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Florida Member
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Pierre Monice

Monice Building on Holy Cross Health's Strengths

BY VANESSA ORR

When Pierre Monice, FACHE, was named CEO and president of Holy Cross Health this past May, he came into the position with three major goals: to stabilize and strengthen day-to-day core operations, build on Holy Cross' impressive reputation, accelerate ambulatory growth and recommit to providing patients with world-class experiences and outcomes.

He's wasted no time getting started.

A member of Trinity Health, Fort Lauderdale-based Holy Cross Health is currently constructing a freestanding emergency department center in Deerfield Beach, FL, which will open in May 2026. Following that facility's completion, another freestanding emergency department will be built at 200 East Sunrise Boulevard in Fort Lauderdale.

"We're accelerating ambulatory growth because that's where healthcare is moving," explained Monice. "We are structuring our ambulatory strategy around access, affordability and appropriateness."

He adds that Holy Cross plans to grow its primary care base and service lines, especially in the areas of oncology, cardiology, neuroscience and orthopedics. He is also looking forward to building upon its surgical platform.

"We want to stay relevant and current, and that means being equipped with the

Continued on page 21

Oncology

Jupiter Medical Center Breast Cancer Specialist: "Focus on the Risks You Can Change, Not What You Can't"

Informing a woman that she has breast cancer is always difficult for specialist Dr. Danielle Krol, but she's often taken aback by what patients say to her next.

"What did I do wrong?" is sometimes the first question women ask when they're diagnosed with cancer," acknowledges Dr. Krol, who recently joined Jupiter Medical Center's Anderson Family Cancer Institute as a breast cancer specialist.

"People often want to know what they could have done to prevent cancer, but the reality is that you can't change your age, your genes or your family history," she explains, "Together, though, we can focus on what you can change, not the things you can't."

A mother's diagnosis = inspiration

Inspired to pursue a medical career after her mother passed away from breast cancer at age 49, Dr. Krol specializes in breast cancer treatment while helping women understand cancer prevention and risk reduction—two areas that encompass multiple factors and data points.

A former ABC News medical journalist and medical oncologist for the U.S. Food & Drug Administration and the National Cancer Institute, Dr. Krol encourages women (and all cancer patients) to seriously examine their family history, genetics, lifestyle, diet and other risk factors throughout their lifetime to take advantage of oncology's advances.

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Dr. Danielle Krol

2026 Forecast: Additional Research Trials That Benefit Memorial Cancer Institute Patients

BY LUIS E. RAEZ, MD, FASCO, FACP

The beginning of another year is a time to look forward and imagine the possibilities the coming months can bring. At Memorial Cancer Institute (MCI), where access to the latest research and treatment options are an important part of the patient and family-centered care we offer, that equals excitement about the current and new clinical trials available to patients. In several, we're able to offer the latest investigational therapies developed for their specific cancer, prior to formal FDA approval and before they are available elsewhere. It's not a stretch to say that, for some, participation in these studies will be the turning point in the ongoing battle against the disease that threatens their survival.



Dr. Luis E. Raetz

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2026: A Look Ahead



Dr. Steven G. Ullmann

A Glimpse into the Near Future

BY STEVEN G. ULLMANN, PHD

So let us look into the crystal ball. Let's see what the crystal ball divulges concerning health care in 2026. What will provision of health care look like? What of access and affordability? What of AI and medical/technological advances? Let's see what the crystal ball divulges.

Affordability? Really? Has health care in the United States ever been affordable? Personal health care costs are the greatest reason for bankruptcy in the United States. This includes people who have health insurance. Why?

Insurance policies, whether employer based or purchased through the Federal Exchange, have been structured increasingly with higher and higher deductibles and movements from dollar copays to percentage coinsurance rates once deductibles have been met. The underlying concept is a good one, with higher deductibles and a coinsurance methodology that relates out-of-pocket expenses to the cost of service or diagnostic procedure, the concept is to provide an incentive to be conscious of whether a medical service is truly necessary and for the patient consumer to shop around.

The reality is that for those with modest income and given the fact of continued limited transparency of price and quality information, the ability to make appropriate decisions is limited. The result? Putting off important diagnostics, delaying seeking of care until issues

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Publisher's Note

Look Back from January: Executive PTO and the Reality of "Still Working"

January has a way of exposing lies. The holiday lights are packed away, the inbox is screaming, and the people who were "fully offline" in December are now responding in under five minutes—with "Hope you had a great holiday!" energy. From January's vantage point, the truth is undeniable: PTO was booked, but work — especially in healthcare — never actually stopped.



December is peak corporate theater. Offices go quiet. Calendars suddenly look generous. Auto-replies bloom like poinsettias. And yet, somehow, decisions keep happening. Deals get done. Problems mysteriously resolve themselves before becoming problems. The healthcare world (hopefully) doesn't shut down; it just whispers. Executive PTO, in particular, comes with an invisible disclaimer: out of office, but emotionally present.

Executive PTO exists in a fascinating gray area. Officially approved. Strategically placed. Entirely fictional. Laptops travel "just in case." Phones stay on, but discreetly—like they're also trying to rest. "I'm technically off" becomes the season's most flexible phrase. While teams unplug completely, executives hover in a semi-vacation state, making judgment calls from hotel lobbies, ski lifts, and the back row of family gatherings.

This isn't complaining; it's math. Leadership doesn't pause just because the calendar says it's festive. When half the company is out and the other half is heroically holding things together, executives become the human duct tape—connecting loose ends, answering "one quick thing" questions, and preventing small issues from becoming January's first emergency. The pace slows, sure. The responsibility does not.

Looking back from January, it's clear December was a silent stress test. The hospitals that coasted through did so thanks to strong systems and executives who stayed just available enough. A fast yes. A gentle no. A decision made before anyone could start a meeting about it. No applause, no announcements — just quiet competence performed in Xmas pjs.

Now January is back with its packed calendars, ambitious goals, and selective memory about how "relaxing" December was. Everyone is officially on, and executives can finally plan PTO that resembles actual time off—until the first "Sorry to bother you..." message arrives.

The takeaway is simple. PTO matters. Boundaries matter. And planning time off doesn't mean disappearing; it means ensuring your healthcare facility survives without anyone panicking. December proved, once again, that executive PTO is less about unplugging and more about low-volume leadership.

Welcome back to January. The lights are down, the inbox is loud, and the healthcare world is wide awake pretending we all truly logged off.

Charles Felix



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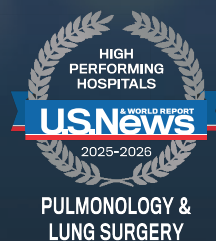
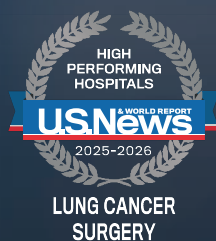
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ACHE of South Florida Member Spotlight: Brian Altschuler, FACHE

Let's Connect:
ACHE of South Florida Spotlight

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BY LOIS THOMSON

They say to enjoy the journey, and that is exactly what Brian Altschuler has done and intends to keep doing. Those who know him may be surprised to learn that the word "hospital" has long been integral to both his vocabulary and his career path.

Before college, Altschuler was drawn to public service, initially considering a career in law enforcement. He began volunteering as an Emergency Medical Technician (EMT) with the Morganville First Aid & Rescue Squad in New Jersey, eventually becoming the squad's captain. That experience led him to a position as a 911 operator. After a brief tenure with Marriott International, he pursued a bachelor's degree in Hospitality Management, studying abroad as part of the program, followed by a master's degree in Leadership and board certification as a Fellow of the American College of Healthcare Executives (FACHE).



Brian Altschuler

By 2001, these experiences converged to set the stage for his transition into healthcare. Following the events of September 11, the hospitality industry suffered a widespread shutdown. At the time, Altschuler was teaching CPR at a local hospital, where he was offered a position as Manager of Workforce Development within the Human Resources Department at Bethesda Memorial Hospital, today now part of the same system he works at Baptist Health South Florida.

Reflecting on his path, Altschuler encourages professionals to remain open to reinvention: "As we enter a new year, when opportunities arise to reinvent yourself, explore them openly and fully."

"It's a unique year when we get to celebrate two things!" Altschuler said. As current President of the American College of Healthcare Executives (ACHE) of South Florida, he noted that his one-year presidency was extended through 2026 when President-Elect Ashley Abbondandolo accepted a new role as Associate Administrator at Sarasota Memorial Hospital.

"It gave me another year to continue supporting our members and watching others grow in their professional development," Altschuler shared. "A lot of the administrative work I learned last year is now under my belt, allowing me to focus on how we can elevate what we're already doing."

Heading into his second term, Altschuler is prioritizing chapter growth and impact. He

noted that ACHE of South Florida has been strengthening partnerships with other professional organizations. Looking ahead to 2026, he is interested in expanding the chapter's community engagement through initiatives such as food drives, collaborations with local health and wellness clinics, and volunteer activities supporting underserved populations. "These are all ways our chapter can increase its impact and visibility in the community," he said.

Altschuler has also asked the board to take an informed look at membership engagement. "Not every member joined ACHE for the same reason," he explained. "Some want networking opportunities; others seek leadership development, education, or community initiatives. I want to ensure we meet those diverse expectations and strengthen the chapter as a multifaceted professional resource."

In addition to his ACHE leadership, Altschuler serves as Vice President of Ancillary Operations at Boca Raton Regional Hospital. He is currently engaged in a \$1 billion master facility project slated to open in summer 2026, an initiative that he says will "reimagine healthcare delivery in South Florida." The project includes a new patient tower with 216 beds, an expanded campus, and advanced technologies designed to enhance clinical outcomes and patient experiences. "Between proton therapy, a cancer institute, a new ambulatory center, and additional physician office space – it will be dynamic," he said.

Integrating his hospital role with his ACHE presidency, Altschuler recently reflected on his first year in a letter to members. He cited highlights such as meeting members across the region, collaborating with a talented board, expanding educational offerings, and launching new virtual programming. The chapter also improved accessibility by clustering networking events in convenient locations and strengthening statewide collaboration with sister chapters to deliver broader initiatives across Florida.

"I think it's important to emphasize the uniqueness and talents of our members," Altschuler said. "At many of our events, I see how we come together to strengthen one another as leaders, so we can return to our respective organizations and deliver the highest quality care to the communities we serve. That's the best part about ACHE."



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Dr. Christopher Chang New BCMA President

BY LOIS THOMSON

After growing up in Hong Kong and spending considerable time in places such as California, Washington, D.C., and Delaware, Dr. Christopher Chang made South Florida his home, and will begin a new chapter on January 31st as president of the Broward County Medical Association (BCMA).

Dr. Chang completed his undergraduate, master's, and doctoral studies in chemistry at Georgetown University before pursuing pediatric residency training at Children's Hospital of Los Angeles. While his early academic interests were rooted in chemistry, his clinical path came into focus after an encounter with an immunologist at the University of California, Davis, who encouraged him to pursue fellowship training in allergy and immunology.

Dr. Chang completed his fellowship at UC Davis, remained on faculty, and opened a solo practice in Crescent City, California, where he spent nearly two decades balancing academic medicine and private practice. As reimbursement pressures increased and regulatory demands intensified, he began exploring new professional opportunities that eventually led him across the country, and ultimately to Florida.

