The New Gold Standard
BY CHARLES A. MICHELSON, AIA, LEED AP

In July of 2011, Joe DiMaggio Children’s Hospital (JDCH) opened its doors to a new 180,000 SF four-story medical facility. The Children’s Hospital expanded from a pediatric facility within Memorial Regional Hospital to a state-of-the-art freestanding children’s hospital. The new expansion is connected to Memorial Regional Hospital via an elevated walkway, which combines a total of 204 licensed beds, six pediatric operating rooms, radiology services and an entire floor dedicated to pediatric oncology.

The new Joe DiMaggio Children’s Hospital was recently awarded LEED® for New Construction Gold certification from the U.S. Green Building Council (USGBC).

Continued on page 24

Medicaid Long Term Care – the Times Are a Changing
BY DANIEL BRADY, PH.D.

One of the major challenges facing the health care industry as the first wave of “baby boomers” reaches 65 years of age is the increased demand for long term care services in a political and economic environment which can be politely seen as difficult. Irrespective of your “political viewpoint” there are subsets of facts that are non-disputable.

Seventy percent of people age 65 today will need some long-term care in their lifetime. Within 20 years, persons age 65 and older will comprise 20 percent of the U.S. population (a level which Florida will reach 10 years earlier). Of the ten million Americans who need assistance with daily activities, 1.7 million live in the country’s 16,000 nursing homes and approximately 520,000 live in assisted living facilities. Fourteen percent of Americans 85 and older live in nursing homes. A total of $207 billion was spent on long term care in the U.S. in 2005. Medicaid is the primary payer for long term care, Continued on page 38
Publisher’s Note

You Can Take the Boy Out of the U.S., But You Can’t Take the U.S. Out of the Boy!

O.K. – here’s my confession … I have absolutely no sense of direction. So just the idea of traveling 9,000+ miles (or was it west?) to Bangkok, Thailand, last month, didn’t come too easily to me. Couple that with the fact that the street signs are in an entirely different alphabet and they drive on a different side of the road and according to Carol, it was a recipe for disaster … Charles style.

For starters, let me just say, it was an experience of a lifetime … a different side of the globe, culture, language, etc. But I can honestly say downtown Bangkok makes Manhattan looks downright serene. I don’t think I’ve ever seen so many people, cars and scooters crammed into so little real estate. Streets are so congested, most people depend upon skyways just to cross intersections. And for some reason, I was always going in the wrong direction, walking in the wrong lane, or trying literally to go up a down escalator. It got to the point that Carol threatened to put me in a harness just so she wouldn’t lose me.

It started the day we got there (so please remember we had flown almost 30 hours, over 12 time zones, so I think I am entitled to some fuzzy brained jet lag.) We were in a huge high rise mall connected to our hotel when Carol left me to use the restroom. Ever mindful of my situational confusion, she specifically said she would meet me across the aisle in the little electronic shop on the RIGHT. Well, immediately, I started to think … her right or my right, while I’m facing the shop or in the shop? So, of course, within two minutes of our arrival, I already was lost. Of course in my defense, there also were probably more than 2,000 little electronics kiosks on this one level of the mall. But for better or for worse, Carol did eventually locate me (in “lala land” as she put it) but actually in a huge camera outlet store. Need I say more? The good thing is she was so relieved to find me, she didn’t even notice the new shopping bags in my backpack. So basically, I spent the better part of a week just trying to stay alive as I exited cabs only to be attacked by speeding scooters coming from every direction (and never the direction I was looking!) All in all, we had a wonderful adventure, but as always we were glad to come home where as they immortalized on Cheers, “Everybody knows my name.” The more we travel, the more grateful we are to live in this beautiful country. There really is no place like home.

Charles Felix

You can reach Charles Felix at Charles@southfloridahospitalnews.com
Qualmetrix Founded to Facilitate the Delivery of Care

Historically, Access to Care, Cost of Care, Quality of Care, and How Do We Pay for Care, and How Do We Deliver Care have been the primary issues that we have been dealing with in our country. Recent initiatives at healthcare reform have attempted to address these issues. But without a complete understanding of the problem, solutions will always be just out of our reach. The stakeholders all have a different solution for the problem, but in the end the delivery of quality care in a cost effective fashion to all citizens of this country is a shared goal. Qualmetrix believes that the facilitation of care utilizing “best medical practices” that are targeted to “outcomes” will lead to both quality care and cost effective medicine. Utilizing retrospective health claims data will enable us to prospectively influence the delivery of care in our country.

In the United States more than 80% of all healthcare dollars spent are controlled by physicians. While the doctor controls the vast amount of money spent, they only receive approximately 21% of all healthcare dollars spent. To modify physician behavior as it relates to ordering of healthcare services without compromising the quality of care for the patient is the answer to our problem. In times when the health care system is under significant pressure, it is important to provide management and quality improvement teams with the specific information that they need to make appropriate and timely decisions. Qualmetrix will analyze data and be able to identify those physicians who deviate from an accepted evidence-based standard within the community as it relates to the best medical practices. These evidence-based standards are established by the medical specialty organizations in our country. This is not cookbook medicine, but medicine based on accepted national standards.

We will look at the determinants of care from different perspectives. Our query system will provide reports, profiles and other analytic tools that will evaluate the physician, the patient and the disease. By looking at all sides in the healthcare continuum, it will enable Qualmetrix to provide the information necessary to modify and enhance physician behavior.

In the late 90s, Dr. Schimmel was CEO of Allied Health Group. Allied paid healthcare claims throughout the United States and subsequently realized that the data that had been accumulated was a powerful tool in the evaluation and management of care. Assisting Allied, and a principal of Qualmetrix, is Tighe Shomer, M.D. Dr. Shomer has served as medical director for Met Life as well as a consultant for Towers Perrin and Value Health. Also joining the team is Kevin N. Fine, MHA, a nationally recognized healthcare executive and Dr. Donald Grossman an Internist with extensive expertise in Managed Care as Chief Medical Officer for Medicaid and Medicare Advantage Programs. Our IT team will be comprised of Joseph Vason who formerly was Director of IT at Allied Health Group, and William Sampsel who is the founder and president of Healthscope.

For additional information, contact Dr. Schimmel at lkschimmel@qualmetrix.com.

We are pleased to announce that
Bradley M. Seldin
has become Of-Counsel to the firm

Mr. Seldin focuses his practice on payment disputes with third party payors, contract negotiation, regulatory matters, and all other areas of healthcare litigation in both state and federal court.

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A Special Thank You to the May 2012 Host of the South Florida Healthcare Networking Group

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For information about our next meeting of SFHNG, please email charles@southfloridahospitalnews.com
On November 3, 2011, the Centers for Medicare & Medicaid Services (CMS) published the “Accountable Care Organizations (ACOs) Final Rule to participate in Medicare Shared Savings Program (MSSP).” One of the concerns of specialist physicians who are interested in joining an ACO is their ability to participate in more than one ACO. In the Final Rule, CMS included provisions that provide flexibility for specialists to participate in multiple ACOs. However, practically speaking, they may not have as much flexibility as the Final Rule appears to provide.

As part of its application to CMS, a prospective ACO is required to submit a list of its ACO participants and their associated ACO providers/suppliers, and identify those providers/suppliers who are primary care physicians. Further, the ACO participants and the providers/suppliers are, prior to the filing of the ACO application, required to sign agreements or contracts relating to participation in the ACO.

The question of how Medicare beneficiaries will be assigned to an ACO becomes a critical step in determining whether a given ACO participant is able to provide services on behalf of multiple ACOs.

The assignment of a Medicare beneficiary to a particular ACO is a two-step process:

1. CMS identifies those beneficiaries who have received at least one primary care service during the most recent 12 months from a primary care physician (“PCP”) who is a provider/supplier in that ACO. The beneficiary is then assigned to the ACO of the PCP who provided a plurality of his/her primary care services.

2. For a beneficiary who has not received primary care services from a primary care physician in the previous twelve months, CMS will make a prospective ACO assignment determination based upon the total allowed charges paid by the program to a specialist physician for primary care services rendered to that individual.

Thus, at first glance, the Final Rule appears to provide physician specialists with the flexibility to belong to multiple ACOs. However, whether intended or not, many specialists may find their options are foreclosed by virtue of the nature of the services other physicians in their ACO participant render, or the services they render as part of their practices.

Stephen H. Siegel is Of Counsel with the Miami office of Broad and Cassel and a member of the statewide firm’s Health Law Practice Group. He can be reached at sshiegel@broadandcassel.com or (305) 373-9400. Fred Segal is an attorney in the Miami office of the statewide law firm Broad and Cassel, where he is a member of the Health Law Practice Group. He may be reached at fsegal@broadandcassel.com or (305) 373-9477.
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Accounts Receivable from Third-Party Payors - A GAAP Refresher

Generally Accepted Accounting Principles (or GAAP) govern how healthcare entities prepare their financial statements. GAAP is not a single accounting rule, but rather the aggregate of many rules on how to account for various transactions.

Most healthcare entities participate in payment programs that pay less than full charges for services rendered. Accordingly, there is often a delay in time between the date of medical service and the payment date. Making matters more complicated, many payments are subject to billing reviews, retroactive adjustments or other queries which may occur over a considerable period of time. As such, the lengthy period of time between billing and receipt of cash payment becomes a significant adjustment for the healthcare entity. GAAP accounting standards require service revenue and related patient accounts receivable, including amounts due from third-party payors, to be reported net of contractual and other adjustments. Since amounts ultimately collectible will not be known until some future date, which may be months or years after services are provided, healthcare entities need to make estimates in order to record revenue and related patient receivables in the financial statements. The basis for such estimates may range from relatively straightforward calculations to highly complex judgments based upon assumptions about future events and decisions.

Accounting standards recognize that estimates are inherently uncertain and that outcomes may not ultimately occur as anticipated. Accordingly, such estimates are reevaluated each time financial statements are prepared. Any differences between original and current estimates are generally reported in the income statement in the period that the revisions are made rather than as an adjustment to the prior period.

As accounting for healthcare revenues is complex, please contact us if you would like further information in this area.

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Public Health Law

By Heather Beaton, Esq., and Samantha Feanny, Esq.

When one thinks of public health, stock images from movies such as “Contagion” or “Outbreak” usually come to mind. A crowd of people quarantined in a small room lined up to get some kind of ominous inoculation is the usual scene à faire. While most can envision doctors and nurses running around the room, few would place a lawyer at the scene. However, the field of public health is one that is deeply intertwined with statutes, rules and ordinances.

Public health law is a vital part of ensuring a healthy community. Just as public health encompasses a broad range of subjects, such as epidemiological outbreaks to disease surveillance to immunizations, public health law attempts to cover the wide range of issues that arise from each. Public health agencies must constantly pay attention to the law to ensure that they respect the rights of the public while limiting their liability.

As a public health attorney, the “client” is also two-part. There is the public, who needs protection from disease, and there is the agency, which needs to be able to act with a certain degree of authority. A good balancing act must therefore be mastered by a public health attorney. On the one hand, there are questions of constitutional rights, such as the right of due process, while on the other there are questions of the public good. As an attorney, one often thinks of the old conundrum of when does the good of the individual give way to the good of many.

The most important thing every lawyer should understand however is the practice of public health law provides an opportunity to make a difference. By learning the statutes and acknowledging the diverse needs of the public, a good lawyer can actually contribute to the promotion and protection of the community one case at a time.

Heather Beaton is Senior Attorney and Samantha Feanny is Attorney at Miami-Dade County Health Department. For more information, visit www.mdehealth.org.
A patient with back pain wouldn’t go to a primary care physician for back surgery. That’s why health care professionals and facilities should choose a Board Certified health care attorney with a higher level of specialty expertise to avoid problems and comply with the law.

Today’s health care professionals and others doing business in the health care arena must accomplish their business objectives while complying with some of the most complex, constantly changing regulations in any industry. It’s critical for them to understand that deals and contracts that are legal in other industries, such as real estate, may be unlawful for physicians and health care companies.

“In some cases, while a contract from a general corporate attorney may be crafted beautifully, the substance of the transaction itself could be illegal, causing physicians to risk losing their licenses, Medicare status and even face criminal prosecution,” said Sandra Greenblatt, Esq. Greenblatt’s specialty health law firm, Sandra Greenblatt, P.A., provides creative, practical legal advice to the health care industry. Greenblatt, a Board Certified Health Lawyer, serves physicians, entrepreneurs and executives of health care providers, facilities, networks, Management Services Organizations (MSOs) and payers. The firm focuses on specialized contracts, mergers and acquisitions and general counsel services for its health care clients.

With years of experience in the health care industry, Greenblatt has an insider’s perspective, which gives her an advantage and benefits her clients. She holds both a J.D. and Master’s Degree in Business/Health Administration, and previously was a hospital administrator at the University of Miami/Jackson Memorial Medical Center.

Prior to founding her firm in 2003, Greenblatt practiced law with prominent national and regional law firms, including Greenberg Traurig and McDermott Will & Emery. She is one of the first Florida lawyers to be board certified as an expert in health law.

Board Certified attorneys must have a minimum of five years of substantial health law practice (Greenblatt has 26), good references, and sit for a specialized health law bar exam. To maintain this certification, lawyers must have at least 100 continuing education credits every five years in health care topics, plus meet other stringent criteria.

This knowledge, along with years of experience, personalized attention and accessibility, differentiates Greenblatt’s firm and helps her provide value-added service. As a specialty firm, she can reach out and select the best specialists to help clients in matters she does not handle, such as litigation, securities and tax. “Each lawyer involved values the client as his or her own and will offer the best possible service,” she said. “That kind of teamwork is efficient and more cost effective for clients.”

Greenblatt has developed a subspecialty in technology contracting to help protect her clients’ interests when they make considerable investments in medical software systems, such as those needed for Electronic Health Records and practice management systems.

“These are often huge expenditures, but generally the contracts are vendor favorable,” Greenblatt said. “They do not protect the client when there are issues and problems. Often, we see that a health care provider’s remedies are limited, because the contract was not negotiated in their best interest.”

