REPORT OF THE MEDICAL CARE COMMISSION MEETING
HELD ON FEBRUARY 7, 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 7, 2006, in the Town Council Chambers. On roll call, all Commission Members were present with the exception of Commission Member Bilotti, who had resigned. Others present for all or a portion of the meeting were: Town Councilman Allen Wyett, EMS Coordinator Brian Fuller, and Administrative Assistant Sara Blake.

II. PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was led by Chair Dennis.

III. APPROVAL OF AGENDA

The Agenda was approved with the substitution of speaker Marge Sullivan for Suzette Wexner, Executive Director Palm Health Care Foundation, Item VII.

IV. APPROVAL OF MINUTES OF THE JANUARY 12, 2006, MEETING

V. APPROVAL OF MINUTES OF THE JANUARY 19, 2006, MEETING

Commission Member Furlaud moved approval of the January 12, 2006, and January 19, 2006, meeting minutes. The motion was seconded by Commission Member Friedman. The motion carried unanimously.

VI. APPROVAL OF MINUTES OF THE JANUARY 24, 2006, MEETING

The Minutes were not available for approval.

VII. SUZETTE WEXNER, EXECUTIVE DIRECTOR PALM HEALTH CARE FOUNDATION

Marge Sullivan, Vice President of Operations at Palm Health Care Foundation, provided a brief overview of the Foundation as follows:

- Donated more than $10 million in the last four years to various schools and programs;
- The mission areas were to provide community-based care for the needy and to strengthen the health care professions;
- Interested in maximizing resources in the County, and avoiding the duplication of many similar groups;
- Asset base was about $69 million as compared to $50 million in 2001when the Foundation opened.
- Leading public health care foundation in the County in the ability to raise and grant money;
- The Foundation had a varied astute investment committee and management firm, with performance strong in the top quartile in the country in comparison to other foundations with the same asset base;
- Largest grant was provided to Palm Beach Community College (PBCC) of $800,000 for an innovative program for nurses to attend nursing school on weekends and at night, for those individuals seeking nursing as a second career;
- Second largest grant of more than a half a million dollars to the Samaritan Gardens Community Health Center, for people who did not have insurance, and would serve anyone regardless of their ability to pay;
- First grant of $250,000 was in 2001 to the Health Care Emergency Response

Coalition, which brought 14 hospitals in the County together, funded communications to all the hospitals, and was the national model for other areas of the country;

- Fifteen (15) Trustees on the Board, worked last year to reduce workforce shortages, retain nurses in the community, develop early exposure programs, curriculums for after-school programs, and expose children to health care and encourage individuals to enter health care careers;

- Worked on development of Children's Specialty Care Clinic on the campus of St. Mary's Medical Center;

- The Foundation was in the process of purchasing a building to deliver specialty care services for children, with innovative teleconferencing and state of the art education center for physicians and healthcare professionals in that building;

- In 2005:

  - $238,000 went to 89 students in health care professions in the County;
  - Three hundred and fifty (350) scholarships were awarded;
  - $131,000 granted to Palm Beach Atlantic University to establish a Bachelor of Science in Nursing program;
  - Awarded $130,000 to the PBCC Death with Dignity program for the Legal Aid Society;
  - Over $100,000 was given to Alzheimer's Community Care for a program assisting care givers; and
  - $130,000 was donated to a program at the Delray Full Service Unit, a primary care clinic.

Ms. Sullivan's responses to the Commission Members questions were:

- The Palm Health Care Foundation's methods to avoid duplication were that they convened with local hospitals, education professionals, and nurse care providers about five times a year to learn as much as possible about the efforts in the community in order to collaborate on the projects.

- The Foundation had limited experience with emergency service programs, but assisted in funding grants to research solutions.

- The building that the Foundation was purchasing was at 5205 Greenwood Avenue, on the campus of St. Mary's Medical Center, currently called the Neuroscience Building.

- The Foundation's study of emergency services had not yet been totally evaluated, but she would be happy to come back with a report on the assessments.

- The Foundation focused on nursing care, community based clinic care, and primary care, for children and geriatrics. Half the money was used for the healthcare workforce and half for access programs.

- Palm Health Care Foundation and Quantum Foundation had worked on some of the same committees and looked forward to future work together.

