REPORT OF THE MEDICAL CARE COMMISSION MEETING
HELD ON MAY 16, 2006

I. CALL TO ORDER AND ROLL CALL

The meeting of the Medical Care Commission was called to order on Tuesday, May 16, 2006, at 11:10 a.m., in the Town Council Chambers. On roll call, all members of the Commission were found to be present: Chairman Michael Dennis, Vice Chairman Robert Friedman, Commission Members Richard Furlaud, Norman Goldblum, Michael Stein, and Norman Traverse. It was noted that Town Manager, Peter Elwell, was in attendance.

II. PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was led by Chair Dennis.

III. APPROVAL OF AGENDA

The Agenda was approved as printed.

IV. APPROVAL OF COMMISSION REPORT FOR THE APRIL 14, 2006, MEETING

The report of the Medical Care Commission Meeting held on April 14, 2006 was approved.

V. PRESENTATION BY DR. PASCAL GOLDSCHMIDT, DEAN, UNIVERSITY OF MIAMI, MILLER SCHOOL OF MEDICINE

Chairman Dennis introduced Dr. Goldschmidt, Dean of the University of Miami, Miller School of Medicine. Dr. Goldschmidt remarked that the Commission has an extremely important task of making sure that the residents of Palm Beach and surrounding areas will have access to the best medical care in the country instead of having to travel north. The right solution is a strategy of partnership with a university that is regional and has the ability to help the doctors in the area access medicine. Dr. Goldschmidt then presented a power point presentation with the following highlights:

- Importance of Academic Medicine
  - High quality multidisciplinary diagnostics
  - Access to newest therapeutics and research protocols
  - Emphasis on evidence-based medicine
  - Emphasis on patient safety

- University of Miami Medicine
  - Reviews flagship programs of national and international predominance;
  - Programs of regional reputation for which UM is the dominant player;
  - Programs of high quality required for full coverage of all medical needs in the region.

- Palm Beach Partnership of Miami Medicine
  - Palm Beach Veterans Administration
  - Sylvester Comprehensive Cancer Center at Deerfield Beach
  - Bascom Palmer Eye Institute of the Palm Beaches
  - Florida Atlantic University
  - 23,625 Palm Beach residents treated in 2005

University of Miami Medicine has been in place at various sites in the county including Sylvester Comprehensive Cancer Center, Bascom Palmer Eye Institute, VA Hospital, and Florida Atlantic University.

Dr. Goldschmidt presented the following highlights on the Physicians of Miami Medicine:

- 750 physicians - largest multi-specialty group in Florida
- More than 60 medical specialties and subspecialties
- 1.7 million patient encounters last year
- First accredited medical school in Florida
- Currently treat patients in 50 hospital programs in South Florida.

Miami Medicine Quality programs include:

- Seven departments ranked in *U.S. News & World Reports*. The Ophthalmology Department is currently ranked first in the nation. Other programs include kidney

disease, digestive disorders, urology, otolaryngology, hormonal disorders, geriatrics, neurology/neurosurgery
- Sylvester Comprehensive Cancer Center with 150 physicians dedicated exclusively to cancer care & research
- World's largest spinal cord research program
- Top 10 Cochlear implant and head and neck surgery programs in the country
- Largest pediatric hospital in Florida
- Ryder Trauma Center which is the only level 1 trauma center in South Florida. This trauma center also trains U.S. Army surgeons from around the world.

Dr. Goldschmidt indicated that they were looking at new ways to develop the partnership with the people of Palm Beach and also the people of South Florida. He added that there was a need to be more focused in the cardiovascular field and had begun recruiting more champions to this field.

Mr. Stein then thanked Dr. Goldschmidt for his presentation and presented the following questions:

- Can you envision a situation where this area becomes a clinical canvas for the University of Miami?
- Can you design a comprehensive health program in individual hospitals under the umbrella of University of Miami Medical School?