Greenblatt enjoys the variety and ever-changing nature of health care law. She frequently participates in seminars and publishes articles to educate health care professionals about potential legal issues and challenges. Recent topics have included health care technology contracting, employment and shareholder agreements for physicians, the Stark Law and the benefits of forming group practices.

“Anybody doing business in health care should have a relationship with a Board Certified Health Lawyer,” Greenblatt said. “People think of attorneys only when they get in trouble, but by then it may be too late. I see myself as an advisor who helps my health care clients when they have questions or want to start or expand their businesses, so they can avoid problems later and stay in compliance with the law.”

For additional information, visit www.flhealthlawyer.com, or call (305) 577-9995.
Do you have two years or more experience in health care or information technology? Are you ready for a challenge? Consider taking advantage of the HITECH Workforce Development Training Program at Broward College while it lasts.

As the HITECH Program is nearing its end, interest in this training has accelerated. There are currently 350 students enrolled in the Program and more students are expected to enroll for the next classes starting July 9, 2012. After July 9th there will be only one more offering, which will be on September 12, 2012. The program is a six-month program and students who complete the program within the six-month period will receive a stipend of 50 percent reimbursement for the cost of their courses.

The purpose of the program is to train individuals to install and maintain electronic health records (EHR). Once students receive the training provided by the College they will receive a certificate of completion and will be qualified to work in a wide variety of healthcare settings, from large hospitals to single provider doctor’s offices.

Training at Broward College’s HITECH Program is provided for the following six health/IT priority workforce roles:

- Practice Workflow and Information Management Redesign Specialist
- Clinician/Practitioner Consultant
- Implementation Manager
- Implementation Support Specialist
- Technical/Software Support Staff
- Trainer

All of the courses are online and there are no learning materials, such as textbooks, software, etc., to purchase. The course is self-contained within the curriculum, which was developed by the following five prestigious universities: Columbia University, Duke University, the University of Alabama at Birmingham, Oregon Health & Science University, and John Hopkins University.

The federal funding from the grant enables Broward College to offer classes at a highly discounted rate of fifty dollars ($50) per class with 50% reimbursement upon completion of the primary certificate. Each workforce role consists of five to seven core courses. There are six to eight secondary courses for each role as well. Once a student completes the core courses, they are eligible to receive their certificate and stipend. However, the stipend applies to the primary certificate only. Students may continue in another certificate workforce role if they wish, which would be easy as they would have already taken some of the required courses. A bonus is that students will also be qualified to sit for the HIT Pro national competency examination after completing the program. The first 21,700 students who have completed a certificate, nationwide, will be able to take the national competency examination free of cost.

For further information visit the website at www.broward.edu/hit or contact the HIT Grant Program Coordinator, Josephine Gordon, at jgordon3@broward.edu.

American Red Cross South Florida Region Names Frank V. Sacco 2012 Humanitarian of the Year

The American Red Cross South Florida Region has chosen a healthcare leader and visionary for recognition as the 2012 Humanitarian of the Year, honoring Memorial Healthcare System President and Chief Executive Officer Frank V. Sacco.

The Humanitarian Award is considered one of the most prestigious honors presented by the American Red Cross and has been bestowed to leaders in South Florida since 1992. A humanitarian is someone who portrays humanity, impartiality, neutrality, independence, voluntary service and unity, according to the International Red Cross Movement, an umbrella organization of the American Red Cross South Florida Region.

Sacco joined Memorial Hospital in 1974 and became President and CEO of Memorial Healthcare System in 1987. He has overseen Memorial’s expansion from a single hospital to a comprehensive, multifaceted network that is now the fifth-largest public healthcare system in the United States and a safety, quality and service leader in the industry. Sacco has had profound community impact, having been instrumental in meeting community needs to improve the health of vulnerable populations through his leadership role in expanding access to care throughout South Broward County. Sacco also has served in numerous other organizations with the goal of affecting positive changes in healthcare.
T
his April the Florida Assisted Living Coalition (FALC) honored Jerome Ira Solkoff, Esq. with the FALC Icon Award. FALC honors a distinguished Healthcare Hero who in some profound way helps shape his or her professional community with significant contributions made to the healthcare industry. Jerry Solkoff is currently “of counsel” to Solkoff Legal in Delray Beach, Florida and a prominent attorney with more than 40 years in practice, as well as a national expert in the field of Elder Law.

Jerry Solkoff moved to Florida from his native Rochester, New York in 1973 and started his own law firm in Deerfield Beach, Florida. The law firm drew many elderly clients and Jerry discovered that he wasn’t meeting their estate and health planning needs. Jerry found that an Elder Law practice provided many of the answers to their needs.

Jerry recalls, “Outside of children, the elderly are the most overlooked group, vulnerable to family and money problems, and constantly feeling insecure by cutbacks in Medicare and Medicaid. They need a lot of services and often additional help.”

Solkoff eventually authored a two-volume book in 1996 - Florida Elder Law published by Thomson West. Researchers, along with his National Elder Law Forms Manual, the two books are the chief desk references for attorneys and both are updated annually. Since 2007, those books have been co-authored with his son, Scott M. Solkoff, an Elder Law attorney and founding partner of Solkoff Legal in Delray Beach, Florida.

The highlights of Jerry’s long career are also court landmarks that powerfully shaped the landscape of the legal health care rights of Florida’s elderly, their access to increased Medicare and Medicaid services, powers of attorney and other legal areas too numerous to mention. Some of Jerry’s remarkable achievements include:

Co-founded the Elder Law Section of the Florida Bar Association in 1991
He campaigned before the Bar’s Board of Governors and he helped compile a 300 page Legislative Law passed, despite the governor’s veto. He also helped formulate the Health Care Designation Act so that a person may name anyone to have a proxy to make health care decisions when persons cannot do so for themselves.

Created a deed form called the “Ladybird Deed”
This deed gives the elderly the advantage of avoiding probate while being able to name someone to take title of their property after their death and still maintain control of the property while they are alive. No beneficiary can get ownership until after the person’s death and the person during their lifetime could change the deed.

Lobbied State Medicaid Agency to cover in-home care for the elderly
Together with four other attorneys, Jerry was successful in convincing the Florida Department of Children and Families, the Medicaid Agency, to cover in-home care and assisted living care for the elderly, as a less expensive alternative to nursing home care. The State gained with substantial savings.

These achievements and many others have led to Jerry being honored in 2011, given by the Florida Bar Association Southeast Florida Chapter.

Jerry Solkoff feels tremendously rewarded by a lifetime of work helping the elderly, “I think I’ve gotten far more out of it than I put into it. I have been so fortunate to have the support of my wife of 49 years, Doreen, my son, Scott, my daughter, Anne Weinstein and our four grandchildren who have made all of this worthwhile.”

For more information about Elder Law and Jerry Solkoff, visit the Solkoff Legal PA. website at www.solkoff.com, or call (561) 733-4242.
Delray Medical Center Announces Appointment of New Patient Care Leader

Delray Medical Center announced the appointment of Linda DePiano as the hospital’s new director of education. Prior to her position with Delray Medical Center, Creighton was a clinical educator at a hospital in Boca Raton. Creighton also has a long-standing clinical background as a RN and nurse leader, dedicating much of her clinical nursing career in the field of emergency medicine. Creighton earned her BSN from the University of Southern Maine in 1996 and MS in Health Administration from Barry University in 2007.

Health Care District Board Elects New Chairman and Officers

The Health Care District of Palm Beach County’s Board of Commissioners recently elected its Board Chair and officers. In an unanimous vote, the Board re-elected Benjamin Frank, Esq., as Chair of the volunteer Health Care District Board. Frank was appointed to the Health Care District’s Board in February 2009 by Florida Governor Charlie Crist. After earning his law degree from New York University’s School of Law, Frank joined New York Governor Nelson Rockefeller’s administration, played a key role in the development of the World Trade Center project and the Harlem State Office Project in New York City, and served as Deputy Commissioner for New York State’s Office of General Services.

Dr. Linda DePiano, Ph.D., Chief Executive Officer of the Mental Health Corporation of America as their primary Representative to The Joint Commission.

Lower Keys Medical Announces Milly Selgas as its New Chief Financial Officer

Lower Keys Medical is pleased to announce that Marthi (Marty) Bakos has joined its senior leadership team as Chief Financial Officer. Bakos has over twenty years of experience in hospital and health care financial management. Bakos worked for a period of time with Health Management Associates at their Charlotte Regional Medical Center in Punta Gorda, Florida. She comes to Lower Keys Medical Center from Community Health Systems where she was a Chief Financial Officer in facilities in Arizona, Oklahoma and New Mexico. Previous to CHS, Bakos also worked in HCA facilities, including hospitals in southwestern Florida.

Broward Health Imperial Point Hires Sandra Todd-Atkinson as Chief Operating and Nursing Officer

Broward Health Imperial Point (BHIP) recently announced the hiring of its Chief Operating and Nursing Officer, Sandra J. Todd-Atkinson, BSN, MBA, EdD. Todd-Atkinson’s experience in healthcare administration includes roles as vice president of Performance Improvement and Quality for South Miami Hospital. Most recently, Todd-Atkinson provided leadership as vice president of patient care at John Peter Smith Health Network in Fort Worth.

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South Florida Hospital News
Wellington Regional Medical Center Welcomes Director of Business Development

Wellington Regional Medical Center is pleased to announce that Beth Mourelatos has recently joined the hospital’s leadership team as Director of Business Development. Having worked in the healthcare industry for several years, Mourelatos brings a solid foundation in sales, marketing and physician outreach to this role. Previous experience includes Physician Relations and Business Development positions within both Hospital Corporation of America and Tenet Healthcare.

West Boca Medical Center Appoints Linda Ballou as Director of Plant Operations

West Boca Medical Center announced the appointment of Linda Ballou as its new director of plant operations. Ballou’s career directing plant operations for hospital systems across south Florida spans 11 years. Ballou is also the only female director of plant operations in the Tenet Florida network of ten hospitals throughout Miami-Dade, Broward, and Palm Beach Counties. Ballou has directed plant operations for several hospitals around south Florida, including Delray Medical Center, another hospital in the Tenet Florida network, from 2001 to 2004. Between 1991 and 2001, Ballou was promoted several times in Delray Medical Center’s Plant Operations Department from staff assistant, to operations manager, to assistant director, and then campus director between.

Dade Medical College Names Roger Lopez as Executive Vice President of Operations for the College

Dade Medical College has named Roger Lopez as Executive Vice President of Operations for the company. Previously, Lopez managed all employee, process and technology operations for the college and in this expanded role, Lopez will continue to develop and implement strategic initiatives to formalize, streamline and continuously improve all operational aspects at Dade Medical College’s six Florida campuses as well as at its sister company, Southern Career College, located in Jacksonville.

Lopez will also oversee all financial assistance departmental operations for both corporate positions where she will lead the college’s entire financial assistance departments. Campbell will oversee the day-to-day financial aid operations including student processing and financial aid packaging.

Mariners Hospital Promotes Deena Brito

Mariners Hospital has announced that Deena Brito has been promoted from laboratory director to director of professional services. Brito joined Mariners Hospital in 2003 as the laboratory supervisor and in 2006 was promoted to laboratory director. Brito, who received Mariners Hospital’s Osprey Award for Outstanding Leadership in 2011, has chaired numerous teams at the hospital, including Mariners Hospitals Diversity Council and the 2009 and 2010 Relay for Life teams. She is a member of the Mariners Hospital Auxiliary and the Rotary Club of Key Largo.

Delray Medical Center Appoints Mike Cronan as Director of Plant Operations

Delray Medical Center announced the appointment of Mike Cronan as its new director of plant operations. Cronan returns to Delray Medical Center after a previous employment with West Boca Medical Center. Before West Boca Medical Center, Cronan was employed at Delray Medical Center in the plant operations department for over six years. Cronan is a Certified Healthcare Facilities Manager through the American Hospital Association and American Society for Healthcare Engineering certification process, and also a Certified Healthcare Engineer through the Florida Healthcare Engineering Association.
The “Three T’s” of ICD-10 Transition: Timing, Training & Technology

The ICD-10 (International Classification of Diseases, Revision 10) mandate presents the U.S. healthcare industry with the most complex shift in diagnostics and procedural coding. As the industry awaits the final announcement from HHS to address the delay timeline, this has created indecision throughout the healthcare industry. However, many are moving ahead as if they still have an Oct. 1, 2013, deadline to meet.

TIMING

During the AHIMA ICD-10 Summit, the key slogan was “Stay on Course.” Given the involvement of financial and clinical impact of ICD-10 and the system information changes, healthcare organizations are encouraged to take steps now to understand how to successfully prepare for ICD-10 implementation. The ICD-10 Implementation consists of 3 main phases:

• Phase 1: Impact Assessment

  Involves assessing the impact of the transition to ICD-10 CM/PCS coding systems and identifying key tasks and objectives.

• Phase 2: Overall Implementation

  Involves finalizing system changes, testing systems, intensive education of associates, monitoring coding/grouping and reimbursement accuracy.

Diagnosis and procedural codes, currently represented by the ICD-9 code set, are used in virtually every aspect of healthcare organizations operations (both clinical and administrative). The impact of this change will therefore reach into the business processes and systems supporting these operations as well as the relationships between and among providers and health plans.

HEALTHCARE ORGANIZATIONS SHOULD HAVE THE FOLLOWING COMPLETED BY THE THIRD QUARTER OF 2012:

• Defined project management structure

• Identified all people processes and systems impacted by 5010 and ICD-10

• Aligned 5010 and ICD-10 with other strategic initiatives

• Completed organization risk management

• Conducted vendor/payer readiness assessment

  • Developed business roadmap

  The key objectives of Phase 1 are:

  • Assess readiness (business processes, technology and people) via gap analysis in applicable functional areas;

  • Inventory and assess ICD-10 impact for systems, applications, education and training;

  • Conduct a medical record documentation assessment for recommendations to implement a documentation improvement program that targets deficiencies;

  • Develop an actionable plan that is designed around IT, business processes, physicians, coders, education and training, and other key constituents.

Timing is everything and the time is now!

