REPORT OF THE MEDICAL CARE COMMISSION MEETING
HELD ON APRIL 4, 2007

I. CALL TO ORDER AND ROLL CALL

The meeting of the Medical Care Commission was called to order at 1:00 p.m., on April 4, 2007, in the Town Council Chambers. Members of the Commission present were: Chair Michael Dennis, Vice Chair Robert Friedman, Commission Member Richard Norman Goldblum, Commission Member Michael Stein, and Commission Member Norman Traverse. Commission Member Richard Furlaud was absent.

II. PLEDGE OF ALLEGIANCE

Chair Dennis led the Pledge of Allegiance.

III. APPROVAL OF AGENDA

The Agenda was approved as printed.

Chair Dennis commented on the interest of the Medical Care Commission in a relationship with the University of Miami Miller School of Medicine as a presence of a major academic center in the county.

IV. PRESENTATION FROM THE UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE "A REVIEW OF EXISTING AND PLANNED PROGRAMS IN PALM BEACH COUNTY" BY:

(i) PASCAL J. GOLDSCHMIDT, M.D., SENIOR V.P. FOR MEDICAL AFFAIRS AND DEAN

Dr. Goldschmidt provided a presentation, which included several of the following comments:

- Academic medicine was a dimension of medicine not currently available in Palm Beach;
- The leaders of the medical field preferred an academic environment, as the care of patients could be contributed in multiple ways: by providing unique quality services, performing research, improving approaches and technologies, as well as developing strategies for human ailments;
- Continuity of care would be ensured through the training of leaders of the next generation through educational programs;
- A campus was developed for the University of Miami Miller School of Medicine on the Florida Atlantic University Campus, which was matriculating 32 students this year;
- The students' clerkships (clinical training) would become available within two years in Palm Beach County;
- Relationships had been developed with JFK Medical Center, the Veteran's Administration of Palm Beach (VA), and many other hospitals in the region in order to develop residency programs;
- By creating an opportunity for an academic level of care in the region, all hospitals in the region would benefit;
- Champions of medicine had been recruited to a team of talented physicians;
- Dr. Harold Phillips, a Harvard graduate, had been recruited to be their Executive Dean for Clinical Affairs at the University. He had attended Duke University to develop his career in the intervention of the cardiovascular field and had been a master of intervention in cardiology.
- The importance of emergency and neurological care had been considered.

Dr. Jenny Mladenovic provided an update regarding training and made several of the

following comments regarding the next generation of physicians.

- After medical school, training was done in their area of specialty;
- Not every hospital was equipped or had an adequate level of quality for training purposes;
- The plan was to identify a place to train internal medicine physicians for adults;
- An application for training had been successfully submitted and a site visit had occurred;
- In searching for hospitals and reasonable partners for the necessary services required for training, two hospitals were chosen: JFK Medical Center and VA Hospital;
- Both hospitals were at the cutting edge of technology, quality of care, and the physicians were eager, energetic, and willing to undergo faculty development and teach their trainees;
- ACGME, an accreditation agency, visited the hospitals and were surprised at the quality of the program, although they were currently waiting for approval;
- If approved for the program, the first interns would be at JFK Medical Center and VA Hospital in July 2008
- In 2011, 30 to 36 physicians would have graduated and be employed in this community;
- About 50% would stay in the community, and others would choose to train in of the more specialized areas.
- Their first stepping stone had been achieved by creating a space for the next generation of physicians to live and come to Palm Beach County.
- Fifty percent of physicians were over the age of 50, in the State of Florida, and 25% were over the age of 65;
- The next plan would be to establish training programs, that were necessary to support the medical school for surgery, pediatrics, and gynecology; and
- If successful, in the end, 300 training positions were anticipated, which would be one

of the largest training programs in the State of Florida.

(ii) MR. WILLIAM DONELAN, V.P. FOR ADMINISTRATION, CHIEF OPERATING AND STRATEGY OFFICER

Mr. Donelan provided a presentation, which included several of the following comments:

- The University of Miami, in the process of a profound change, would deliver on the promise that it would serve as the academic medical center of south Florida;
- The University of Miami had many responsibilities in Miami-Dade County, which would not be neglected while broadening its capabilities;
- As a citizen of Palm Beach County, University of Miami had a regional campus of the medical school in Palm Beach County, with a significant commitment to the academic enterprise, including graduate medical education;
- In the residency training programs, it was the intention to produce practitioners, generalists, and specialists for the community in the future years;
- People in the Town were concerned about the need for required emergency service;
- The University of Miami was positioning itself with a university-owned and operated teaching hospital as part of the integral campus at Miami, which was intended to provide an opportunity to grow and develop the kind of programs that other academic medical centers developed that had a regional service mission.
- Services would be accessible to the community and responsive to what the people of the Town of Palm Beach felt were their most immediate concerns.
- The University of Miami would strive to position certain services that were complimentary to the practitioners already in place, making them accessible to Palm Beach County and the community.
- The provision of an Urgent Care Center addressed one of the immediate concerns of the community.
- Patients who accessed the urgent care of specialist physicians, provided relief valves for an internist that would not have been able to visit an emergency department in

the middle of the night.