Nearly eight years ago, Dr. Chang joined Memorial Healthcare System to help rebuild its allergy and immunology division. What began as a pediatric service expanded to include adult care, pediatric rheumatology, and ongoing recruitment to further strengthen the division. Today, he serves as Chief of the Division of Immunology, Allergy, and Pediatric Rheumatology at Joe DiMaggio Children's Hospital and Memorial Healthcare System, roles he describes as both challenging and deeply rewarding.

In addition to his clinical leadership, Dr. Chang has devoted more than 30 years to medical education. At Memorial, he launched the Transitional Year Residency Program in 2022 and the Allergy/Immunology Fellowship Program the following year. As Medical Director of Pediatric Research at Joe DiMaggio Children's Hospital, he has mentored countless medical students, residents, and fellows. "Working with new generations of physicians is inspiring," he said. "They bring energy, curiosity, and a genuine passion for medicine."

Dr. Chang's involvement with the BCMA began at the encouragement of colleagues who recognized his leadership potential. Through participation in the Physicians Leadership Academy and service on multiple committees, he developed a deep appreciation for the role organized medicine plays in supporting physicians. His path eventually led to his election as president.

Founded more than a century ago, the



Dr. Christopher Chang

BCMA exists to unite physicians, advocate for policies that protect patient care, and safeguard the integrity of the physician-patient relationship. As the association approaches its 100th anniversary in 2026, Dr. Chang views this milestone not simply as a celebration of the past, but as a defining moment to shape the future.

"Medicine has changed dramatically over the last few decades," he noted. "Physicians are practicing in different models, facing new technologies, and entering the profession with different expectations. Our association must evolve alongside them."

As president, Dr. Chang has identified three core goals for his 2026-2027 term, each rooted in long-term sustainability and physician leadership:

First, to actively engage residents, fellows, and early-career physicians. Dr. Chang believes that introducing physicians to organized medicine early fosters lifelong engagement and leadership. By listening to their priorities and supporting their professional development, the BCMA can ensure the next generation has both a voice and a seat at the table.

Second, to thoughtfully embrace innovation in healthcare. From artificial intelligence to evolving educational models, Dr. Chang emphasizes that physicians must help guide how new technologies are implemented, ensuring innovation enhances care rather than undermines clinical judgment or patient trust.

Third, to strengthen advocacy on issues that threaten the physician-patient relationship. This includes addressing the misuse of AI in coverage determinations, inappropriate expansions of scope of practice, and legislative efforts, such as wrongful death bills, that could have far-reaching consequences for physicians and patient access to care. Under his leadership, the BCMA will continue to be a strong, unified voice for physicians in Broward County.

At its core, Dr. Chang says, the BCMA stands for unity, advocacy, and purpose. "The BCMA brings physicians together around a shared mission, supporting one another while advocating for our patients. We come from different backgrounds and practice in different settings, but our goal is the same: quality, compassionate patient care."

Looking ahead, Dr. Chang hopes his presidency will be remembered not only for honoring the association's rich history, but for positioning it to thrive in its next century. "If we engage the next generation, lead innovation responsibly, and advocate fiercely for our profession and our patients," he said, "the BCMA will remain strong, relevant, and indispensable for decades to come."

For more information, call (954) 714-9477 or visit www.bcma.com.

E-mail Your Editorial Submissions to
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MDCMA Represents Physicians and Patients During Capitol Visits

Last month, I was joined by my colleagues from the Miami-Dade County Medical Association (MDCMA) leadership on a trip to Tallahassee for our annual Legislative Fly-In, engaging directly with 16 Florida legislators to advocate for policies that protect patients, support physicians, and preserve the integrity of the physician-led healthcare system.

During a series of productive meetings at the Capitol, we focused on key priority issues critical to the practice of medicine and the physician-patient relationship.

Among these was the need for human review of health insurance denials. MDCMA strongly supports HB 527 and SB 202, which would require that medical necessity determinations be reviewed by qualified healthcare professionals rather than automated systems. We emphasized that coverage decisions should be made by humans, not algorithms, to ensure timely, appropriate care for patients.

We also advocated for payment certainty to benefit patients and physicians. MDCMA supports proposed legislation to include physicians alongside dental practices in preventing health plans from retracting their determination for covered services after care has been provided, except under specific circumstances. Ensuring fair, predictable reimbursement is essential to maintaining patient access to care and sustaining physician practices across Florida.

In addition, we expressed MDCMA's strong opposition to HB 6003, absent reasonable caps on non-economic damages. This legislation related to medical liability lawsuits could lead to skyrocketing medical malpractice costs, increased defensive medicine, and reduced access to care for patients.

We also reaffirmed MDCMA's opposition to the expansion of scope of practice and strongly advocated for physician-led, team-based care. Patient safety and quality outcomes are best achieved when care teams are led by physicians with the education and training necessary to manage complex medical decision-making.

We were encouraged by the support we



BY ADRIANA
BONANSEA-FRANCES,
MD

received from several legislators who were aligned with many of these issues. At the same time, continued outreach is critical, as some lawmakers were not fully aware of all the current challenges facing physicians, patients, and the healthcare system. These conversations reinforced the value of being present and sharing real-world perspectives from the front lines of care.

During our Capitol visits, a new omnibus bill was filed

in the House, HB 693 also known as the "Florida Big Beautiful Healthcare Frontier Bill." This large piece of legislation has expansions of authority for non-physician members of the healthcare team that are concerning for their potential impacts on patient safety. MDCMA will work with our colleagues throughout Florida and our partners in the legislature to ensure our patients, family, friends, and communities are protected while championing ways to safely increase access to care.

On behalf of MDCMA, thank you to our dedicated leadership and physician delegates who took time away from their practices to represent Miami-Dade physicians and patients in Tallahassee. Your advocacy and commitment are vital to advancing our shared priorities.

Advocacy efforts like the Tallahassee Fly-In are made possible through the support of the MDCMA members and our Political Action Committee (PAC). Physicians and medical associations must work together to ensure our representatives and senators understand how legislation could affect the future of medicine in our state.

We encourage physicians to join MDCMA and support the MDCMA PAC to help amplify our voice, strengthen our advocacy efforts, and ensure that physicians remain at the table when healthcare policy decisions are made. Contribute to the PAC at miamimed.com/page/Advocacy. To join us, learn more at miamimed.com/page/Benefits.

Dr. Adriana Bonansea-Frances is
President of the Miami-Dade County
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Tampa General Milestones Enhance Access to Care Throughout Florida

In 2025, Tampa General Hospital achieved several significant milestones as it continued to expand access to academic-based medicine throughout the state of Florida.

TGH Transplant Institute ranked #1 nationally

Tampa General ranked #1 in the nation for transplants by volume, according to data from the Organ Procurement & Transplantation Network. With 889 transplants completed in 2024, the academic health system also set a national record for transplant procedures in one year.

TGH Transplant Institute surgeons have completed more than 15,000 transplants since the program began in 1974. Tampa General is the only hospital in West Central Florida to offer all five organ transplants for adult patients, which include the heart, lung, liver (living and deceased donor), kidney (living and deceased donor) and pancreas, as well as pediatric kidney transplants. With an established network in South Florida, physicians can easily refer patients in Palm Beach and Martin counties to Tampa General's expert transplant team.

A partnership to advance Lakeside Medical Center

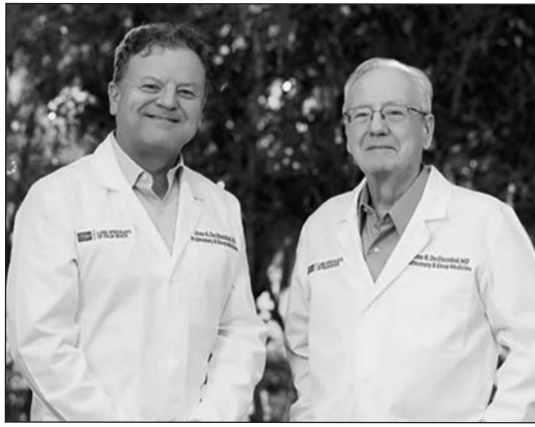
Lakeside Medical Center in Belle Glade is Florida's only rural teaching hospital. The facility is owned and operated by the Health Care District of Palm Beach County, a public health care system that subsidizes the hospital to protect continued access to care for the rural Glades communities. Tampa General and the Health Care District have entered into a partnership to:

- Advance access to high-quality care close to home
- Strengthen clinical training, recruitment and retention
- Boost market growth
- Improve community health by supporting better patient outcomes

To formulate the strategic plan, the parties launched a listening tour with local civic groups and public outreach initiatives. Lakeside Medical Center is in the process of identifying expanded services to provide additional specialty health care that meets the needs of the community.

Ongoing expansion in Palm Beach and Martin counties

In 2020, Tampa General began developing a network of state-of-the-art services for patients in the Palm Beaches and on the Treasure Coast. Three additional practices joined the academic health system in 2025, boosting its network to more than 90



TGH Lung Specialists of Palm Beach, led by father-and-son team and board-certified pulmonologists Dr. Jose A. De Olazabal and Dr. Jose R. De Olazabal, recently joined Tampa General Hospital's growing network serving patients in both Palm Beach and Martin counties.

providers:

- **TGH Advanced Pulmonary & Sleep Medicine:** Led by Maung Oo, M.D., an experienced specialist in pulmonary medicine, and Robert Grant, D.O., this Jupiter-based practice now offers expanded access to pulmonary and sleep-related treatment.

- **TGH Advanced Urology Care:** Based in Jupiter and led by board-certified urologists Daniel Caruso, M.D., MBA, and Kaveh Besharat, M.D., this practice delivers state-of-the-art urologic care, while maintaining the highest standards for comprehensive treatment.

- **TGH Lung Specialists of Palm Beach:** A longtime provider of expert pulmonary care and sleep medicine in Palm Beach Gardens, this practice is led by a father-and-son team of board-certified pulmonologists, Jose R. De Olazabal, M.D., and Jose A. De Olazabal, D.O.

Now, more patients in Palm Beach and Martin counties can access enhanced care pathways for complex conditions, with postoperative care conveniently close to home.

AI helps reduce paperwork and enhance patient care

To ease the administrative burden on its physicians, Tampa General deployed the Dragon Ambient eXperience (DAX) Copilot, an artificial intelligence (AI) tool that uses ambient listening to convert multiparty conversations into specialty-specific clinical summaries in seconds. It works seamlessly with Tampa General's electronic medical record platform, reducing documentation time by half.

Dr. Laurie Rothman, a concierge physician in Palm Beach Gardens with TGH Concierge Health, a service of TGH Primary Care, is impressed with the program's accuracy and its ease of use.

"DAX Copilot has enhanced my ability to provide efficient, high-quality patient care," she said. "It allows me to focus more on my patients, ensuring I can listen attentively, while being confident the system is recording and documenting everything accurately."

Kidney stone clinic offers coordinated, streamlined care

Tampa General launched the first-ever comprehensive clinic in Palm Beach County to provide coordinated care for patients afflicted with kidney stones. The TGH Kidney Stone Clinic takes a patient-centered approach, simplifying the process of kidney stone care, which often involves navigating multiple specialists and medical systems to receive

Continued on following page

Holy Cross Health Marks 70 Years of Caring for South Florida

Holy Cross Health marks its 70th anniversary, honoring a history that began in 1955 when the Sisters of Mercy established a hospital grounded in dignity, respect and faith-based healing. From its earliest days, Holy Cross Health has focused on providing dependable, compassionate care, a commitment that continues to guide the health system today. What started as a small, community hospital has grown into a trusted regional resource for patients and families across South Florida.

