REPORT OF THE MEDICAL CARE COMMISSION MEETING
HELD ON JANUARY 30, 2007

I. CALL TO ORDER AND ROLL CALL

The meeting of the Medical Care Commission was called to order at 9:25 a.m., on January 30, 2007, in the Town Council Chambers. Members of the Commission present were: Chairman Michael Dennis, Vice Chairman Robert Friedman, Commission Member Norman Goldblum, Commission Member Michael Stein, and Commission Member Dr. Norman Traverse.

II. PLEDGE OF ALLEGIANCE

Chair Dennis led the Pledge of Allegiance.

III. APPROVAL OF AGENDA

The Agenda was approved as printed.

IV. CREATION OF 501©(3) FOUNDATION - Town Attorney John C. Randolph

Chair Dennis commented that something remarkable happened last fall when Mayor McDonald appointed the Medical Care Commission (MCC), and brought together a group, some of whom were completely unfamiliar with the others. What fused immediately was a cohesive plasma of thought and deed which resonated today with increasing energy, sensitivity and commitment. The Commission was focused on its original mission by identifying the needs of residents, searching for and evaluating scope of services available, concentrating on the quality and breadth of care at Good Samaritan Medical Center. Accomplishments had been made through the MCC survey, numerous public forums, the in-process creation of a thorough medical guide to be distributed throughout the Island, and very possibly in other communities as well; and the persistent, relentless effort to dialogue with Tenet Health Care.

In the course of activities, fundamental issues had been encountered, underlying the inability

of the Commission to reconfigure things as needs were perceived:

1. A looming crisis in medical care provider manpower, both physicians and nurses. Since the state had lost 22,000 physicians within ten years, despite a growing population; the County was facing a loss of about one-third of its doctors in the next five years.

2. A state with the most onerous medical liability costs in the country, where malpractice premiums often taken one-third of a physician's gross income, and where the cost of housing appears insurmountable to graduates who already carry a heavy debt.

3. The crushing numbers of non-emergency patients in our emergency rooms, by people who, tragically, were out of the system and have nowhere else to go for their care.

4. The absence of a county hospital or full scale teaching hospital within the network.

5. The importance of forming an alliance with neighbors to the west to facilitate better care for the entire spectrum of our population.

Chair Dennis explained that these and other problems needed to be addressed successfully in order to guarantee residents access to a sound, trusted system, would not be solved overnight, nor likely within the time frame of the MCC ad hoc existence. For that reason, the creation of a 501©(3) foundation would be discussed today.

Chair Dennis noted that he had conducted private discussions with Mayor McDonald, and with Town Attorney Randolph, who, in principle, found the creation of a parallel foundation acceptable, given certain terms. He suggested that the foundation be named the Medical Care Foundation of the Palm Beaches, and that an officer structure would be set up within that foundation. That would make the segue of the MCC into private life a relatively easy maneuver.

Town Attorney Randolph addressed the MCC, stating that it was not necessary, in terms of having tax deductible donations, to create a 501©(3), since a person could give donations to the Town for purposes of the work of the MCC, and those donations would be tax deductible. There were certain not for profit corporations that had by-laws indicating that they could not give monies other than to 501©(3) corporations, and for that reason, it was deemed to be advantageous to create a 501©(3) that had the ability to accept those type of donations.

Mr. Randolph explained that it was clearly appropriate for a municipal body to create a 501©(3) corporation for purposes of accepting donations for public purposes. In the event a 501©(3) was established, the question had been raised as to whether or not that corporation could run parallel with the work of the MCC. Mr. Randolph stated that he believed that was possible, however cautioned that the two bodies (MCC and 501©(3)) would need to be distinct, so that officers did not overlap and their work did not overlap. Otherwise, there may be some confusion as to whether or not the 501©(3) corporation had become an agency of the Town, using the same members of its board, as the MCC, and someone indicated that would be a violation of the Sunshine Law to have that 501©(3) operating outside of the Sunshine Law. It would be easy enough to establish a 501©(3) corporation without having the officers of it be the same as the officers of the MCC.