- The mechanism in acquiring the building on St. Mary's campus was that the Foundation received a request to construct or renovate a building at the bequest of Molly Wilmont, for healthcare in the County, to be named after her, preferably on the campus or in between Good Samaritan Hospital and St. Mary's Medical Center.

- The Foundation hoped to become a national model, partnering with Florida Atlantic University (FAU) and wellness centers, through the school of nursing, public/private partnership with children's medical services, and state-funded agencies. They also hoped to partner with Scripps, to research diabetes, and other chronic diseases.

- The Foundation was purchasing the facility at St. Mary's to house credentialed staff that was self-supportive and sustaining; the facility would not be an in-patient facility; but would raise money to assist with operating expenses to support the building.

- Grant-funded land line phones for all 14 hospitals and purchased Hazmat gear, tents, and clothing for each hospital for decontamination to prepare for a state of emergency. The Foundation was the model in the country where hospitals came together to develop consistent standards for emergencies, which were ongoing, and would continue to be funded. It was an effective group that worked to standardize the way to handle disasters.

- She agreed regarding a system to resolve the problem of patients using the emergency room as a last resort would relieve repeat emergency room visits. The Quantum Foundation was spearheading Project Access and also worked with safety net providers, by establishing clinical homes for individuals. The Palm Health Care Foundations goal was to reduce

emergency visits in Palm Beach County.

Public Comment:

Stanley Rumbaugh, 655 Island Drive, commented that the Foundation could consider funding for the study of emergency operations and suggested working closely with the health committee to assist in funding some of their operations, preventing duplication.

Responding to Dr. Dennis, Ms. Sullivan commented that it was more complicated for the Palm Health Care Foundation to have the operational capability of the programs, opposed to simply giving grants, because it broadened the scope of daily activities, instead of a narrow focus of cycles of grant making, or specific things like cancer care or cardiovascular services. She stated that it felt more meaningful to have the operational capability and that they had a dedicated, innovative, and bright staff, who were very proud of what the Foundation had accomplished.

VIII. TIM HENDERSON, VICE PRESIDENT FOR PROGRAMS, QUANTUM FOUNDATION

Mr. Henderson provided an overview of the Quantum Foundation and discussed the following:

- Created in 1995 from the sale of JFK to Columbia HCA, a private foundation with net proceeds of about $120 million.
- Since 1997 the Quantum Foundation had made $60 million in grants in Palm Beach County;
- Attracted $60 million of matching funding in the County;
- Some of the funders were, national foundations located outside of the County and some were matching grants to the U.S. Department of Health and Human Services.
- In 1997, the Foundation made a challenge grant to the health care district to provide school nursing services; before the grant, 20 nurses covered 140 schools, and after the grant, a nurse was in every school representing nursing services available for 160,000 children;
- Another grant made was to provide dental sealant services in Title One schools, which had high percentages of children on the free and reduced lunch program.
- Grant making was divided into three focus areas: 70% health subdivided into

community health, school, and senior health; 10% education; and 20% in community betterment, which included working with the United Way to enroll people in health, economic and human services programs at eligibility service centers throughout the county;

- Have three major initiatives:

    1. Community Health Alliance - a collaboration of the funders and providers of indigent care services in the county.

In 2001, Quantum conducted a survey and compiled a report of resources available for indigent care services. The report resulted in Quantum's creation of a coordinating body called the Community Health Alliance, which was based on five pillars:

a. Sharing Health Data - funded all free clinics with a state of the art information system called Wellagent.

b. Increased the Capacity of Quantum's Indigent Care System - Quantum copied a model implemented successfully called Project Access, done by the medical society, where physicians see patients in their offices that were unable to pay their bill. Given sovereign immunity through the state, the physician could bill for the service, and if the patient met basic eligibility requirements, the physicians could see the patients. There were about 300 physicians enrolled in this program, caring for about a hundred patients with hope for an increase to about a thousand.

c. Common Eligibility - Eligibility Service Centers screened people for availability of economic and human services, including the healthcare district, medicaid, food stamps, earned income tax credit, and utility assistance programs. Hospitals were excited about this service because they could expect payment.