As the surrounding community grew, Holy Cross Health expanded its services and facilities to meet the needs of patients. New clinical programs, updated facilities and evolving patient needs shaped decades of growth that helped build the strong foundation the organization stands on today.

Community support has long played a role in that progress. Philanthropic gifts, volunteer service and partnerships have helped bring new capabilities to patients and strengthened many programs. This shared commitment reflects the spirit of building excellence together, a value that continues to guide how Holy Cross Health approaches its work.



Construction taking place at Holy Cross Health in the mid 1950s, capturing the early development of the hospital



A ceremonial nursing cap presentation by the Sisters of Mercy at Holy Cross Health during its initial years

Today, the hospital continues to evolve to meet the needs of its patients. Recent developments include the opening of the Family Health Center in Oakland Park, which brings multiple services into one coordinated space, and the Jon and Helaine Ayers Rehabilitation Center, which supports recovery and independence. The Pompano Beach Urgent Care Center provides convenient care for non-emergency needs, and a new freestanding emergency department in Deerfield Beach is now under construction. When completed, it will expand emergency care access for northern

Broward County.

Colleagues remain central to Holy Cross Health's mission. Nurses, physicians, therapists, technicians, support staff and volunteers create a culture that places patients at the center of every decision. Their dedication earned national recognition in 2025 when Forbes named the Holy Cross one of America's Best Employers for Healthcare Professionals.

"Seventy years of service reflects the trust our community has placed in us," said Pierre Monice, MBA, FACHE, President and Chief Executive Officer at

Holy Cross Health. "This milestone honors the generosity, dedication and partnership of our colleagues and community. Every day, that trust is reflected in the compassion and teamwork our colleagues bring to patient care. It is a reminder of where we began, what we have built together and the legacy we carry as we continue serving our patients and neighbors."

As Holy Cross Health begins its next chapter, the team remains focused on strengthening patient care, supporting its workforce and fostering partnerships that help build healthier communities.

Tampa General Milestones

Continued from previous page

treatment.

The new clinic streamlines the multi-disciplinary approach required for kidney stone care by integrating three Tampa General practices in Palm Beach County:

- TGH Advanced Kidney Care
- TGH Urology Group of Florida
- TGH Advanced Urology Care

With experienced, board-certified urologists and nephrologists, each practice offers convenient locations for patients in the Palm Beaches and on the Treasure Coast.

Identifying cancer risk

The TGH Cancer Institute | Cancer Center of South Florida (CCSF) introduced a genetics program for patients wanting to proactively determine their cancer risk. The Hereditary Cancer Prevention & Risk Program is available to anyone with active cancer, previously diagnosed cancer or a family history of cancer.

The program is led by Catherine Marinak, APRN, MSN, AOCNP, a nurse practitioner with an advanced specialization in cancer risk assessment. Marinak meets with patients first for a thorough review of their family's medical history. From there, she evaluates if the patient will benefit from a personalized high-risk assessment and possible testing.

For more information about these Tampa General initiatives and programs, please call (561) 739-4TGH (4844).

Broward County Medical Association Proud to Honor Healthcare Leaders at 100-Year Anniversary Celebration

This past year was a busy one for BCMA during my time as the Association's President. Our activities including the launch of our new Business of Medicine events, engaging with legislators in the district and during our trip to Tallahassee in December, collaborating with stakeholders on the future of healthcare in our community, and much more. And as we look ahead, I encourage you to join me at BCMA's Presidential Inauguration and 100-Year Anniversary Celebration on January 31st.

Along with our honored guests, Dr. Alma Littles, Florida Medical Association President-Elect, and Dr. Bobby Mukkamala, President, American Medical Association, we are thrilled to celebrate this historic milestone for our Association. We are also excited to partner with Kristi Krueger, anchor and health reporter WPLG Local 10, as our Master of Ceremonies. I invite you to support the special occasion by purchasing tickets, becoming a sponsor, and helping us commemorate the past while investing in the future of the BCMA. Visit bcma.com for details.

We are proud to honor our 2025 award recipients and healthcare leaders during this celebration. As the Association marks 100 years of physician leadership, advocacy, and service in Broward County, this year's recognitions highlight the individuals and institutions whose impact has shaped the future of healthcare in the region.

Christopher Chang, M.D. – Incoming BCMA President

Dr. Chang, a national recognized pediatric allergist and immunologist, will be Inaugurated as President of BCMA on January 31st. He currently serves as Chief of the Division of Pediatric Immunology and Allergy at Joe DiMaggio Children's Hospital, and is preparing to guide the Association into its second century of service.



BY KAYVAN AMINI, DO

Dana Wallace, M.D. – Physician of the Year Award

This award honors a physician whose innovation, service, and unwavering dedication have created a lasting impact on the healthcare landscape and aligns deeply with BCMA's mission of advocacy for physicians and patients. Dr. Wallace, Associate Professor at Nova Southeastern University College of Allopathic Medicine and a past president of the BCMA, is recognized for her outstanding leadership and contributions.

Nova Southeastern University (NSU) and ProAssurance – Institutional Partner Awards

NSU and ProAssurance, the Medical Professional Liability partner of BCMA, are honored as exceptional institutional partners whose collaborations with physicians and the BCMA have strengthened patient safety efforts, medical education, advocacy, and the delivery of high-quality care in the region.

Cynthia Peterson Legacy Fund Scholarship Recipient(s) – To Be Announced

The Cynthia Peterson Legacy Fund is dedicated to honoring the remarkable career and unwavering dedication of Cynthia Peterson, retired CEO of BCMA. In recognition of her enduring legacy, the BCMA Foundation is proud to award our first scholarship for aspiring medical students in Broward County at this year's Inauguration.

The BCMA Presidential Inauguration & 100-Year Anniversary Gala will not only honor a century of service and achievements in organized medicine, but also the medical leaders who will continue to drive progress for future generations. Thank you for your continued engagement, advocacy, and support of our shared mission.

Dr. Kayvan Amini is President, Broward County Medical Association.



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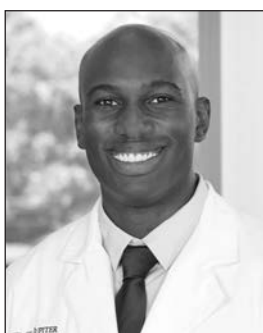
Jupiter Medical Center Brings Pulsed Field Ablation to Lung Cancer Care

BY DANIEL CASCIATO

Jupiter Medical Center is among the first hospitals in the United States to offer a promising new, minimally invasive treatment for lung tumors: Pulsed Field Ablation (PFA). The procedure was recently performed using the Galvanize Therapeutics Aliya™ Pulsed Electric Field (PEF) System by Dr. Kevin Green, pulmonologist, specializing in advanced bronchoscopy and interventional pulmonology procedures, alongside Dr. K. Adam Lee, cardiothoracic surgeon and medical director of the Thoracic Surgery & Lung Center of Excellence.

Unlike traditional ablation techniques that rely on heat or extreme cold to destroy tumors, PFA uses short pulses of electrical energy delivered directly into the tumor through a bronchoscopic needle. This non-thermal approach disrupts tumor cell membranes while preserving surrounding healthy tissue, offering a safer and more precise option for select patients with lung tumors.

"From a clinical standpoint, the biggest difference is safety," Dr. Green explains. "Heat-based ablation has been used in the lung on a very limited scale because of complications like bleeding, sometimes even fatal bleeding. Cold-based ablation hasn't shown the same success in the lung and can carry risks such as gas embolisms. Pulsed field ablation doesn't damage surrounding struc-



Dr. Kevin Green

tures, and it avoids many of the issues we've seen with thermal techniques."

Because PFA is non-thermal, it leaves blood vessels and connective tissue intact. Dr. Green describes it as preserving the "scaffolding" of the lung. "We're only treating the tumor cells," he says. "That means less bleeding, less risk of lung collapse, and the ability to safely treat lesions that may be very close to the heart or major blood vessels."

The procedure is performed bronchoscopically, meaning no surgical incisions are required. A needle is guided directly into the tumor using robotic bronchoscopy, and short electrical pulses are delivered to destroy cancer cells. For patients, this often translates into little or no pain and a quicker recovery compared to traditional surgery.

One of the most compelling aspects of pulsed field ablation is its potential impact beyond local tumor destruction. Early data suggests the procedure may stimulate an immune response by releasing tumor antigens.

"When we destroy tumor cells, they release immune activators that help prime the immune system," Dr. Green says. "This could improve a patient's response to immunotherapy, either as an adjunct before starting treatment or even in patients who haven't responded well to therapy in the past."

Dr. Green emphasizes that this technology may benefit not only patients

who have exhausted other options, but also those earlier in their treatment journey. "The goal is disease control and extending both the quality and quantity of life," he says. "We're adding another tool to the toolbox, and that matters because even with everything we have today, tumors still progress."

Jupiter Medical Center's first case using PFA reinforced Dr. Green's confidence in the technology. "What stood out to me was how seamlessly it fit into our existing workflow," he recalls. "The needle fits directly through our robotic bronchoscopy catheter. We didn't have to reinvent anything."

Perhaps the most transformative aspect, he says, is the ability to diagnose and treat in a single procedure. "We can biopsy the lesion, get an answer, and then treat the tumor while the patient is still under anesthesia," Dr. Green explains. "That means we're not waiting weeks for pathology and scheduling a second procedure. We can safely expedite care, which is a huge game changer for patients."

While the current application is focused on lung tumors, the future potential of pulsed field ablation is expansive. Dr. Green notes that solid tumors in other areas of the chest—and potentially beyond—may benefit as the technology evolves.

"As with any new technology, we're at the early stages," he says. "As ablation zones get larger and the tools continue to improve, this could expand to treating bigger lesions and potentially tumors in other organs. We've already seen success in treating other solid tumors like sarco-

mas and skin lesions."

He stresses, however, that patient selection and timing are critical. "The key is identifying the right patients early," Dr. Green says. "That's why our multidisciplinary tumor board is so important. Radiologists, pulmonologists, surgeons, and oncologists are all at the table, making sure patients get the best available treatment at the right time."

Looking ahead, Dr. Green believes pulsed field ablation may help reshape the role of interventional pulmonology in cancer care. "Traditionally, pulmonologists diagnose lung cancer and then hand patients off for definitive treatment," he says. "I hope over the next three to five years, we become more involved on the treatment side. Being able to diagnose and treat is incredibly rewarding."

Dr. Green is quick to acknowledge that bringing this technology to Jupiter Medical Center was a team effort. "I want to give a lot of credit to Dr. Lee," he says. "He helped champion this technology, worked with hospital leadership, and supported the process every step of the way. Without that collaboration, we wouldn't be where we are today."

With the introduction of pulsed field ablation for lung tumors, Jupiter Medical Center continues to lead in advanced, patient-centered cancer care, offering renewed hope through innovation, precision, and collaboration.

For more information about pulsed field ablation or the Thoracic Surgery & Lung Center of Excellence, visit jupitermed.com.