In addition, Mr. Randolph noted that the law of municipal corporations was much different than the laws as they would apply to 501©(3) corporations. For instance, as appointees of a Town commission, there were certain indemnifications from liability that were dictated by state law, which would not be in place as members of a 501©(3) corporation. That was not to say that a 501©(3) corporation could not offer indemnification, but it would be under different principles than would be offered to municipal officials.

Mr. Randolph stressed that it had been determined that if a 501©(3) corporation is appointed by a municipality, then the members of that corporation would be subject to the Sunshine Law. In other words, they would become an agency of the municipality, and therefore subject to the Sunshine Law. He cautioned against any formal action being taken by the MCC to establish a 501©(3) corporation. If that formal action was taken, the 501©(3) corporation would then be interpreted as an agency of the Town, and therefore, subject to the Sunshine Law. There was nothing, however, to preclude a group of individuals, who have an interest common and similar to the MCC, to go ahead and establish a 501©(3) corporation without the authority of the MCC. The work of that 501©(3) could then run parallel to the work of the MCC, and also, at a later time, when the work of the MCC was completed, the members of the MCC could merge into that 501©(3), and individuals of the MCC could then serve as officers of that 501©(3) corporation, so that there would be a smooth transition.

Mr. Randolph cautioned the MCC from taking any formal action to create a 501©(3) for the reasons that he had stated today.

Chair Dennis clarified that the MCC would carefully avoid any kind of a vote on this issue, as a Town commission, but that the individuals could form a 501©(3), and that only one of the

members of the MCC could be on the 501©(3) corporation.

Commission Member Stein commented that the Sunshine Law once again seemed to impede the function of the MCC. He noted that not all of the issues to be dealt with by the MCC could be dealt with in a public forum. Some complicated problems would need to be discussed with the Tenet Corporation, and with the University of Miami Medical School, and the MCC was struggling with the inhibitions of the Sunshine Law.

Mr. Randolph advised that a 501©(3) corporation could be formed, without the direction of the MCC, and could meet in private. He cautioned the MCC against appointing that 501©(3) corporation, or even voting to establish it. The corporation could be established without the direction of the MCC. He clarified that the 501©(3) and the MCC could run parallel as far as their functions were concerned, but there could be no overlap in regard to the officers of the 501©(3) and the MCC. Only one of the MCC members could be an officer of the 501©(3) .

Commission Member Goldblum suggested that perhaps the MCC should be dissolved, and re-form as a 501©(3) corporation.

Chair Dennis commented that the MCC had a mission from the Mayor.

Mayor Jack McDonald asked Mr. Randolph if it was very clear cut that only one member of the MCC could also serve as a member of a 501©(3) corporation.

Mr. Randolph advised that a private group, not appointed by the MCC, could establish a 501©(3) corporation and have several of the same members as the members of the MCC, however, there was concern that the MCC members were subject to the Sunshine Law, and even though they may meet as members of a 501©(3) , they may still be subject to the Sunshine Law, because two or more of them were meeting outside of the Sunshine.

Mayor McDonald requested that Town Attorney Randolph review the matter further in order to clarify the membership question.

Chair Dennis commented that further information from Town Attorney Randolph would be forthcoming, and that the MCC had been hoping to relieve the Town of funding through the formation of a 501©(3) , however, it seemed that may not be possible, and he suggested that the MCC request funding from the Town for projects that were ongoing.

V. PROGRESS ON MEDICAL CARE GUIDE - Julie Fanning, Carey O'Donnell P.R.

Chair Dennis advised that one of the missions of the MCC had been to evaluate the scope of services available to the community, and the MCC had site visited the clinical centers and network groups in the County, and would be producing a very comprehensive Medical Care Guide, which would go to all residences in Palm Beach, the major hotels, resorts and businesses.

Julie Fanning, Carey O'Donnell P.R., provided a brief update on the technical progress being made on the Medical Care Guide.

Commission Member, Dr. Traverse, commented that the MCC had been moving forward with the guide, and that the MCC had no budget for it, and had spent out of pocket money to date. He noted that the MCC could not commit to spending money for printing until they were assured of the funding.