TRAINING

Training and education will be the most critical factor to successfully implementing the new coding system. Clinical and administrative staff will require significant time to learn ICD-10. As the new coding version is not a simple substitution of one code set for another, the learning curve is expected to be quite steep for clinicians, coders, and administrative staff, particularly for small- and medium-sized organizations that do not employ certified coders.

Coders will need to master aspects of anatomy and physiology, pharmacology, and medical terminology that is not required by the current classification schemes. ICD-9, training must evaluate coding personnel’s baseline knowledge in skills to identify knowledge gaps in medical terminology, anatomy and physiology, pathophysiology, and pharmacology. Measuring coding staff baseline knowledge will shorten the learning curve, improve coding accuracy and productivity, prepare for educational needs, and accelerate the realization of the benefits of the new coding systems.

Healthcare practices must consider “Role Base Training” as opposed to a one size fits all solution. Education should only be role or job-specific. Healthcare practices will need to work with a vendor that will classify the roles into different subgroups. There must be consensus as to the extent of training that needs to be done, who (what roles) needs to be trained, what level of training is needed, and how training will be delivered. Different levels of training will need to be based on the impact of ICD-10 on roles and functions.

TECHNOLOGY

ICD-10 will drive every hospital’s reimbursement and financial future.

Many organizations are looking at ways to help capitalize on ICD-10 opportunities. Many are turning to CAC, Computerized Assisted Coding. CAC is defined by the American Health Information Management Association (AHIMA) as the: “… use of computer software that automatically generates a set of medical codes for review, validation and use, based upon clinical documentation provided by healthcare practitioners.”

Coding productivity is expected to decrease as much as 50% for the nine months following the ICD-10 implementation with a permanent decrease of 10%. The adoption of computer assisted coding (CAC) is anticipated to provide productivity gains of up to 30%, which will offset the expected productivity decline to 20%.

The use of CAC solutions will elevate the role of the coder to a reviewer or auditor, increasing the overall productivity and accuracy of the coding process. Providers will need to closely evaluate CAC systems with an understanding that coding accuracy and consistency can vary widely based on the natural language processing (NLP) technology. Natural Language Processing (NLP) allows the system to “annotate” the information and assign codes based on the provider’s documentation.

Even though the future of the ICD-10 implementation “date” is uncertain, continue to move forward, especially with clinical documentation improvement, physician education, and technology needs.

In conclusion, in the famous words of Mark Twain, “The secret to getting ahead is getting started.”

Judy Monestime is the VP ICD-10 Consulting for International Alliance Solutions, national experts offering ICD10 and coding solutions for providers. CODESMART UNIVERSITY™ is an online ICD10 education program for coders, clinicians, and executives. She can be reached at jmonestime@alliancesinhealth.com or visit www.alliancesinhealth.com.
Nabil El Sanadi, M.D., Appointed to Broward Regional Health Planning Council Board of Directors

Nabil El Sanadi, M.D., chief medical officer of emergency medicine for Broward Health, was recently appointed to the Broward Regional Hospital Council (BRHC) Board of Directors by Broward County Commissioner, Chip LaMarca.

In 2011, Gov. Rick Scott appointed El Sanadi to the Florida Board of Medicine. He is currently the chair of the Florida Medical Association’s Council for Ethical and Judicial Affairs. El Sanadi is the chief medical director for Fire Rescue and EMS for the City of Fort Lauderdale and Broward Sheriff’s Office. He continues to serve as medical faculty at several colleges and universities in the state of Florida.

Dr. Jonathan Fialkow Named Medical Director of Clinical Cardiology at Baptist

Jonathan Fialkow, M.D., a partner with Cardiovascular Center of South Florida, a member of the HeartWell LLP group practice of cardiologists, has been named medical director of clinical cardiology for Baptist Cardiac and Vascular Institute, announced Dr. Barry T. Katzen, founder and medical director of the Institute.

Dr. Fialkow is medical director of the Stress Lab, Electrophysiology and Cardiac Rehabilitation Services and the cardiology director of the Chest Pain Center at Baptist Hospital of Miami. He is a diplomat of the American Board of Clinical Lipidology and certified by that organization. He is a Fellow of the American College of Cardiology, a Fellow of the American Heart Association Council on Clinical Cardiology, and a member of the American Society of Nutrition. He has carefully studied and analyzed the effectiveness of hundreds of popular diet plans and ways of eating.

Mount Sinai Medical Center Welcomes Cardiologist Juan Rivera, M.D.

Mount Sinai Medical Center and the Columbia University Division of Cardiology at Mount Sinai welcome Dr. Juan Rivera in his new role as Director of Cardiology Prevention Education.

Dr. Rivera is board internist and cardiologist who specializes in the prevention, early detection and treatment of cardiovascular diseases. He completed his internal medicine internship and residency at the University of Texas Southwestern Medical Center. He then completed his cardiovascular disease fellowship and obtained a master’s degree in cardiovascular epidemiology at the prestigious Johns Hopkins University Hospital in Baltimore, Maryland.

Moffitt Cancer Center Appoints Physicians to Leadership Team

Moffitt Cancer Center has announced that G. Douglas Letson, M.D., has been appointed the new executive vice president for Clinical Affairs and physician-in-chief, and Johnathan Lancaster, M.D., Ph.D., has been appointed the new president of the Moffitt Medical Group.

In February, Moffitt announced that President and Chief Executive Officer William S. Dalton, Ph.D., M.D., will become the new CEO of M2Gen and lead the new Personalized Medicine Institute. M2Gen is a wholly owned, for-profit subsidiary of Moffitt, and the institute will focus on personalizing cancer care.

Alan List, M.D., executive vice president and physician-in-chief, will become CEO of Moffitt. Thomasa A. Sellers, Ph.D., will become center director. All appointments will take effect in July.

Sean O’Donnell, M.D., Joins Memorial Cardiac and Vascular Institute

Sean O’Donnell, M.D., recently joined the staff of Memorial Cardiac and Vascular Institute as medical director of the Endovascular and Vascular Surgery program.

Most recently, Dr. O’Donnell spent seven years as Director of Vascular Surgery at Washington Hospital Center in Washington, D.C. A retired colonel in the U.S. Army Medical Corps, Dr. O’Donnell served a distinguished military career, culminating with a designation as Chief and Program Director of Vascular Surgery Service at Walter Reed Army Medical Center. Since 1995, he has taught medical students, residents and fellows from University of Georgetown and Washington Medical Center as Director of Vascular and Endovascular Surgery.

Division of Emergency Medicine Chief Clinical Officer Named at Sheridan Healthcare, Inc.

Steven G. Gevas, M.D., FACEP, vice president of the Division of Emergency Medicine for Sheridan Healthcare, Inc., has announced the promotion of Catherine B. Polera, DO, MPH, FACEP, FACOEP, to Chief Clinical Officer for the Division of Emergency Medicine.

Dr. Polera is also the interim chief at Kendall Regional Medical Center. Prior to joining Sheridan Healthcare, Dr. Polera was the Chief Medical Officer at Saint Michael’s Medical Center in Newark, N.J and Chief Medical Officer/Vice President of Professional Services at MediExcel USA, Inc. in New Windsor, NY.

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Disaster Preparedness: Lessons Learned
From Hurricanes in the Recent Past

BY ROBYN FARRINGTON, RN, BSN, MBA/HCM, AND SHARON S. COHEN, RN, MSN, CEN, CCRN

Each disaster is unique. Hurricanes are no different. Each tropical storm presents varying wind speeds, rain amounts, ability to generate tornadoes and travel path. Below are some lessons learned from various hurricanes that have hit Florida and surrounding areas. Each lesson learned needs a solution that is practical, tested and fiscally responsible.

• Some organizations may not have anticipated or prepared for the extensive destruction and prolonged recovery period associated with the hurricane. For this reason, it is important to evaluate, when developing a response plan, which services must continue and which can be suspended. It is also important to consider what impact changes to services will have on staffing, employee and patient satisfaction, and the bottom line.

• Anticipate disruptions in communication services, possibly for extended periods of time. Communications outages make it difficult to locate missing personnel or call them to come in to work. Redundant communication devices and experience using them is imperative. Some examples that worked in reaching a majority of staff were: web-based mass communication systems such as Mir3 and Collabria, a designated employee hot-line, cell phones, home land lines and internet. TV and radio public service announcements are effective, but it’s important to know in which broadcast market area employees live. Satellite phones/service may not work post storm.

• Access to reliable transportation into restricted areas is not always available, especially with curfews in place. Consider a contract with a car rental company or transportation company that allows the hospital to drive around and pick up employees if needed.

• Lack of electrical power or fuel for generators has a significant impact not only on hospitals directly, but also on the operations of community partners such as gas stations, dialysis centers, and shelters.

• Community support services – such as oxygen delivery, meals on wheels or senior day care centers - may not be functioning immediately post storm. Teaching patient and caregiver disaster planning to employees, patients, and visitors is paramount.

• Multiple facilities may sustain significant damage and physician offices may need to be relocated. Is there a plan for an alternative work site? Have you exercised and drilled working in this site? Do you have enough equipment? Is it safe? Is it ADA compliant? Will you have IT services that interface with existing hospital IT systems?

• Mail service could be interrupted for months in some areas. Employees should be encouraged to use direct deposit and healthcare facilities should employ electronic business capabilities to perform such functions as invoicing, making payments (employees and vendors), etc.

• Teach staff and patients to make sure they order mail delivered pharmaceutically early when a hurricane is threatening.

• Replacement supplies may be difficult to obtain during a protracted recovery period, especially if the vendor or warehouse is also affected by the hurricane. Have multiple contracts with vendors in more distant locations to your hospital. For example a fuel vendor may be located three or six hours from your location.

• If you are a multi-hospital system, rely on each other for possible transfer of patients and sharing of staff or supplies. The caveat here is to create policies and plans that outline the shared items, emergency credentialing of staff and how patients and sharing of staff or supplies. The caveat here is to create policies and plans that outline the shared items, emergency credentialing of staff and how transport will occur. Train, drill and exercise these plans!

• Realistic planning, training, and practicing for any disaster with all your staff is more important than picking up the pieces after the storm. If staff is prepared through education and training what to expect and what to do, then the impact, especially psychologically, will be more positive and the response will be more routine than reactionary.

• Believe in the mantra, “If you take care of your employees, they will take care of you.” If you plan to have a safe working environment, keep employees working, even if the job may be different than their original skill set, they tend to show up following a disaster.

Robyn Farrington, Regional Manager, Trauma Services, Broward Health Medical Center, can be reached at (954) 355-4652 or rfarrington@browardhealth.org. Sharon S. Cohen, Manager, Emergency Preparedness Department, Broward Health, can be reached at (954) 355-4990 or sscohen@browardhealth.org.

YOUR OPERATION CAN’T STOP JUST BECAUSE YOUR EQUIPMENT DOES!

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TOM GRAHAM
Business Solutions Manager
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South Florida Hospital News
South Florida Hospital News
May 11 was a challenging day at Martin Health System. First, there was an armed man who took a bus hostage outside Martin Medical Center, shooting wildly and killing and wounding an unknown number of people before being neutralized by the Stuart Police Department.

Mere minutes after the hastily organized hospital incident command team began to deal with that issue, a tanker truck carrying chlorine gas turned over on Interstate 95, sickening between 50 to 100 people who required immediate care and decontamination.

Shortly after, one of the injured people brought to Martin Medical Center’s emergency department began shooting out windows and at staff, before also being taken out by police.

Martin Health’s three emergency departments were locked down. Patients were diverted to other hospitals as the ERs reached capacity and crews worked feverishly to decontaminate people — sometimes while dodging bullets.

Finally, less than two hours after the shooting began, the all clear was given. Fortunately, there were a few minutes to collect thoughts, go through papers and take a breath to see if the sandwiches were on their way. The day’s mayhem, it turned out, was only a drill.

Martin Health performs emergency drills at least once a year, mobilizing the hospital incident command team in order to prepare for catastrophes that hopefully will never happen. The drills have become an annual tradition since 2004 and 2005, when the health system was whacked by three hurricanes in two summers.

While Martin Health has traditionally worked with community partners in the past on such exercises, the drill on May 11 featured a more robust group of organizations — all of whom were sitting in the room as it unfolded. That included representatives from police and sheriff departments, fire rescue personnel, emergency management coordinators and county health department officials — all with an eye toward building relationships if, and when, things go wrong.

“These kinds of drills give us a chance to see how things work and how things don’t work in these kinds of situations,” said Lt. Robert Wright of the Martin County Sheriff’s Department.

One theme that was recited throughout the post-drill survey was the need for more and better communication, both internally and between the agencies coordinating responses. Drills like this one help Martin Health develop those communication channels in advance, particularly with outside agencies it will need to partner with in times of emergency.

“It is important to build interagency communications,” said James Kammel, Deputy Director of Emergency Management for Martin County. “We all have staff, we all have tools. We often lack timely information exchange that is crucial.”

Thomas Daly, Director of Emergency Planning for the St. Lucie County Division of Emergency Management, said performing disaster drills are vital to developing appropriate responses in times of crisis.

“For hospitals, it’s important to participate in multi-disciplinary exercises,” he said. “Even if you’re not a player, just being there to observe and see how things are done is important.”

It also allows for collaboration and problem solving in times when lives are not on the line.

“Being in the room together allows us to ask some questions of each other, determine how they will respond so we know what to expect when the time comes,” said Todd Reinhold, Martin County Health Department Director.

“That will pay dividends when it really counts.”

It is essential for hospitals to establish strong and effective partnerships with local and regional law enforcement, emergency management and fire rescue officials prior to any actual emergency event. Strong partnerships lead to sound planning, successful drills and an effective response to natural or man-made disaster events.

Sharon Andre, Assistant Vice President and Chief Safety Officer, Martin Health System, can be reached at sharon.andre@martinhealth.org.
Disaster and Hurricane Preparedness... Disaster and Hurricane Preparedness

Cover Story: Emergency Preparedness Reminders for Home Health Agencies

Continued from page 1

contact information is current. Remember that any change in telephonic numbers for individuals responsible for emergency coordination must be reported to your agency's county Office of Emergency Management and to the local County Health Department.

