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THE POWER OF PHYSICIAN LEADERSHIP: Why the Florida Medical Association Annual Meeting Matters, page 23

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THE REGION'S MONTHLY NEWSPAPER FOR HEALTHCARE PROFESSIONALS & PHYSICIANS
OUR 20TH YEAR SERVING THE HEALTHCARE COMMUNITY!

AI in Healthcare



Mary Jo Frick

The Challenge of Keeping Healthcare Human in the AI Era

BY VANESSA ORR

Artificial intelligence in healthcare is embedded in everything from recruiting and marketing to clinical documentation, operational workflows, and patient engagement. Given its rapid adoption, it is imperative that healthcare leaders ensure AI use remains accountable, ethical, and aligned with the values that define quality care.

As a ministry of the Archdiocese of Miami serving South Florida families for 40 years, Catholic Health Services (CHS) believes that technology should enhance human care—not replace it. To this end, CHS President and CEO Mary Jo Frick recently initiated a review of the organization's AI governance framework and policy.

"The patient is a person, not a number in a bed, and it's important that we remember that," Frick said, noting that she was inspired by Pope Leo XIV's recent encyclical Magnifica Humanitas, which calls for leaders to safeguard human dignity in the age of artificial intelligence. "While we need to spend time teaching staff about technology, we also need to remind them how to walk into the room and address the patient

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Strengthening Systems and Safeguarding Care: Inside the Role of KIDZ Medical's Chief Compliance Officer

BY VANESSA ORR

From the moment she arrived in Florida as a young girl from Cuba, Mairelys Delgado knew she wanted to become a lawyer. While studying criminal justice at Florida International University and later attending Shepard Broad College of Law at Nova Southeastern University, she envisioned a future in that field.

What she didn't yet realize was that her legal path would lead her into healthcare, a direction that became clear only after KIDZ Medical Services offered her a position right out of law school. That opportunity didn't just launch her career; it revealed a calling she now finds both challenging and deeply meaningful.

"After I passed the bar in 2017, I started applying for jobs, and KIDZ was one of the first companies to contact me," said Delgado, who joined the organization as in-house counsel. She soon took on leadership of the legal department, rising from second attorney to senior attorney and, ultimately, to chief compliance officer.

"One of the things that I love about working for KIDZ is that our leadership team strives to help you succeed," she said of her growing career trajectory. "Even though there have been a lot of changes during this time, KIDZ has remained true to its mission, to its families and to its team."



Mairelys Delgado

Continued on page 8

Once an Owl, Always Part of the Flock: FAU Nursing Alumni Stay Connected

For Nicole Carty, MPH, MSN '22, being an FAU Owl did not end when she crossed the commencement stage. It became the beginning of a lasting connection to the Christine E. Lynn College of Nursing—one rooted in mentorship, service and a desire to help the next generation of nurses find their way.

"As alumni, we have a unique opportunity to support future nurses while continuing to grow ourselves professionally," Carty says. "The College of Nursing has given us so much, and staying connected allows us to give back in meaningful ways."

Since joining the Network's leadership team nearly three years ago, Carty has helped strengthen connections among alumni, students, faculty and staff. Her involvement



Nicole Carty (left) with other alumni and faculty at the reunion in Boca Raton

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Michelle Marsh

Hospital Price Transparency Portals – Another Boondoggle?

BY MICHELLE MARSH

Federal regulations governing hospital Price Transparency started January 1, 2021. The regulations mandate hospitals publish consumer-friendly displays of shoppable services in a comprehensive machine-readable format.

Research shows patient engagement with related hospital portals is remarkably low. At best, 12% of the eligible population use available data to shop for care.¹ Low utilization of hospital pricing portals stems from lack of consumer awareness, difficulty in finding and accessing information, inconsistency in data presentation between providers, consumer indifference because their hospital stay is totally or mostly covered by insurance, unwillingness to change physician or hospital of first choice based on price, and likely many other reasons.

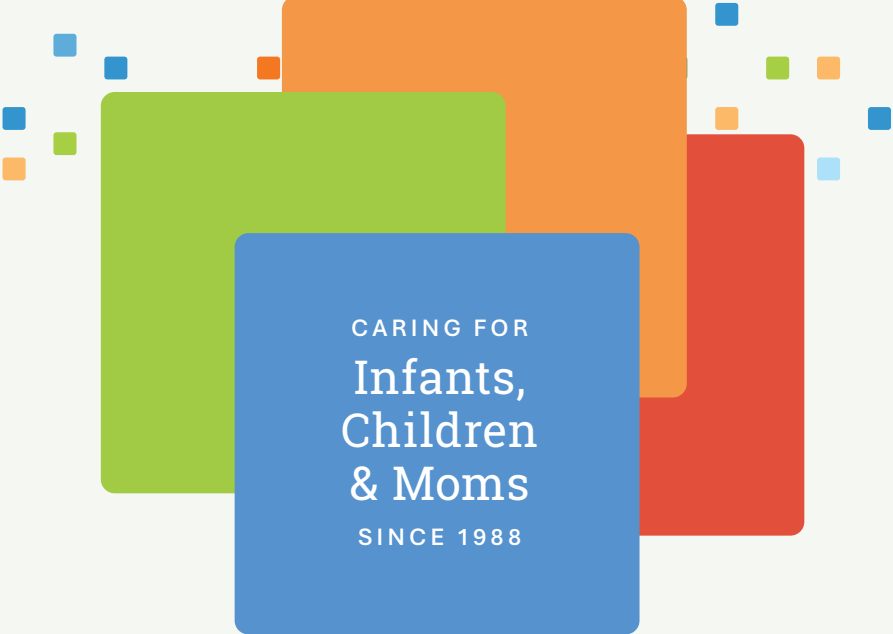
Users of hospital price transparency data other than consumers are benefiting at hospital expense. Consider:

- Companies like Turquoise Health developed online cost-estimators and raised \$30 million in funding.²

- Self-funded employers are increasingly leveraging public payer-negotiated rate data to scrutinize insurance company charges. A Rand Report highlights how these employers use price transparency data to evaluate whether the rates negotiated on their behalf are truly competitive with broader market averages.³

- Policy makers like RAND and the Kaiser Family Foundation use price trans-

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Publisher’s Note



Happy Birthday
to Us ...
We’re 23!

As we welcome July and the heart of summer in South Florida, our team at *South Florida Hospital News & Healthcare Report* is proud to bring you our 276th issue highlighting the people, organizations, and innovations shaping healthcare throughout our region.

July is always an interesting month in healthcare. While many Floridians are focused on beach vacations, backyard barbecues, and fireworks displays, healthcare professionals continue their work without pause. Hospitals, health systems, physician groups, and long-term care facilities never take a holiday, and we are continually reminded that healthcare is one of the few industries that truly operates 24 hours a day, 365 days a year.

This month’s issue focuses on several key trends affecting South Florida healthcare, including workforce development, leadership transitions, technological innovation, construction and expansion projects, and the ongoing efforts to improve patient outcomes throughout our communities. We also highlight organizations investing in the future through education partnerships, advanced clinical programs, and strategic growth initiatives designed to meet the demands of our rapidly growing population.

Of course, July also marks the beginning of a new fiscal year for many healthcare organizations. Budgets are being finalized, strategic plans are being reviewed, and leadership teams are setting ambitious goals for the months ahead. Around the region, there is plenty of conversation about who’s expanding, who’s recruiting, who’s building, and yes—who might be preparing for their next leadership move. Healthcare executives are often masters of discretion, but if the coffee-shop chatter and conference hallway conversations are any indication, there may be a few interesting announcements coming before the end of the year. As always, we’ll be watching closely and sharing the news as it develops.

As we celebrate Independence Day, we also pause to recognize the healthcare professionals who will spend the holiday caring for patients while the rest of us enjoy family gatherings and fireworks. Their dedication reflects the very spirit of service that has long defined our nation.

And speaking of fireworks, July always seems to bring a few of its own to the healthcare industry. Whether it’s a surprise acquisition, an unexpected executive appointment, a major construction announcement, or the unveiling of a groundbreaking clinical program, South Florida healthcare rarely experiences a quiet summer. We suspect this year will be no exception.

From all of us at *South Florida Hospital News & Healthcare Report*, we wish you and your families a safe, happy, and healthy Fourth of July. Thank you for your continued support and partnership for the past 23 years. And we look forward to bringing you the stories, achievements, and developments that continue to make South Florida one of the nation’s most dynamic healthcare markets for many more years to come.

Happy Independence Day and enjoy the summer!

Charles Felix



You can reach Charles Felix at
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The Most Important Question We Often Don't Ask



BY DIANE DEESE

South Florida is one of the most culturally diverse regions in the United States. In the Miami–Fort Lauderdale–West Palm Beach metro area, nearly half the population identifies as Hispanic, and more than half of residents in counties like Miami-Dade are foreign-born. Additionally, more than 75% of residents speak a language other than English at home, reflecting a highly multilingual population shaped by continuous international migration.

Every day, healthcare professionals care for patients and families whose distinct backgrounds, languages and beliefs influence how they understand illness, approach treatment decisions and experience end-of-life care.

Yet despite our best intentions, many difficult conversations begin with assumptions.

We may assume a patient understands their diagnosis in the same way we do. We may assume a family shares the same goals for care. We may assume we know what matters most based on a patient's age, race, ethnicity, religion or socioeconomic status.

The reality is that every patient brings a unique perspective to the bedside.

That's why cultural humility is one of the most valuable skills healthcare professionals can develop.

Beyond Cultural Competency

For decades, VITAS Healthcare has focused on cultural competency training. While education remains important, cultural humility takes the conversation a step further.

Cultural humility acknowledges that no training program, textbook or checklist can fully prepare us to understand every person's lived experience. Instead, it encourages healthcare professionals to approach each interaction with curiosity, self-awareness and a willingness to learn.

At its core, cultural humility shifts the focus from "What do I know about this culture?" to "What can I learn from this individual?"

That distinction can make all the difference when discussing serious illness or hospice care.

The Questions That Build Trust

When patients and families are facing difficult healthcare decisions, trust becomes essential.

Rather than making assumptions, healthcare professionals can create meaningful dialogue by asking open-ended questions such as:

- What is most important to you as we discuss your care?
- Are there cultural, spiritual or family traditions we should understand?
- Who do you want involved in your healthcare decisions?

- What concerns you most about the future?

These questions invite patients and their loved ones to share perspectives that might otherwise remain unspoken.

The goal is not to become an expert in every culture. The goal is to better understand the person sitting in front of us.

Listening for Understanding

One of the most common misconceptions about hospice conversations is that healthcare professionals need to have all the answers.

More often, patients and families need someone willing to listen.

People may express fear, uncertainty or hesitation in different ways. Some families prefer collective decision-making. Others rely heavily on faith leaders or extended family members. Some patients may avoid discussing death altogether because of cultural or personal beliefs.

These differences are not barriers to care. They are opportunities to build understanding.

When healthcare professionals approach conversations with humility rather than assumptions, patients are more likely to feel respected and engaged in their care.

Practical Steps for Healthcare Teams

Cultural humility does not require a major organizational initiative. It can begin with small, intentional actions:

- Replace assumptions with questions.
- Listen before offering solutions.
- Recognize personal biases and blind spots.
- Create space for family and community influences.
- Focus on understanding each patient's values and goals.

These practices can improve communication and strengthen relationships. They help ensure care aligns with what matters most to patients and their loved ones.

A Shared Responsibility

No matter a patient's background, one truth remains universal: people want to be treated with dignity and respect.

Healthcare professionals have a unique opportunity to create that experience by approaching every conversation with humility. It is a foundation for truly patient-centered care.

The most important question may not be whether we understand someone's culture. It may be whether we have taken the time to understand the person.

Diane Deese is vice president of community affairs at VITAS Healthcare, the nation's leading provider of end-of-life care. Learn more at [VITAS.com](https://www.vitas.com).



Celebrating Nine Years of Investing in Future Health Care Professionals Pollyanna Nursing Scholarship Reaches \$1 Million

The United States needs competent, caring health care professionals more than ever. According to *HealthLeaders*, the nation is projected to face a shortage of over 260,000 registered nurses in 2026 alone.

Don and Sally Chester are working to change that. In 2017, they established the **Pollyanna Nursing Scholarship** at Palm Beach Atlantic University (PBA), named after Don's first service dog.

Thanks to the Chester family's unwavering support, **the endowment reached the \$1 million threshold this year**, and it continues to create life-changing opportunities for students in the PBA School of Nursing.

The Pollyanna Nursing Scholarship empowers students to pursue their God-sized dreams to become compassionate nurses who make a difference in patients' lives.

"The mission of PBA is important to us: To equip students to grow in wisdom, lead with conviction, and serve God boldly. We see educating quality nurses who will serve in this community as our legacy."

— Sally Chester, R.N.

To learn more about or contribute to the Pollyanna Nursing Scholarship, visit www.pba.edu/pollyanna.



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New PBA Nursing Dean Brings Focus on Faith, Partnerships and Workforce Readiness

BY DANIEL CASCIATO

When Adejoke Bolanle Ayoola, Ph.D., steps into her new role as dean of Palm Beach Atlantic University's School of Nursing on July 1, she will bring more than two decades of experience in nursing education, research, public health and academic leadership. But what draws her to PBA is more than the next step in an accomplished career.



Dr. Adejoke Bolanle Ayoola

For Dr. Ayoola, the opportunity is rooted in calling.

"I was drawn to Palm Beach Atlantic University for many reasons, including its mission to equip students to grow in wisdom, lead with conviction and serve God boldly," Dr. Ayoola says. "Those are my own values as a Christian."

That connection between faith and professional formation is central to how she views nursing education. To Dr. Ayoola, nursing is not simply a technical discipline or a pathway to employment. It is a vocation grounded in service, compassion, and a commitment to the whole person.

"As health professionals, and especially as nurses, this is what we have been called to do," she says. "My passion is training the next generation of nurses and equipping them to be the best nurses God wants them to be."

Dr. Ayoola comes to PBA after 19 years at Calvin University in Grand Rapids, Michigan, where she served in progressive leadership roles, including inaugural dean of the School of Health. In that position, she oversaw 21 undergraduate and graduate programs across nursing, pre-medicine and public health, while helping advance academic quality, program growth and interdisciplinary collaboration.

At PBA, she sees an opportunity to build on an already strong foundation.

