REPORT OF THE MEDICAL CARE COMMISSION MEETING
HELD ON TUESDAY, FEBRUARY 21, 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 February 21, 2006, in the Town Council Chambers. On roll call, all members of the Commission were found to be in attendance.

II. PLEDGE OF ALLEGIANCE

Chair Dennis led the Pledge of Allegiance.

III. APPROVAL OF AGENDA

Item VII. Of the Agenda was amended to establish that speaker Richard T. Reminger, Esq., would replace speaker Kevin Gilbert, M. D.

IV. APPROVAL OF MINUTES OF THE FEBRUARY 7, 2006, MEETING

The minutes of the February 7, 2006 Medical Care Commission were approved through motion of Commission Member Stein, seconded by Vice Chair Friedman. On call of the Chair, the motion carried unanimously.

V. CONSIDERATION OF LETTER OF INTENT - MCC AND GOOD SAMARITAN HOSPITAL

Chair Dennis stated the following:

"During its brief existence, the Medical Care Commission had worked diligently to gather information from foundations, physicians, and hospital administrators, in an effort to assist in the creation of improved network health care for our residents and their surrounding neighbors. We also encourage the participation of health care consumers, and will soon put this policy into effect through our survey to every household in our Town. We hope to see more citizens at these meetings, as we move our discussions to other locations on the Island, such as the South Fire Station. Possibly the press could help by noting the time and place of our meetings in their activity columns – after all, this is for the benefit of the public. It occurred to me after last week's excellent presentations by the CEO of Good Sam and St. Mary's, that we might be able to move beyond the stage of just information gathering to a more productive and proactive role, with the key players in this game of life support. I drafted a letter of intent to Mr. Echelard, of Good Sam, suggesting a cooperative, organized, ongoing dialogue between this Commission and the organization. It is, after all, an integral part of our fore missions given us by Mayor McDonald. The Sunshine Law, of course, prevented me from discussing this with my colleagues, but I could share with the Mayor, who approved, in general, its content, is now before all of us for review."

Chair Dennis then read into the record the letter, dated February 21, 2006, to Mr. Paul Echelard, Chief Executive Officer, Good Samaritan Medical Center:

February 21, 2006

Paul Echelard
Chief Executive Officer
Good Samaritan Medical Center
1309 North Flagler Drive
West Palm Beach, FL 33480

Dear Paul,

Your extremely well prepared and articulate presentation to the Town of Palm Beach Medical Care Commission last Tuesday was an excellent example of the bilateral educational process which the Commission is providing for studies to improve the health care services for our residents and adjacent populations. We

learned from you in great detail the challenges you face in an environment of reduced reimbursement from managed care and Medicare, the proliferation of off-site services, decreasing bed occupancy, and onerous malpractice premiums which strain physician staffing – to name a few. You learned from us that the leadership of the Town has given us the authorization to pursue every avenue that will assist you and other entities in establishing a better climate for health care consumers.

You indicated that you have an investigative process to perform having begun a search for a consultant to evaluate the practicality, legality, and viability of an expanded cardiac program. You are also exploring the possibility of an acute stroke center – possibly in conjunction with St. Mary's. These efforts will take time. At the same time we will continue our investigative work through frequent public forums to hear from experts and interested parties who share our concern for progress. Most notably, we are on track to have our survey of the residents on every doorstep by the middle of March to elicit comments and suggestions reflective of their individual experiences with the system.

Sharing the results of your analyses and ours simply makes good sense. While it is premature to declare the successful implementation of any specific project, it is not at all premature to declare our mutual, proactive commitment to work together in a collaborative fashion toward our common goals. We are suggesting that we make that declaration.

We can fuse our focus on the requirements for financial viability of expanded services, the legal redefinitions necessary to accommodate those services, and the staffing, equipment, and space needed to put them into effect.

While the above activities are underway, there are opportunities for cooperation which might prove fruitful. For example, the Commission is receiving a significant input from teaching institutions that have an interest in working with the community. An immediate starting point might be to ascertain if you would be amenable for us to direct them to your medical center so they might evaluate the potential for a successful framework of service. As long as these institutions do not just concentrate on the philanthropic potential of the residents and transfer the lucrative services out of the state (or the community), we are certainly interested.

Our union of spirit can begin immediately. No doubt you understand the guidelines of the Sunshine Law under which we must conduct the business of the Commission. Some consider this restrictive since it excludes such easily accessible forms of communication as private discussions and impromptu phone calls. However, I view it in a different light. Our citizens are no longer comfortable with decision making that lacks transparency. The Sunshine Law enables every citizen to be a part of the process as they enjoy the full disclosure which they justly deserve. In no other way can the full force of the health care consumer population come to bear in our attempt to benefit them in the Good Samaritan network.