Dr. Goldschmidt responded that he had that belief. The reason being that if there was not a very deep commitment to allowing as many patients to access the top level of care there would be a lot of patients in Miami. There is a need for more doctors in South Florida. He noted that a small percentage of patients would need to be sent to Miami where specific care could be provided.

Mr. Furlaud questioned how a local hospital would inter-relate to the University of Miami. Dr. Goldschmidt replied that one way is creating training programs to be brought to the hospitals. As that is done, there is a process that takes place, and a group of physicians from that hospital must attain certain accreditation levels in order to teach or train the students or staff. In addition to that the University of Miami will dispatch a few doctors in selected disciplines so that they can integrate the educational program into the daily life of the hospital. Before you know it, there is a partnership formed.

In response to Mr. Furlaud's query if the hospital had to meet certain standards in accreditation before the partnership could begin, Dr. Goldschmidt remarked that there are some phenomenal physicians in the area. They would become part of the team in partnership with the University of Miami. The process would then expand, and eventually everyone would be at an academic level in the hospitals. There is no doubt that the doctors practicing regionally would love to see less patients flying to other cities for treatment.

Mr. Friedman then commented that the following was on his agenda:

- to improve the climate for reasonable malpractice insurance;
- the retention of and increasing the number of physicians in the community;
- to make life better so that doctors can become top-notch in their field.

Dr. Goldschmidt then remarked that the essence of malpractice was very often the product of a lack of communication and lack of understanding that medicine doesn't always succeed – sometimes there is failure but everything has to be done to make sure that it doesn't. We should encourage a spirit of care that it is a privilege to serve the patients. The malpractice issue will then become much more remote.

Mr. Friedman remarked that the doctors are upset with the excessive amount of premiums, and then questioned how the premiums can be reduced. In response, Dr. Goldschmidt remarked the he had seen both situations where excellent doctors were victims of a lawsuit, and patients who were subjected to negligence and should be allowed to obtain compensation. Long term solution is to create an environment where the relationship between patients and doctors is different, continuous education in advanced technology. An academic environment would facilitate this environment.

Chair Dennis remarked that the essence is with the direction that University of Miami can provide in a partnership dedicated to improving the quality of care.

Dr. Traverse added that malpractice must be dealt with by the community.

Dr. Goldschmidt then remarked that once the citizens/patients of Palm Beach understand that they have the best medicine and don't need to fly out of the area, the philosophy of the region will change. The perception that one is in a medical environment where everything that can be done for the patient is done. Upon application of that principle a partnership is created between patients and doctors.

Chair Dennis then asked Dr. Goldschmidt for some background information on the following:

- Ways to develop partnerships
- Progress of FAU Medical School
- Negotiation status on the JFK residencies
- Extensions on trauma center at St. Mary's

Dr. Goldschmidt replied that they were in the second year of a graduate medical school program at FAU. It currently has a few dozen students. During the first two years you learn about basic science – chemistry, biology, genetics, anatomy, etc. That is already

being provided by a group of teachers from FAU and University of Miami. University of Miami defines the curriculum because it is a U of M degree.

For years three and four students came to a campus in Miami. We are hoping to have relationships with multiple hospitals so that students can have multi-disciplines. Regional physicians would become the teachers.

He has met with physicians from Boca Raton Community Hospital who told him that they could teach the students, too. There is already a group of individuals that want to teach. We want to make sure that the expertise already on site will be engaged in training. We are building teams that are needed to deploy the project.

Chairman Dennis asked what could be done in terms of cardiac care at Good Sam. We need to learn more about the opportunity in Palm Beach in order to get organized.

Mr. Stein then summarized that U of M has made a real commitment to regionalize their program and are willing to do whatever it takes to install the program and they are also prepared to provide resources.

Dr. Goldschmidt added that they are in the business of bringing talent and Palm Beach is about as far north as they can go. Mr. Goldblum then commented that the Town of Palm Beach is a great community and needed a lot of medical care.