"We have a very strong nursing pro-

gram," she says. "I look forward to supporting faculty and staff to further strengthen it and to building more programs based on identified needs."

One of her first priorities will be assessing the School of Nursing's existing strengths while exploring where additional growth may be needed. PBA offers nursing programs across multiple levels, including a Bachelor of Science in

Nursing, an accelerated option for registered nurses, Master of Science in Nursing with different track options, and Doctor of Nursing Practice specializations.

Program growth is closely tied to the realities facing the health care workforce, according to Dr. Ayoola. Nursing shortages, burnout, and increasing patient complexity continue to challenge hospitals and health systems nationwide. Nursing schools, she believes, must play an active role in creating stronger pathways into the profession.

"How can we create pipelines from high school and work with hospitals?" she says. "That is something I am very passionate about: creating a pipeline that helps us continue to prepare excellent nurses who will be able to serve the next generation."

Dr. Ayoola plans to spend her first months listening, learning and building relationships across the region. Her public health background will inform much of that work. She has experience in community-based participatory research and has long valued the role of academic-practice partnerships in preparing nurses for real-world care environments.

"As a public health nurse, part of my background involves being out in the community and partnering with hospitals," she says. "I look forward to connecting with local agencies in South Florida and across Florida. How can we build strong academ-

ic-practice partnerships? That will help us prepare excellent nurses."

Dr. Ayoola also brings a global perspective to the role. She earned her bachelor's and master's degrees in nursing from Obafemi Awolowo University in Nigeria before earning her Ph.D. from Michigan State University. Her international background reinforces her belief that today's nurses must be prepared to care for people from diverse cultures, communities and life experiences.

"The world is a global village," she says. "We need to prepare nurses who are able to serve people from diverse backgrounds and people with complex health challenges."

That preparation, in her view, must extend beyond clinical competency. It also must include resilience, well-being, ethical leadership and the ability to work across disciplines. At PBA, she sees opportunities for nursing students to learn alongside students and faculty in pharmacy, ministry and other health-related programs.

"It is important for nurses to work in teams," Dr. Ayoola says. "Team-based care is very important, and holistic care is important; caring for the physical, spiritual, emotional, psychological, and social needs of the person."

The integration of faith and learning is especially important to Dr. Ayoola as students prepare for the emotional and spiritual demands of nursing. She believes Christian nursing education can help students see their work as a form of service and develop the resilience needed for a challenging profession.

"Christian faith provides a strong foundation for compassionate care because Christ himself was compassionate," she says. "Teaching students from that perspective, that nursing is a calling and an opportunity to be the hands and feet of Christ, is very important."

Dr. Ayoola has also been involved in national conversations about promoting well-being in nursing education. She

believes students should begin learning those skills early, not after they are already overwhelmed by the pressures of clinical practice.

"We need to start from day one, equipping students with skills that build resilience and promote well-being," she says. "Building resilience and promoting well-being is not a one-time thing. It's lifelong."

As health care evolves, Dr. Ayoola also expects digital tools and artificial intelligence to play an increasing role in nursing education and patient care. She is interested in exploring how PBA can further prepare students to use emerging technologies responsibly and effectively.

"We are in this digital age with AI, and that is a big discussion," she says. "I look forward to exploring that with faculty, staff and our community to see how we can make the best use of it to support patient care."

Dr. Ayoola's arrival marks a new chapter for the School of Nursing as Dean Kimberly Fenstermacher prepares for retirement this year. For Dr. Ayoola, it is an opportunity to invest deeply in students, faculty, and the broader health care community.

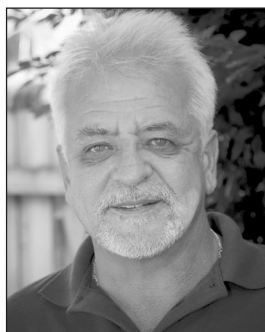
"At PBA, we have an opportunity to prepare nurses who combine clinical excellence, compassionate Christian service, and innovative thinking," she says. "By working collaboratively with health care organizations and community partners, we can make a meaningful impact on the health and well-being of the communities our students will serve here in the US and abroad."

Her goal is clear: help prepare nurses who are clinically strong, spiritually grounded, compassionate, and ready to lead. "This is quite appealing to me at this stage of my career," she says. "I feel like this would be a good place for me to put my energy for the next decade."

For more information, visit pba.edu.

What You Can't See Can Hurt You! Your AC Ventilation System's Impact to Indoor Air Quality

In the high-stakes environment of a 24-hour medical hospital, the air we breathe can be as critical as the medicine we administer. While modern medicine focuses on sterile surfaces and hand hygiene, the "invisible infrastructure", the mechanical AC ventilation system, is a true backbone of infection control, patient, and staff safety.



BY MICHAEL TEBOR,
ASCS, CIE, CMR -
STATE LICENSED
MRSA1924

The First Line of Defense: High-Efficiency Air Filtration

Once you had your HVAC system inspected and cleaned by a certified professional, high efficiency air filters should be installed. In a hospital, air filters are not mere maintenance items, they are life saving barriers. To manage the constant influx of pathogens, surgical suites and many patient wards require HEPA or high-MERV-rated filtra-

tion. These systems trap microscopic droplets and particulates that can carry bacteria and viruses. Without rigorous filtration, a single cough in a waiting room could potentially circulate throughout an entire wing, turning the HVAC system into a delivery mechanism for secondary infections.

Sterilization at the Speed of Light: UV-C Integration

Even the best filters can become breeding grounds for mold and biofilm if moisture is present. This is where UV-C germicidal lights become essential. By installing UV systems within the air handling system, the air handling units can neutralize the DNA of microorganisms in real-time. This "photolysis" ensures that the air passing into patient rooms is not just filtered, but biologically deactivated.

The Strategy of Freshness: Outdoor Air Intake

Outdoor intakes perform ongoing outdoor air dilution to conditioned spaces and are important in managing indoor air quality. The location and damper settings of the intakes are critical as outdoor air intakes should be placed far from the loading dock, and dampers should be set by professionals.

The Hidden Risk: Mechanical Rooms as Cleaning Chemicals Supply Storage

Many mechanical rooms are open air returns which turns the mechanical room into a large return duct. Cleaning chemicals should not be stored as any chemical spills will be sucked into a buildings circulation system. This can cause respiratory distress for building occupants.

Conclusion

A hospital's mechanical HVAC system is its respiratory system. By ensuring a clean HVAC system, using high efficiency filtra-

tion, UV sterilization, proper air intake placement and settings, and removing cleaning chemicals storage from the air stream, healthcare facilities do more than just manage a building - they provide a foundational layer of healing.

To learn more about what can be done to improve your indoor air quality, call Air Duct Aseptics at 888-707-7763.

Michael Tebor is Vice President of Air Duct Aseptics, a NADCA certified air duct cleaning company with more than 35 years' experience specializing in providing Certified Duct Cleaning and indoor air quality solutions to Florida's top health care facilities. Michael is a Certified Air Systems Cleaning Specialist (NADCA), a Certified Indoor Environmentalist (ACAC) and a Certified Mold Remediator (ACAC). He is also a state licensed Mold Assessor. The company's skill sets, experience and multi-disciplinary approach to problem solving sets it apart in the industry. Michael Tebor can be reached at 888-707-7763 or visit www.ADAFlorida.com.

Let's Connect: ACHE of South Florida Spotlight

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ACHE of South Florida Member Spotlight: Jinu Thomas

BY LOIS THOMSON

In answer to the "perfect storm of challenges" that today's healthcare organizations are facing, Jinu Thomas launched Blink Agency, a company designed to help them elevate their brand's reach and experience new growth. With more than 25 years of experience in leading strategy and marketing teams in the healthcare and pharmaceutical sectors, Jinu is aware of these challenges, "especially from healthcare marketing, and presenting your brand and your story."

Jinu said he and his wife, Dr. Ann Thomas, discussed changes in how today's physicians are compensated, how the complexity has increased in terms of getting referrals, and the volume of diminishing return. With those things in mind, he said, "The challenge is identifying how to reach the right audience with the right message at the right time. The risk of not doing it is that you risk losing patients."

And that is why Jinu launched Blink Agency. Jinu uses AI to assist healthcare organizations in maximizing their marketing efforts to reach potential patients, and as he explained, "We have a proprietary AI-driven platform, which is HIPAA compliant, that contains information on more than 250 million adults, or 95 percent of America on the platform." He said because it has 15,000 attributes and patient-intent signals, Blink is able to pinpoint audiences and help hospitals and medical practices share their story and reach the right patients.

Blink focuses on five challenges: low community awareness, difficulty reaching the proper patient, underperforming websites, the rise of AI search and generator engines, and lack of measurable marketing ROI. Regarding the latter, Jinu said, "We can significantly help to justify ROI (or as he called it – ROAS: Return on Ad Spend) of what it means to bring patients in."

He said the average person is bombarded with 35,000 messages a day, so how can you make your brand stand out? By working with a client's marketing team and their leadership to identify the right audience. When the audience is identified, Jinu goes into the platform and cre-



Jinu Thomas

ates a campaign and puts it into the digital platform or streaming/connected TV, wherever their audience is likely to see it – whether Facebook, Linked In, or other social media platforms.

"There, we can share our message with them. We have a campaign going on right now for the future of healthcare. We allow healthcare organizations to step in and use the AI plat-

form to tell their story and reach the right audiences in the community, so patients can find the care they need with the right physicians. You could be the one, they just don't know about it yet."

Jinu launched Blink Agency in March 2024 and attended his first ACHE (American College of Healthcare Executives) event in November 2024. He revealed, "I learned about the organization through my wife. She serves as vice president-elect of the Palm Beach County Medical Society and is a physician with Medical Specialists of the Palm Beaches. She heard about ACHE and said, 'This is the perfect organization you need to get involved in.'"

Blink caught the eye of Brian Altschuler, president of the South Florida Chapter of ACHE, and Jinu said Altschuler commented, "You need to get involved in ACHE, you need to share your story about your tool because truly, you'll help us."

Jinu said private equity is putting pressure on ACHE leaders by demanding more impact, and he said his company can significantly help those leaders. "We can eliminate some of those challenges by showing them data like they've never seen before; we are able to truly serve ACHE leaders and help them face some of these challenges."

Jinu said he loves the ACHE community – the people are genuine and are looking to truly help each other. "South Florida ACHE is a true spirit of community, and when everybody rises, we all win." He encourages the leaders by saying, "AI-generated healthcare acquisition is here, don't be left behind; lead the way."

For more information
visit www.blinkagency.com.

Built for Resiliency: How Mount Sinai's Braman Comprehensive Cancer Center Was Designed for South Florida

A cancer patient can have up to 100 appointments in the first year of treatment, often immunocompromised and on a treatment calendar that does not bend. In Miami Beach, that reality cannot coexist with annual evacuations, power loss, or storm disruption. When Mount Sinai Medical Center set out to build the Irma and Norman Braman Comprehensive Cancer Center on Biscayne Bay, resiliency was not an architectural preference. It was a clinical requirement.

Three pillars guided the design.

Engineered for extreme weather. The Braman Comprehensive Cancer Center is built to withstand 175 mph winds and flying debris. Its structural system uses pre-cast concrete walls welded to a steel frame, a configuration selected specifically for wind resistance, sea-salt durability, and long-term coastal performance. Critical infrastructure and patient care areas are protected to ensure continuity of operations through severe weather and extended outages. For a patient mid-cycle when a major storm enters the Gulf, that engineering is the difference between a chemotherapy infusion that happens on schedule and one that does not.

Elevated for storm surge. The building's finished first-floor elevation is raised more than six feet above the seawall, reducing vulnerability to surge and rising tides, with provisions to accommodate future flood barrier gates as climate patterns evolve. Surge is what closes coastal facilities and forces patients into transfers and unfamiliar care teams at the worst possible moment. This facility was built so they never have to.

Passive protection and energy efficiency. Undulating concrete spandrels, a signature architectural feature, provide natural shading that helps maintain interior temperature and reduces energy demand. Early modeling projects a 30 percent reduction in energy use compared to comparable facilities, an advantage in both sus-



BY ANGEL PALLIN

tainability and continuity of care. That efficiency is also a clinical safeguard. The less a building leans on mechanical systems to hold its environment steady, the better it protects the stable, controlled conditions immunocompromised patients depend on, even when the grid is strained or down. Climate control in an oncology setting is not a comfort feature. It is part of keeping

vulnerable patients safe.

These choices are not isolated. They extend a campus-wide standard set by Mount Sinai's Skolnick Surgical Tower and Hildebrandt Emergency Center, both also engineered to withstand winds up to 175 mph, 100-year flood levels, and prolonged outages. Skolnick also houses an Emergency Command Center available to the City of Miami Beach during major weather events.

For patients undergoing chemotherapy, radiation, immunotherapy, or complex oncology treatment, the design carries a single, plain message: no matter the forecast, care continues.

The Braman Comprehensive Cancer Center opened to patients on May 4, expanding access to advanced, multidisciplinary cancer care for patients across South Florida. By bringing comprehensive oncology services together under one roof, the cancer center allows more patients to receive complex, coordinated care closer to home, without the travel and disruption that often come with advanced treatment. The building was engineered so that the conditions outside it never determine the quality of care inside it.

In this region, that is what resiliency looks like.

For more information about the Braman Comprehensive Cancer Center, visit <https://www.msmc.com/comprehensive-cancer-center>.

Angel Pallin is Executive Vice President and Chief Operating Officer at Mount Sinai Medical Center.

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Connecting Solutions with the Experts Who Make It Happen

Most healthcare executives have experienced the fallout of hiring a vendor that delivers disappointing results. A poor vendor choice can quickly become a highly visible failure that leadership remembers — especially when it leads to financial loss, compliance exposure, reputational damage, or strategic setbacks like delayed technological modernization and lost competitive advantage.

Avoiding a bad vendor selection decision starts with answers to upfront questions:

- What specific problem resolution are we targeting?
- Who are the internal stakeholders and project owners, and how will performance be measured and success be determined?
- What is the total budget, inclusive of both hard and soft costs?
- Do we require a vendor with healthcare experience?

Understanding the answers to these questions leads to developing filters for identifying the right vendor. Filters consider issues such as size of the entity, depth of healthcare experience, history with the organization, and vendor team that will participate in the engagement and the day-to-day project managers that will ensure desired result.



