**Financial**

**Alexander Fernandez**

**Alexander Fernandez: Transforming Financial Management in Hospice Care**

**BY DANIEL CASCIAIO**

Alexander Fernandez, the Executive Vice President and Chief Financial Officer of VITAS Healthcare, brings a wealth of experience and a fresh perspective to the field of end-of-life care. With a strong background in healthcare financial management, Fernandez has taken on the challenge of optimizing financial performance and ensuring financial compliance at VITAS, one of the oldest and leading hospice providers in South Florida.

Fernandez’s decision to join VITAS earlier this year was driven by his passion for learning and embracing new challenges.

“I have always been a person who enjoys learning and new challenges,” Fernandez says. “When VITAS COO Joel Wherley approached me regarding the role, I began researching the organization and end-of-life care.”

Impressed by VITAS’ commitment to compassionate patient and family-centered care, Fernandez made the decision to transition from the acute care setting to the hospice industry. He recognized

**Advances In Technology**

**How AI Is Transforming Patient Care at the Lynn Women’s Health & Wellness Institute**

**BY DANIEL CASCIAIO**

The integration of artificial intelligence (AI) in healthcare has revolutionized patient care delivery, offering new opportunities for improved detection of diseases.

At the Christine E. Lynn Women’s Health & Wellness Institute in Boca Raton, FL, AI has been successfully implemented to enhance breast cancer prevention efforts. Dr. Kathy Schilling, the Medical Director of the Institute, shares her insights on how AI has transformed patient care and provides specific examples of its impact on breast cancer detection and diagnosis.

**Improving Cancer Detection with AI**

Officials at Boca Raton Regional Hospital conducted a study comparing the screening results of approximately 50,000 women before the implementation of AI with those of around 48,000 women after the adoption of AI technology.

The findings revealed that all fellowship trained dedicated breast radiologists demonstrated an improvement in their ability to detect cancer when utilizing AI.

**Future of Healthcare to Rely on Technology, Treating Patients Where They Live**

**BY VANESSA ORR**

Florida Health Sciences Center (FHSC), which comprises an array of organizations including Tampa General Hospital (TGH), has recently been expanding its brand from the west coast of Florida into the rest of the state. As one of the nation’s leading not-for-profit academic and research health systems, TGH works in partnership with the University of South Florida and hopes to provide communities in Palm Beach County and the Treasure Coast with access to high-end tertiary and quaternary care that is not currently available in those locations.

“Our goal is not to compete with local physicians and local community hospitals but to provide access to the higher-end clinical care accessed through an academic health system, such as transplant work, high-end cancer surgery, high-end neurosurgery, high-end cardiology, and high-end esoteric work,” explained President & CEO John Couris.

“While other systems are competing head-on with these physicians, we are not,” he continued. “I spent eight years as CEO of Jupiter Medical Center, so I know how great the medical care is in Palm Beach County. We want to collaborate with those systems; we’re there to provide complementary services for people who need access to academics along with the higher-end clinical care.”

Janet Henfield-Green has more than two decades of experience in the banking and finance industry, most recently in finance within the private sector with ARI Financial Group, which she joined in January 2022. The firm handles wealth strategies and planning for high-net-worth clients, by helping them protect their families and transfer their wealth and legacy through Whole Life Insurance. Prior to this, she served as Senior Vice President and Market Manager for a reputable Florida community bank, after serving in various roles with global banking institutions throughout Florida, New York, and The Bahamas.

Most recently, throughout her Community banking career, Henfield-Green has been involved in the communities that she served, namely through volunteering at Camillus House feeding the homeless, providing financial literacy discussions at Lotus House, a women’s shelter for domestic abuse; and local high schools teaching financial literacy. She has also served as treasurer with the North Miami Beach Chamber for the past four years where she met Evan Piper.

“After joining the private sector, I wanted to continue to be involved in the community that I served in causes that are

Continued on page 16

**About Joining Camillus Board**

**BY LOIS THOMSON**

Continued on page 21
I Scored a Triple … And Boy Am I Lucky

At first glance you’d say I’m crazy. You see I spent a good portion of the last week confined to bed at Baptist/Boca Regional with not just single or double pneumonia, but a nasty case of triple lobar pneumonia. How is that lucky you might ask? For the third time in my life, an amazingly conscientious physician didn’t take the easy way out and dismiss my symptoms when initial testing suggested no pneumonia. Luckily, he decided that the overwhelming lab evidence superseded a non-symptomatic chest x-ray and ordered a CT scan just to be sure. And lo and behold the CT scan showed pneumonia in three lobes of my lungs. Needless to say, he quickly started me on IV antibiotics and said I needed to stay a while. And I’m happy to report, I’m home now and “fully operational.” (Although Carol still insists, I just wanted to get out of walking Loki during the rainy season.)

About 30 years ago a similar incident happened to me with my primary care physician when Carol and I were living in Pensacola Beach. A routine annual physical, including bloodwork, showed a barely elevated PSA for my “youthful” 42 years. In the early 90s, other physicians might have missed this red flag, but my GP (that’s what we used to call PCPs) thought a prostate biopsy was indicated and my prostate cancer was diagnosed early and quickly removed by a pioneering surgeon in St. Louis.

And then (are you still with me?) about eight years ago, a great South Florida physician decided that an asymptomatic something in my bladder should be biopsied. The lurking bladder cancer also was quickly removed, and five years of very conscientious testing have left me cancer free as of today. I sincerely thank these diligent physicians for their insight and their willingness to always go the extra mile. Because I am here to attest that without them, I wouldn’t be walking any extra miles at all.

In short as of today, I may have scored a triple (pneumonia), but I am one lucky SOB.
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Malpractice Insurance

Updating Malpractice Insurance Policies Imperative When Taking on New Medical Roles

By Vanessa Orr

Physicians and other medical providers are always looking for new opportunities. Some may choose to open satellite offices or take on medical directorships, while others may appear as expert witnesses or serve as independent medical examiners. And while these additions to their practices may provide lucrative results, it’s important that these changes in a doctor’s professional life be shared with their liability carriers.

“We run into this all the time as agents; a physician opens a satellite office in a different state or takes on a new position, and they are so busy that it doesn’t occur to them that they need to update their insurance policies,” said Tom Murphy, Senior Vice President/National Health Care Practice, Danna-Gracey | Risk Strategies Company. “Unfortunately, the consequences can be dire.”

There are a number of reasons why a medical professional needs to update insurance information. One of the most common is when a doctor or practice adds a different location, or sets up a new location to provide ancillary services in a building that they already occupy.

“Doctors are trying to find ways to make more money and to build their practices, especially as reimbursements decrease,” said Murphy. “Some choose to open up medi-spas, or offer IV vitamin infusions or orthopedic joint injections because these are cash businesses that in most cases, insurance doesn’t cover.

“We find out later that they haven’t informed us or their insurance company,” he continued. “God forbid a claim comes in from this new practice and the doctor is doing things that were not indicated on their application or updated in the policy terms, their insurance will not cover them.”

While most carriers will allow doctors to do certain non invasive procedures such as Botox, Restylene, vein procedures and other injectables if they can document that they have the necessary training certificates or experience, they will not cover services that are not FDA-approved.

“Physicians providing independent medical examinations (IME) or expert witness testimony must also update their policies to ensure that they are protected. A lot of doctors treat patients for work related injuries or personal injuries and perform independent medical examinations on people who are not their clients,” Murphy explained. “An attorney sends them the patient’s medical records for review, and many doctors just assume that they are covered under their own med/mal policy. But they are not treating their own patients; they are giving expert witness testimony for someone else’s patient and there are separate policies for that.”

While many agents and insurance companies try to remind doctors about updating their policies when things change, it is up to the doctors to make sure that they have coverage for any new endeavor.

“What we want to avoid is doctors providing these services and getting claims that are going to be denied when they send them in,” said Murphy. “Even if they think they’re doing something innocuous, such as serving as an independent medical examiner or expert witness, they shouldn’t assume that they are covered.”

For more information, call Tom Murphy at (800) 966-2120 or visit www.dannagracey.com.
The Healthcare Revenue Cycle Optimization Checklist

Financial pressures in the healthcare industry are of great concern.

According to BDO’s 2023 Healthcare CFO Outlook Survey, financial pressures impacting hospital and health systems are of great concern to leaders in the field. Rising labor costs and interest rates combined with a lack of further COVID-19 government relief indicate that healthcare’s financial problems aren’t going away any time soon.

One way you can improve your organization’s financial stability in the year ahead is by optimizing your revenue cycle through workflow improvement, digital transformation, and aligning scarce resources to cash-generating activities. Focusing on these priorities provides the opportunity to address reimbursement challenges and bloated cost structures allowing for better management of financial resources to enhance financial performance and reduce uncertainty.

Need to re-evaluate your revenue cycle but not sure where to start? Use the below checklist to take the first steps toward optimizing the roles, processes, and technologies that can advance your revenue cycle performance.

**Optimize Roles**

- Create a Clinical Document Integrity (CDI) team
- Focus on creating a program with efficient workflows so you can address denial and payment issues. This includes the creation of joint operating committee structures tasked with managing payer-provider collaboration, issue resolution, and mediation. Highly formal and structured contracts will help you ensure issues are handled in a consistent, timely and standard manner with minimal ambiguity.

**Optimize Process**

- Design and implement a Denial Management Program
- Focus on creating a program with efficient workflows so you can address denial-related errors as quickly as possible. Your process needs to include data gathering, root cause analysis and clinical and financial expertise to drive process improvement recommendations.
- Create a process for handling post-payment audits

Over the last few years, the claim life cycle has become significantly more complex, with pre- and post-payment editing and auditing increasing exponentially. Now that post-payment audits are a regular fact of life as opposed to an occasional occurrence, you need a standardized process for handling them. Your priority should be to increase speed, efficiency and accuracy.

**Optimize Technology**

- Reduce interruptions
- Protect insurance revenue
- Improve accuracy of documentation and coding to support appropriate reimbursement and billing compliance

Which parts of the revenue cycle process do your clinicians and administrative staff need to actively “touch” to facilitate payment? Look for opportunities to automate these areas and reduce manual touchpoints. Specifically, consider areas like front-end access, claims management, claim follow-up, contract management and cash application and management.

- Use AI and RPA to streamline your processes
- Explore integrated technologies like robotic process automation (RPA) and artificial intelligence (AI) to expand the universe of work you can take off your staff’s day-to-day activities. Make sure you stay abreast of advancements in these technologies — as their capabilities expand, you can mature the automation behind your processes.

- Optimize your electronic health record (EHR) system and supporting technology
- To get the most value out of your EHR system, IT, clinical and revenue cycle operations need to work in tandem. Tune your technology to support efficient workflows will ensure you achieve optimal outcomes.

**How a Professional Service Provider Can Help**

BDO’s Revenue Cycle Optimization solution can help you gain an in-depth view of your revenue cycle, from registration and scheduling, through clinical documentation and coding, to back-end billing and accounts receivable management. Through this solution, we help our clients:
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Alfredo Cepero, Assurance Market Leader, BDO, can be reached at (305) 420-8006 or acepero@bdo.com.

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(646) 520-2870 / apirozzi@bdo.com

The Next Generation of Hospital Care in Your Own Home

In April, Cleveland Clinic launched the hospital care-at-home program in Vero Beach designed to care for acutely ill patients who would otherwise require admission to a physical hospital but choose to receive their hospital care in the comfort of their homes.

The Care At Home program is a first for Cleveland Clinic but part of a larger national movement. “Just a handful of Florida hospitals and a little more than 250 hospitals across the country are authorized to provide hospital care in a patient’s home,” says Richard Rothman, M.D., Chief Medical Operations Officer for Cleveland Clinic in Florida.

Patient eligibility for Cleveland Clinic’s program is based on a complete medical evaluation in either the Emergency Department or within one of the hospitals inpatient units at Cleveland Clinic Indian River Hospital. “Individuals who meet the criteria are offered the choice to receive hospital care at home or in a traditional hospital setting,” says Dr. Rothman.

Studies have shown that the hospital at home model can provide patients with similar or improved clinical outcomes, lower readmission rates, and fewer complications than traditional inpatient care. Surveys also demonstrate higher levels of patient and family member satisfaction than with traditional care.

Cleveland Clinic’s Care At Home program is staffed by highly experienced nurses and dedicated hospital medicine physicians, also called “virtual hospitalists.” A number of ancillary service providers and logistical support personnel round out the team. Patients and their family members are connected to the state-of-the-art Clinically Integrated Virtual Care (CIVC) Center around the clock and can speak with a caregiver immediately with the push of a button.

“We want to deliver a seamless, home-based hospital care experience that helps patients heal faster in the comfort of their home,” says Dr. Rothman.

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Memorial Healthcare System Raises Wages for Nearly 2,000 Employees

Health Leader Makes Additional $2 Million Investment in Its Workforce

Memorial Healthcare System, which employs more than 13,000 South Floridians, has raised its minimum hourly wage to $16. The increase positively impacts nearly 2,000 people, more than 10% of Memorial’s workforce, and took effect earlier this month.

The increase was unanimously approved by commissioners of the South Broward Hospital District, the public healthcare system’s governing board. It represents an additional investment of more than $2 million in the regional workforce.