Mayor McDonald advised that he would place an item related to a funding request from the MCC on the February Agenda for the Town Council.

Chair Dennis replied that he would present funding figures at that time.

VI. PRESENTATIONS BY:

- Alpert Jewish Family and Children's Services
- Morse Geriatric Center
- Palm Beach Fire Rescue

Chair Dennis commented that Ms. Madelyn Greenberg had presented concerns to the Town Council, related to elder care management on the Island, and the Town Council had asked the MCC to review some of these issues. A number of presentations would be provided today, by those representing elderly care institutions and structures.

Ms. Madelyn Greenberg addressed the Commission, commenting that there were many

residents who were "aging in place," and although there were many agencies and institutions that helped, the Town of Palm Beach residents were concerned about access to services that would network with agencies and help residents with their concerns. She noted that she had appeared before the Town Council to request that the Fire-Rescue Department look into the possibility of addressing the needs of these residents.

Alpert Jewish Family and Children's Services:

Neil Newstein, Alpert Jewish Family and Children's Services, reported that they were a leading provider of nonsectarian social services specializing in the elderly. More than 3,000 calls were handled by them per year, with four masters level social workers, who did nothing but help seniors deal with the problems that they were facing; a whole range of services were provided.

Jenni Frumer, Associate Executive Director of Alpert Jewish Family and Children's Services, addressed the Commission, and described the scope of services provided. The focus and philosophy of service was based on an assessment to understand and determine the needs of the elderly, as well as their family members. One challenge for the elderly was to have an advocate to help them access services, to manage and coordinate those services. The caregivers were often very reluctant to identify themselves as caregivers, and to ask for help, and that was another concern. She explained the guardianship program that was in operation in order to network with services available to the elderly. A cultural competence was necessary in order to understand the specific needs of individuals.

Morse Geriatric Center:

Dr. Alan Sadowsky, addressed the Commission, explaining that Morse Geriatric Center and Kramer Senior Services were now part of a senior campus community called Morse Life. The campus had 280 skilled nursing beds, 144 assisted and independent beds, with approximately 500-600 people being seen on campus daily. The occupancy at the facility was one-hundred per cent. He suggested that Ms. Greenberg was right in that there was a real problem in terms of providing care, and recent demographic studies showed that the frail senior population had grown by 14,000 just in the Jewish community alone in the last five years. The average age of a person treated on campus was about 90 years old. These people were frequently isolated, with no living relatives in the area, and through a coordinated effort of different agencies who attended to their casework and emotional needs, there were also essential needs that were necessary. There was a commonality among caregivers in that all of them felt that no one could possibly understand what they were

undergoing. Because of social policies, more and more people would be discharged from hospitals sooner, and would need care when they returned to their homes. That would put more and more of a burden on those working in the community based services arena.

Chair Dennis mentioned that a site visit was made to Morse Life by the Medical Care Commission, and that they had been very impressed with the organization.

Commission Member Friedman thanked Commission Member Goldblum for arranging the site visit, commenting that it was a wonderful experience.

Palm Beach Fire-Rescue Department:

Chair Dennis advised that the Commission would now hear from the Palm Beach Fire-Rescue Department regarding what services were within the framework of expertise, and also those which the Town should not expect them to perform.

Fire-Rescue Chief Edward Moran, and Division Chief of EMS Brian Fuller, addressed the Commission, stating that they were requested to come before the Commission to address the issue of the growing senior population, and to provide some sort of assessment of senior residents in terms of what condition they were in, and what their needs were; also, how successful were they in locating the care and services needed.

