discussing it.

In response to Commission Member Stein, Dr. Martini estimated that students would be admitted in September 2008, with graduation in 2012. It would begin small, and then go up to approximately 100 students per year. About a year for planning and development was needed, a few more months to advertise, and then the first residents would begin. He noted that he expected that at least half of the residents in a new program would be American graduates. Foreign medical graduates would have to the take the U.S. Medical License and Examination, and would have to pass that in order to apply to a residency program.

In response to Chair Dennis as to how the program would be integrated with existing concepts, such as interaction with the University of Miami's program at Florida Atlantic University (FAU), and also the program at JFK Hospital.

Dr. Martini responded that they had met with the University of Miami, and agreed to work together in some areas, for example in building a pipeline for medical education. Some educational programs could be developed jointly. They had offered FIU space at Jackson Memorial Hospital. He explained that there was a new Dean at the University of Miami Medical School, and that he had not yet met with him. FIU was working very closely with University of Central Florida. The hope was to develop a program with the University of Miami, but he did not know at what level at this time. Dr. Martini commented that conversations had been held with the Palm Beach County Healthcare District

Regarding assistance from the Palm Beach County Healthcare District, Dr. Martini stated that there had been some conversations about 18 months ago. The District was apparently willing to finance residency training in the area, however, there was not yet a medical school in place, and Dr. Martini explained that he would be more than happy to talk with them again now that the medical school was a reality.

In response to Chair Dennis, Dr. Martini replied that the support from local physicians was unbelievable. Many local physicians wanted to be part of the process.

Commission Member Stein asked Dr. Martini what could be done to improve the closest local hospital, Good Samaritan, and how he would proceed to elevate the quality of care in that hospital?

Dr. Martini replied that it would take time to develop the kind of reputation that will attract residents. It would be approximately 4 years before residents would be available to provide services. That would immediately improve the quality of the hospital services.

Chair Dennis commented that there was a concern about what could be done for the local area, and asked Dr. Martini to elaborate on what a medical school would bring to the economy.

Dr. Martini responded that a number of national studies had been done, finding that the average economic impact was $1.5 billion dollars, and the same group had done studies in Florida and found that the impact was more than that. Due to the fact that medical schools invest in building, employ local people, and graduates stay in the area and pay taxes, and a tremendous amount of new research is generated. The return investment for a medical school would be over $20 for every $1 put into the medical school.

In regard to the location of the FIU medical school, and opportunities for expansion, Dr. Martini responded that there was still debate about where the buildings would be – at least two locations were known: FIU campus and Mt. Sinai campus. Space would probably also be needed at other hospitals. Long term, clinics would be needed for outpatient care. Dr. Martini stated that it was feasible that University of Miami would have a residency program up and going in approximately two years, and FIU would have a program up and going at Good Samaritan in three or four years.

Chair Dennis thanked the Dr. Martini and the representatives of FIU for being present today.

V. PRESENTATION BY VALERIE JACKSON, CEO, COLUMBIA HOSPITAL, DR. BRAD FEUER, DIRECTOR OF MEDICAL AND ACADEMIC AFFAIRS AND TONY BAJAK, PHYSICIAN DEVELOPMENT DIRECTOR

Chair Dennis introduced Valerie Jackson, CEO, Columbia Hospital, Dr. Brad Feuer, Director of Medical and Academic Affairs, and Tony Bajak, Physician Development Director.

Ms. Jackson addressed the Commission, stating that Columbia Hospital was the best kept secret in Palm Beach County, a boutique, private hospital. There was a tremendous focus on customer satisfaction, and there were many indicators that proved that to be true. An academic setting was applied at this community hospital. The hospital was established in 1975. There were 250 beds, with 162 medical/surgical beds and 88 psychiatric. The hospital was one of the largest psychiatric hospitals in the area. There were 670 employees and over 300 physicians on the medical staff.

Ms. Jackson referred to the hospital teaching program, which was a Palm Beach Centre for Graduate Medical Education was established in 1981 with an internship program. There were also medical students who came from all over the country, from various different programs, to come to do rotations at the hospital. There would be approximately 40 third year medical students doing core

rotations.