“We’ve taken this step because we’re dedicated to providing all members of the Memorial family with the resources they need to remain personally and professionally satisfied,” said K. Scott Wester, president and CEO of Memorial Healthcare System. “By investing in our employees, we also invest in their families, and the larger South Florida community we serve.”

The pay raise also increases the value of Memorial’s benefit packages, including paid leave, disability leave, and contributions the system makes to employee retirement plans.

The minimum wage in Florida is scheduled to increase to $12/hour later this year. Memorial’s previous minimum hourly wage for employees was $15.

With more than 15,000 employees in South Florida, Memorial competes for local talent not just with other healthcare providers, but with other industries as well. Its new minimum hourly wage compares favorably to large organizations in retail, travel, and hospitality.

Choosing the Right Business Entity Can Affect Tax Savings, Compliance

BY VANESSA ORR

When setting up a business entity, many physicians make it a priority to ensure that whatever they choose—from sole proprietorships to C corporations to Single- or Multi-Member LLCs—provides them with the legal protections they need. But they may also want to consider how each entity affects their tax liability.

According to Marc Egort, CPA, P.A., the entity that a person chooses can affect everything from compliance to potential tax savings.

A single-member limited liability company, for example, is treated the same way as if a taxpayer was a sole proprietor, all income from providing services and any deduction expenses incurred in providing that income is put on a Schedule C as part of the payor’s personal tax return.

Because it is all considered self-employment income, there are two types of taxes that they will have to address,” explained Egort. “One is income tax, of course, and the second is self-employment tax, which is based on the net self-employment income.”

Compliance is simple, as physicians don’t have to do a separate corporate income tax return, payroll, or even keep separate books. The most important thing is that physicians do not commingle their business and personal accounts.

A subchapter S corporation, on the other hand, is a separate entity from the taxpayer. The corporation does not pay income tax, as any net taxable income flows over to the taxpayer on their personal return.

“There are potential tax savings with this entity in the areas of payroll tax/self-employment tax,” said Egort. “Whatever net taxable income there is flows to shareholder, who only pays income tax on the net taxable income; they do not pay self-employment tax.”

To stay in compliance, however, the shareholders must agree to IRS rules that require them to pay themselves reasonable compensation and pay into payroll taxes based upon the services that they provide. Egort advises physicians to meet with a CPA to discuss where potential savings might lie in relation to compensation, which is subject to payroll tax, versus the distributions of profits, which are not.

“While there are potential tax savings, more compliance is involved including not just a subchapter S corporation tax return, but a real set of books to get to the tax return,” said Egort. “The taxpay-er also has to engage in payroll, which they can do themselves and pay into payroll taxes or hire a payroll service to prepare regular checks and to pay into payroll taxes.”

A C corporation also works as a separate entity from any of its shareholders, but does pay income taxes on its taxable income. “Unless there is a compelling reason to be a C corporation, such as the shareholder not being a U.S. resident, most physicians do not choose to be C because of double taxation,” said Egort. “The corporation not only pays income tax on its income, but if shareholders take distribution of any dividends, they pay taxes on those dividends as well.”

Multi-member LLCs provide physicians with more options. They can choose to tax themselves like C corporations or tax themselves like partnerships, which have a few more moving parts.

“Similar to an S corporation, the LLC allocates its income on a pro-rata basis to all of the members, and that income is subject to self-employment tax in the same way that a single-member LLC is,” said Egort. “It is helpful to do some tax planning to discuss guaranteed payments to partners versus profits distributions; most likely, partners are subject to self-employment tax if they are providing services whether they are receiving profits distributions or not.”

Egort notes that it is important for physicians to understand that in S corporations or partnerships, they are not taxed on what they take as distributions, but on what the company earned.

“If a company earned $100,000 and a partner took no money out, he or she would still pay taxes on that $100,000,” he said.

He added that the ability to take deductions for all of those entities is primarily the same; if incurring an expense on behalf of generating income, for the most part, that expense is deductible in one form or another.

“It’s important to talk to your accountant, because taxable income is a moving target,” said Egort. “While the entity doesn’t change, people’s resources change in terms of revenue models, types of services they’re providing, or whether they’re incurring more overhead. Any change from the ordinary should be discussed with your accountant.”

For more information, contact Marc Egort at (754) 301-2183 or email marc@egortcpa.com.
The Rising Prevalence of Metabolic Associated Fatty Liver Disease and Its Impact on Hispanics

Metabolic Associated Fatty Liver Disease (MAFLD), previously known as non-alcoholic fatty liver disease (NAFLD), has emerged as a global health concern, particularly in the United States. A recent study presented at the Endocrine Society’s annual meeting in 2023 shed light on the increasing prevalence of MAFLD among U.S. adults. The study also revealed notable disparities in the prevalence of MAFLD, with Mexican Americans experiencing the highest rates. This article aims to explore the reasons behind the prevalence of MAFLD, discuss preventive measures, and delve into the factors contributing to the higher occurrence among Hispanics.

The Growing Prevalence of MAFLD

According to the study, both MAFLD and obesity have seen a steady increase over the years. However, the prevalence of MAFLD has risen faster than obesity, indicating that other risk factors, such as diabetes and hypertension, may contribute to its emergence. From 1988 to 2018, the percentage of individuals with MAFLD increased from 16 to 37%, marking a 131% rise. In comparison, the rate of obesity increased from 23% to 40%, representing a 74% increase during the same period.

Reasons for the Increase in MAFLD

The prevalence of MAFLD has been steadily increasing, raising concerns about its impact on public health. Understanding the reasons behind this rise is crucial for effective prevention and intervention strategies. There are three primary reasons:

1. Lifestyle Factors: Sedentary lifestyles and unhealthy dietary habits have become prevalent. Consuming excessive amounts of processed foods, sugar, and unhealthy fats, combined with a lack of physical activity, can lead to weight gain, obesity, and metabolic disorders such as MAFLD.

2. Diabetes and Hypertension: The concurrent increase in diabetes and hypertension rates has likely contributed to the current increase in diabetes and hyper-tension, which may contribute to liver damage and metabolic disturbances.

3. Environmental Factors: Exposure to air, water, and food contaminants may play a role in the development of MAFLD. Moreover, socioeconomic factors, such as limited access to healthcare, education, and healthy food options, can also contribute to the higher rates of MAFLD within specific populations, including Hispanics.

Preventive Measures for MAFLD

Preventing MAFLD is essential for liver health and overall well-being. By adopting a healthy lifestyle, managing weight effectively, and prioritizing regular check-ups, individuals can reduce their risk of developing MAFLD.

Healthy Lifestyle
- Engage in regular physical activity.
- Maintain a balanced diet of fruits, vegetables, whole grains, and lean proteins.
- Limit alcohol consumption.

Weight Management
- Maintain a healthy weight, particularly around the abdomen.

Regular Check-ups
- Schedule health screenings to detect and manage risk factors like obesity, diabetes, and hypertension.

By implementing these preventive measures, individuals can protect their liver health and lower the risk of MAFLD.

MAFLD and the Hispanic Population

The study highlighted a notable racial and ethnic disparity in MAFLD prevalence, with Mexican Americans exhibiting the highest rates. While MAFLD affects Hispanics more often, it is crucial to note that the increase in prevalence was higher among Whites. The study reported a 133% increase in MAFLD cases among Whites from 1988 to 2018, compared to 61% among Mexican Americans and 56% among Blacks.

Reasons for the Higher Prevalence Among Hispanics

Among the reasons contributing to the higher prevalence of Metabolic Associated Fatty Liver Disease (MAFLD) among Hispanics, several key factors stand out. First, genetic predisposition plays a role, as certain genetic variations can increase susceptibility to metabolic disorders, including MAFLD. Additionally, cultural factors come into play, as dietary preferences and practices in traditional Hispanic diets, which may include high-fat foods and sugary beverages, can contribute to the development of metabolic disorders. Moreover, socioeconomic factors, such as limited access to healthcare, education, and healthy food options, can also contribute to the higher rates of MAFLD within specific populations, including Hispanics.

Conclusion

The rising prevalence of MAFLD poses a significant public health challenge, with implications for liver health, cardiovascular disease, and type 2 diabetes. Lifestyle factors, including poor diet and sedentary behaviors, coupled with the increased rates of obesity, diabetes, and hypertension, have contributed to the growth of MAFLD cases. Preventive measures, such as adopting healthy lifestyle habits and regular medical check-ups, can help mitigate the risk of developing MAFLD. Understanding the factors contributing to the higher prevalence of MAFLD among Hispanics, including genetic predisposition, cultural practices, and socioeconomic factors, is crucial for developing targeted interventions and reducing health disparities in affected communities.

Dr. Aymin Delgado-Borrego serves as the director of hepatology at KIDZ Medical Services’ division of pediatric gastroenterology, hepatology and nutrition. For more information, visit www.kidzmedical.com.

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BY BARBARA R. FALLON

Newly installed president of DCMA, Carmel Barrau M.D., FACP, first Haitian-American to be appointed to the Board of Medicine of Florida, is a strong proponent of organized medicine. He explains why.

“As physicians we are trained and practice within the clinical quality guidelines of patient care delivery. However, we need to be participating members in medical associations in order to confer among peers, keep abreast of technology, learn about the business side of medicine (finance, legal, AI, practice models and other pragmatic decisions to weigh) and be proactive in political issues relating to health care,” he said.

Dr. Barrau is Co-founder of the Herbert Werthem College of Medicine at Florida International University, where he also chairs the Dean’s Advisory Council for the College and also is a board member of the FIU Foundation. He earned his undergraduate and medical degrees from State University School of Medicine Port-au-Prince, Haiti. He completed his internship and residency at the University of Miami, Jackson Memorial Hospital, and received numerous commendations throughout his career. He has been an active voice in the Miami Mecca of health care for the past 30 years serving as a leader and advisor in patient care, peer review, and medical education.

As he assumes his role he said, “As active DCMA members we have opportunities to expand our skills and advocacy for our profession, our specialties and ultimately provide the best health care for our patients.”

Neighborhood Partnership

Dr. Barrau practices in an area he considers underserved and is familiar with the issues of treating patients from underserved areas. He realizes that poor lifestyle choices in nutrition, exercise, social and cultural issues, and substance misuse are pivotal causes of diseases such as stroke, high cholesterol, and COPD - in addition to non-compliance with a care plan.

“A young mother may bring her child into the ER frequently for dangerous asthma attacks and be labeled a frequent flyer or an uncaring mother. However, she may be working two jobs to put food on the table for her family and the ER route is the only health care available to her in off hours,” he explained. “That’s a social issue that impacts the delivery of care for her child. Providers of care need to advocate not only for quality but for access so that our patients can comply with a care plan.”

One of the successful paths he outlined to make inroads to access and cultural empathy is programs sponsored by medical schools and universities (like Florida International University) to rail against taboos or cultural traditions can be an important step to establishing trust in modern medicine. “This integration of students is a vital exposure for the next generation of health providers to go beyond hand-aid solutions,” he explained.

Education and Communication

As a testament to his beliefs, Dr. Barrau practices what he preaches. He gathered a readership publishing health information columns in the Miami Times and producing ethnic-related radio shows dealing with common health topics and promoting preventive medicine. He practices in underserved communities and promotes health screenings and preventive care.

Inclusive Recruitment and Peer Support

Other areas of interest which he pledges that DCMA will augment are recruiting and recognizing the importance of physician diversity to address health disparities, accessibility, and affordability. He believes the inclusivity of both male and female physicians from multiple cultures and ancestries serves to provide an enhanced understanding of the many non-medical issues that impact health care compliance.

Finally, an awareness of the prevalence of increasing stress on health providers, further aggravated by the pandemic, is front and center for the DCMA leader. Programs to bolster mental health and wellbeing among colleagues are ongoing to help avoid burnout and all negative consequences of stress on physicians.

“We need to take time to recharge regularly with peers and family in order to be able to best help our patients,” Dr. Barrau emphasized.

According to Dr. Barrau, another goal is to support and reinforce professional credentials and ethical standards of patient care.

“We doctors don’t work in silos and certainly appreciate the value of other clinicians in a team environment of care giving. However, for the sake of continuity and standards of care, we must advocate for credentialed skills before supporting non-physician utilization of some levels of clinical technology,” he stressed. “For example, a week-long course in cardio-thoracic care does not equal the knowledge gained from the years of medical training and experience a physician completes in order to assess and deliver appropriate care, and our patients deserve the best in life-saving care.”

Dr. Barrau encourages peers to get involved with their time and energy. “The Dade County Medical Association provides opportunities for physicians and medical students to learn, share, volunteer, and advocate for our profession and our patients. It is never too early or too late to join,” he summarized.

For more information, visit www.miamimed.com or call (305) 324-8717.

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Dr. Carmel Barrau
Securing Florida’s Health Care Future Requires Investing in Graduate Medical Education Today

Most physician residency programs (graduate medical education or GME) start this month. Medical and osteopathy school graduates who earned a residency spot start the next stage of their medical education. First-year interns become second-year residents. Second-years become third-years, and so on. It’s a big day for individuals on a journey to become pediatricians, cardiologists, psychiatrists, neurologists, or any of a number of other specialties needed to provide a full array of health care for Floridians of all ages.