• Assess any assisted living facilities (ALF) or adult family care homes (AFCH) in which your patients reside. Be sure you're knowledgeable of the facility's emergency preparedness plan and its intention to evacuate the residents to an alternate location. Your agency is required to designate staff to continue to deliver care according to plans and orders to residents in an ALF or AFCH during and after the emergency.

• Survey your direct care staff (employed and contracted) about their availability during an emergency, their individual plans to evacuate the area (if any) and ensure you confirm at least two modes of contact. Most agencies have a requirement for staff to check in, say twice a day, during an emergency in case they don't hear from you, and also to monitor public service announcements for agency news. Consider adding this to your policy and training.

• Review your office evacuation plan. Most agencies maintain an evacuation binder which contains: an updated list of every active staff member with current contact information; a current census list; copies of the current medication profile and equipment list for all patients, as well as current physician, pharmacy and medical equipment supplier contact information. Obviously, if your agency serves ALF or AFCH residents, you should also have current contact information for the facility's leadership.

The word 'current' is emphasized above for obvious reasons: outdated and/or missing information on patients or staff members could result in an adverse outcome as well as liability, both of which are unnecessary and preventable. During hurricane season, we urge agency clients to conduct sporadic checks of the evacuation binder to make sure that updated lists have been filed in a timely manner.

• Ask field staff members to review emergency preparedness information with clients at the start of hurricane season. Make sure all patients have a copy of the Agency for Healthcare Administration's CEMP Appendix B, and that they understand the definition of a 'sufficient' supply of food, water and medication. Most important is the staff member's review of the medications and medical supply needs of current patients, and to make sure the patient has a handy copy of these lists in case evacuation is needed. At this time, personnel should assess whether the patient's hurricane plan is adequate given changing health needs. Special Needs Shelters are a last resort, but staff should assess whether the patient's status now demands evacuation.

• Re-orient your staff on their roles and responses prior to the emergency, this includes field staff as well as office personnel. Agency clients generally have a requirement to conduct disaster drills, and it's important to conduct yours just prior to the start of hurricane season. One caveat: in South Florida, we tend to focus on hurricane preparedness because of the likely threat. However, consider a simulation of other types of emergencies, such as fires, bomb threats, chemical spills, etc.

• Conduct a drill. Wait a week or two after your training session to conduct the actual drill. Avoid giving instructions; instead, assess for your team's knowledge of the overall process and readiness. Make sure to objectively document your staff's response and effect any remediation to minimize mishaps during an actual emergency. Obviously, patient contact isn't necessary, but a staff member should state that he or she is simulating patient calls and explain the nature of those 'pretend' calls.

A few counties in Florida require agencies to have a written understanding with a partner agency to assist with patient visits in the event the 'home' agency cannot staff a case during a crisis. Consider this best practice as a safety net to assure you have a back-up plan and that your patients receive the care they need.

The crash landing of the "Miracle on the Hudson flight" reminded us all of the need for continued focus on emergency preparedness. Whether or not you believe the passengers' safety was due to Divine Intervention, one thing is true: crew member preparation and response were also critical to their survival.

Clark Parker, Coleman Consulting Group, Inc., can be reached at clark.parker@askCCG.com or visit www.askCCG.com.
Health Care REIT recently launched its Green Arrow Energy Management Program, a new tenant program that promotes and rewards environmentally-conscious business practices for tenants at company-owned facilities. The program, which is implemented by Health Care REIT’s Management Services Group, has been well received by tenants and continues to produce successful outcomes. The latest breakthrough for Green Arrow is the certification and participation commitments from over 230 tenants.

The Green Arrow Energy Management Program is yet another in a series of sustainability and energy management initiatives supported by the company. It is designed to increase energy conservation and promote sustainable, green practices. The fundamental elements of Green Arrow are the incorporation of sustainable business practices, renewable energy usage and sustainable development and construction initiatives among Health Care REIT’s tenants.

“Energy management and sustainability are integral to Health Care REIT’s relationship investment strategy. The Green Arrow program demonstrates Health Care REIT’s unwavering commitment to deliver innovation to our clients by providing them with the knowledge and capabilities to achieve lower energy cost and sustainable facility operations. We believe that these efforts will result in lower occupancy costs – savings that positively affect their bottom line,” said John T. Thomas, Executive Vice President – Medical Facilities.

Through participation in the Green Arrow program, tenants commit to adopt simple sustainability practices. The program is intended to improve the delivery of health care by providing more healthful work and care environments for patients and staff, enhance financial health, and aid in preserving the environment for future generations.

As a dedicated partner of the Green Arrow program, tenants must develop and implement an energy reduction and sustainability plan consistent with the program’s self-guided certification program. Health Care REIT’s Management Services Group supports tenants by providing the resources and tools including printed materials and an online Tenant Service Center to track and measure progress.

The program also presents an opportunity for property managers to connect with tenants on another level. This ultimately strengthens tenant relationships and leads to outcomes that the company is constantly striving for such as loyalty and overall tenant satisfaction.

“A simple conversation can create opportunities for providing assistance to our tenants and show them that we are more than just building management,” says Michael A. Noto, Senior Vice President – Management Services Group. “Their commitment to Green Arrow has become just another reason to have a conversation.”

For more information about Health Care REIT’s Green Arrow program visit the sustainability page on the company’s website at www.hcreit.com/sustainability.

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Healthcare Real Estate, Construction, Design & Facility Planning

South Florida Hospital News

JUNE 2012
It’s no secret that good budget control is more than tracking costs; good budget control is establishing and managing to a target set of monetary goals. On projects, we call this Target Value Design or Target Costing.

Over the years, the most successful projects, whether large-scale facilities or smaller renovations, are projects where all parties are practicing “open budget control” and candidly sharing budget expectations and information early in the planning and design stages - a time when even minor suggestions or innovations can have a profound impact. For example on the UCSF Medical Center project, currently under construction in San Francisco’s Mission Bay, the team was able to drive more than $100 million out of the project. They did this through the collective ideas of the people and companies designing and virtually building at the project’s Integrated Center for Design and Construction during detailed construction document development well before the construction start.

How does it work? The first step in the process is validation, which requires inputs from appropriate stakeholders to validate the business case, program and initial cost of a project. In other words, verifying what is needed and what is allowable for the project.

Once the bar, or initial budget target, is set, cross-functional teams of design professionals, modelers and builders mobilize for major disciplines and scopes to form discipline-specific “Clusters.” These Clusters are responsible for designing and modeling different scopes, such as Mechanical/Electrical and Equipment & IT, to the designated target costs. The objective of the Clusters: to provide “virtual pricing” consistent with an accurate model that helps keep designers informed of cost trends in real time.

Each Cluster has a leader accountable for the Cluster’s budget, coordination and design completeness, essentially the best value for that scope. The Cluster Leaders also coordinate and integrate throughout the design process and into construction to address any design questions. Key to this process is transparency. Customers rely on the team’s expertise to deliver accurate estimates as major business decisions often hinge on the potential cost of a project. At the same time, teams rely on customers to be forthright with all components of the budget, including IT infrastructure, Furniture, Fixtures & Equipment, Escalation, Project Management, and anything else that may affect the success of overall budget performance. In our experience, when all the information is not shared, disappointments can easily occur down the road over what is included and not included in construction estimates.

Involving the right team members and having a high level of openness at an early stage allows for a more accurate, informed overall project budget control. It also helps to build greater alignment and accountability in reaching and holding to those target goals throughout a project’s duration - in turn, offering greater certainty in project outcomes and savings to the owner.

To reiterate, this philosophy works on projects of all sizes and scope. From a minor interior renovation to a ground up facility, the value achieved from this type of delivery in lieu of the “hard bid” approach which has become more common in today’s economy surpasses the minor savings recognized at bid time. Additionally, revenue generation is typically recognized by the respective facilities far sooner in an “open book” environment as the respective team members share the same goal for successful project delivery. On time; on budget; and of superior quality.

For additional information, contact Steve Napier, Regional Healthcare Core Market Leader, DPR Construction, at steven@dpr.com or (561) 273-6318 or visit www.dpr.com.
ANF Group Completes Construction on the North Shore Medical Center FMC Campus New Hybrid Operating Suite

ANF Group is proud to announce the completion of the new Hybrid Operating Suite at The Heart Institute of Florida at North Shore Medical Center FMC Campus. The scope of work included the renovation of an existing Cath Lab and Operating Room to create a new Hybrid Operating Room. The scope included new unistrut, interior finishes, lead lined drywall, a new Air Handling Unit as well as new electrical Panels and the electrical hook up of the Philips and Skytron equipment, including new video integration. ANF Group was able to have the room ready for equipment installation in two months by coordinating the ordering of all long lead items during the GMP process in order to meet such an aggressive project schedule.

This 1,416 square feet hybrid operating suite allows for cardiovascular surgeons and cardiologists to work together to perform open and/or catheter-based procedures in the same operating room. This room compliments the new Valve Clinic, which is a destination for the treatment of advanced heart valve disease. The state-of-the-art operating room/catheterization lab houses all the equipment and monitoring devices necessary to perform a range of heart procedures, from minimally invasive catheterization to open-heart surgeries.

ANF Group Inc. is a South Florida based construction management firm with more than 30 years of experience. For more information, visit www.anfgroup.com.

Riviera Health Resort Opens in Coral Gables

Over 500 dignitaries and guests celebrated Riviera Health Resort’s official opening and ribbon cutting, where the luxurious 223-bed post-acute care and rehabilitation facility was unveiled for the first time.

Located on the site of Coral Gables’ first true nursing home, Riviera Health Resort is poised to redefine the way healthcare is delivered to the South Florida community through its state-of-the-art hospitality healthcare approach within an amenity-rich, luxury boutique-hotel environment.

Featuring an array of complex care services, the five-story, 76,000-square-foot Mediterranean-style Riviera Health Resort caters to the needs of guests that require short and long term care as they transition from the hospital to their home, with a particular emphasis on post-stroke and hip and knee replacement recovery.
Dade Medical College Opens New Miami Lakes Campus

As part of their continuing effort to broaden the healthcare educational opportunities offered to the community, Dade Medical College has relocated their Hialeah campus to the new, modern and upscale environment at the Miami Lakes Business Center.

The completely renovated 40,000 sq ft facility will feature larger classrooms and a variety of student amenities such as ample parking, free Wi-Fi and the college’s School of Nursing cutting-edge simulation laboratory modeled after a typical hospital nursing station.

In addition to their Associate in Science and Bachelor’s Degree nursing programs, the new college campus will offer Associate in Science degree programs in Diagnostic Cardiac Sonography, Diagnostic Medical Ultrasound, General Radiologic Technology, Medical Assisting, Medical Billing and Coding and Massage Therapy. With convenient morning, afternoon and evening classes, the college will continue to offer the same employable skills and in-demand programs available at their other four South Florida campuses. A fifth campus in Jacksonville is slated to open in the second quarter of this year.

West Palm Beach VA Medical Center’s Veterans Canteen Service Keeps Kitchen Waste Out of Landfills

The West Palm Beach VA Medical Center’s (WPB VAMC) Veterans Canteen Service (VCS) PatriotCafé is flexing its sustainability muscles by implementing a significant waste diversion program. The VCS launched a used cooking oil (UCO) recycling program in January 2012. The PatriotCafé purchases approximately 5,000 pounds of cooking oil annually. Food industry statistics suggest that institutional food service operations can recycle approximately 75% of the cooking oil purchased.

This program will also enhance the safety of our VCS food workers by utilizing state of the art cooking oil handling and transport equipment. The new personal protective equipment (PPE) and oil transport caddies will reduce or eliminate instances of food workers coming into direct contact with hot cooking oil and hot commercial kitchen appliances.

VCS will sell the UCO to a vendor chosen to recycle UCO at PatriotCafé locations nationwide. Other VCS sustainability initiatives are being considered for implementation at the WPB VAMC. We’re reviewing food composting, Pepsi Dream Machine plastic and aluminum beverage container recycling, and electric vehicle (EV) charging stations. We work constantly to evaluate new eco-friendly programs for implementation. Our goals are to keep our promise to care for Veterans through sustainability and to actively contribute in helping the VA meet or exceed federally mandated waste diversion rates and Green House Gas emission reduction. VCS and other VA sustainability efforts directly increase the amount of waste diverted from Florida landfills. It’s the right thing to do for the Veterans, for Planet Earth, and for future generations.

Ron Martin, Chief of Veterans Canteen Service, West Palm Beach VA Medical Center, can be reached at (561) 422-8400.

BY RON MARTIN

Comprehensive Medical Design

Saltz Michelson Architects was part of the architectural team and provided LEED AP services for the new Joe DiMaggio Children’s Hospital, which recently achieved Gold Certification. To review our capabilities further, please contact Toni Farber, Director of Business Development at (954) 266-2700.

Joe DiMaggio Children’s Hospital (LEED GOLD)
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With a staggering 75 million American homeowners underwater, Uncle Sam has finally thrown out a lifeline.

The federal government has revamped the Obama administration’s 3-year-old Home Affordable Refinance Program with a new and improved model, dubbed HARP 2.0 – and already it has helped 750,000 homeowners refinance their loans so they can save their homes.

The newly streamlined plan is designed to reward homeowners who diligently pay their underwater mortgages, affording responsible borrowers the chance to refinance their loans and get out from under the high interest rates that have had them trapped in hopeless resignation.

The program is only available to those with loans owned or backed by Fannie Mae and Freddie Mac, the government-controlled mortgage buyers that handle 60 percent of U.S. home loans. The borrowers are refinanced into new loans that take advantage of current low interest rates. The loans are then sold back to Fannie or Freddie, which, instead of getting stuck with potentially defaulted mortgages, have more viable loans on the books – and happier homeowners with more disposable income to invest in the local economy.

**SOME HIGHLIGHTS:**

- Most loans require no maximum loan to value.
- No appraisal is required on qualified loans.
- There is no minimum credit score required, as long as the borrower has had no late mortgage payments for the last six months.
- No maximum debt-to-income ratio is set in most cases.
- Primary homes, vacation homes and investment properties are all eligible.
- The loans must have originated no later than May 31, 2009.

In many cases, it’s a win-win for all parties. Many homeowners are getting new loans at record-low interest rates, even though they owe far more than their homes are worth – and they’re staving off foreclosure.