Cover Story: Jupiter Medical Center Breast Cancer Specialist: "Focus on the Risks You Can Change, Not What You Can't"

Continued from page 1

"I was 16 when my mother was diagnosed with breast cancer at age 46 and there was no such thing then as extended panel genetic testing," she points out.

But women today have access to far more information, tests, preventive approaches and treatments for breast and other cancers so that they can identify and modify their risks throughout life. These are important capabilities now because some cancers - including breast, uterine, lung, pancreatic, colorectal and skin - are being detected in women as early as their 20s-30s-40s.

Is genetic testing right for you?

"In today's society, genetic counseling is really vital for someone who has a strong family history of cancer, such as a mother or aunt who was diagnosed with breast cancer," she says. "Genetic counselors are really good at translating complex genetic information into under-

standable risks, which helps people assess their lifetime risk of developing cancer.

"Ongoing advancements in technology have created a transformative impact in not only identifying genetic abnormalities in individuals at risk for developing cancer, but also for identifying cancer-cell genetic abnormalities, a capability that opens the door to developing targeted drug treatments," she adds.

"A deep family history should also serve as impetus to talk to a family doctor or obstetrician-gynecologist about earlier mammograms, Pap tests and cancer screenings," she says. Questions to consider when determining whether to pursue additional cancer screening(s) or an appointment with a genetics counselor include:

- Is there a family history (women and men) of specific cancers? Breast? Uterine? Ovarian? Cervical? Lung? Pancreatic?
- Have you been screened for the pres-

ence of the BRCA gene, which significantly increases the risk of breast and ovarian cancer?

- When was your last PAP test for cervical cancer?
- When was your last visit with an obstetrician/gynecologist?
- When was your last mammogram or physical breast exam?
- How frequently should your screenings be scheduled, and should other screening modalities be added?
- Should we explore preventive medications or surgeries, for example, if you're at high risk for ovarian cancer?
- What is your risk, and what can we do to screen earlier for those specific cancers?"

Screening data = targeted treatments

Early treatment interventions and risk-modifying approaches are now available, including more frequent screenings/

scans and chemoprevention (anti-hormone therapy) for patients with specific individual or family cancer risks, notes Dr. Krol. Lifestyle discussions and changes are important, too, especially about exercise, diet and consumption of processed foods, smoking, alcohol use, hormone replacement therapy history and other factors, she points out. Some studies, for example, highlight yoga's benefit to ease pain, fatigue and depression among women recovering from breast cancer.

"My expertise is the treatment of breast cancer of all stages, but also cancer prevention in high-risk men and women," she says. "I provide specialized care for individuals at high-risk for developing cancer and those with a high-risk of the cancer coming back after treatment."

To make an appointment with Dr. Krol, please call The Anderson Family Cancer Institute at (561) 263-4400.



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KIDZ Oncologist on the Forefront of Pediatric Cancer Care

BY VANESSA ORR

While treating young cancer patients can be challenging, KIDZ pediatric oncologist Dr. Doured Daghistani says the rewards of this career are immeasurable.

"When people ask me what I do for a living, and I say that I treat kids with cancer, they say, 'I'm sorry,'" he explained. "But what they don't understand is that the most common pediatric cancer—leukemia—has a 95 percent cure rate. The majority of kids are doing well these days, thank God."

Dr. Daghistani, who cares for patients at both Miami Cancer Institute and Nicklaus Children's Hospital, notes that survival rates today are far higher than in the past. The 69-year-old, who has been practicing pediatric hematology/oncology since 1986, credits this to innovations in pediatric cancer care.

"Back in 1965, when I was 8, I was watching a movie where the child was diagnosed with leukemia, and the doctor told his parents that the child had six



Dr. Doured Daghistani

months to live and that there was nothing he could do," recalls Dr. Daghistani. "Now, when I tell parents that their child has leukemia, I can tell them that 95 percent of these children will be long-time survivors. That's a major difference."

In the past, childhood cancer was treated in three ways: with surgery, radiation, and chemotherapy. Unfortunately, even if the

child survived, side effects could prevent them from living a "normal" life. Today's treatments not only aim to improve mortality rates, but also to decrease morbidity, or the side effects of treatment.

"This is especially important in kids with brain tumors, because the brain is still developing," said Dr. Daghistani. "If the brain is damaged as a result of radiation therapy, it becomes a long-term problem. Today, we're seeing the side effects of treatments that took place 15 years ago."

One of the latest innovations in treating childhood cancer is proton therapy, which does not cause long-term brain damage. Proton therapy uses highly precise radia-

tion beams to target pediatric tumors, sparing healthy tissues better than traditional X-ray therapy. This significantly reduces long-term side effects like developmental issues, growth problems, and secondary cancers, and is ideal for use in brain, head/neck, and spinal tumors.

Another innovative modality, targeted therapy, helps identify cancers with specific genetic/biologic markers. Targeted therapy is a form of precision medicine that uses drugs to attack specific genetic changes (mutations) in childhood tumors, moving beyond broad chemotherapy to more focused, less toxic treatments.

Immunotherapy is also being used to decrease morbidity and increase survival.

"The immune system polices the body 24/7 and attacks abnormal cells," said Dr. Daghistani. "Before, when a child got cancer, it meant the immune system failed. Now, we're using the child's own immune system to fight cancer, and we've made significant advancements in the last 10 years, especially in treating acute leukemia."

Treatments include CAR T-cell therapy (reprogramming T-cells to attack tumors) and using targeted antibodies.

"It's really amazing that in the 1980s,

we discovered that leukemic cells had abnormal chromosomes and genes, but we didn't yet have human genome mapping," said Dr. Daghistani. "It took 10 years and \$100 million to finally know what genes were in the body. Now we can identify cancer genes and biomarkers, enabling targeted and immunotherapy."

Dr. Daghistani, who attended medical school at the University of Damascus, Syria, and completed his residency and fellowship at the University of Miami/Jackson Memorial Hospital, has been with KIDZ Medical Services for the past four years. He appreciates that the company is owned and operated by physicians who have worked in the medical field for decades.

"You very rarely see doctors and medical practices led by physicians; they are often led by people who do not fully understand medicine," he said. "KIDZ has an amazing executive team and a very comprehensive team overall."

He also appreciates that he works in a field where he can witness advancements saving children's lives.

"Years later, when I see my patients as adults with their own children, there's no way to explain how that feels," he said. "There are simply no words to describe it."

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'What's New' at Baptist Health Oncology Department

BY LOIS THOMSON

If you want to know "what's new" across Baptist Health Cancer Care, be prepared for quite a long answer. Dr. Leonard Kalman, interim system chief executive of Baptist Health Cancer Care and interim executive medical director of Miami Cancer Institute, was pleased to discuss the many new programs, innovations, and happenings to start the new year across the program.

As background, Dr. Kalman explained that he is a medical oncologist who came to this community 43 years ago, joined a private practice, and grew that practice to 47 doctors. The practice ended in 2014, and that group of oncologists became the legacy employees of the Miami Cancer Institute. "At that point I assumed my duties as the executive deputy director and chief medical officer. Among my many duties are to recruit physicians and help direct the development of our clinical programs."

The "interim" portion of his title refers to the fact that founding CEO, Dr. Michael Zinner, recently passed away. Dr. Kalman



Dr. Leonard Kalman

said, "I worked closely with him as my partner, my boss, my friend, to build this cancer institute. Upon his death I was named as the interim leader of Baptist Health Cancer Care." The national search to fill the position is underway. But Dr. Kalman acknowledged, "We'll never replace him, but we're looking for someone with a similar academic background who also has some of the same personal qualities. He was humble, kind, compassionate, and easily approachable."

While Dr. Kalman continues with his responsibilities, he said the institute is "very much focused on growth in terms of new patients and new sites of care, as well as full integration with the Lynn Cancer Institute in Boca. We have become a destination cancer system. Our national and international reputation is growing every day and every year. We are intent on building on that, as our physicians continue to give lectures and make presentations at the most prestigious national and international meetings."

In addition, Dr. Kalman mentioned that Miami Cancer Institute's radiation oncology

facility is state of the art, equipped with every possible modality to optimize patient care, including a showcase proton facility. Proton therapy is the latest in radiation oncology, delivering precise treatments that maximally reduce side effects by sparing the normal tissue surrounding a tumor.

With its growing presence, Dr. Kalman admitted, "We've outgrown our current facility. So we have developed another building called the Al and Jane Nahmad Women's Cancer Center, a 160,000 sq. ft. building across the Baptist Hospital of Miami campus from the current facility, a unique building where we will focus on the care of women with cancer. Our breast cancer patients will be seen there, as well as our gynecological oncology patients, supported by our plastic surgeons and other providers and programs designed for the special needs of women with cancer."

The institute has hired a new physician, Dr. Anastasia Tousimis, former chief of breast surgery at Georgetown, to be the medical director of the women's cancer center. She will coordinate care there among all the providers in a multi-disciplinary, women's centric fashion.

Dr. Kalman also mentioned that he's especially proud of a young woman's breast cancer program developed by breast

surgeon Dr. Starr Mautner and breast cancer medical oncologist, Dr. Reshma Mahtani. While women of every age have issues when it comes to the disease, young women have special concerns that this program will address.

He mentioned, too, the institute's partnership with the New World Symphony, a partnership fostered by his predecessor, Dr. Zinner. "There is an Arts in Medicine program, where artists come in and work with the patients. It's been documented that when patients get involved in arts, whether it's painting, drawing, or other artistic endeavors, this improves the quality of their lives as they progress in their cancer journey."

Through all of this, Dr. Kalman said, "We hold ourselves to high standards. We strive for the clinical outcomes for our patients. And we want them to feel that both the clinical expertise and the patient experience are second to none."

In describing the overall care provided by the Miami Cancer Institute, Dr. Kalman called it, "comprehensive, multi-disciplinary, innovative, and compassionate. It's all about the patients and their families getting the very best care."

For more information, visit <https://baptisthealth.net/services/cancer-care>.