Increasing the number of residency opportunities in Florida hospitals is essential for addressing the physician shortage, which is projected to reach 18,000 by 2035. Where a resident completes his or her training is highly predictive of where he or she will eventually practice medicine.

Of Florida’s nearly 8,616 residents who completed training between 2012 and 2021, 63 percent stayed in the state after completing their residency to practice medicine, according to the Association of American Medical Colleges. That’s why it is so critical that Florida has robust and multi-specialty residency programs and enough residency positions.

Florida has 281 residency programs and 4,126 residents in training. In comparison, California has 474 residency programs and 9,095 residents in training. Residency training can range from three to eight years, depending on the specialty, and the cost can range anywhere from $35,164 to $226,331 per resident per year.

Lack of funding is one of the biggest barriers to increasing the number of residency programs and residency positions. Medicare is the largest single program providing financial support for GME, but the number of Medicare-funded GME residency slots/positions for each hospital is capped. Medicare provides no funding for residents that exceed each hospital’s cap. Medicare payments support just 75 percent of Florida’s medical residents.

This stagnant funding formula also has failed to keep pace with the significant increase in Florida’s population, resulting in inequitable Medicare funding distribution to states like New York and Massachusetts that are receiving substantially more GME funding than Florida.

Recognizing the need for solutions and funding, both the U.S. Congress and the Florida Legislature have made much-needed investments in GME. The Florida Legislature recently increased GME funding by 48 percent.

The state’s budget for 2023-2024 includes an additional $93.8 million for a total of $191.08 million for the statewide residency program and a recurring $30 million to create the Slots for Doctors program to expand the number of residency slots. New program supports the creation of 300 residency positions in specialties identified as being in short supply, including cardiology, endocrinology, gastroenterology, family medicine, and vascular surgery.

At the federal level, Congress appropriated new funds in 2021 and 2023 to increase the number of Medicare-funded residency slots.

The Consolidated Appropriations Act of 2021 funds 1,000 new Medicare-supported GME slots through FY 2031, and the Omnibus budget package passed Congress in late December 2022 includes 200 additional Medicare-funded GME slots beginning in 2026. These additional funded slots are nationwide and not guaranteed for Florida. But, although this funding supports only a fraction of the number of residencies needed to solve the physician shortage, it is an important acknowledgment of the critical need for more physicians.

Between 2021 and 2022, no state grew more quickly than Florida. Having enough physicians to care for this growing and aging population is a challenge that cannot be met without new residency slots.

Consultants in vendors, suppliers and other industries that have touchpoints in healthcare and have an interest professionally to improve the field. To realize the truth of that statement, one just has to examine Christiaans’ professional background.

Christiaans is a director at Huron Consulting Group, a management consulting firm that offers services to multiple industries, including healthcare, life sciences, commercial, and higher education. “I’ve been consulting since college,” he said, commenting that his previous experience included working at the Big Four, Arthur Andersen, KPMG, and Deloitte. Christiaans stated that all of it had been consulting work in different industries doing different tasks, but the commonality that ties them all together is that he’s been in what’s called the ERP – or enterprise resource planning – world. What that means is that for most of his career he’s worked with different clients to implement software for their human capital, their financials, and their supply chain.

With consulting as his background, why was Christiaans interested in joining ACHE? He explained that when he was in college, he completed his MBA in healthcare administration at the University of Miami. “I did a fair amount of work while I was going through graduate school in different departments at the University of Miami’s Medical Campus. The administrator for the Mailman Center for Child Development where I was working at the time was a member of ACHE. He was a fellow and he introduced me to the organization.”

Christiaans admitted he fell away from the association for a while after joining as a student, but said, “I reactivated my membership about five years ago, and I’m very happy I did.” He acknowledged that ACHE is a wonderful organization, saying it has always been a great opportunity, “not just for me personally but for others as well to network and bridge connections with folks in healthcare space.”

With his consulting background, Christiaans said healthcare has always been an industry at the top of his mind, and he decided to start pursuing a fellowship with ACHE and is in the process of doing that now. With considerable board experience in his background, and a willingness to volunteer his time, he applied for a position on the South Florida Chapter board, offering to help in whatever way he could.

The result was being asked to serve as sponsorship chair-elect, and now as sponsorship chair. He said, “My role is to bridge those connections with vendors and providers in healthcare that might have a benefit in sponsoring ACHE. And it’s a two-way street, with ACHE also providing benefits for our sponsors in terms of bridging connections with other members, to get the word out about what these services are that our sponsors provide.”

In addition, while saying that he doesn’t have a lot of time, he said, “I see enormous value in making sure that the organization is in good health and that we broaden our membership.”

Christiaans said he absolutely encourage others to join ACHE – for many reasons. “Whether they’re students who are getting their foot in the door with the organization, all the way through to senior executives and CEOs of hospitals, care providers, or pharmaceuticals; it benefits anyone in the healthcare space to be part of the organization because it does represent a group that touches so many healthcare interests and perspectives. Most of the senior leadership in hospitals is in some way involved with ACHE, and if they’re not, they should certainly consider joining.”
The extra effort will produce added revenues and healthier people.

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Communication also includes listening to patients’ concerns and answering

any questions they may have. By improving communication, patients will feel more informed and empowered, which can help alleviate anxiety. After that (and some providers are already doing this), look for simple ways to incentivize your patients. This can include rewards for attending regular check-ups or completing preventative health measures, such as getting a flu shot or mammogram. By offering fun recognition, patients will feel more motivated to seek medical care. Bottom line is this, with COVID in the rear-view mirror, we need to do everything we can to get the population to focus on preventative care and scheduling procedures they have put off. Look for ways to win back patients and their families.

The extra effort will produce added revenues and healthier people.

when it comes to patient care

– win them back

How is your organization doing at wooing back patients? I’m not talking about the ones who need to go to you, but the ones who look forward to going to you for preventative care. During COVID many people, mostly out of fear, put off going to the doctor for items ranging from regular visits to both elective and required surgeries. As we enter the summer months free of masks and other precautions, health care organizations have a responsibility to ensure that patients feel comfortable and confident about seeking medical care. Unfortunately, even prior to the pandemic, many patients dreaded going which can lead to bigger issues. However, there are several strategies that providers can use to get patients to look forward to going to the doctor. For example, always create a welcoming and comfortable environment for patients. This can include providing comfortable seating, soothing music, and calming colors on the walls. Additionally, ensure that facilities are clean and well-maintained, which can help patients feel more at ease. Everyone should also be looking for ways to improve communication with patients. This can include providing clear and concise information about medical procedures, medications, and treatment options. Communication also includes listening to patients’ concerns and answering any questions they may have. By improving communication, patients will feel more informed and empowered, which can help alleviate anxiety. After that (and some providers are already doing this), look for simple ways to incentivize your patients.

“Tampa General Hospital’s John Couris Recognized as a Top Health Care Leader

The TGH president and CEO was honored for his leadership in driving health care transformation in Florida and beyond.

John Couris, president and CEO of Tampa General Hospital (TGH), was recently named a top health care leader in the U.S., according to the Becker’s Hospital Review’s 2023 “Great Leaders in Healthcare” list. His inclusion on the list reflects his ability to not only lead, empower and support his organization’s thriving team, including its world-class physicians, but also his efforts to transform care delivery and increase his region’s and state’s access to world-class patient care.

“I’m honored to receive this recognition as it’s not just a recognition of me, but is a symbol of the hard work our leaders and teams are doing inside our organization to ensure that our team members feel supported and valued, and also the work of our organization to innovate the delivery and access to the highest quality care possible across this state and beyond,” Couris said.

For Couris, team members are a top priority. He recognizes that when team members are better supported, they can then provide the best care to patients. This focus on team member engagement and enhancement is why TGH is continually recognized nationally for its impact and commitment to creating a culture of personal and professional development for all team members.

During his tenure, Couris has spearheaded a wide range of programs and partnerships at TGH to enhance patient care and inspire broader health care industry innovations. One program that he is particularly passionate about is the evolution of the Tampa Medical and Research District. The district, inspired by renowned medical districts across the country, houses a growing hub of world-class clinical care, academics, research and biotechnology anchored by TGH and the USF Health Morsani College of Medicine.

To accelerate TGH forward in creating a health care network to better serve the entire state of Florida, Couris has also announced a $350 million master facility plan. As the largest expansion in the hospital’s history, the master facility plan includes a new 500,000-square-foot patient tower, which will include 136 additional in-patient beds; a free-standing emergency department; a TGH Cancer Institute hub for diagnostic testing, treatment and support services; a building to be outfitted for administrative, educational and training space; a sterile processing facility; and renovated main operating suites.

Projects that have opened since the master facility plan was announced in 2021 include a new ICU; renovation of the regional Burn Center and Burn ICU, which is one of only two American Burn Association (ABA)-verified adult and pediatric burn centers in Florida; and a new 2,000-space team member parking garage.

Tampa General Hospital has also been creating a framework of state-of-the-art services for patients in the Palm Beach County and Treasure Coast areas with the expertise and innovation of a preeminent academic medical center. The Florida East Coast initiative began with an alliance with the Cancer Center of South Florida and then the gastroenterology group of the Palm Beaches. Since the alliances began, TGH has continued to grow its services. The TGH Digestive Health Center, formerly known as the TGH Gastro Group of the Palm Beaches, recruited Dr. Sonja K. Olsen, a board-certified internist, gastroenterologist and transplant hepatologist from NYU Langone Health in New York City.

The TGH Cancer Institute in Palm Beach County includes West Palm Beach-based Dr. Robert Scoma, an thoracic surgical oncologist, and Dr. Jason Hechtman, a breast cancer surgeon. Tampa General has established TGH General Surgeons of the Palm Beaches with renowned West Palm Beach robotic surgery specialists Dr. Daniel R. Higgins and Dr. Itzhak Shasha, along with TGH Advanced Kidney Care and TGH Imaging. TGH also recently announced its first East Coast concierge physician, Dr. Laurie Rothman.

John is not only shaping TGH into one of the country’s leading academic health systems, but is also helping to grow the region into an innovative medical and research destination,” said Phil Dingle, chairman of the Tampa General Hospital Board of Directors. “His exceptional work is advancing and inspiring the next generation of medicine – a team conducting advanced research that saves lives, adapts to changes in health care and cares for the sickest patients with the most complex conditions.”
Nicholas Ortiz

A seasoned healthcare attorney with more than 12 years of experience, Nicholas Ortiz serves as Senior Associate General Counsel of Broward Health, one of the ten largest public healthcare systems in the United States.

Ortiz's legal career has focused on representing large hospital systems in a range of transactional, regulatory, and litigation matters as both in-house and outside counsel. He has particular experience with managed care law, healthcare fraud and abuse laws, Medicare/Medicaid regulations, and antitrust law.

At Broward Health, Ortiz provides day-to-day legal guidance to the organization’s systemwide Managed Care department, among other responsibilities. He and another attorney in the legal department are jointly responsible for all legal aspects of Broward Health’s relationships with health insurers, including negotiating contracts with insurers and managing and directing outside counsel in complex litigation against insurers. He has at various times both actively litigated successful cases against health insurance companies on behalf of Broward Health as outside counsel and managed and directed such cases as Broward Health’s in-house counsel. Ortiz has actively litigated or managed cases which have recovered nearly $20 million cumulatively for Broward Health from health insurers. Ortiz also ensured that Broward Health achieved systemwide compliance with the No Surprises Act by January 2022.

Prior to joining Broward Health, Ortiz served as partner, senior counsel, and associate in the Miami office of Lash & Goldberg LLP, a healthcare litigation boutique. In that role, he primarily represented large hospital systems and physician practices in managed care litigation and government investigations. Prior to moving to Miami, he served as an associate in the antitrust practice group of Cleary Gottlieb Steen & Hamilton LLP in Washington, DC. Ortiz began his legal career as a law clerk to Judge Gabriel GoreNSTein of the U.S. District Court for the Southern District of New York.

Ortiz earned a B.A. in economics and history from Dartmouth College in Hanover, NH, and a J.D. from Columbia University in New York, NY.

Tom Hathaway, MPA

As Vice President of Operations for Holy Cross Medical Group, a multi-specialty physician employed group of more than 130 physicians providing services throughout Broward County, Tom Hathaway, MPA, is responsible for executing strategic growth initiatives, including patient access, network integrity, ambulatory growth, enhancing practice operations and improving patient experience. He also oversees directors of key service lines. Hathaway was previously executive director of the orthopedics and sports medicine department at Holy Cross Health before he was promoted in 2021 to Vice President of Operations for Holy Cross Medical Group. Hathaway graduated from Fairfield University with a Bachelor of Arts in Psychology and earned a Master of Public Administration with a specialization in health finance from New York University Robert F. Wagner School of Public Service. He is a member of the American College of Healthcare

Trisha Hewes, Esq.