- It was doubtful that Urgent Care Center could sustain itself given the seasonality, as a business enterprise, without some buffering of support over time.

- The Town, the county, and several counties of south Florida, were viewed as the primary service area of the University of Miami health system, and uplifted the capabilities for medical care and the health status of the community;

- The areas of priority would be selected by working collaboratively with members of the medical community.

(iii) MS. MICHELE CHULICK, ASSOCIATE V.P. AND EXECUTIVE DIRECTOR OF HOSPITAL OPERATIONS

Ms. Chulick conveyed the expansion of skills, expertise, and services of the University of Miami as follows:

- A site for the Sylvester Comprehensive Cancer Center located in Deerfield Beach of about 10,000 square feet was expanded to about 12,000 square feet, which increased the number of patients that could have chemotherapy delivered to them on a daily basis.

- A comprehensive breast care center would be established at that site, which would have digital mammography, stereo tactic capability, MRI's for breast diagnostics, and ultrasound.

- University of Miami was expanding their presence in Boca Raton, as a result of their affiliation with Florida Atlantic University. The site would have clinical services, which would be complementary, not only to Boca Community Hospital, but to other residency programs at JFK and the VA of Palm Beach;

- The Bascom Palmer site on PGA Boulevard would be adding a third building and would have clinicians in residence to help serve the residency programs and work in a complementary manner with JFK Medical Center, the VA Hospital, and St. Mary's Medical Center;

- University of Miami had worked with the Medical Care Commission in establishing an Urgent Care Center on the island;

- Their goal would be to make all of these services and sites complementary to the many facilities within the community.

(iv) WILLIAM O'NEILL, M.D., EXECUTIVE DEAN FOR CLINICAL AFFAIRS

Dr. O'Neill made the following comments during his presentation:

- As the capabilities for treatment and procedures in the area increased, people would not be required to leave the state.

- The interchange with the Medical Care Commission was crucial, as it helped delineate the problems and the issues.

- The report published by the Medical Society was an important document and underlined the challenges that the county faced. The county had 1,200,000 people and nine hospitals, which was one hospital for every 100,000 people.

- To date the Town of Palm Beach had 10,000 people residing part time and in the winter it had 40,000, which was a three-fold increase in the population. Most of the hospitals were staffed on a median occupancy, which posed difficulty in handling the serge.

- The final problem related to physician access: the aging population and malpractice problem. The state was losing a significant amount of physicians that performed high-risk procedures.

- The Medical Care Commission (MCC) dealt with the population and aging of doctors, and lack of specialists for emergency care in many of the hospitals. The MCC was interested in improving Good Samaritan Hospital.

- University of Miami would be bringing four medical specialties: medicine, surgery, pediatrics, and obgyn, which would be in the most need and would have residency training programs.

- There was an amazingly low number of physicians, aged 30 to 40, in this county, as young doctors that had graduated with $150,000 to $200,000 of debt could not afford to reside in Palm Beach County. The University of Miami would be training up to

300 physicians in the county; many of them would find a way to live here.

- A comprehensive transfer arrangement was being studied whereby any emergency room in any hospital in the county could call one number to locate a specialty physician providing emergency access for specialties.

- University of Miami would systemize the process whereby emergency room physicians needed to locate available doctors and hospitals for patients requiring a specialist.

- A referral relationship with an urgent care facility was being developed.

- Miller School of Medicine would be able to partner with the community to improve medical care.

(v) HARRY PHILLIPS, M.D., EXECUTIVE REGIONAL DEAN FOR CLINICAL AFFAIRS AT FAU

Dr. Phillips provided an overview of his presentation and made several of the following comments:

- He recognized Dr. Michael Dennis for his leadership in the unprecedented work done by the Medical Care Commission.

- University of Miami Miller School of Medicine was quickly becoming the premier academic medical center in the country.

- Research of prescribed treatments at the Institute of Human Genomics, would aim therapy only at patients who would benefit, rather than all patients.

- The Medical Society Physician Census reflected a mal distribution of physician ages. Physicians between the ages of 45 and 54 intended to retire in four or five years.

- By 2011, there would be shortages in many specialties.

- There was a need to learn more about the "seasonal" residents, as the numbers could underestimate the problem.

- Urgent care made sense for patient access problems, as it was difficult getting patients into the University of Miami. They promised to remedy the situation as they currently had specialists.

- Residency training would solve the physician supply problem encouraging physicians to stay in the area. By 2011, graduates from the medical school would be Palm Beach County trained physicians.

- University of Miami would work collaboratively with community hospitals to help generate new programs.

Commission Member Stein commented that from the beginning the Commission had urged academic medicine in the community. He added that Good Samaritan Hospital was considered the community's hospital and that he was interested in how the University of Miami would corroborate with them.