But like any government program, HARP 2.0 is less than perfect. Some homeowners still don’t qualify – reverse mortgages and defaulted loans aren't eligible, for example – and others have to deal with regulatory red tape the revamped program was supposed to eliminate.

Lawmakers, though, are already working on a solution. Encouraged but still unsatisfied with the 750,000 underwater borrowers with no home equity who have been helped by the refi plan, President Obama and his U.S. Housing and Urban Development Secretary are backing proposed legislation that seeks to drive down costs to borrowers and lenders even further.

But until then, it is essential for homeowners to be fully educated on their refinancing options, especially in today’s more borrower-friendly market, which is experiencing some of the lowest interest rates on record. Being under water on your home is no longer the hopeless scenario it was a year or two ago. In many cases, HARP 2.0 can help.

Marius J. Ged, Esq., leads the Real Estate, Estate Planning, Asset Protection and Corporate Business Transactional Department at Ellis, Ged & Bodden P.A. in Boca Raton. For more information, contact him at 561-995-1966 or info@ellisandged.com.
Ongoing early input from architects, engineers, and contractors can be a significant contributor to the success of major healthcare capital projects. Participation of construction professionals in the front-end planning of projects can be accomplished using various contract formats that include design-build/design-assist, pre-construction services, not to exceed (NTE), and guaranteed maximum price (GMP). By incorporating and utilizing resources early in the design and construction process, healthcare clients can enhance accuracy and buy-in to key project success factors such as budget and schedule. Benefits of contractor early involvement in major healthcare capital projects include:

1. Common goals and aligned incentives. Early involvement and teaming of the owner, architect, and contractor on a project facilitates a true partnership, yielding common goals and aligned incentives. Shared project development contributes to expedited and successful project execution and delivery.

2. Limiting of change orders. Rather than traditional project delivery methods where the owner warrants the design, in design-build or other early involvement methods, the designer, owner, and contractor work together from the onset of the project to manage the project, therefore reducing unplanned changes.

3. Reduction of design conflicts and constructability issues. By bringing a contractor into the early design phases, many conflicts and constructability issues can be reduced by utilizing building expertise. In addition, shared use of Building Information Modeling (BIM) allows for specific design management and alternative approaches to avoid costly changes in the field. Risk is mitigated through building the project before any dirt is moved or walls taken down.

4. A firm price. By providing multiple real-time estimates as the design develops, the contractor can help reduce budget surprises and drive the project to the desired budget. Moreover, use of not to exceed (NTE) and guaranteed maximum price (GMP) contracts can “cap” the budget, allow for early financing, and align incentives to project cost.

5. Creativity and innovation. Contractors are in touch with advances and innovations in the construction industry and can bring suggestions for alternative building methods such as pre-fabricated components, alternative building management systems, and energy-saving ideas. Early project “value engineering” can help lower overall cost while maintaining building structural and service integrity.

6. Faster start and earlier delivery schedule. Early familiarity with the project reduces a contractor’s learning curve to mobilize and execute the work, often providing significant schedule advantages. Further, the “team approach” allows commitment and release of site, foundation, and structural packages as the remainder of the project design moves along.

7. Successful Achievement of “Green” Project Goals. A sophisticated contractor with advances and innovations in providing the early phase analysis in the front-end planning of projects can be a substantial cost and time savings and help deliver a higher quality facility. Owners should seek out contractors and construction professionals that possess the unique talents and desire to work collaboratively early in project development.

To learn more about dck worldwide, call (954) 565-5565 or visit our website dckww.com. Gene Budler, dck’s Vice President of Project Development and a LEED professional, can be reached at gbudler@dckww.com. Richard Allen, Vice President of dck worldwide and Director of Global Healthcare Services, can be reached at rallen@dckww.com.
Jackson North Medical Center, a satellite of the Jackson Health System, has earned the 2012 U.S. Environmental Protection Agency’s (EPA’s) ENERGY STAR® certification, for energy efficiency. The Energy Star is awarded to buildings that perform in the top 25 percent of similar facilities nationwide for meeting strict energy efficiency performance levels. Jackson North is one of three hospitals in Florida to achieve this designation and one of only 43 hospitals nationwide to earn the title of America’s Energy All Star.

“Jackson North Medical Center is pleased to accept EPA’s ENERGY STAR® certification in recognition of our energy efficiency efforts,” said Michael Drenta, director of Engineering Services at Jackson North Medical Center, “Through this achievement, this organization has demonstrated our commitment to environmental stewardship while also lowering our energy costs.”

Achieving EPA’s ENERGY STAR® certification at Jackson North Medical Center was a team effort. They met strict criteria by using an average of 35 percent less energy than typical buildings and also release 35 percent less carbon dioxide into the atmosphere. This was accomplished by boosting its energy performance through managing energy strategically across the entire campus and by making cost-effective improvements.”

• Original windows were replaced with impact resistant windows resulting in less solar load and eliminating air infiltration.
• Exterior lighting was automated to adjust to variations in light levels.
• The ventilation of the facility was optimized following an audit that determined it was over-ventilated.
• Installed a new building automation system (BacNet) to control major heating, ventilation and air conditioning equipment.
• Installed new chillers and cooling towers.

“Improving the energy efficiency of our nation’s buildings is critical to protecting our environment,” said Jean Lupinacci, Chief of the ENERGY STAR® Commercial & Industrial Branch. “From the boiler room to the board room, organizations are leading the way by making their buildings more efficient and earning EPAs ENERGY STAR certification.”

EPA’s ENERGY STAR® energy performance scale helps organizations assess how efficiently their buildings use energy relative to similar buildings nationwide. A building that scores a 75 or higher on EPA’s 1-100 scale may be eligible for ENERGY STAR® certification.
The 42 separate LEED points awarded to the Joe DiMaggio Children’s Hospital involved design and construction items all of which contributed to attaining the LEED Gold certification. Site development LEED strategy was designed beneath the parking lot and non-potable water sources were used for irrigation. Recycled water is used in the energy plant.

The hospital was designed around a visually dynamic theme of the “power of play” using vivid colors and images, and incorporated a family centered approach to the overall design. JDCH provides quality healthcare services to children and health through its design. A healthy building is designed using the LEED (Leadership in Energy and Environmental Design) criteria established by the USGBC to construct buildings and buildings which are healthy to the environment and the people within the building.

The site development LEED strategy to build environmentally friendly buildings on the site of the new hospital. Steel, concrete, metal studs, and drywall were separated and delivered to the appropriate recycling facilities. Though waterless urinals are not appropriate to be used within a hospital because of infection control issues, a circuit was designed beneath the parking lot and non-potable water sources were used for irrigation. Recycled water is used in the energy plant.

Great care was taken to use recycled materials wherever possible and to use items free from chemical odors. For example, all cabinetry and glue are formaldehyde free and all paints in the facility are odorless (technically known as low VOCs: Volatile Organic Compounds – emitted as gases from certain solids or liquids). Healthcare facilities are dedicated to healing people, dedicated to enhancing the patient experience (reinforced by the attributes of LEED) and now through the acceptance of LEED principles, the sustainability and healing of our planet.

For hospitals, it begins with shared goals. At Sheridan, we align ourselves with your performance goals to help you achieve new levels of patient care, efficiency, and productivity. Our experts use industry metrics to help you connect clinical excellence and accountability to patient satisfaction. Learn more about our proven track record in giving hospitals the power to perform.
North Shore Medical Center FMC Campus Celebrates Hybrid Operating Suite and Valve Clinic Grand Opening

Photographed here along with city leaders and representatives are Sr. Vice President of the Florida Region, Marsha Powers; Vice President of Finance of the Florida Region, David Ross; FMC Campus Chief Administrative Officer, Ben A. Rodriguez; FMC Campus Chief Operating Officer, Gabrielle Finley-Hazle; Dr. Matthew Carr; Dr. Alfredo Rego; Dr. Paul Aparico; and Dr. Susan Baker.

HealthSouth and Martin Health System Break Ground on Inpatient Rehabilitation Hospital

Groundbreaking ceremonies for HealthSouth Rehabilitation Hospital at Martin Health were recently held in Stuart. The freestanding hospital will be built on the Martin Hospital South campus and will include 34 all-private rooms, a spacious, on-site therapy gym and cutting-edge rehabilitation technologies. The development of the new rehabilitation hospital represents a significant investment in the community and is expected to generate approximately 80 new, full-time jobs.

Dignitaries break ground on the HealthSouth Rehabilitation Hospital at Martin Health including (l-r) Kevin Conn, HealthSouth Regional Vice President of Operations; Ed Ciampi, Martin County Commissioner; Mark Rabitaille, Martin Health System President and Chief Executive Officer; Joy Grinney, HealthSouth President and Chief Executive Officer; Linda Wilder, HealthSouth President of Southeast Region; and Mark Tarr, HealthSouth Executive Vice President and Chief Operating Officer.

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Raso Education Center and Clarke Auditorium
Ready to Make Mark on Healthcare Education

Jupiter Medical Center recently hosted a private ribbon cutting to celebrate the opening of the Raso Education Center and Clarke Auditorium, the initial phase of the medical center’s $30 million, three-phase expansion. The two-story facility is designed as an educational resource for Jupiter Medical Center’s team members, physicians, other area clinicians and researchers, and the community.

Participating in the ribbon cutting was Mrs. Shirley C. Raso, who, with her late husband Dominick F. Raso, provided the lead donation for the new education center. Also honored was Mrs. Margaret Clarke, lead donor for the auditorium with her late husband, John H. Clarke.

President and CEO of Jupiter Medical Center, John Couris spoke, as well as the President and CEO of the Jupiter Medical Center Foundation, Richard Cosnotti.

The newly constructed Raso building at Jupiter Medical Center features some of the most leading-edge technology available today.

The John H. & Margaret Clarke Auditorium offers a place to host physician lectures from top academic medical centers. This room offers video presentation capability with projection screens located on the east and south walls to provide easy viewing from any location in the room. Seating up to 150, this auditorium’s state-of-the-art technology includes a sound system with overhead speakers and wireless microphones. The PC located in the podium has additional ports to allow for the Pathology camera, Radiology PACs and Laptop and USB inputs for presenters at weekly cancer conferences and pre-treatment breast conferences. The room is able to receive and send television video conferencing using a LifeSize® video conferencing system and two high-definition pan-tilt-zoom cameras.

In the near future, the building will have the ability to view live surgeries from one of the operating rooms in the main hospital, which will allow for a group of physicians to watch it in the Raso Education Center.

The Lawrence J. & Florence A. De George Board Room has video presentation capability showing on a projection screen located on the south wall. The PC located in the lectern has a 15 inch interactive display and added ports to allow the Pathology camera, Radiology PACs display as well as Laptop and multiple USB inputs for presenters. This room has overhead speakers and wireless microphones. In addition, this room is able to receive and send television video conferencing using a LifeSize® video conferencing system and two high-definition pan-tilt-zoom cameras.

The Innovation Room is modular in design to offer unlimited room configurations. A 174-inch-wide intuitive, multi-touch and gesture-driven SMART board system digitally captures new process ideas. A social media-ready and interactive, video-enabled Apple-Television system offers virtual research and conferencing with medical experts worldwide. Two iPad© ports will allow improvement concepts discovered outside the room to be brought in and shared instantly, capturing ideas found during daily work and sending them to the Innovation Room’s network.

The Kathryn W. Davis Computer Training Lab has sixteen PCs for team member training on Jupiter Medical Center applications.

The Internet Cafe has three iMac workstations along the north glass wall, an iPad

Continued on following page.

Shopping For Your Malpractice Insurance?

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At some point and usually more than once in a physician’s career, the question arises: ‘Should I continue to lease my office, or would it make more sense to purchase an office instead?’

If you have faced this decision, or will do so in the future, there are several factors that you should consider when making the decision. There are many advantages to purchasing commercial real estate, which may include appreciation, lower effective occupancy costs and tax implications. Most physicians like the idea that their monthly payment is benefiting them in some way versus lining the pockets of a third party real estate investor. Take the time to make an educated decision that accounts for your individual circumstances.

Your Age
Here are some questions to consider:

How long will you continue to practice medicine? Are you likely to have partners or associates who will transition into ownership of your practice? Will you be able to lease your office to the practice upon your retirement?

All of these questions should be answered when contemplating a purchase. The longer your practice horizon, the more likely it makes sense to purchase your next office. Looking out fifteen (15) years or longer, while hard to predict how the real estate markets will perform, gives you more room for error and the ability to pay down your mortgage to a level that will make leasing your office to a third party tenant, a viable option. Alternatively, if you are newly out of residency and are one of the brave few going into private practice, your decision to purchase should be predicated on the growth prospects of your practice and how it will evolve over the next ten (10) years.

I mentioned having a defined exit strategy earlier in the article. Regardless of what stage you are in your career when you decide to purchase commercial real estate, it is important that you think this through. Do you have a son or daughter who will take over the practice upon retirement? Are there partners or junior associates in your practice who will eventually take over and sign a long-term facility lease? Having a clearly defined exit strategy, one that you revisit often, enhances the likelihood that you will look back at office ownership as a worthwhile and profitable experience.

In our next article I will provide those of you who already own your office space with some suggestions to maximize its value.

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- Slip & Fall
- Motorcycle Accidents
- Boating Accidents

Finding a Good Personal Injury Trial Attorney…
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EHR Doctors Awarded
GSA Schedule 70 Contract

EHR Doctors is pleased to announce that it has been awarded a GSA Schedule 70 contract and are now certified to provide goods and services to the Federal government. Acknowledging the growth in federal spending through the General Services Administration (GSA), EHR Doctors has placed their extensive Health Information technology on the government’s electronic ordering system, GSA Advantage®.

“For a growing business, this schedule opens up significantly more markets throughout the country,” states Gerard, President and CEO at EHR Doctors. He continues: “Being on the GSA schedule will expand our reach beyond the federal government to numerous state and municipal governments as they can now take advantage of our fixed government pricing on our advanced health information exchange and health IT products and services.”

Many hospitals and healthcare organizations find that EHR Doctors products fit organically into their enterprise. This newly awarded GSA Schedule Contract, better positions EHR Doctors to service the public sectors needs ranging from local hospitals to state and federal health care related agencies.