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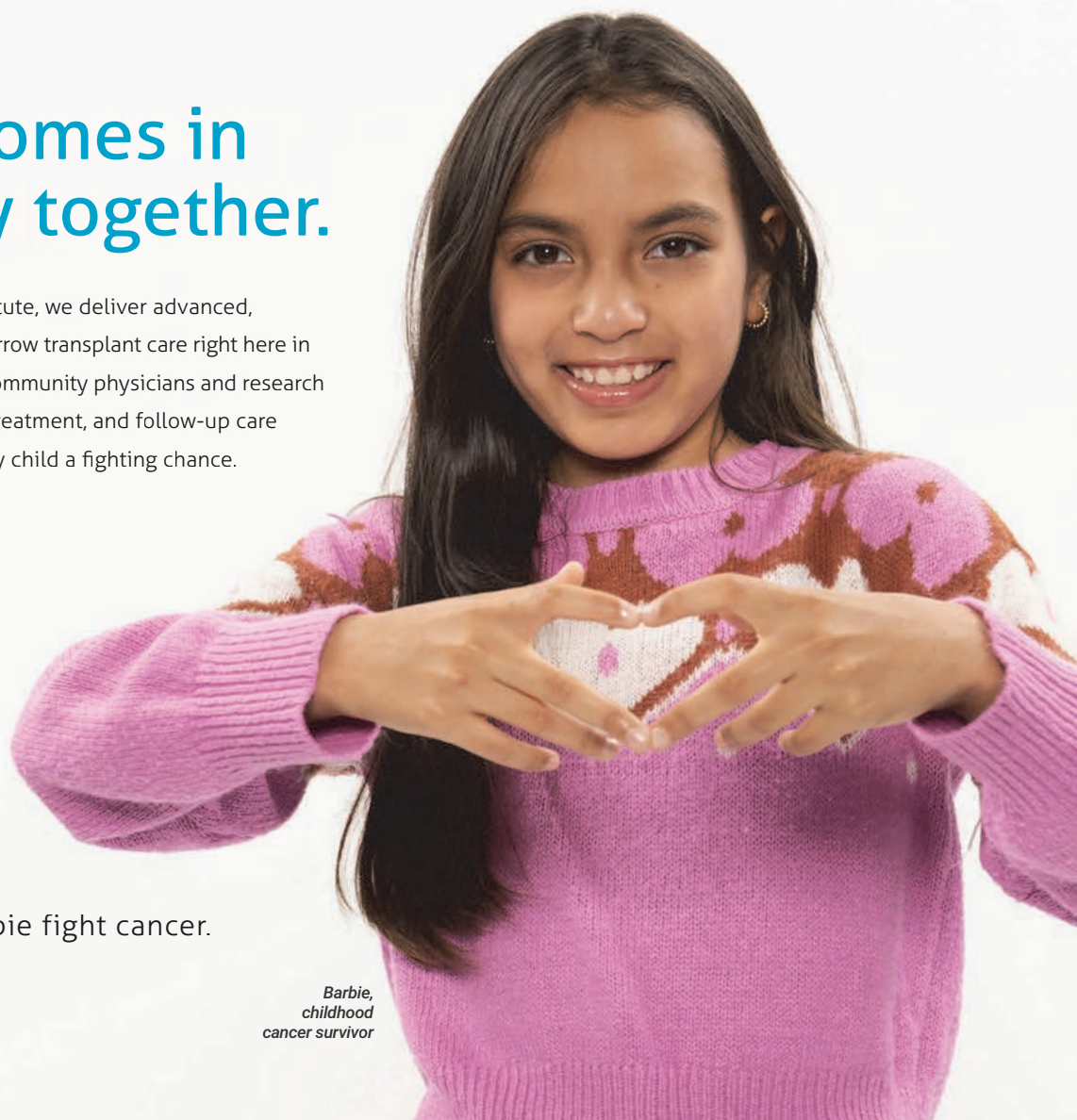
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Cover Story: 2026 Forecast: Additional Research Trials That Benefit Memorial Cancer Institute Patients

Continued from page 1

Genes Provide Clues

Memorial's study of NRG1 genetic variations is an example of important clinical research that isn't being done anywhere else in Florida. For nearly two years before it received FDA approval, MCI offered a clinical trial with the drug Zenocutuzumab, a bispecific antibody drug effective against non-small cell lung and pancreatic cancers.

Similarly, from 2018-2021, more than 15 MCI patients had access to Selpercatinib, a new RET inhibitor that targets RET fusions in lung and thyroid cancers. Again, Memorial Cancer Institute was the only cancer center in Florida that offered this treatment option.

What's Next?

With more than \$4 million in new grants already secured from state and local sources for use this year, MCI will be on the leading edge of advancements for a variety of cancers, including those in the brain and lungs. Here's a look at some new areas of study:

- Dr. Atif Hussein, director of Memorial's hematology & oncology fellowship program, will lead a study focused on brain tumors, which younger people are now developing in larger

numbers. This research involves molecular testing of blood, tissue and fluid to analyze DNA, RNA and proteins to diagnose the disease, predict treatment response, guide therapy and assess risk, using techniques that find specific genetic markers.

- Dr. Ashwin Mehta, medical director of Memorial's Integrative Medicine program, and I will evaluate blood samples looking for tumoral DNA to detect the recurrence of cancer among survivors.

- Dr. Mark Block, chief of Thoracic Surgery, will co-lead a breast and lung cancer tumor bank we've established to study genetic markers in minority populations. For African-American, Hispanic, and Caribbean populations in South Florida, the information we're able to cull from comparing samples from hundreds of tumors could mean a totally different course of treatment, perhaps avoiding chemotherapy in favor of more tolerable oral medication.

The ongoing development of the tumor bank was made possible, in part, by a \$450,000 grant from the Community Foundation of Broward, a longtime supporter that has now provided more than \$1 million in three different grants for my research at Memorial Cancer Institute. They understand that in South Florida's especially diverse pop-

ulation, one treatment is rarely appropriate for all audiences, and their partnership is making a significant difference for those who may otherwise not have access to genetic screening.

Local Impact

In 2025 alone, more than 400 Memorial Cancer Institute patients participated in 65 currently active research projects, with that number poised to increase with the addition of the new trials in 2026.

These trials are a critical component of not only my work, but nearly all the treatment advancements being made at Memorial. It's a big part of our assurance to the community that you don't have to travel far to receive advanced treatment options and expert cancer care.

Dr. Luis E. Raez is medical director and chief scientific officer at Memorial Cancer Institute where he specializes in treating lung, head, and neck cancers. He also leads Memorial's Thoracic Oncology program and has teaching roles within the medical programs at Florida International University, Florida Atlantic University, and Cayetano Heredia University in Peru.

To learn more, visit www.mhs.net/services/cancer

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A New Era of Cancer Care in South Florida: How Research Innovation and Strategic Investment Are Advancing Patient Care at Mount Sinai

As oncology continues to evolve toward precision, biology-driven treatment models, health systems face increasing pressure to align research excellence with infrastructure capable of supporting multidisciplinary, high-acuity care while maintaining a clear focus on timely access, care coordination, and the overall patient experience. At Mount Sinai Medical Center, that alignment is central to our oncology strategy, exemplified by nationally recognized clinical research and the forthcoming opening of the Irma and Norman Braman Comprehensive Cancer Center.



BY DR. STEVEN
HOCHWALD

cases and historically resistant to standard chemotherapy.

Many LGSOC tumors are driven by estrogen, making them well suited for a targeted, hormone-based treatment approach using ribociclib and letrozole. Results showed tumor shrinkage in approximately 31% of patients, with more than 80% achieving disease control for at least six months. Among patients who responded, the median duration of benefit approached

two years, with a median progression-free survival of approximately 14 months across the study population. Taken together, the findings represent a meaningful advance in a disease setting with historically limited treatment options, reinforcing the value of aligning treatment strategies with tumor biology to achieve durable disease control with manageable toxicity while supporting more effective long-term care planning and resource utilization.

Alongside advances in gynecologic oncology, Mount Sinai is also responding to evolving trends in colorectal cancer, particularly the rising incidence among younger adults. Colorectal cancer is now the leading cause of cancer-related death in men under age 50 and the second leading cause in women in that age group, reflecting a shift with important implications for screening, diagnosis, and treatment.

To address this growing challenge, Mount Sinai Medical Center is expanding its colorectal cancer research portfolio through its involvement with the Colorectal Cancer Alliance, offering

patients access to a wide range of innovative clinical trials. These studies are designed not only to achieve incremental improvements in outcomes, but to pursue curative strategies across disease stages, supporting earlier intervention and more personalized treatment approaches.

Infrastructure to Support Research, Access, and Growth

These clinical and research advancements are being supported by the forthcoming Irma and Norman Braman Comprehensive Cancer Center, a 216,000-square-foot, five-story facility designed to centralize oncology services and accelerate collaboration across specialties. The new center will integrate medical oncology, surgical oncology, radiation oncology, advanced imaging, infusion services, clinical trials, and supportive care within a single, purpose-built environment.

By co-locating research and clinical care, the cancer center is designed to enhance care coordination, reduce treatment delays, and support growing patient volumes as demand for complex cancer services continues to rise. The

proximity of clinical trials to routine patient care also strengthens Mount Sinai's ability to translate research discoveries more efficiently into practice.

In addition to clinical and research services, the cancer center will offer integrated supportive care resources designed to address the physical, emotional, and logistical needs of patients throughout the cancer care continuum.

A Coordinated Vision for the Future of Cancer Care

Together, Mount Sinai's investments in precision oncology research, expanded clinical trial access, and next-generation infrastructure reflect a coordinated strategy to advance cancer care across South Florida. By aligning innovation with scalable facilities and multidisciplinary expertise, the organization is positioned to address both emerging cancer trends and longstanding care needs while contributing to the evolving standards of patient-centered oncology care delivery.

Dr. Steven Hochwald is the Brodie Family Director, Braman Comprehensive Cancer Center.

Precision Innovation in Gynecologic Oncology

Mount Sinai Medical Center currently supports more than 20 active clinical trials within its Division of Gynecologic Oncology, strengthening our ability to deliver complex cancer care locally while reducing the need for patients to seek advanced treatment outside South Florida.

A recent national clinical trial published in the *Journal of Clinical Oncology* exemplifies Mount Sinai's approach to precision oncology. Led by Dr. Brian Slomovitz, Director of Gynecologic Oncology at Mount Sinai Medical Center, in collaboration with the GOG Foundation, the Phase II study evaluated a chemotherapy-free treatment strategy for women with recurrent low-grade serous ovarian cancer (LGSOC), a rare subtype accounting for fewer than 10 percent of ovarian cancer

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The Pursuit of Earlier Diagnosis – Robotic-Assisted Bronchoscopy Reshapes Early Lung Cancer Management

BY JENNIFER WILLIAMSON

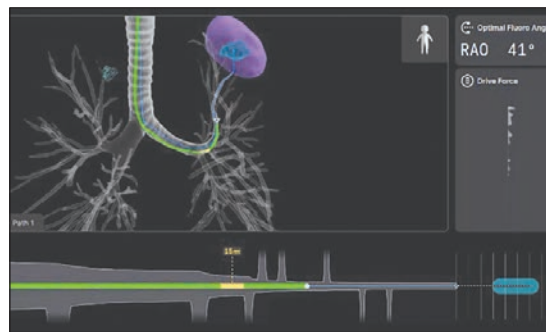
Navigational bronchoscopy technologies have transformed clinicians' ability to biopsy hard-to-reach peripheral lung nodules. The latest evolution – robotic-assisted bronchoscopy (RAB) – is poised to surpass CT-guided transthoracic needle biopsy as the preferred approach for diagnosing early-stage lung cancer.

As an early adopter of RAB, Cleveland Clinic Indian River Hospital performed its first case in 2022. Since then, the hospital's Lung Nodule Clinic has leveraged RAB to enhance precision, safety and diagnostic yield for patients with peripheral pulmonary nodules.

"Using robotic technology allows us to safely reach small, distal nodules with a very low risk of complication and achieve a highly accurate diagnosis, which ultimately leads to earlier treatment," says Diego Maldonado, M.D., FCCP, Section Chief of Pulmonary and Critical Care at Indian River Hospital.

Collaborative research and standardization

Earlier this year, Indian River Hospital transitioned to a new robotic platform to align with Cleveland Clinic's main campus in Ohio and sister sites in Florida. The Ion™ endoluminal robotic bronchoscopy system is one of three RAB platforms currently on the market that



combines computer-assisted navigation with robotic catheter control.

"This platform change is an important step toward standardizing care, sharing data and facilitating collaborative research across the Cleveland Clinic enterprise," Dr. Maldonado explains. "Our sites will be aligned in diagnostic yield, complications and other quality metrics, using the same standards and best practices."