Trisha Hewes, Esq., serves as general counsel and senior vice president of public affairs and marketing for MorseLife Health System. In addition to her duties as general counsel, she is responsible for leading the senior care organization’s market development team in building business for its on-campus and home-based health care services. Since she joined MorseLife in 2014, new and expanded service lines have included memory care, short-term rehabilitation, independent living, affordable assisted living, hospice and palliative care. Hewes also directs all internal and external communications for MorseLife including The Donald M. Ephraim Sun & Stars International Film Festival and MorseLife Foundation initiatives such as NOW for Holocaust Survivors and the Holocaust Learning Experience presented by MorseLife NEXT GENERATIONS. Certified as a Florida Supreme Court County Court Mediator, she received her law degree from Nova Southeastern University following an undergraduate degree from Palm Beach Atlantic University.

Randy T. Wolan, CPA, CFE

As Senior VP of Finance and Chief Financial Officer of MorseLife Health System, Randy T. Wolan is responsible for the financial planning and oversight of multi-million dollar budgets for nine entities. He first joined MorseLife as controller in 2014 and during his nine-year tenure in that role the organization saw 350% revenue growth and 90% asset growth. His department is responsible for all payroll, accounts receivable, accounts payable, management and Board of Director financial reporting, external GAAP reporting, IRS information returns, and Medicare and Medicaid cost reports for nine entities. Other duties include management, implementation, and assurance of all internal control procedures across all financial reporting processes and procedures. A certified fraud examiner and certified public accountant, Wolan received a bachelor’s degree in accounting from Lake Erie College in Ohio.

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South Florida Hospital News  southfloridahospitalnews.com  July 2023  11
Floridians Telehealth Use Likely to Grow, but Some Will Need Convincing

We’ve surely all experienced this unpleasant reality of face-to-face health care: driving through South Florida traffic only to sit for what seems like forever in a doctor’s office or urgent care center, trying not to breathe as people around us hack and sneeze. The COVID-19 pandemic showed us a different way, introducing countless Americans to the possibility of accessing health care in their pajamas and fuzzy slippers, all from the privacy of their own homes. This is the ease of telehealth, whose use grew by more than 154% at the start of the pandemic, according to the U.S. Centers for Disease Control and Prevention.

Besides allowing people to access care without risking the spread of COVID-19 or other diseases, the rise of telehealth also provided a welcome to residents of rural communities with limited access to specialized care and those with mobility challenges due to disability or lack of transportation.

The American Hospital Association reports that 76% of U.S. hospitals are using telehealth to connect with patients and consult with practitioners, leveraging videconferencing, virtual check-ins, remote monitoring, and electronic consults.

A recent survey conducted by Sachs Media found that 62% of Florida residents have participated in some type of telehealth visit, including 59% in the past three years. By far, the biggest reason Floridians gave for telehealth use was convenience due to time constraints (47%). For others, there was no better alternative: A telehealth visit was the only option offered to 28%. And nearly a fourth (23%) cited fear of exposing others’ illnesses.

The survey underscored the important access telehealth provides to some populations: 14% said they used telehealth because of difficulty accessing health care professionals where they live, and 7% noted limited access to specialists. More than 1 in 10 said mobility limitations drove their choice (11%).

In the same way that many American consumers have willingly traded strolling through malls for shopping online, the research suggests acceptance of telehealth is likely to grow: 9 in 10 Floridians surveyed (89%) say they’re open to the idea of participating in at least one type of telehealth service, especially for prescription renewals (81%); discussion of lab test, X-ray, or MRI results (69%); and urgent care for a cold, cough, or stomach ache (55%).

Still, universal acceptance of telehealth will require some persuasive communications, especially among the 1 in 9 Floridians who currently say they’re not open to any type of telehealth services in the future. Not surprisingly, resistance is greatest among older Floridians, with 15% of those older than 45 indicating a lack of interest—almost four times higher than those under 45 (4%).

Effective, fact-based, persuasive messaging will help skeptics overcome their concerns, including fears that telehealth means reduced quality of care (31%) and speed and accuracy of detecting illnesses (28%).

From a policy standpoint, telehealth appears to be here to stay. While the COVID-19 public health emergency (PHE), issued by the Biden Administration, ended on May 11, 2023, the Consolidated Appropriations Act of 2023 extended many of the telehealth flexibilities through the end of 2024 and made other provisions permanent, including those allowing Medicare patients to access behavioral/mental health services via telehealth.

The PHE also authorized providers to prescribe controlled substances via telehealth without risking the spread of COVID-19, with progressive policies dating back to Florida was an early leader in telehealth, with progressive policies dating back to 2014. A wide array of services can be delivered via telehealth in the Sunshine State, and the Florida Legislature signaled a willingness to expand this method of health care delivery last year when it removed a ban on prescribing most controlled substances via telehealth in 2022.

However, telehealth’s growth potential will surely lead to more growing pains, calls for regulatory action, and an evolving public dialogue around the future of digital health and access to care.

Proponents of telehealth will have to continue to navigate shifting legislative viewpoints and regulatory policies at both the state and federal levels—while bolstering public acceptance and overcoming pockets of reluctance. That’s where a strong, tailored message, compelling data, and the right messenger could make all the difference.

The Sachs Media survey of 415 Florida voters was conducted via a random sample of the Florida Voter File, February 14-16, 2023. The margin of error is +/- 4.8% at a 95% confidence level. Results are representative of Florida voters in terms of age, race, gender, political affiliation, and region of the state.

Michelle Ubben is the President and CEO of Sachs Media.

Michelle Ubben is the President and CEO of Sachs Media.
Broward Health has continued to make investments in next-level innovative new medical technology advancements resulting in better patient outcomes, easier recoveries and more efficient care. That’s part of Broward Health’s commitment to providing the highest quality healthcare options to the community.

What began as a 45-bed hospital converted from an early 1900s apartment building, Broward Health has grown into one of the 10 largest public health systems in the U.S. What has not changed is Broward Health’s dedication to the community.

Now in its 85th year, Broward Health is leading the way in medical innovations for patients, led by exceptional physicians, nurses and clinical staff. Here are some of the highlights in advancements made at Broward Health this year:

**Florida’s First Genesis Robotic Magnetic Navigation System by Stereotaxis**

Broward Health has been distinguished as a premier center for cardiovascular care, offering patients a full continuum of heart and vascular care, including advanced diagnostics, innovative treatments and customized cardiopulmonary rehabilitation.

**Broward County’s First Single-Port Robotic Surgical System**

In May, Broward Health Medical Center unveiled Intuitive Surgical’s da Vinci single-port robotic surgical system, the first in Broward County. The new single-port robotic technology is the latest iteration of robotic technology that allows surgeons across multiple specialties to perform complex procedures with more camera visibility, precision and maneuverability through a single incision. The da Vinci single-port robotic surgical system will advance Broward Health’s surgical offerings in head and neck trans-oral surgery and urologic surgery.

**State-of-the-Art Cardiac Catheterization Lab Expands**

As part of its multi-million-dollar investment in advanced cardiac care, Broward Health celebrated the opening of the second cardiac catheterization lab at Broward Health Coral Springs. The hospital’s new 4,102-square-foot bi-plane cath lab can capture two sets of images simultaneously with just one injection of contrast. The second cath lab opened less than a year after the first one opened.

**ADVANCES IN TECHNOLOGY**

Broward Health Leads the Way Toward Better Health With Advanced Medical Technologies

The lab, which officially opened its doors in March at Broward Health Medical Center, is the first in Florida and fifth in the nation to be equipped with the latest robotic technology for cardiac ablation procedures using the Genesis Robotic Magnetic Navigation system by Stereotaxis. The Genesis system’s robotic magnetic navigation brings the benefits of robotic precision and safety to cardiac ablation, a common, minimally-invasive procedure to treat arrhythmias. Tens of millions of individuals worldwide suffer from arrhythmias — abnormal heart rhythms that result when the heart beats too quickly, too slowly, or with an irregular pattern.

This new lab is yet another example of how Broward Health has been leading the way for more than 50 years in advanced cardiac care, offering patients a full continuum of care.

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South Florida Hospital News    July 2023
AAABC Brings ElliQ AI Care Companion Technology to Older Adults in Broward County

The Area Agency on Aging of Broward County (AAABC) is proud to partner with Intuition Robotics to add ElliQ, an AI care companion, to the agency’s lineup of comprehensive services helping Broward older adults age in place. AAABC has launched its online application to identify eligible older adults in Broward County who would benefit from the technology. ElliQ is an innovative new product for older adults that has a digital display and a light-up “head” that moves and reacts to users’ conversations. Voice-activated, ElliQ is designed to help older adults live happier, healthier, more connected lives while maintaining independence. ElliQ aids seniors with health and wellness support, such as medication reminders, as well as entertainment and companionship with trivia and cognitive games. They can also stay connected to family and friends through video calling, audio and text messaging and notification to primary contact(s) with consent if concerns arise. ElliQ learns and remembers customized interactions and uses humor and a friendly nature to build a meaningful connection with the user.

The Broward-based initiative is now accepting online applications. Those eligible are English-speaking adults ages 60 and older, with Wi-Fi in residence and with no significant impairments. Interested older adults in Broward County can learn more and sign up to get an ElliQ for free by visiting www.adrcbroward.org/elliq.

TGH Imaging Implements Philips Radiology Operations Command Center

TGH Imaging has implemented the Philips Radiology Operations Command Center (ROCC) at several of its outpatient locations offering magnetic resonance imaging testing. ROCC is a virtualized imaging solution that seamlessly connects TGH Imaging experts and technologists remotely from a centralized command center. This innovative technology and workflow facilitates communication between scanner-facing technologists and experts to provide real-time collaboration, support and training on complex imaging procedures and protocols.

The ROCC platform offers the ability to perform a radiology procedure remotely and provide real-time technologist assistance and collaboration on difficult exams, all from a centralized TGH Imaging command center. For example, an imaging technologist at the command center can implement the patient’s scan regardless of where the exam is being performed. Teams on-site assist the patient with their appointment so that the process is completely seamless.

The command center supersedes communication and physical distance barriers to maximize the skills of TGH Imaging technologists while maintaining imaging quality, patient privacy, safety and security. Additionally, the ROCC extends the ability to offer patients seamless, consistent imaging experiences by enabling on-demand cross-training and virtual procedure assistance as needed. Remote training on new exams or system enhancements can be conducted without downtime for imaging technologists.

West Palm Beach VA Offers New Transportation Program for Medical Care to Local Veterans

The West Palm Beach VA Healthcare System (WPBVACHS) is proud to announce a new transportation partner – VA Uber Health Connect. VA Uber Health Connect bridges the transportation gap by providing supplemental transportation to eligible Veterans needing access to and from medical care.

“This is a life-altering program that offers our most vulnerable Beneficiary Travel for Medical Care to Local Veterans care — the moment they need it,” said WPBVACHS Executive Director Cory Price. “It also advances our ability to offer more accessible, equitable health care to our entire Veteran community.”

This initiative will provide a seamless experience: Uber's HIPAA-compliant ride-sourcing platform allows clinics and VA Medical Centers to book rides directly for patients from a centralized dashboard, while ensuring the security of patient information. Patients can track the ride via text message or phone call.
A major technological advancement in pulmonology is the introduction of the Ion endoluminal system, a robotic bronchoscopy machine that’s used to get biopsy samples of lung nodules.

Driven by two robotic arms, a 3.5mm catheter with a tiny camera is passed down an endotracheal tube. The pulmonologist uses two track balls on a control tower to guide the catheter down the airway. Once the target destination is reached, the catheter is parked to take a closer look and gather a tissue sample to be biopsied.

Holy Cross Health in Fort Lauderdale has a new bronchoscopy suite that was designed to accommodate this state-of-the-art system and recently purchased a fluoroscope which enables the physicians to do a 360-degree real-time scan of the patient while performing a biopsy using the Ion system.

The thinness of the catheter allows it to reach smaller nodules in areas of the lung that a traditional bronchoscopy procedure cannot. “It increases our percent yield,” Felix Hernandez, M.D., a pulmonologist at Holy Cross, explained. “It decreases our chances of missing a nodule because we’re literally able to directly see our biopsy tool exactly where it is in reference to that nodule, increasing our chances of getting a diagnostic sample. It’s a less invasive, higher-yield, less rate of complication way of figuring out what your lung nodule is.”

Holy Cross has used the Ion system on more than 80 patients. Fully FDA-approved and covered by insurance, Dr. Hernandez has yet to encounter a patient who chooses not to get a robotic bronchoscopy when presented with all options, which also includes a CT-guided biopsy performed by a radiologist or a more invasive wedge biopsy performed by a thoracic surgeon.

“Patients realize that a robotic bronchoscopy carries a lower rate of pneumothorax, or collapsed lung, compared to a CT-guided biopsy,” he said. “The other benefit of having a robotic bronchoscopy is that if the patient also has suspicious-looking enlarged lymph nodes in the chest, during the same procedure, we can just change scopes and also biopsy those lymph nodes.”

The robotic bronchoscopy can also determine what stage of cancer the patient has. A CT-guided biopsy only does a biopsy of the nodule, so a patient would have to return for a second procedure to get staged.

A person can be completely asymptomatic when a cancerous lung nodule is present. However, symptoms that should prompt an immediate visit to a pulmonologist include coughing up blood, pain when taking a deep breath in and unexpected weight loss.