d. Creation of Community Health Centers - Quantum was the leading funder of indigent clinics in the county. In addition to building free clinics, Quantum also tried to attract qualified community health centers. Federally qualified community health centers brought a $650,000 grant, with cost space reimbursement and access to deeply discounted pharmacy services. Quantum was attempting to create a network of grant-funded cost space reimbursement centers. The first

center would be a megacenter at the Comprehensive Aids Program offices located on Congress through Foundcare. The 28,000 square feet state of the art facility would house 16 exam rooms, six dental operatories, a full pharmacy, conference space, and case management. The benefit was keeping people out of the emergency rooms.

e. Language Access - because problems with medical translation had been reported, the Glades Initiative in Belle Glade trained existing healthcare providers for one week on medical translation services. Training volunteers to speak Spanish and Creole provided translation services in the free clinics and at offices of Project Access physicians, who were concerned about communication with non-English speaking patients.

Mr. Henderson commented that he had read the MD Content Report with the recommendations, and after attending several meetings, concluded that progress was needed with the project. Quantum hired Rick Hammer, who was one of the most qualified, to staff the project. He indicated the Emergency Department Management Group task force was in need of:

- A representative to attend the meetings;
- A market survey to determine how much a specialist should get paid to be on call; and
- An individual hired to determine a census of physicians in the county.

2. Researching medical debt issues in the county and how Quantum can impact it.

Mr. Henderson noted the following:

- That annual grants were provided to Palm Beach Community College (PBCC) and Florida Atlantic University (FAU) college of nursing to provide a salary supplement to the nursing faculty;

- That there was not enough faculty to train nurses; the faculty at FAU and PBCC had made up to $40,000 dollars less than the trained people in the private sector;

- That in an ongoing effort, Quantum provided up to $10,000 a year to all the teaching faculties at the two colleges for nursing;

- Quantum jump-started the Drowning Prevention Coalition, by making a series of grants to YMCA and the American Red Cross to provide swimming instruction in Title One low-income schools and preschools; and

- Quantum maintained its commitment for school health, like the dental sealant program.

Mr. Henderson responded to questions by the Commission members as follows:

- The proceeds from the sale of JFK to Columbia HCA went toward the creation of the Quantum Foundation;

- The Franciscan nuns received funding through the merger of Good Samaritan Hospital and St. Mary's Medical Center in 1999 or 2000, which had nothing to do with JFK or Quantum Foundation;

- The headquarters for the Franciscan nuns were in Tampa, but the Executive Director of Allegheny Ministries, who worked closely with Quantum, was Eric Kelly;

- The 28,000 square feet facility was located in Palm Springs, on Congress Avenue, south of Forest Hill Boulevard, and should be operational by November;

- The new CAP federally qualified health center, funded through FAU, Caridad, and Samaritan Gardens, would have extended and Saturday hours, in order to alleviate the crowding in emergency rooms by patients who were unable to take time off work during normal working hours;

- Sovereign immunity was a program that physicians enrolled in, for treating patients with an income of less than 200% of the federal poverty guidelines, that were covered by the program.

- Quantum was researching how sovereign immunity could be extended to

specialists, which could take a year or longer.

- Most counties the size of Palm Beach had major academic hospitals, with a full range of services, which was recommended in the EDMG Report, and would complement Quantum's existing programs.

Public Comment: None

**********The luncheon recess was taken at 11:00 a.m.**********

**** The meeting of February 7, 2006 was reconvened at 12:20 p.m.*****

Dr. Norman Traverse provided a brief overview of the contents and questions of the survey that would be mailed out to the Palm Beach residents by the Medical Care Commission.

The commission members congratulated Dr. Traverse on the excellent survey questions that he had developed.

IX. DAVID W. DODSON, M.D. AND HARVEY COVE, M.D.

Dr. Harvey Cove, Chief of Staff and Chief of Pathology at Good Samaritan Hospital, spoke to the Commission discussing several of the following issues:

- Improved and increased services at Good Samaritan Hospital;
- Services were slowly reduced by attrition;
- Oncology Institute was currently a private enterprise, but located within the Good Samaritan Hospital;
- It would be beneficial for stroke and cardiovascular services to become private, be supported financially by the community, and maintain its location at the Hospital;
- The cancer institute was supported by the physician's fees and it did not receive any

private support. To create a stroke and cardiovascular institute, the requirements would be two separate groups of physicians, separate rooms for angioplasty, and financial support.