The coordinated use of a single system will also enable an enterprise-wide registry to advance RAB research – especially important given the absence of a national registry for robotic bronchoscopy outcomes.

Precision in the periphery

The Ion system uses shape-sensing fiber optics embedded along the catheter to provide real-time, three-dimensional positional and orientation feedback.

This, combined with advanced algorithmic guidance and a small 3.5 mm scope diameter, allows access to distal airways that were previously unreachable with conventional bronchoscopes.

Pre-procedural high-resolution CT imaging generates a virtual bronchial map that guides navigation to the target nodule, while intraoperative cone-beam CT or three-dimensional fluoroscopy confirms "tool-in-nodule" positioning during biopsy.

"The new system is exceptionally precise because of the scope size, catheter stability and continuous 3D positional tracking," notes Dr. Maldonado. "I can reach more distal nodules in the periphery with a high degree of accuracy."

Cleveland Clinic's three Florida sites and its main campus in Ohio will be among the first to receive newly approved software upgrades for the Ion system. These include AI-powered navigation that corrects CT-to-body divergence in real time and expanded imaging capabilities.

Changing practice patterns

The introduction of RAB at Indian River Hospital is already transforming lung cancer surveillance and management. In the pursuit of earlier diagnosis,

when treatment is most effective, sub-centimeter nodules that were once monitored are now routinely biopsied.

"I can use robotic bronchoscopy to reach distal nodules as small as 0.5 centimeters," Dr. Maldonado says.

Just five years ago, most of the lung cancers diagnosed by Dr. Maldonado were advanced stage. That trend is slowly shifting. "We're turning things around with this technology – no question," he adds.

Combining low-dose CT (LDCT) screening with molecular diagnostics such as proteomics and genomics enables much earlier detection in high-risk patients, especially smokers with small nodules. "If we have a patient with a 1-centimeter nodule who's a heavy smoker with a strong family history of cancer, we don't need to wait," Dr. Maldonado explains.

From diagnosis to therapy

Looking ahead, Dr. Maldonado anticipates that RAB will continue to reshape lung cancer care. He points to ongoing studies exploring robotic-assisted bronchoscopy lung ablation using multiple energy modalities.

"Future advances in navigational accuracy and maneuverability will allow us to diagnose, stage and treat localized disease during a single operative session," he said.



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MEMORIAL DIVISION OF HEMATOLOGY & ONCOLOGY

Brian Pico, MD

As the medical director of the Solid Tumor Cellular Therapy program at Memorial Cancer Institute, Dr. Brian Pico is focused on providing patients treatments that can improve their health and quality of life. A relatively new immunotherapy, Tarlatamab, is doing just that for those with small cell lung cancer. It's the first treatment of its type approved for the disease, which can be resistant to traditional chemotherapy. A bispecific T-cell engager (BiTE), the treatment works by infusing an antibody that binds a specific protein on cancer cells and the body's own immune system (its T cells). By bringing cancer and T cells close together, they help the T cells recognize and destroy the cancer.

"We have one of the largest patient volumes in the state of Florida for Tarlatamab," said Dr. Pico, a hematologist-oncologist and cancer survivor himself. "That's a reflection of the extensive expertise we have utilizing immunotherapy and cellular therapy as treatment options."



MEMORIAL DIVISION OF THORACIC SURGERY

Mark Block, MD

While early detection is key to surviving nearly every type of cancer, it's especially important for lung cancer patients that are mostly symptom-free until the disease has already progressed. That's why a program that uses artificial intelligence to review chest scans is making a difference for patients at Memorial Healthcare System.

"A person who comes to the emergency department after a car accident or complaining of chest pain will be scanned and, unrelated to any other issue they are having, may have a spot on their lung," said Dr. Mark Block, chief of Memorial's Thoracic Surgery program. "AI is able to detect the nodule and alert both the patient and our team at Memorial Cancer Institute that there could be a problem that needs further attention."

Dr. Block's more than 21-year Memorial career has been marked by significant growth in the thoracic surgery program, a dedication to research, and service to the cancer community. He is the current chair of the board for the American Lung Association in South Florida, a nonprofit organization dedicated to education, advocacy, and research.



MEMORIAL DIVISION OF THORACIC SURGERY

Mohamed El Zaeedi, MD

Dr. Mohamed El Zaeedi is a thoracic surgeon with expertise in advanced minimally invasive robotic surgery to treat lung, esophageal and mediastinal conditions. The robotic platform allows him to perform even the most complex operations with precision, meaning less pain and quicker recoveries for patients at Memorial Cancer Institute.

"A cancer diagnosis is a life-changing event for patients and their families," said Dr. El Zaeedi, whose fellowship training was completed at NYU School of Medicine. "Our thoracic surgery team works closely with a multidisciplinary group of lung cancer experts, including medical oncologists, radiation oncologists and pulmonologists, to expedite the time to diagnosis and treatment. We're here to help patients get advanced treatment options and get back to their families and lives." Dr. El Zaeedi is also involved in clinical research, with a specific interest in pathways that improve perioperative patient quality of care and enhance post-operative recovery.



MEMORIAL DIVISION OF SURGICAL ONCOLOGY

Omar Llaguna, MD

Dr. Omar Llaguna offers hope to those with limited treatment options by focusing on new and novel technology that can benefit cancer patients with advanced malignancies.

The latest innovation embraced by the surgical oncologist and his colleagues at the Memorial Cancer Institute is the Edison Histotripsy System, a revolutionary approach that targets malignant liver tumors with high-intensity ultrasound waves in a completely non-invasive procedure. "The process enables us to generate a bubble cloud that disrupts and damages cancer cells, effectively liquifying the mass for the body to eliminate," said Dr. Llaguna, an expert in the treatment of gastrointestinal cancers. "Imagine an underwater tornado within the tumor that eliminates the diseased cells while preserving healthy tissue, blood vessels, and bile ducts around it."

Since the Edison system is non-invasive, patients can undergo treatment without the need for needles, radiation, or surgery, meaning less pain, faster recovery, and reduced risk of complications.



JUPITER MEDICAL CENTER'S ANDERSON FAMILY CANCER INSTITUTE

Danielle N. Krol, MD

Board-certified, fellowship trained, medical oncologist hematologist, Dr. Krol joins the multidisciplinary team of experts at Jupiter Medical Center's Anderson Family Cancer Institute. She specializes in cancer prevention, high-risk assessment, and the treatment of breast and gynecologic cancers, providing personalized and evidence-based medicine.

Prior to joining Jupiter Medical Center, Dr. Krol served as a medical oncologist specializing in breast and gynecologic cancers for the Food and Drug Administration (FDA) Oncology Center of Excellence. She also was the Cancer Prevention and Risk Reduction Scientific Expert for the FDA Oncology Center of Excellence Nation and the National Cancer Institute (NCI). At the NCI she served in the Division of Cancer Prevention for breast and gynecologic cancer and was a member of the working group for supportive care and symptom management.

Dr. Krol also spent several years as an ABC News Medical Unit Health Care Journalist in New York City, working exclusively on medical breaking news for Good Morning America, World News, Nightline, and ABC 7 New York Health & Wellness segments.

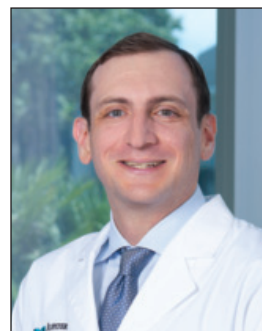


Adam Nolte, MD

Board-certified in urology, fellowship trained in robotic surgery and minimally invasive urologic oncology, Dr. Nolte joins Jupiter Medical Center's Anderson Family Cancer Institute multidisciplinary team of experts.

Dr. Nolte specializes in adult general urology with a focus on urologic cancers, offering comprehensive care that includes prevention, diagnosis, management and surgical options. His areas of expertise include robotic-assisted surgery for prostate and kidney cancer, as well as robotic procedures for benign conditions such as benign prostatic hyperplasia (BPH) and ureteral reconstruction.

He earned his medical degree from Yale School of Medicine, served his residency in urology at Mount Sinai Medical Center in Miami Beach, and his fellowship in robotic surgery and minimally invasive urologic oncology at Beth Israel Deaconess Medical Center. Dr. Nolte's approach to urologic care is patient-centered, prioritizing trust, communication, and personalized treatment, providing state-of-the-art care with a focus on safety, precision, and the well-being of each patient.



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Around the Region... Around the Region... Around the Region...

Treasure Health Names Chief Clinical Officer

Treasure Health announced the promotion of Jennifer Creel, MBA, BSN, RN, CHPN, to Chief Clinical Officer.

In her new role as Chief Clinical Officer for both Treasure Coast Hospice and St. Francis Hospice, Creel oversees all clinical operations, including patient care teams, inpatient services, admissions, and bereavement.

Since joining St. Francis Hospice in 2004, Creel has held progressive leadership roles. Most recently, Creel served as Chief Clinical Officer, where she successfully opened Inpatient Care Centers, led electronic medical record integrations, developed and mentored informatics and IT teams, and implemented comprehensive education systems that enhanced clinical performance and compliance.



Jennifer Creel

Shannon Cooper, RN, MPH, CHPN, Named Chief Operating Officer at Treasure Health

Treasure Health has named Shannon Cooper, RN, MPH, CHPN, as Chief Operating Officer. The newly created position reflects the organization's continued growth and commitment to strengthening operational excellence across its four-county service area.

Cooper began her distinguished healthcare career with Treasure Coast Hospice in 2011, steadily advancing through a range of leadership positions. In her most recent role as Vice President of Quality and Education, she strengthened Treasure Coast Hospice's clinical training programs, developed an on-site simulation lab, and guided the organization to national recognition through the NHPCO's Quality Connections Program and Joint Commission Accreditation.



Shannon Cooper

HCA Florida JFK Hospital Welcomes New Vice President of Quality and Announces Promotion of Vice President of Operations

HCA Florida JFK Hospital is pleased to welcome Michael Schumacher, MSN, RN, NEA-BC, CPHQ, CPPS, as its new Vice President of Quality. Schumacher joins from HCA Florida Northwest Hospital, where he also served as Vice President of Quality. In many ways, this new role represents a homecoming: he began his HCA Healthcare career in 2021 at HCA Florida JFK North Hospital and now returns to Palm Beach County to lead quality and patient safety initiatives at HCA Florida JFK Hospital.



Michael Schumacher



Anthony Terranova

HCA Florida JFK Hospital is also proud to announce the promotion of Anthony Terranova to Vice President of Operations. Terranova joined the organization as an Administrative Resident through HCA Healthcare's Executive Residency Program and quickly distinguished himself through his dedication, strategic mindset, and steady leadership. His strong performance earned him a promotion to Assistant Administrator, and now, to Vice President of Operations.



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Revenue Cycle Management Plays Critical Role in Sustaining Healthcare Organizations

According to Forrester Research, the U.S. healthcare system spends more than \$1 trillion a year on administrative costs, and claims resolution is a large component. But are those dollars being spent wisely and efficiently?

Healthcare organizations are under intense pressure to provide exceptional service to consumers while navigating a burdensome claims payment eco-system with insurance companies that can strain an organization's economic viability. On the revenue side of healthcare, maintaining a consistently reliable claims collections capability is essential as the life blood of every healthcare company.

This is particularly true given the extensive and rising cost obligations across labor, infrastructure, technology, lab testing, regulatory compliance and more.