Many patients don’t know they should be seen by a pulmonologist, so Dr. Hernandez and his team rely heavily on referrals from colleagues in other medical specialties such as primary care doctors, the emergency department, radiation oncologists, thoracic surgeons and more. At Holy Cross Health, they are educating these referring physicians about this emerging Ion technology before CT scans of the chest are often ordered by primary care physicians and emergency department doctors for a variety of reasons, including the increase in upper respiratory viruses.

If a lung nodule appears on the CT scan, “we want to optimize the care pathway for the patients,” Dr. Hernandez said. A pulmonologist should be the very next step to take a biopsy and determine if it is cancerous. An oncologist should not enter the picture until cancer is detected. If a patient is referred to an oncologist or thoracic surgeon first, they may undergo a more invasive procedure and/or delay a diagnosis because the oncologist would refer the patient to a pulmonologist before taking over the case.

The non-invasive, outpatient Ion endoluminal system robotic bronchoscopy procedure is done under anesthesia and can be completed in as little as 20 to 60 minutes.

To learn more or request an appointment, visit holycrossrobotics.com.
Cover Story: How AI Is Transforming Patient Care
at the Lynn Women’s Health & Wellness Institute

Continued from page 1

Specifically, there was a significant increase of 23% in the cancer detection rate. In other words, if the radiologists were able to identify 100 cases of cancer before AI, they were now detecting 123 cases using the technology, according to Dr. Schilling.

The implementation of AI has significantly improved the detection of breast cancers, she notes. “After using AI, we looked at 48,000 patients and found 398 cancers,” she explains. “So there was a 23% increase in cancer detection rate when we utilized artificial intelligence.”

This increase in detection has been achieved without a rise in false positives or unnecessary recalls, ensuring more accurate and efficient diagnoses.

This remarkable improvement underscores the valuable contribution of AI in identifying cancers that might have otherwise gone unnoticed by human observers. Furthermore, the technology offers the capability to assess the patient’s individual risk of developing cancer within one to two years.

Dr. Schilling emphasized the significance of these findings by highlighting the opportunity to personalize screenings based on a patient’s risk level. Individuals deemed to be at higher risk can receive more frequent screenings, ensuring proactive monitoring and early detection, while those with lower risk can benefit from less aggressive, less frequent more traditional screening, as explained by Dr. Schilling.

She further elaborates on the capabilities of AI in identifying subtle areas of suspicion that may indicate a malignancy. She states, “Computers, as you know, can be taught to look for patterns. A computer can also help assist us in interpreting mammograms and identify subtle areas of suspicion that may represent a malignancy.”

By leveraging AI’s pattern recognition abilities, radiologists at the Institute have experienced enhanced accuracy and efficiency in their screenings, leading to improved patient outcomes.

Enhancing Breast Cancer Detection

Dr. Schilling emphasizes that AI has played a pivotal role in identifying breast cancers at earlier stages. “My impression is that we are finding cancers smaller in size, so probably years before they would have been identified without the use of artificial intelligence.”

The ability of AI to analyze patterns, adjacencies, and textures within mammograms has enabled the detection of challenging types of cancer that may have been missed in the past.

She adds, “We’re finding the types of cancers which are more difficult … we’re finding more of them with the use of artificial intelligence.”

This breakthrough in early detection allows for more effective treatment interventions and improved prognosis for patients.

Ethical and Responsible Use of AI

While discussing the responsible use of AI, Dr. Schilling notes that the Christine E. Lynn Women’s Health and Wellness Institute adheres to strict guidelines and regulations.

“There were reader studies that were required by the Food and Drug Administration to approve this AI for use,” she says. “They also showed an increase in cancer detection with an improvement in recall rate.”

The Institute’s commitment to ethical practices ensures that AI is utilized effectively and safely to benefit patients. By conducting rigorous studies and complying with regulatory requirements, the Institute ensures the reliable and responsible integration of AI into their healthcare practices.

Preserving the Human Touch in Patient Care

Dr. Schilling emphasizes the essential role of radiologists in providing personalized patient care. “A computer doesn’t know all the information the radiologist has available. We still need that human touch to accurately interpret our exams,” she says.

The contextual knowledge, patient history, and comprehensive understanding possessed by radiologists complement the analytical capabilities of AI, resulting in a holistic approach to patient care. The integration of AI augments radiologists’ abilities, providing them with valuable insights and assisting in decision-making. The human touch, combined with AI’s analytical power, ensures that patients receive personalized and effective care.

Future Integration of AI at the Lynn Women’s Institute

Looking ahead, Dr. Schilling highlights the Institute’s ongoing efforts to integrate AI technologies further. “We already use AI to help us determine the density of a patient’s breast,” she says. “We use it for image quality and we’re hoping to get an AI product for our breast ultrasound.”

The Institute aims to expand AI applications, such as quantifying breast artery calcifications on mammograms to identify potential cardiovascular risks. By exploring new AI tools and technologies, the Institute seeks to continuously improve patient care, enhance preventive measures, and advance healthcare outcomes.

Conclusion

Dr. Kathy Schilling’s insights emphasize the significant impact of AI on patient care at the Christine E. Lynn Women’s Health and Wellness Institute. By successfully integrating AI into breast cancer detection efforts, the Institute has witnessed a 23% increase in cancer detection rates without compromising accuracy.

Driven by a commitment to ethical and responsible use, the Institute continues to leverage AI’s capabilities while recognizing the irreplacable value of the human touch in personalized patient care.

The future holds promising possibilities for further AI integration in healthcare, empowering medical professionals to provide enhanced preventive measures and improved outcomes for patients. Through the synergy of AI and human expertise, the Lynn Women’s Institute is at the forefront of revolutionizing breast cancer detection and diagnosis, ultimately leading to better health and well-being for women.

For more information, please visit https://www.brrh.com/Locations/Christine-E-Lynn-Womens-Health-Wellness-Institut.aspx.

Kindred Hospital South Florida

Specializing in Medically Complex Patients

Kindred Hospitals are owned by Kindred Healthcare, Inc., a national network of Long Term Acute Care Hospitals (LTACH’s).

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St. Mary’s Medical Center Becomes the First Hospital in Florida to Use the FreeClimb™ 70 Reperfusion System Powered by Tenzing®

St. Mary’s Medical Center is the first hospital in Florida to use the innovative FreeClimb 70 reperfusion system powered by Tenzing from Route 92 Medical. Designed for superior deliverability and increased efficiency, the FreeClimb 70 system combines the advanced technology of the FreeClimb 70 catheter and the Tenzing 7 delivery catheter. The FreeClimb 70 system delivers a refined aspiration technique enabling physicians to provide fast, effective treatment to stroke patients, potentially saving lives, and reducing the risk of long-term disability.

Dr. Ali Malek, Medical Director of the Comprehensive Stroke Center at St. Mary’s Medical Center, was the Neurointerventionalist who successfully treated the first Florida patient using the FreeClimb 70 system. “In the battle against stroke every new tool we gain access to gives us the chance to improve the quality of life for more patients,” Dr. Malek said.

Pushing the Boundaries of Cancer Care Closer to Home

Patients can now get new, more precise radiation therapy at Baptist Health Lynn Cancer Institute.

The ViewRay MRIdian® is a radiation therapy system guided by magnetic resonance imaging (MRI). It gives you precise, effective doses of radiation with real-time monitoring — targeting tumors and sparing your healthy tissue.

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In today’s Modern Healthcare, Caroline Hudson wrote that, “Healthcare research firm Chilmark released a report earlier this month projecting hospital-at-home to grow into a $300 billion industry by 2028, with much of that growth propelled by third-party companies offering turnkey services.” Her article caused me to remember something that Wael Barsoum, M.D., and then CEO of Cleveland Clinic Florida said many years ago at the groundbreaking ceremony for what was then their new patient tower. When he talked about the configuration of the new tower, he shared that Cleveland Clinic saw the time of the one-day admission going away, wow was he right! With the speed of light, innovators are figuring out how to align with hospitals, or not, to manage this patient cohort at home.

Hospital-at-home, an innovative approach to healthcare delivery, holds great promise and has the potential to revolutionize the traditional hospital system. By allowing patients to receive hospital-level care in the comfort of their own homes, this concept aims to improve patient outcomes, enhance patient satisfaction, and reduce healthcare costs.

One of the key factors contributing to the potential success of hospital-at-home is the growing body of evidence supporting its effectiveness. Numerous studies have shown that certain conditions and treatments can be managed just as effectively at home as in a traditional hospital setting. Patients receiving hospital-at-home care have reported higher levels of satisfaction, lower rates of hospital-acquired infections, and improved recovery times compared to those treated in hospitals.

Another significant advantage of hospital-at-home is the potential to alleviate the burden on healthcare systems. With an aging population and increasing demand for healthcare services, hospitals often face overcrowding and resource constraints.

**The Future of Healthcare**

Even as FHSC expands to serve the needs of a larger market, Couris is looking at how the healthcare industry needs to grow in order to better treat patients now and in the future.

“We have to do a better job of coordinating care for healthcare consumers; we do an absolutely lousy job of that as an industry,” he said. “When you are not coordinating care and creating a seamless system of care for the consumer, it adds to the cost of healthcare and to poor quality.”

He added that healthcare’s focus on health and wellness may not be the cure-all that providers believe it to be.

“The belief is that if you keep people healthy and well, they won’t need a hospital and will have better outcomes, and that’s true,” he said. “But that’s not having an impact on the cost and quality of healthcare. We are in the care coordination business; health and wellness is just one component of what we do.

“Think about your own experiences in healthcare; most people describe it as disjointed, fragmented, siloed and antiquated. In any industry, this adds to poor quality, escalating costs and more,” he added. “The future of our system needs to pivot toward the notion of better care coordination.”

Couris also supports leveraging technology to bring more care into people’s homes. For the past year, Tampa General Hospital has been implementing a program called Hospital at Home in which patients are able to receive care at home, while the hospital is reimbursed by the government for an inpatient stay.

For example, when a patient is ready to step down from an ICU unit to another unit, instead of going to another floor, they are transferred home and the hospital provides teams of people to care for them while also remotely monitoring the patient through a telemetry system. Hospital staff provide all of the medical supplies, food, therapies, and diagnostics that patients need on-site.

“We believe that people recover better when at home, around loved ones, in familiar surroundings, being cared for by medical professionals and technology right in their living rooms,” said Couris. The program has been hugely successful; of the 100 patients TGH has taken care of in the Hospital at Home program since July, the average readmission rate is 2 percent. The same cohort of patients with the same diagnosis that were cared for in the hospital had a 17 percent readmission rate.

“Think about the cost and quality implications of lowering the readmission rate for that cohort of patients by 15 percent,” said Couris. “The future lies in using technology to treat more people in their homes.”

**Paying for Care**

While payers will argue that there’s no money for making such major changes, Couris doesn’t agree.

“It’s a controversial topic, but I believe that there’s plenty of money in the system; it’s just not being used correctly,” he said. “[Payers] are real with ourselves as industry leaders. There’s plenty of money in the healthcare system; it’s how we’re structured and how we use that money that matters. You have to change the paradigm, change the way you think, be willing to be disruptive, be willing to fail and fast fail, and learn from those failures and keep moving forward,” he said. “There’s plenty of money, but how we use those resources needs to change.”

Couris added that there are areas such as behavioral health and pediatric care that are under-reimbursed by Medicare and Medicaid, but that the future is not in building more hospitals or spending money in ways previously thought. “It’s very expensive to build a hospital; it costs approximately $2-3.5 million a bed right now, which means that if you build a 100-bed hospital, that’s $300 million dollars,” he said. “People ask where we should get the money to make the changes I suggest, but where are they getting the money to build a new hospital? You have to change what you value in the industry.”
**An Unexpected Voyage to Stroke Recovery**

**BY ERIN MORIARTY WADE**

When Sam Billings left Arkansas for a 9-day cruise around the Caribbean, he never imagined he’d be on a cruise ship for weeks recovering from a massive stroke far away from home.

Sam, 62, and his wife Julie, were enjoying a relaxing trip and were headed to their final destination on the cruise, an idyllic private island owned by the cruise line, when Sam suffered a stroke.

“I had spent the day snorkeling at St. Thomas, and we set sail that evening to spend that night and the full next day at sea,” Sam recalls. “I got up to use the restroom, and I fell down between the bed and wall and I couldn’t get up or even lift my arm.”

Julie came to help him and quickly recognized he was having a stroke. She called for the cruise ship’s medical team, and they took him to the infirmary. By now, they were at least 5 hours from shore in the middle of the ocean.

**A Stroke Survivor’s Story**

Sam had previously suffered a stroke about a month before the cruise, but he had made an extremely swift recovery and had been given the all-clear by his doctor to go on the cruise. He was given the clot medication, TPA, which worked so well on a clot in his carotid artery that he did not need surgery. Stroke testing showed no damage.

“I left the hospital after a few days and went back home and hit the ground running,” Sam recalled. “I thought it would be just like last time where they would say, ‘you’re fine’ but that definitely wasn’t the case this time.”

He spent almost two days in the ship’s infirmary before the cruise line arranged for his transfer back to the United States via a medical flight.