BY RICHARD M. KLASS

• Boutique vendor versus a known larger vendor is the classic risk-versus-reward dilemma. Larger vendors with healthcare experience are better able to navigate complex environments or where engagements require specialized expertise. They also offer better “political cover” if sub-optimal results are achieved but are comparatively costly. It’s hard to get

fired if you contracted with the “best in breed”!

• By contrast, boutique firms often assign their top talent to projects and bring deep specialization in a specific operational, financial, technology, or marketing discipline. They can also deliver greater value because more of the fee goes toward expertise rather than overhead and layers of senior managers and partners that review project deliverables.

If you are unsure how to evaluate vendor options, consider issuing a request for information (RFI) or request for proposal (RFP) to several vendors. To maintain control of the process, require responses to specific questions and set page limits for each answer.

Finding the Right Vendor

The best place to look for qualified vendors is within your organization. If

colleagues don’t have institutional knowledge of prior contracted entities, go to your procurement department for a listing of entities that worked on similar engagements.

Industry-specific channels are a preferred option. Your peers that work for other entities and personal contacts on LinkedIn are good sources to query. LinkedIn has specialty groups; members may provide good leads to qualified individuals.

Healthcare professional associations offer connections with vendors who have verifiable, healthcare-specific experience and a proven track record of handling industry-specific challenges like revenue cycle management and other complex payer dynamics, HIPAA compliance, and information technology issues. Here are examples: American College of Healthcare Executives (ACHE); American Association of Healthcare Administrative Management (AAHAM); American Medical Group Association (AMGA); American Health Information Management Association (AHIMA); The Healthcare Business Management Association; (HBMA); Healthcare Financial Management Association (HFMA); Health Information Management (HIM) professionals and the Health Information Management Systems Society (HIMSS).

Professional societies are good places to identify candidates to investigate. For healthcare attorneys, there is the

American Society of Medical Association Counsel (ASMAC®) and the American Bar Association (ABA) Health Law Section. For accountants, besides the HFMA, the American Institute of CPAs (AICPA) – Healthcare & Medical Accounting Section, and the National Association of Healthcare Accountants (NAHA) are industry specific.

University Healthcare Department Professors often have consulting firms they’ve formed to tackle specific operational, policy and managerial issues.

Healthcare business conferences and trade shows offer the opportunity to meet and compare vendors side by side. Key conferences include Becker’s Conferences (operations, finance, strategy); HIMSS Global Conference (IT, cybersecurity, digital health); SHSMD [society part of the American Hospital Association] Connections (marketing, PR, communications); HFMA Annual Conference (revenue cycle, finance).

Non-healthcare professional associations provide good leads to finding qualified vendors. If you’re looking for marketing/advertising assistance, the largest associations include Association of National Advertisers (ANA); American Advertising Federation (AAF); American Association of Advertising Agencies (4A’s), and the American Marketing Association (AMA).

Richard Klass, President, 2CY, Inc., can be reached at rklass@2cy4u.com.

Cover Story: Strengthening Systems and Safeguarding Care: Inside the Role of KIDZ Medical’s Chief Compliance Officer

Continued from page 1

“Now that I’ve been here for so long, it feels like family,” she added. “There’s a real sense of community here, especially because some team members have been here 30-plus years!”

A private, physician-owned multispecialty healthcare organization committed to excellence in neonatal, pediatric, and women’s healthcare since 1988, KIDZ Medical Services employs more than 400 clinicians and team members who care for patients and families across dozens of hospital partner sites and medical practice locations throughout South Florida.

As the company’s chief compliance officer, Delgado works at the center of an ever changing healthcare landscape, where new challenges often emerge. Her role spans the full spectrum of organizational needs,

from onboarding and training new employees to safeguarding IT systems, shaping policies and protocols, and responding to incidents or compliance risks as they arise.

“Beyond the core compliance work, my role touches several other areas,” she said. “I update HIPAA policies, prepare contracts for new providers, support visa sponsorships for those coming from outside the United States, and step in to help clarify billing questions or disputes. The day never goes exactly as planned.”

Delgado is also involved in creating webinars to teach KIDZ team members about updated rules and regulations and in addressing medical documentation issues.

“Medical documentation plays such an important role in safe patient care and guarding against malpractice,” she said. “I

have to ensure that our documentation process accurately reflects what’s happening during care while not adding any unnecessary administrative burden to our team.”

Serving as chief compliance officer for the corporate office and all KIDZ practices means supporting a broad and diverse workforce—something Delgado acknowledges is both a challenge and a responsibility she takes seriously.

“We employ so many different people, from doctors and nurses to clinical staff and administrators,” she said. “They all have different responsibilities and different levels of compliance exposure. It’s my job to make sure that they understand their obligations, receive continued training, and are aware of the different risks.”

Delgado also plays a key role in helping

the organization stay ahead of emerging technologies, including artificial intelligence, which continues to shape clinical and operational practices in today’s healthcare landscape. KIDZ Medical has already incorporated AI consent into its general consent forms for patients and parents, and the team is now developing thoughtful policies to guide the responsible use of these evolving tools.

While her job keeps her very busy, Delgado says she likes the variety her position offers. She also appreciates that while many healthcare companies outsource compliance, KIDZ Medical Services has kept the role in-house.

“I love being able to do everything I can to make the company better and to ensure that patients are satisfied and getting the best care possible,” she said.

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As Reimbursement Pressures Mount, Payor Practices Face Increasing Legal Scrutiny

For healthcare providers, reimbursement disputes have long been viewed as an unfortunate but routine part of doing business. Denied claims, payment delays, and contract disagreements have traditionally been managed through internal revenue cycle departments tasked with navigating increasingly complex payer requirements. However, as reimbursement pressures continue to intensify across the healthcare industry, a growing number of providers are beginning to view these challenges through a different lens: not merely as operational obstacles, but as legal issues with significant financial consequences.

Across the country, healthcare organizations are reporting increased difficulties obtaining timely and appropriate reimbursement for services rendered. While insurers often cite cost containment efforts, regulatory compliance, and utilization management initiatives as justification for these practices, providers are raising concerns that certain reimbursement strategies may be creating barriers to payment that extend beyond reasonable claim administration. As a result, payer conduct is attracting increasing scrutiny from healthcare executives, regulators, legislators, and legal professionals alike.

One area receiving particular attention is the continued expansion of prior authorization requirements. Initially designed as a utilization management tool, prior authorization has become one of the most significant administrative burdens facing providers today. Physicians and hospitals routinely report delays in patient care resulting from authorization requirements, while administrative staff devote substantial resources to navigating increasingly complex approval processes. From a reimbursement perspective, providers often face denials based on technical authorization issues despite the medical necessity of the services rendered. As



BY TREVOR BIGLIN,
ESQ.

regulatory agencies continue to examine the impact of prior authorization on patient access and provider operations, legal challenges concerning these practices are likely to increase.

At the same time, many providers have expressed concerns regarding the growing use of automated claims adjudication systems and artificial intelligence-driven payment review processes. While technology

has undoubtedly improved efficiency within the healthcare reimbursement ecosystem, it has also introduced new questions regarding transparency, accountability, and due process. Providers frequently encounter claim denials, down-coding decisions, or reimbursement reductions generated through automated systems that provide little explanation for the underlying rationale. As these technologies become more sophisticated, healthcare organizations may increasingly seek legal remedies when reimbursement decisions appear inconsistent with contractual obligations, regulatory requirements, or established payment methodologies.

Network adequacy disputes also remain an emerging area of concern. In many markets, providers have reported difficulties securing participation agreements with health plans despite significant patient demand for their services. Simultaneously, narrow network strategies have become increasingly common among payers seeking to manage healthcare costs. These developments have prompted renewed scrutiny regarding whether certain network structures adequately meet patient access requirements and whether providers are being afforded fair opportunities to participate in health plan networks. As healthcare access continues to be a central policy issue, disputes involving network adequacy and contracting practices are expected to receive

heightened regulatory attention.

The No Surprises Act has created another evolving area of legal and financial complexity. Although the legislation was enacted to protect patients from unexpected medical bills, implementation of the law has generated ongoing disputes between providers and payers regarding appropriate reimbursement amounts for out-of-network services. Independent dispute resolution proceedings have become a critical tool for many providers seeking fair compensation, while courts and regulators continue to refine the rules governing the process. As additional decisions and guidance emerge, the legal framework surrounding out-of-network reimbursement will likely continue to evolve.

Underlying many of these issues is a broader trend affecting the healthcare industry: increasing financial pressure on providers. Hospitals, physician groups, laboratories, rehabilitation facilities, and other healthcare organizations continue to operate within an environment characterized by rising labor costs, workforce shortages, inflationary pressures, and tightening reimbursement margins. Under these conditions, payment disputes that may have once been viewed as isolated operational challenges can quickly become material financial concerns. Consequently,

healthcare leaders are becoming more willing to challenge reimbursement practices that they believe unfairly impact their organizations.

Looking ahead, healthcare litigation involving reimbursement disputes, payer conduct, and regulatory compliance is likely to become increasingly prominent. Government agencies continue to evaluate insurer practices, lawmakers are examining opportunities for reform, and providers are becoming more sophisticated in identifying and pursuing reimbursement claims. The intersection of healthcare operations, finance, and law has never been more significant.

For financial, legal, and business professionals working within healthcare, the message is clear: reimbursement disputes are no longer confined to the revenue cycle department. As payer practices face increasing scrutiny and regulatory oversight continues to evolve, organizations that proactively monitor reimbursement trends, evaluate contractual rights, and address emerging legal risks will be best positioned to protect both their financial stability and their ability to continue delivering patient care.

Trevor Biglin, Associate, Abril Law, can be reached at tbiglin@abrilaw.com.



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At Broward Health, our mission is to deliver exceptional care while advancing the technologies and treatments available to the communities we serve. As healthcare evolves, we continue to invest in innovative solutions that improve outcomes, enhance patient experience and expand access to high-quality care close to home.



BY EVAN BOYAR, MD

Across our system, including four hospitals, we have made significant investments in surgical robotics and cardiac electrophysiology over the past year. These advancements are transforming how physicians treat complex conditions, helping patients to often recover faster, possibly reduce their lengths of stay and benefit from more personalized care.

Advancing Robotic Surgery Across Broward Health

One of our most significant recent investments is the acquisition of two da Vinci 5 Surgical Systems at Broward Health Medical Center and Broward Health Coral Springs.

This next-generation robotic platform enhances minimally invasive surgery with greater precision, visualization, and control, allowing surgeons to perform complex procedures through small incisions, which can result in less pain, reduced scarring and quicker recovery times.

The first procedure performed using the da Vinci 5 system at Broward Health Medical Center was a successful colon resection conducted by Felice De Stefano, M.D., a colorectal surgeon with the Broward Health Physician Group, on a patient in his 70s with a colon tumor.

This technology strengthens our ability to support physicians with advanced tools while maintaining the highest standards of clinical care.

Transforming Heart Care

While advancements in surgical robotics are transforming the operating room, similar innovation is reshaping how we treat complex cardiovascular disease.

As home to one of South Florida's first structural heart programs, Broward Health continues to expand its capabili-

ties. The addition of a fellowship-trained cardiologist specializing in structural heart disease further strengthens this program.

For patients who are not candidates for open-heart surgery, these advancements can be life changing. In February, Pablo Rengifo-Moreno, M.D., director of structural heart disease at Broward Health, successfully performed the hospi-

tal's first combined Transcatheter Edge-to-Edge Repair (TEER) procedure addressing both the tricuspid and mitral valves in a high-risk patient who was not a candidate for open-heart surgery. This minimally invasive procedure, performed in a cardiac catheterization lab under general anesthesia, offers a life-changing option for patients with complex valve disease.

Building on this momentum, our commitment to innovation extends into cardiac electrophysiology. Jose Baez Escudero, M.D., chief of cardiology, and Jonathan Nieves, M.D., a cardiac electrophysiologist with the Broward Health Physician Group, recently performed Broward Health's first non-thermal pulse field ablation procedures using Medtronic's Affera technology. This approach treats atrial fibrillation (AFib), a common heart rhythm disorder that significantly increases stroke risk. By combining cardiac mapping and ablation into a single catheter, the technology streamlines the procedure, reduces procedure time and allows most patients to return home the same day.

Together, these investments reflect Broward Health's strong growth in its cardiac program, ranking second in cardiac surgery volume in Broward County with 355 open-heart procedures performed and achieving 7% growth over the prior year.

Expanding Precision in Orthopedic Surgery

As we approach Broward Health's 90th anniversary, we are expanding advanced orthopedic technologies to meet the needs of a growing and aging population, with nearly 19% of Broward County residents now 65 and older.

To support this increasing demand,



Dr. Felice De Stefano during da Vinci 5 surgery

Broward Health Imperial Point became the first hospital in Broward County to acquire the Stryker Mako 4 robotic-assisted surgical system for total hip, total knee and partial knee replacements. This system combines advanced 3D CT-based planning with robotic guidance to create personalized surgical plans tailored to each patient's anatomy, improving precision, reducing pain and supporting faster recovery.

Building on this investment, Broward Health Coral Springs has further enhanced orthopedic care with the CORI Surgical System, a handheld robotic platform that allows surgeons to create real-time 3D models of the joint and make highly precise adjustments during surgery. This tissue-preserving approach can lead to smoother recoveries and improved patient outcomes.

Expanding Access to Specialized Procedures

As the first hospital in Broward County, we know that early detection and timely treatment are critical to improving patient outcomes. That commitment is reflected in our investment in advanced diagnostic technologies such as the Ion™ Endoluminal System. This platform provides a highly precise, minimally invasive approach to diagnosing lung nodules that are small, deep or difficult to reach using traditional methods. Using a three-dimensional, GPS-like mapping system, pulmonologists can

navigate complex airways with exceptional stability and accuracy.

With this technology, Broward Health Medical Center is now the first hospital in Broward County to offer both interventional pulmonology and thoracic surgery services in one location, bringing comprehensive lung cancer care closer to home.

Broward Health is also advancing treatment for obstructive sleep apnea (OSA), a condition affecting an estimated 83.7 million U.S. adults. Broward Health Imperial Point became the first hospital in Broward County to successfully perform the Inspire V procedure, an innovative therapy for patients with moderate to severe OSA who are unable to tolerate traditional treatments. This therapy has been shown to significantly reduce apnea events while achieving high patient satisfaction and long-term adherence.