- The facility would be doing the emergency type of angioplasty.
- Cancer Institute was similar to going to one's own doctor's office, except that it was on campus with a group of up to ten people. If the patient required inpatient services that needed surgery, the patient would be referred elsewhere.
- Chemotherapy was done in those offices.
- The existing stroke and cardiovascular services being utilized at the Hospital were a lab for angioplasty, but not performed there, radiographic facilities, beds, and nurses. In case of a stroke, there were several levels of programs available.
- Angioplasties at the Hospital would be a considerable, financial investment.
- Good Samaritan Hospital was well positioned as a full service Hospital.
- Boutique medicine was becoming prominent, meaning that a physician that had thousands of patients, then reduced to hundreds, would have very few patients to refer to other sub specialists, therefore, fewer patients were being referred for other procedures.
- Good Samaritan Hospital had not attracted family practice physicians because cardiac services were not provided, and it also had the aura of an inner-city hospital due to the deterioration of West Palm Beach, but the area was coming back now.
- It was the perception and the reduction of services that contributed to the concern for Good Samaritan Hospital was in the position where serious doctors in the community did not have sufficient regard for the Hospital and its ability to care for its patients.
- Physicians were needed to absorb the patients that could no longer be part of the boutique medicine practices.
- Tenet Healthcare was working very hard to reduce the waiting time in the emergency rooms.

Dr. Sherman, a retired neurosurgeon, stated that he was now more of a patient than a

physician, and was distressed that a physician contemplated leaving Palm Beach area and moving up to Jupiter because the good nurses were being replaced by nurse temporaries.

Dr. David Dodson, a member of the board at Good Samaritan Hospital, stated that 21 years ago, Good Samaritan Hospital was the premier institution in the area. There was a convergence of pressures changing in the country. Twenty percent of people now come to the emergency room with no insurance.

Dr. Dodson answered questions from the members of the commission.

Dr. Dodson noted that Tenet Healthcare wanted to make profits and the hospital wanted good medical care and that there should be a way to achieve it. He said one could not cost-cut the way to success, which seemed to be happening.

Dr. Dodson commented that there were ways to blend a not-for-profit mechanism with a for-profit hospital, such as in the Nicklaus Children's Hospital.

X. UPDATE OF RECORDING SECRETARY RECRUITMENT

XI. COMMENTS FROM THE PUBLIC

Dr. Sherman informed the commission that John Hopkins University researched the implementation of teleconferencing consultations in Palm Beach, which could be set up inexpensively and effectively with the stipulation that the consultation was requested by the patient's physician, to conduct the Florida side of the conversation with a John Hopkins' specialist in that area.

Dr. Dodson responded that a doctor from out of state could not practice medicine in Florida, but it could be done by the Florida doctor prescribing the treatment.

Dr. Sherman suggested a vision to have Tenet Healthcare sell Good Samaritan Hospital to a nonprofit foundation, and to hire John Hopkins University to manage the hospital, in order to attract patients and physicians.

Responding to Councilman Wyett, Dr. Dodson stated that in his medical opinion it was not satisfactory to transfer stroke and cardiac patients to other hospitals, because time was muscle in heart attacks, and the sooner the patient receives care, the better.

XII. REVIEW OF RESPONSES TO THE REQUEST FOR PROPOSAL (RFP)

Dr. Dennis recognized that the Commission had received two responses for the RFP for the survey, and that he was expecting two more today. He indicated that the Commission and the Public would meet Thursday, February 9, 2006, at 9:00 a.m., in the EOC Fire Central Station to review and decide which of the survey consultants would be hired.

XIII. NEXT MEETING: FEBRUARY 14, 2006, AT 9:30 A.M.
(TENET HEALTHCARE REPRESENTATIVES)

XIV. ANY OTHER MATTERS

There were none.

XV. ADJOURNMENT

There being no further business, the meeting of the Medical Care Commission of February 7, 2006, was adjourned at 1:48 p.m.

_____
Michael Dennis
Chair

Prepared by:
Denise Carmona
Office Assistant
Town Clerk's Office