“I didn’t really know what was going on at this point,” Sam said. “There was a sea plane sitting in the ocean waiting for me, and then, when we landed in Fort Lauderdale, an ambulance was waiting for me to rush me to the hospital.”

Sam arrived at Broward Health Medical Center, where he stayed for nearly a week.

This was when I realized I could not do anything and I couldn’t even get out of bed,” he said. “I began to understand exactly how bad of shape I was in, and that I really needed to take this very seriously.”

It was tough to accept this new reality and the temporary loss of his independent, strong-willed self. “I felt like I was a helpless little kid, and I was probably acting like it too,” Sam recalled.

**Stroke Recovery Begins**

There are two main types of strokes: ischemic strokes and hemorrhagic strokes.

Ischemic strokes are caused by a blockage in an artery (or in rare cases, possibly a vein). This is the most common kind of stroke, and it accounts for about 87 percent of strokes. Hemorrhagic strokes are caused when a blood vessel that supplies the brain ruptures and bleeds, depriving the brain cells of oxygen and nutrients.

Strokes can result in brain damage, long-term disability, and even death.

In Sam’s case, he would need to relearn how to speak, walk and perform basic daily tasks. Doctors told him he would need extensive rehabilitation at an inpatient facility.

“The main goal of rehab is to help patients maximize whatever residual function they have after a stroke and to help them be less dependent on their family,” said Ariel Inocentes, MD, a physician at Broward Health who is board-certified in Physical Medicine and Rehabilitation.

Dr. Inocentes said it’s important to be aware of risk factors for strokes and do everything to prevent strokes when possible.

“Prevention is better than treatment,” he said. “We always want patients to focus on maintaining healthy cholesterol levels and healthy blood pressure, avoiding obesity, and controlling their diabetes (if they are diabetic) in order to reduce their risk of stroke.”

Sam was transferred to Broward Health Rehabilitation Institute at Broward Health North, which is the only facility in the North Broward County District that is accredited by the Commission on Accreditation for Rehab Facilities and the only that is a Joint Commission Stroke Rehabilitation Designated Rehab Center.

“Everyone was so nice and kind from the minute we got here,” Julie said. “That was important because we were so far away from home, and we didn’t have anyone here with us.”

Rehab was when the hard work began.

“The minute I got here, my therapists started coming in here,” Sam said. “My occupational therapist, Sheryl Watson, helped me shower, shave, get dressed and relearn how to do all these little things we take for granted every day.”

Physical therapy, with therapist Paul Dunkley, was also part of his daily routine as he was initially unable to get up or walk. “I started with using the parallel bars; every day we took one more step,” Sam said.

Sam also had to learn to balance, to transfer from his bed, to use a walker and much more. Julie said they asked for the toughest occupational therapist and the toughest physical therapist.

“We got exactly what we asked for with Sheryl and Paul,” Julie said. “We called them the sergeants.”

Day after day, week after week, Sam worked hard to relearn skills and rebuild his strength. Thanks to speech therapy, it’s nearly impossible to tell he had a stroke even after chatting for nearly an hour.

“I know that I can go home now and function with some assistance from my lovely wife,” he said. “Without her, I could not have done this.”

**Preparing Family Caregivers**

The role of family caregivers is of utmost importance at the Broward Health Rehabilitation Institute.

This hospital offers a special training for family caregivers called the Approved Rehab Caregiver (ARC) program to help family members learn how to take care of their loved one at home after a stroke.

“The ARC program makes it much easier to transition from the hospital to their home,” said Dr. Inocentes, who helped bring the program to Broward Health. “It minimizes the anxiety of family members and helps them become more confident in their ability to care for their loved ones when they go home, and this makes things easier for the whole family.”

Julie worked alongside her husband and earned a certificate as an Approved Rehab Caregiver.

This program offers family members (or other caregivers) the opportunity to assist their loved ones throughout the inpatient rehab process. They get training from physical, occupational and/or speech therapists, explained Cheri Archer Silveria, regional director of Rehabilitation Services.

Once the team feels the caregiver is safe to assist, they are given a blue bracelet that lets the team know they are an Approved Rehab Caregiver and can help their family member with the approved activities during their hospital stay. This training, and the experience of helping their loved one in the hospital set them apart and prepares them to return home.

“The ARC program allows both the patient and the family member to work together regularly on things they will need when they go home – while having the support of the entire rehab team to ask questions of or work through concerns that come up,” Archer Silveria said. “When they leave us, they already know what to expect.”

The ARC program also helps family members feel like they are part of their loved one’s care and rehab journey, Archer Silveria explained.

“I learned how to help transfer him from the bed into a wheelchair, put on the gait belt, hold the belt while he is walking with the walker, and help get him over the step into the shower,” Julie said. “I feel pretty confident, but I would not have been if they had not been training me.”

Julie said she was supported every step of the way by the team at the Broward Health Rehabilitation Institute.

“They are so professional and so kind, and someone was always checking on us,” said Julie, adding that Carlos Acosta, a personal care assistant who has been at the hospital for 28 years, made a huge difference in their experience.

**Facing New Challenges and Moving Forward**

The whole experience was initially a bit of a shock for Julie who was at the hospital every day from 7:30 a.m. to 6 p.m. with Sam in hospital, and then went back to a hotel by herself.

“At home, I didn’t ever go anywhere by myself, and here I was thrown into Ft. Lauderdale staying in a hotel by myself and learning how to use Uber,” Julie said.

Sam and Julie were both eager to get back home to Bella Vista, Arkansas, and see their family and friends. They have an adult son who was back home and taking care of their two Boston terrier dogs.

Looking back on his experience, Sam offers some advice for other patients who are facing a challenging stroke recovery.

First and foremost, keep a positive mental attitude, he says.

“Listen and pay attention to everything your therapist tells you; I know it’s hard, but it’s in your best interest,” Sam said.

“Listen to your therapist; you’re here for a reason, and it’s for your best interest,” Sam said.

“The team here is so professional and helpful, and they will help you get through this.”

He recommends carefully choosing a rehab center. Broward Health Rehabilitation Institute is the only “Advanced Accredited Inpatient Rehab” in northern Broward County.

“The whole staff was amazing – from the minute I walked in the front door to my last day here,” Sam said.

Sam and Julie live in a community with multiple lakes and golf courses and hundreds of miles of bike trails and scenic woods. Their home is on a lake, and they enjoy fishing and kayaking. Sam is an avid bow-hunter; although, he’s left-handed and has not yet regained full control of his left arm since his stroke.

Sam is continuing rehab via home health back in Arkansas. They know their journey won’t be easy, but they are motivated by the incredible progress Sam has made so far.

“We got this,” said Julie.
Boca Raton Regional Hospital Celebrates Another Seven-Figure Gift to the Keeping the Promise Capital Campaign

Dr. Gail Rubin-Kwal and Richard Kwal have made a seven-figure gift to Keeping the Promise... The Campaign for Boca Raton Regional Hospital. The gift will be acknowledged with the naming of the fountain featured outside the Toby and Leon Cooperman Medical Arts Pavilion.

Boca Raton has been home for Gail and Richard for the past 34 years. Here, they raised their family and Dr. Rubin-Kwal quickly became a strong and vital member of the hospital’s Emergency Medical team. Today, she feels honored to continue serving with distinction at Boca Raton Regional Hospital for more than three decades as an Emergency Medicine physician. Dr. Rubin-Kwal also holds a teaching position at Florida Atlantic University’s (FAU) Schmidt College of Medicine. Her commitment to the mission and vision of Boca Raton Regional Hospital is underscored by her participation as a board member of the Hospital Foundation. In addition, she is currently a director of Sinai Residence in Boca Raton, and executive board member of the South Palm Beach Jewish Federation.

Richard Kwal is founding partner and chief tax professional of Kwal & Oliva CPAs since 1981 with offices in Boca Raton and Miami, specializing in individual, fiduciary and business tax matters, estate gifts and trusts, business and personal planning. He is also a national board member of the Friends of the Foundation. In addition, she is currently a director of Sinai Residence in Boca Raton, and executive board member of the South Palm Beach Jewish Federation.

Mount Sinai Eldercare facility was designed with participants in mind. The Mind, Music and Movement Foundation for Neurological Disorders (M3F) recently expanded its operations from its original location in Palm Beach Gardens to include additional programming at the esteemed Jupiter campus of Florida Atlantic University. Taking place at the state-of-the-art Stiles-Nicholson Brain Institute, a diverse range of classes and programs are hosted by M3F credentialed health and fitness, voice, music and dance professionals.

Jupiter Medical Center Auxiliary Gives Gift to Create Family Waiting Area

Jupiter Medical Center is pleased to announce a $1.5 million donation to support the Johnny and Terry Gray Surgical Institute. The funds were generously provided by the Jupiter Medical Center Auxiliary, the not-for-profit hospital’s volunteer organization, to create a state-of-the-art and tranquil family waiting area at the highly anticipated facility. In honor of the gift, the space will be named the “Jupiter Medical Center Auxiliary Lounge.”

The highly anticipated 90,000-square-foot Surgical Institute will feature 16 smart operating rooms and two hybrid operating suites. Through the community’s generous support, more than $52 million has been raised towards the $100 million project. In December, the hospital announced a transformative $23 million lead gift from Jupiter-based philanthropists Johnny and Terry Gray to name the institute. The development of the Surgical Institute is in direct response to the significant growth of the community and the corresponding need. More than 15,000 traditional and minimally invasive surgical procedures are performed at Jupiter Medical Center annually. The Surgical Institute is on track to open by the end of 2023.

Mount Sinai Medical Center to Open Mount Sinai Eldercare, a Licensed CMS Program of All-Inclusive Care for the Elderly (PACE)

Mount Sinai Medical Center is pleased to announce the opening of Mount Sinai Eldercare in their Hialeah location. A licensed CMS Program of All-Inclusive Care for the Elderly (PACE), Mount Sinai Eldercare provides comprehensive medical and social services to eligible participants.

Mount Sinai Eldercare is home to an interdisciplinary team of health care professionals who work with patients and families to provide comprehensive care to each participant. Services include, but are not limited to, adult day care, primary and specialty medical care, rehabilitation and therapy services, nursing support, medications, diagnostic tests (laboratory and imaging), nutritional counseling and meals, home care services, and transportation to and from the center and medical appointments.

Mount Sinai’s Eldercare location occupies more than 12,000 square feet of space, which includes a dedicated clinic, exam rooms, and the newest diagnostic equipment. The brand-new space also includes a dedicated 2,000-square-foot physical and occupational therapy area, outfitted with the latest in state-of-the-art equipment.

The expansive activity and dining area allows individuals to engage, socialize, relax, and participate in a variety of activities and meals. Breakfast and hot lunch are served daily, with a rotating activity calendar that includes chair yoga, arts and crafts, bingo, checkers, puzzles, jumbo bowling, and more. Led by Clifford E. Medina, MD, who serves as the Medical Director of the program and Chief of Mount Sinai’s Division of General Medicine, Eldercare combines the benefits of an all-inclusive program with the accessibility of primary and specialty care offices and an emergency center within the same building. This gives participants access to expert and wide-ranging care for all their needs.

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The Mind, Music and Movement Foundation Expands to Florida Atlantic University

The Mind, Music and Movement Foundation for Neurological Disorders (M3F) recently expanded its operations from its original location in Palm Beach Gardens to include additional programming at the esteemed Jupiter campus of Florida Atlantic University. Taking place at the state-of-the-art Stiles-Nicholson Brain Institute, a diverse range of classes and programs are hosted by M3F credentialed health and fitness, voice, music and dance professionals.

M3F is a 501(c)(3) nonprofit organization that supports comprehensive integrative programming that addresses movement, mobility, balance, speech, nutrition and mental well-being for people and their families living with a neurodegenerative disease. The foundation’s main objective is to instill hope, confidence, strength, wellness, friendship and commitment in class participants and their families. M3F programming is available in person and virtually.

In the newly established Jupiter location, M3F now offers classes on Thursdays and Saturdays. Programs at this venue include Movement and Balance, HEART Gentle Mat Yoga, Chair Zumba, Mat Yoga and Stretch, Dance for Fluidity and Voices of Parkinson’s Chorus. The chorus is not only for people with Parkinson’s, but also other neurodegenerative diseases or simply for people who enjoy singing. M3F is excited to be collaborating with Giving Voice, a Minnesota based nonprofit that is leading a movement to create choruses for people with Alzheimer’s and other forms of dementia, to form a choral community of joy in the Jupiter area.

Classes also continue at the Tropical Sands Christian Church in Palm Beach Gardens on Mondays and Wednesdays. Those classes include Mat Yoga and Stretch, Box and Cross Train, Virtual Boxing for Parkinson’s, Move and Groove, Dance for Fluidity and support groups.

For more information, visit www.m3f.org, call (561) 510-8611 or email info@m3f.org.
Cover Story: Alexander Fernandez: Transforming Financial Management in Hospice Care

Continued from page 1

the exciting time in the industry with changes in alternative payment models, value-based care, and the projected growth of the hospice sector in the coming years.

Drawing on his extensive experience in healthcare financial management, Fernandez is poised to optimize VITAS' financial performance and support its growth.