Dade Medical College Launches
New School of Online Education

Dade Medical College launches its new online campus as the college continues to expand its offerings of specialized allied healthcare and nursing education programs for the community. The college launched their new Bachelor’s of Science Degree in Nursing (BSN) program and their Associate of Science Degree in Medical Billing and Coding program to their online education students on Monday, April 30.

The college’s Bachelor’s of Science Degree in Nursing comes at a time when many healthcare institutions are requiring more advanced degrees from their nursing staff. Online classes will be taught by the same fully-licensed and certified faculty currently teaching the accredited, on-ground programs at the college. The students’ computers will serve as their virtual classroom as they interact with their instructor and fellow students in completing their coursework, assignments and examinations. Special metrics will be used to ensure and measure class participation and attendance, two key factors in maintaining a quality program and producing the outcome-based results the college is known for.

Florida Blue, Baptist Health South Florida
and Advanced Medical Specialties Introduce
Accountable Cancer Care Program

Florida Blue, Florida’s Blue Cross and Blue Shield company, along with Baptist Health South Florida and Advanced Medical Specialties, an oncology practice with 17 locations in South Florida, jointly announce a new collaboration aimed at providing the utmost in quality care for oncology patients in South Florida. The three organizations are teaming up to create an Accountable Care Program specific to the treatment of cancer.

The Florida Blue/Baptist Health South Florida/Advanced Medical Specialties Accountable Care Program will build a new delivery of care model that shifts toward a value-based reimbursement while improving the overall quality of care to Florida Blue members.

Florida International University’s College of Nursing & Health Sciences Adds New Health Services Administration Program

Florida International University’s College of Nursing & Health Sciences has expanded its curricular offering with the addition of the new Health Services Administration education department. The department offers a Bachelor of Science in Health Services Administration (BSHA) which complements the already diverse curriculum provided by the CNHS’s other academic disciplines of Nursing, Athletic Training, Communication Sciences & Disorders, Occupational Therapy and Physical Therapy.

FIU’s BSHA program focuses on scientific and values-based approaches to healthcare management and policies that promote better community healthcare with an emphasis on urban and multicultural populations. Graduates will be prepared to be outstanding business managers at either an entire facility or a specific department. During the program, students will become equipped to create and implement policy and procedures, hire and supervise staff, control finances, order supplies, and coordinate long and short-term plans with other healthcare managers.

Bethesda’s Center for Women & Children Launches
New Family-Centered Maternity Care Program

One of the busiest maternity hospitals in South Palm Beach County is introducing a new concept in the care of new mothers and their newborns called Family-Centered Maternity Care.

This new program keeps new mothers and babies together from the moment of birth, and keeps them together in the same room and cared for by one mother-baby Registered Nurse. All baby care happens in the mother's room. This mother-baby nurse helps new families understand their newborn’s needs and allows for individualized care during the newborn’s first days of life.

As part of Family-Centered Maternity Care, the newborn is placed skin-to-skin on the mother’s chest, allowing for the most intimate and tender contact between mother and infant. This “magic hour” is the time when babies are alert, giving parents and babies the best opportunity to get to know each other.

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Snapshots

Signature Grand’s Vegas Raises Funds for Dorothy Mangurian Comprehensive Women’s Center at Holy Cross HealthPlex

The Holy Cross Hospital Auxiliary hit the jackpot with a Las Vegas-themed extravaganza that raised nearly $200,000 for the Dorothy Mangurian Comprehensive Women’s Center at Holy Cross HealthPlex during the recent Signature Grand’s Vegas. Guests enjoyed an evening of singers, dancers and entertainers, an extravagant dinner, a silent auction and an after-party in the “Vegas Lounge” as part of the 56th annual gala, which was presented by the Guerrieri Family Foundation. Sponsors also included the Medical Staff of Holy Cross Hospital and JM Family Enterprises. Grand hosts for the evening were Doreen and Keith Koenig, Drs. Gabriela Cora-Locatelli and Eduardo Locatelli, Monica and Mike Maroone and Sheri and Don Whittington. Pictured are Cathi Guerrieri and her father, Alan Guerrieri of the Guerrieri Family Foundation.

Barry University Nurse Graduates

(l-r) Dr. Jesse Colin, Barry University nursing professor poses with master’s prepared nursing students who are the first to graduate from the Nurse Faculty Loan Program; Janet Kibbons, Michelle Varea, Ana Coceiro, Rebecca Hornik, Lauren Oates, and Dona Elliott during Commencement, May 5. (Ann Simler, Kimberly McDuffie, Alexandra Ellis, and Yolande Ashman are not pictured). The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services awarded Barry University’s Division of Nursing a grant for the Nurse Faculty Loan Program. The program is geared toward helping close the gap in the nation’s nursing shortage by allowing nurses wanting to continue their education and return to school to earn their master’s or doctoral degrees in nursing education.

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Shadow a Nurse Day at Baptist Hospital

Palmetto Bay Mayor Shelly Stanczyk spent the morning shadowing Patti Miller, R.N., on the Mother/Baby Unit at Baptist Hospital in celebration of National Nurse Week. Mayor Stanczyk (center) watches as Miller checks on new mom Ashley Napoles and one-day-old Bella Grace. Community leaders were invited to the annual Shadow a Nurse Day event to learn more about the nursing profession, and to celebrate the healing art of nursing during the special week of celebration.

Barry University Nurse Graduates

(l-r) Dr. Jesse Colin, Barry University nursing professor poses with master’s prepared nursing students who are the first to graduate from the Nurse Faculty Loan Program; Janet Kibbons, Michelle Varea, Ana Coceiro, Rebecca Hornik, Lauren Oates, and Dona Elliott during Commencement, May 5. (Ann Simler, Kimberly McDuffie, Alexandra Ellis, and Yolande Ashman are not pictured). The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services awarded Barry University’s Division of Nursing a grant for the Nurse Faculty Loan Program. The program is geared toward helping close the gap in the nation’s nursing shortage by allowing nurses wanting to continue their education and return to school to earn their master’s or doctoral degrees in nursing education.

Health Care District of Palm Beach County Recognizes Its Nurses

This year, the Health Care District is marking a milestone as its School Health program, which staffs more than 200 nurses in 169 public schools, celebrates its 15th year. The District’s school nurses care for more than 174,000 Palm Beach County public school students who visit their health rooms to be treated for injuries, illness, or chronic conditions, like asthma and diabetes. Last year, the Health Care District’s school nurses treated more than 45,000 student injuries and managed more than 173,000 health screenings, including vision and hearing. Photo courtesy John Rios Photography.
McGraw Hill Awards the “Get Connected and Win Video Contest” First Prize to Florida National College Nursing Student Johanna Delgado

Florida National College’s (FNC) nursing student Johanna Delgado was the First Prize winner of the McGraw Hill “Get Connected and Win Video Contest.” As the first prize winner, she will receive $5,000 scholarship to help towards her studies at FNC.

Johanna’s video narrates her personal experience with using McGraw Hill’s My Connect. She shares how she has faced some academic and financial challenges, however, with much faith she has “decided not to give up!” Working and studying full time is sometimes difficult, but with perseverance and staying focused on “when there’s a will, there’s a way” attitude she is determined to achieve her educational goals to become a nurse. Using the McGraw Hill “My Connect” helped Johanna develop into an efficient student and gain great study skills. She hopes that through her video, and the accomplishment of winning this contest, other students will be encouraged to enter contests, apply for scholarships, and consider opportunities that come their way. Her message to other students is to follow their dreams, stay positive, never give up, and seek help when necessary, as there is always help out there!

Holy Cross Hospital Epilepsy Monitoring Unit Elevated to a Level 3 Center

The Holy Cross Hospital Neurological and Spine Institute’s Epilepsy Monitoring Unit has been recognized by the National Association of Epilepsy Centers (NAEC) as a level 3 epilepsy center. Level 3 epilepsy centers have the professional expertise and facilities to provide the highest level medical evaluation and treatment for patients with complex epilepsy.

Broward Health Medical Center Named Livestrong® Community Impact Project Award Recipient

Broward Health Medical Center is a LIVESTRONG® Community Impact Project award recipient, winning $15,000 for a new hospital artist-in-residence. The Creative Center – Hospital Artist-in-Residence Program brings the arts to people with cancer and chronic illness through all stages of life. The Artist-in-Residence program helps cancer survivors deal with the stresses of treatment through artistic expression. The program will work bedside and in small group settings with men and women who receive treatment in the Adult Infusion Center at Broward Health Medical Center.

Broward Health Human Resources Named Finalist for 2012 ERE Recruiting & Retention Excellence Awards

Broward Health’s Human Resources program was recently named a finalist in the “Best Retention Program/Practices” category for the 2012 ERE Recruiting & Retention Excellence Awards.

Broward Health’s commitment to create and sustain programs to identify, recruit, develop and maintain engaged and skilled employee partners made them a front-runner in the awards competition.

Palm Beach Gardens Medical Center Achieves New Status as Accredited Chest Pain Center

Palm Beach Gardens Medical Center announces that it has received Chest Pain Center Accreditation from the Society of Chest Pain Centers (SCPC). Hospitals that have received SCPC accreditation have achieved a higher level of expertise in dealing with patients who arrive with symptoms of a heart attack. They emphasize the importance of standardized diagnostic and treatment programs that provide cost-efficient and effective evaluation as well as more appropriate and rapid treatment of patients with chest pain and other heart attack symptoms. They also serve as a point of entry into the healthcare system to evaluate and treat other medical problems, and they help to promote a healthier lifestyle in an attempt to reduce the risk factors for heart attack.

South Miami Hospital Social Worker Stephanie Rakofsky Honored with 2012 Path Award

South Miami Hospital’s Director of Social Work, Care Coordination and Counseling Stephanie Rakofsky has been honored with the Florida International University Robert Stempel College of Public Health and Social Work’s 2012 Path Award.

Rakofsky has more than 40 years experience as a social worker — 26 of those at South Miami Hospital. Under her leadership, Rakofsky has overseen the development of mental health programs that have made South Miami a leader in patient services. She established the hospital’s multidisciplinary Behavioral and Collaborative Medicine Program that brings together social workers, nurses, psychologists and therapists to offer therapy using music, dance, journaling, art, relaxation and massage, yoga, tai chi and support groups. She also created the hospital’s Perinatal Bereavement Team, which helps patients who have suffered a pregnancy and newborn loss.

Broward Health Receives Two Awards from MedAssets

Broward Health Corporate Resources and Materials Management (CRMM) recently received the Operational Financial Improvement Award and Supplier Diversity Excellence Award from MedAssets during the 2012 MedAssets Healthcare Business Summit held April 10-12.

As healthcare reform and recession add to the complex challenges facing the nation’s healthcare system, MedAssets recognized hundreds of care providers and supply chain stakeholders for their contributions toward delivery of high quality, and affordable care. Collectively, award winners from all over the country demonstrated savings and/or financial improvement of what is estimated to be more than $350 million in 2011, in addition to efforts to eliminate waste and improve operating margins.

All award recipients demonstrated leadership and an emphasis on innovation within the healthcare industry.
Value-Based Care Driving the Adoption of EMRs

BY KENNETH HOMER, M.D.

A s of January of this year, one in five Massachusetts residents are being treated by doctors working under value-based contracts. In February, United Healthcare announced a fee overhaul and the prediction that an estimated 20 to 75 percent of its 26 million commercially insured members will be covered under value-based contracts by 2015.

As the national reimbursement system shifts to value-based care it will drive the widespread adoption of electronic medical records (EMR) and the web-based disease registries and data collection systems needed to collect the quality metrics on patients that will be required. A web-based disease registry will play an integral part in the future success of High Cross Physicians Partners (HCPP), a physician-led clinically integrated network in Fort Lauderdale which began enrolling physicians earlier this year.

There are four main reasons we have selected the web-based data collection system we have chosen:

1. It requires no hardware investment for physicians.

2. It draws data automatically from many sources including computerized billing systems in physicians’ offices; lab data from Quest, Labcorp and other relevant labs; EMRs used in physicians’ offices; and pharmacy data from the centralized Surescripts pharmacy repository.

3. Examples of data that it can collect, store and analyze include blood pressure readings, hypertension medications, glucose levels in diabetics, LDL cholesterol levels in AIDS, immunizations for pediatrics and cancer prevention screening measures.

4. Physicians can use the system on all their patients, not only those in the network. Day-to-day will improve the ability to track patients making sure they get the proper testing at the right time. Written reminders or phone lists can be generated to improve patient compliance with the involved disease states and metrics.

The disease registry will generate reports on how HCPP follows and improves on patient care metrics individually and as a network enabling it to go to the community and the insurance companies and share the results.

Eventually the system will collect enough information to enable the network to determine the cost of care of its patients. It can create various financial risk for patient care, which will lead to higher proportion of any shared savings involved.

By using EMRs and web-based disease registries, we can collect quality metrics on patient care in order to measure how well we take care of individual patients and disease states within our community. All metrics rely on evidence-based studies that are able to properly and timely measure and, if we improve on these metrics, we will improve quality of patient care and clinical outcomes.

A secondary effect of measuring and improving on metrics is that cost of health care to the system decreases by keeping patients healthier, preventing over-utilization of services and better communication through improved IT.

Dr. Kenneth Homer specializes in internal medicine and is the medical director of Holy Cross Physician Partners and Chief Medical Officer at Holy Cross Hospital in Fort Lauderdale. He may be reached at (954) 351-5984 or kenneth.homer@holy-cross.com.

Cover Story: Hospice by the Sea Realizes Unexpected Benefits From EMR Implementation

Continued from page 1

The EMR system that would meet their patients’ needs, while initiating an Electronic Medical Records system in a hospice/home care setting has unique challenges. Hospice by the Sea, Inc., employs physicians, ARNPs, social workers, spiritual counselors and 200 nurses and CNAs who work remotely, caring for patients in their home or the place they call home. When a patient requires intensive care and pain management, it is provided by Hospice by the Sea in Boca Raton in Palm Beach County and in Fort Lauderdale in Broward County.