Revenue cycle management, or the ability to effectively create and implement a claims collection/resolution system, has never been more important. The often adversarial role of insurance companies in paying claims heightens the gravity of this issue for healthcare organizations, because collecting and resolving claims is by nature a difficult task as insurance compa-



BY CRAIG EVANS

nies look to deny or extend payment timing for their own economic benefit.

Healthcare organizations must weigh the pros and cons of whether to handle revenue cycle management with internal resources or contract with a third-party company specializing in this capability.

What's most essential is that the appropriate people and technology resources are brought to bear in either

scenario. It's a very labor-intensive undertaking. If an organization opts to keep this critical work in-house, it can't be penny-wise and pound foolish when it comes to investing in what's needed to get the job done the right way. This means providing proper training and developing a sound methodology, with redundancies, that streamlines the collection process and maximizes efficiency across the claims resolution process.

An essential element of this process is the coding of healthcare procedures on the front end, before claims are submitted to insurance companies, as coding is often the weak link in the claims resolution chain. It's an area that insurance companies look to exploit when denying

or delaying claims, so those healthcare organizations that run a tight ship on coding stand a better chance of claims resolution success. Healthcare organizations are also at risk regarding over-billing and potential fraud for government payments, and technology can provide protections in this realm.

For those healthcare organizations that elect to contract claims resolution to a third-party company, it's important to conduct thorough due diligence before selecting a vendor. This includes determining whether the firm has proper employee training and implements effective technologies, such as AI/machine learning.

The firm will have some access to your systems, so it's important to understand their security protocols and tailor access in a way that doesn't overexpose data and privacy on your end. Most important is daily oversight by a trusted, senior level employee to ensure that your preferred protocols are followed by the vendor and that collections from insurance companies are occurring in a timely manner.

Regardless of the claims methodology a healthcare organization selects, whether using internal or external resources, the importance of technology can't be overstated, particularly artificial intelligence. AI is helpful in many ways,

including the critical matching/resolution process pairing a given portion of money to its intended individual claim. Millions of dollars are paid by insurance companies at any given time, and AI is highly efficient at parsing dollar amounts to be matched with their associated patients/claims via explanations of benefits (EOBs).

A traditional, manual claims resolution process is tedious, more costly and subject to a greater error rate when it comes to matching EOBs and money. Some current AI tools have impressively demonstrated up to 66 percent faster claims resolution rates in the healthcare sector.

Despite the importance of emerging technologies in revenue cycle management, the human element is essential to maintaining the financial well-being of healthcare organizations. The ultimate responsibility comes down to the people involved in oversight. New technologies, while exciting and game-changing, can't supplant exceptional executive leadership given what's at stake when it comes to financial viability.

Crain Evans is Senior Vice President, National Head of Healthcare Banking, BankUnited. In this role, he guides the bank's efforts to support the financial needs of a wide range of healthcare organizations.

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A message from our President

Happy New Year: What to Expect in Healthcare in 2026

Each year, I set aside time to review what healthcare prognosticators are forecasting for the year ahead. As we look toward 2026, the themes will feel familiar. Still, they are worth revisiting, as their persistence underscores just how challenging—and consequential—the work of healthcare leadership remains.

In 2026, hospital administrators will continue to balance longstanding pressures with emerging trends, all while maintaining a sharp focus on patient care, financial sustainability, and technological advancement. Below is a partial list of the issues most frequently cited as top priorities.

Patient Safety and Quality of Care

This area shows the greatest variability across forecasting reports. While nearly every source ranks patient safety and quality within the top ten issues, its placement ranges from first to seventh. On my own list, it will always rank first.

Ensuring high standards of care includes preventing medical errors, maintaining rigorous patient safety protocols, and improving outcomes through evidence-based practices and standardized care pathways. Patient experience, satisfaction, and trust will also play a central role in hospital success, influencing everything from outcomes to reputation and financial performance.

Workforce Stability and Burnout

Consistently ranked as the second most pressing issue, workforce shortages remain a critical challenge. The ongoing scarcity of nurses, physicians, and allied health professionals makes recruitment, retention, and training top priorities.

Hospitals are increasingly collaborating with regional educational institutions to address workforce gaps, though it remains unclear whether these efforts have meaningfully moved the needle. Burnout—particularly among frontline staff—will continue to drive turnover, increase labor costs, and impact quality of care well into 2026.



Jaime Caldwell

Financial Sustainability and Cost Management

Hospitals will remain under intense pressure to improve efficiency while managing rising operational costs. Inadequate reimbursement from Medicare and Medicaid, shifting payer mixes, and the growing number of uninsured patients will take center stage.

Administrators will focus on optimizing staffing models, reducing waste, negotiating better pricing for supplies, and strengthening revenue through managed care, reimbursement strategies, and strategic partnerships. Financial viability will require both discipline and creativity.

Telemedicine and Digital Health Integration

Telemedicine will continue to reshape care delivery. The challenge for administrators will be integrating virtual care in ways that maintain quality, continuity, and patient engagement.

As telehealth expands, data management, patient privacy, and cybersecurity will become even more critical. Investments in digital infrastructure must keep pace with both innovation and risk.

Value-Based Care and Population Health Management

The importance of value-based care varies across forecasts. While it ranks among the top five on my list, others place it lower. Despite years of discussion, uncertainty remains about the direction and pace of value-based initiatives, particularly amid changes in federal leadership.

Population health management—improving outcomes for entire communities—will require advanced data analytics, cross-sector collaboration, and care models that extend beyond hospital walls.

Advancements in Medical Technology and Artificial Intelligence

I intended to limit this discussion to five issues, but this one cannot be overlooked. Hospitals will increasingly adopt artificial intelligence to improve efficiency, diagnostics, and personalization of care. From AI-driven clinical decision support to robotic surgery, technology investment will remain a strategic priority.

At the same time, administrators must address cybersecurity risks, infrastructure demands, and the ethical implications of AI, including patient consent, transparency, and appropriate reliance on algorithms.

In 2026, successful hospital administrators will be those who can thoughtfully balance these priorities while remaining steadfast in their commitment to high-quality, patient-centered care in a rapidly evolving healthcare landscape.



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2026: A LOOK AHEAD

From Data Deluge to Clinical Intelligence: How AI Summarization Will Revolutionize Healthcare

The Centers for Medicare & Medicaid Services' (CMS) Health Tech Pledge marks a significant industry milestone. This pledge represents commitment by leading healthcare and tech organizations to make patient data accessible through standardized, interoperable systems. If successfully implemented, providers, pharmacies, and health systems will be able to access unprecedented volumes of data through Fast Healthcare Interoperability Resources (FHIR) by July 2026.

However, simply having greater access to patient data won't automatically improve patient outcomes. Without new methods to parse and summarize electronic health records (EHRs), the very interoperability intended to enhance patient outcomes could worsen issues such as alert fatigue, information overload, and data quality problems.

To help ensure the success of the CMS Health Tech Pledge in improving patient outcomes, healthcare organizations should consider pairing EHR connectivity with artificial intelligence (AI) summarization tools. These tools will help transform the overwhelming amount of data into practical, useful insights.

Interoperability Challenges and the Promise of AI

Interoperability and data standardization address the technical challenge of information sharing, but they do not solve the issue of clinical useability, especially in the heat of a medical emergency.

Many doctors know the difficulty of parsing actionable insights from an EHR — an issue exacerbated by the scale of patient data at both the individual and institutional level. A single record can contain decades of lab results, images,



BY JIM MURRAY

and notes, and the average hospital produces around 50 petabytes of data per year according to a 2019 World Economic Forum study. That number has almost certainly grown in the intervening years. For context, 50 petabytes is the equivalent of 50 million average-sized books. The entire Library of Congress, by comparison, only contains about 17 million books.

AI tools will play an important role in extracting actionable information from this sea of patient data.

In a clinical setting, different stakeholders often need to access different information from within the same dataset. An emergency room physician might require a patient's immediate risk factors, while a primary care provider would need comprehensive health information and preventive care reminders. Patients themselves might need a completely different summary: a plain-language overview of their diagnosis and action items for follow-up care.

Context-aware AI summarization tools will be able to deliver situation-specific summaries using the same underlying models. Imagine a patient comes into the emergency room with a broken leg. An effective AI assistant would surface this patient's history of recurring blood clots over the past six years — information that would change the treatment approach and medication load. More important, however, is the information the AI tool didn't show: an alert about the patient's lapsed flu vaccine status, which would be irrelevant in this emergency.

Effective tools will also need to extend beyond simple summarization. They will be able filter out duplicative information, identify and exclude outdated data, prioritize outputs based on clinical context,

and present takeaways in language appropriate for the recipient. At scale, AI summarization tools can bridge the gap between CMS-driven interoperability and frontline usability, enabling health systems to convert standardized data flows into tangible improvements to patient outcomes, care coordination, and clinical efficiency.

The Imperative of Accuracy and Oversight

Before AI tools receive broadscale use throughout the healthcare industry, they must meet rigorous accuracy standards. The hallucinations, omissions, misreads, and output quality issues that plague many AI models can pose significant dangers in healthcare settings. Adding an extra word or omitting key details can lead to critical medical mistakes while increasing the fatigue, stress, and workloads of practitioners as they seek to validate output accuracy.

AI tools are only as good as their underlying data. Low-quality data compounds the risk of AI errors. Summarization tools must be able to identify and resolve poor recordkeeping, misspellings, copy paste errors, acronyms, and more. The sheer size of EHRs adds further complexity. A patient's health record typically contains hundreds of thousands of tokens worth of data, which can far exceed many models' context windows and require massive computing power to parse.

For these reasons, AI tools can augment but not replace professional human judgment. Oversight and clinician review remain essential. Continuous monitoring and feedback loops, regular model updates and training, and clear audit trails for AI-generated summaries will be critical to enforcing quality control. Implemented together, these safeguards create what safety professionals often call a "Swiss Cheese Layer" of protection. No single layer is flawless, but overlapping defenses reduce the chances

that an error will pass through uncorrected.

Integrating AI into the care continuum will take time, trial, and concerted evolution on the part of providers, administrators, doctors, and patients. But the advantages are clear: AI provides a path to improve care delivery in a new age of EHR interoperability and data standardization.

Preparing for 2026 and Beyond

The CMS Health Tech Pledge is not the first push for interoperability in healthcare, but it represents a major and promising initiative designed to solve the issue of fragmented and inaccessible healthcare data. By July 2026, organizations have committed to providing data access through FHIR APIs, returning key patient data from chart notes, clinical documents, and history. The date is not far away. Providers need to start thinking now about how they're going to turn that data into clinically useful information.

Healthcare organizations that excel in AI summarization will thrive in the new data-rich environment. Those that fail to adapt risk being overwhelmed by information overload. The time to act is now. Healthcare leaders must start planning for AI-enabled workflows today to seize the competitive and medical advantages that the CMS initiative will create tomorrow.

Jim Murray is Managing Director, The BDO Center for Healthcare Excellence and Innovation

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2026: A LOOK AHEAD

Cover Story: A Glimpse into the Near Future

Continued from page 1

become more significant, or surprising out-of-pocket costs. The realization is that these high deductible, coinsurance plans which are related to lower health insurance premiums have been established as inducements to enroll in such plans.