Responding to Commission Member Stein, Dr. Goldschmidt stated that the University of Miami viewed Good Sam as a potential significant partner that had played a critical role in the health of the residents of Palm Beach for many years.

Responding to Dr. Dennis, Dr. Goldsmith indicated that at the top of the priority list was to set up immediate communications such as a hotline or red phone so that physicians at Good Samaritan Hospital needing a specialized consultation or transportation could immediately access someone in Miami to move that process forward.

Responding to Commission Member Goldblum, Dr. O'Neill commented that the development of the program of using electronic communication of x-ray's that could be interpreted immediately for physicians had a number of false starts, but that they were committed to completing it by next year. He agreed to keep the Commission informed as to the status of the development.

Responding to Commission Member Goldblum, Dr. Goldschmidt noted that the University of Miami physicians did not have sovereign immunity and they were very familiar with the challenges of working without it. They were in the process of taking a series of steps that would reduce the risk for malpractice.

Dr. Dennis suggested that Dr. Goldschmidt provide a list of organizations and people that they would like to meet, and the Commission would act as an intermediary.

Responding to Dr. Dennis, Dr. O'Neill noted that the residents wanted an urgent care center on the island for a variety of reasons: close access, traffic across the bridge, and the construction on

the roads; if an urgent matter occurred, they would like to seek medical attention quickly. Access would be provided for sub specialists on an as-needed basis, with an outpatient facility adjacent to the urgent care center, that would have sub specialists from Miami rotating to the center.

V. COMMENTS FROM THE PUBLIC

Dr. Fick commented that a major general center was needed to serve the nine hospitals and the population, as opposed to sending patients two hours away.

Dr. Goldschmidt responded that he did not think it was necessary to build another facility, or to have a huge migration of physicians, as it could be done by recruiting individuals that were experts. The University of Miami was committed to providing the services that were not available in many of the facilities of the region.

Dr. Campazzi commented that he was about to expand his own facility and had seen hundreds of patients. The survey indicated that only 17% of the Town residents wanted to get their urgent care at an urgent care center; as they would prefer to see a primary care physician who also provided urgent care, which he provided on a 24/7 basis. There were not enough people in the Town to support a huge facility. His facility would be a smaller capital base, but would have digital x-ray, electronic medical record, trauma room and two exam rooms, ultrasound and a small lab. He indicated that he would like to work with the University of Miami in a collaborative fashion.

Dr. Green, a community physician, commented that ophthalmology and oncology were well represented. The Bascom Palmer Eye Institute, which was placed in this area by the University of Miami, performed cataracts and all routine ophthalmology, which had to impact the local physicians. The ophthalmologists previously sent their difficult cases to Miami. One of his partners had not received a call back from the University of Miami in regards to a complex fracture, which was contrary to what was being said.

Dr. O'Neill conveyed that Price Waterhouse was commissioned to conduct a physician survey and were using the Palm Beach Medical Association survey to try to understand the needs of the community. Bascom Palmer and Sylvester were endeavors that the leaders of those two associations determined were needed in this area.

Pat Flynn commented that it was not an academic issue that stroke care was not available at Good Sam or St. Mary's. He added that what was being done for the poor people in Belle Glade was the same thing that could have been done for the general population.

Dr. Harold Simon commented that one of the two problems was the referrals for cases that

could not be handled here or were difficult. The second problem concerned the relationship with the community in order to have patients referred. There was a shell at Good Sam and at St. Mary's, that needed to be viewed as a separate problem. He added that the University of Miami could meet with the doctors, determine the need, address it, and staff it. He noted that educating 30 residents a year was not going to help if they could not buy a house after graduation.

Allen Wyett commented that if the University of Miami was to provide a plan with what was to be built and how much it would cost, the Town of Palm Beach could raise money to make it happen.

Dr. Francine Greco commented that emergency department physicians in the area were not contacted by the University of Miami for assistance in determining what specialties were lacking in the community. She indicated that she had been an emergency physician for 20 years in the community and knew all the emergency physicians in the area and almost all of the directors, and that she could work together with the University of Miami.

Dr. Goldschmidt commented that the points that were made were solid points. He had no doubt that the challenges defined around the room were real challenges. The University of Miami was investing huge resources in recruiting the champions of medicine that were needed. The hospital facility in Miami, with a referral, would be available 24/7 to all referring physicians in such a way that would not encounter the challenges of the past.

VI. SCHEDULING OF NEXT MEETING DATE

Dr. Dennis indicated that the schedule for the Medical Society Survey would be set within the next day or two, and members would be notified.

A reception in honor of the new Regional Director of the University of Miami Miller School of Medicine , Dr. Harry Phillips, would be held following the meeting, sponsored by the Palm Beach Civic Association.

VII. ANY OTHER MATTERS

There were none.

VIII. ADJOURNMENT

There being no further business, the April 4, 2007 Medical Care Commission meeting was adjourned at 3:08 p.m.

APPROVED:

_____

Michael Dennis, M.D.
Chairman