Following visits with patients and their families, patient charting was completed by members of the Interdisciplinary Teams and patient records are submitted intermittently during the week. This form of patient record keeping was always time-consuming, inefficient and burdensome. Charting patient information required numerous forms and did not allow the various members of each Interdisciplinary Team to access “real-time” patient information until paperwork was placed in a patient’s chart.

Hospice by the Sea’s decision to move to Electronic Medical Records was made in early 2010. In the initial planning stage, Chief Operating Officer Gil Brown worked closely with the Director of Information Technology and the Director of Patient Accountability to ensure the selection of vendors, systems and services. A new position of Director of Clinical Applications was created at HBTS to oversee the clinical and computer conversions, ensuring the process was underway until completion. This position required someone with extensive clinical experience combined with in-depth knowledge of computer applications.

With these pieces in place and after several months of research and evaluation, an EMR system was selected. “It was important from the beginning that everyone recognized our commitment to fully implement this technology and that this would be a long-term work in progress,” said Bivert Beck, Director of Information Technology at Hospice by the Sea.

The Hospice by the Sea Electronic Medical Record Implementation Team began with the selection phase and implemented a building process. Working closely with the Director of Information Technology and the Director of Clinical Application, representatives from Human Resources, Quality Management, Education, Physician Services and Psychosocial Services, the team regularly met to create an educational and development plan with the immediate goal of capturing individualized clinical information and successfully using the care plan records for patient billing.

The Implementation Team had to guarantee that the technical architecture of the system was secure and fulfilled federal and state healthcare compliance requirements. Throughout the process, the Implementation Team communicated with field staff to evaluate critical decisions which helped create the new processes. These open lines of communication served to manage change by developing staff awareness and converting the anxiety felt by staff members to excitement about this new learning experience.

There were several guiding principles critical to the successful implementation of the Hospice by the Sea Electronic Medical Records system. “First and foremost, HBTS would use and learn the system for one year before making modifications to the structure. HBTS would provide ongoing and comprehensive training and corresponding individualized quick-reference guides addressing both technology and process. These would help build comfort levels to give users the resources they would need to be successful,” he concluded.

Following an eight month testing period, 80 in-house hospice staff were trained to manage the most challenging aspect of initiating the Electronic Medical Records system at Hospice by the Sea. Eight additional months of training on a month-by-month rotation, addressed the training needs of all field-based teams, spiritual care counselors, social workers and Hospice by the Sea’s home health agency staff, FocusCare.

One of the most challenging aspects of the implementation process ended up driving change for subsequent roll-outs of the EMR to the clinical staff. Eight additional months of training on a month-by-month rotation, addressed the training needs of all field-based teams, spiritual care counselors, social workers and Hospice by the Sea’s home health agency staff, FocusCare.

FocusCare is the largest palliative home care provider started in November 2012 to provide expertise and become the foundation for the Field Management, Education, Physician Services, Social Services, Clinical Services and Marketing department. The field staff were brought to a comfortable level of competency.

Technical training ended by the year 2013 with a home call system of 4,000 telephone calls per week. Hospice by the Sea provided the necessary support to transport their computer equipment. It delegated an IT Field Team support person to assist nurses, spiritual care counselors and social workers who are out in the field and may encounter problems using their field devices. A new HelpDesk call system was developed whereby an IT support person would be on-call 24 hours a day. Technical software was purchased to allow the IT support person to remotely access information and troubleshoot problems on the field devices.

This IT support helped quickly bring the field staff to a comfortable level of competency.

Hospice by the Sea, Inc. has tackled one of the greatest challenges in the 34-year history of the organization. The conversion to Electronic Medical Records required a substantial financial investment in the company by the Board of Directors. Along this difficult way, HBTS clinical and administrative staff overcame many insurmountable obstacles. As a result, today nurses are able to view each other’s notes. Physicians, ARNPs, social workers and spiritual care counselors have real-time information at each patient visit. Notes are easy to read and patient information is accurate and timely.

Looking back on the wonderful progress Hospice by the Sea, Inc. has made in their conversion to Electronic Medical Records, Paula J. Alderson, President and CEO, reflected, “This process ended up driving change throughout Hospice by the Sea. The magnitude and implementation of this change was unexpected. It has positively impacted document management, scheduling, data retrieval and analysis, chart auditing, and the current need for easy and simple access to data. The patients and families of Hospice by the Sea, Inc. will continue to realize benefits from this enormous undertaking.”
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DATEBOOK

June 7-8
2012 SFHHA Annual Healthcare Summit
The 2012 South Florida Hospital & Healthcare Association Healthcare Summit will be held June 7-8 at Signature Grand in Davie. For more information, call (954) 964-1660.

June 12-13
iHT2 Health IT Summit
The Institute for Health Technology Transformation (iHT2) will hold a Health IT Summit in Fort Lauderdale June 12-13 at the Hyatt Regency Pier Sixty. This Summit will bring together national thought leaders and decision makers addressing the most pressing issues surrounding health care and information technology. For more information or to register, visit www.thealthitrans.com or call (361) 748-6281.

June 22
Physician Practice of the Future
South Florida MGMA and Broward County Medical Association present Physician Practice of the Future on Friday, June 22 at Hotel Solitel, 5800 Blue Lagoon Dr., Miami. RSVP to info@southfloridamgma.com or call (561) 452-6702.

July 19
Horizons Fishing Tournament
World-class anglers and fishing enthusiasts will compete for cash and prizes at the 13th Annual Horizons Fishing Tournament benefiting Hospice of Palm Beach County Foundation on Saturday, July 21 at the Riviera Beach Marina. Festivities will kick off on Thursday, July 19 with a Captain’s Meeting sponsored by Park Avenue BBQ Grill featuring dinner, drinks, entertainment and raffle prizes. For more information or to register, call (361) 494-6884 or visit www.hpbcf.org.

July 26
Miracle Treat Day
Participating South Florida Dairy Queen locations will host “Miracle Treat Day” July 26 and donate $1 or more from every Blizzard Treat sold to the Children’s Miracle Network Hospitals® program at Miami Children’s Hospital Foundation. For more information, visit the website www.miracletreatday.com.

September 12
Miracle Jeans Day
The Children’s Miracle Network Hospitals® program at Miami Children’s Hospital Foundation invites companies, groups and individuals to Go Casual for Kids by participating in this year’s Miracle Jeans Day on September 12. For a minimum donation of $5, individuals may make a selection from event merchandise to wear to work with their jeans on September 12. Register your company or as an individual by visiting www.MiracleJeansDay.com.

September 29
Miami Children’s Hospital 5K Run/Walk
Run or walk for healthier, happier kids at the 2nd Annual Miami Children’s Hospital 5K presented by TotalBank on Saturday, September 29 at Coral Gables City Hall, 405 Biltmore Way. Register today at MCH5K.com.

October 7
Making Strides Against Breast Cancer 5K
Alejandra Perez, M.D., director of Memorial Breast Cancer Center, will chair the Making Strides Against Breast Cancer Put on Your Pink Bra event, making this her second year in a row leading the fundraising efforts that supports breast cancer research for American Cancer Society. The Making Strides 5K fundraising walk is scheduled on Sunday, October 7 at the Huizenga Plaza in downtown Fort Lauderdale.

For more information or to register, visit the website at putonyourpinkbra.com/broward.

October 27
2012 Diamond Ball
Miami Children’s Hospital Foundation’s 2012 Diamond Ball will take place Saturday, October 27 at JW Marriott Marquis Miami, 255 Biscayne Blvd Way at 7:30 p.m. The gala pays tribute to the Hospital’s grateful patients, world-class physicians and generous philanthropists. For more information, visit www.mchf.org/diamondball.

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SOUTH FLORIDA HOSPITAL NEWS

JUNE 2012

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Respite Vital For Health of Family Caregivers

Everyone needs a break, especially family caregivers. Approximately 45 million people across the country provide care for a chronically ill, disabled or aged family member or friend each year. More than 1.7 million of these family caregivers live here in Florida. These individuals provide 80 percent of long-term care needs in the United States, playing an incredibly important role in the health care continuum. Family caregivers are often responsible for ensuring their loved ones make it to doctors’ appointments, comply with medications, and follow other physician recommendations.

Their ability to shoulder caregiving responsibilities is greatly compromised when they ignore their own health and wellness needs. According to the American Psychological Association’s 2011 Stress in America™ survey, caregivers are more likely to say that their health is fair or poor and are also significantly more likely to cite personal health concerns as a source of stress. That’s why it is important for health care providers to factor caregiver health into their patient’s care plan.

The Role of Respite Care

Respite is time taken by a caregiver to rest and recharge. It is short-term relief that provides a break from the extraordinary demands they face. Studies show that respite helps avoid caregiver burnout, allowing them to keep their loved ones at home for longer periods of time. It reduces family stress and increases feelings of well-being, while enhancing a family’s coping abilities. Ultimately, respite care saves public funds by reducing ER and hospital visits and the need for institutional care.

Unfortunately, according to a report from AARP and the National Alliance for Caregiving, nearly 90 percent of family caregivers do not use respite services. Caregivers often feel guilty leaving their loved one in the care of someone else or do not trust others to do the job well enough. Other barriers to respite care include cost, eligibility criteria and waiting lists for publicly-funded programs, and lack of caregiver awareness.

Access to Respite Care

Unpaid respite care may be provided by family members, friends and volunteers, while paid respite care is available through home health agencies, like United HomeCare, adult day care centers, and temporary stays at a residential care facility.

Respite care is generally not covered by insurance or Medicare, so many families pay for it out-of-pocket. For individuals who qualify, there are also state and community programs that provide respite services. Here are some examples.

• The National Family Caregiver Support Program - Funded by the federal Older Americans Act, the NFCSAP helps persons any age who serve as unpaid caregivers for persons sixty or older. The program assists families who are economically or socially needy, but low income is not an eligibility requirement for service. There is no charge for services to caregivers of older persons or grandchildren. For more information, visit the U.S. Administration on Aging a the website www.aoa.gov.
• Respite for Elders Living in Everyday Families - The RELIEF Program offers in-home respite that is an expansion of respite currently available through other programs, including evening and weekend respite. Visit www.allianceforaging.org for more information.
• Community Care For The Elderly (CCE) - A state-funded program, CCE assists functionally-impaired elderly persons to remain in their homes or the home of a caregiver. Recipients of this program receive case management and a variety of the services, including respite care for family caregivers. United HomeCare is Miami’s largest CCE provider. Contact (305) 716-0710 or visit www.unitedhomecare.com for more information.

Elder Helpline at (305) 670-4357 or toll free at 1-800-96-ELDER (35337) for information.

South Florida health professionals faced with a frazzled family caregiver or someone believed to be at risk of burnout, can refer these individuals to the Caregiver Resource Center at United HomeCare. The center provides a rich offering of information resources and community referrals and serves as a calm haven of respite for family caregivers. Located at 8400 NW 33rd Street on the fourth floor, the center is open Monday through Friday from 7:30 a.m. to 6:00 p.m. Visit www.unitedhomecare.com or call (305) 716-0710 for more information.

Blanca Ceballos is Manager of Caregiver Resource Center and Volunteer Services at United HomeCare. For more information, visit www.unitedhomecare.com.

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New Caregiving Options for Families Needing Senior Services

BY BLAISE MERCADANTE, PH.D.

Many families today are caught in a complex web of demands. Adults in their 50’s and 60’s are often supervising care for their elderly parents and raising children while simultaneously nearing their own retirement age. These issues have created demand for Florida PACE Centers, Inc, which provide comprehensive inpatient and outpatient medical care with specialty services, such as rehabilitation therapy, cognitive activities, dentistry and podiatry, to Medicare or Medicaid participants. Most importantly, PACE is designed to keep seniors out of institutional care and living independently. Additionally, it relieves the pressure on families.

Florida PACE Centers, Inc is sponsored by Miami Jewish Health Systems (MJHS) a long-time leader in providing healthcare to seniors. This 71-year-old organization treats 25,000 people of all ethnicities and religions annually across South Florida. Miami Jewish opened the Hialeah PACE site near Okeechobee Road in late 2010. At this 12,000 sq. ft. facility, teams of social workers, nurses and therapists coordinate daily social activities, housing assistance, periodic medical examinations, physical therapy, meals transportation and much more.

Eligibility for this governmental program includes seniors age 55 and older who live in zip codes near the designated service area and are eligible for nursing care. This satellite follows the success of the first PACE location on the Douglas Gardens campus north of Midtown. A third site, in Westchester, is slated to open in December 2012. By having a care manager, Broward Health North has been able to successfully transition patients to residential care facilities, said Gavin Malcolm, regional case manager at BHN. “While families and patients might be able to facilitate this process independently, to have a care manager capable of taking over the process alleviates stress and makes the move more seamless for the patients and family.”

Innovative program provides relief to caregivers and benefits to patients

Participants and their families benefit from the team approach at Florida PACE Centers. Caregivers such as Alberto Martinez, 79, who provides care to his wife at their home, are relieved and supportive.

“Words aren’t sufficient for me to express my gratitude for the Florida PACE Centers program,” said Martinez. “It has been a great help in providing care to my wife, who has dementia, as I myself am fairly old too.”

Research proves that seniors who are socially engaged stave off dementia. PACE activities involve patients while also providing respite to their caregivers.

“The PACE program provides excellent treatment and gives me the opportunity for rehabilitation and to expand my mind,” commented Alberto Crooster, 79, who comes to the PACE center almost every day.

PACE saves money for families

Caregivers are forced to spend thousands of dollars a year on supervised care for the seniors in their families. According to the National Alliance for Caregiving and AARP in 2009, 65.7 million caregivers – approximately 29% of the U.S. adult population - provided care to someone who was ill, disabled or aged. Often, the cost of care is born entirely by the families who would like to avoid isolating their loved ones in a traditional nursing home or Adult Living Facility.

“PACE is a government program focused on maintaining and improving health levels in seniors, many of whom can live at home with the right support,” commented Jeffrey P. Freimark, President and Chief Executive Officer of MJHS. “Our goal is to provide enhanced quality of life for the elderly. PACE works effectively for all concerned – patients, caregivers, families and the federal coffers,” said Freimark.