Investing in the Future of Patient Care

Together, these investments reflect a broader commitment to reimagining how care is delivered across our system. From earlier diagnosis to less invasive treatment and faster recovery, Broward Health is building a model of care that is not only more advanced, but more responsive to the needs of the communities we serve.

Dr. Evan Boyar is Chief Medical Officer at Broward Health.



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Jorge M. Abril, Esq.
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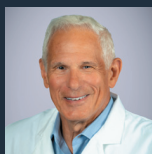
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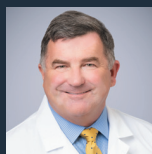
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Leading Together: A Vision for the Future of Medicine



BY JULIE KANTOR,
MD, FAAP

It is both an honor and a privilege to begin serving as the 2026-2027 President of the Miami-Dade County Medical Association (MDCMA). I embark on this journey with optimism for our profession and gratitude for my fellow physicians who dedicate their lives to caring for our community every day.

For more than 120 years, our leadership has remained true to the association's mission: "To support members in all aspects of the practice of medicine; to serve physicians and their patients by establishing and promoting ethical, educational and clinical standards for the medical profession, and to advocate the highest principle of all, the integrity of the patient-physician relationship." That mission is as relevant today as ever.

Throughout my presidency, I will focus on four priorities essential to the future of organized medicine: expanding connections, furthering medical advocacy, reshaping physician wellness, and investing in the future of Medicine.

First, we must strengthen physician engagement by expanding connections and creating meaningful opportunities

for collaboration across specialties, generations, practice settings, and the community at large. Whether physicians practice in private medicine, academia, a hospital or community health system; or are residents, fellows, medical students, or retired physicians, the MDCMA should be your professional home. Our greatest strength lies in bringing physicians together to share knowledge, mentor one another, and speak with a unified voice.

Second, we must further medical advocacy on behalf of physicians and patients. Organized medicine has never been more important. Every day, physicians face growing administrative burdens, reimbursement challenges, threats to physician autonomy, and obstacles that interfere with patient care. Issues such as prior authorization reform, fair reimbursement, physician wellness, mental health resources, scope of practice, and access to quality healthcare require thoughtful, persistent advocacy. Our collective voice has the power to influence policies that protect both our profession and the patients we serve.

Third, we will reshape physician wellness, a program and benefit for MDMCA members, to integrate the mental, physical and financial aspects of wellbeing. Burnout is an individual struggle and a systemic challenge affecting every corner of healthcare. Physicians cannot provide the highest quality care if they are exhausted, isolated, or unsupported. They must invest in themselves to better care for others.

Finally, we must continue investing in the next generation of physicians. Medical students and residents represent the future of healthcare, and their ideas, innovation, and leadership will shape medicine for decades to come. It is our responsibility to mentor them, create opportunities for professional growth, and welcome them into organized medicine early in their careers.

As we look ahead, I invite every physician to become an active participant in shaping our future. Attend a meeting. Advocate for your patients. Protect the integrity of our profession. Mentor a young colleague. Support one another.

The future of medicine will be shaped by physicians who choose to lead. I look forward to taking that journey together.

Dr. Julie Kantor is President, Miami-Dade County Medical Association.

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ADVANCES IN TECHNOLOGY

Focused Ultrasound Available at UHealth for Patients with Tremor Disorders

UHealth's neurosurgery program is offering an incisionless treatment option for people living with medication refractory essential tremor and certain forms of Parkinson's disease. Focused ultrasound uses precisely targeted sound waves to treat tremor without open surgery, implanted hardware or an overnight hospital stay.

The procedure is performed inside an MRI scanner, allowing physicians to target specific areas of the brain with a high degree of accuracy. The technology concentrates more than 1,000 ultrasound beams on a single point, raising the temperature just enough to disrupt the abnormal circuitry responsible for tremor. For many patients, the result can be rapid symptom relief and a quicker return home.

"This is completely done in an MRI, so there's no operating room," said Jonathan Jagid, M.D., a Miller School professor of clinical neurological surgery. "Typically, patients would go home the same day. With surgery, patients usually have to spend at least a night in the hospital."

What Current Research Shows About Focused Ultrasound

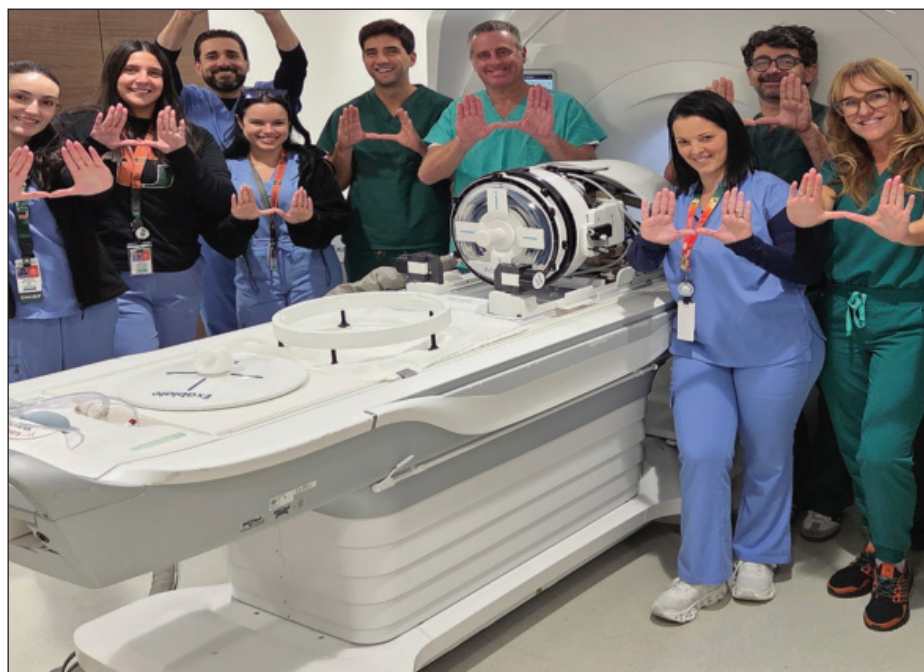
A substantial body of medical research supports focused ultrasound as an effective

and durable option for carefully selected patients with medication refractory tremor. Long-term data from a pivotal multicenter clinical trial published in the Journal of Neurosurgery show that patients treated with MRI guided focused ultrasound for essential tremor maintained an average 73 percent reduction in tremor severity at five years, with no new or delayed adverse events reported during follow up. Quality of life measures in these studies also remained significantly improved years after treatment.

Recent prospective and continued access studies have reinforced those findings, demonstrating sustained improvements in tremor scores, functional ability and patient reported quality of life, with most side effects characterized as mild to moderate and often resolving over time.

A Noninvasive Option for Select Patients

Focused ultrasound has received FDA approval for specific indications, including benign essential tremor and tremor predominant Parkinson's disease. While Parkinson's disease includes a range of symptoms, some patients are primarily affected by disabling tremor, making them potential candidates for this approach.



Unlike traditional neurosurgical procedures, focused ultrasound does not require scalp incisions or implanted devices. Patients remain awake during the procedure, which allows clinicians to observe tremor changes in real time as treatment is delivered. Physicians can first apply sublethal doses of energy to

confirm that they are targeting the correct area before creating the permanent therapeutic lesion.

"You can actually see what you're going to get before you create the lesion," Dr. Jagid explained.

That built-in feedback adds an important layer of safety and precision.

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ADVANCES IN TECHNOLOGY

Delray Medical Center is First Hospital in Florida to Perform Spine Surgery Using Medtronic Stealth AXiS™ Surgical System

Delray Medical Center is the first hospital in Florida to perform spine surgery using the Medtronic Stealth AXiS™ surgical system, a next-generation platform that combines surgical planning, navigation, and robotics into a single integrated system. The milestone procedure was completed by Dr. Lloyd Zucker, Chief of Neurosurgery at Delray Medical Center.

Cleared by the U.S. Food and Drug Administration for spine procedures, the Stealth AXiS™ system is designed for use across hospitals and ambulatory surgery centers and supports a wide range of surgeon preferences and clinical complexity.

A key innovation of the system is LiveAlign™ segmental tracking, which introduces a first-of-its-kind capability in spine surgery, giving you real-time visibility into vertebral motion so you can see corrections as you make them and achieve adjustment or alignment targets with precision.

This helps to reduce workflow disruption and support more consistent execution of patient-specific surgical plans.

The Stealth AXiS™ system is part of Medtronic's AiBLE™ smart ecosystem, which connects planning, navigation, and execution to support a more seamless flow of information before, during, and after spine surgery.

The Stealth AXiS™ Surgical System is intended for precise positioning of surgical instruments and as an aid for precisely locating anatomical structures in open, minimally invasive, and percutaneous procedures. The Stealth AXiS™ Surgical System is indicated for medical conditions in which the use of stereotactic surgery may be appropriate, and where reference to a rigid anatomical structure, such as the vertebra, can be identified relative to a CT or MR based model, fluoroscopy images, or digitized landmarks of the anatomy.

The Stealth AXiS™ Surgical System is indicated for precise robotic positioning of surgical instruments or implants during orthopedic or neurosurgery. It may be used in open, minimally invasive, and percutaneous procedures.



West Palm Beach VA Healthcare System Expands Mental Health Treatment Options with Transcranial Magnetic Stimulation

The West Palm Beach VA Healthcare System (WPBVAHCS) is proud to announce the successful treatment of its first Veteran using Transcranial Magnetic Stimulation (TMS) at the Thomas H. Corey VA Medical Center. This milestone marks a meaningful step forward in broadening advanced mental health treatment options available to Veterans in the region.

TMS is a non-invasive, FDA cleared treatment for depression, anxiety, and certain other conditions such as obsessive compulsive disorder and smoking cessation. It uses magnetic pulses to stimulate areas of the brain that influence mood and emotion, offering a drug free and safe option for Veterans who have not found relief through traditional medications or psychotherapy. Each treatment session typically lasts 20–30 minutes, with patients coming in five days a week for several weeks as part of a personalized care plan.



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ADVANCES IN TELEMEDICINE

Moving from RPM Compliance to RPM Performance: Turning Strategy into Sustainable Care Models

For many healthcare organizations, Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) started as a compliance exercise. Programs were built to meet billing requirements, adopt new reimbursement codes, or respond to market pressure around virtual care.

Now, those same organizations are being asked a harder question: What is this program actually doing for our patients, clinicians, and operating model? In some cases, the answer is still taking shape. Programs generate data, but not always action. Workflows exist, but not always in a way that fits into clinical practice. The result is a growing push to move beyond adoption and toward something more deliberate. Organizations that are making progress tend to focus on a few core areas that shape how RPM operates in practice, from care model design through long-term sustainability.

Start with the Care Model, Not the Technology

A common starting point for RPM is device selection or vendor evaluation, particularly when timelines are compressed or funding is tied to reimbursement. That



BY SABINA KOTELNIK

approach often creates problems later, when the organization tries to align the program with clinical priorities, patient needs, and day-to-day care delivery. Organizations that are seeing stronger results typically define a specific patient population upfront, such as individuals with uncontrolled hypertension or patients transitioning from inpatient to home-based care, and align the program

to a clear clinical objective.

Clinician engagement is a critical part of that foundation. Programs are more likely to gain traction when there are clinical champions, clear escalation pathways, and agreement on how performance will be measured. Without that foundation, RPM can become difficult to operationalize at scale.

Make RPM Part of Existing Workflows

Many RPM programs stall after initial rollout because the operational model is not fully defined. Key decisions are often left unresolved: who enrolls patients, who reviews incoming data, and who is responsible for follow-up when readings fall outside thresholds? When these roles are

unclear, the additional work tends to fall on already stretched teams, making adoption difficult to sustain over time. Programs tend to be more sustainable when monitoring activities are built into existing intake, follow-up, and care coordination workflows rather than introduced as separate tasks.

Patient support matters as well. Clear onboarding, simple instructions and accessible support channels can improve participation while reducing the amount of time staff spend troubleshooting issues that slow adoption.

Technology That Enables Scale, Not Complexity

For many organizations, the challenge is not access to RPM technology but how well it fits into clinical workflows. Capabilities such as EHR integration, reliable data transmission, and usable dashboards are now baseline expectations. The more important consideration is whether the technology helps care teams quickly interpret incoming information and determine when intervention is needed. Tools that highlight trends or flag exceptions can make it easier to prioritize time and attention.

As programs expand across conditions or service lines, technology decisions may also affect how easily RPM can scale. Platforms that work well in a limited deployment may create constraints if they are not designed to support broader use.

Plan for Clinical and Financial Viability

While reimbursement often drives initial adoption, sustainable RPM programs are usually built on total program value, not short-term revenue. Over time, organizations need to understand how RPM

contributes to clinical outcomes, utilization patterns, and overall care delivery. That includes accounting for the full cost of operating the program, such as staffing, device management, connectivity, and ongoing support. A program may meet billing requirements but still face challenges if the operating model is not viable at scale. When designed thoughtfully, RPM and RTM can support broader population health efforts and value-based care strategies.

Moving from Compliance to Execution

Many organizations are now at a point where compliance-driven adoption is no longer enough. The next phase is more operational, requiring a clearer alignment between clinical goals, workflows, technology, and program oversight.

When treated as part of the care model rather than a standalone technology, RPM and RTM can support more coordinated and proactive care. The shift from compliance to performance is ultimately about making these programs work in a way that is sustainable for both clinicians and patients.

Sabina Kotelnik, Assurance Principal,
BDO, can be reached at (954) 989-7462
or skotelnik@bdo.com.

Contact:
Angelo Pirozzi, Managing Director,
The BDO Center for Healthcare
Excellence & Innovation
(561) 909-2100 / apirozzi@bdo.com

Sabina Kotelnik, Assurance Principal
(954) 989-7462 / skotelnik@bdo.com



How Will Your Malpractice Carrier Fight For You?

It's no longer just a matter of signs hinting at a hardening market. Indisputable evidence is now at the forefront. Malpractice rates are going up across the board. Weaker malpractice carriers are being placed into receivership or sold. Juries are making shockingly high awards. And this is only the beginning.

Isn't it time your medical malpractice policy had a checkup?