Shall we begin?

For the Commission,

Michael T.B. Dennis, M.D.
Chairman

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Commission Member Friedman commented that the letter hit all of the points proposed by Mr. Echelard at the last Commission meeting.

Commission Member Stein referred to the third paragraph where it was mentioned that there would be a proactive commitment to work together in a collaborative fashion toward our common goals. He noted that there were others in the community who had undertaken these conversations, and he suggested that those activities should be pulled together so that there was a common effort, and not disparate groups operating on their own. He stressed that his comment should not be seen as a criticism of the letter, but apart from the letter; those others who were involved in the efforts should be encouraged to do them cooperatively with the Commission.

Chair Dennis suggested that the language would be changed to say: "together in a collaborative, inclusive fashion toward our common goals."

Commission Member Furlaud moved approval of the letter as amended by Chair Stein. The motion was seconded by Commission Member Friedman. On roll call, the motion carried unanimously

VI. RESIDENT SURVEY UPDATE

Chair Dennis reported that the survey would be available according to the time line, that the contract was for a not-to-exceed $13,500, for the development of the survey, review of the survey with the Medical Care Commission, the implementation of the survey, and the analysis and recording of the survey. He noted that near the end of today's meeting he would suggest that the Commission review the survey with the consultant, at the scheduled Medical Care Commission Meeting of February 28, 2006. He pointed out that the Palm Beach Civic Association was committed to making a donation to the survey; the Citizens Association had also made a commitment to the survey, as well as individual citizens.

Commission Member Stein commented that the survey should provide, at the end of it, an opportunity for further comments from the responder in essay form, to include any other ideas or suggestions they would like the Commission to consider.

VII. KEVIN GILBERT, M.D.
[Replaced as speaker, by Attorney Richard T. Reminger]

Attorney Richard T. Reminger addressed the Commission, stating that he was a member of the Palm Beach Civic Association ad hoc committee that was studying the medical issues in Palm Beach. Prior to that, he had served on the Board of Governors of Good Samaritan Hospital, the Board of Governors of Intracoastal Hospital, a very prestigious Hospital Board in Cleveland Ohio, and had spent his professional life defending physicians and hospitals, and had tried 148 cases to verdict.

Attorney Reminger stated that he saw two problems:

1. There are not enough doctors.

He noted that the State of Florida had 50,000 practicing physicians two years ago; now there were 32,000. Physicians were not coming to Florida, or staying in Florida, because of the cost of housing, taxes, and malpractice premiums. There were wonderful physicians at both Good Samaritan and St. Mary's hospitals, and they must be protected as much as possible.

2. Everyone seemed to be concerned about why the two deficiencies of open heart surgery and stroke control could not be cured.

He explained that he did not think those issues would be cured. The hospitals north and south had preempted that. Good Samaritan had spent hundreds of thousands of dollars trying to get a Certificate of Need, and could not get it. He stated that he did not think the governor, nor the legislature would become involved, because they believed there was good medicine being practiced in both of those two fields right now at JFK and Palm Beach Gardens Hospital. He stressed that it was a Certificate of Need, not of convenience. He explained that the Certificate of Need meant that the people practicing open heart surgery and stroke control had to be proficient – there could not be open heart surgery with someone doing it once every other day. The Cleveland Clinic, for instance, had three teams going around the clock, doing a great deal of open heart surgeries per year.

Mr. Reminger expressed that the solution was to accept what we have, augment it, and make it better, or buy the hospital and make it a private hospital. There would still be no assurance that a Certificate of Need could be obtained for the two disciplines anyway. Another option would be to set up a residency program, with housing assistance and malpractice insurance funding. He stressed that the customer of a hospital was the physician, not the patient.

In response to Commission Member Friedman, Mr. Reminger replied that the Health Care District and taxpayers ought to pay for indigent care. The public must be informed.

In response to Commission Member Stein, as to how heart/stroke patients were handled before transferring from Good Samaritan to other hospitals, if Good Samaritan was sufficient in the other areas of medicine, and how good were Palm Beach Gardens and JFK for heart/stroke disciplines, Mr. Reminger replied that years ago, the therapy for open heart and stroke was to take two aspirins, and Delta north – now we were a long way from that. He stated that he did not have statistics as to comparison between the two open heart/stroke facilities in the area, and similar institutions around the country. He

noted that he had heard very good things about the physicians in both facilities in the area, particularly at JFK.

Mr. Reminger suggested that in order to make the emergency room a first class service, perhaps an emergency facility could be funded at Good Samaritan, and make it the best possible. Currently, physicians could not afford to come to, or stay, in the area. Also, he noted that people were generally very cavalier about money, considering the obscene sums of money that movie actors, and athletes were paid - the average citizen was affected by those things.