Brian Fuller commented that many of the agencies present today had a common theme in that they all offered wonderful services, however, the problem was the access to services. The people in their homes were not accessing the services, and that was what Fire-Rescue saw everyday, however, there was not a coordinated effort available to be able to inform them of what was available to them, and then to follow-up on the outcome. He reviewed statistics from the 1995 Economic and Statistics Administration of the U.S. Department of Commerce, saying that America's elderly population was now growing at a moderate pace, but not too far in the future, the growth would become rapid. During the 20th century, the number of persons in the U.S. under age 65 had tripled, and the number of persons age 65 and over had multiplied by a factor of 11. According to the Census Bureau projections, the elderly population would more than double between now and the year 2050. By that year, as many as 1 in 5 Americans could be elderly. An increasing number of people will have to care for their very old, frail relatives. As more and more people live long enough to experience multiple chronic illnesses, disability, and dependency, there will be more and more relatives in their fifties and sixties who will be faced with the concern and expense of caring

for them. Available doctors were rapidly decreasing, and the lack of services and care of the elderly were decreasing with that decrease. As more and more physicians provided concierge care, people was left to find other physicians.

Mr. Fuller suggested that the following questions needed to be asked:

- What were the current and future demographics of the elderly population in the Town of Palm Beach?
- What were the life safety risks of the elderly population of the Town of Palm Beach?
- What were the issues that must be addressed in creating an educational program for the elderly population?
- What intervention strategies could be employed to effectively address elderly life safety risks?
- What service could be provided to bridge the gap between those that needed services and those that provided services?

As the scope of services performed by Fire-Rescue services had evolved, the focus of public education had transitioned to an all risk approach to education within the community. A comprehensive community illness and prevention program needed to be provided, which would be designed to eliminate or mitigate situations that endanger lives and health. It should be recognized that Fire-Rescue Departments were the leaders in the community risk reduction process. He noted that several other Fire-Rescue Departments had programs in place to assist residents in their communities to access services, and he reviewed some of the information he had obtained regarding those programs.

In response to the query of Commission Member Goldblum regarding the development of a program with the Fire-Rescue Department and volunteer agencies to centralize what was needed in Palm Beach, Mr. Fuller replied that could be done, as there were models in place in the surrounding communities.

Further Comments:

Dr. Sadowsky noted that many community based service agencies had someone on call 24-hours per day. Kramer Senior Services and Just Checking had approximately 400 calls to 2-1-1, and the policy was that there would be an assessment made within 48 hours. A grant through one of the local foundations was approximately 75% funded, which would monitor seniors in their homes, as to breathing, respiration, and movement, then compare it to a group that was not monitored. That would be a test of how seniors accessed physician care, how often emergency room care was used, the cost of hospitalizations, and how quickly they might or might not go into long term care. Caregiver satisfaction and client satisfaction would also be monitored. He stressed that no matter how well someone was monitored technologically, there was no substitute for having a family member or professional come to the home to interact with the client.

Neil Newstein commented that his agency also received many calls from 2-1-1, however the problem with that service was that it was very limited — a critical issue was doing an assessment of what was needed. Another problem was the isolation that occurred when someone was ill, disabled, or frail. Caregivers, in particular, found themselves isolated as they struggled to take care of a spouse or parent. One of the things that had been done to break those walls down was to hire seniors to go into homes and take care of other seniors and be companions for them — a peer taking care of a peer.

Commission Member Stein recognized Madelyn Greenberg for having opened up another avenue of interest and investigation for the Commission. He commented that it seemed that there was a communication problem, since many of the people had no idea of what services were available. In addition, an assessment of the physical surroundings of the elderly was necessary. He pointed out that another problem was what would happen to disabled children when their parents or caregivers could no longer provide care to them.

Commission Member Goldblum commented that he had been in senior citizen efforts for more than 20 years, and communication was the one thing that was lacking. He suggested that the civic associations could hold forums in order to communicate to seniors.

William Diamond, 220 Wells Road, commented that it was very important to create some form of data base, where people could either be self-registered, or a relative could register them, so that it would be known the at-risk population in order to marry them to the available services. Unless a data base, and some sort of coordination was created, the problem would not be solved. He suggested the equivalent of a Division of Aging or some like agency in the Town of Palm Beach.

Commission Member, Dr. Traverse, commented that the American Heart Association had

come up with new guidelines, with new CPR training, and he noted that the Medical Care Guide would include a personal medical information which could be filled out, so that it would be readily available for medical personnel. He noted that the Guide would be reviewed before publication in conjunction with the Fire-Rescue Department.