Ms. Jackson provided a scope of the services offered by Columbia Hospital. The physicians practicing at the hospital were there because they chose to be there. The Physician Satisfaction Survey of March 2006 indicated an overall satisfaction score pf 3.56, on a national norm scale of 3.07. There was a 93% satisfaction rate of the doctors with the nursing care, and a 99th percentile ranking with hospital efficiency, scheduling inpatient/outpatient surgery, diagnostic testing, OR/Lab/Radiology turnaround time. One hundred percent of the physicians would recommend the faility to family and friends if they needed hospital care. The patient satisfaction quarterly survey indicated an overall patient satisfaction score of 3/63 on a national average of 3.51. The hospital ranked in the 94th percentile of hospitals in overall patient satisfaction. The hospital was the only hospital in central to northern Palm Beach County that had the capability of doing simultaneous bilateral MRI's with biopsy. They also had a state of the art interventional endovascular lab, and were the first hospital in Palm Beach County to start doing AAA repair stent grafting. The hospital also had many community partnerships.

In response to Commission Member Stein, Ms. Jackson stated that the hospital was not a heart center, and would send patients to either JFK Hospital or to Palm Beach Gardens. They were in the process of certification as a stroke center.

In response to Commission Member Furlaud regarding the hospital's relationship with HCA, Ms. Jackson replied that HCA was extremely community driven. By having the back of a company like HCA, it gave the hospital the ability to do more than an independent facility.

In response to Commission Member Friedman, Ms. Jackson stated that the occupancy rate was in the 50% zone, like most of the other hospitals. In Psychiatry, it ran from 80% to 100%. The critical care areas were usually very full. When the hospitals were built, they were built for inpatient services, and now there was a 50% conversion of services to outpatient, so almost every hospital would be over-bedded. The Emergency Room was very small, and there were approximately 2,000 patients per month, and there was a tremendous focus on getting the patient in quickly; the average waiting time was about two hours; patients were triaged and then moved as quickly as possible through the system. There were benchmarks, called the ED Dashboard, and there were ten parameters relating to wait time, etc. The physicians that serviced the ER were exclusively contracted to provide services.

In response to Commission Member Traverse, Ms. Jackson replied that there was not a huge significant difference in seasonal patient load.

In response to Commission Member Stein, Ms. Jackson stated that Columbia Hospital could be affiliated with residency programs at other hospitals. The students currently at Columbia

Hospital also go to JFK Hospital. Students come from a variety of colleges, such as Nova University, and colleges in Philadelphia, Kansas City, and New York.

Dr. Brad Feuer commented that the faculty primary affiliation was Nova Southeastern University. A program was just being started with Philadelphia College and the Kansas City University of Medicine and Bioscientists.

Commission Member Goldblum thanked the hospital for all its service to Morse Geriatric.

VI. COMMENTS FROM THE PUBLIC

There were none.

VII. NEXT MEETING: **MAY 30, 2006, 9:30 A.M.**

VIII. ANY OTHER MATTERS

IX. TEMPORARY ADJOURNMENT: LUNCH BREAK

The meeting was temporarily recessed, to adjourn at 11:00 a.m. at Columbia Hospital.

X. SITE VISIT- COLUMBIA HOSPITAL (ATTENDEES WILL ASSEMBLE IN THE MAIN LOBBY AT COLUMBIA HOSPITAL)

Ms. Jackson welcomed the Commission members in the Board Room of Columbia Hospital. She made opening comments relating to the increase of small community-based hospitals in Florida; the fact that not every hospital will have a teaching program because of the economies involved in a teaching program. She noted that the federal government has made it difficult to recover costs connected with providing a teaching program at hospitals.

Regional Director of Medical Education, Dr. Bradley Feuer, commented that Columbia Hospital maintained multiple affiliations with academic centers in Kansas City, Philadelphia, and with Nova University in Florida. There were students coming to learn at the hospital from those areas, as well as from New York and Chicago.

Ms. Jackson conducted a tour of the hospital including the Pain Center, Emergency Room, the Poinciana Unit, Surgical Services, Critical Care Unit, Radiology, and the Telemetry Unit.

XI. ADJOURNMENT

There being no further business, the Medical Care Commission meeting of May 23, 2006, was adjourned at 1:45 p.m.

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Mchael Dennis, M.D.

Chairman