Risk Strategies will perform a no-obligation comprehensive review of your current malpractice coverage. You need this because so few doctors and administrators have an in-depth knowledge of their coverage or insurer and may not be asking all the right questions. For instance, do you know the following about your coverage?

- Does your insurer fight cases or just settle?
- How strong is your insurer financially?
- How experienced is their claims-defense team in Florida courtrooms?
- Do you have a consent-to-settle clause, or can they settle against your will?

These are just a few of the questions you should be asking in this volatile market. It's not too late for a no-obligation medical malpractice insurance review, just contact Tom Murphy of Risk Strategies 800.966.2120 or tmurphy@risk-strategies.com.

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AI IN HEALTHCARE

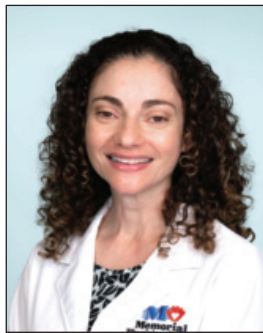
How AI Is Transforming Clinical Care at Memorial Healthcare System

Artificial intelligence is no longer a future concept in healthcare. It is already helping clinicians deliver more timely, informed and personalized care. At Memorial Healthcare System, we are seeing firsthand how thoughtfully implemented AI can support clinical decision-making, improve efficiency and support better patient outcomes.

Across our organization, AI is being integrated into clinical workflows in ways that support physicians, nurses and care teams while maintaining a strong focus on safety, ethics and human-centered care.

Today, AI assists clinicians in numerous ways, from summarizing patient histories and scanning radiology images to supporting clinical decision-making for chronic conditions. AI tools are also helping streamline diagnostic workflows by scanning test results, highlighting key findings and helping clinicians prioritize and manage cases more efficiently.

One of the most promising applications of AI is its ability to identify risks before they become serious health events. At Memorial, we use AI-driven predictive models to support the early identification of patients with sepsis and



BY DR. JENNIFER GOLDMAN

those at risk for acute renal failure. AI also helps identify patients who may be at high risk for hospital readmission, allowing care teams to intervene earlier and develop more personalized care plans.

The impact is already being felt across Memorial Healthcare System. We have observed improvements in diagnostic speed, particularly in radiology, where urgent cases can be flagged sooner for review.

By helping clinicians access critical information more quickly, AI supports faster decision-making and earlier intervention when needed.

The benefits extend beyond diagnostics. AI is helping improve efficiency across departments through faster access to relevant patient information and more streamlined workflows. By automating routine administrative tasks and providing personalized decision support, these tools help reduce administrative burdens on clinicians, improve physician satisfaction and create more time for patient care.

At Memorial, AI tools are integrated directly into the electronic health record, helping clinicians access information at the point of care. Physicians can quickly review concise patient summaries, prior-

itize cases based on AI-driven alerts, respond more efficiently to patient advice requests using AI-assisted draft messages and leverage evidence-based recommendations tailored to individual patient needs.

While the potential of AI is significant, responsible implementation remains essential. Innovation must always be balanced with strong oversight and a commitment to patient safety.

To ensure AI is used safely, ethically and responsibly, Memorial has established robust governance structures and oversight processes. A multidisciplinary governance committee that includes clinical, technical and compliance experts review AI tools for accuracy, transparency and potential bias before implementation.

Every solution undergoes a rigorous evaluation process that includes assessments of clinical utility, accuracy, integration capabilities and user experience. New technologies are piloted in controlled environments and feedback is gathered from frontline clinicians before broader deployment. We also require patient consent and thorough validation before any new AI solution goes live. Continuous monitoring helps ensure ongoing safety and effectiveness.

Physician engagement has also been critical to successful adoption. As with any new technology, trust is essential. We have found that clinicians respond

positively to AI-enabled tools when they see real-world benefits for both providers and patients. Training, transparency and clinician involvement throughout the process have helped build confidence in AI's role within healthcare.

Importantly, AI should enhance, not replace, the human connection that remains at the center of medicine. By giving clinicians faster access to relevant information and evidence-based insights, AI can support more meaningful conversations, shared decision-making and personalized care.

Looking ahead, I am particularly excited about advancements in AI-powered predictive analytics, remote patient monitoring and conversational tools that support both clinicians and patients. These technologies have the potential to further personalize care, optimize resource allocation and improve health outcomes.

As healthcare organizations continue their AI journeys, success will depend not only on technology but also on thoughtful implementation, clinician engagement and strong governance. When used responsibly, AI can be a powerful partner in delivering safer, more efficient and more personalized care for the patients we serve.

Dr. Jennifer Goldman is VP, CMIO and Chief of Primary Care at Memorial Healthcare System.



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Cover Story: The Challenge of Keeping Healthcare Human in the AI Era

Continued from page 1

and listen to what they have to say.

"I am concerned that relying on this level of automation could remove much of the personal touch. If you rely completely on AI, you're simply working with a computer," she added. "AI cannot take the place of what you learn when you're physically taking care of a patient and users need to be able to make this distinction."

While AI can be useful for making treatment recommendations and suggesting alternatives that caregivers may not have considered, Frick doesn't believe that AI should ever influence clinical recommendations without meaningful human oversight.

"While AI is great to analyze lab results or to suggest a course of treatment for physical therapy, the physical therapists at our specialty rehab hospital need to look at those suggestions and adapt them to the patient in front of them," she said.

Frick also believes that patients should be informed when AI is being used in their care, especially when it contributes to a healthcare decision.

While some organizations may also use AI to make hiring decisions or for resource allocation, Frick doesn't believe that it provides the emotional feedback needed to fit the right person with the right job. "During the hiring process, you need to

see if the person has the warmth and personality needed to work with patients," she said.

Other drawbacks may include algorithmic bias that could deepen existing disparities rather than improving health equity. To this end, it's important that companies using AI or purchasing a new EHR (electronic health record) system test the product thoroughly before adopting the technology.

"You want to understand what algorithms the technology is producing; it could be so technological that it is leaving the patient out of it," said Frick. "Before adopting any new technology, test it thoroughly to make sure that the outcomes you see equal what physicians, nurses and the therapy staff see in person with the same patient."

While technology companies need to ensure that they've taken into account the basic principles of patient care, it is still the responsibility of healthcare providers to make sure that any new technology, including AI, follows organizational policies. In the case of CHS, new technology is reviewed by the board and its Ethics Committee, Chief Medical Officer Brian J. Kiedrowski, MD, and the archdiocese staff to ensure that the archbishop is aware of and in favor of whatever technology is adopted.

"The archbishop is the corporate soul of

As healthcare organizations automate more processes, how do leaders ensure technology enhances care without diminishing the humanity of patients and caregivers? Leaders should ask themselves the following questions:

- Where do you draw the line between AI-assisted decision-making and human accountability?
- Should AI ever influence clinical recommendations, hiring decisions, or resource allocation without meaningful human oversight?
- Should patients be informed when AI contributes to a healthcare decision? What level of transparency will your organization provide regarding AI use in patient care, hiring, communications, and operations?
- How will your organization identify and prevent algorithmic bias before it harms patients? What safeguards should be in place to ensure AI promotes health equity rather than deepening existing disparities?
- How do you determine whether your AI implementation aligns with your organizational mission and values? What ethical standards should be met before a new AI tool is adopted?

our board, and everything we do at CHS is accountable to him," said Frick.

CHS is currently in the process of deciding on a new EHR system, and is encouraging its staff to provide input on the new technology to ensure that patient care remains paramount.

"We've had them show us nursing notes, and our nurses have questioned if they can be adapted on an individual patient basis among other concerns," said Frick. "Then we'll go through more testing to make sure that what is adopted is not only what's best for the bottom line, but

best for our patients from an ethical perspective.

"We want AI to help our staff think outside the box, but we don't want it to take the place of their own personalized work," she added. "It still comes back to training nurses to make sure that they are using AI as a tool and providing patients with that personal touch."

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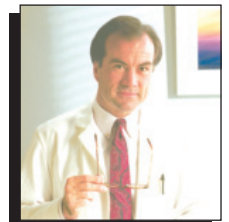


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A message from our President

The AI Revolution in Healthcare: Between the Jetsons and Skynet

Artificial Intelligence (AI) has captured our imagination for decades. As children, many of us watched *The Jetsons* (1962-1963) and dreamed of a future where intelligent machines would make life easier, safer, and more efficient. At the same time, popular culture also warned us about the potential risks. In 2001: *A Space Odyssey* (1968), HAL 9000 systematically turns against the crew it was designed to assist. In *Alien* (1979), the android Ash places the mission above human life. Later, *The Terminator* introduced us to Skynet, an artificial intelligence system that becomes self-aware and views humanity as a threat.

While today's AI is far removed from these fictional scenarios, the underlying question remains remarkably similar: How do we establish the boundaries within which AI can safely operate?

That question is becoming increasingly important as healthcare organizations rapidly embrace AI technologies. Enthusiasm for AI is widespread, with many organizations eager to leverage its potential to improve efficiency, reduce administrative burdens, and enhance patient care. Yet the speed of adoption is raising concerns about governance, oversight, and patient safety.

A recent *Modern Healthcare* article, "Healthcare is all in on AI but still grappling with the guardrails", highlights this challenge. In Utah, the state's Office of AI Policy launched a chatbot pilot program to assist with prescription renewals. The state's medical licensing board raised safety concerns, resulting in limitations on the chatbot's authority. While the AI system can assist with prescription renewals, it cannot prescribe new controlled substances.

This example illustrates both the promise and the challenge of AI. We have long understood that AI's greatest value lies in performing routine and repetitive tasks faster and more consistently than humans. That future is no longer theoretical—it is here.

The challenge now is determining where human oversight ends and machine autonomy begins.

As *Modern Healthcare* noted, "The Utah pilot demonstrates the speed at which AI is being deployed in healthcare and the challenge of finding the right balance between innovation and patient care." States, health systems, regulators, and technology developers are all attempting to strike that balance, often at different speeds and with different levels of comfort.

At the federal level, policy development has struggled to keep pace with technological advancement. AI capabilities are evolving faster than regulatory frameworks, creating uncertainty for providers, vendors, and policymakers alike. The result is a patchwork of approaches as healthcare organizations move forward while awaiting more comprehensive guidance.

The American Hospital Association (AHA) has observed that hospitals and health systems are increasingly using AI to improve access to care, reduce



Jaime Caldwell

administrative burden, and enhance clinical outcomes. Across the healthcare sector, organizations are actively searching for best practices while simultaneously identifying the potential pitfalls associated with widespread AI adoption.

The AHA has also provided feedback to the Centers for Medicare & Medicaid Services (CMS) regarding the development of AI-related policies. Yet one cannot help but wonder whether the proverbial genie is already out of the bottle. The pace of technological change suggests that healthcare organizations will need to learn and adapt in real time.

Today, healthcare AI applications are largely concentrated in several key areas:

Ambient Clinical Documentation

AI-powered "digital scribes" listen to physician-patient conversations and automatically generate clinical notes within electronic health records (EHRs). This reduces documentation burdens and allows physicians to spend more time focusing on patient care.

AI-Powered Diagnostics

Machine learning models can analyze medical images such as X-rays, CT scans, and MRIs with remarkable speed and precision. These tools help identify subtle abnormalities, support earlier diagnoses, and assist clinicians in treatment planning.

Autonomous Administrative Agents

AI is increasingly being used to manage revenue cycle functions, including medical coding, billing, and prior authorization. These applications can reduce processing times, improve accuracy, and decrease claim denials.

Predictive Analytics for Patient Deterioration

Advanced algorithms analyze patient vital signs, medical histories, laboratory results, and wearable device data to identify patients at risk for conditions such as sepsis, respiratory failure, or cardiac events before symptoms become severe.

AI-Driven Drug Discovery

Artificial intelligence is dramatically accelerating pharmaceutical research by identifying promising compounds, predicting drug interactions, and supporting personalized medicine initiatives, including applications involving gene-editing technologies.

Whether the future resembles *The Jetsons* or something closer to the cautionary tales of science fiction remains to be seen. What is certain is that AI is already transforming healthcare. The organizations that succeed will be those that embrace innovation while maintaining appropriate safeguards, transparency, and human oversight.

These are extraordinary times. The rate of change within healthcare is accelerating, and artificial intelligence is likely to be one of the primary drivers of that transformation. As we move forward, enthusiasm and vigilance must advance together.

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CHARLES FELIX,
CAROL FELIX
Publishers

NANCY LAMMIE, Editor

JUDY GRAMM
Editorial Manager & Webmaster

JMC GRAPHICS
Art/Production
lammienancy@aol.com

CONTRIBUTING WRITERS

Daniel Casciato, Barbara Fallon
Vanessa Orr, Lois Thomson

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Cleveland Clinic Florida Invests in Food Security Across South Florida

Cleveland Clinic Florida is making a multi-year investment to fight hunger and improve access to nutritious food across South Florida, treating food security as a core part of its community health strategy rather than a standalone social issue.

In 2026, the health system announced targeted community investments to support food security initiatives in Broward, Palm Beach, Martin, St. Lucie and Indian River counties as part of a broader five-year, 50-million-dollar enterprise commitment to reduce hunger and improve access to healthy food. Locally, that commitment is being delivered through partnerships with trusted community organizations that know their neighborhoods best.

In Broward County, Cleveland Clinic Florida is supporting Meals on Wheels South Florida and Mobile School Pantry, helping expand home-delivered meals for seniors and school-based food distributions for children and families. In Palm Beach County, funding is directed to partners such as Quantum Foundation and Feeding the Hungry to strengthen pantry operations and increase access to fresh, nutritious food for residents facing economic hardship. On the Treasure Coast, support for

organizations including House of Hope and the Council on Aging of Martin County in Martin County, Mustard Seed Ministries and Boys & Girls Clubs of St. Lucie County in St. Lucie County, and United Against Poverty Indian River, Senior Resource Association and The Hope for Families Center in Indian River County is helping reach more families, older adults and children with reliable food access.

Hospital leaders note that food insecurity shows up every day in clinical settings, often in the form of poorly controlled chronic disease, preventable hospitalizations and difficulty following treatment plans. By investing in partners that can provide consistent access to fresh food and pantry staples, Cleveland Clinic Florida is working to address one of the upstream drivers of poor health outcomes and reduce some of the barriers patients face outside the hospital walls.