Madelyn Greenberg thanked the Commission for their attention to this matter. She noted that many elderly people would not read, or be able to read, guide books, and that many people would need someone or some service to lead them in the right direction.

Brian Fuller advised that Dr. Wolfe, Medical Director of the Palm Beach Fire-Rescue Department would be able to attend meetings to this discuss further; the Delray Beach Fire-Rescue Department would also attend to discuss their success story with their program, as would Palm Beach County. He noted that the Palm Beach Fire-Rescue Department had partnered with the Civic Association to do in-home safety parties, and the first meeting had been very successful – it was supposed to last 20 minutes, and discussion ended up taking over one hour, full of interesting dialogue.

Commission Member Stein commented that the Town of Palm Beach was truly blessed to have such an outstanding Fire-Rescue Department.

Commission Member Goldblum suggested that an "Elder Watch" program could be established, similar to the Crime Watch program.

Sister Mary Ann Dennehy, Administrator of Lourdes-Noreen McKeen Residence, addressed the Commission, stating that communication was a problem in the community, and was very much needed. She noted that she had recently become aware of the Medical Care Commission, and was delighted to tell them about her organization. The Carmelite Sisters for the Aged and Infirm had established care for the elderly in West Palm Beach approximately 50 years ago, and many Palm Beach residents had used the services, such as short term rehabilitation. She extended an invitation to the Medical Care Commission to make a site visit to Lourdes-Noreen McKeen, where there were 132 skilled nursing beds, 69 independent apartments, and 34 assisted living apartments. Sister Dennehy advised that many Palm Beach residents had stayed at Lourdes-Noreen McKeen during the past hurricanes, and that Lourdes-Noreen McKeen stood ready to do that in the future, if the need presented itself.

VII. COMMENTS FROM THE PUBLIC

Dr. Victor Fink, professorial staff, Department of Medicine, University of Chicago, commented regarding cardiac disease and stroke, and the need for a medical center with a medical university involved. He noted that if the funding was available, anything that was needed could be acquired to support a medical institution associated with a branch of a medical university.

Chair Dennis advised that the Commission had held thorough discussions of stroke and cardiac issues, and thanked Dr. Fink for his comments.

VIII. SCHEDULING OF NEXT MEETING DATE

Chair Dennis commented regarding upcoming meetings of the MCC. He noted that he had held discussions with the organizer of the McKenzie & Co. Report on all of the Tenet Hospitals. The Report was going to be reformatted in order to provide information regarding the current situation was at Good Samaritan Hospital, and its potential for improving services; a public explanation would be provided in mid-February. He also noted that West Palm Beach City Commissioner Kimberly Mitchell had met with the Health Care District, and that the Health Care District was willing and eager to come before the MCC to discuss what the Health Care District was doing. Also, during the upcoming month, the University of Miami was eager to bring the MCC up to date on their educational network. The Palm Beach Civic Association was sponsoring a forum on February 12, 2007, at which time the Cleveland Clinic Foundation would make a major presentation.

Chair Dennis commented that he had hoped the discussion earlier this morning, regarding the 501©(3) would go more smoothly than it did, and that there would not be the need for another legal interpretation as to how such a foundation could proceed. He explained that the MCC believed that the 501©(3) was a logical, parallel path to take, and that the Town was burdened enough with issues such as underground utilities, cell towers, beach restoration, etc. The 501©(3) option would continue to be explored. He reviewed some of the accomplishments of the MCC: putting together the network of hospitals with the University of Miami; the Cleveland Clinic Foundation had given the MCC credit for influencing their decision to come to West Palm Beach, rather than an alternate site in Boca Raton; discussions had taken place with Tenet Health Care. He stated that the MCC was going to continue to pursue their mission. He noted that the MCC would be on the Town Council Agenda for February 13, 2007, and that there was a tentative meeting of the MCC now scheduled for February 12, 2007.

IX. ANY OTHER MATTERS

There were none.

X. ADJOURNMENT

There being no further business, the meeting of the Medical Care Commission of January 30, 2007, was adjourned at 11:05 a.m.

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Michael Dennis, M. D.
Chairman