"Regardless of what aspect of healthcare I am managing, my overall approach has remained relatively consistent and ultimately led to successful outcomes," Fernandez explains.

His approach begins with listening, learning, and building relationships within the organization. Fernandez aims to identify opportunities, implement tighter internal controls, provide tools and education to frontline leaders, and challenge the status quo to create a financial culture of performance and accountability.

As CFO, Fernandez plans to strengthen the financial infrastructure at VITAS to support the company's growth. His focus is on establishing tools to evaluate and model different opportunities, ensuring the organization is financially prepared to react to any presented opportunity. Fernandez aims to foster financial readiness, enabling VITAS to be nimble and react quickly.

To deepen operational finance and deliver valuable insights, Fernandez emphasizes the importance of focusing on fundamentals. This includes gaining a thorough understanding of the organization's revenue sources and cost structure. Fernandez also emphasizes the need to align financial objectives with operational goals, providing appropriate financial tools and understanding to drive performance.

Central to this financial culture is ensuring that patient care remains a top priority and that ethical decision-making guides all financial endeavors.

Fernandez's involvement on various boards and advisory groups within the healthcare industry provides valuable insights that inform his work at VITAS.

"The healthcare industry, particularly in South Florida, is a small world, and while many of us change positions and employers, our relationships and reputation stick with us," Fernandez notes. "I have learned more about compassionate patient and family centered end-of-life care in the last three months than I learned in 20-plus years in the acute care space."

He recognizes the importance of building relationships and leveraging his reputation to promote compassionate patient and family-centered end-of-life care. Fernandez is deeply impressed by VITAS' commitment to its mission and values, and he aims to help more individuals understand the power of the hospice benefit and the significance of partnering with the right hospice provider.

As Fernandez joins VITAS at a pivotal time in its 40-plus year history, he envisions a future where the organization becomes the premier provider of patient and family-centered end-of-life care across all markets.

Fernandez shares the vision of VITAS President and CEO Nick Westfall, stating, "I am in full alignment with our CEO's vision for the future of this organization." Fernandez is determined to contribute his expertise and help VITAS achieve its mission of providing high-quality end-of-life care to more people nationwide.

Fernandez's expertise in healthcare financial management, combined with his genuine commitment to compassionately treat patient care, positions him as a valuable asset to VITAS. As he continues to navigate the hospice industry and optimize financial performance, he is dedicated to making a lasting impact on the lives of patients and families during one of life's most challenging times.

For more information about VITAS Healthcare, please visit www.vitas.com.

Cover Story: Henfield-Green ‘Humbled and Honored’ About Joining Camillus Board

Continued from page 1

near and dear to my heart, such as the basic needs of health, housing and financial literacy.”

Piper, who serves as president of the North Miami Beach Chamber, and who also currently serves on the Camillus Health Concern (CHC) board as Chairman, introduced her to Francis Afram-Gyening, CEO of CHC, about a year ago and recommended her to the board – but I also see this as an amazing opportunity for me to learn from each board – but I also see this as an amazing experience.

She said when she walked into CHC, she was very impressed with the facility and staff, and highly impressed with Francis and everything he did for the community. “Knowing there is such a large homeless population in Florida and South Florida, it is an honor to work with CHC which provides them with all their medical needs.” CHC makes available primary care, behavioral health, oral health, and social services to those experiencing homelessness in Miami-Dade County.

“So when Francis asked me to join I was humbled and honored, and didn’t think about it twice. They tell me that even though the board has a healthy ratio of women to men serving from various backgrounds, I am the first woman to represent them from the finance industry, which was exciting to hear.”

Having just recently joined the board, Henfield-Green said she is looking forward to embracing CHC’s mission and “I hope my experience will bring valuable insight to the conversations.”

Henfield-Green said the first board meeting with the Finance Committee and board was extremely interactive, with meaningful conversation, and she was happy she could be a part of the interaction. “It’s a really experienced group of individuals from all areas, business owners from different industries, so not only am I bringing my knowledge to the table – anything I can offer to the board – but I also see this as an amazing opportunity for me to learn from each one of them and their businesses and industries. It’s a journey I’m looking forward to having.”

Piper added, “We are really excited to welcome Janet to our Board of Directors as I have professionally known her for many years. I am sure her expertise in her field will be of great value to our organization.”

For more information, call (305) 577-4840 or visit www.camillusHEALTH.org.
Century Ambulance Honors Broward County Healthcare Heroes at 2023 EMS Week Celebrations

Two Broward County first responders were recently honored for excellent patient care and service to the community at the Century Ambulance offices. In recognition of 2023 Emergency Medical Services (EMS) Week in May, Century Ambulance held an award ceremony and luncheon where Kent Ottens was awarded Paramedic of the Year, and Edward Leyland was awarded Outstanding Employee of the Year.

Ottens is a full-time teacher during the day and works the night shift providing excellent patient care in the community. He is a Field Training Officer (FTO) and is known for being reliable, hard-working and professional. Leyland was recognized for being a leader and role model for those around him. He also serves the community as a state fire marshal. Earlier this year, Leyland received a state honor for EMS professionals, A Stars of Life Award, in Tallahassee.

Dawn Javersack of Nicklaus Children’s Chosen as a ‘CFO of the Year’

Dawn Javersack, senior vice president and chief financial officer of Nicklaus Children’s Health System, is a recipient of a 2023 CFO of the Year Award, presented by the South Florida Business Journal. Javersack is the award recipient in the Nonprofit Organization category.

Javersack joined Nicklaus Children’s Health System in March 2020, just as the pandemic was emerging. In 2021 and 2022, she helped lead the organization to solid financial results due in part to a 2022 strategic initiative that helped conserve millions of dollars.

Mark Runyon of Tampa General Hospital Named a Hospital and Health System CFO to Know for 2023

Mark Runyon, executive vice president and chief financial officer (CFO) of Tampa General Hospital, has been named a top health care financial officer by Becker's Hospital Review on its 2023 “Hospital and Health System CFOs to Know” list. Runyon's inclusion on the list reflects his instrumental role in maintaining financial stability and integrity across the organization while finding new ways to enhance operational efficiency.

Runyon leads and oversees all financial services for Tampa General across the complete system of care for the community, region, and state. He works collaboratively with the CEO, board, senior leaders, and the entire Tampa General team to create an ecosystem of continuous improvement focusing on innovation, financial stability and performance, operational efficiency, and integrity. Day-to-day, Runyon ensures Tampa General has the resources, strategy, and talent to deliver timely and responsive patient billing support, supplies needed to provide world-class patient care and responsive patient-friendly scheduling.

University of Miami Selected to Prestigious Association of American Universities

The University of Miami has been chosen as one of the newest members of the esteemed Association of American Universities (AAU), a distinguished national organization of leading research universities founded in 1900.

The invitation to join the prestigious organization — considered the gold standard in American higher education — comes as the University's research and sponsored program expenditures totaled more than $413 million in fiscal year 2022, demonstrating a critical focus to address the world's most complex issues.

“There are special moments in the life of a university that not only reward our hard work but, more importantly, reaffirm our strategic vision and time-honored mission,” said University President Julio Frenk. “Today is a great day for all of us who love and support the University of Miami and who have invested our efforts and hearts in its continuous quest for excellence.”

Lee Health Home Health Awarded Heart Failure Disease Program Certification

Lee Health Home Health has received a Heart Failure Disease Program distinction under the Community Health Accreditation Partner, Inc. (CHAP) Disease Program Standards.

The certification demonstrates that Lee Health Home Health meets the industry's highest nationally recognized standards for managing heart failure. The rigorous program evaluation focuses on program structure and function, quality metrics, advanced education for staff and demonstrated self-management tools for patients.

Health Care District Of Palm Beach County’s Skilled Nursing Home Earns 2023 AHCA/NCAL Bronze National Quality Award

The Health Care District of Palm Beach County’s 120-bed skilled nursing home, the Edward J. Healey Rehabilitation and Nursing Center in Riviera Beach, Florida, has been recognized as a 2023 Bronze National Quality Award recipient by the American Health Care Association and National Center for Assisted Living (AHCA/NCAL). The distinction is the first of three progressive award levels through the AHCA/NCAL National Quality Award Program, which honors providers across the nation that have demonstrated their commitment to improving quality of care for our nation’s elders and individuals with disabilities.

“It’s an honor to receive the Bronze National Quality Award for 2023,” said Darcy J. Davis, the Health Care District’s Chief Executive Officer. “This achievement underscores our dedication to creating a culture of quality and placing the health of our skilled nursing home residents at the forefront.”

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Urologist Joins Palm Beach Health Network Physician Group

Adam C. Mues, M.D., an experienced urologist specializing in robotic surgery and adult urology, has joined Palm Beach Health Network Physician Group (PBHNPG) in Palm Beach Gardens and West Palm Beach, FL. He is on-staff at Palm Beach Gardens Medical Center and Good Samaritan Medical Center in West Palm Beach.

Prior to joining PBHNPG, Dr. Mues worked as a staff urologic surgeon and served on the Robotic Surgery Committee at Martin Health Memorial Health System in Stuart, FL. Dr. Mues’ work experience also includes serving as Assistant Professor of Urology and Urologic Oncology at New York University Langone Medical Center located in New York, NY.

For his education and training, Dr. Mues completed fellowships in urologic oncology, advanced robotic surgery, endourology and complex kidney stone management from Columbia University and New York Presbyterian Hospital located in New York, NY. Dr. Mues completed a urologic surgery residency and general surgery internship from The Ohio State University, Columbus, Ohio. Dr. Mues graduated medical school from the University of Nebraska College of Medicine located in Omaha, NE.

Dr. George Mandybur Joins Lee Physician Group’s Neurosurgery Program

One of the country’s most accomplished neurosurgeons has joined Lee Physician Group’s Neurosurgery program. Dr. George Mandybur is a board certified neurosurgeon specializing in treating Parkinson’s disease, movement disorders, epilepsy and brain and spinal tumors.

Dr. Mandybur comes from Cincinnati where he began practicing at the University of Cincinnati College of Medicine and the Mayfield Clinic. He served as a Professor of Neurosurgery for almost 18 years and as the director of stereotactic and functional neurosurgery. He has also published over 40 peer-reviewed publications and is a founding member of the UC Gardner Center for Neurosciences.

Dr. Mandybur graduated from the University of Cincinnati College of Medicine and completed his neurosurgery residency at Loma Linda University Medical Center and general surgery residency at Case Western Reserve University. He also completed special training in movement disorders, epilepsy and surgical pain management at Loma Linda University Medical Center and the University of Mississippi Medical Center.

Tom C. Nguyen, MD, Named Chief Medical Executive of Baptist Health Miami Cardiac & Vascular Institute

Baptist Health South Florida announced it has named Tom C. Nguyen, M.D., Chief Medical Executive and Barry T. Katzen Endowed Chair of Baptist Health Miami Cardiac & Vascular Institute, effective this fall.

Dr. Nguyen comes from the University of California San Francisco (UCSF), where he is the Charles Schwab Distinguished Professor of Surgery, Co-Director of the Heart and Vascular Center, and Professor and Chief of the Division of Adult Cardiothoracic Surgery.

Nguyen will follow Barry T. Katzen, M.D., founder of Baptist Health Miami Cardiac & Vascular Institute as Chief Medical Executive for the Institute. Katzen will remain with Baptist Health as Chief Medical Innovation Officer and emeritus Founding Chief Medical Executive.

Dr. Nguyen was born in Vietnam and as an immigrant, perseverance embodies his life philosophy. He went to college at Rice University, medical school at the Johns Hopkins School of Medicine, general surgery residency at Stanford University, cardiothoracic fellowship at Columbia Presbyterian, and he completed a transesophageal fellowship at Emory University.

Carmel Barrau, MD, Installed as President of the Dade County Medical Association

With families, friends, and colleagues gathered at the JW Marriott for the 2023 Presidential Inauguration, the Dade County Medical Association installed Dr. Carmel Barrau as the 113th President of the organization. The recognition marks a career of service Dr. Barrau has provided to the community and his patients.

In his acceptance message, Dr. Barrau emphasized his commitment to work hand-in-hand with health care professionals throughout the community to find solutions to improve the well-being and rights of patients and physicians. Promoting three crucial aspects that form the foundation of medicine: the art and science of medicine, promoting collaboration and communication among our members; the business of medicine, ensuring that everyone in our community has access to the care they need; and the politics of medicine, being a strong advocate for healthcare policy at the local, state, and national level. Dr. Barrau encouraged those in attendance to join him in an effort to accomplish his goals. “To whom much is given, much is expected.”

Dr. Barrau, an Internal Medicine specialist, is Past President of the Haitian Medical Association Abroad – AMHE, a former member of the Florida Board of Medicine, and a founding member of the Florida International University Herbert Wertheim College of Medicine. He recognized two of his mentors in attendance, Dr. Rudolph Moise and Dr. Nelson Adams, both Past Presidents of the DCMA, as two people who have contributed to his career since he came to Miami from Haiti.

In addition to the Presidential Inauguration, Dr. Jose D. Suarez, Immediate Past President, recognized the efforts of Dr. Rafael J. Fernandez over the past year and officially inducted him into the DCMA Past President’s Council.