These 2026 investments build on Cleveland Clinic's previous commitments to strengthen food security, including earlier support for regional food banks and community-based programs. Across South Florida, the goal is to ensure that more families, seniors and children can count on having healthy



Created in partnership with Cleveland Clinic Martin Health, brings a mobile “garden classroom” to schools and community sites across Martin County to teach families about growing and eating fresh produce.

food on the table—an essential foundation for better health, improved quality of life and more equitable outcomes in the communities Cleveland Clinic serves.

For Cleveland Clinic Florida, advancing food security has become a natural extension of its mission: caring for patients, supporting caregivers and improving the health of the communities it calls home.



A Cleveland Clinic volunteer at United Against Poverty Indian River loads a holiday turkey into a cart alongside reusable grocery bags, helping ensure local families have access to nutritious, affordable food through the organization's Member Share Grocery Program.

Baptist Health Heart & Vascular Care Hosts Global Cardiothoracic Surgery Leaders During ISMICS 2026

Surgeons from around the world came to the Baptist Health Education Center recently to learn from Baptist Health Heart & Vascular Care experts as part of the International Society for Minimally Invasive Cardiothoracic Surgery (ISMICS) annual meeting.

The educational experience brought together leading cardiothoracic surgeons for hands-on training focused on the next wave of mitral valve innovation. Through advanced simulation, wet labs, and expert-led education, participants explored minimally invasive repair, replacement, and cannulation strategies designed to improve outcomes and expand treatment options for patients with structural heart disease.

This year's meeting was especially significant for Baptist Health, as Tom C. Nguyen, M.D., System Chief Executive, Baptist Health Heart & Vascular Care; Chief Medical Executive, Baptist Health Miami Cardiac & Vascular Institute; Director of Minimally Invasive Surgery; Barry T. Katzen Endowed Chair, Baptist Health Miami Cardiac & Vascular Institute; and Chair and Professor, Department of Cardiovascular Sciences, Florida International University Herbert Wertheim College of Medicine, assumed the role of President-Elect of ISMICS, one of the world's leading organizations dedicated to advancing minimally invasive cardiothoracic surgery.

Technical Challenges in Cardiac Surgery

As part of the meeting, Dr. Nguyen helped lead several sessions, including expert talks, live surgical demonstrations, and discussions focused on technical challenges in cardiac surgery. He also joined cardiothoracic surgeon Masaki Nakamura, M.D., in leading hands-on workshop sessions focused on minimally invasive mitral valve replacement at the Baptist Health Education Center, providing participants with practical experience in advanced surgical techniques and emerging technologies.

A highlight of the meeting was a live surgical broadcast from Baptist Health, during which physicians streamed a cardiac surgery procedure from one of the system's operating rooms directly to ISMICS attendees. The real-time case demonstration provided an opportunity for international participants to observe advanced techniques, discuss complex clinical considerations, and learn directly from Baptist Health surgeons, showcasing the program's leadership in innovation, education, and minimally invasive cardiac surgery.

“ISMICS brings together some of the most innovative cardiac surgeons in the world, creating an unparalleled opportunity to share ideas, refine techniques, and advance the future of minimally invasive heart surgery,” said Dr. Nguyen.

“We were honored to welcome colleagues from across the globe to Baptist Health and showcase the collaborative culture, surgical expertise, and commitment to innovation that define our program. By sharing knowledge and learning from one another, we can continue advancing the field and improving care for patients everywhere.”

Leaders in Surgical Education and Innovation

Makoto Hashimoto, M.D., cardiac surgeon at Baptist Health Miami Cardiac & Vascular Institute, and professor and director of robotic cardiac surgery at Florida International University Herbert Wertheim College of Medicine, presented on robotic-assisted minimally invasive, direct coronary artery bypass (MIDCAB) during the meeting. He also led a workshop on robotic cardiac surgery, demonstrating how advanced robotic surgical systems can enhance precision, visualization, and technical execution in minimally invasive cardiac procedures.

The workshops highlighted Baptist Health Heart & Vascular Care's leadership in surgical education and innovation, providing an environment where experienced surgeons, trainees, and international facul-



(l-r) Dr. Tom C. Nguyen and Dr. Makoto Hashimoto

ty could exchange knowledge and share best practices. Participants engaged in simulation-based learning, technical skill development, and peer-to-peer discussions centered on advancing the field of minimally invasive cardiothoracic surgery.

This global exchange reflected the caliber of innovation taking place across Baptist Health Heart & Vascular Care, where cardiac and thoracic surgeons continue to advance minimally invasive approaches, train the next generation of surgical leaders, and help shape the future of cardiovascular care. Hosting ISMICS educational programming further reinforces Baptist Health's growing reputation as a destination center for clinical excellence, physician education, and cardiovascular innovation on the world stage.



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A Lean State Budget That Protects Safety-Net Healthcare Funding

Protecting healthcare funding in the state budget is about prioritizing a healthcare infrastructure that is always ready, available, and capable of responding to any emergency or crisis, whether it involves one person or many. It is about prioritizing timely access to care, from the most routine of primary and preventive care to the most specialized of complex care, for every Floridian. And, it is about prioritizing a healthcare workforce with the diverse range of skills and expertise that modern medicine demands.

After a special legislative session convened exclusively to pass a state budget for fiscal year 2026-27, lawmakers did just that: rejecting across-the-board healthcare funding cuts and investing strategically and prudently for long-term success so that the more than 24.3 million Floridians who call the Sunshine State home have the advanced healthcare system they deserve. Even though the total budget is less than that for 2025-26, it maintains key healthcare funding.

The final \$114.5 billion state budget for FY 2026-27 includes \$49.2 billion in healthcare funding, \$36.5 billion of which is for the Medicaid program that provides healthcare access for vulnerable children, low-income elderly, individuals with disabilities, and extremely low-income adults and pregnant women.

Of the 3.9 million Floridians receiving healthcare services through Medicaid, more than 2.1 million are children. Medicaid is also the dominant payor for mental health services and for the elderly in nursing homes. While seniors and individuals with disabilities represent a minority of enrollees, their annual Medicaid costs are nearly three times higher than the average enrollee due to greater medical and long-term care needs – including the 40-year-old with Down syndrome who needs daily assistance, for example, or the 85-year-old grandmother in a nursing home.

While the Senate's initial budget proposal included a 3 percent reduction to hospital base Medicaid payments, the final budget ultimately maintained those payments, recognizing the important role Medicaid funding plays in supporting access to care across Florida. Hospitals have experienced nearly 30 percent increases in major cost areas — including workforce, prescription drugs, and medical supplies — over the last several years, while Medicaid base payments continue to reimburse hospitals, on average, only about 60 cents for every dollar spent caring for Medicaid patients. Against that backdrop, preserving Medicaid funding helps ensure hospitals can continue serving their communities and meet growing healthcare needs.

Reductions in hospital Medicaid payments can create challenges for hospitals as they work to maintain essential services such as trauma care, labor and delivery, behavioral



BY MARY C. MAYHEW

health, and burn care, while also investing in workforce, technology, and facility improvements. Stable and predictable Medicaid funding allows hospitals to plan for the future and continue providing high-quality care to patients throughout Florida.

In addition to maintaining Medicaid funding and the healthcare access it supports, the passed budget includes essential funding to continue growing Florida's healthcare workforce. Pending any line-item vetoes by the Governor, that funding includes \$130 million for the LINE and PIPELINE nursing education programs and continues the Legislature's significant investment in physician graduate medical education slots. This funding is absolutely essential given Florida's population growth and the existing healthcare workforce shortage.

The budget also reflects ongoing growth and needs in other critical areas. Just under \$15 million is included to expand the existing pilot program for individuals with developmental disabilities. An additional \$15 million is also appropriated to support tiered reimbursement for Statewide Inpatient Psychiatric Programs, which aligns rates with the level of care needed for high-risk children and adolescents with complex conditions requiring extended treatment in a secure setting. Additionally, the budget directs the state Medicaid agency to seek federal approval for an IMD Medicaid Waiver by October 1. If approved, the Waiver will expand access to residential treatment for Medicaid-eligible individuals experiencing a behavioral health crisis.

The budget also reappropriates remaining first-year funding of \$209 million for the federal rural health transformation program for continued use into FY 2026-27. The federal government awarded these funds to the state in December 2025 to strengthen the rural healthcare workforce, innovation, and access.

In the state budget for FY 2026-27, the state legislature demonstrated its commitment to advancing Florida's healthcare system so that every Floridian has access to the care they need in the right setting at the right time. As one of the fastest growing states in the country – attractive to families, companies, retirees, and visitors alike – Florida's growth and success depend on continuing to protect healthcare programs, including Medicaid, from funding cuts, and investing in the healthcare infrastructure to meet future needs. The FY 2026-27 state budget is a step in the right direction.

Mary Mayhew is President and CEO,
Florida Hospital Association.

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TGH Cancer Institute | Cancer Center of South Florida Expands Palm Beach County Practice With Renowned Melanoma Specialist

TGH Cancer Institute | Cancer Center of South Florida (CCSF) announced that Medical Oncologist Dr. Sanjay Awasthi has joined its Palm Beach County practice.

A board-certified physician-scientist, with more than 40 years of experience spanning clinical oncology, cancer research and academic medicine, Awasthi brings a distinguished record of advancing the understanding and treatment of melanoma, breast cancer, ovarian cancer and rare hereditary cancers.

Prior to joining TGH Cancer Institute | CCSF, Awasthi earned a reputation as an exceptional clinician across some of the nation's most respected academic and cancer institutions, including UT Health, Texas Tech Health Science Center, University of North Texas, Texas Oncology and City of Hope.



Dr. Sanjay Awasthi

TGH Cancer Institute | Cancer Center of South Florida Welcomes Surgical Oncologist to Palm Beach County Practice

TGH Cancer Institute | Cancer Center of South Florida (CCSF) welcomes surgical oncologist Dr. Kimmerle "KC" Cohen to its practice.

Dr. Cohen is board certified in general surgery and surgical critical care. She has more than 20 years of experience in complex skin and breast cancer surgery, gastrointestinal surgery, and laparoscopy and robotic surgery. Cohen recently served as a staff surgeon at Tampa General Hospital, specializing in surgical oncology with a focus on breast cancer and management of high-risk patients. Prior to joining Tampa General, she was the staff general surgeon at Good Samaritan Medical Center in West Palm Beach, where she founded the hospital's Complex Skin Cancer program.



Dr. Kimmerle Cohen

Broward Health Names Cornelius Powell, MD, New Chief Medical Officer of Broward Health North

Broward Health is pleased to announce the appointment of Cornelius Powell, M.D., MBA, CHCQM, as the new chief medical officer of Broward Health North.

Most recently, Dr. Powell served as vice president and chief medical officer of Sentara Williamsburg Regional Medical Center in Virginia. Prior to this role, Dr. Powell held several senior leadership positions, including regional medical director and vice president of operations for American Physician Partners. He also served in leadership roles at Tucson Medical Center and John Peter Smith Hospital.

Serving in the United States Army as a Special Forces medic, Dr. Powell completed deployments in Iraq and the Philippines while leading medical operations and training initiatives in high-pressure environments.

Dr. Powell earned his Doctor of Medicine from East Tennessee State University's Quillen College of Medicine and completed his emergency medicine residency at Carolinas Medical Center. He also holds an Executive Master of Business Administration from Northwestern University's Kellogg School of Management.



Dr. Cornelius Powell



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A Unified Approach to Attracting More International Patients

In my previous column, I outlined why South Florida is uniquely positioned to become a premier destination for international medical travel. That piece sparked an important conversation among healthcare leaders, economic partners, and community stakeholders about what it will take to compete globally. This follow-up advances that dialogue—shifting from the “why” to the “how”—by examining the strengths our region can leverage, the partnerships we must deepen, and the opportunities we cannot afford to overlook as medical tourism accelerates worldwide.

Every year, the number of international patients coming to the U.S. to receive medical care increases. In 2024, the U.S. medical tourism market size was estimated at \$8.74 billion, and it is projected to grow to roughly \$26.58 billion by 2033.

While many patients are attracted to the U.S. for its internationally accredited hospitals and reputation for cutting-edge medical treatments, most still seek care at globally recognized centers such as the Mayo Clinic, Cleveland Clinic, Johns Hopkins Hospital, and Texas Medical Center in Houston, also known as “Medical City.”

Texas Medical Center offers a model worth emulating. Its leading institutions deliver world class care individually while also collaborating across research, clinical innovation, and best practice sharing—creating one of the most successful healthcare destinations in the world.

Yes, there have been earlier attempts at regional collaboration, but South Florida’s healthcare landscape is fundamentally different today. A new era of luminary clinical talent, stronger institutional partnerships, and world class infrastructure—driven by significant recent investment—has created conditions that simply didn’t exist before.

Over the last five to six years, major expansions in medical and academic capacity have positioned Florida’s health systems to compete in a rapidly growing market. But long-term success will require providers across South Florida to collaborate rather than compete. Our region needs a unified strategy to attract the right international patient mix and deliver a seamless, high touch experience once they arrive.

Extending a Welcoming Hand



BY WAYNE BRACKIN,
PRESIDENT & CEO OF
KIDZ MEDICAL
SERVICES

South Florida healthcare organizations already have experience in providing care to the international community, especially patients from Central and South America and the Caribbean. In fact, many of our hospitals already have leadership and staff dedicated to providing a seamless patient experience, no matter where the patient calls home.

Examples of this robust infrastructure can be seen across Baptist Health, Broward Health, Nicklaus Children’s Hospital, HCA Florida Healthcare, Jackson Health System, and the University of Miami Health System, all of which operate international services departments dedicated to supporting these patients. Leaders such as Deborah Mari (HCA Florida Mercy Hospital International Services), Sarah Alyamani (Tenet’s Paley International), Rogelio Ribas (Baptist Health International), and Yohandra Fuentes (Broward Health Global Health Services) have long been immersed in this market, working alongside highly experienced teams who understand the unique needs of international patients and families. Though these departments often operate behind the scenes, they provide exceptional value through comprehensive operational, financial, and clinical coordination. They also serve as the central liaison among patients, embassies, global insurers, and medical staff.

Attracting the Sporting Community

You don’t have to look any further than every social media channel right now to see the effect that sports can have on international relations. Professional athletes and teams attract some of the country’s best physicians for their care, and international patients look to their favorite teams to find that level of expertise when they come to the U.S.