The aging of America impacts seniors, caregivers and families

The statistics about caregiving are startling. According to the AARP Public Policy Institute, 70 percent of working caregivers suffered work-related difficulties due to their dual caregiving roles, and six percent stopped working entirely. For most caregivers, leaving the workforce means smaller Social Security checks and retirement accounts when they reach their golden years.

By helping seniors maintain independence, PACE’s holistic approach helps caregivers families retain their quality of life. For the employer or economy, skilled workers who drop-out create a brain drain. Innovative programs such as PACE help alleviate this growing problem.

PACE serves northwestern Miami-Dade area

Families in Hialeah, Miami Lakes, Miami Springs, and their vicinity can benefit from the Miami Jewish Health Systems-sponsored Program of All-Inclusive Care. To learn more about Florida PACE Centers, contact Miriam Pastor at (786) 347-2040.

Dr. Blaise Mercadante is Chief Strategy Officer of Miami Jewish Health Systems. For more information, visit www.miamijewishhealthsystems.org.

South Florida Hospital News

Broward Health North Offers Geriatric Assessment Program

Broward Health North (BHN) offers a geriatric assessment program for seniors living in the BHN area. This program is devoted to enhancing hospital care by connecting BHN with seniors at their residence or living facility after their hospitalization.

The program not only provides assistance with post-hospitalization care, it also has a care manager whose goal is to increase the quality of life for patients and provide a five-star experience for patients when hospitalized.

The care manager provides services that include comprehensive clinical assessments at the client’s residence after discharge from the hospital, supportive counseling to clients and their family members and advocates for the client and their next of kin if hospitalized at BHN. The care manager also facilitates communication between the acute care team at the hospital, family members, living facility and physician; alerts primary care physicians, specialists and living facility to any changes found during assessment; and connects the client with community resources and services based on assessment.

“By having a care manager, Broward Health North has been able to successfully transition patients to residential care facilities,” said Gavin Malcolm, regional case manager at BHN. “While families and patients might be able to facilitate this process independently, to have a care manager capable of taking over the process alleviates stress and makes the move more seamless for the patients and family.”

For more information, visit BrowardHealth.org.

South Florida Hospital News
Seriously Ill Elders Can Benefit from Palliative Care Programs

In a 2011 national poll sponsored by the National Journal and the Regence Foundation, 71 percent of respondents said they believe it is more important to enhance the quality of life for seriously ill patients even if it means a shorter life.

The same poll reported that while 86 percent were somewhat or very familiar with the term "hospice," only one in four had the same understanding of the term "palliative care."

As part of its core values and mission-based healthcare services, Holy Cross Hospital in Fort Lauderdale has a palliative care program. Palliative care provides comprehensive medical care that includes enhancing the quality of life for the patient and family, optimizing function, helping with decision making and providing opportunities for personal growth. Palliative care is provided throughout an illness, along with curative treatment regardless of the prognosis or life expectancy.

The team consisting of a palliative care physician, nurse, ancillary staff including dietitian, pharmacists and therapists.

Palliative care may be right for anyone suffering from any chronic, debilitating or life threatening illness such as congestive heart failure, chronic obstructive pulmonary disease, kidney failure, cancers, chronic arthritis, HIV/AIDS and dementia including Alzheimer’s and Parkinson’s, among others. It may also be appropriate for anyone suffering from pain or distressing symptoms due to their illness or treatment.

Patient situations that might indicate the introduction of palliative care may include:

- Pain or distressing symptoms lasting more than 24 hours
- Uncontrolled or complex psychosocial or spiritual issues
- Multiple emergency department visits in one month, hospitalizations, or prolonged length of hospital stay, greater than five days, without evidence of progress
- Being in an ICU without evidence of progress
- Patient/family or staff needing assistance with making complex decisions and determination of goals of care
- A new diagnosis of life threatening or serious medical illness
- Assist with education on discharge and long term care planning
- Assist with advance care planning
- Offer support to the family in adjusting to and coping with patient’s illness
- Grief/bereavement support and counseling

The palliative care team provides a comprehensive medical, social, and psychological assessment of the patient and assists with identifying and coordinating appropriate care settings to meet patient needs. The team assists in managing symptoms of suffering such as pain, dyspnea, anxiety, delirium and spiritual distress to name a few.

The palliative care team cares for patients by providing extra time for patients to adjust to and cope with patient’s illness. It provides information and support to help patients understand their serious medical illnesses, options for medical care and how to set realistic goals of care. Assistance is also provided with discharge, long-term care planning and advance care planning. Of equal importance, palliative care supports patients’ decisions related to social, ethical and spiritual concerns.

Many insurance plans including Medicare and Medicaid cover palliative care. A study entitled Palliative Care Consultation Teams Cut Hospital Costs For Medicaid Beneficiaries published in the March 2011 issue of Health Affairs analyzed data from four New York state hospitals to determine the effect on hospital costs of palliative care team consultations for patients. It reported that, on average, patients who received palliative care incurred $6,900 less in hospital costs during a given admission than a matched group of patients who received usual care. These reductions included $4,098 in hospital costs per admission for patients discharged alive, and $7,363 for patients who died in the hospital.

With census projections estimating that by 2030 one in five Americans will be at least 65 years old, the use of palliative care will increase to meet the medical and spiritual needs of this rapidly growing patient population.

Dr. Michelle Thompson is a member of the American Board of Hospice and Palliative Medicine, American Geriatrics Society, and American College of Physicians American Society of Internal Medicine. She may be reached at (954) 351-5931 or Michelle.Thompson@holy-cross.com.

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The elderly are the fastest growing segment of the population. The U.S. Census Bureau estimates that those over age 65 will approach 20% of the population by 2030, while that segment of the population over 75 will quadruple in the next 50 years.

The reasons are multiple - the maturing of the “baby boom” generation, improved health care for chronic debilitating diseases, and a national commitment through the Medicare program to care for the elderly. In fact, mortality from cardiovascular disease, the leading killer of men and women in America and much of the developed world (and increasingly in the entire world), has declined steadily over the past two decades due largely to improved treatment for and survival from myocardial infarction (heart attack).

Ironically, these medical advances have increased the burden of medical care. People who formerly would have succumbed to a major heart attack, may well survive. Unfortunately, many now suffer from chronic congestive heart failure, which currently afflicts five million Americans and represents the greatest single Medicare expenditure. As medical therapies improve, and mortality rates decline, people are able to live longer, but, in many cases, with comorbid medical conditions.

These new medical realities bring with them new and perhaps previously unanticipated challenges. Care of the elderly tends to be very resource-intensive. Although currently only representing 13% of the population, those over 65 currently consume 36% of the U.S. health care dollar. And the effectiveness of that health care dollar has recently come into question. The United States spends more than twice that any other developed nation on health care, yet ranks well below tenth in estimates of infant mortality, avoidable death and other vital parameters. At the same time, health expenses continue to increase at a rate that exceeds the growth in GNP, a frustrating trend that erased advances in wages and income even in the most prosperous years. As a nation, we are now facing serious if not economically crippling issues of runaway national debt, forcing for the first time in our history the devaluation of our bonds, once felt to be amongst the most secure in the world. Medicare/Medicaid represents nearly one-quarter (23%) of the federal budget. Any reasonable plan for debt reduction will either need to curtail expenditure in this area, or drastically reduce expenses in other major areas such as Social Security (20%) and national defense (19%). In fact, drastic reductions in Social security would in and of themselves likely adversely affect the ability of the elderly population to maintain or access medical care, as less of a fixed income would be available for copayments, medications and other incompletely covered services. Certainly there are no simple solutions. Philosophically, the nation is severely divided and political will seems to be more focused on reelection than problem solving.

There are certain disturbing and medically pertinent facts, however, that should not be lost in the debate. Smoking is the cause of one in five deaths each year, more than one-tenth from second-hand exposure. Despite overwhelming public awareness campaigns, 20% of the adult population continues to smoke. “For people who do not smoke, excess weight and lack of sufficient physical activity may be among the most important risk factors for cancer,” John Seffrin, the Cancer Society’s chief executive officer, recently noted. That’s for cancer - the number two killer in the country. For cardiovascular disease, the number one killer, obesity and physical inactivity, and the attendant risk of diabetes, currently threaten to reverse the remarkable gains achieved over the past two decades in the improved awareness and control of blood pressure and hyperlipidemia.

As I personally approach the august years about which we speak, what occurs to me is that perhaps as a nation, what we fail to do to promote and preserve the health of the elderly tends to be very resource-intensive. Although currently only representing 13% of the population, those over 65 currently consume 36% of the U.S. health care dollar. And the effectiveness of that health care dollar has recently come into question. The United States spends more than twice that any other developed nation on health care, yet ranks well below tenth in estimates of infant mortality, avoidable death and other vital parameters. At the same time, health expenses continue to increase at a rate that exceeds the growth in GNP, a frustrating trend that erased advances in wages and income even in the most prosperous years. As a nation, we are now facing serious if not economically crippling issues of runaway national debt, forcing for the first time in our history the devaluation of our bonds, once felt to be amongst the most secure in the world. Medicare/Medicaid represents nearly one-quarter (23%) of the federal budget. Any reasonable plan for debt reduction will either need to curtail expenditure in this area, or drastically reduce expenses in other major areas such as Social Security (20%) and national defense (19%). In fact, drastic reductions in Social security would in and of themselves likely adversely affect the ability of the elderly population to maintain or access medical care, as less of a fixed income would be available for copayments, medications and other incompletely covered services. Certainly there are no simple solutions. Philosophically, the nation is severely divided and political will seems to be more focused on reelection than problem solving.

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Cover Story: Medicaid Long Term Care – The Times Are a Changing

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Managed long term care is the primary feature of this reform. The Agency for Health Care Administration has submitted to the federal Centers for Medicare and Medicaid Services (CMS) a 1915 (b) and a 1915 (c) waiver which will significantly change how long term care is funded in this State. With limited exception all long term care services will be provided by and/or through managed care companies. The waiver is currently under review at CMS.

A number of features of the reform represent major departures from current policy. The State of Florida has been divided into eleven health care districts (Miami Dade with Monroe, Broward is a single county district and Palm Beach is included in a district with several counties to the north and west). A managed care plan must develop a network which meets the needs of all the counties in the health care district. Managed care organizations (MCO) must if licensed risk bearing entities (HMOs), Provider Service Networks (PSNs), Accountable Care Organizations (ACOs) and the legislation authorize a role for Medicare Special Needs Plans to provide Medicaid long term care for dual eligibles (individuals with both Medicaid and Medicare). Managed care organizations will be selected through a “competitive bidding process” and the number of managed care entities selected will be limited. In Miami Dade County a maximum of 10 will be selected and in Broward the limited on managed care plans will be 5. All non-developationally delayed individuals seeking long term care services support by Medicaid will be required to enroll (or be assigned) to a managed care program. This includes both individuals currently living in nursing homes and the dually eligible.

Two other features of long term managed care are important. As with all managed care, MCOs will be provided a fixed risk adjusted per member per month, the more successful the plans are in moving individuals from institutional to community care, the better the balance sheet. In addition, incentives have been identified to move Medicaid support from nursing home to community long term care.

The Agency for Health Care Administration will release its Invitation to Negotiate for managed Medicaid long term care at the beginning of July 2012. This is the first step in implementing a long range plan to change the way long term services and supports are organized in Florida.

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“It’s not your grandparent’s retirement,” is an expression that is often heard when referring to the changing face of options available for adults as they reach the age of retirement. More and more, this comment is ringing true as adults face the thought of creating a meaningful, interesting new path for their lives. While traditional retirement pastimes still appeal to some, others now seek a different path. Often that path leads the inquisitive adults towards educational options.

Enter programs like the Lifelong Learning Institute (LLI) at Nova Southeastern University, part of the College of Osteopathic Medicine (NSU-COM). In existence since 1977, the LLI has evolved from its early roots as a “peer-led” educational program where adults shared their lifetime expertise with others in leading classes or discussions, to the current format where over 170 “mature” adults attend a wide range of multidisciplinary, primarily expert-led lectures. From politics to literature; classical music to jazz, the LLI engages with its members and the community to provide the most challenging curriculum. LLI members may also audit two classes per semester anywhere in the university thus creating enriching intergenerational learning opportunities for young and old alike.

The results of this educational infusion are irrefutable. LLI members report a tremendous, positive impact on their lives. As one long time member once said, “The LLI adds structure to my life. It enhances my thinking, increases my knowledge and mental stimulation.” Most people think of continuing education as the pursuit of another degree. While this is true in many cases for some older adults, enrolling in classes such as those at the Lifelong Learning Institute of Nova Southeastern University can also be strictly for fun, or enrichment. According to the National Center for Education Statistics, the percentage of older adults aged 50-70 who participate in continuing education is growing and does include credit and non-credit based programs. The point is, more and more adults are turning to education as a key component of their retirement plans.

Combining continuing education or specialized interests into the concept of retirement living is also a growing phenomenon. The term “niche retirement” is quickly becoming a buzz word in the retirement business as more and more adults demand different and unique options. And the industry is responding accordingly. According to Andrew Carle, Executive-in-Residence, George Mason University Program in Senior Housing Administration, times have definitely changed.

“Worldwide studies have shown that today’s retirees want three things – active, intellectually stimulating, and intergenerational retirement environments. They don’t want to retire to a rocking chair on a porch, and they don’t want to be separated from the rest of society.”

To answer this demand, some retirement communities are being developed to attract specialized interests including affiliations with universities (university-based retirement communities or UBRCs), artist colonies for older adults, astronomy, equestrian and even “hippy” communities.

Whatever the choice is, it is encouraging for maturing Boomers to know that there are choices beyond the “rocking chair,” bingo or mahjong options. Whether it is taking day classes at the Lifelong Learning Institute at NSU or moving into an all-service independent community which meets your needs and interests, there will soon be an option for everyone. Education is for everyone and everyone should keep their minds active through learning.

Linda Maurice is Director Lifelong Learning Institute, Nova Southeastern University, College of Osteopathic Medicine. For more information, contact (954) 262-8471 or LLI@nova.edu.

**The New Face of Retirement**

**BY LINDA E. MAURICE**
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