Chair Dennis remarked that the State of California had attacked the malpractice problem in the early 1970's with tort reform; he asked whether there were any successful tort reforms that Mr. Reminger may know of, that might be considered?

Mr. Reminger responded that he had been told by a plaintiff's lawyer, whose firm sued physicians repeatedly, that the current laws here were making it financially impractical to sue physicians and hospitals. He noted that the current no fault laws in Ohio had really put the brakes on malpractice cases. Ohio had introduced tort reform two or three times, and the Supreme Court of the State of Ohio had reversed every time, under the theory that it was unconstitutional under the equal protection clause of the U. S. Constitution, and the State of Ohio. He also noted that it was against public policy to insure against punitive damages, so malpractice insurance would cover the negligent acts, but would not cover for punitive damages. Lawsuits bringing forth punitive damages were done so in order to obtain settlement.

In response to Mayor McDonald, Mr. Reminger summarized his recommendations regarding the emergency care situation: He expressed that he had suggested that the emergency room situation could be enhanced, by creating a fund to provide an opportunity for young physicians to obtain housing, and to provide a way to pay medical malpractice premiums, as well as the emergency room organization premium.

Commission Member Friedman commented that, in most states, the Department of Health controlled the Certificate of Need program, and there were statistics that could be gathered that would define the conditions necessary to obtain a Certificate of Need for stroke/cardiac.

Dr. Conroy commented in regard to the suggestion of financing physicians to come to the area; that there were a number of organizations who placed physicians both temporarily and full time.

VIII. ALAN PILLERSDORF, M. D.

Dr. Pillersdorf did not appear before the Commission.

IX. MERCEDES DULLUM, M. D.

Dr. Mercedes Dullam - of Cleveland Clinic Westin provided a presentation of the cardiac program and other programs available at that facility. She commented that the Cleveland Clinic Westin was very excited about the possibilities of working with the Town of Palm Beach.

In response to Chair Dennis, Dr. Dullam replied that the use of medical helicopters in the surrounding Westin area enabled a fifteen minute door to balloon time, which was probably about one of the best in the country.

In response to Commission Member Stein, EMS Coordinator Brian Fuller responded that typically acute myocardial infarction patients are not transported by helicopter. Trauma has the same "golden hour," from the time of the traumatic injury to the time that the patient is on the operating table. The time of the day, the traffic, and how long it would take to get to Delray Medical Center or St. Mary's Medical Center all were taken into account, and if that time was more than 20 minutes transport time, the helicopter would be called. The helicopter could be used for cardiac patients, however, there would have to be some type of legislation in the county for that.

In response to Chair Dennis, Mr. Fuller responded regarding the transport time from the Town Hall to Palm Beach Gardens and JFK during minimal or heavy traffic. Mr. Fuller stated that there was a very fast responsive time by Palm Beach Fire-Rescue – the patient arrived at the hospital well within an hour, and the patient could be on the operating table in an hour.

Chair Dennis explained that the statistical figures for transport time could be argument for having a closer cardiac center.

X. COMMENTS FROM THE PUBLIC

There were none at this time.

XI. NEXT MEETING FEBRUARY 28, 2006

Chair Dennis announced that the next meeting would be on Tuesday, February 28, 2006, and recommended that the Commission focus on the survey at that meeting. At the next meeting, on March 7, 2006, Don Steigman, who oversees the Florida operations of Tenet Health Care would be present, as well as the CEO of JFK.

Commission Friedman suggested that there be some direct procedures for donations that were provided for the funding of the survey.

Chair Dennis replied that he had already written thank you letters to donors. He suggested that the figures on the printing and mailing costs would help to determine any additional costs that may need to be covered.

Commission Member Stein suggested that public participation in the Medical Care Commission meetings could be increased through news publications identifying the times of meetings, and proposed agendas in their activity columns.

In response to Commission Member Goldblum, Chair Dennis explained that the Quantum Foundation had indicated that they were exploring the possibility of a physician survey, and wanted to come back to the Commission about its involvement in that survey. He suggested that Tim Henderson of the Quantum Foundation be invited back to a future meeting to discuss that.

Commission Member Traverse suggested that the Commission could start developing questions for a physician survey, and merge it with whoever else was going to do a survey.

Chair Dennis suggested that the physician survey discussion could be added to the agenda for the next meeting.

XII. ANY OTHER MATTERS

There were none.

XIII. ADJOURNMENT

There being no further business, the Medical Care Commission Meeting was adjourned at 11:40 a.m.

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Michael Dennis, M. D.
Chairman

Prepared by:
Susan A. Eichhorn, Town Clerk