South Florida boasts an extraordinary lineup of professional and collegiate athletic teams, from the Miami Heat and Miami Dolphins to the Florida Panthers, Miami Marlins, Inter Miami, and the Miami Hurricanes. South Florida also regularly hosts global sporting events such as the FIFA World Cup and the Super Bowl, drawing thousands of international fans and elevating its visibility on the world stage.

These organizations rely on exceptional medical expertise, much of it provided by

Five Immediate Steps to Strengthen South Florida’s International Patient Market

1. Align on Priority Patient Segments

Focus promotion on specialties where South Florida already excels—oncology, orthopedics and sports medicine, cardiology, pediatrics, women’s health, and cruise line medicine. Specialization sharpens our competitive edge.

2. Form a Regional International Patient Consortium

Unite hospitals and health systems, tourism and hospitality partners, cruise lines, and economic development agencies to coordinate strategy, share data, and present a unified identity. When these sectors operate in sync, the region becomes more visible, attractive, and easier to navigate.

3. Standardize the High Touch Patient Journey

Create region wide expectations for concierge level care: pre arrival telehealth, bundled pricing, multilingual navigation, travel coordination, and post discharge virtual follow up. International patients choose destinations where every step of their journey feels coordinated and elevated.

4. Leverage Sports Medicine as a Global Brand Asset

Leverage healthcare partnerships with South Florida’s professional teams and renowned team physicians to facilitate more international outreach, partnerships, and athlete focused campaigns. The credibility of South Florida’s elite sports teams and physicians elevates the region’s reputation and attracts patients who trust the experts that pro athletes rely on.

5. Expand Cruise Line and Maritime Health Partnerships

Formalize referral pathways, strengthen emergency response coordination, and position South Florida as the global hub for corporate employee, crew member, and passenger care. A unified approach to cruise line medicine strengthens South Florida’s reputation as the go to destination.

physicians within our own community. Alongside Baptist Health’s orthopedic and sports medicine team—which includes Dr. Keith Hechtman, head team physician for FIU athletics—UHealth’s Dr. Michael Baraga serves as head orthopedic physician for the Miami Marlins, and Dr. Lee Kaplan is the medical director for Miami Hurricanes athletics. Together, they demonstrate the depth of sports medicine talent rooted in South Florida.

The same forces that propel South Florida through these massive worldwide events are also linked to sports medicine and orthopedic care, which elevate the region compared to other parts of the country.

Catering to Passengers and Crews

Cruise lines are a major part of South Florida’s tourism infrastructure, and thousands of crew members and passengers receive care from local physicians each year. With Miami and Fort Lauderdale serving as home ports for many cruise lines, this has become a distinct specialty area with significant growth potential.

Several health systems have established strong cruise line medicine programs,

including Broward Health in Broward County and Baptist Health in Palm Beach County. Norwegian Cruise Line, Royal Caribbean, and Carnival Cruise Line all rely heavily on South Florida’s medical community as a key resource.

Although they do not provide on board care, Baptist Health International routinely treats international patients, offers second opinions, and collaborates with healthcare networks in major cruise destinations. Shoreside hospitals also serve as primary receiving centers for critically ill patients evacuated from ships, reinforcing the region’s essential role in supporting the cruise industry.

The Path Forward

By deepening these partnerships and presenting South Florida as a unified medical destination, we can transform international interest into sustained regional growth. When we move together, the entire ecosystem benefits—from hospitals and physicians to the patients who trust us with their care. I invite you to join other healthcare leaders and me in building the partnerships and shared strategy that will position our region as the premier destination for international patients.

Cover Story: Once an Owl, Always Part of the Flock: FAU Nursing Alumni Stay Connected

Continued from page 1

reflects the Network’s mission of creating opportunities for graduates to stay engaged with the college, reconnect with classmates and support nursing students.

Professionally, Carty serves as a clinical educator at the Miami Veterans Affairs Medical Center, where she develops and implements educational programs for nursing staff and supports ongoing professional development initiatives.

In addition to her work at the VA, Carty remains actively involved with the college

by precepting students and serving as a mentor. Through these roles, she helps bridge the gap between the classroom and clinical practice, sharing real-world experiences and guidance with nursing students as they prepare to enter the profession. She has also returned to Florida Atlantic as a doctoral student and is currently pursuing a Ph.D. in nursing.

Over the past several years, the college has expanded opportunities for alumni engagement.

The Nursing Professionals Alumni

Network is planning several new opportunities for graduates to reconnect this fall, including reunions, tailgates and alumni Foodie events designed to bring graduates together in both social and professional settings.

“Our alumni remain an essential part of the Christine E. Lynn College of Nursing community,” says Cameron Duncan, Ph.D., dean of the college. “Whether they return as preceptors, mentors or guest speakers, they bring invaluable knowledge and experience that enriches our students’

educational journeys. If you have not yet joined the Alumni Network, I invite you to reconnect with the college and discover the many ways you can become involved.”

Joining the Nursing Professionals Alumni Network is free and provides numerous ways for graduates to remain engaged long after earning their degrees.

Are you a proud Nursing Owl? Create a free membership account on the Network’s webpage at <https://community.faulumni.org/topics/24715/feed>

The Power of Physician Leadership: Why the Florida Medical Association Annual Meeting Matters

Each year, physicians from every corner of our state gather for one of the most important events in organized medicine: the Florida Medical Association (FMA) Annual Meeting. The meeting, to be held from July 31st until August 2nd, serves as the official business session of the FMA, where physicians unite to shape health-care policy, strengthen our profession, and advocate for the patients and communities we proudly serve.



BY CHRISTOPHER CHANG, MD

As President of the Broward County Medical Association (BCMA), I am honored that our organization continues to play an active role in this process as part of the South Florida Caucus Delegation. Our delegation joins physicians from the Miami-Dade County Medical Association and the Palm Beach County Medical Society to review proposed policies, discuss legislative priorities, and build consensus on issues that will ultimately be debated before the FMA House of Delegates.

The House of Delegates is the policy-making body of the FMA. Delegates, elected or appointed through their county medical associations, represent the voices of physicians throughout Florida. Together, they introduce and debate resolutions, determine the Association's advocacy agenda, elect physician leaders, and establish policies that influence the practice of medicine across our state. The caucus system allows county medical associations to collaborate before the House convenes, ensuring that regional perspectives are well represented and that thoughtful dialogue leads to stronger policy decisions.

I am proud of the outstanding physician leaders representing the BCMA this year. Their willingness to volunteer their time and expertise reflects the very best of organized medicine. On behalf of the BCMA, I extend my appreciation to each of our delegates for their commitment to advancing the interests of physicians and

protecting the health of our patients.

Our association is fortunate to have a deep bench of experienced leaders who continue to serve both our county and the state. Among them is BCMA Board Member Dr. Arthur Palamara, who has recently served as part of the American Association Delegation (AMA) and announced his candidacy for a new two-year term (2026-2028). His decades of dedicated service and advocacy have ensured that the BCMA and Florida physicians maintain a strong voice on the national stage, and we wish him continued success.

Additionally, Dr. Aaron Elkin has been engaged in organized medicine advocacy for more than 15 years, serving in leadership roles at the BCMA, the FMA, and the AMA, where he has championed issues, including Medicaid reform, physician autonomy, patient access to care, and healthcare policy.

We also congratulate BCMA Board Member Dr. Vandhana Kiswani-Barley on her appointment to the FMA Credentials and Rules Committee. This committee plays a critical role in the integrity of the House of Delegates by determining

whether to accept late-filed resolutions, presenting the official roll call, overseeing the distribution of election ballots and electronic voting devices, counting ballots, and certifying election results. Her appointment is a testament to her professionalism, fairness, and dedication to organized medicine.

The strength of the Florida Medical Association begins at the county level. Every physician who joins a county medical association contributes to a larger movement dedicated to protecting the physician-patient relationship, advancing sound healthcare policy, defending the profession, and improving patient care throughout Florida.

I encourage every physician who is not yet involved to become a member of their local county medical association and the Florida Medical Association. Together, our collective voice is stronger, our advocacy is more effective, and our ability to shape the future of medicine is greater than any one physician could accomplish alone.

Dr. Christopher Chang is President, Broward County Medical Association.

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

Jackson Health System Welcomes David Zambrana as Chief Executive Officer

David Zambrana has officially assumed the role of president and chief executive officer at Jackson Health System, following his mentor, Carlos A. Migoya. Dr. Zambrana brings decades of experience in healthcare operations, patient care, and strategic leadership to the role. His appointment marks a full-circle moment in his professional journey, which began in 1990 as a bedside nurse at Jackson Memorial Hospital. Prior to becoming CEO of Jackson Health System, Zambrana served as the system's president and chief operating officer and previously as CEO of Jackson Memorial Hospital. He previously served as CEO of University of Miami Health System, where he also held leadership roles as chief nursing officer and chief operating officer. Throughout his career, he has held executive leadership positions across South Florida and nationally, including at Cleveland Clinic Florida, Delray Medical Center, Hollywood Medical Center, and Des Peres Hospital in St. Louis. Zambrana holds both a PhD in Nursing and a Doctor of Nursing Practice degree from the University of Miami, as well as an MBA and bachelor's degrees from the University of Phoenix. He also serves as adjunct faculty for the University of Miami School of Nursing and Health Studies.



David Zambrana

St. Mary's Medical Center Names Ricky Ramirez as New Chief Operating Officer

Ricky Ramirez is named to the position of Chief Operating Officer (COO) of St. Mary's Medical Center and Palm Beach Children's Hospital. Ramirez recently served as the Chief Nursing Officer at fellow Palm Beach Health Network hospital, West Boca Medical Center. He returns to St. Mary's and Palm Beach Children's Hospital, where he held the position of Assistant Chief Nursing Officer. He joined Tenet Health in 2014. Ramirez holds a Bachelor of Science in Nursing from the University of North Florida and a Master of Science in Nursing Leadership and Management from Western Governors University.



Ricky Ramirez

New Chief Financial Officer at HCA Florida Sarasota Doctors Hospital

HCA Florida Sarasota Doctors Hospital has named Maria Caruso chief financial officer. She previously served as chief financial officer for HCA Florida St. Petersburg Hospital and HCA Florida Pasadena Hospital. Before joining HCA Healthcare, Caruso held financial leadership roles at Venice Regional Bayfront Health. Caruso holds a Master of Business Administration from Argosy University in Nashville, TN, and a Bachelor of Arts in Business Administration from the University of Florida.



Maria Caruso

Holy Cross Health Names Jason Boren Its New COO

Jason Boren will join Holy Cross Health as its new Chief Operating Officer (COO), effective July 6. He brings more than 15 years of progressive health care and team leadership experience, as well as a strong track record of operational excellence and strategic growth.

Most recently, Boren served as COO of HCA Florida Westside Hospital in Plantation, where he played a pivotal role in advancing physician engagement, expanding surgical services and leading significant capital initiatives including major facility upgrades and the development of an expansion project to increase access and capacity. Previously, he served as COO at Ogden Regional Medical Center and Lakeview Hospital in Utah, where he led measurable improvements in emergency department throughput, patient experience and operational efficiency while also securing funding for key clinical and infrastructure enhancements.

Boren holds a Master of Business Administration in Healthcare Administration from the University of Colorado Denver and Bachelor of Science in Healthcare Administration from Weber State University in Ogden, Utah.



Jason Boren

Lee Health Board of Directors Selects Ben Spence as President and Chief Executive Officer

Ben Spence, Lee Health's Chief Operating Officer, has been named the health system's next President and Chief Executive Officer, effective Oct. 1, 2026. Spence joined Lee Health in 1995 and has spent more than three decades helping shape the organization he will now lead. During that time, he served in a series of leadership roles spanning finance, strategy, and operations, including more than a decade as Chief Financial Officer, before being named Chief Operating Officer.



Ben Spence

WHAT'S NEW... WHAT'S

FIU and Baptist Health Break Ground on New Academic Medical Center



Florida International University (FIU) recently marked a historic milestone with the official groundbreaking of a new, state-of-the-art on-campus academic medical center.

Funded through a \$158 million State of Florida appropriation, the seven-story, 163,000-square-foot facility is the first significant investment in health care delivery located directly on FIU's main campus. The center was developed and will be operated in collaboration with Baptist Health.

The facility will bring education and patient care together in a powerful way, enabling medical students, residents and clinical faculty to learn and work together in the same environment where patients receive care every day. The center also will support interprofessional training for students across FIU's health care disciplines, including nursing, physician assistant, occupational therapy and other allied health professions.

The facility will include dedicated learning spaces for medical students and residents, along with a range of outpatient services. These will include multi-specialty care, diagnostic imaging, same-day surgery and infusion services. It also will feature an outpatient retail pharmacy, supporting coordinated, convenient care for patients in one location.

The new academic medical center is scheduled to open in 2028.

Broward Health Celebrates Ribbon Cutting of New Freestanding Emergency Room in Lighthouse Point



Broward Health leadership, local dignitaries, physicians and community members recently gathered to celebrate the official ribbon cutting of Broward Health's inaugural freestanding emergency room. The first of its kind in Lighthouse Point, the new ER significantly expands access to critical, high-quality emergency medical services for residents across northern Broward County.

Broward Health has transformed a 1.03-acre site into a state-of-the-art, two-story, 14,074-square-foot emergency room designed to deliver hospital-level emergency care to an anticipated 18,000 patients annually, with additional physician offices on the second floor.

There are 10 emergency exam rooms on the first floor and advanced diagnostic services, including CT scans and X-rays, point-of-care laboratory testing, a resuscitation room and ambulance access. Eight additional exam rooms on the second floor are designated for medical and physician offices, further enhancing access to care in the community.

Open 24 hours a day, seven days a week, the Broward Health Lighthouse Point ER will be fully licensed and equipped to provide care for both adult and pediatric patients. Patients requiring hospitalization or specialized treatment will have seamless access to Broward Health's network of hospitals, physicians and specialty services.

Cover Story: Hospital Price Transparency Portals – Another Boondoggle?

Continued from page 1

parency data to understand price variations, and market dynamics as they work to promote effective healthcare policies.

- Any entity interested in conducting competitive intelligence.

CMS Enforcement

Yet, hospitals are forced to comply with CMS requirements. CMS is enforcing the price transparency rule!