Dr. Goldschmidt remarked that the decision was to go to Boca Raton and Palm Beach with cutting edge programs.

VI. COMMENTS FROM THE PUBLIC

Dr. Jim Howell, Nova Southeastern University College of Osteopathic Medicine made the following general comments:

They work closely with University of Miami and have affiliation agreements with Columbia, Palms West, Bethesda Memorial, and Glades General Hospitals. Dr. Brad Feurer is the Medical Director of the Osteopathic Training for HCA in Palm Beach County. Interns and residents participated in programs such as family practice, internal medicine, surgery, pediatrics, and dermatology. The College had a major preventative medicine program with an emphasis on family practice, internal medicine, ob/gyn and pediatrics. He suggests that this is a quilt of partnership – most hospitals want to be associated with a medical school. There are hundreds of physicians who voluntarily teach students every day in this county.

Dean of Nova Medical School will make a brief presentation at the next meeting. Dr. Howell will give name of Dean to Chair Dennis.

Dr. Goldschmidt added that doctors only represent part of the equation and there should also be opportunities for nurses as well.

Chair Dennis then thanked Dr. Goldschmidt for his presentation.

VII. NEXT MEETING: **TUESDAY, MAY 23, 2006 AT 9:30 A.M.** MEETING ALSO SCHEDULED FOR JUNE 21, 2006, 9:30 A.M.

VIII. ANY OTHER MATTERS

There were none.

IX. TEMPORARY ADJOURNMENT: LUNCH BREAK

The meeting was temporarily adjourned for the luncheon recess at 12:25 p.m., to be reconvened at 1:30 p.m. at Good Samaritan Medical Center.

X. **TIME CERTAIN 1:30 PM**
SITE VISIT- GOOD SAMARITAN MEDICAL CENTER (ATTENDEES WILL ASSEMBLE IN THE ATRIUM MAIN LOBBY AT GOOD SAMARITAN MEDICAL CENTER)

The meeting was reconvened at 1:50 p.m. at Good Samaritan Medical Center. Good Samaritan Medical Center staff members greeting the members of the Medical Care Commission were: Mary T. Bazzicalupo, Chief Operating Officer, Oscar J. Fernandez, Chief Financial Officer, and Denise Rigopoulos, Director Marketing, Planning and Communications. Also in attendance was Dr. Robert Jacobson, of the Palm Beach Cancer Institute.

Dr. Jacobson commented that the cancer services had developed over the past thirteen years, and that the program had grown to serve approximately 2,500 new patients per year. In November, a radiation oncology unit would be opened at Good Samaritan Medical Center. He stressed the importance of integrating physician services with physician involvement, and what is available in terms of hospital services. In a partnership with the University of Miami and the hospital, integration with the community physicians was necessary.

In response to Chair Dennis, Dr. Jacobson stated that he gave Tenet full credit for stabilizing Good Samaritan Medical Center. He stated that, currently, there were not enough

primary care physicians available for the community; one of the things that someone like the University of Miami could do would be to look at ways that improvements could be made in getting primary care and pulmonary care physicians to serve the community.

Chief Operating Officer Bazzicalupo commented that there were approximately 26,000 visits to Good Samaritan Medical Center emergency room per year, with over 5,000 admissions coming through the emergency room. There were 24 bays available for patients with all of them monitored, except for one.

Ms. Bazzicalupo noted that currently, the specialties of oncology, orthopedics, and general surgery were the main areas of concentration for Good Samaritan Medical Center.

Ms. Bazzicalupo led a tour of Good Samaritan Medical Center, which included the following departments: Cancer Center, Breast Center, Gamma Knife Center, Cath lab, Angiography Suite, Newbern suites, and the Emergency Room.

XI. ADJOURNMENT

There being no further business, the Medical Care Commission meeting of May 16, 2006, was adjourned at 4:15 p.m.

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Michael Dennis, M. D.
Chairman

Prepared by:
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