It wasn't too long ago when our uninsured rate was approaching 50 million people in the U.S. Today it sits at approximately half of that number. But this is also partially a result of the enhanced subsidies available to purchase health insurance policies through the Federal Exchange that were provided during and after the COVID pandemic, subsidies which at the time of this writing may end.

One further policy affecting the number of uninsured in the country is an aspect of the so-called "Big Beautiful Bill" which eliminates of the federal funding of Medicaid expansion.

Forty states have expanded their Medicaid programs with 90 percent of the cost of expansion covered by the federal government as a result of one of the elements of the PPACA. That subsidy will now have to be absorbed by the states and, if states are unable to fully fund or if they limit funding, we can anticipate individuals will fall off the Medicaid rolls. Given that Florida was

one of the ten states that did not expand Medicaid, the impact of this latter policy change will not be as great. But changes in eligibility requirements will impact Medicaid enrollment. The bottom line is that the numbers of uninsured will increase. Those with insurance but with high deductibles and coinsurance will have limitations in financial access and will not be able to pay their bills. Bad debt incurred by hospitals and physicians can be anticipated to increase. Financial bottom lines for health care systems and private clinicians will be impacted negatively.

Another hit to the finances of hospital systems, physicians and other clinicians is the impending insolvency of Medicare. According to the Trustees of the Medicare system, Medicare becomes insolvent in the year 2034. That is two years earlier than what was anticipated a year ago.

Medicare cuts are forthcoming but cutting Medicare benefits to recipients over the age of 65 is the "third rail" as far as Congressional members are concerned if they wish to be reelected.

So what is left? Increases in Medicare taxes (also unpopular) or cutbacks to providers. We have seen significant cutbacks in reimbursements to date that impact providers. For example, for physician providers, for any given med-

ical procedure, a physician's reimbursement will not have increased to keep up with inflation nor has it stayed constant. In reality, over the last fifteen years reimbursement to physicians for any given procedure has actually dropped by over fifteen percent and reimbursements per procedure continues to drop every year. Further, private insurance tends to follow federal trends. Given the highly competitive nature of the health sector, it is not surprising that the life of hospital and health care system administrators and clinical providers has proven to be very stressful and frustrating and burnout is so high.

And what about Artificial Intelligence and technology? The question has been asked, "Will AI replace clinicians?" The response is "AI will replace clinicians who do not adopt AI." Artificial Intelligence has taken on a large role in the backroom of health care business operations. In the clinical realm, AI indeed has taken on a much larger role, this is no doubt. However, AI must be used carefully. The old saying of "garbage in... garbage out" is an aspect of AI that one must be aware of. There are implicit biases in the use of AI. Artificial Intelligence in clinical diagnoses is a bit like case law. If an inappropriate judgement occurs in one case, it will lead to inappropriate judgements in future cases. Given that historically racial and ethnic minorities and women have not been a significant part of research studies or historical diagnostic data, medical decisions drawn on data based on Artificial Intelligence may well lead to biased or incorrect results. Take for instance, dermatological assessment. AI is relatively successful when diagnosing skin cancer on light skinned individuals but fails in catching serious skin cancers

for people of darker skin. In studies looking at AI assisted radiological diagnostics, whereas Artificial Intelligence is perceived as potentially replacing radiologists, currently it is found that there is significant variation in assessments and accuracy across physicians within the radiological specialty as well as across different AI platforms.

These examples reflect the fact that there are still significant unknowns regarding the efficacy of AI and the ability to rely on AI in the clinical arena. One additional interesting development worth mentioning is the globalization of surgery. In an FDA approved clinical trial, a physician in Orlando, Florida performed a cancer removal surgery through robotic telesurgery on a patient 7,000 miles away in Angola. There have been several other cross country robotic telesurgery procedures accomplished around the world in the last year. With the growing potential globalization of surgery, on the one hand, surgeries can be performed in areas in need, but also it means that there may be global price and quality competitiveness in surgical procedures going forward. It will be interesting to see.

So let me put the crystal ball away for a while. Let us see how accurate it has been as we enter our new year of health care.

Dr. Steven Ullmann is Director of the Center for Health Management and Policy; Director, Health Executive MBA Program and MD/MBA Program; Professor in the Miami Herbert Business School Health Management and Policy Department, and Special Assistant to the Provost. He can be reached at (305) 284-9920 or sullmann@miami.edu.

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Cover Story: Monice Building on Holy Cross Health's Strengths

Continued from page 1

latest and greatest tools not only for clinicians, but to enhance patient outcomes and promote faster recoveries," he said. "We've already leveraged this from an orthopedics and cardiology standpoint with the latest MAKI 4 and da Vinci Xi™ robotic surgical systems."

Leading the Way

To ensure patient satisfaction, Monice believes that leadership visibility, including leadership rounding, is key. He also encourages his staff to take the results of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and Press Ganey patient surveys to heart.

"Our teams go through these surveys line by line, looking at both positive and negative feedback and creating action plans," he explained. "There is a lot of visibility and a lot of immediateness around these action plans, and so far, we've seen great results. We are proud that from a patient experience standpoint, people continue to choose Holy Cross and trust us with their healthcare."

In addition to providing direct consumer feedback, these surveys also provide a percentile rating, and Holy Cross has consistently ranked in the top quartile for its performance, communication, responsiveness, discharge readiness and improved first-available-appointment intervals.

He adds that Forbes magazine recently recognized Holy Cross in its "America's Best Employers for Healthcare Professionals" listing.

"This is very exciting because we're not just focused on being another healthcare facility; we want to be a place where people call home," he said of making Holy Cross a welcoming place to work. "Every time I walk the halls, I interact

with the physicians and staff, and I feel that.

"We want to make sure our staff and colleagues have a voice at the table—to know that we hear them and see them," he added. "We want to ensure that they feel like family as they take care of our patients every single day."

As a faith-based, nonprofit, Catholic healthcare system, Monice believes that Holy Cross' focus on caring and inclusion is why it has remained a pillar of the Broward County community for the past 70 years.

"We do not take a one-size-fits-all approach," he explained of the health system's commitment to caring for diverse communities. "We meet each individual where they are."

He noted that Holy Cross has been recognized for the past three years as a leader at the forefront of the LGBTQ+ community, serving as an authority and specializing in their care. The health system is also looking to expand its already robust clinic in the Wilton Manors neighborhood.

"Our greatest strength is being mission-rooted and focused on compassion and care," said Monice, noting that it is also a priority of the health system to grow highly skilled physicians and associates. "We want to double down on clinical excellence and with that, expand access outside the four walls of this hospital."

"Broward County is a very special place with a very engaged community that cares about growth, the business community and healthcare," he added. "We are proud to be a trusted health care partner in Broward County and beyond. Our goal, along with other health systems in our ecosystem, is to make Broward County the healthiest county in all of Florida and all of the country."

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Heart of the City Cardiovascular Symposium Set for June 6



The Heart of the City Cardiovascular Symposium will take place on Saturday, June 6, 2026, at the Westin Fort Lauderdale Beach Resort, Fort Lauderdale, FL.

Each session will begin with a case presentation, followed by presentations from expert faculty and panel discussion to include audience interaction. A special concurrent session for APPs is also included in the agenda. There will be an abstract/poster competition, where the three best posters in the categories of original research and difficult clinical cases will be awarded. The symposium is designed to be interdisciplinary and the team approach to management is evident with the involvement of cardiothoracic surgery, cardiology, and intensive care medicine.

For more information or to register, visit www.ccfcmc.org/HOTC2026

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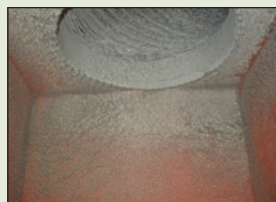
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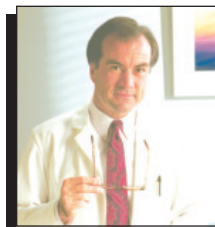


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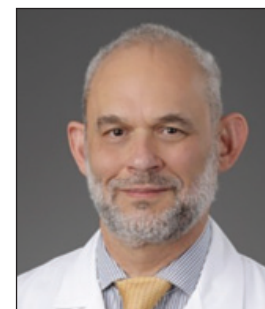
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MAKINGROUNDS...MAKINGROUNDS...

Kurt C. Eppley, MD, Joins Baptist Health Primary Care as a Family Medicine Physician



Dr. Kurt C. Eppley

Board-certified family medicine physician Kurt C. Eppley, M.D., has joined Baptist Health Primary Care. He has more than 20 years of experience treating a wide range of health conditions in urgent and primary care settings.

Prior to joining Baptist Health, Dr. Eppley practiced at White-Wilson Medical Center in Ft. Walton, FL.

Dr. Eppley earned his medical degree at Louisiana State University School of Medicine in New Orleans and completed a family medicine residency at Carilion Clinic in Roanoke, VA.

Tara Levine, MD, Joins Baptist Health Concierge Medicine



Dr. Tara Levine

Tara Levine, M.D., has joined Baptist Health Concierge Medicine. Certified by the American Board of Internal Medicine, she specializes in preventive care, chronic disease management and the coordination of ongoing medical care for concierge medicine patients.

Prior to joining Baptist Health, Dr. Levine practiced for 17 years at Conviva Care Center in Deerfield Beach, FL.

Dr. Levine earned her medical degree at the University of Miami Miller School of Medicine. She completed her internship and residency in internal medicine at the University of Medicine and Dentistry of New Jersey. During her residency, she received the Johanson Excellence in Medical Humanism Award in recognition of her commitment to treating patients with empathy and respect.

Dr. Robert Gioia Elected Chairperson of the Board for American Academy of HIV Medicine's Florida Chapter



Dr. Robert Gioia

Holy Cross Medical Group primary care physician Robert Gioia, DO, MHA, FAAFP, AAHIVS, has been elected board chair of the Florida chapter of the American Academy of HIV Medicine (AAHIVM) for a two year term and will represent the state on the organization's national board.

In addition to being certified by AAHIVM as an HIV specialist, Dr. Gioia is a Diplomate of the American Board of Family Medicine. Prior to joining Holy Cross Health in 2024, he was a primary care physician at Chen Senior Medical Center in North Lauderdale.

Dr. Gioia graduated with a Doctor of Osteopathic Medicine from Michigan State University College of Osteopathic Medicine in East Lansing and completed a family medicine residency at Wellspan York Hospital in York, PA. Dr. Gioia earned his Master of Health Administration at Florida Atlantic University's College of Business in Boca Raton, FL. He also has a Bachelor of Science in Biology and diploma in honors standing in physiology from University of Western Ontario in London, Ontario, Canada.

Nationally Recognized Urologic Oncologist Joins Cleveland Clinic

Chad R. Ritch, MD, MBA, FACS, has been named Chair of the Division of Urology for Cleveland Clinic in Florida.

A nationally recognized urologic oncologist and academic leader, Dr. Ritch has dedicated his career to advancing clinical care, research and education in his field. His expertise spans bladder, prostate and kidney cancers with a focus on robotic-assisted surgery. He joined Cleveland Clinic from the University of Miami Miller School of Medicine in Miami, where he served as Professor of Urology and directed the Society of Urologic Oncology Fellowship Program.

Dr. Ritch earned his medical degree and Master of Business Administration from the University of Chicago. He completed his urology residency at Columbia University in New York, and his urologic oncology fellowship at Vanderbilt University in Nashville.

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