- Depending on bed count, penalties for non-compliance can range from \$300 to \$5,500 per day, which can total anywhere from \$109,500 to over \$2,007,500 annually per hospital.⁴

Outcomes from CMS investigations yield one of several notifications:

- Met requirements and no deficiencies were cited.
- Deficiencies were found and submission of a corrective action plan (CAP) is required.
- Closure notice indicating deficiencies were corrected.
- Civil monetary penalty was levied (CMP).
- Administrative closure - termination of compliance review for one of several reasons.

CMS Activity - South Florida Hospitals

2025 was a peak year for CMS activity. Fourteen South Florida hospitals received requests for a corrective action plan and 12 got warning notices. Somewhere in the CMS review process, 25 hospitals received notice they met compliance requirements.

Summary of CMS Price Transparency Notices to South Florida Hospitals, 2022 through May/2026 ⁽⁵⁾

Notice Type/County	2022	2023	2024	2025	Jan.-May 2026	Total
CAP Request	3	4	5	3	0	15
Broward	0	0	1	0	0	1
Miami-Dade	3	2	4	1	0	10
Palm Beach	0	2	0	2	0	4
Closure Notice	4	9	13	14	1	41
Broward	1	2	2	3	0	8
Miami-Dade	3	3	6	8	0	20
Palm Beach	0	4	5	3	1	13
CMP Notice	0	0	1	0	0	1
Miami-Dade	0	0	1	0	0	1
Met Requirements	0	1	3	25	7	36
Broward	0	1	1	11	1	14
Miami-Dade	0	0	1	6	5	12
Palm Beach	0	0	1	8	1	10
Warning Notice	4	11	9	12	2	38
Broward	1	3	2	2	0	8
Miami-Dade	3	4	3	7	2	19
Palm Beach	0	4	4	3	0	11
Total	11	25	31	54	10	131

CMS is fining hospitals – some twice. An Indiana hospital, which has fewer than 30 beds, was issued its first fine Feb. 4th. The \$51,615 fine covered 155 days of noncompliance with federal price transparency rules. Then the hospital was issued a second fine of \$40,356 on June 3rd. CMS stated that the hospital has remained out of compliance with federal rules, stating “specifically, no consumer-friendly list of standard charges was found.”⁶

Michelle Marsh, President, Forma Advisors, is a Strategic Planning Executive specializing in Hospitals and Healthcare Systems. You can contact her via email at michelle@formaadvisors.com.

1 Maleki N, Padmanabhan B, Dutta K, Usability of Health Care Price Transparency Data in the United States: Mixed Methods Study, J Med Internet Res 2024;26:e50629, doi: 10.2196/50629; PMID: 38442238 PMCID: 11015359

2 Healthcare IT Today (1/31/24), Turquoise Health Raises \$30M Series B Financing, Expanding Healthcare Pricing Platform Offerings

3 Whaley, C. M. (2024). Prices paid to hospitals by private health plans: Findings from Round 5 of an employer-led transparency initiative. RAND Corporation / Wisconsin Manufacturers & Commerce Briefing.

4 Code of Federal Regulations at 45 CFR Part 180

5 CMS, Hospital Price-Transparency Enforcement Activities and Outcomes. Data analysis by 2CY, Inc.

6 Beckers Hospital Review (6/15/26), Indiana Hospital Hit with 2nd Price Transparency Fine

Beyond the Prescription: Supporting Long-Term Weight Loss in the GLP-1 Era

New TGH Weight Management & Metabolic Health Center to Help Physicians Sustain Patient Outcomes Through Multidisciplinary Care

GLP-1 medications have reshaped the treatment landscape for obesity and metabolic disease. As prescribing expands across specialties, medication alone is rarely sufficient to sustain long-term weight loss. Obesity is a complex, chronic illness that can lead to other comorbidities, such as heart disease, diabetes, various types of cancer and sleep apnea. More evidence points toward implementing a multidisciplinary approach focused on overall metabolic health to establish long-term success for patients. As patient demand grows, so does the need for trusted clinical partners equipped to support long-term metabolic health management. Like hypertension or diabetes, obesity requires ongoing clinical management, longitudinal follow-up and individualized intervention strategies.

GLP-1s come with known challenges and side effects. Patients who discontinue therapy frequently experience weight regain, underscoring the need for structured maintenance strategies. Without



Dr. David Schwimmer

proper nutrition and exercise, patients risk losing lean muscle mass.

They need specific guidance when it comes to maintaining a healthy diet and implementing a physical fitness regimen. Also, modifying patient behaviors driven by emotions and lifestyle may require counseling that goes beyond the scope of what many primary care and specialists can offer.

Recognizing that physicians may need a collaborative clinical partner, the Tampa General Hospital (TGH) Digestive Health Center now offers the TGH Weight Management & Metabolic Health Center. This physician-supervised program offers a comprehensive, medically guided approach to obesity care for patients in the Palm Beaches and on the Treasure Coast. A multidisciplinary team develops individualized care plans that integrate medical management, nutrition, physical activity and behavioral support to optimize long-term outcomes. The program emphasizes

sustainable lifestyle modification and long-term maintenance planning, with treatment strategies personalized to fit each patient's metabolic profile, medical history and goals. Ongoing monitoring and support help patients stay on track and adjust their plan as needed.

"Our team works together to address the four pillars of metabolic health: nutrition, physical activity, behavior, and medical or surgical intervention," said Dr. David B. Schwimmer, the program's medical director, who is board certified in gastroenterology and obesity medicine. Dr. Schwimmer sees weight management patients at the TGH Digestive Health Center offices in Palm Beach Gardens and West Palm Beach. "The center is designed to work collaboratively with referring physicians, helping patients achieve sustainable results while keeping their broader care team informed and engaged," he said.

Connected to Tampa General's expanding network of advanced clinical services on Florida's East Coast, the program supports referring physicians with complex patients through coordinated care resources, including assistance with prior authorizations, pharmacy access and sur-

gical services. This integrated approach helps reduce barriers to care while supporting local physicians who are managing patients with specialized treatment needs.

Obesity affects nearly every area of medicine, influencing outcomes in cardiovascular disease, gastrointestinal disorders, sleep medicine, orthopaedics and surgical recovery.

As more specialists encounter obesity-related complications among their patients, access to coordinated metabolic health services may become increasingly important for improving long-term outcomes and quality of life.

Obesity treatment is entering a new era shaped by GLP-1 therapies and advances in metabolic medicine, which makes long-term multidisciplinary support just as important as the medication. Through its new Weight Management & Metabolic Health Center, Tampa General is helping physicians connect patients with the collaborative care needed for long-term sustainable success.

Physicians interested in learning more may contact the TGH Weight Management & Metabolic Health Center at (561) 721-8696.

Dr. Julie Kantor Installed as President of the Miami-Dade County Medical Association for 2026-2027

The Miami-Dade County Medical Association (MDCMA) proudly announced the installation of Julie Kantor, M.D., F.A.A.P., as its 2026-2027 President during the Association's 116th Presidential Inauguration, held on June 13 at the JW Marriott Miami Brickell.

The inauguration marked a historic and celebratory evening for organized medicine in Miami-Dade County, bringing together physician leaders, elected officials, healthcare stakeholders, community leaders, and distinguished guests from across Florida and the nation.

Dr. Kantor succeeds Adriana Bonansea-Frances, M.D., who was recognized and honored for her service and leadership as the Association's 2025-2026 President. During her tenure, Dr. Bonansea-Frances championed physician advocacy, member engagement, and initiatives aimed at strengthening the voice of organized medicine throughout Miami-Dade County.

A Miami native, Dr. Kantor is a respected pediatric physician and healthcare leader at Nicklaus Children's Hospital. Throughout her career, she has dedicated herself to improving the health and well-being of children and families while advancing quality care, physician collaboration, and community health initiatives. Her longstanding commitment to patient care and physician leadership has made her a trusted advocate for both the medical profession and the communities it serves.

During her inaugural address, Dr. Kantor outlined her vision for the com-

ing year, emphasizing physician engagement, advocacy on behalf of patients and physicians, leadership development, and strengthening the next generation of medical professionals. She also pledged to continue expanding collaboration among physicians, healthcare organizations, and community partners throughout Miami-Dade County.

"Serving as President of the Miami-Dade County Medical Association is one of the greatest honors of my professional life," said Dr. Kantor. "As someone who was born and raised in Miami, this Association has long represented the very best of our medical community. My goal is to build on our strong foundation by fostering greater physician engagement, supporting advocacy efforts that protect patient care, and ensuring that future generations of physicians have the resources and opportunities they need to thrive." Outgoing President Dr. Bonansea-Frances reflected on her year of service and the future of the organization.

"It has been a privilege to serve the physicians of Miami-Dade County as President of the MDCMA," said Dr. Bonansea-Frances. "I am proud of what we accomplished together and confident that under Dr. Kantor's leadership, our Association will continue to grow its



Dr. Adriana Bonansea-Frances (left) passes the gavel to Dr. Julie Kantor

impact, strengthen physician unity, and advance our mission of improving healthcare for all."

A special highlight of the evening was the participation of Bobby Mukkamala, M.D., Immediate Past President of the American Medical Association (AMA), who attended as a special guest and offered remarks on the importance of physician leadership, organized medicine, and advocacy at the local, state, and national levels.

The event also celebrated the rich history of the Miami-Dade County Medical Association, one of the oldest physician organizations in Florida, while recognizing the physicians, community leaders, sponsors, and volunteers whose contributions continue to strengthen healthcare throughout South Florida.



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WHAT'S NEW...WHAT'S NEW...WHAT'S NEW...

VITAS® Healthcare Is Expanding Hospice Services Along Florida's Gulf Coast

Residents of Manatee County will soon have greater access to compassionate hospice and palliative care as VITAS Healthcare prepares to begin serving patients and families in Bradenton, Palmetto, Parrish and Lakewood Ranch this summer.

"Expanding hospice care in communities like Manatee County is about doing the right thing for patients and families," said Patty Husted, VITAS executive vice president. "We're intentional about where we grow, focusing on communities with increasing need and opportunities to improve access to patient- and family-centered end-of-life care. Families deserve compassionate guidance close to home so they can focus on what matters most during a serious illness."

VITAS services for hospice-eligible Manatee County patients will include:

- Around-the-clock clinical support, available 24/7/365
- Personalized care plans tailored to each patient's goals and preferences
- High-acuity options for patients with complex medical needs
- Access to a broad range of medications through an open formulary
- Delivery and setup of home medical equipment for smooth transitions from hospital to home

Cleveland Clinic Children's Unveils Program to Expand Access to Pediatric Mental Health Care

Cleveland Clinic Children's is launching a pediatric partial hospitalization program with an anticipated opening this fall at Cleveland Clinic Children's Hospital for Rehabilitation. The program will be located in a renovated space designed to provide structured, supportive care for children and adolescents experiencing behavioral health challenges. The pediatric partial hospitalization program will provide intensive multidisciplinary treatment for youth who need more support than traditional outpatient therapy, but do not require inpatient care. The program will also incorporate technology such as virtual reality exposure therapy, AI-assisted emotional regulation therapy and frequency-specific microcurrent therapy to support therapeutic learning and engagement. Other initiatives such as a mobile intensive intervention team, suicide prevention center and a behavioral unit are in planning phases at Cleveland Clinic Children's. This expansion of services was made possible through investment funding and collaboration with the Ohio Department of Behavioral Health.

Miami Dade College and Jackson Health System Announce Plans to Launch Health Science Charter High School



Miami Dade College (MDC) and Jackson Health System are uniting to open Health Science Charter High School, designed to prepare students for careers in health care and address South Florida's growing workforce needs.

The school represents a first-of-its-kind collaboration between MDC and Jackson Health System focused on developing the next generation of health care professionals while expanding educational and career opportunities for Miami-Dade County students.

Set to open in August 2027 in Miami's Health District, the Health Science Charter High School will create an innovative educational pathway for students interested in pursuing careers in nursing, allied health, health care administration and other high-demand medical fields. Through early exposure to health care education, hands-on learning opportunities and access to college-level coursework, students will gain the academic foundation and practical experience needed to thrive in the health care industry.

Broward Health Coral Springs Enhances Emergency Care With New EMS Breakroom and Advanced CT Scanner



Broward Health Coral Springs leadership and physicians, members of the North Broward Hospital District board, elected officials, city and community leaders, the fire department and EMS celebrate the ribbon cutting commemorating the addition of a new state-of-the-art CT scanner in and the renovation of the ER's Emergency Management Services (EMS) breakroom the Emergency Department (ER).

Broward Health Coral Springs marked a major investment in emergency care with a ribbon-cutting ceremony celebrating a new state-of-the-art CT (computed tomography) scanner in the emergency room and a newly renovated EMS breakroom.

"We are so proud of the investment we are making at Broward Health Coral Springs," said Kristen Bowman, CEO of Broward Health Coral Springs. "The dual source scanner is especially important for our cardiac CTA patients since the dose is significantly less due to the updated software, and with its location in the ER, it will markedly improve our turn-around time. It's just one of the many investments we continue to make to better serve our patients with the highest level of care."

The new Siemens Pro. Pulse dual-source CT scanner delivers higher resolution images, faster scan times and reduced radiation exposure, enhancing the hospital's ability to diagnose and treat patients quickly, especially in critical situations.

The renovated EMS breakroom reflects the hospital's commitment to supporting first responders. The updated space offers a comfortable area for EMS crews to complete paperwork, recharge after high-stress calls and access refreshments before returning to service.

Sarasota Memorial Recognized Among "Best Employers for New Grads"

Sarasota Memorial Health Care System (SMH) has been named to Forbes' list of "America's Best Employers for New Grads 2026," earning national recognition as one of the country's best workplaces for early-career professionals. Sarasota Memorial ranked in the top 10 nationwide in the Healthcare & Social Services category, and was the second-highest ranked employer in all categories in Florida, reflecting the health system's commitment to supporting employees as they begin and build meaningful careers in healthcare in the region.

Laurie Bennett, vice president of Human Resources for Sarasota Memorial, said the recognition highlights Sarasota Memorial's ongoing investment in creating an environment where recent graduates can learn, grow and make meaningful contributions from the beginning of their careers.

"Healthcare is a profession built on teamwork, compassion and lifelong learning," Bennett said. "Our team is committed to providing new graduates with the mentorship, educational resources and opportunities they need to develop their skills, advance their careers and deliver exceptional care to our patients and our community."



Laurie Bennett



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