The DCMA also announced the new Executive Committee of the Board of Directors, composed of Patricia Ares-Romero, M.D., President-Elect; Adriana Bonansa – Frances, M.D., Vice-President; Jorge Marcos, M.D., Secretary/Treasurer; and Rafael J. Fernandez, Jr., M.D., Immediate Past President. Other board members installed included Enrique Fernandez, M.D.; Eugene Fu, M.D.; Raul Giroz, M.D.; Estelamari Rodriguez, M.D.; Jeffry Biehler, M.D.; Julie Kantor, M.D.; Andrea Vaughan, D.O.; Damaris Mafut, M.D.

Dr. Jose Osorio Joins HCA Florida Miami Electrophysiology

HCA Florida Mercy Hospital announced the addition of Dr. Jose Osorio, M.D., FHRS, a board-certified clinical cardiologist and electrophysiologist, specializing in the treatment of heart rhythm disorders, such as atrial fibrillation and ventricular tachycardia. Dr. Osorio will serve as the medical director of HCA Florida Miami Electrophysiology.

Dr. Osorio most recently was the director of cardiology and cardiac electrophysiology at Grandview Medical Center in Birmingham, AL. At Grandview, he served as the principal investigator in dozens of clinical trials investigating novel treatment options for atrial fibrillation.

Dr. Osorio is a native of Brazil where he earned his medical degree. He completed training at the University of Alabama at Birmingham in cardiovascular diseases and clinical cardiac electrophysiology. He is also board certified in cardiovascular disease in addition to his board certification in clinical cardiac electrophysiology.

Baptist Health Doctors Hospital Announces 2023-2027 Medical Leaders

Baptist Health Doctors Hospital announced its new medical leaders for the 2023-2027 term. Over the next four years, the elected executives will serve as the medical review leadership team for the hospital, in charge of evaluating and improving the quality of healthcare rendered by all members of the Baptist Health Doctors Hospital medical staff.

- Brenda Gonzalez, M.D., pulmonologist – President of the Medical Staff
- Alex Van der Ven, M.D., orthopedic surgeon – Vice President of the Medical Staff
- Bernhard Brijbag, D.O., internal medicine – Secretary of the Medical Staff
- Rafael Fernandez, M.D., orthopedic surgeon – Current past-President of the Medical Staff
- Douglas Porrillo, M.D., intensivist – Chairman of the Department of Medicine
- Juan Carlos Suarez, M.D., orthopedic surgeon – Chairman of the Department of Surgery
HCA Florida Woodmont Hospital Names Chief Operating Officer

HCA Florida Woodmont Hospital has named Piotr Gorecki as its Chief Operating Officer. Gorecki has served in leadership positions across HCA Healthcare since 2018, most recently as Vice President of Operations for HCA Florida Woodmont Hospital. Prior to his role at HCA Florida Woodmont Hospital, Gorecki served as Assistant Administrator for Methodist Hospital in San Antonio, TX, part of HCA Healthcare’s Methodist Healthcare System. Gorecki holds a bachelor’s degree in exercise science from Saint Louis University and a master’s degree in healthcare administration from Trinity University.

Tenet Announces Appointment of Stephen H. Rusckowski to Board Of Directors

Tenet Healthcare Corporation announced the appointment of Stephen H. Rusckowski to the Tenet Board of Directors. Rusckowski will serve as a member of the human resources committee and quality, compliance, and ethics committee. Rusckowski is the former Chief Executive Officer and President of Quest Diagnostics, a position he held from 2012 until 2022. He also served as Chairman of the Board for Quest from January 2017 through March 2023. Prior to this, Rusckowski was the Chief Executive Officer of Philips Healthcare and a member of the Board of Management of Royal Philips Electronics and its executive committee from 2006 to 2012. He joined Philips when it acquired Agilent’s Healthcare Solutions Group in 2001. Rusckowski served as the Chairman of the American Clinical Laboratory Association from 2014 to 2017, Director of Xerox Corporation from 2015 to 2018, and Director of Covidien plc from 2013 to 2015. He is also an Emeritus Director of Project HOPE, a global health education and humanitarian assistance organization.

Rusckowski earned a Bachelor of Science degree in Mechanical Engineering from Worcester Polytechnic Institute and a Master of Science degree in Management from the Massachusetts Institute of Technology’s Sloan School of Management.

Jupiter Medical Center Announces New Chief Philanthropy Officer

Jupiter Medical Center is pleased to announce that Traci Simonsen has been promoted to Chief Philanthropy Officer of Jupiter Medical Center Foundation, effective immediately. Simonsen joined the Foundation in June 2022 as the Associate Vice President of Philanthropy. Since joining Jupiter Medical Center Foundation in June 2022, Simonsen has worked diligently to expand philanthropic avenues to increase financial support for Jupiter Medical Center. Before joining Jupiter Medical Center Foundation, Simonsen was the Executive Director of Major and Planned Gifts for Norton Healthcare and Children’s Hospital Foundations. Prior to moving into medical fundraising, Simonsen worked in philanthropy at the Kentucky Center for the Arts and the University of Louisville.

Simonsen has a bachelor’s degree in business administration from the University of Hawaii and a master’s degree in social work from the University of Louisville. She is a Certified Fundraising Executive and a Licensed Clinical Social Worker.
**HCA Florida Mercy Hospital Announces Ben Warner as Chief Nursing Officer**

HCA Florida Mercy Hospital has named Ben Warner as Chief Nursing Officer.

Warner’s hospital career spans 34 years. Since joining HCA 28 years ago, he has worked at several HCA Healthcare affiliated hospitals in Virginia and Florida in a variety of nursing leadership roles in the emergency department and nursing administration. Most recently, he served for 14 years at Henrico Doctors’ Hospital in Richmond, VA as the chief nursing officer. Since joining Healthtrust in 2021, he has served as interim chief nursing officer at HCA hospitals, most recently at Mercy.

Warner received his Associate of Science in Nursing degree from Shenandoah University, Bachelor of Science degree in Business Management from Virginia Tech, Bachelor of Science in Nursing from Western Governors’ University and Master’s in Business Administration from Pfeiffer University.

**HCA Florida Aventura Hospital Welcomes Carolyn Hunter**

HCA Florida Aventura Hospital has named Carolyn Hunter as its chief operating officer.

Hunter joins HCA Florida Aventura Hospital from HCA Healthcare’s North Texas Division, where she served as chief operating officer of Medical City Las Colinas since 2019. There, she provided executive-level leadership for surgical services, cardiovascular services, trauma and several ancillary departments. She also served as the facility ethics and compliance officer and led strategic planning and business development initiatives resulting in year over year growth.

Hunter began her career with HCA Healthcare in 2014 as part of the Continental Division and has served as administrative fellow with Sky Ridge Medical Center, director of hospital-based physicians in Nashville, Tennessee and vice president of operations for Chippenham and Johnston-Willis Medical Center in HCA Healthcare’s Capital Division.

**Broward Health Names New Chief Executive Officer of Broward Health Physician Group and Broward Healthpoint**

Broward Health is pleased to announce Dane Ficco, M.B.A., to its executive leadership team as Chief Executive Officer for Broward HealthPoint and Broward Health Physician Group.

Before joining Broward Health, Ficco served as senior vice president and chief operating officer of Excela Health Medical Group, a network of integrated, multi-specialty practices and physician practices located in Pennsylvania. Prior to that, he served as chief operating officer at Crozer Keystone Health Network, a healthcare system also located in Pennsylvania.

Ficco earned his Master of Business Administration from the University of Pittsburgh in Pittsburgh, PA, and his Bachelor of Science in economics from Saint Vincent College in Latrobe, PA.

**New CNO at Baptist Health Cancer Center**

Dr. Michael Zinner, CEO and Executive Medical Director of the Miami Cancer Institute and Baptist Health Cancer Care, announced that Vicki Caraway, R.N., has expanded her role as Chief Nursing Officer of Miami Cancer Institute and will be assuming the position of Chief Nursing Officer for Baptist Health Cancer Care, effective immediately. In her expanded role, Vicki will oversee all nursing functions at both Lynn Cancer Institute at Boca Raton Regional Hospital and at Miami Cancer Institute.

Vicki came to Miami Cancer Institute just over a year ago in March 2022. She has more than 33 years of oncology nursing experience with 28 years spent at various leadership roles at Moffitt Cancer Center in Tampa.

**HCA Florida University Hospital Welcomes Danny Fischesser as New Chief Financial Officer**

HCA Florida University Hospital announced Danny Fischesser as the hospital’s chief financial officer. Fischesser joins University Hospital from HCA Florida Aventura Hospital, where he has served as assistant chief financial officer for two years.

Fischesser started his career with HCA Healthcare in 2014. He earned his master of business administration from Middle Tennessee State University’s Jones College of Business. He earned his bachelor of science from Indiana University.

**HCA Florida Healthcare Names Jyric Sims, PhD, President of HCA Healthcare West Florida Division**

HCA Florida Healthcare announced Jyric Sims as president of its HCA Healthcare West Florida Division.

A more than 20-year healthcare veteran, Sims has been with HCA Healthcare since 2011. He has served as chief executive officer at Medical City Plano and Medical City Frisco since 2021, and he is responsible for all operations of the two hospitals.

Prior to his current role, Sims served from 2017 to 2021 as CEO of Medical City Fort Worth. He joined HCA Healthcare in 2011, serving as vice president and chief operating officer at Tulane Health System in New Orleans, LA; chief operating officer of St. Lucie Medical Center in Port St. Lucie, FL; and associate chief operating officer at Clear Lake Regional Medical Center in Webster, TX.

Sims received a Doctor of Philosophy (Ph.D.) in Public Policy from Southern University in Baton Rouge, a Master in Health Administration from the University of Arkansas for Medical Sciences and holds an undergraduate degree from Louisiana State University. He is also a fellow of the American College of Healthcare Executives.

**Florida Blue Announces Three New Market Leaders to South Region**

Florida Blue, the state’s Blue Cross and Blue Shield plan, recently announced the addition of three, veteran health care executives to the South Florida team as market leaders to support the diverse needs of members and businesses in the region.

Market Leader Alvaro “Al” Molina will oversee Miami-Dade and Monroe Counties. Molina began his career as a Respiratory therapist, working for Baptist Hospital and many local hospitals. In 1996, he launched a ventilator case management company where he worked with managed care companies. He ran the company until 2016 when he transitioned to Kindred Healthcare Managed Care where he became Executive Fellow and eventually CEO in 2019. In 2022 he was promoted to Market CEO for the hospitals in Coral Gables, Hollywood, and North Florida Kindred in Jacksonville.

Market Leader Jacinda “Cindy” Jackson will be responsible for Broward County. Jackson is a health care leader whose career expands across industry leaders like Eli Lilly & Company and most recently Kindred Healthcare. During her nine years with Kindred, Cindy successfully held six growth positions and recently concluded as Market Chief Executive Officer of Kindred Hospitals and Acute Rehabilitation Units - Fort Lauderdale and The Palm Beaches.

Market Leader Juan Awan will oversee Palm Beach, Martin, St Lucie, Okeechobee and Indian River Counties (Treasure Coast). Awan brings more than 20 years of health care experience to Florida Blue. He most recently served as a hospital CEO for Ochsner Health. He spent most of his leadership and professional career at Baptist Health South Florida where he held several leadership roles. He began his career there as an Administrative Fellow.

**E-mail Your Editorial Submissions to:**
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Baptist Health Miami Neuroscience Institute Now Offering Transcranial Magnetic Stimulation Treatment For Patients With Clinical Depression

Baptist Health Miami Neuroscience Institute is now offering a new treatment for patients suffering from clinical depression. Transcranial Magnetic Stimulation (TMS) is a procedure using magnetic fields to stimulate nerve cells in the brain to improve symptoms of major depression. It is a non-invasive treatment, requiring no sedation or surgery, and delivers targeted personalized doses to the patient allowing optimal therapy.

“TMS gives physicians a new treatment option for patients who may not respond to traditional medications to control their depression,” said Rachel Rohaidy, M.D., a neuropsychiatrist at Miami Neuroscience Institute. “Mental health is important in every stage of life, and we want to make sure anyone who is dealing with a mental illness has access to some of the newest and innovative treatments that can provide patients with a new lease on life.”

The TMS procedure uses pulses of electromagnetic energy to target specific areas of the brain commonly associated with depression. With an MRI scan and the TMS unit’s sophisticated navigation tools, doctors are able to deliver electromagnetic energy to the precise location they target.

Patients who qualify typically receive TMS three days a week for 10 to 12 weeks. TMS is FDA-approved, and some patients notice a significant improvement and a 50 percent reduction in their symptoms after just three sessions. Dr. Rohaidy recommends patients should continue receiving psychotherapy during and after treatment.

Neurosurgeons at the Institute currently use TMS and MRI to perform pre-surgical brain mapping in patients with epilepsy and brain tumors. This helps identify areas of the brain associated with movement and speech, enabling them to avoid critical structures during surgery. Experts at Miami Neuroscience Institute are working to expand the use of TMS and conduct research on additional patients who suffer from mental health.

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